ATTACHMENT A-18
CRISIS INTERVENTION SPECIALIST

ARTICLE 1  BACKGROUND

1.1 The 84th Session of the Texas Legislature provided LIDDAs with funds to support individuals with intellectual and developmental disabilities (IDD) with significant behavioral and psychiatric challenges. These individuals often exhibit significant needs requiring additional support beyond the array of services typically provided within community programs. The funds expanded resources to address crisis situations with individuals who have IDD.

ARTICLE 2  DEFINITIONS

2.1 “Crisis” means a situation in which:

(a) the individual presents an immediate danger to self or others; or
(b) the individual's mental or physical health is at risk of serious deterioration; or
(c) an individual believes he or she presents an immediate danger to self or others or
(d) that his or her mental or physical health is at risk of serious deterioration.

2.2 “Crisis respite” means short-term (up to 14 calendar days) respite for IDD as follows:

(a) Out-of-home crisis respite provides therapeutic support in a safe environment with staff on-site providing 24-hour supervision to an individual who is demonstrating a crisis that cannot be stabilized in a less intensive setting. Out-of-home crisis respite is provided in a setting for which the state provides oversight (for example, an ICF, a HCS group home, a Department of State Health Services (DSHS)-authorized crisis respite facility, or crisis residential facility); and
(b) In-home crisis respite provides therapeutic support to an individual who is demonstrating a crisis in the individual’s home when it is deemed clinically appropriate for the individual to remain in his or her natural environment and it is anticipated the crisis can be stabilized within a 72-hour period.

2.3 “MCOT” means mobile crisis outreach team funded by the Department of State Health Services pursuant to its contracts with local mental health authorities, specifically, Information Item V, available at https://www.dshs.texas.gov/mhcontracts/FY17/FY-2017-Performance-Contract.aspx.

2.4 “Therapeutic support” means a flexible array of services, including behavioral support provided for individuals with IDD who require varying therapeutic and habilitative levels of intervention to holistically address the stressors that result in challenging behaviors. Support may include training in:

(a) Activities to strengthen appropriate developmental functioning in areas of socialization, self-advocacy and rights;
(b) Developing coping skills; and
(c) Reducing or avoiding stressors to prevent crisis events.

2.5 “Transition Support Team” (formerly referred to as the "Medical, Behavioral, and Psychiatric Support Team") means a team of professionals, regionally constituted, to provide educational activities, technical assistance, and de-identified case-specific peer review support to local intellectual and disability development authorities (LIDDAs) and IDD providers within a region.

ARTICLE 3 RESPONSIBILITIES OF THE LIDDA

3.1 One staff assigned as a lead crisis intervention specialist

3.1.1 LIDDA shall assign one full-time employee or contract employee as a lead crisis intervention specialist to oversee all activities required by this Attachment A-18. The funding for one full-time equivalent crisis intervention specialist for the amount identified on Attachment B, Table 1 (Allocation Schedule). LIDDA must ensure the lead crisis intervention specialist is not assigned responsibilities, duties, or tasks other than those described in section 3.5 of this Attachment A-18.

3.2 Additional Staff

3.2.1 Except as allowed by Section 3.2.2 of this Attachment A-18, if the LIDDA is allocated funding in excess of one full-time equivalent as identified on Attachment B, Table 1 (Allocation Schedule), the LIDDA must use the excess funds to assign additional staff to support the lead crisis intervention specialist within 60 calendar days after execution of the Amendment. Any additional staff assigned in accordance with this Attachment A-18 are prohibited from providing service coordination.

3.2.2 With written approval from System Agency, the LIDDA may use allocated funding in excess of one full-time equivalent as identified on Attachment B, Table 1 (Allocation Schedule) to fund the provision of crisis respite in accordance with Attachment A-17 (Crisis Respite).

3.3 Qualifications of a crisis intervention specialist and additional staff

3.3.1 LIDDA must ensure a crisis intervention specialist:

(a) Meets the preferred qualifications of one of the following:

i. a provider of behavioral support contained in [HHSC] rules governing the role and responsibilities of a local intellectual and developmental disability authority in 40 Tex. Admin. Code, Chapter 2, Subchapter G, §2.313(e)(1)(B);
ii. a Licensed Marriage and Family Therapist;
iii. a Psychiatrist;
iv. a Licensed Master Social Worker who is clinically supervised by a Licensed Professional Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, or
Psychiatrist in accordance with the definition of “supervision” in 22 Tex. Admin. Code, Chapter 781, Subchapter A, §781.102(57)(B) (Definitions); or

v. a licensure applicant with a temporary social work license as long as the applicant is fully licensed within six month after hire, in accordance with 22 Tex. Admin. Code, Chapter 781, Subchapter D, §781.441 (Temporary License) and is clinically supervised as described in 3.3.3 (a) ii. above; or

3.3.2 Meets the minimum qualifications of:

(a) A qualified intellectual disability professional as defined in 42 Code of Federal Regulations (CFR), §483.430(a); and

(b) At least two years of experience working with individuals with IDD who have mental health and behavior support needs or linking people with IDD to mental health supports, in addition to the one year of required experience of a qualified intellectual disability professional described in 42 CFR §483.430(a)(1).

3.3.3 When a crisis intervention specialist meets minimum qualifications, but does not meet preferred qualifications, LIDDA must ensure a person with preferred qualifications is available for consultation when deemed necessary by the crisis intervention specialist or if requested by an individual or family member.

3.3.4 LIDDA must ensure additional staff meets the qualifications for:

(a) A qualified intellectual disability professional as defined in 42 CFR §483.430(a); or

(b) A Board Certified Assistant Behavior Analyst.

3.3.5 LIDDA must ensure a crisis intervention specialist and additional staff be knowledgeable about IDD programs and services in the local service area.

3.4 Required training for a crisis intervention specialist and additional staff

LIDDA must ensure that a crisis intervention specialist completes the training modules available at [https://tango.uthscsa.edu/mhwidd](https://tango.uthscsa.edu/mhwidd) within 30 calendar days after being assigned as a crisis intervention specialist. The LIDDA must ensure a crisis intervention specialist completes additional training modules within 45 days of the posting of new modules on this site.

3.5 Duties of a Crisis Intervention Specialist

3.5.1 LIDDA must ensure a crisis intervention specialist (the "specialist"):  

(a) Provides information about IDD programs and services to:  
   i. individuals with IDD and their families; and
ii. IDD providers in the local service area.

(b) LIDDA must ensure the specialist collaborates with appropriate LIDDA staff and Transition Support Team members to identify individuals with IDD in the LIDDA’s local service area who are at risk of requiring crisis services, such as individuals who exhibit repeated and severe behavior disturbances that jeopardize the individual’s safety or current living arrangement.

(c) LIDDA must ensure that for an individual identified in Section 3.5.1(b) of this Attachment A-18.

i. collaborates with the service coordinator, other members of the service planning team, and paid provider, if any, to identify:

A. prevention strategies to avoid potential crisis events and to promote the individual’s coping skills; and

B. training and supports needs that provide the greatest chance of success of living in the community, such as scheduled respite services or planned crisis respite to avoid a potential crisis event; and

ii. supports the service coordinator’s provision of on-going follow-up and monitoring activities, including assisting the service coordinator, other members of the service planning team, and paid provider, if any, in addressing concerns and issues identified during follow-up and monitoring visits, such as involvement with law enforcement or emergency room visits.

3.5.2 LIDDA must ensure a crisis intervention specialist:

(a) Provides education about the manner in which to engage individuals with IDD and their unique needs to:

i. members of an MCOT to increase the competency of the members;

ii. law enforcement; and

iii. others as appropriate.

(b) is available to provide consultation to an MCOT as needed or as clinically indicated regarding a crisis event involving an individual with IDD;

(c) collaborates with an MCOT to develop criteria for referring an individual with IDD in crisis to crisis respite;

(d) for an individual referred to crisis respite, develops a crisis respite service plan describing the therapeutic support needed by the individual;

(e) collaborates with the service coordinator, other members of the service planning team, paid provider, if any, and natural supports regarding crisis follow-up and relapse prevention activities, including:

i. assisting with an individual’s transition from crisis respite back to his or her home or other appropriate setting;
ii. addressing concerns and issues identified during follow-up and monitoring visits, such as involvement with law enforcement or emergency room visits; and
(f) documents all activities, collaboration, and consultation provided in accordance with this attachment.

3.6 Communicating to Stakeholders

LIDDA is responsible for communicating to stakeholders, including IDD providers, advocacy organizations, law enforcement, and schools, about the creation of the crisis intervention specialist position and the general duties of the position.

3.7 Reporting

LIDDA will maintain documentation and submit a quarterly report, in a format prescribed by System Agency, by the 15th day of the month following each fiscal quarter, to include the following information:

(a) Number of calls from an MCOT related to individuals with IDD and type of response provided (e.g., phone, in-person);
(b) Number of calls related to individuals with IDD in crisis who were not referred by an MCOT;
(c) Number of calls from MCOT related to individuals with IDD for which a crisis intervention specialist was not available and the reasons for not being available;
(d) Number and type of referral(s) made on behalf of an individual with IDD in crisis or following a crisis event;
(e) Number of individuals with IDD in crisis in which law enforcement was not notified;
(f) Number of individuals with IDD in crisis in which law enforcement was notified;
(g) Number of individuals with IDD in crisis who were transported to a hospital or jail;
(h) Number of individuals with IDD reunified to their home and community settings following a crisis event;
(i) Number of caregivers and paid providers to whom a crisis intervention specialist provided training and consultation;
(j) Number of individuals at risk of requiring crisis services identified in accordance with Section 3.5.1.b.of this Attachment A-18; and
(k) Number of individuals with IDD referred to crisis respite who did not transition back to their home from crisis respite within 14 calendar days.