United Behavioral Health

Crisis Plans			**Policy Identifier/Number:** CM-02
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	**Applicable Lines of Business:** Medicaid	**Entity/Plan:** Optum Pierce Behavioral Health Organization	**State:** Pierce County, Washington
Approved by: Bea Dixon, Executive Director			**Signature:** 

Policy Statement and Purpose

Individuals at high risk have a written Crisis Plan that is available to treatment providers and the Pierce County Crisis Team in the event of a behavioral health crisis. Crisis Plans reflect individual voice and include input from relevant family and/or caregivers as well as other involved service providers.

To describe the criteria used by Optum Pierce Behavioral Health Organization (BHO) to determine if a Crisis Plan should be developed based on risk criteria.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Policy Provisions

1. Behavioral health care providers develop or update Crisis Plans with individuals who meet the definition of “high risk” at intake, at individual service plan review, after crisis interventions, and as clinically necessary.
2. High risk is defined for children/youth as follows:
    - 2.1. A child/youth individual who has been in a psychiatric hospital in the past 6 months, including a Children’s Long-term Inpatient Program (CLIP).
    - 2.2. A child/youth who is enrolled in Family Assessment and Stabilization Treatment or Wraparound;

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

2.3. A child/youth that is exhibiting danger to self or others or has history of exhibiting danger to self or others within the past six months.

3. Optum Pierce BHO recommends behavioral health care providers also consider developing a crisis plan for:

   3.1. A child/youth in services who has been involved in 2 or more systems of care (e.g., Behavioral Health, Juvenile Justice, DDA, Children's Administration) and other child-serving systems within the past six months;

   3.2. A child/youth in services who has been suspended from school in the past 6 months, is currently expelled, or has dropped out of school

   3.3. A child/youth in services who has been homeless and/or in out of home placement in the past 6 months.

4. High risk for adults is defined as:

   4.1. An individual who had a psychiatric hospitalization in the past 6 months, including hospitalization at Western State Hospital or a stay at an evaluation & treatment center;

   4.2. An individual exhibiting danger to self or others or who has a history of exhibiting danger to self or others within the past six months.

5. Optum Pierce BHO recommends that behavioral health care providers also consider developing a crisis plan for:

   5.1. An individual who has been incarcerated in the last 6 months;

   5.2. An individual who has had unstable housing (e.g., repeated evictions, moves, "couch surfing") or who has been chronically homeless in the past 6 months;

   5.3. An individual who has a co-occurring mental illness and medical or substance abuse problem.

6. Crisis Plans contain the following elements:

   6.1. Natural supports, including the names of significant people who are given a copy of the Crisis Plan;

   6.2. Prevention Plan, including any options of emergency medications;

   6.3. Triggers;

   6.4. Individual recommended interventions including who will first respond and backup responders, a safe place, if needed, and medications to consider;

   6.5. Individual history, including information such as: the individual is gravely disabled; threatens harm to others; harms others; threatens self-injury; injures self; possesses weapons; presence of hallucinations and/or delusions; substance abuse;

   6.6. Advance Directives when available.

7. Crisis Plans incorporate the following principles:

   7.1. Preventive and progressive measures to prevent or divert a crisis;

   7.2. Plan identifies ways to address the health and safety needs of the individual and family;

   7.3. Plan is written using individual input, in a language he or she can understand;

   7.4. Plan includes input from family members and/or caregivers for children under age 13, and if requested in writing, by adolescents and adults age 13 and above;

7.5. Plan coordinates with other involved service organizations such as schools, housing providers and/or the Division of Children and Family Services with individual's consent;

7.6. Include roles and responsibilities for implementing interventions designated in the Crisis Plan.

8. When individuals have a Mental Health Advance Directive, providers ensure it is referenced in the Crisis Plan. If Individuals do not have an Advance Directive, behavioral health care providers give Advance Directive information and offer assistance with development.

9. Behavioral health care providers submit their mental health Crisis Plans to the contracted behavioral health care provider of Mobile Outreach Crisis Services and the Children's Crisis Responder. The Crisis Teams use the content of the Crisis Plans as they formulate an appropriate intervention.

10. Behavioral health care providers submit their Crisis Plans for specific individuals to the local Evaluation and Treatment (E&T) Centers upon request. E&Ts use the content of the Crisis Plans to assist in the formulation of appropriate interventions to help the individual resolve their current crisis.

11. Behavioral health care providers submit individual alerts on at-risk individuals to the provider of the 24/7 Crisis Line.

Related Policies, Procedures & Materials

- Optum Pierce BHO policy: CM-01 - *Development of Service Plans*
- Optum Pierce BHO policy: CM-03 - *Timely Access to Care*
- Optum Pierce BHO policy: CM-04 - *Access to Care Standards for Adults, Older Adults, Children and Youth*
- Optum Pierce BHO policy: CM-05 - *UM/Resource Management Plan*
- Optum Pierce BHO policy: CM-06 - *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services*
- Optum Pierce BHO policy: CM-07 - *Accessibility, Engagement and Utilization of Services for Individuals with High Risk*
- Optum Pierce BHO policy: CM-08 - *Coordination of Care Between Primary Care Physicians, Emergency Rooms and Other Health Care Providers*
- Optum Pierce BHO policy: CM-09 - *Engagement of Community Resources*
- Optum Pierce BHO policy: CM-10 - *UM/Authorization and Concurrent Reviews*
- Optum Pierce BHO policy: CM-11 - *Involuntary Evaluation and Treatment*
- Optum Pierce BHO policy: CM-12 - *Individual Access to Housing*
- Optum Pierce BHO policy: CM-13 - *Coordination with Rehabilitation and Employment Services*
- Optum Pierce BHO policy: CR-07 - *Advance Directives*
- Optum Pierce BHO policy: IT-05 - D*ata Submission Timeline*

Attachments

N/A

Approval History

- Policy created and effective: 07/2009
- Policy and Procedure Committee review and approval: 09/28/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 09/22/2014
- Policy and Procedure Committee review and approval: 09/28/2015
- Optum Pierce BHO reviewed and accepted: February 2018