


<b>Department of Health Developmental Disabilities Supports Division</b>  <b>PROCEDURE</b>	<b>Procedure Number:</b> <b>Supersedes:</b> Establishment of Administrative Procedures for Crisis Services Procedure 03-01-06
<b>Procedure Title:</b>  Establishment of Administrative Procedures for Crisis Services	
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## I. Introduction And Purpose

The purpose of this procedure is to identify the process for providing crisis services for individuals receiving Developmental Disabilities Waiver services. These services are an effective resource for families, teams and providers when their capacity to provide meaningful, individualized support is challenged primarily by the supported individual's behavior. Crisis services include crisis intervention and crisis prevention.

## II. Definitions

### A. Behavior Descriptions:

1. **Distracting Behavior:** Behavior that others find annoying, "pesky," negative, and undesirable but do not imminently cause significant harm. Some individuals present distracting behavior with such frequency and intensity that finding and retaining staff and maintaining family and peer relationships is compromised. This behavior may also exclude participation and mere presence in many community settings. Active examples include perseverative questioning and comments, offensive language or gestures, constant touching, and unusual self-regulating behavior. Passive examples include refusing to participate in activities, refusing to enter/exit vehicles or settings, and physical and personal withdrawal.
2. **Disruptive Behavior:** Behavior that interrupts habilitation, creates a potential vulnerability for the individual, is potentially harmful to self or others, and calls significant negative attention to the individual. This typically not only disrupts desired support for the individual but for peers

as well. Support becomes increasingly organized around intervention and management with decreasing attention to ISP habilitation goals. Examples include verbal aggression including threats, poor decisions about health and safety, poor hygiene, questionable choices for friends and/or sexual partners, financial disregard, obscene remarks and behavior, drug and alcohol abuse, minor property damage and chronic refusal of services.

3. **Destructive Behavior**: Behavior that historically has caused physical and/or great emotional harm. The acts may harm the individual or may be directed toward peers, staff, family, and community members. A typical result is that all support is reactive and designed to control the behavior. The individual usually is given fewer activity, environment and relationship options due to the real or perceived risk. Examples range from reparable tissue damage to potentially lethal acts, including violent sexual aggression. The extreme episodes may be intermittent or chronic. Some episodes of substantial property damage, such as fire starting, are also included.

- B. **Crisis Response Team (CRT)**: A team of DDS staff who may respond to crisis situations. A CRT is convened based upon the dynamics of the situation, special skills or knowledge as it relates to the specific crisis, and staff availability. Members of the CRT who may be designated for response are as follows: the Regional Crisis Specialist; Regional Office Manager; Regional Office nurse; other Regional Office staff as designated by the Regional Officer Manager; Regional Office Behavior Specialist; OBS Statewide Crisis Coordinator; OBS Director; OBS Crisis Administrator; and, OBS Clinical Director.
- C. **Crisis Services**: Activities that are responsive to identified dynamics that challenge an individual's stability in their current community setting. Crisis services consist of crisis prevention and crisis intervention, as follows:
  1. **Crisis Prevention**: Crisis prevention is provided to prevent or avert a behavioral or mental health crisis situation for individuals receiving DD Waiver services. It is intended to guide families and service providers in situations that pose a risk to the health and safety of the individual or to others by averting or preventing situations that have the potential of becoming a crisis.
  2. **Crisis Intervention**: Crisis intervention is provided to assist the local support network, including families and agencies, through training, technical assistance, and consultation to meet the needs of the individual while in a behavioral or mental health crisis in their community setting.
- D. **Crisis Team Leader**: An individual designated by the OBS Director at intake to be in charge of a convened CRT.

- E. **Private Crisis Provider**: An agency with which DOH has a provider agreement specifying the delivery of Tier III crisis services.
- F. **Regional Crisis Specialist (RCS)**: OBS staff assigned to each Region who is responsible for crisis activities, including the following: crisis prevention, technical assistance, training, crisis intervention.
- G. **Settings/Consideration Grid**: A tool that identifies and clarifies the resources and challenges to supporting the individual.
- H. **Tier I**: Training and technical assistance provided by OBS staff or Regional Office staff to enable the provider to better serve the individual.
- I. **Tier II**: Onsite support and mentoring by OBS staff to provider staff responsible for the individual, including Tier I activities as needed.
- J. **Tier III**: The direct provision of crisis and other support services to an individual by OBS staff, either at the individual's home or by the temporary placement of the individual in an alternative setting. Tier III includes Tier I and Tier II activities as needed.

### **III. Roles and Responsibilities for Crisis Services**

The following descriptions are specific to the roles and responsibilities related to Crisis Services, and does not include all job responsibilities of these positions. (\* designated statewide positions; \*\* designates positions located at each Regional Office)

#### **A. Office of Behavioral Services (OBS) Staff**

- 1. **OBS Director\***: The statewide position responsible for the supervision of OBS staff who provide crisis services pursuant to this procedure.
  - a. Oversee and supervise crisis services/capacity building.
  - b. Monitor and report intervention effectiveness.
  - c. Designate the Crisis Team Leader for constituted CRTs.
  - d. Provide consultation, as needed.
- 2. **OBS Clinical Director\***: The statewide position responsible for clinical oversight and the provision of crisis services pursuant to this procedure.
  - a. Provide technical assistance to IDTs and OBS staff in regard to clinical issues, such as: medication; neuropsychological issues; determination of necessary evaluations; etc.
  - b. Provide training relating to clinical issues.
  - c. Respond to individual-specific concerns, depending on the dynamic of the situation.

3. **OBS Statewide Crisis Coordinator\***: The statewide position responsible for training agencies and behavior therapists in crisis services expectations.
  - a. Provide technical assistance at both/either the agency or individual level.
  - b. Provide training to staff, agencies, and individuals supporting the consumer.
  - c. Undertake information analysis, track trends, and make recommendations to the OBS Director and to DDS regarding management of crisis services.
  - d. Provide immediate crisis response.
  
4. **OBS Crisis Administrator\***: The statewide position responsible for the overall coordination and management of crisis activities.
  - a. Database manager: data entry, management, reporting.
  - b. Follow-up, progress and outcome reporting.
  - c. Quality assurance reporting.
  - d. Occasional Tier I intervention.
  
5. **OBS Regional Crisis Specialists\*\***: The regional positions responsible for crisis activities at the regional level.
  - a. Crisis Prevention Activities: (i) assessing provider capacity; (ii) training of direct care staff; (iii) interfacing with IDTs regarding crisis prevention, strategies, etc.
  - b. Primary responsibility for crisis intake.
  - c. Crisis Intervention Activities: (i) assessing provider capacity to address current reported crisis; (ii) provide technical assistance regarding crisis; (iii) recommend follow up activities.
  
6. **OBS Regional Office Behavior Specialists\*\***: Regional position responsible for supporting crisis services, particularly in terms of working with behavior therapists in supporting the individual.
  - a. Provide technical assistance to Behavior Therapists and IDTs.
  - b. Provide training to Behavior Therapists and IDTs.
  - c. Review BSPs and Crisis Plans.
  - d. Intake for crisis services.

**B. Crisis Response Team**

1. Provides information, training, and technical assistance.
2. Provides crisis intervention activities.
3. Participates in post-crisis debriefing.

**IV. System Capacity**

The OBS will take the lead in developing system capacity to establish, at the provider level, the following:

- Increased, effective behavior support services
- Strengthen provider ability to identify, prevent, and/or minimize emergent crises
- Successfully address crises internally without OBS intervention

Systems capacity building occurs primarily on a Regional basis, and is carried out by the Behavior Specialist, the Regional Crisis Specialist, and the Regional Office staff.

In order to accomplish this, the following will be in place:

**A. OBS Capacity to Address Systemic Needs**

1. Training Requirements for RCS

- a. DDSD mandated training
- b. Risk Indicator/Management Strategies Training
- c. Neuropsychological Disorders
- d. Use of Setting/Considerations Grid
- e. Crisis Response Processes
- f. Six Essential Skills (Essential Lifestyle Planning)
- g. Positive Behavior Supports

2. On-the-Job Supervision/Mentoring for RCS

On-the-Job supervision/mentoring, including a minimum of two side-by-side meetings with OBS staff at IDT meetings, meetings with providers, and other individuals who may respond to a crisis

**B. Provider Capacity**

1. Training for Behavior Therapists and Providers, including direct support staff
  - a. Sexuality
  - b. Neuropsychological Disorders
  - c. Positive Behavior Supports
  - d. Use of Settings/Consideration Grid

- e. Other training as requested, or as identified by the OBS
2. Training for other IDT members, including family and guardians
  - a. Training addressing specific aspects of individual cases.
  - b. Individual-specific crisis prevention consideration and techniques.
3. Technical Assistance

Technical Assistance may be provided by OBS staff and augmented by other DDS/Regional Office staff depending upon areas of expertise. Technical assistance is individualized and typically directed at a specific client and/or a specific set of circumstances.

## V. **Crisis Prevention**

The OBS and the Crisis Response Team will provide information, training and technical assistance to assist providers, families and IDTs to develop the skills and expertise needed to reduce the need for OBS crisis intervention services. Training requirements are described in Section IV.B, above.

### A. **Initiation of Prevention Services**

1. By DDS/OBS
  - a. Prevention and proactive strategies will be employed to address cases in which an identified set of circumstances are occurring that have the potential to create instability in an individual's life which may escalate to a crisis.
  - b. These circumstances may include, but are not limited to: recent or a pattern of law enforcement intervention; multiple incident reports; psychiatric hospitalization.
2. By the IDT or others
  - a. Assistance regarding an individual consumer may be requested by the IDT, including the guardian; DDS staff, including OBS staff; or a provider.
  - b. Agencies and IDTs are encouraged to contact the OBS for technical assistance, consultation, and support prior to a situation becoming a crisis.
  - c. Additionally, providers may request assistance for more global issues, which address more than one client, trends, or patterns.
  - d. Requests may be directed to the OBS or DDS Regional Office staff.

**B. Provision of Prevention Services**

1. Prevention Services may be provided by OBS staff, DDS staff with particular expertise or knowledge, or OBS consultants.
2. Prevention services will be tailored to specific situations, individuals, or requests. Response may include:
  - a. Training for the IDT, staff, and/or agency
  - b. Technical assistance for the IDT, staff, and/or agency
  - c. Behavior Therapist mentoring
  - d. Behavior Support Plan review
  - e. Development, modification, and review of crisis plans
  - f. Risk Assessment
  - g. Referral to appropriate resources
  - h. Attending an IDT meeting.

**VI. Crisis Response Service Process**

**A. Identification of Need for Crisis Services:**

1. The IDT is expected to have taken all actions within their scope of authority to address the behavioral or mental health situation for the individual, prior to the situation requiring crisis intervention services.
2. Crisis intervention services begin when a family member, provider or other involved individual requests assistance with a crisis. This request should be made after a provider's emergency response system or IDT strategies have been utilized and been ineffective in addressing the individual's needs. Requests are made directly to the RCS. In the absence of the RCS, requests will be made to the Regional Behavior Specialist. The RCS will notify the Regional Manager and the OBS Crisis Administrator upon completion of crisis intake.
3. The following challenges frequently prompt a request for crisis response:
  - a. Severe aggression toward others
  - b. Severe self-injury
  - c. Repeated elopement
  - d. Absence, shortage, or marginal competence of available resources, most notably medical, psychiatric, and behavioral therapy
  - e. Sexual aggression including criminal perpetration
  - f. Illegal behavior ranging from misdemeanors to felonies
  - g. Drug and alcohol abuse
  - h. Acute mental health incident often prompted by unadvised discontinuation of psychotropic medications

- i. Current or impending homelessness
  - j. Aging and/or failing health of family members, most often parents, providing support
  - k. Individual vulnerability to exploitation
4. OBS staff and Regional Office staff are available to receive requests Monday through Friday between the hours of 8:00 a.m. to 5:00 p.m. and through an on-call system after 5:00 p.m. on weekdays and on weekends and/or holidays.

**B. Intake**

Upon a request for crisis assistance, the RCS (or in his/her absence, the Regional Behavior Specialists) will collect and triage information for the crisis situation. Intake activities are as follows:

1. Collect as much information as possible to reach a determination on the need for crisis intervention services. Basic information will be recorded on either the Intake Form or entered directly into the OBS database. The process will include information regarding the following:
  - a. A description of the situation.
  - b. The individual's behavior and mental health status and the environmental factors that prompt, contribute to, and/or sustain the crisis situation.
  - c. Actions taken by the IDT or by others directly involved with the individual to address his/her behavioral or mental health concerns.
2. Determine whether or not a crisis exists that requires initiation of crisis intervention services. This determination should be made within 24 hours of the initial request. The criteria used to determine if a crisis exists include:
  - a. The individual is an imminent danger to self or others.
  - b. The ISP goals and objectives are at risk because health, safety, and containment have become the primary concern for provider staff.
  - c. Services are or may soon be jeopardized or due to the inability of provider agency staff to maintain their supportive relationship.
  - d. Placement is or may be jeopardized.
  - e. There is an absence or breakdown in the supports currently provided to assist the individual with his/her behavioral or mental health concerns.

If it is determined that an event does not require crisis intervention services, the crisis response team member will notify the individual



making the request that services are not required and will advise the requestor of alternate actions that can be taken.

3. Identify what Tier of crisis response is required to stabilize the individual/agency situation based on information obtained. For Tier II and Tier III, Regional OBS staff will notify the OBS Director, who will provide consultation if deemed necessary by the OBS Director.
4. Identify the CRT, if necessary. Intake information will be used to identify the members of the CRT appropriate to the needs of the individual/situation. The OBS Director will designate a Crisis Team Leader.
5. Initiate crisis intervention services.
  - a. No CRT: If no CRT is necessary, crisis intervention services are initiated by the RCS or by appropriate staff, for example, the Regional nurse, OBS Clinical Director, etc.
  - b. CRT: Services are initiated by the Crisis Team Leader after notification has been made to all appropriate individuals.
6. All intakes are reviewed with the Crisis Administrator to assure timeliness and consistency of the determination.

**C. Level of Response**

Each Tier is designed to develop strategies and support beginning with the least restrictive and intrusive intervention and evolve into more restrictive and intrusive intervention only when necessary to preclude imminent egregious health and safety risks.

1. Tier I: An intervention consisting primarily of technical assistance and training intervention provided by OBS staff or the CRT, as appropriate. Tier I response includes a global assessment of the factors that contribute to episode initiation and maintenance. It is most appropriate for, but not limited to, distracting and low frequency/intensity disruptive behavior. Providers and teams may not be able to effectively address destructive behaviors or the IDT needs information/assistance accessing resources. Tier I activities may include:
  - a. Reviewing the ISP/BSP/Crisis Plan, determining its adequacy and consulting on revisions if needed.
  - b. Developing an Interim Behavior Support Plan/Crisis Plan if there is no assigned Behavior Therapist.
  - c. Referring to the OBS Clinical Director for specialized assessment of individual's needs.

- d. Providing Technical Assistance in implementing the crisis plan as needed to caller or other identified individual(s).
- e. Attending special IDT meetings to assist the team with the ongoing assessment and planning of crisis intervention and prevention service needs.
- f. Recommending referral to TEASC, Special Needs, Sex Offender Risk screening, neuropsychological assessment, medical testing, etc., to the individual's IDT.
- g. Consulting, as needed, regarding the crisis with key players on team as new issues/considerations arise.
- h. Completion of the Settings/Consideration Grid.
  - (i) The Settings/Consideration grid is a tool that may inform the IDT as to the person's life and assist in identifying the supports that are most meaningful and successful for the individual; that may minimize the severity of the existing crisis; and that may minimize the reoccurrence of future crises. As such, the Settings/Consideration grid is not a determinant as to whether the individual does or does not need crisis services.
  - (ii) The Settings/Consideration Grid should be used in the event the provider or IDT needs assistance with organization, consistency, and use of all available resources in their response.
  - (iii) OBS staff may require that this Grid be completed by the IDT for any individual that may be or is experiencing a crisis. The Grid may be used to assist in determining the appropriate response to the situation, including crisis prevention or intervention services.
  - (iv) If used, the Settings/Consideration Grid (Form 2) will be completed in accordance with Attachment A, "Use of the Settings/Consideration Grid."
- i. Identify needed resources, and availability of resources, if applicable.

2. Tier II:

All Tier I activities are available in Tier II. Interventions are enhanced by supplemental support through the OBS RCSs to act as *on-site* trainers/mentors when the experience/expertise of the existing staff is not effective. Tier II interventions are used for more significant disruptive and low frequency but high intensity destructive behavior. Additional activities may include:

- a. Observing on site (1) interactions with consumer, (2) environment, and (3) implementation of ISP/BSP/Crisis Plan.

- b. Modeling (1) interaction with individual; (2) implementation of ISP/BSP/Crisis Plan (3) appropriate documentation (4) structuring daily routines.
  - c. Training staff on consistent implementation the ISP/BSP/Crisis Plan
  - d. Mentoring staff and IDT to continue to support consumer.
3. Tier III:
- a. General
    - 1) Tier III may be implemented when information suggests that the individual's behavior is destructive and there is a temporary or possibly long-term inability on the part of family or providers to respond effectively to the behavioral and mental health needs of the individual.
    - 2) All Tier I and Tier II activities are available in Tier III. In Tier III, OBS staff and the individual's family and IDT determine where and how the individual receives this level of crisis intervention services, including who assumes primary or exclusive support staffing responsibility for the individual.
    - 3) At any time, if there is not agreement within the IDT regarding provision of Tier III supports or if the OBS determines that the plan developed by the IDT does not assure the health and safety of the individual, the OBS will devise and implement a plan for the individual.
    - 4) Tier III is designed to be a short-term response (2-90 days). The time line may exceed 90 days under extraordinary circumstances. The duration and intensity of the Tier III intervention will be assessed weekly. The IDT, the OBS and the Regional Office must agree to any extension of the time.
    - 5) After intake (or subsequent to intake when a crisis escalates to Tier III), the OBS will determine how best to meet the individual's crisis services needs, and decide whether to provide Tier III services through the OBS or through assignment to a Private Crisis Provider.
    - 6) When assigned to a Private Crisis Provider, the Tier III services will be delivered through the Crisis Provider Agreement. The Private Crisis Provider is responsible for

the management and staffing of the crisis, unless an alternative agreement has been reached between the Tier III crisis provider and the OBS Director or designee. The OBS Clinical Director, the OBS Consultant, and/or designated OBS staff will be available for consultation and technical assistance on a case-by-case basis.

b. In-home Tier III supports

Tier III services will be delivered in the individual's residence, if the individual's needs can be met in that setting. Tier III activities include:

- 1) 24/7 staffing, to be provided by the existing residential provider, staff of the Private Crisis Provider, and the OBS. Specific staffing will be determined on a case-by-case basis by the crisis response team.
- 2) Maintain IDT involvement in the crisis, in order to restore the individual's pre-crisis supports and providers.
- 3) Assure appropriate training to support stabilization and return the individual to pre-crisis services and supports.

c. Transfer to an alternative residential setting

- 1) There may be situations that warrant a comprehensive change in location or support providers, including IDT composition and membership, goals and objectives. In this event the OBS will be directly responsible for or will designate responsibility for the following:
  - (a) Identifying temporary alternative setting from available providers.
  - (b) Coordinating consumer move to identified alternative setting.
  - (c) Coordinating staff, as needed, from identified agencies
  - (d) Maintaining IDT involvement in the crisis to restore the individual's pre-crisis supports and providers.
  - (e) Facilitating and managing emergency placement from available providers
  - (f) Assuring appropriate training to facilitate stabilization when returned to the pre-crisis placement.
- 2) A change in location may also be effected, up to and including a consideration of a permanent location change,

as a Tier III response. Any permanent change in location will occur either as a result of: an ISP modification, which is reviewed and approved by the IDT and the guardian, and is based upon the long term interests of the individual, in accordance with DOH policies and regulations; or, of an OBS determination pursuant to ¶3.a.3 above [Tier III, General, subparagraph 3].

- 3) The preference is not to transfer an individual, but to provide additional supports in the home. However, a change in location will be considered when it is: (a) in the individual's best interest; (b) feasible; and, (c) determined by the IDT or by the OBS pursuant to ¶3.a.3 [Tier III, General, subparagraph 3].
- 4) When an individual is transferred into a new residence, consideration will be given to relationships with other residents in the home, for the purpose of assuring health and safety for all individuals. The following will occur:
  - (a) Prior to transfer, the OBS will consider the potential impact on all individuals in the selected residence as part of selecting an alternate residence.
  - (b) The RCS, or other OBS staff, will notify the case managers and guardians of the housemates in the new residence. Notification will be by telephone. The notification will be completed, whenever possible, prior to the transfer, but in no event later than 48 hours following the emergency placement.
  - (c) Following the emergency placement, OBS staff will assess the impact of the placement on all the individuals in the home. OBS staff will provide technical assistance to house staff, and to IDT members for all individuals in the house based upon the OBS assessment of the situation.
  - (d) If a resident's IDT decides to convene a team meeting in response to the emergency placement, OBS staff will attend the IDT meeting to discuss concerns and develop strategies, if needed, to minimize potential disruption.
  - (e) If the OBS determines that continued placement in the new residence is not appropriate for the individual or other residents, the OBS will be directly responsible for or will designate responsibility for the following: (1) take the

necessary steps to locate another, more appropriate setting; and, (2) promptly transfer the individual to the alternative setting.

**D. Crisis Intervention**

1. Once it has been determined that a crisis exists, one or more members of the Crisis Response Team assigned by the OBS will initiate crisis intervention activities.
2. An emergency IDT will be convened as soon as possible, as required by and in accordance with DOH policies and regulations.
  - a. The IDT should be attended by the usual team members (including the Behavioral Therapist) and may include a representative of the crisis team and/or the regional office.
  - b. During an emergency IDT meeting the IDT (in consultation with the CRT, if one has been convened) will identify actions to be taken by the IDT, the OBS, or direct care staff, to resolve issues including the need for and/or provision of technical assistance, service coordination, training, mentoring and modeling, staffing and expected timelines when Tier II or Tier III response is required. These actions will identify responsible parties and agency involvement, will be documented in writing, and will be included with the documentation of crisis services.
3. The Director of the OBS will assign crisis response team members from other regions to assist with the crisis response, as needed.
  - a. The OBS Director or the OBS Crisis Administrator will determine with the assigned team member(s), the duration and intensity of the Tier I, II and III intervention at least weekly.
  - b. The determination will include a review of the factors that led to the crisis and the effectiveness of the intervention activities in addressing them.
  - c. When it has been determined that the maximum effect of the intervention activities has been achieved, the IDT will be advised to discontinue the crisis intervention services and establish the follow up actions that need to be taken by various team members.

**E. Termination of Crisis Services**

1. Final determination that crisis intervention services are no longer needed will be mutually identified between the requesting IDT and the OBS. The OBS will retain final authority in determining when to discontinue or amend the crisis intervention services.

2. The OBS designated individual will notify all involved individuals that crisis intervention services are being terminated.

## **VII. Post-Crisis Activities**

### **A. Debriefing**

1. The Crisis Response Team members, in conjunction with the OBS Director, will conduct a debriefing meeting for all Tier II and Tier III responses. Tier I events may be subject to debriefing at the discretion of the OBS. As appropriate, IDT members, including the guardian, the provider, and/or provider staff will be invited to attend the debriefing.
2. Debriefing will be used to inform Crisis Prevention and to identify proactive, intervention supports and strategies which strengthen a provider's overall ability to support and meet the needs of the individual served and the provider's ability to prevent or minimize subsequent recurrence. The debriefing meeting will address the following:
  - a. Incident/crisis description
  - b. Antecedents
  - c. BT Plan followed / Inter-agency emergency team notified
  - d. Action(s) agency staff took
  - e. Crisis Response Team recommendations during crisis
  - f. Crisis Response Team recommendations for follow up
  - g. Assigned agency/staff follow up
  - h. Follow up information forwarded to the OBS
3. Debriefing will also assess the effectiveness of the CRT in responding to and addressing the crisis.
4. A written record will be generated of the debriefing meeting, and a copy will be provided to the OBS Crisis Administrator.

### **B. Crisis Intervention Quality Review**

1. The OBS will perform a follow-up review of each Tier II and Tier III crisis intervention and a 10% sample of Tier I interventions.
2. The review will include services provided by either a Private Crisis Provider or the OBS, as follows: (a) an assessment of the effectiveness of the crisis intervention services that were provided; (b) the adequacy of the changes implemented by the IDT and providers to more effectively address the individual's behavioral and/or mental health needs; (c) and the impact of the intervention on the provider's systems for assisting individuals with behavioral and/or mental health issues.

**C. Crisis Intervention Follow Up**

1. When a provider or an IDT requests crisis follow-up or the need for follow up is identified, the OBS will provide on-going activities. The OBS, in conjunction with the IDT, will determine when follow up activities have been satisfactorily completed.
2. The OBS will use the data generated from its follow-up activities to target prevention services to areas of the greatest need and to actions needed to address statewide systemic issues.
3. The IDT of the individual, or of other residents, in the event of a change in residential setting, may contact the OBS for technical assistance regarding any disruption or other negative impact the placement may have had.
4. When there has been a change in residential setting, the RCS or other OBS staff will conduct a site visit within six weeks of the placement to assess the stability of the placement and the impact on other residents.

**D. Documentation and Trend Data**

1. Documentation regarding individual crises will be maintained.
2. Individual and provider-based reports regarding technical assistance and crisis response are generated at least annually.