

Polinsky Children’s Center - Continuum of Interventions

(Revised 08/12/22)

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Background

In support of the ongoing system changes set forth by Continuum of Care Reform (CCR) and to improve outcomes for children and youth in care, Assembly Bill (AB) 1811 Human Services Omnibus was amended to add specific protocols in the Health and Safety Code that will serve to reduce the frequency of contact between children and Law Enforcement (LE). On 07/01/2018, the Health and Safety Code added SEC.6. Section 1531.6 (a) to read:

“Each group home, transitional shelter care facility, and short-term residential therapeutic program, as defined in Section 1502, and each temporary shelter care facility as defined in subdivision (c) of Section 1530.8, shall develop protocols that dictate the circumstances under which law enforcement may be contacted in response to the conduct of a child residing at the facility.” The policy will, at minimum, do all of the following:

1. Employ trauma-informed and evidence-based de-escalation and intervention techniques when staff is responding to the behavior of a child residing in the facility
2. Require staff to undergo annual training on the facility’s protocols developed pursuant to this section
3. Specify that contacting LE will only be used as a last resort once all other de-escalation and intervention techniques have been exhausted, and only upon approval of a staff supervisor
4. Address contacting LE in an emergency situation if there is an immediate risk of serious harm to a child or others
5. Identify and describe collaborative relationships with community-based service organizations that provide culturally relevant and trauma-informed services to youth served by the facility to prevent, or as an alternative to arrest, detention, and incarceration for system-impacted youth.

Polinsky Children’s Center (PCC) formalized its intervention strategies in support of CCR and AB1811 to ensure that at risk children and youth in foster care who are temporarily at PCC reduce their exposure to LE and decrease their overall involvement in the juvenile justice system.

Policy

The safety of children and staff at PCC is of utmost importance and, while state regulations and policies offer an operational plan to adhere to for daily practice, there may be unique situations that may require the Duty Officers (DO) and/or PCC leadership to utilize LE as the first and safest response in order to preserve the immediate health and safety of children in care, staff, or others at PCC.

The decision to contact LE for intervention is made by the Social Work Supervisor (SWS) or the Protective Services Supervisor (PSS) classifications may also function as the (DO). The PCC SWS and PSS serve as the DO and one is assigned at every shift. It is the DO's primary responsibility to oversee the functioning of PCC, ensure the safe and secure environment for children and staff, and make necessary decisions in unusual or emergency situations. Contacting LE requires the DO to assess the nature and seriousness of the situation, conduct an ongoing assessment including observing the child's behavior, and seek feedback from multiple staff and on-site service providers to determine what interventions have been utilized and were ineffective in keeping the child safe from self or others.

The DO will contact LE when the following behaviors/incidents are reported and observed:

- Child expresses intent and/or plan to follow through to harm self or others
- Child's behavior places self/others at risk of imminent serious injury
- Child is Absent Without Leave (AWOL) from PCC (Refer to Polinsky Children's Center - Absent Without Leave (AWOL))

For other situations, using LE as an intervention must be the last resort and only **after** less restrictive types of trauma-informed intervention and techniques have been utilized and were ineffective in de-escalating the situation.

The below continuum of interventions utilized at PCC provides an overview of ways to keep a child safe and resources to avoid using LE as a default intervention for behaviors that can best be managed by residential care staff.

Nurtured Heart Approach® (NHA)

All PCC staff will be trained and will utilize **Nurtured Heart Approach®** (NHA) in their daily interaction with children. NHA uses a dynamic relationship focused methodology that builds Inner Wealth™ in children. NHA is an evidence-informed practice based on existing research and anecdotal evidence that is found to be effective with children of all ages, including those who may present with challenging behaviors. With NHA, residential staff recognize and help the child focus on what they are doing well. They also utilize non-physical interventions including prompts, redirection, problem solving, allowing the child some space, as well as model appropriate behavior.

Refer to [Nurtured Heart Institute](#) for an overview of NHA.

Professional Assault Crisis Training (Pro-ACT)

When NHA is ineffective in redirecting the child and the child's actions are likely to pose imminent or serious harm/injury or danger to self or others, the Professional Assault Crisis Training (Pro-ACT) program is the standard guide for PCC staff to use in crisis and physical interventions with children.

**Professional
Assault Crisis
Training (Pro-
ACT) (cont.)**

Based on principles drawn from evidence-based practice, Pro-ACT is a systematic approach and philosophy designed to teach staff how to first avoid the behavioral emergencies that require a manual restraint. It also provides staff with techniques for appropriate and safe manual restraints to address assaultive behaviors when necessary.

Children benefit from Pro-Act's systematic approaches because it ensures that they are safe from harm to self and/or others while maintaining their respect and dignity. When staff are able to understand the child's motive behind the behavior and the correct response is utilized, positive outcomes include a change in the child's perception of their safety, self-control, re-engagement, and ability to make safe choices.

Pro-ACT works when NHA methods can no longer engage the child and there is an immediate threat of injury. Pro-ACT principles will be utilized only for as long as the child is engaging in the dangerous behavior. Staff will constantly assess behaviors and/or situations and base the level of response on the child's age and severity of the situation. Crisis communication takes place, continually redirecting the child towards a safer behavior. NHA approaches will resume when staff have assessed the child is safe.

Incidents that may potentially put the safety of the child or others in imminent and serious danger of being injured may require the use of Pro-ACT. These incidents include but are not limited to the following behaviors:

- Child engages in self-harm behaviors (e.g., cutting, burning, scratching of skin)
- Child's behavior places self/others at risk of serious injury (e.g., damaging of property in the vicinity of and/or towards staff or other children, running towards traffic, climbing buildings)
- Child demonstrates assaultive behavior towards other children (e.g., attacking another child, children physically fighting with each other)
- Child demonstrates aggravated assault towards staff (level of behavior has caused/can cause serious injury to staff)
- Child with high needs (e.g., medical, developmental, emotional/behavioral) attempts to leave the facility without permission

Refer to Professional Assault Crisis Training (Pro-ACT) policy.

Training

To enhance shared understanding on trauma-informed practices, including the importance of reducing children's exposure to LE and the juvenile justice system, all personnel providing direct care and supervision for children at PCC are required to complete 20 hours of training annually.

Training (cont.)

Training may include but not limited to the following topics: mandated child abuse reporting, self-awareness, discipline policies/procedures, teamwork and interpersonal communication among facility personnel and clients, medication, children's adjustment to care, children's rights, cultural competency and sensitivity to providing adequate care to youth, child abuse/neglect, attachment, behavior problems/psychological disorders, developmental disabilities, substance abuse, cultural diversity, child and adolescent development, charge and emancipation, importance of siblings and family relationships, placement, needs and services, and children in transition.

Refer to Staff Expectations - Polinsky Children's Center for additional required trainings.

Emergency Shelter Care Unit (ESCU) and Cottage Social Workers (SW)

The following internal programs at PCC include organizations and staff on-site that do not participate in emergency intervention but offer daily support, positive relationships, and encouragement that may be effective in redirecting the child's behavior and prevent the need for further LE contact. Utilizing these programs can help DOs further assess when staff can manage behaviors and when to contact LE in response to a child's behavior.

PCC Intake and Emergency Shelter Care Unit (ESCU) SWs assist in the continuum of intervention by gathering information about the strengths and needs of all children during the admission process at PCC. The information obtained may provide PCC staff and other on-site providers with resources and ideas to positively and safely interact with the child and redirect behaviors prior to escalation while they are at PCC.

Social work staff at PCC provide placement and assessment services along with advocacy and support to all children. In assessing for emotional, behavioral, developmental, and social needs of all children at PCC, the ESCU and/or Cottage PSW provide ongoing contact with children to gather pertinent information and build relationships during their stay at PCC. They have supported cottage staff and engage the child in de-escalation techniques during crisis situations.

Mental Health Services

A team of mental health clinicians are contracted and located on-site to provide therapeutic support using a strength-based, client-centered, trauma informed, family-focused approach to assist youth in maintaining stability to transition to the lowest level of care. They provide clinical support to children that can aid in de-escalating behavior and deter LE contact that may lead to arrest or detention of the child. Mental Health clinicians also provides Family /Youth Partners for additional support to the child. Family/youth partners provide support including but not limited to the following:

- Direct client services
 - Individual and group rehabilitation
 - Case management services
 - Multi-disciplinary teaming with mental health clinician team as needed
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Mental Health Services (cont.)

- Collaboration and coordination with the assigned clinician to further support child's treatment services
- Assists PCC team with crisis assessment and interventions, as needed
- Provide skills training and interventions on how to work with children at PCC and in aftercare services
- Work with youth to encourage self- advocacy and empowerment

Psychiatric Emergency Response Team (PERT) TEAM

When a child at PCC experiences a mental health crisis, the DO can request response from the San Diego Police Department and the Psychiatric Emergency Response Team (PERT), a community program which pairs a LE officer with a licensed mental health clinician to provide immediate assessment and referral for care. Together, they can provide expeditious referrals to community resources with the least restrictive level of care and help avoid unnecessary incarceration or hospitalization.

Nursing and Medical Staff

PCC provides all children with on-site medical and nursing services and assessments. Clinic staff are trained in trauma informed practice and provide a non-judgmental assessment of children. They are often a source of support for cottage staff. In addition, nursing is consulted and will assist in keeping children with restraint restrictions safe during emergency intervention.

PCC Leadership Team

PCC's Leadership Team support the County of San Diego's strategic initiative for all residents to build better health, live safely, and thrive, all of which directly affect the children at PCC. The Managers and Deputy Director interact with children and staff daily to build relationships, ensure that quality services are being provided, and in support of Safety Enhanced Together practice values and ensure that the child's voice is heard. PCC's Leadership Team can help address barriers so that children's needs and safety are met while at PCC.

To ensure that the Leadership Team is aware of any concerns, PCC staff will inform their supervisor.

United Nurses International (UNI)

UNI staff are contracted temporary staff who provide direct care and supervision for children at PCC. UNI have worked at PCC for multiple years and some have built a positive relationship with the children. Additionally, UNI Staff are trained in NHA and Pro-ACT. A child may request a specific UNI staff to verbally debrief with after a restraint. The UNI staff can provide support and help the child integrate back into the cottage routine and discuss behaviors that will keep the child safe.

Educational Support

Educational activities and services, including special education and tutoring, are provided by the San Diego Unified School District staff on-site. Similar to nursing and medical staff, teachers at PCC's school can provide more than just academic support with children whom they have built a positive relationship with. School staff often provide crisis intervention and supports in the classroom setting, including school based interventions and accommodations in support of youth's Independent Education Plan or 504 plans.

Recreational Activities

Daily creative and interactive games, education on nutrition and fitness, and cooking classes are available on-site. The goals are to "educate, inspire, support, and create opportunities for healthy lifestyle in physical activity, healthy nutrition, disease prevention and management, behavior modification and goal setting, stress management, health awareness, positive body image, promoting self-esteem, and mind-body connection." Staff form collaborative and working relationship with children through their daily interactions and provide reassuring words to the children to help redirect behaviors.

Youth2Youth

The Youth2Youth program was established by PCC's collaborative, Promises2Kids, a non-profit organization that employs former foster youths to provide peer support, mentoring, and advocacy for children and youth at PCC. Youth Advocates can work on several topics including but not limited to: education, future jobs, problem solving, communication and relationship skills, health and safety, anger management, and social influences. Advocates who have built a good rapport with the youth, can provide advice, words of encouragement assist with communication and stress management strategies to decrease the likelihood of LE contact. Advocates may provide support for the youth prior to and after emergency intervention as the youth is integrated back into their daily routine. PCC staff refer children residing at PCC to the program if appropriate.

Alignment with SET

This policy supports [SET Value 4](#): Shared Responsibility With Community Partners and the agency practice of staff and community partners having a shared vision for the safety, permanence, and well-being of all children. It also supports [SET Value 5](#): A Strong Working Relationship With The Legal System, including law enforcement, and the Agency practice of advocating for the least restrictive care necessary to provide safety and meet the child's needs.
