



SALISH BHO

CLINICAL MANAGEMENT POLICIES AND PROCEDURES

Policy Name: MENTAL HEALTH CRISIS (SAFETY) PLAN **Policy Number:** 11.06

Reference: WAC 388-877-0640; State Contract

Effective Date: 7/2007

Revision Date(s): 6/2016; 6/2018

Reviewed Date: 6/2016; 6/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Policy: Advance Directives
- Policy: Corrective Action Plan

PURPOSE

The Salish Behavioral Health Organization (SBHO) shall ensure that behavioral health network providers complete a Crisis Plan, also referred to as a safety plan, for any individual who meets the established criteria.

PROCEDURE

Standards for the Individual Crisis Plan:

1. The need for a Crisis Plan will be determined at the assessment and at each Individual Service Plan (ISP) Review. The individual and the primary clinician will work collaboratively on developing the Crisis Plan. Family members and other natural supports (e.g. caregivers, significant others, parents, foster parents, assigned/appointed guardians, siblings) will be included in the development of the Crisis Plan as requested by the individual.
 - The current Crisis Plan will be reviewed and updated, as necessary, at each Individual Services Plan Review.
2. A Crisis Plan will be written for individuals who meet any one of the following criteria:

Adult individuals who:

- Have had a psychiatric hospitalization in the previous two (2) years.

- Have current suicidal ideation or a suicide attempt within the previous two (2) years.
- Are currently a danger to others or have committed a violent act in the previous two (2) years.
- Have had an ITA evaluation in previous six (6) months.
- The Intake assessor or clinician determines a crisis plan is clinically appropriate.
- Has LRA Treatment requirements.

Child individuals who:

- Meet any one of the above criteria, or
- The child's behaviors or living situation is at risk.

3. A Crisis Plan must address the following:
 - a. Early warning signs of decompensation or increasing psychiatric symptoms that are particular to the individual.
 - b. Proactive and progressive measures to divert or prevent a crisis or psychiatric hospitalization.
 - c. Individual's family and other supports, roles, directives, and responsibilities, (with the consent of the individual.) and contact information.
 - d. A clearly defined progressive process that includes:
 - Specific steps the individual will take when his or her symptoms begin to increase.
 - Specific steps or actions an individual's family or significant others will take to assist the individual (with individual's consent).
 - Intervention strategies the primary clinician and other care providers can employ to assist the individual in averting a crisis.
4. The network providers will ensure agency staff receive adequate training in developing Crisis Plans, per these standards.
5. Individuals shall receive a copy of their current Crisis Plans, upon completion.
6. Through the electronic health record (EHR), a Crisis Plan shall be accessible to the agency crisis response teams and other staff responsible for responding to a crisis.

MONITORING

1. This policy is monitored through the use of the SBHO:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - Biannual Provider Chart Reviews
 - Biennial Quality Review Team On-Site Review
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations

- QUIC review of utilization management and sentinel incidents trends
 - The Behavioral Health Enrollee Survey (BHES): The BHES survey is conducted by Washington State University. Clients who have received mental health services are randomly selected to participate in the survey.
 - In addition, the Department monitors Washington Administrative Code (WAC) compliance during licensing and certification reviews
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval.