



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: COMMUNITY CRISIS STABILIZATION SERVICES POLICY 4.07

Authority: [RCW 71A.20](#) *Residential Habilitation Centers*
[WAC 388-823-1010](#) *DDD Eligibility Review*
[WAC 388-845-1170](#) *Skilled Nursing*

Reference: DDD Policy 5.02 *Necessary Supplemental Accommodation*
DDD Policy 5.14 *Positive Behavior Support*
DDD Policy 5.18 *Cross System Crisis Plan*
DDD Policy 5.19 *Positive Behavior Support 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) Program is part of the overall DSHS and the Division of Developmental Disabilities (DDD) 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 Division’s expectations regarding the use of CCSS for participants enrolled with DDD. 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 DDD who meet the eligibility requirements identified in POLICY, Section B, below.

DEFINITIONS

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 (i.e., training, specialized cognitive counseling, development and implementation of a positive behavior support plan).

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 DDD 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. These behaviors may have been present for long periods of time or have manifested as an acute onset.

Community Crisis Stabilization Services (CCSS) means the community residential program(s) operated by DDD that provides 24/7 crisis stabilization services and supports to eligible participants during a crisis in an alternative setting to the participant's residence. The current site is located in Lakewood, Washington, and plans are to open additional sites, dependent on funding.

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. A crisis may be precipitated by an emotionally stressful event or traumatic change in a participant's life. The existence of a crisis may be identified by a major change in the person's baseline functioning.

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

Cross System Crisis Plan (DDD Policy 5.18) 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.

Functional Replacement Behaviors are behaviors that serve the same function as the behavior targeted for decrease, but are more socially acceptable.

Functional Assessment (FA) (DDD Policy 5.14, DDD Policy 5.19) means a process that evaluates:

- The overall quality of a participant’s life;
- Factors or events that increase the likelihood of challenging behavior;
- Factors or events that increase the likelihood of appropriate 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 division 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 and a participant’s skill deficits 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 DDD for participants with developmental disabilities. For more information, refer to DDD Policies 5.14, *Positive Behavior Support*, and 5.19, *Positive Behavior Support for Children and Youth*.

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;
- Methods to develop effective strategies for responding to challenging behaviors; and
- Professional recommendations for treating mental illness and/or neurological dysfunction.

Regional Clinical Team means a team of DDD 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 participant assessment, consultation, prevention and intervention strategies, and also provide staff and family/provider consultation and training. The Team is convened based upon the dynamics of the situation, special skills or knowledge as it relates to the specific crisis, and staff availability. The core members of the Team are designated by the Region 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 388-845-1170](#)) provided by a registered nurse, including the initial visit, follow-up instruction, and/or supervisory visits.

Staff/Family Consultation and Training means professional assistance to families or direct service providers to help them better meet the needs of the participant. Consultation and training is provided to families, direct support staff, or personal care providers to meet the specific needs of the participant, including:

- Health and medication monitoring;
- Basic and advanced instructional techniques;
- Positive behavior support;
- Augmentative 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 Services (CCSS) is a state operated community residential program that provides short term supports to participants who are in crisis and/or who are at risk of hospitalization or institutional placement.
1. CCSS staff will be available 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. The program will 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. Initial stabilization services are provided 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 DDD;
 2. Age eight (8) or older;
 3. Written informed consent to participate;
 4. The participant does not have any open investigations of abuse or neglect pending with the DSHS Children's Administration;
 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 DDD eligible.
 6. A statewide team of professional staff known as the CCSS Review Team will review all requests for admission and approve or deny referrals.

PROCEDURES

- A. 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

components for the development of FAs, PBSPs, and Cross System Crisis Plans (CSCP).

3. Attendant Counselor Manager (ACM): Under the direction and supervision of the Program Manager, the ACM is responsible for managing the stabilization supports for CCSS participants. The ACM supervises habilitation support staff assigned to provide direct care and support to CCSS participants, and ensures that services are provided in a manner that is consistent with the goals of the program. The ACM provides the instructional and supervisory link between the Program Manager, nurses, Behavior Specialists/Technicians, and contracted specialty staff (who provide the written plans and directions for participant stabilization), and the Direct Support Professionals.
4. Direct Support Professionals (DSPs): Under the supervision of the ACM, the DSPs provide support, care, and training to individual participants in the CCSS Program. DSPs implement specific habilitation, nursing, behavioral, or other specialty services plans and may be required to assist in the development of skill acquisition programs and/or evaluate the effectiveness of these programs. DSP is the working title for the Attendant Counselor 2 positions in the CCSS Program.
5. Behavior Specialist: The Behavior Specialist is responsible for the provision of behavioral analysis and support, and crisis intervention services, including the development of FAs and PBSPs for CCSS participants (i.e., Behavior Management and Consultation services). Additionally, the position assists in building the competency of DDD staff and family members and/or service providers in working successfully with participants with challenging behaviors.
6. Behavior Technician: The Behavior Technician is responsible for implementing behavioral and crisis stabilization services, including data collection for FAs and the delivery of positive behavioral supports to eligible participants. These services are provided to CCSS participants in brief out-of-home crisis stabilization settings as well as in participants' homes as part of the transition process. During the transition process, the Behavior Technician provides modeling, coaching, and consultation to family members or community support providers regarding the successful implementation of PBSPs that have been developed during the participants' out-of-home crisis stabilization stays. The Behavior Technician identifies barriers to the successful implementation of behavioral strategies by family members or community support personnel and communicates these barriers to the Behavior Specialist, so that participants' plans can be updated or additional training or supports can be provided to address these barriers.
7. Contracted Specialty Staff: CCSS participants may also receive services from contracted specialists, including a psychiatrist, occupational therapist, physical therapist, speech/language pathologist, nutritionist/dietician, or other specialty

service providers. These providers may review existing records/plans, conduct assessments, develop new service plans to meet assessed needs, and provide Staff/Family Consultation and Training services to CCSS staff, participants, family members or community support staff in order to implement service plans appropriately.

8. Residential Services Coordinator (RSC): The RSC serves as the staffing and household management coordinator. The position coordinates 24-hour scheduling for DSPs (attendant counselors) and assists with recruiting and interviewing of potential DSP hires. The RSC serves as a lead assistant to the ACM and works closely with the DSPs to ensure compliance with the DSHS/DDD/CCSS policies and operating procedures. The RSC has responsibility for the oversight of the house(s), including money management for the home, ordering household supplies, scheduling and monitoring repairs, vehicle maintenance, and paying/managing household bills, etc.

C. Referral Process:

1. The CRM/SW/SSS will staff a client case with their supervisor and regional management to determine the immediate needs of the client. If appropriate, the case will be referred to the Regional Clinical Team (RCT) for a second review.
2. Following the RCT review and approval to proceed, the CRM/SW/SSS will compile a CCSS referral packet with a signed/approved [DSHS 13-902, CCSS Referral](#), and submit it to the Crisis Services Program Manager (or designee) within five (5) working days prior to the initiation of participant transfer to the CCSS Program. Note: This form is available only on the DSHS Intranet website.
3. The parent(s) or legal guardian will provide any current and historical medical or behavioral/mental health information, if available, to the CRM/SW/SSS. Information may include:
 - a. Name, address, and telephone number of all current and historical treating 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.

4. The following documentation is required for the referral packet:
- a. A signed [DSHS 14-012, Consent](#), from the participant and/or the legal representative. The form must have been signed within the last ninety (90) days.
 - b. The participant's most recent DDD Assessment and Individual Support Plan (ISP) or Individual Instructional Support Plan (IISP), if available:
 - 1) The Assessment is current (within the previous six (6) months); and
 - 2) If the DDD Assessment is not current or is incomplete, the CRM/SW/SSS must complete an interim assessment.
 - c. A written case summary that addresses all of the following:
 - 1) The participant's current status and a brief description;
 - 2) The urgency and reason/circumstances for the request;
 - 3) Previous interventions or supports provided through the community or DDD;
 - 4) Where the participant is currently residing;
 - 5) Any extraordinary or unstable medical conditions;
 - 6) Any challenging behaviors the participant exhibits and the special staffing or supports required at home or school;
 - 7) Whether the participant or the participant's legal representative(s) will support a plan to return to the family home; and
 - 8) Plan for discharge.
 - d. Updated social summary information, including:
 - 1) Family profile, including name and address of primary contact and legal representative(s)/guardian status;
 - 2) SSA/SSI information, including the representative payee;
 - 3) Social development, including any developmental assessments if available;

- 4) Placement history;
 - 5) If the participant has community protection issues, include the most recent risk assessment; and
 - 6) Employment history and interests, as applicable.
- e. Health and medical information, including:
- 1) Name, address, and telephone number of treating primary care and behavioral/mental health providers, physicians and back-up providers;
 - 2) Consent to obtain additional records from medical and behavioral/mental health providers;
 - 3) If available, copies of medical and behavioral health/mental health records (e.g., office notes, evaluations/reports, labs, imaging, hospital summaries, etc.), including the most recent physical examination report and current medical and psychiatric diagnoses;
 - 4) Updated immunization record;
 - 5) Report of Hepatitis B screening;
 - 6) All current prescription medications and copies of current prescriptions, if available;
 - 7) Known allergies; and
 - 8) Prescribed diet and reason.
- f. Legal information, including:
- 1) Verification of guardianship or legal representation;
 - 2) Criminal justice system actions;
 - 3) Local law enforcement involvement;
 - 4) Contractual obligations or court ordered decrees, including civil orders; and
 - 5) Pending criminal charges and any related information.

Prior Approval is then to be sent to the Crisis Services Program Manager, or designee, for final approval and documentation.

- b. Ensure notification of the participant and the participant's legal representative(s). Participant notification for all decisions must follow the procedures in DDD Policy 5.02, *Necessary Supplemental Accommodation*.
- c. If CCSS is approved, complete a Planned Action Notice (PAN) and contact the CCSS program to conduct an intake call and to coordinate transfer of the participant to the program.
- d. If CCSS is denied, the CRM/SW/SSS must complete a PAN and enclose information about appeal rights and a form to request an administrative hearing along. Note: The participant and the participant's legal representative(s) have ninety (90) days to appeal the decision.

F. Crisis Services Quality Review

1. The CCSS program will collect data and report to the Regional Administrator and the Crisis Services 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. Functional replacement behaviors;
 - d. Restrictive interventions;
 - e. Incident reports; or
 - f. Other data as identified.
2. The Office of Quality Programs and Services (QPS) or the Crisis Services Program Manager will perform a follow-up review of all participants.
3. The review will include:
 - a. An assessment of the effectiveness of the crisis stabilization services that were provided;
 - b. The adequacy of the changes implemented by the participant's team and providers to more effectively address the participant's behavioral health needs; and
 - c. The impact of the services on the provider systems that assist participants with behavioral health issues in their community setting; and
 - d. Mover Reviews will be conducted at these intervals following transfer from the CCSS: thirty (30) days; ninety (90) days; and one (1) year.

G. Documentation and Trend Data

1. Documentation regarding participant crises and interventions will be maintained by the CCSS.
2. Reports regarding stabilization services will be generated at least annually by the Crisis Services Program Manager.
3. The CCSS will use the data generated from its follow up activities to target prevention services to areas of the greatest need and to actions needed to address statewide systemic issues.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Division Director.

SUPERSESION

None

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: November 15, 2012