

Individual Support Team (IST) Policy

AUTHORITY: This policy is written in accordance with [14-197 Chapter 5](#) Regulations Governing Behavioral Support, Modification and Management for People with Intellectual Disabilities or Autism in Maine and [34B §5206](#) Crisis and Respite Services.

STATEMENT OF PURPOSE:

Individuals with Intellectual Disabilities or Autism who receive services that are provided, licensed, or funded in whole or in part by the Department of Health and Human Services Office of Aging and Disability Services (OADS) may, from time to time, experience crisis situations. When a crisis occurs, the support of an Individual Support Team (IST) is often invaluable. An Individual Support Team consists of members of the individual's Planning Team and other professionals, family, or friends that the Planning Team determines would be supportive to the individual in a time of crisis. The IST is convened by the Case Manager/Planning Team and includes a Crisis Team member from OADS Crisis Prevention and Intervention Services (CPIS). The IST can be a separate team but is most often the individual's Planning Team. The intent of the IST is to support the individual and provide services designed to (1) prevent crisis situations or (2) provide support during a crisis.

CONVENING OF THE INDIVIDUAL SUPPORT TEAM (IST):

CRITERIA: An IST shall be convened whenever an individual receiving services experiences any of the following incidents:

1. Crisis situation.
2. Summons, arrest, or incarceration.
3. Admission into:
 - Developmental Services Crisis House.
 - Emergency Transitional House.
 - Crisis Stabilization Unit.
 - Inpatient Psychiatric Hospital.
 - Other respite home because of a crisis situation.
4. Recurring Patterns (14-197 Chapter 5.08-3):
 - Three (3) emergency restraints in a two-week period or six (6) emergency restraints in 365 days.
 - A Level 2 In-Home Stabilization used three (3) or more times in a two-week period.
 - Removal of personal property three (3) times in 365 days.
 - Three (3) Specialized Restraints in 365 days.
 - Specialized Restraint is an individualized restraint approved by the Department to meet an individual's specific needs that cannot be met through a nationally recognized or certified behavior management program.

5. Request for [Crisis Intervention Services](#) (MaineCare Benefits Manual Section 21 Chapter II Section 21.05-8).
6. Emergency Department (ED). An individual in an ED for more than forty-eight (48) hours with no discharge plan.
7. Homeless. An individual is considered homeless when he/she cannot return to his/her present home, and does not have a support network or a plan in place for future timely residential services.
8. Other. Upon review of a situation or a series of situations, an individual's Planning Team recommends creation of an IST. Examples might include behavior or psychiatric concerns that do not meet criteria above, health concerns of the consumer or family members, etc.

IMPLEMENTATION OF THE IST/ POST CRISIS REVIEW:

When one or more of the above criteria is met, the individual's Case Manager/ Planning Team shall coordinate the convening of an IST within ten (10) working days of the incident (34B §5206 (4)).

The individual's Case Manager shall invite a Crisis Team member from OADS Crisis Prevention and Intervention Services (CPIS) to the IST at least forty-eight (48) hours prior to the meeting. However, an IST can continue in the absence of a Crisis Team member.

The IST can be a separate group from the Planning Team although most often is the same.

The IST shall:

1. Discuss the incident(s), identifying possible causes of the individual's crisis.
2. Review any related documentation (i.e. hospital assessments, restraint information, or resource development information).
3. Make recommendations for the Planning Team regarding changes in the individual's environment, services and supports to prevent crisis in the future.
4. Identify follow up action steps (i.e. psychiatric services, needs for specific trainings) and specify who is responsible with clear time frames.

If an IST is convened due to a Recurring Pattern (14-197 Chapter 5.08-3) the Planning Team shall:

1. Develop or update the [Functional Assessment](#), and review the [Positive Support Plan](#) for its effectiveness.
2. Determine if a [Behavior Management Plan \(BMP\)](#) is warranted (14-197 Chapter 5.03-3). If the Planning Team determines a BMP is needed, the Planning Team shall:

- a. Develop an appropriate Behavior Management Plan and submit to the Review Team for approval.
 - b. Identify the BMP as an Unmet Need if it is not developed within 60 days (14-197 Chapter 5.08-3.c).
3. If the Planning Team determines a Behavior Management Plan (BMP) is not warranted, the Planning Team shall:
 - a. Submit to the Review Team, for approval, a justification explaining why a Behavior Management Plan is not necessary.
 - b. The Review Team may require that a Behavior Management Plan be developed to address the recurring challenging behavior (14-197 Chapter 5.08-3).

FOLLOW UP ON THE IST/ POST CRISIS REVIEW:

1. The Case Manager is the lead coordinator for the planning process and monitoring of the IST. The Case Manager completes the DS Individual Support Team Meeting assessment in EIS to ensure action steps identified in the IST/post crisis review are documented.
2. OADS Crisis Prevention and Intervention Services (CPIS) shall:
 - a. Complete a Crisis Prevention Plan and distribute to: 1) the Case Manager for distribution to the Planning Team and 2) the Maine Crisis Hotline.
 - b. Maintain 24-hour, ten day, and quarterly follow-up to individuals who have an active IST. This is scheduled internally by the CPIS team.
 - c. Provide written follow-up (via EIS) to the Case Manager for distribution to the Planning Team as appropriate.