



# Community Crisis Homes (CCH)

# Origins of CCH Concept

- The Secretary of the California Health and Human Services Agency (CHHS), established the Task Force on the Future of Developmental Centers (DC Task Force) in 2013 and the Developmental Services Task Force (DS Task Force) in 2014.
- The scope of the DS Task Force work is broader than that of the DC Task Force, covering essentially all aspects of the community system.
- Stakeholder input and guidance was received on the need for a safety net of services to support individuals who have developmental disabilities.
- DDS identified new service options to broaden the continuum of service options available to support individuals with the most challenging service needs.

# Philosophy of CCH

Focus is on:



- **Person Centered Planning** - balance between what is important to and what is important for a person, supports the consumer in reaching their potential and enhancing quality of life.
- **Positive Behavior Supports** - strive to support an individual's personal development, enhance quality of life, avoid use of restrictive and punitive interventions.
- **Trauma Informed Care** - any trauma an individual has experienced over the lifespan should be included in the functional behavior assessment and addressed when recommending support strategies.

# Definitions

## Community Crisis Homes (CCH)

- An adult residential facility certified by the Department of Developmental Services (DDS) and licensed by the Department of Social Services (DSS) that provides 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services and in need of crisis intervention services, who would otherwise be at risk of admission to a more restrictive setting.



# Definitions (cont.)

## **Crisis Intervention Services**

CCHs provides additional assessment, staffing, supervision, and other intensive services and supports to immediately address a consumer's urgent or emergent abrupt onset of behavioral or other needs, which are beyond what is typically available in other community living arrangements. These services shall facilitate transition to a less restrictive community environment.



# Definitions (cont.)

## **Individual Behavior Supports Plan (IBSP)**

- The plan that identifies and documents the behavior and intensive support and service needs of a consumer; details the strategies to be employed and services to be provided to address those needs; and includes the entity responsible for providing those services and timelines for when each identified individual behavior support will commence.
- This plan will include provisions of Welfare & Institutions Code (WIC) 1180.4(a).
- If the provisions of the Individual Emergency Intervention Plan (IEIP) are addressed in the IBSP, a separate IEIP is not required.
  - Source: Title 22, 85368.2

# Definitions (cont.)

## Individual Behavior Supports Team (IBST)

Those individuals who contribute to the development, revision and monitoring of the IBSP. **The team at minimum** is composed of:

- 1) Consumer and where applicable the consumer representative
- 2) Regional center service coordinator and other regional center representatives, as necessary
- 3) Facility administrator
- 4) Qualified Behavior Modification Professional (QBMP)
- 5) Regional center clients' rights advocate, unless the consumer objects on his or her own behalf to participation
- 6) Any individual(s) deemed necessary by the consumer, or, where applicable, his or her authorized consumer representative for developing a comprehensive and effective IBSP



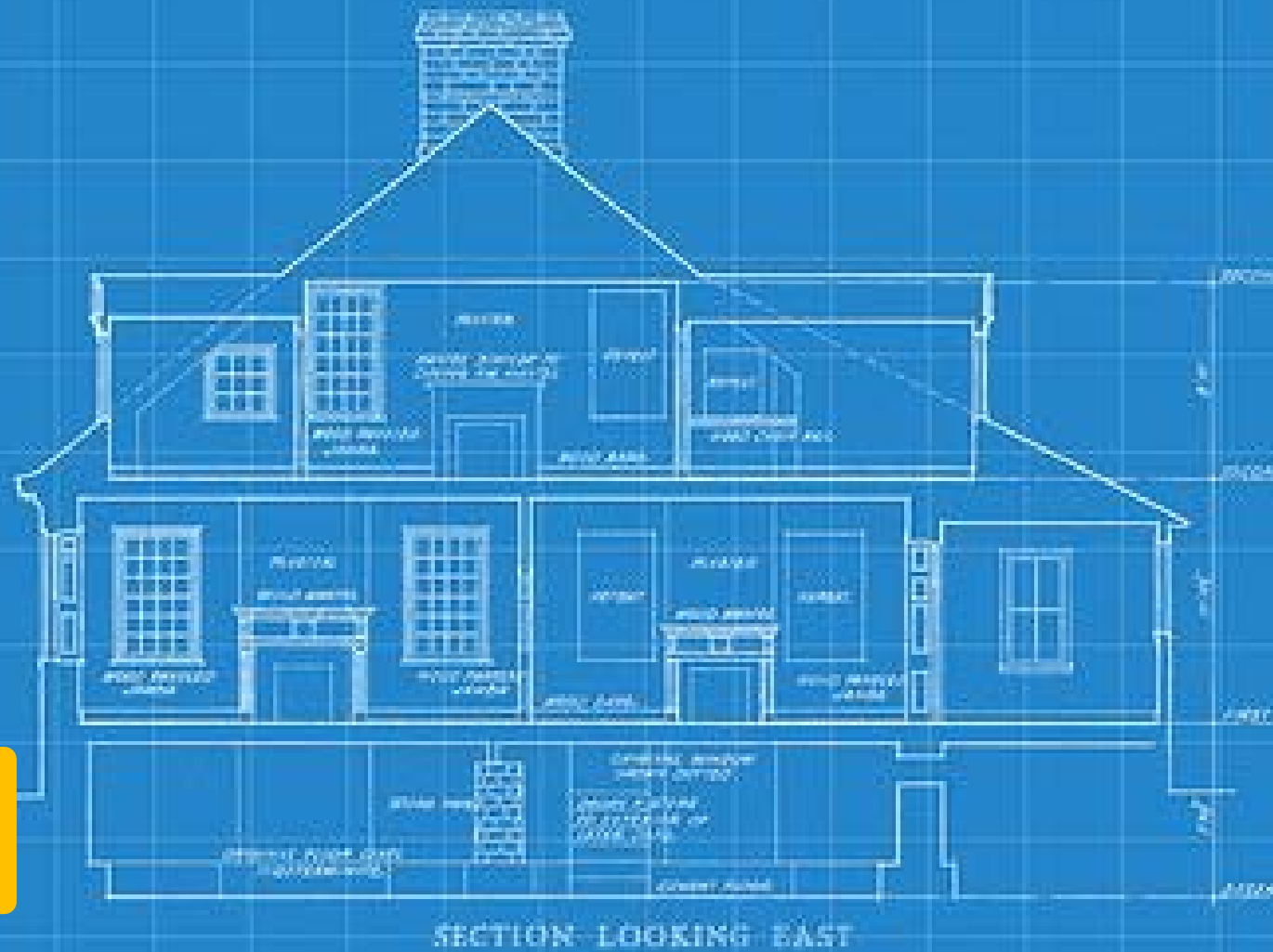
# Definitions (cont.)

## **The IBST may also include:**

1. Regional center's mobile crisis team
2. Representative(s) from the consumer's prior residence and/or identified alternative future community-based residential setting, as applicable
3. Health Care Professionals



# General Program Plan Requirements



The background of the slide features a close-up of architectural blueprints. A wooden ruler is placed diagonally across the bottom right, and a yellow pencil is positioned vertically on the left side. The blueprints show various room layouts and technical drawings in blue ink on a light-colored paper.

# House Requirements

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- Operable Automatic Fire Sprinklers
- Private Bedrooms
  - (4 beds preferred for CCH)
  - 50% of the rooms must qualify for Non-Ambulatory Consumers

# House Requirements (cont.)

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## **Delayed Egress: California Building Code 1010.1.9.7**

(For any Residential Facility, approved through CPP)



# House Requirements (cont.)

- Sprinklers
- System disables in an emergency
- Clearly marked with signs
- Has audible signals
- The egress path from any point shall not pass through more than one delayed egress locking system
- Emergency lighting



# Emergency Plan & Procedures

- **Emergency Intervention Plan**
  - a written plan, addressing the prevention of injury and implementation of emergency intervention techniques by the licensee, that is included in the facility's plan of operation. Source: Title 22, 85101(e)(2)
- Must have a 24 hour crisis intervention team and a crisis transportation plan
- Must have emergency evacuation procedures including an estimated response time of emergency medical services
- Must have a schedule of fire and earthquake drills for all shifts



# Program Plan Requirements

- Describes how the facility is going to meet all the diverse needs of the population to be served, including restricted health care conditions for a CCH\*, and unique needs of the consumers.

\*Title 22, 80092

- Describes how the facility is going to expedite the admission of consumers in a Community Crisis Home.



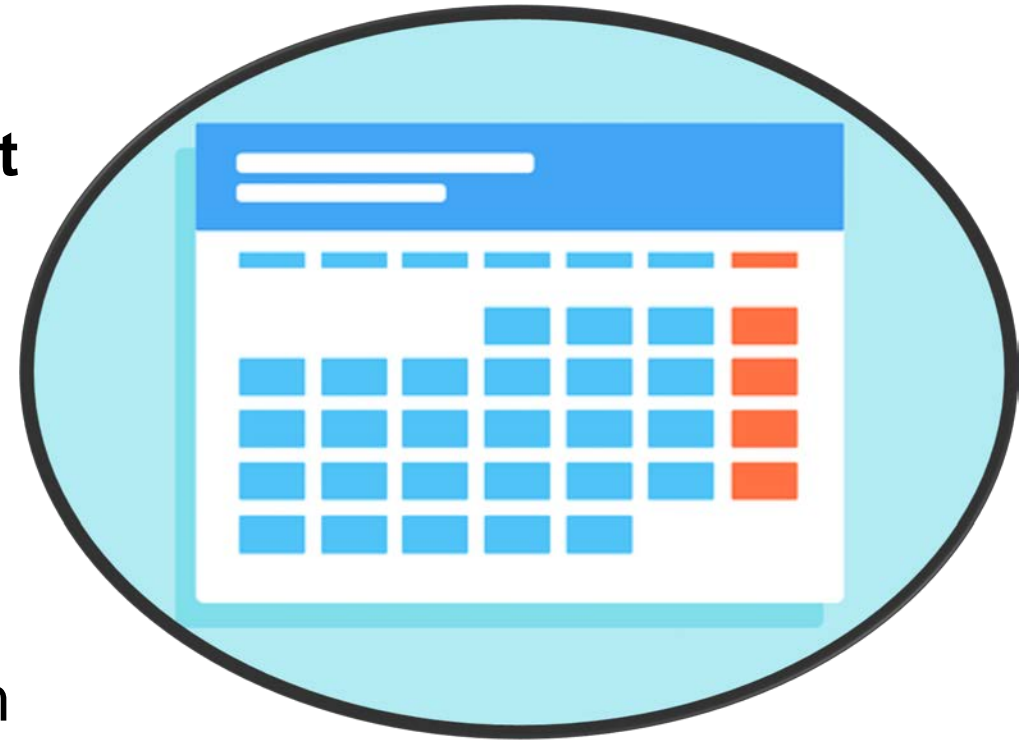
# Program Plan Requirements (cont)

- The program plan should describe the facility's **Continuous Quality Improvement System**, including but not limited to how:
  - Consumers will be supported to make choices
  - Consumers will be supported to exercise rights
  - Changing needs of consumers will be addressed, including community integration
  - Consumers receive prompt and appropriate routine and specialized medical services
  - Individual risk is managed and mitigated
  - Medication is managed safely
  - Staff turnover is mitigated



# Staffing - Scheduling

- Staff must be awake at night (including policy & monitoring system to be utilized).
- Must include at **least one Lead Direct Support Professional (LDSP) and one Direct Support Professional (DSP) on duty at the facility at all times.** Additional staffing is determined by needs of Individuals.
- Must ensure DSP who have not completed on-site orientation and training will be under direct supervision and observation of trained Lead DSP.
- Must have an administrator on duty a minimum of 20 hours per week per facility to ensure the effective operation of the facility.



# Staff Qualifications

<b>Administrator</b>	<b>Lead DSP</b>	<b>DSP</b>
Two years experience with individuals with developmental disabilities	Minimum 1 year experience with individuals with developmental disabilities with a focus on behavioral services	Six months' prior experience with individuals with developmental disabilities who have challenging behavior service needs
Must be a registered behavior technician (RBT) OR	Must become a RBT within 60 days of initial employment OR	Become a RBT within 12 months of initial employment OR
(B) A licensed psychiatric technician (LPT) OR	Be a qualified behavior modification professional.	Be a qualified behavior modification professional.
(C) A qualified behavior modification professional.	Direct Care Staff shall successfully complete both segments of the competency-based training and passage of the competency test, or pass the challenge test, prior to or within one year of employment at the Community Crisis Home.	Direct Care Staff shall successfully complete both segments of the competency-based training and passage of the competency test, or pass the challenge test, prior to or within one year of employment at the Community Crisis Home.

# Staff Qualifications

- Additional Administrator Qualifications:
  - On duty at facility for minimum of 20 hours.
  - Must complete the Residential Services Orientation as required pursuant to Section 56003.

# Staffing Requirements

- A minimum of six hours per month of behavioral consultation must be provided for each consumer by a Qualified Behavior Modification Professional
- Additionally, a minimum of six consultant hours per month per consumer, which must be appropriate to meet individual consumer service needs.



# Staff Training



- DSP must complete a minimum of **32 hours of on-site orientation within 40 hours of employment.**
- In addition, **DSPs must receive 16 hours of emergency intervention training.** (*DSP may not implement emergency intervention until after successful completion of training.* *This training must be within the first 80 hours of employment.*)
- **Emergency intervention training** must be updated annually.

# Staff Training (cont.)



- Must complete **both years** of Competency Based Training (Direct Support Professional Training (DSPT)) prior to or within first year of hire.
- DCS: Have hands-on First Aid and CPR training by certified instructor prior to providing direct care. **CPR certification must be renewed annually.**

# Continuing Education

- DSPs needs to complete a minimum of **20 hours of continuing education annually**.
  - The Department requires that CCHs provide an **additional 5 hours** of competency-based continuing education in the areas of person-centered practices, positive behavior supports, trauma-informed care, and cultural competency.
- Successful completion of the competency based training (DSPT) **satisfies continuing education requirement for that year only**.
- Requirements to maintain certification or licensure, as required in Sections 59004 and 59005, may be utilized to meet fifty percent of the continuing education hours required in Section 59008(a).



# Admission Process

- **Prior to Admission**

- RC shall assess consumer's need for crisis intervention services and provide the assessment information to the Administrator or person responsible for admissions
- If consumer has a condition listed in section 85068.4 (a)(1-2) and (3-4) of Title 22, it may delay admission until such conditions are stabilized
- Prior to or within 24 hours, the provider shall interview the prospective client and provide the prospective client with information about the facility, including the information contained in the Admission Agreement and any additional policies and procedures, house rules, and activities.

- **At admission**

- Administrator shall initiate compilation of supplied information and data collection
- Medical assessment of consumer may be at admission.

# Admission Process

- **Within 24 hours of admission:**

- The administrator or the person responsible for admissions shall obtain a copy of a medical assessment of the consumer
- The regional center shall release written information about the consumer
- Health Care professional assesses consumer and initiates referrals
- Initial IBSP is written and immediately shared with the staff and consultants

- **Within 7 days of Admission**

- Administrator ensures completion of IBSP for CCH.
- Weekly review and update of IBSP for CCH.

# Admission Process

- After the Regional Center has determined the consumer meets eligibility, the provider needs to explain how the facility:
  - 1) Obtains relevant documents: including a copy of a medical assessment of the consumer that, at a minimum, meets the requirements of Title 22 Section 80069 (c) and (d)
  - 2) Ensures a Health Care Professional Assessment is conducted within the required 24 hours.
  - 3) Plans to expedite the referral and admission process.



# Admission Process

## **Facility needs to ensure:**

- The admission process will include Transition Planning.
- All Restricted Health Care Conditions found in Title 22, Sections 80092 and 80092.1 are considered.

# Individual Behavior Supports Plan (IBSP) Development

- Administrator is responsible for coordinating the development and subsequent updating.
- IBSP must be developed immediately.
- Administrator ensures: Within 7 Days the team will give their input for inclusion into the plan and will review the plan weekly and update as necessary.
- Plan must be function based, evidence based, target functionally equivalent replacement behaviors.
- Administrator shall submit the IBSP and updates to vendoring or placing RC and to the RC Client Rights Advocate.

# Consumer Rights

- Consumer's Rights Protection
- Reporting requirements
- Inclusion of Disability Rights California Representative
- Explanation of how facility will ensure the **protection of consumer rights**, including those specified in Sections 50500-50550 (*include how rights are explained to consumers and facility practices to protect consumer rights, including reporting provisions of rights violations and suspected abuse*).

# Facility Files

Each facility shall maintain a facility file, available on site, which may include electronic records, that includes at least the following:

- ✓ Facility program plan
- ✓ Weekly staff schedules
- ✓ Personnel records
- ✓ Emergency Intervention Plan
- ✓ Certificate of program approval as issued by the Department
- ✓ Regional center facility liaison monitoring
- ✓ Regional center Qualified Behavior Modification Professional monitoring
- ✓ Behavior and emergency intervention data collection and reporting, including the requirements of Section 4659.2 of the Welfare and Institutions Code
- ✓ Findings of immediate danger
- ✓ Substantial inadequacies
- ✓ Corrective action plans
- ✓ Sanctions
- ✓ Facility appeals.



# Consumer Files

Each facility shall maintain individual consumer files at the facility, available on site, which may include electronic records, that include at least the following:

- ✓ Medical assessment required in Section 59009 (b)(1)
- ✓ Individual Behavior Supports Plans
- ✓ Individual Emergency Intervention Plan, updated as necessary, unless the Individual Behavior Supports Plan meets the requirements of Section 85368.2(c)(1);
- ✓ Emergency contact information
- ✓ Current IPP
- ✓ Special incident reports, pursuant to Section 54327
- ✓ Data collection, including, but not limited to, progress notes, professional/consultant visits and interventions/outcomes
- ✓ Record of medications administered, including the initials of the staff providing assistance.

# Regional Center Monitoring

- The consumer's regional center is responsible for monitoring and evaluating services provided in the Community Crisis Home
  - Monthly Face to face case management visits with each consumer, or more frequently, if specified in the consumer's IPP.
  - Quarterly quality assurance visits
  - The vendoring regional center's Qualified Behavior Modification Professional shall visit the consumer(s), in person, at least monthly

# Exit Criteria



## **Policies and Procedures must identify:**

- Which processes must start at admission.
- The goal for the consumer is to return “Home” or to the Best Least Restrictive Environment (BLRE).

## **Transition Assistance:**

- Must Include Transition Plans and how the consumer will be aided in the transition process to meet the “Home” or BLRE goal.
- Policy, Procedures and transition plan for consumer not transitioned out by 18 months.

# Knowledge Check

1. This plan identifies and documents the behavior and intensive support and service needs of a consumer.

- A. Facility Program Plan
- B. Individual Behavior Supports Plan
- C. Emergency Intervention Plan
- D. Disaster Plan

Answer :

**B**

# Knowledge Check

2. Which item is not needed in the Emergency Plan and Procedures?
- A. Must have 24 hour crisis intervention team and a crisis transportation plan
  - B. Must have an emergency evacuation procedures including an estimated response time of emergency medical services
  - C. Must have a schedule of fire and earthquake drills for all shifts
  - D. Must have a schedule of when the emergency meals are served

Answer :

**D**

# Knowledge Check

3. An Administrator is required to be on duty at the CCH (facility) for a minimum of how many hours?
- A. 10 hours
  - B. 15 hours
  - C. 20 hours
  - D. No minimum required

Answer :

**C**

# Knowledge Check

4. This is a written plan that addresses the prevention of injury and implementation of emergency intervention techniques by the licensee.
- A. Emergency Intervention Plan
  - B. First Aid Kit Manual
  - C. Disaster Plan
  - D. Emergency Exit Plan

Answer :

**A**

# Knowledge Check

5. An awake staff is required in a CCH during night time.

- A. True
- B. False

Answer :

**A**



# End of Presentation

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