CRISIS RESIDENTIAL UNIT
PROGRAM DESCRIPTION

PURPOSE
To provide a short term or acute placement for mental health stabilization. Short-Term is a general word that can mean anywhere from a few days to several months, depending on the need of the individual client.

We are:
- A short-term placement that is accessed through coordination with the CRISIS and CRU team
- Place to stabilize emotions and behaviors
- Require patient and many times family and treatment team involvement for getting back into the community as soon as appropriate and possible
- Place to learn the process of identifying thoughts and the connection to emotions and behaviors
- Place to practice Regulating Emotions
- Place to get on a stable medication regiment
- Place to Practice Healthy Self-Care

We are NOT:
- A locked facility
- A Homeless Shelter
- A Place to Avoid Life-Problems

ADMISSION CRITERIA
- Davis County resident
- All diagnoses IF their symptoms can be managed and treated safely and effectively in the CRU setting
- All Genders and sexual orientations are welcome and accepted.
- Ages: 18 and older
- Clients who do not require a higher level of care
- Clients who are unable to return to the community at the time of admission due to high risk of self-harm, suicide, psychosis, mania, depression and anxiety,and/or harm to others
- Clients who have a history of being able to calm down even after a significant rage or aggressive episode (outside of the CRU)
- Clients who have an unrealistic suicidal plan that is out of the range of possibility.
- Clients who agree to use healthy and safe coping instead of on suicidal thoughts, plans, and/or self-harming urges

Not accepted:
- Sexual predators who cannot be trusted even without close supervision
- Violent clients who have the physical ability and history to cause harm to themselves or others.
- Clients whose situation could put the staff and clients at risk for harm.
  - An example would be a client with someone stalking them with malicious intent

- Realistic Threats or actual harm to property and/or people.

- Clients with medical issues that cannot be properly managed in the CRU setting
- Clients who have cognitive deficiencies that have resulted in being unable to respond to direction or to communicate needs
- A client that is aggressive (physical and/or verbal) at the time that admission is being considered and who has a history of aggression or is not responding to prompts and direction from staff to calm down in a reasonable timeframe
- Clients purposefully using the CRU to avoid responsibility for criminal charges by directing attention to mental illness symptoms that have likely been exaggerated

The CRU clinical director, medical direction and crisis team consider the following prior to admission:

- Appropriateness of referral
- Whether the client is a "known client" with adequate information to predict behaviors
- History or information about a client not known to DBH that involves risk to other clients
- Available bed
- Safety of all clients
- Ability to provide appropriate level of care and supervision. This takes into consideration the needs and acuity of clients already admitted
- Gender: There may or may not be space for one gender or the other due to the number of clients already admitted. Transgendered clients will work with the crisis team on comfort level of roommates of the preferred gender identification or will be placed in room 8, which is a private room with no roommates. That will be determined through coordination and collaboration between the crisis team and transgendered client
- It may be determined that the potential client may have behaviors or history that would not be an appropriate fit with other clients. This is rare but could occur. For instance, a client may have been the victim of a crime of another prospective or current client. In these cases all reasonable efforts and resources to find for each client the appropriate level of care and safety planning, but admission to the CRU may be denied or transferred to another treatment provider to protect the well-being and safety of all clients

LENGTH OF STAY PARAMETERS:
The CRU will provide acute or short-term stabilization care services for people with mental health and safety risks that cannot be managed in a lower level of care. The length of time of stay vary according to each client's individual diagnosis, needs, behaviors and ability to self-regulate emotions and/or thinking.

In some instances, when a client is under mental health commitment, a client may be compelled to stay for a longer period of time in the CRU than what the client desires. This may be due to concerns that treatment team has regarding safety, stability, and other factors related to the client's well-being. It is within Davis Behavioral Health's legal right when a client is committed to hold them in the CRU against their wishes. Davis Behavioral Health staff will document the clinical reasoning for an extended stay in these types of cases to show justification for this action when it is deemed necessary.

The CRU will provideopportunities for coping skills development and client discharge planning based on progress and readiness to return to the community.

A client will be discharged if she/he is no longer appropriate and needs a higher level of care.

It is anticipated that a small number of clients will need to stay for several weeks or longer but it is usually apparent at the time of admission that this is what they need. These would include "Step-down" (clients coming from a more restrictive placement like the hospital) and "Step -up" (clients that may be waiting for placement at a higher-level placement like the State Hospital).

There will likely be a small number of clients that are admitted where it initially appears that this is a short term stay. If the situation changes or we become aware of new information, authorization for an extended day will be staffed daily.

The CRU treatment will make reasonable efforts to contact and schedule family and/or friends/social Supports Meetings as a part of the discharge process while a client is a resident of the CRU.

ADMINISTRATION OF MEDICATION:
Clients requiring medications during their stay at the CRU will be provided all available medications that are needed and/or CRU staff will make reasonable efforts to help the client obtain all needed medications that are part of the client's stabilization plan. The CRU has a nurse on-site 24/7 and the nursing and medical staff will help administer and if needed observe clients taking their medications.

A Nursing Staff member will:

- Verify that the name on the packet matches the name of the client and medication information.
- Verify that the time on the labeled packet matches the time that the medication is being given.
- Observe the client taking the medication when and as prescribed.
- Document this in the electronic record as well as on a Medication log.
- If a client refuses to take their medication, the medical director will be notified and asked for direction for how to proceed.

TYPICAL DAILY SCHEDULE

A typical schedule for clients at the CRU will include the following:

- Breakfast
- 10:00am Goals Group
- 11:00 Therapy Group
- Lunch
- 2:00pm Community Skills Group
- 4:00pm Skills Group
- 5:00pm Dinner
- Visitors and Phone Time 6-7pm
- 7:00-8:00pm Skills Group and Review of the day
- 10:00pm-6am Quiet Time/Lights Out

GUIDELINES FOR STAFF RESPONSE TO CLIENTS EXPERIENCING EMOTIONAL DYSREGULATION
Staff will be respectful, kind and will attempt to engage clients in positive activities and conversations. The attention given for positive behavior will be to remind clients of the benefit to themselves so that the behaviors will eventually become intrinsic rather than for the accolades or attention of others.

Staff will be respectful, kind and non-judgmental while remaining neutral in facial expression and body language when a client's behaviors begin to move in a negative direction. Staff will use phrases de-escalation techniques taught to them in NAPPI in their interactions with agitated, disruptive, or destructive clients.

Efforts will be made to remind clients of their coping skills, redirect him/her or distract him/her until the behavior or attitude changes direction towards being appropriate.

A "matter of fact" attitude will be adopted by staff regarding client's behavior. Attempts will be made to engage with an attitude of "It is your choice" and staff will offer two positive choices to the client."We won't argue with you about this. I hope you make good choices because it will be easier and more enjoyable for everyone" and will repeat the positive two choices as needed.

Clients will be encouraged to participate in healthy physical, mental and emotional health opportunities but staff will not engage in a power struggle over this. Alloff-unit passes will be approved or unapprovedbased on factors like participation in group, safety factors concerning the pass, and client's ability to make safe and positive choices given their mental health symptoms. Passes are approved/unapproved collaboratively as a treatment team each weekday morning.

PROCEDURES FOR EMERGENCY SAFETY INTERVENTIONS

The scale and nature of any physical intervention must be proportionate to both the behavior of the individual to be controlled and the nature of the harm they may cause. The minimum necessary force will be used and the techniques deployed are in line with recommended policy and practice.

The AMRC shall only use passive behavioral interventions to control client behavior in an emergency situation and under the following circumstances:

a. **Danger to Others:** Physical violence toward others with sufficient force to cause bodily harm,

b. **Danger to Self:** Self-abuse of sufficient force to cause bodily harm, or

c. **Threatened Abuse:** Threatened abuse towards others or self that may, with evidence of past threats or actions, result in danger to others or self.

d. **Elopement:** Attempts to elope based on a client's extensive history of self-harm and impulsive, dangers behaviors.

CRU staff will receive annual training on the following:

- Understanding needs and behaviors
- Characteristics, motivation and reinforcement of behaviors
- Relationship building
- Anticipation and prevention of aggression
- Physical cues
- Verbal cues
- Environmental issues
- Avoiding power struggles
- Passive physical techniques
- Escape and evasion techniques from aggressive clients
- Documentation

- Processing with Clients
- Follow-up with staff

POLICIES

Behavior Management Policy

A. The CRU program shall have on file for public inspection, this written policy and procedure for the methods of behavior management. These include the following:

1. Definition of appropriate and inappropriate behaviors of consumers,

Appropriate behavior of consumers:

The following guidelines have been developed to help ensure that the WRC program is safe for all participants.

- All participants are expected to exhibit appropriate behavior.
- Show respect to all participants and staff.
- Participants should follow programs' rules and take directions from staff.
- Show respect for equipment, supplies, facilities and other people's property.

Inappropriate behaviors of consumers:

- Danger to Others: Physical violence toward others with sufficient force to cause bodily harm,
- Danger to Self: Self-abuse of sufficient force to cause bodily harm, or
- Threatened Abuse: Threatened abuse towards others or self that may, with evidence of past threats or actions, result in danger to others or self.
- Elopement: Attempts to elope
- Harm to others
- Possession of a weapon
- Swearing, hand gesturing and name calling
- Fighting/hitting/pushing
- Spitting/biting
- Kicking or inappropriate contact
- Throwing objects
- Unruly behavior/screaming

2. Acceptable staff responses to inappropriate behaviors

- Setting limits when safe and necessary
- Ignoring disruptive behaviors when the safety of a person and/or staff is not in question

- Re-Directing the Attention to pro-social activities and topics of conversation
- Remaining calm and expressionless when facing an agitated or disruptive client
- Calling 911 if the person is a danger to themselves or others
- Removing objects that could be used as weapons from the environment

3. Consequences.

- When a client of the CRU misbehaves he/she will be explained why this behavior is inappropriate.
- Positive redirection of behaviors will be used.
- If the client continues to be disruptive, an appropriate limit may be used, such as restricting or modifying off-unit passes or being excused from group.
- Privileges may be restricted for a reasonable amount of time determined by the treatment team.
- The CRU reserves the right to discharge a participant whose behavior endangers his or her own safety or the safety of others.
- DBH will use passive behavioral interventions which are non-violent holding techniques. These are only usedon an emergency basis when the situation places the individual or others at imminent risk of serious physical harm to himself or others. Staff are training in NAPPI, which are Non-Abusive Psychological and Physical Intervention to learn passive restraints and de-escalation skills.
- The use or threat of corporal punishment is not allowed.

B. The policy shall be provided to all staff, and staff shall receive training relative to behavior management at least annually. Staff will be trained annually in these areas:

- Understanding needs and behaviors
- Characteristics, motivation and reinforcement of behaviors
- Relationship building
- Anticipation and prevention of aggression
- Physical cues
- Verbal cues
- Environmental issues
- Avoiding power struggles
- Passive physical techniques
- Escape and evasion techniques
- Documentation
- Processing with Clients
- Follow-up with staff

C. Methods designed to humiliate or frighten a client are not allowed.

D. No management person shall authorize or use, and no staff member shall use nor permit the use of physical restraint with the exception of passive physical restraint, as taught through NAPPI training. Passive physical restraint shall be used only as a temporary means of physical containment to protect

the consumer, other persons, or property from harm. Passive physical restraint shall not be associated with punishment in any way, and only used when a person is exhibiting dangerous behaviors, such as:

- Physically Assaulting another Resident and/or Staff
- Throwing Things in an attempt to cause physical harm to others and/or self
- Threats of Harm to Self or Others, and at least 3 attempts to De-escalate the person are not effective

E. Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with the clinical professional to evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.

POLICY STATEMENT ON ABUSE AND HARRASSMENT:
It is the policy of DBH and the CRU that every staff member and client can expect to work, share, live and participate in a safe environment in which all members are treated with respect and dignity. All members will be provided with an environment free of harassment and abuse and will be protected from any form of harassment or abuse including discriminatory harassment based on age, gender, ancestry, place of origin, color, ethnic origin, citizenship, creed, sexual orientation, disability, marital status, or family status.

There will be zero tolerance for harassment or abuse at DBH and the CRU. Any employee who does not adhere to this policy is subject to an investigation which could result in dismissal.

POLICY ON CONFIDENTIALITY & PRIVACY IN MAKING A COMPLAINT:
DBH and the CRU understands that it can be extremely difficult to come forward with a complaint of harassment or abuse and that it can be devastating to be wrongly convicted of harassment or abuse. DBH and the CRU recognizes the interests of both the complainant and the respondent in keeping the matter confidential.

Confidentiality will be maintained throughout the investigatory process to the extent practicable and appropriate under the circumstances. All records, notes and files will be kept confidential except where disclosure is required by a disciplinary or other remedial process, or as is required by law for CPS or law enforcement investigation.

Clients are given Complaint Forms on request, but these are also available at the CRU in plain sight for clients to fill out if they are not comfortable asking for a form. Clients are given information at the beginning of their stay about their right to complain both verbally and in writing. They can make this complaint to any staff member or can ask to speak to an administrator immediately if they do not feel safe speaking with CRU staff.

In addition, they are told that the complaints will be investigated and that every effort will be made to assure that their safety will not be compromised by making a complaint.