Washington State Department of Social & Health Services

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*

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*

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).

The bill further directed that no person under the age of sixteen (16) years may be admitted to receive services at a Residential Habilitation Center (RHC) and no one under the age of twenty-one (21) may be admitted to receive services at a RHC "unless no service options are available in the community" and that "such admission is limited to the provision of short-term respite or crisis stabilization services."

PURPOSE

The Community Crisis Stabilization Services (CCSS) is part of the overall DSHS and the Developmental Disabilities Administration (DDA) continuum of care, designed to expand community-based services which will preserve, maintain, and strengthen participants' ability to reside in their own homes in the community.

This policy describes the Administration's expectations regarding the use of CCSS for participants enrolled with DDA. Procedural requirements are included in this policy. These services are intended to be an effective resource for families, participant teams, and providers when their capacity to provide meaningful, individualized support is affected primarily by the supported participant's challenging behavior(s).

SCOPE

This policy applies to adults and children enrolled with DDA who meet the eligibility requirements identified in POLICY, Section B, below.

DEFINITIONS

Administration means the Developmental Disabilities Administration (DDA).

Behavior support and consultation means strategies for effectively relating to caregivers and other people in the participant's life; directing interventions with the participant to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise the participant's ability to remain in the community.

Behavioral health stabilization services means services to assist participants who are experiencing a behavioral health crisis. These services are available to all adults and children enrolled in DDA and who are responsive to identified dynamics that challenge a participant's stability in their current community setting.

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

Community Crisis Stabilization Services (CCSS) means the community behavioral health stabilization program(s) operated by DDA that provides 24/7 behavioral health and crisis stabilization services and supports to eligible participants.

Crisis means a set of circumstances or events that: (1) put a participant at risk of hospitalization, institutionalization, or loss of residence; and/or (2) exceeds a participant's individual ability to cope/remain stable; and/or (3) exceeds the ability of the participant's caregivers to provide the necessary supports. The existence of a crisis may be identified by a major change in the person's baseline functioning.

Crisis Stabilization means short term services designed to assess or identify necessary supports, and to design and implement plans to address these support needs so that the participant can live successfully in their home or other residence.

CRM/SW means the Developmental Disabilities Administration Case Resource Manager and/or the Social Worker or Social Service Specialist.

Cross System Crisis Plan means a plan that can guide service providers in delivering a coordinated and collaborative response to participants experiencing, or at risk of experiencing, a crisis.

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

Functional Assessment (FA) 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 occurs most frequently;
- 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.

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

Positive Behavior Support is an approach to address challenging behavior that focuses on changing the physical and interpersonal environment so that the participant is able to get their needs met without having to resort to challenging behavior. Positive behavior support must be emphasized in all services funded by DDA for participants with developmental disabilities.

Positive Behavior Support Plan (PBSP) means a plan based on a completed Functional Assessment (FA) which will help to eliminate or reduce the frequency and severity of the challenging behavior. A PBSP generally contains the following common elements:

- Recommendations for improving the general quality of a participant's life;
- Providing increased interesting activities to fill a participant's time;
- 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/or neurological dysfunction.

Regional Clinical Team means a team of DDA staff who may respond to crisis situations by providing behavior support and consultation as well as behavioral health stabilization services for participants with challenging behaviors. The team can provide assessment, consultation,

training, prevention and intervention strategies to staff and family or providers. The core members of the team are designated by the specific DDA Regional Administrator and may include a psychologist, nurse, behavior specialist, resource manager, or other staff as identified.

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

Staff/Family Consultation and Training means professional assistance to families or direct service providers to help them better meet the needs of the participant. This may include health and medication monitoring; basic and advanced instructional techniques; positive behavior support; augmentative and alternative communication systems; diet and nutritional guidance; disability information and education, including specific information regarding participant diagnoses and other related conditions; strategies for effectively and therapeutically interacting with the participant; and environmental consultation.

POLICY

A. The Community Crisis Stabilization Service (CCSS) will:

1. Provide staff to work with the participant and family/provider for a limited time period, not to exceed 180 days, focusing on stabilizing the participant in the least restrictive setting.

2. Identify and assess ongoing support needs, and develop plans, in collaboration with Participant Teams, to address these needs so that participants can transition and reside in their home communities.

3. Provide initial stabilization services in the CCSS residential program; however, stabilization services may continue in the participant's home, depending upon need.

B. Eligibility requirements for all CCSS participants include:

1. Enrolled as an eligible client of DDA;

2. Age eight (8) years or older;

3. Written informed consent to participate;

4. The participant or participant's family does not have any open investigations of abuse or neglect pending with the DSHS Children's Administration; and

5. In cases where participants are subject to eligibility re-determination prior to the initiation of a paid service per WAC 388-823-1010, initiation of the CCSS referral can begin, pending the outcome of the eligibility review. Transfer to the

program cannot happen until the eligibility review is complete and the participant is found to be DDA eligible.

C. A statewide team of professional staff appointed by the Deputy Assistant Secretary and known as the CCSS Review Team will review all requests for admission and approve or deny referrals.

PROCEDURES

A. Standard Operating Procedures

The CCSS Program will establish internal standard operating procedures for:

1. Initial intake assessments, including:

   a. Health;
   b. Psychological;
   c. Psychiatric;
   d. Therapies;
   e. Family needs; and
   f. Other specialized assessments.

2. Treatment plans for:

   a. Habilitation;
   b. Skilled nursing;
   c. Education;
   d. Family support;
   e. Behavioral health stabilization and support;
   f. Psychiatric; and
   g. Other specialty service plans.

3. Treatment Plan implementation.

4. Transition and discharge planning, including:

   a. Collaboration with the Participant Teams and systems partners to create and implement a comprehensive plan to transition the participant to their home;

   b. Seeking appropriate waiver services; and

   c. Provide staffing support by behavior technicians in home during transition to model, train, and coach family members or community supports on implementation of plans.

5. Quality Assurance systems to:

   a. Assess the effectiveness of the participant's individualized plans;

   b. Identify barriers to implementation in the CCSS and in the participant's home;

   c. Track trends and patterns; and

   d. Make recommendations to the Deputy Assistant Secretary regarding system and program enhancements.

B. Referral Process

1. The CRM/SW will consider all reasonable community resources prior to CCSS referral.

2. The CRM/SW will staff the client's case with their supervisor and regional management to determine the immediate needs of the client. The case will be referred to the Regional Clinical Team (RCT) for a second review.

3. Following the RCT review and approval to proceed, the CRM/SW will compile a CCSS referral packet with a signed/approved DSHS 13-902, *CCSS Referral*, and submit it to the Mental Health Program Manager (or designee) within five (5) business days prior to the initiation of participant transfer to the CCSS Program. Note: This form is available only on the DSHS Intranet website.

4. The client's parent(s) or legal representative(s) will provide any current and historical medical or behavioral/mental health information, if available, to the CRM/SW. Information may include:

   a. Name, address, and telephone number of all current and historical primary care providers, behavioral/mental health providers, and physicians;

   b. Copies of current and historical medical and behavioral/mental health records, including office notes, evaluations/reports, labs, imaging, and hospital summaries; and

   c. Summary of psychoactive medications previously prescribed for the client, including any positive or negative effects.

5. The following documentation is required for the referral packet:

   a. A signed DSHS 14-012, *Consent*, from the client and/or the legal representative. The form must have been signed within the last ninety (90) days.

   b. The client's most recent DDA Assessment and Individual Support Plan (ISP) or Individual Instruction and Support Plan (IISP), if available:

      i. The Assessment is current (within the previous six (6) months); and

      ii. If the DDA Assessment is not current or is incomplete, the CRM/SW must complete an interim assessment.

   c. A written case summary that addresses all of the following:

      i. The urgency and reason/circumstances for the request;

      ii. Previous interventions or supports provided through the community or DDA;

      iii. Where the client is currently residing;

      iv. Any extraordinary or unstable medical conditions;

      v. Any challenging behaviors the client exhibits and the special staffing or supports required at home or school; and

      vi. Plan for discharge and whether the client and/or their legal representative(s) will support a plan to return to the family home.

   d. Updated social summary information, including:

      i. Family profile, including name and address of primary contact and legal representative(s) status;

      ii. SSA/SSI information, including the representative payee;

      iii. Social development, including any developmental assessments if available;

      iv. Placement history;

      v. If the client has community protection issues, include the most recent risk assessment; and

vi. Employment history and interests, as applicable.

e. Health and medical information, including:

i. Name, address, and telephone number of primary care and behavioral/mental health providers, physicians and back-up providers;

ii. Consent to obtain additional records from medical and behavioral/mental health providers;

iii. If available, copies of medical and behavioral health/mental health records including the most recent physical examination report and current medical and psychiatric diagnoses;

iv. Updated immunization record;

v. Report of Hepatitis B screening;

vi. All current prescription medications and copies of current prescriptions, if available;

vii. Known allergies; and

viii. Prescribed diet and reason.

f. Legal information, including:

i. Verification of guardianship or legal representation;

ii. Criminal justice system actions;

iii. Local law enforcement involvement;

iv. Contractual obligations or court ordered decrees, including civil orders; and

v. Pending criminal charges and any related information.

g. For school-age children and youth, the current Individualized Education Program (IEP);

h. Copies of the following plans if available:

i. Most recent Functional Assessment (FA) and Positive Behavior Support Plan (PBSP).

ii. Most recent Cross System Crisis Plan (DSHS 10-272, *Cross System Crisis Plan*).

i. The CRM/SW will obtain a release of information signed by the client's parent(s) or legal representative(s) and submit it to the referring school district prior to the client's move to the CCSS Program.

C. Decision Process

1. Following receipt of the CCSS Referral Packet and the signed CCSS Referral Form, the CCSS Review Team will review and approve or deny the service request.

2. Members of the CCSS Review Team are appointed by the Deputy Assistant Secretary and include the following positions, at a minimum:

a. Children's Residential Services Program Manager;

b. Clinical Director;

c. Community Crisis Stabilization Services Program Manager;

d. Community Residential Business Requirements Manager; and

e. Mental Health (MH) Program Manager.

3. Referrals will be prioritized based on the client's individual needs, alternative resource availability, bed and/or staffing availability, and appropriateness of placement with other CCSS participants.

4. The MH Program Manager (or designee) will document the team's decision on the CCSS Referral Form and return the form to the CRM/SW.

5. If the proposed referral requires more immediate action, and the CRM/SW is not able to initially meet the required referral steps before service is needed, admission to the CCSS Program can be administratively approved by the Deputy Assistant Secretary or designee.

6. Upon return of the CCSS Referral Form, the CRM/SW will:

a. Ensure notification of the participant and their legal representative(s). Participant notification for all decisions must follow the procedures in DDA Policy 5.02, *Necessary Supplemental Accommodation*.

b. If approved:

i. Contact the CCSS program to conduct an intake call and coordinate transfer of the participant to the CCSS; and

ii. Submit a Prior Approval in CARE, to the supervisor, Field Services Administrator and the Regional Administrator or designee for review and approval to proceed with the referral.

iii. Send the Prior Approval to the MH Program Manager for final approval and documentation.

D. Crisis Services Quality Review

1. The CCSS Program will collect data and report to the Regional Administrator and the MH Program Manager on a monthly basis. Data to be collected and reported may include:

a. Admissions and discharges;

b. Rates of behaviors targeted for decrease;

c. Incident reports; or

d. Other data as identified.

2. The MH Program Manager will perform a client review of all participants at the following intervals following transfer from the CCSS: thirty (30) days; ninety (90) days; and one (1) year.

3. The review will include:

a. An assessment of the effectiveness of the crisis stabilization services that were provided;

b. The impact of changes implemented by the participant's team and to effectively address the participant's behavioral health needs; and

c. The impact of the services on the provider systems in the participant's community setting.

4. Documentation regarding participant behaviors and interventions will be maintained by the CCSS.

5. Reports regarding CCSS outcomes will be generated at least annually by the MH Program Manager.

6. The CCSS will use the data generated from its quality review to target prevention services to areas of the greatest need and inform statewide systemic issues.

EXCEPTIONS

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

SUPERSESSION

DDD Policy 4.07
Issued November 11, 2012

Approved: */s/ Donald Clintsman* Date: August 15, 2013
Deputy Assistant Secretary
Developmental Disabilities Administration