

Department of Health Long Term Services Division Policy	Policy Number:
	Supersedes: LTSD Policy 98.3.1 Crisis Prevention/Intervention Plan dated 10/1/98
Policy Title: Crisis Prevention/Intervention Plan	
Effective Date: July 1, 2003	
Approved:	Date:

I. PURPOSE

The purpose of this policy is to ensure that crisis prevention/intervention plans are developed and implemented to prevent or avert a crisis situation for individuals receiving DD Waiver residential or habilitation services. The plan is intended to guide service providers in situations which pose a risk to the health and safety of the individual or to others by:

1. averting or preventing situations which have the potential of becoming a crisis; i.e. which pose a risk to health and safety of self or others; and
2. handling situations which are a crisis.

II. APPLICABILITY

This policy applies to individuals with developmental disabilities receiving Community Living or Habilitation services through the Developmental Disabilities Home and Community Based Waiver.

III. DEFINITIONS

Crisis means a deterioration in the medical, psychological or physical condition of an individual, posing imminent risk to the health or safety of the individual or others.

IV. POLICY STATEMENT

- A. A Crisis Prevention/Intervention Plan shall be developed and incorporated into the ISP for use by staff, family members or others involved in the day-to-day life of the individual, to prevent a crisis or as a contingency to avert, minimize or handle a crisis.
- B. The Interdisciplinary Team (IDT) should identify the need to develop a Crisis Prevention/Intervention Plan. A Plan should be considered when any of the following conditions apply:
 1. The individual has a medical condition which, under certain conditions, has the potential to recur, and which poses a risk to the individual's health; or
 2. The individual has a history of a behavior which poses a risk to the health or safety of self or others; or

3. The individual is in a residential situation or involved in a personal or family situation or arrangement which has the potential of affecting the individual's health and safety; for example, living with terminally ill parent who is essential to assisting the individual with daily living.
- C. A Crisis Plan may be deemed necessary by the IDT when an individual's behavior has been documented to escalate to severity levels posing great risk of harm to the individual or others. and, the interventions necessary to manage such episodes exceed the strategies of the Behavior Support Plan. Any use of physical intervention must only be recommended with a Crisis Plan and may never appear as a recommendation within a BSP.
 - D. The Crisis Prevention/Intervention Plan should be developed with professional consultation relevant to the condition or situation under which the plan is needed, e.g. the behavior therapist, nurse, primary care physician or other specialist, as appropriate.
 - E. Crisis Prevention/Intervention Plan shall become a part of the Individual Service Plan (ISP). The Crisis Prevention/Intervention Plan shall be available for review and use by staff at the individual's residence, day habilitation program, place of employment, or any other setting while under staff supervision.
 - F. Family members, guardians, or others involved in the life of the individual should be advised of and included in the plan, as appropriate to the situations under which the crisis has the potential to occur.
 - G. The written plan shall include at a minimum the following information:
 1. A description of the behavior or medical condition or personal/family situation that has the potential to become a crisis; and
 2. How it can be prevented, averted or minimized early;
 3. Warning signs that indicate a potential occurrence.
 4. Step by step instructions regarding the actions to be taken by staff and/or others; i.e. person centered, individualized strategies.
 - H. The Case Manager is responsible for ensuring that the plan is in place and that agencies working with the individual are trained on the individual's crisis plan prior to working with that person.
 - I. Provider agencies are responsible for ensuring direct care staff are trained on the contents of the plan and how to implement it, and that a provision is in place for training new staff when a change in personnel occurs.
 - J. The Case Manager is responsible for ensuring that the Crisis Prevention/Intervention Plan is reviewed and revised as needed. The Crisis Prevention/Intervention Plan shall be reviewed at the annual ISP meeting, and more frequently if revisions are needed.

V. REFERENCE

Requirements for the Individual Service Plan is specified in 7NMAC 26.5 [Service Plans for Individuals with DD Living in the Community]; also applicable are *Rights of Individuals with DD Living in the Community* [7 NMAC Chap. 26 Part 3, Eff. 1/15/97] and NM Laws [Section 30-47, NMSA 1978 (being Laws 1990, Chap. 55, Sec. 3) *The Resident Abuse and Neglect Act*; LTSD Policy on *Human Rights Committee Requirements* (Eff. 3/1/03), LTSD Policy on *Aversive Intervention Prohibition* (Eff. 3/1/03); Policy on *Psychotropic Medication Use* (3/1/03); and Policy on *Behavioral Support Service Provisions* (Eff. 3/1/03).