§ 483-e. Restraint and crisis intervention technique committee. 1. Committee established. There is hereby established within the council a restraint and crisis intervention technique committee comprised of the commissioner of children and family services, the commissioner of mental health, the commissioner of the office for people with developmental disabilities, the commissioner of education and the commissioner of health. The committee shall include at least two representatives of statewide and regional provider organizations that represent providers of educational and residential services to children, at least two mental health professionals who provide direct care on a regular basis to children served by the program types provided in subdivision two of this section and at least one representative of parents of children requiring special services.

2. Establishment of coordinated standards. The committee shall identify the most effective, least restrictive and safest techniques for the modification of a child's behavior in response to an actual or perceived threat by such child of harm or bodily injury to such child, or to another person, where such child is a resident of, or otherwise served by a residential treatment facility, a children's day treatment program, a family based treatment home, a community residence, an individualized residential alternative, a family care home, day habilitation, day treatment, an intermediary care facility, residential habilitation, an agency operated boarding home, an approved private residential school or an approved private non-residential school. Such techniques shall include, but not be limited to, the use of physical restraint, therapeutic crisis intervention, crisis management or such other de-escalation techniques designed to help staff assist children to manage crisis situations. The committee shall review models of crisis prevention and intervention, including the use of physical restraints. The committee shall establish uniform and coordinated standards giving preference to the least restrictive alternative for the use of such techniques in such children service settings.

3. Recommendations and report. The committee shall develop additional recommendations regarding crisis intervention as it deems appropriate including, but not limited to, appropriate staffing patterns to safely

implement such techniques, specific training curriculum and regulatory amendments governing the oversight of staff training efforts implemented by the commissioners. Such recommendations, together with proposed regulations relating thereto, shall be included in a report submitted to the governor and the legislature no later than September first, two thousand seven.

4. Future responsibilities. In addition to the duties provided in subdivisions one through three of this section, the committee shall have the following responsibilities:

(a) the committee shall report to the governor and legislature, on or before October thirty-first, two thousand nine, on the progress made to implement the recommendations outlined in the September, two thousand seven report; on aggregate agency-specific data and improvements in agency-specific tracking systems in order to provide evidence of system changes; and shall revise the report to specifically include children's day treatment programs and any other setting serving children that authorizes the use of restraints in each of the findings and recommendations presented in such report; and

(b) the committee shall report to the governor and legislature, no later than October thirty-first, two thousand ten, and each year thereafter, on the progress made to implement the recommendations outlined in the September, two thousand seven report, and any new recommendations made in the two thousand nine report, along with any other outstanding issues and recommendations for implementing uniform and coordinated standards that the committee deems appropriate. The committee shall include in its report the implementation of the coordinated standards by each agency, including but not limited to the revision and coordination of regulations, modifications to training curricula and staffing models, and may include a recommendation as to whether the committee should be continued as its exists, expanded, or discontinued.