



Division Directive Number
4.190
Effective Date: 02.01.10
Revised: 11.01.2013

Bernard Simons

Bernard Simons, Director

Title: State Operated Crisis Services

Applies to: Division of Developmental Disabilities Regional Offices, State Operated State Programs (SOP), Targeted Case Management and Division Service Provider Agencies.

Purpose: This policy outlines procedures and documentation requirements for SOP's and regional offices, county boards and other TCM entities, concerning crisis admissions and discharges to and from SOP crisis services, as well as documentation and meeting requirements regarding individuals while they are temporarily residing at a SOP.

Definitions:

Behavior Resource Team (BRT): Division staff employed either in the regional office or the SOPs. The team shall be comprised of staff with special training and experience including but not limited to coaching and implementing a Positive Tiered Supports model, Tools of Choice curriculum, crisis management training, and other training as determined to be appropriate. The purpose of the teams will be to provide consultation, oversight and support for individuals residing in the community or temporarily in the SOPs with special emphasis on prevention strategies for crisis, assessment of crisis situations and development of strategies, comprehensive safety crisis plans including broad use of community supports and services to maintain the person in stable status and to assist the person to access services more rapidly and easily in times of crisis.

Brief (10 days) Crisis Services: The service includes a safe location and supervision for an individual who has been a danger to self or others and for whom the community supports (family or provider) require short term relief from supporting the individual in the community and assistance to prepare for return and continued support for the individual. The SOP crisis service also provides an offsite environment for evaluation of the individual's behavior and support needs and initiates formation of a larger team to develop strategies and plans to better support the individual in the community. SOP crisis services are to be used as a back up and as a less preferred option with on site (in the individual's home assisting the individual's support team) consultation and assistance by the regional BRT or community based provider services as the least restrictive, primary and preferred crisis assistance. Targeted duration is 10 days, possible extensions for extenuating circumstances.

Individual's Crisis Team: Those individuals (professionals, paraprofessionals, guardians, and/or family members) who know the individual well and who possess the knowledge, skills, and expertise necessary to accurately identify a comprehensive array of the individual's needs and design a program which is responsive to those needs (Person-Centered Planning Guidelines). This includes all appropriate SOP staff who know the individual as well as staff from community agencies who serve the individual, or will serve the individual when discharged, the regional office, the individual, and legally responsible party (guardian) or other advocates chosen by the guardian or individual, the regional behavior resource team and the support coordinator for the individual.

Planned Respite Services at State Operated Program: Planned respite at the state operated crisis program or with other respite service providers (crisis and non-crisis) is a service that is provided to pre-empt crisis situations for the individual with brief periods of time away from their primary supports.

State Operated Programs (SOP): Facilities operated by the state including the habilitation centers and independent supported living homes.

PROCESS FOR UTILIZATION OF STATE CRISIS SERVICES

The following applies to all new admissions to SOPs except persons admitted by Court Order, the forensic process. The Director of the Division may also approve an admission other than a temporary admission as described below.

1. New admissions to SOP crisis service shall be considered time limited, in that discharge criteria must be established and discharge planning must begin prior to admission. A Memorandum of Understanding (MOU) shall be developed and agreed upon which specifies discharge criteria, clearly stated timelines, and shall be signed by the SOP Superintendent, Regional Director, and individual/family/guardian. See Attachments A for MOU template.
2. Referrals for time limited crisis services at the SOP may be made by the regional office staff, with the approval of the Regional Director, at any time, but the SOP shall not accept an admission without the approval of Director of SOP, private providers, SB 40's and TCM entities will contact the Regional Director or designee to make referrals for crisis admission to the SOP crisis service.
3. The regional office (and SB 40 or other TCM entity if applicable) shall retain primary responsibility for continuing and obtaining services in the community for a person admitted on a time limited basis to the SOP. The SOP crisis services provided by the SOP crisis unit will be related to the problem requiring temporary utilization of the crisis program. The community provider and support coordinator will retain responsibility for arranging and continuing medical follow up, any therapies that have been or will be necessary for the individual prior to for following return to the community (example: physical therapy, speech therapy, primary medical care, specialized medical services such as endocrinology, neurology).
4. Throughout the SOP crisis service the progress towards meeting discharge criteria for the individual (including provider/community preparations and training) shall be reviewed by the SOP interdisciplinary team and the individual's community based individual support plan (ISP) team at a minimum of weekly (more often if the team determines this is necessary). Should the individual/family/guardian request the individual remain at the SOP a longer period of time or on a more permanent basis, the Memorandum of Understanding specifying the admission as temporary and signed by all parties should be considered the guiding document.
5. The regional office, support coordinator, the provider, and other members of the ISP team shall participate in planning as a member of the interdisciplinary team for those individuals who are admitted into the SOP under this directive.
6. When an individual is participating in one of the DMH Medicaid Waivers, the need for the State Operated crisis service shall be included as an addendum to the Individualized Support Plan and approval for the service as a Medicaid Waiver service shall be obtained. The time limited residential service or state operated BRT consultation service shall then be billed to the Medicaid Waiver as is done for any other service. In cases in

which an individual is not an individual on the Medicaid Waiver, funding for the crisis service shall be addressed on a case by case basis.

DESCRIPTION OF SOP CRISIS SERVICES

1. Criteria for brief provision of the SOP crisis service:

- Imminent danger of physical harm to self or others, or danger of harm to self or others repeatedly occurring over a period of time despite attempts to resolve the situation and determination that the brief respite is the least restrictive environment for the assistance required.
- All other means of addressing the behavior problems resulting in imminent bodily harm to self or others or actual bodily harm to self or others including preventative measures have been unsuccessful in reducing the risk for imminent harm.
- Or a temporary state of homelessness and other resources for safe living situation unavailable or inappropriate for individual and a provider for services will be shortly identified or has been identified and is preparing to provide services.
- The preventative interventions should be implemented and identified as part of the Person-Centered Planning process prior to seeking crisis services SOP. Preventative measures include behavioral services by a qualified professional in which a functional assessment have been completed and an positive behavior support plan implemented with fidelity and consistency across supports, arranging medical evaluation and interventions (if appropriate) to rule out medical problems, planned respite services including at the SOPs, and referrals to alternative service providers.
- Situation resulting in crisis (need) is one that can be best resolved by brief stay in a restrictive setting like one of the SOPs.
- Availability of Crisis Intervention Beds within each SOP.
- The SOP program is not a secure facility (no locked units) and not a hospital setting. The SOP does not provide medical evaluations and interventions for individuals utilizing the crisis services and may not have resources available to provide psychiatric services such as medication adjustment.

3. Preventative measures should be attempted whenever possible prior to pursuing temporary admission to the SOPs. Such measures may include: behavioral services with a qualified professional in which a functional assessment and positive behavior support plan have been implemented, medical evaluation and interventions (if appropriate or to rule out problems), referrals to alternative service providers and planned respite services including at the SOP.

4. Planned respite at the state operated crisis program or with other respite service providers (crisis and non-crisis) is a service that is provided to pre-empt crisis situations for the individual with brief periods of time away from their primary supports. It is planned in advance so that the care giver is scheduling use prior to reaching a crisis state or situation with the individual. The planned respite for the individual may include his/her overnight stay at the SOP/provider and day time activities at the SOP/provider. It may also include the provision of oversight and/or relief care in the individual's home setting (as available in the service area). The planned crisis respite service at a SOP will require the individual is on the Medicaid Waiver and that crisis services are approved by the Utilization Review as medically necessary. SOP planned crisis service will require the same referral process as the crisis services at SOP and assessment and recommendation of the SOP crisis team that would provide the service and approval of the Chief Behavior Analyst for SOP. Planned respite will occur at a SOP ISL site if such site has capacity.

5. When multiple service options are available to meet a person's needs, health and safety are the primary considerations. Choice, cost, utilization review, quality and capacity shall also be taken into consideration.
6. The SOPs and regional offices will develop BRTs made up of individuals with specialized experience and training to provide support in the form of assessment, intervention development and consultation or staff training for providers supporting individuals with challenging behaviors. BRTs may be utilized for individuals in placement or those living in their own or family homes. Medicaid Waiver status is not necessary for the consultation assistance provided by the teams; however, if an individual is on the Medicaid Waiver the need for the service should be described in the Individual Support Plan, approved by the Utilization Review process and billed by the team as crisis intervention services or person centered strategies consultation as appropriate.
7. The services of the regional BRT will be directed towards prevention of crisis situations through planned assistance to individuals who are highly likely to experience crisis, and assistance in addressing crisis situations, with the intent to prevent the need for short-term placement in a SOP, hospitalization, or loss of placement. Behavior resource teams will also conduct environmental evaluations to determine strategies that might improve the quality of life for the individual and thereby prevent crisis situations, ongoing services to individuals utilizing the SOP crisis service to ensure successful implementation of the strategies and procedures developed by the crisis team during the SOP crisis service must be provided for at least 90 days.
8. The SOPs may assist with BRT services when they are more accessible to the individual residing in the community because of geographic location or immediacy of availability. Request for services from the Behavior Resource Team from a SOP will be made through the Regional Director to the District Administrator who will then contact the Director of SOPs or the designee for approved referrals.
 - a. If the assistance of the SOP BRT is approved, the team will be dispatched as soon as available. The team will then work with the individual and staff of the residential and/or work (day program) provider to develop support strategies designed to address the specific behaviors which are affecting the quality of life of the individual in question (and his/her housemates), and which may be jeopardizing the community residential placement for the individual.
 - b. Referrals for assistance from the Regional Behavior Resource Team can be made to the lead behavior resource team member for each region.
9. In the event the SOP Behavior Resource Team or regional Behavior Resource Team is not able to resolve the issues, a short-term admission to a SOP may be appropriate.
10. Requests for state operated crisis services must be made through the Regional Director or designee.
 - a. The Crisis Services referral form should be completed and additional information including the current ISP, BSP and related data, current medication information should be sent with the referral to the Regional Director for review.
 - b. The following steps should be completed as quickly as possible with a final decision made within 3 business days of receiving the referral.
 - c. The regional director may confer with the Chief Behavior Analyst for Community Services to determine if other services or solutions might be effective.
 - d. If the regional director agrees to the need the information should be sent to the Director of SOPs and the Chief Behavior Analyst for the SOPs.
 - e. The SOP Director of Nursing shall review all medical information and determine that the SOP will be able to safely meet the individual's health care needs.

- e. A call or meeting including the support coordinator, guardian, support provider, regional office representative and SOP crisis team to facilitate evaluation of the appropriateness of the SOP crisis service and planning for support needs will be occur prior to the decision.
- f. Approval is based on appropriateness of the SOP as the least restrictive setting to meet the need, severity of the need and availability of crisis beds within each SOP

11. Once it has been determined that an individual is to be assisted for SOP Crisis Services, planning for return to the previous home/provider should begin.

- a. A transition plan for return home will be developed by individual's crisis team prior to the end of the first full week of crisis service.
- b. Prior to final acceptance a MOU (see Attachment A) will be developed by the Chief Behavior Analyst and signed by the guardian and support provider and regional director, this must occur no later than the day of admission. This MOU will indicate that the use of the crisis services is temporary and that the individual has community supports and living arrangements secured and available when the crisis service is no longer necessary as indicated by the Crisis team.
- c. A backup plan for support in the community must be developed to assure that the individual has all necessary community supports in the time frame indicated by the MOU.
- d. If the individual's budget will need to be adjusted this process should begin prior to admission or within the first week of service so that there is no delay in the return to the community.
- e. The expectation is that the budget will not be increased except in the most unusual of circumstances, and such an increase will be initiated by the Regional Director.

12. The Support Coordinator and Regional Director or designee will be responsible to ensure that all necessary information and personal items and medications are provided to the SOP crisis center prior to or at the time of admission.

- a. The SOP will require current immunization records, individual service notes for the past three months and medical information for admission and an admission packet completed by the guardian and service provider.
- b. The individual will arrive with at least \$50 per month of money to be spent for enrichment activities and personal spending, a two weeks supply of weather appropriate clothing, any personal items that are highly preferred for leisure activities and personal care.

EXPECTATIONS AND REQUIREMENTS FOR ALL PARTIES INVOLVED WITH AN INDIVIDUAL AFTER THEY HAVE BEEN ACCEPTED TO SOP BRIEF (10 DAYS) CRISIS SERVICES

1. Support Coordinator for Individual

- Acts as liaison between individual's crisis team and family or guardian if necessary
- Assures that all necessary information and personal items are available to the SOP
- Secures services identified as necessary by the individual's crisis team in a timely manner
- Arranges community based services for medical, dental, psychiatric, teaching of skills, and other long term and typical life needs in a timely manner.
- Arranges for the negotiation of any budget changes that may be necessary for the individual to return to the community, to the existing or new support provider. This should be completed as early as possible in the crisis stay to prevent delay of transition.
- Develops, with the individual's team, an addendum for the ISP describing the need for crisis services.

- Develops an addendum for the ISP including the needed ongoing prevention strategies and inclusion of strategies identified by the individual’s crisis team to ensure implementation of strategies upon return to the community.
- Coordinates with the regional behavior resource team lead follow up meetings and dissemination of documentation.
- **Understands that crisis service is a brief stay and is not designed or appropriate to meet all possible needs of individual**

2. Community Living Coordinator (Regional Office)

- Coordinates an initial meeting with the “Individual’s Crisis Team” (minimally including provider of origin and transition if different, the support coordinator, the SOP Crisis Lead, regional BRT lead, Regional Behavior Analyst , Chief Behavior Analyst for SOPs or Community Services, SOP Admin designee) to occur on or before the day the crisis service begins.
- The initial Individual’s crisis team meeting agenda will include information gathering with respect to the situation leading to crisis and needs of the individual and community support team to be more successful in preventing and addressing crisis, identification of the objectives for the community and SOP for duration of the crisis service, and their first steps (e. g. Initial evaluation) and establishing an at least weekly schedule for future meetings of the individual’s crisis team.
- Works with Regional Director and SOP Chief Behavior Analyst to have all necessary parties involved with every meeting of the individual’s crisis team.
- Coordinates weekly (or more frequent) individual crisis team meetings.
- Agenda for the weekly meetings includes updates from each stakeholder on the progress towards the identified objectives of the crisis service including readiness preparations by the community team and strategies towards transition and successful prevention and interventions for crisis situations as identified and developed by the BRT and SOP crisis unit.
- Tracks recommendations (e.g., titrating meds, Tools training) of the individual’s crisis team to ensure they are known by all members and addressed in a timely manner
- Informs and maintains communication with Regional Director on the status of the individual and crisis services.
- Develops and disseminates the meeting minutes and assures that the recommendations are included in the crisis service discharge report developed by the SOP Team.
- **Understands that crisis service is a brief stay and is not designed or appropriate to meet all possible needs of individual.**

3. Habilitation Center Administration Designee

- Assists in service utilization time management of services and implementation
- Develops and provides to the Community Living Coordinator and Support Coordinator, and keeps for SOP records a summary of the crisis services provided and progress of the individual and response to the strategies implemented. This report should include training provided to the community supports persons and the regional behavior resource team.

- **Understands that crisis service is a brief stay and is not designed or appropriate to meet all possible needs of individual**

4. Chief Behavior Analyst for the SOP or Community

- Provides oversight for crisis services and behavioral strategies and ensures briefest utilization possible while maintaining safety and meeting urgent, crisis needs of individual.
- Designates facilitator or facilitates meetings with individual's crisis team.
- Coordinates and directs initial evaluation (within 3 days of entrance).
- Information and sources needed:
 1. Description of actions and events leading to crisis (provider)
 2. BSP, IP (Provider and/or RO)
 3. Environmental assessment (BRT)
 4. Medications (Provider)
- Approves intervention plans.
- Communicates with Community Living Coordinator, and or Regional Office Director, Chief Behavior Analyst for Community Services, Superintendent of SOP, Director of SOPs to resolve any conflicts identified problems, system issues.
- Reviews and approves discharge reports and ongoing strategies to be implemented by the crisis services
- **Understands that crisis service is a brief stay and is not designed or appropriate to meet all possible needs of individual and promotes prioritization of needs to focus on urgent, crisis needs while individual is in the crisis service and identification of and planning to meet ongoing needs and supports.**
- **Decides if extension of service request is valid and communicates with Director of SOPs and Administration for permission.**

5. Regional Behavior Resource Teams

- **BRT Lead staff– prioritizes individual in crisis services needs and meeting the identified needs through consultation, training, and other community supports to ensure briefest stay possible.**
- BRT Lead staff (or designee) – coordinates or completes environmental evaluation for individual's pre-crisis situation (provider supported or family home) within 3 days of entrance into onsite program.
 - Evaluation to include: support entities (family or provider) willingness and ability to continue supporting individual after services including making significant adjustments in daily supports and strategies if necessary, frequency of positive/negative interactions typical of environment, meaningful day, restrictive supports utilized and necessity and how to reduce these, and other quality of life issues for the individual; history of behavior problems and strategies utilized previously, likely needs to successful supports after onsite crisis services end.
- BRT Lead staff coordinates or maintains involvement with individual's crisis team while receiving on site services, assisting with any information gathering, training of SOP staff or family/support staff , participating in every individual crisis team meeting.

- BRT Lead staff coordinates or ensures follow up after individual's return to the family or provider supported situation meeting identified follow up training and consultation schedule and coordinates scheduling and documentation with the individual's support coordinator.
- **Understands that crisis service is a brief stay and is not designed or appropriate to meet all possible needs of individual.**

6. Community Supports (Family or Provider)

- Provides a written description of events that led to crisis referral, including specific actions of staff the individual and others, results of problem behaviors of the individual and strategies attempted to resolve the situation.
- **Maintain readiness to receive individual from crisis services within 7-10 days of initiation of services (or extended deadline if approved)**
- Attend and participate in every individual crisis team meeting.
- Prioritize, arrange and continue to maintain time for the providers' staff to participate in training.
- Make recommended adjustments and change to support strategies and environment as necessary
- Find and trains additional staff if necessary or other increased support needs as identified and planned by individual crisis team
- **Understands that crisis service is a brief stay and is not designed or appropriate to meet all possible needs of individual**

7. Guardians

- Guardian (advocate on behalf of the best interest of the individual as necessary).
- Participate in all of the Full-Team meetings if possible.
- Support the team to develop the least restrictive most effective strategies.
- Arrange time for discussion with designated team members regarding the necessity of least restrictive strategies that you might consider ineffective.
- Understands and agrees to prioritize individual crisis team strategy recommendations when advocating for individual.
- **Understands that crisis service is a brief stay and is not designed or appropriate to meet all possible needs of individual.**

8. SOP On Site Crisis Lead

- Is a Board Certified Behavior Analyst who employed by the SOP and is designated as SOP crisis team lead responsible for arranging and directing all on site behavioral/clinical supports, deferring to other disciplines or professionals as needed (e.g., medical).
- Provides a brief assessment of the events and strategies that have been utilized in the crisis program, completed within 3 days of admission to explore needed strategies, and the potential of the need for another provider or other community services. This assessment should also determine whether more sophisticated assessment (i.e., a functional assessment or medication adjustments) will be necessary.
- Arranges the individual's environment, supports and strategies to be as similar as the eventual community environment as possible.
- Assist regional BRT in training provider staff (e.g., new BRT strategies, "Tools") as necessary

- Initiate teaching Individual skills and develop teaching and reinforcement strategies that can be transferred to community.
- Provide a written summary of the crisis services and recommended strategies and supports upon individual's return to community
- **Understands that crisis service is a brief stay and is not designed or appropriate to meet all possible needs of individual.**

9. Regional Office Designee

- **Understands that crisis service is a brief stay and is not designed or appropriate to meet all possible needs of individual**
- Initiate development of a backup plan to prepare for the possibility that current community support system may not be successful or appropriate for the individual – to ensure, as much as possible, successful re-entry to community and meet brief stay timeframe.
- Takes lead to engage family, provider, guardian and secure cooperation and commitment and follow through with crisis services expectations.
- Completes any Utilization Review process or contractual arrangements as quickly as possible.
- Address and problem solve larger system needs (e.g., provider unable or unwilling to make changes: change meds, train/develop system for utilizing/implementing necessary strategies; guardian unwilling to choose provider.
- Negotiates and resolves problems with community supports, family or guardian, BRT, or Support Coordinator meeting identified expectations.

10. Provider Relations Unit for Regional Office

- Tracks provider 30 day notices for individuals in the SOP services and who have used the SOP service during the same fiscal year for which the SOP crisis services were provided.
- Evaluates provider capacity to support individuals and meet contractual obligations based on participation in crisis process and information tracked.
- **Understands that crisis service is a brief stay and is not designed or appropriate to meet all possible needs of the individual.**

CRITERIA FOR EXTENSION OF BRIEF CRISIS SERVICES

Extension MAY BE POSSIBLE IF:

1. SOP crisis team identifies medical (medication adjustment) need and has resources appropriate to meet the need (e.g. psychiatric services, nursing, staffing).
2. A Brief extension is required to prepare the community supports (must be reviewed and negotiated weekly) and the need is agreed upon by the regional director.
3. The (immediate implementation) intervention strategies require extension of stay to determine if likely to be successful or appropriate, or to fade to arrangement that can be utilized in the community.

Extension request process:

1. Chief Behavior Analyst providing oversight evaluates need as identified by individual's crisis team and, if appropriate, discusses with Director of SOP and Assistant Director or Deputy Director of Division.

Extension can be granted for up 10 day periods and must be reviewed and approved through extension process above.

PROCESS FOR RETURNING TO THE COMMUNITY

1. The regional office and SOP staff shall work with the person and/or his or her guardian to make preparations for the person to return to the community. The return will be planned to provide sufficient support, training and fading to provide for safety and appropriate services in the community setting.
2. When it has been determined by the individual's team that the individual is ready to return home, opportunities for provider agency staff to work with/shadow SOP staff will be provided and expected to ensure a successful transition. In addition, planned visits (which may need to include overnight stays) back to the home may be made available to assure the transition back is successful. If additional crisis intervention is necessary following the individual's return to the agreed upon home, the BRT will again be utilized.
3. The individual's planning and support team and the region behavior resource team will meet to conduct follow-up reviews at least monthly for each individual who has utilized the crisis services at the SOP, documented in the person's file and attested to by the signature of the service professionals involved. The first review will be scheduled at the time of the individual's return to the community and will occur within 30 days of the return. The documentation including findings and action steps for each follow up review will be provided to the regional director and Chief Behavior Analyst for Community Services within 15 days of the meeting. It will be the responsibility of the behavior resource team and support coordinator to schedule and document these reviews. Follow up reviews will occur for at least three months with an extension if the situation is unstable.
4. Follow up tracking jointly by the SOP and the regional office shall occur for a minimum of three months and up to six months following the conclusion of state operated crisis services. Further review will be as outlined in the individual's support plan.

Authority

[Missouri Revised Statutes](#)

- RSMo 630.020 1. (1)(2) Departmental goals and duties;
- RSMo 630.050 3. Rules, promulgation, procedure-public inspection-facility policies;
- RSMo 630.605 Placement programs to be maintained;
- RSMo 630.610 Applications for placement criteria to be considered;
- RSMo 630.615 Program standards to be considered- prior to placement;
- RSMo 630.620 Facilities and programs to be utilized in making placements;
- RSMo 630.625 Consent required for placement

- [9 CSR 45.3.010](#) (7) Emergency up to 30 days;
- [9 CSR 45-3.020](#) Individualized Supported Living Services (1) (F);
- [9 CSR 45-3.030](#) Individual Rights (4) Behavior Management (A) (B)