Questions and answers from the Safety Crisis Plan Q & A session November 2, 2018

If a due process restriction is suggested by the team, should that restriction clear due process before the plan is written, or can the plan be written stating that the restriction will be reviewed?

A clarification is necessary.—"Due process" occurs before the review by the Due Process Committee. It involves all the actions a team must make to ensure that the person is afforded all rights of due process. These actions include:

1. *Evaluating less restrictive interventions, documenting that these have been tried and did not work, or why they were not tried;*
2. *Detailing what other skills will be taught to the individual to eliminate the need for the restriction and what data will be taken to evaluate the effectiveness of the teaching and use of the skills;*
3. *Detailing what data will be kept regarding the restriction and its effectiveness, and how often it will be reviewed and by whom;*
4. *Providing the person and guardian with information about the restriction and potential adverse effects and obtaining informed consent.*

The Due Process Committee only looks behind to see that all of these actions of due process occurred.

With those clarifications, the answer to the question of "Can you implement a safety crisis plan prior to affording due process and getting review by the due process committee?" is – Part of assessment for a safety crisis plan is going to be steps 1 and 3 above. If a safety crisis plan involves a restriction, due process must be afforded the person prior to implementing the plan. However, it can be developed and reviewed with the person and guardian as part of step 4 above. You do not have to wait for the Due Process Committee to review the Safety Crisis Plan.

When we do a safety crisis plan, we find it best practice to make sure our BRT team is involved. We also send a copy to the Area Behavior person for review. Should we continue to do this?

The inclusion of the Agency Tiered Supports Consultants (formerly known as the BRT) in the process of developing a safety crisis plan is not necessary. If you find it helpful to have these folks who specialize in assisting agencies to develop systems and practices

that improve quality of life, and if they have time to do so, you are welcome to ask them to assist. In addition, the Area Behavior Analysts are happy to review plans you and your team develop, if you feel you need some consultation with them. You do not need to send Safety Crisis Plans for review; there is no review requirement for these plans.

Do you continue with the Safety Crisis Plan (SCP) if a Behavior Support Plan (BSP) is implemented?

The BSP will include the new SCP as a part of it. The SCP is the "what to do to safety respond to the dangerous behavior and how to prevent the dangerous behavior from occurring or escalating" section of the BSP. Therefore, it is likely the old SCP will be revised and a new one incorporated into the BSP.

If an individual's behavior becomes challenging enough that they are told they must leave a day program for the day, is this something that should count toward the five (5) restrictive interventions in the month? I ask because it seems more day program policy than individual plan and due process related?

To answer this question, we need to keep in mind the concepts of person centered philosophy, the descriptions of reactive, restrictive and rights restrictions from the Directive 4.300, and the requirements of the HCBS rule (see https://dmh.mo.gov/dd/docs/hcbsruleoverviewprofessional.pdf). The individual being asked to leave is a request that treats the person different from others in the program that are able to stay. The Day Program service is being accessed because it meets an identified need of the person. Making an individual leave restricts him/her from involvement in a needed service and activities typical for their peers, and reduces the possibility for learning and socialization. It is very restrictive for the person, and therefore, it would be considered a restrictive intervention even if it was not written in the plan. It is due process related in that the person was not afforded due process prior to implementing the restriction. It should definitely count in the threshold. The team should also be concerned that better strategies need to be developed to prevent this "off the cuff" kind of reaction by the day program and to have planned intervention strategies that teach more desirable behaviors, prevent and respond to these challenging behaviors so future restrictions are not necessary.

If a male is getting the depo shot for behaviors on an ongoing basis, how does that need to be documented in the plan? Does it require a safety crisis plan? Is it a restriction?

To answer this question, we need to keep in mind the concepts of person centered philosophy, the descriptions of reactive, restrictive and rights restrictions from the Directive 4.300 and the requirements of the HCBS rule (see https://dmh.mo.gov/dd/docs/hcbsruleoverviewprofessional.pdf). It is unusual for males to get Depo-Provera shots. These have significant side effects that are undesirable and unpleasant when used long term. This makes the intervention restrictive. It is not a reactive strategy, as the shot is administered on a regular schedule regardless of the behavior and not in reaction to behavior of the individual. The shot as an intervention would not be part of a safety crisis plan. However, it is assumed that there is some kind of serious behavior that warrants use of such a restrictive intervention and that this behavior continues to be possible, although less likely with the shots. Therefore, a safety crisis plan outlining steps to be taken to further prevent the serious behavior and to respond to it should it occur would be a "best practice" and recommended.

So the depo shot as a restrictive intervention is also a rights restriction. Correct? So it has to be reviewed by due process?

That is correct; however, remember that due process occurs outside and prior to the committee review. See the first question in this list.

When do we do a Universal Strategies Plan (USP) versus a SCP?

The USP outlines the universal strategies that a provider should implement for all of the individuals that is serves. It includes all of the strategies that make life better for everyone all of the time. A SCP is a safety crisis plan that is individualized and specific for a person with dangerous or challenging behaviors. Both could be appropriate for a situation. The USP may be incorporated into the ISP as the part of proactive preventative strategies.

Do we need to request authorization for the time the behavior people meet with the team to write crisis plans?

This time would be part of the treatment modification code, as it is part of the service of developing and modifying a behavior support plan. It does not get billed separately.

Do you do individual trainings for Targeted Case Management (TCM) entities for SCP training?

The area behavior analysts can do workshops for teams (we prefer to have the team present and not just the Support Coordinator—SC) to assist them in developing a plan for a person, after the team listens to the webinar on developing safety crisis plans that was offered prior to this question and answer webinar. Contact the area behavior analyst for your region to schedule a workshop.

Is the Safety Crisis supposed to go inside the ISP or as a separate document?

It is a part of the ISP.

At the end of a USP, there is a section labeled "Emergency Procedures". Is this the same thing as a SCP?

As the USP is for everyone, it generally identifies the emergency procedure training utilized by the agency and is not individualized. Therefore, it is not the same as a SCP. See the previous related question above.

Does the USP have to be documented in the plan or is it a given that it is being used in the agency?

It should be referenced and attached as a part of each person's ISP.

Some SCs are feeling that they do not have the skills to write the Safety Crisis Plans and that there might be consequences for them if they "write the wrong thing". Can you ease this fear?

Development of a SCP is a team effort and not the responsibility of any one member; therefore, the responsibility and liability is on the team, not the SC alone. It is far safer to have a plan developed and trained than to have every staff doing what they can best figure out in a crisis. The lack of a plan when one is needed carries far greater liability than having a plan that might need to be adjusted or changed as the team learns more about what is effective. The directive 4.300 has a template for an assessment that will walk a team through some important questions and assist in developing a plan. The area behavior analysts will workshop the process for a team. This is a team responsibility not the SC's sole responsibility. This diffuses the liability.

If a BCBA is involved, are there any specific considerations in terms of approvals (on a state level) for conducting a functional analysis as opposed to a functional behavior assessment (FBA) with an individual?

The FBA or functional analysis (exposure assessment) is not necessarily a part of developing a SCP. There is a special review and approval process for licensed Behavior Analysts to request an exposure assessment. Please contact your area behavior analyst for more information about this.