

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: COMMUNITY CRISIS STABILIZATION SERVICES POLICY 4.07

Authority: [Chapter 71A RCW](#) *Developmental Disabilities*
[RCW 71A.20](#) *Residential Habilitation Centers*
[WAC 388-823-1010](#) *DDA Eligibility Review*
[Chapter 388-825 WAC](#) *DDA Service Rules*
[WAC 388-845-1150](#) *Behavioral Health Stabilization*
[WAC 388-71-0712](#) *Skilled Nursing*
[WAC 246-840-930](#) *Nurse Delegation*
[Chapter 388-833 WAC](#) *Community Crisis Stabilization Services*

Reference: DDA Policy 5.02, *Necessary Supplemental Accommodation*
DDA Policy 5.14, *Positive Behavior Support*
DDA Policy 5.18, *Cross System Crisis Plan*
DDA Policy 5.19, *Positive Behavior Support for Children & Youth*
DDA Policy 5.20, *Restrictive Procedures for Children & Youth*
DDA Policy 6.15, *Nurse Delegation Services*

BACKGROUND

In 2011, the Washington State Legislature amended [RCW 71A.20](#) through the passage of Second Substitute Senate Bill 5459. The bill directed the Department of Social and Health Services (DSHS) to establish state-staffed community crisis stabilization services, based upon funding provided in the Appropriations Act and the geographic area with the greatest needs for those services (2SSB 5459 Subsections 3 and 6). Additionally, RCW 71A.20.010, was amended to prohibit individuals age sixteen years and younger from accessing services at a residential habilitation center. Individuals aged 16-21 may only receive services at a residential habilitation center if there are no service options available in the community to appropriately meet the needs of the individual. Such admission is limited to the provision of short-term respite or crisis stabilization services.

PURPOSE

This policy establishes referral, intake, service delivery, and discharge planning requirements for the Community Crisis Stabilization Services program.

SCOPE

This policy applies to DDA Case Resource Managers, and CCSS staff.

DEFINITIONS

Behavioral health crisis diversion bed services are temporary residential and behavioral services that may be provided in a client's home, licensed or certified setting, or state-operated setting under chapter 388-845 WAC.

Challenging behavior means actions by the client that constitute a threat to their own health and safety, the health and safety of others in the environment, uncontrolled symptoms of a physical or mental condition, or a persistent pattern of behaviors that inhibit the client's functioning in public places and integration with the community.

Community crisis stabilization services (CCSS) means the community behavioral health crisis diversion bed services operated by DDA that provides intensive behavioral health and crisis stabilization services and supports to eligible clients.

Crisis means circumstances or events, which may be precipitated by an emotionally stressful or traumatic event, that:

- Put a person at risk of hospitalization or loss of residence;
- Exceed a person's ability to cope or remain stable; or
- Exceed a caregiver's ability to provide necessary support.

Crisis stabilization means short-term services that assess a client's needs, stabilize challenging behaviors, and develop and implement appropriate treatment plans that will support a client to live successfully in their home or other residence.

Case resource manager means the DDA Case Resource Manager, Social Worker, or Social Service Specialist.

Cross-system crisis plan means a plan that helps providers coordinate and collaborate their response to a client experiencing, or at risk of experiencing, a crisis.

Department means the Department of Social and Health Services (DSHS).

Functional behavioral assessment means a process that evaluates:

- The overall quality of a participant's life;
- Factors or events that increase the likelihood of challenging behavior;
- When and where the challenging behavior frequently occurs;

- The presence of a diagnosed mental or physical illness or neurological dysfunction that may contribute to the challenging behavior; and
- The functions or purpose of the challenging behavior.

Treatment team means the group of individuals and system partners that work together to provide formal and informal supports to a CCSS client. A typical team includes the client, the client's Case Resource Manager (CRM), Social Worker (SW) or Social Service Specialist (SSS), the client's family and legal representative, integrated managed care providers, and any other service providers working with the client and family.

Positive behavior support plan means a plan, based on a completed functional behavioral assessment, which eliminates or reduces the frequency and severity of challenging behavior. A positive behavior support plan often includes:

- Recommendations for improving the general quality of a client's life;
- New or additional activities that interest the client;
- Reducing events that are likely to provoke the challenging behavior;
- Methods to teach alternative appropriate behaviors that will achieve the same results as the challenging behavior; and
- Professional recommendations for treating mental illness and neurological dysfunction.

Regional clinical team means DDA staff who provide consultation for a client's challenging behaviors.

Skilled nursing means continuous, intermittent, or part time nursing services. Services include nurse delegation services under [WAC 246-840-930](#) provided by a registered nurse.

Staff and family consultation and training means professional assistance under chapter 388-845 WAC to families or direct service providers to help them meet a client's needs.

POLICY

- A. 1. A person is eligible for the CCSS program if:
- a. They are age eight or older but under age twenty-one;
 - b. They are eligible for DDA services under Chapter 388-823 WAC;
 - c. They are eligible for medicaid services under Title 182 WAC;

- d. Their parent agrees to actively participate in their child's treatment while in the CCSS program;
 - e. The person or their family does not have any pending investigations of abuse or neglect with Child Protective Services.
2. If a client does not meet the eligibility requirements, the case manager will complete a planned action notice.
- B. Community crisis stabilization services must:
1. Collaborate with the client and the client's family and treatment team to:
 - a. Identify and assess the client's ongoing support needs;
 - b. Develop treatment plans;
 - c. Stabilize the client in a community-based setting; and
 - d. Discharge the client to their home or community.
 2. Not exceed 180 consecutive days;
 3. Provide crisis stabilization, which are short-term services that assess a client's needs, stabilize challenging behaviors, and develop and implement appropriate treatment plans that will support a client to live successfully in their home or other residence.
- C. If a client requires an eligibility review, DDA initiates the CCSS referral pending the outcome of the eligibility review. The client must not transfer to the CCSS program unless the review is complete and the child has been determined DDA-eligible.
- D. The CCSS Referral Committee reviews and approves or denies all CCSS program referrals.

PROCEDURES

A. Referral Process

1. To refer a client to the CCSS program, the case resource manager must:
 - a. Assess the client's currently unmet needs and available resources;
 - b. Identify barriers to successful service delivery;
 - c. Discuss the client's case with their supervisor and regional management; and

- d. Complete a CCSS referral packet.
 2. The supervisor refers the case to the Regional Clinical Team (RCT) for review and recommendation.
 - a. Members of the RCT are designated by the appropriate DDA Regional Administrator and may include a psychologist, nurse, behavior specialist, resource manager, or other staff as identified.
 - b. The RCT can provide assessment, consultation, training, prevention, and intervention strategies to staff and family or providers.
 3. If the regional clinical team supports the client's referral to the CCSS program the:
 - a. Supervisor submits the referral to the Field Services Administrator (FSA);
 - b. FSA submits the referral to the Regional Administrator (RA) or designee for final approval; and
 - c. RA or designee submits the referral to the Children's Residential Program Manager.
- B. The CCSS referral packet must include:
1. [DSHS 14-012](#), *Consent*, signed by the client, the client's legal representative, or both.
 2. [DSHS 13-902](#), *Community Crisis Stabilization Service Referral*, signed by the case resource manager's supervisor, the regional clinical team supervisor, and the regional administrator or designee.
 3. The client's individualized education program (IEP), if applicable.
 4. Copies of the client's most recent, if available:
 - a. Functional behavioral assessment or positive behavior support plan; and
 - b. Cross-system crisis plan ([DSHS 10-272](#), *Cross-System Crisis Plan*).
 5. A case summary that includes:
 - a. The reason or reasons for the CCSS program referral;

- b. A family profile, including where the client resides, who else resides in the home, and who the client's primary contact person is, if not the client's parent or legal representative;
- c. The client's placement history, if applicable;
- d. Relevant school information, such as:
 - i. Enrollment status;
 - ii. Number of hours per day;
 - iii. Restrictions in place, if any; and
 - iv. Level of support required in a classroom setting, such as a one-to-one aide or para-educator;
- e. Services and supports the client received over the last 12 months and any barriers to successful service delivery;
- f. Any extraordinary medical conditions;
- g. The challenging behaviors the client exhibits and the impact of these behaviors at home and school;
- h. Desired outcomes for the client after receiving community crisis stabilization services; and
- i. The client's discharge plan.

C. Decision Process

- 1. The CCSS Admissions Review Team includes the:
 - a. Headquarters Children's Residential Services Program Manager;
 - b. Headquarters Children's Social Health and Program Consultant
 - c. Community Crisis Stabilization Services Program Manager;
 - d. Community Crisis Stabilization Services Behavior Specialist;
 - e. Regional Children's Mental Health Resource Manager; and
 - f. Regional Voluntary Placement Coordinator.

Note: The CCSS Program Manager may include other CCSS representatives based upon their area of expertise and client referral.

2. The CCSS Admissions Review Team reviews and prioritizes the next candidate for the upcoming program vacancy. Referrals are prioritized based on each client's individual needs, alternative resource availability, CCSS program capacity, and appropriateness of placement with other CCSS clients. The CCSS Admissions Review team [DSHS #10-598](#), *Community Crisis Stabilization Services (CCSS) Admissions Review Team Considerations*, is completed.
3. The Children's Residential Program Manager or designee documents the CCSS Admissions Review Team's decision and notifies the client's case resource manager and appropriate regional staff.
4. The case resource manager must notify the client and the client's legal representative via a planned action notice of the CCSS Referral Team's decision if approved. The notification must comply with [DDA 5.02](#), *Necessary Supplemental Accommodation*. If the client was not prioritized for the next vacancy, the case manager should document the decision in an SER and contact the family to notify them of the decision. Pending referrals will remain on the CCSS review list.
5. Before admission, the case resource manager must submit a prior approval to:
 - a. Their supervisor, field services administrator, and regional administrator; and
 - b. The Children's Residential Program Manager.

D. Intake Planning

1. CCSS staff will contact the DDA case manager to begin intake planning and schedule a tour of the facility.
2. The case resource manager must provide the following evaluations and treatment plans, if applicable, to the CCSS program staff:
 - a. Behavioral support evaluation;
 - b. Wraparound team care plan;
 - c. Psychological evaluation;
 - d. Psychiatric evaluation;
 - e. Speech and language evaluation;
 - f. Occupational therapy evaluation;
 - g. IEP;
 - h. Current medications and dosages;

- i. Other documents as requested; and
 - j. If parents are divorced, a court-approved shared parenting plan that delineates decision-making authority is required.
3. The CCSS program staff must obtain any additional evaluation and treatment information as needed.
4. CCSS program staff must contact the client's family or legal representative to:
 - a. Begin intake planning;
 - b. Explain the goals of stabilization services;
 - c. Discuss the family's role and expectations during the client's participation in the CCSS program;
 - d. Schedule observational and transitional visits at the client's home and the CCSS program;
 - e. Obtain a list of client's current and past medical and mental health providers and documentation of most recent well child exam; and
 - f. Establish the client's admission date.
5. CCSS program staff must create a treatment plan that includes the client's:
 - a. Treatment goals;
 - b. Preliminary positive behavior support plan;
 - c. Preliminary intervention plan;
 - d. Daily schedule; and
 - e. Assessment for nurse delegation services.

D. Service Delivery

1. The CCSS program is focused on providing stabilization services around a child's developmental, behavioral, social, and emotional support needs.
2. Staff are trained in positive behavior support and de-escalation techniques and work directly with the client in identifying challenging behaviors and the function of those behaviors.

3. The CCSS program partners with the local school districts to meet the child's educational support needs while receiving services.
4. The environment is tailored to offer a safe atmosphere with a high level of predictability for the client.
5. A child's ongoing support needs are assessed and a treatment plan is developed, focusing on stabilizing the child so the child can transition back to their home communities.
6. The CCSS program staff will coordinate weekly behavior updates and progress reports with the family and case manager.
7. Successful outcomes are achieved when a consistent approach is applied to meeting the client's behavioral support needs, parents are actively engaged in obtaining new strategies to support their child, adaptive home modifications are completed, and a comprehensive IEP is in place.

E. Discharge Planning:

1. The initial discharge planning meeting must be scheduled within the first 30 days of the client's admission date.
2. The case resource manager will work with the CCSS program staff to coordinate subsequent discharge planning meetings, and will occur more frequently as the client approaches their discharge date.
3. The case resource manager must document discharge planning progress in [DSHS 10-497](#), *Continuous Quality Improvement Action Plan* and retain the form in the client's file.
4. The discharge planning team includes:
 - a. The client's parent or legal representative;
 - b. CCSS program staff;
 - c. Representatives from both Clover Park school district and the school district where the client's family resides;
 - d. The client's managed care case manager;
 - e. Community partners, such as representatives from WISE; and

- f. The client's in-home providers for services like applied behavioral analysis, personal care, and respite.
5. After each discharge planning meeting, the case resource manager must update the discharge planning progress:
 - a. In a service episode record (SER);
 - b. [DSHS 10-497](#), *Continuous Quality Improvement Action Plan* and;
 - c. Send a copy to all participants.
6. Before the client is discharged, CCSS program staff must give the family or legal representative the client's:
 - a. Functional behavioral assessment;
 - b. Positive behavior support plan, including data related to targeted behaviors;
 - c. Recommendations for sensory items and home modifications;
 - d. Updated or amended IEP;
 - e. Occupational therapy, physical therapy, and speech, hearing, and language evaluations, if applicable; and
 - f. CCSS discharge report.
7. CCSS program staff must notify the CCSS Program Manager and the client's case resource manager of the discharge date.

QUALITY ASSURANCE

- A. DDA Central Office conducts an annual quality assurance survey to measure performance and identify areas for improvement.
- B. PQI conducts quarterly quality assurance reviews to measure performance and identify areas for improvement.
- C. Following each client's discharge from the CCSS program the Children's Residential Program Manager or designee completes a client review. The client review:
 1. Evaluates effectiveness of recommendations from the client's CCSS discharge plan;
 2. Assesses readiness of in-home supports following the client's discharge; and

3. Collects feedback from the client's parent or legal representative about the skill building strategies and interventions gained while participating in the CCSS program.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESION

DDA Policy 4.07
Issued August 15, 2013

Approved: /s/ Donald Clintsman Date: February 1, 2018
Deputy Assistant Secretary
Developmental Disabilities Administration