



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: CROSS SYSTEM CRISIS PLANS POLICY 5.18

Authority: Chapter 71A RCW

PURPOSE

This policy provides guidance to regional Division of Developmental Disabilities (DDD) staff regarding the development of individualized Cross System Crisis Plans (CSCP).

BACKGROUND

Most individuals served by DDD who have ongoing mental health issues require collaboration and coordination across systems of care (family, residential, day) and with other external agencies (e.g., Regional Support Networks, state hospitals, law enforcement, probation/parole staff, local mental health agencies, etc.). For these individuals, it is desirable to develop a cross system crisis prevention and intervention plan. Such plans can guide service providers in delivering a coordinated and collaborative response to the person (at risk of) experiencing a crisis.

SCOPE

This policy applies to DDD Field Services staff providing case management services to DDD eligible adult clients who reside in the community.

POLICY

- A. Cross System Crisis Plans (CSCP) will be completed for all adult clients who on or after July 25, 2005:
 - 1. Have been discharged from a state psychiatric hospital; or
 - 2. Pose a significant risk of placement disruption due to challenging behaviors.

- B. A CSCP may be completed for adult clients who:
1. Have been admitted to a mental health crisis diversion bed; and/or
 2. Are known to have been admitted to a community hospital or evaluation and treatment center for psychiatric evaluation and treatment.
- C. When the client is at a state hospital, hospital staff will take the lead in coordinating the meeting for development of the CSCP. The DDD Mental Health Case Resource Manager (MH-CRM) will participate in the plan and ensure that the plan is written according to DDD policy requirements.
- D. When the client resides in the community, the DDD CRM will coordinate the plan's development. A CSCP requires the participation of all community based service systems involved in the client's circle of support. If the client has any involvement with law enforcement or the Department of Corrections (DOC), the appropriate officers and/or DOC staff who interact with or supervise the client must be invited to participate in the CSCP meetings.
- E. For clients who have Positive Behavior Support Plans (PBSP) for challenging behaviors, if a CSCP is determined necessary, the two plans must be congruent.
- F. A CSCP must be reviewed at the client's Individual Support (ISP) meeting, and whenever significant changes occur in the client's condition or circumstance (i.e., activation of the plan).

Note: If the client has not used crisis services and supports for the previous 24 months and has demonstrated continued stability, a CSCP may no longer be necessary. This determination will be made by the MH-CRM, in consultation with the cross system team.

PROCEDURES

- A. The development of a viable CSCP should include the active participation of the persons who know the client well and representatives from each of the systems involved in supporting the client during a crisis. Participation of family members, caregivers, residential and vocational service providers, DDD staff, mental health staff, law enforcement, probation/ parole staff, and others is essential when planning interventions for a CSCP.
- B. The DDD Case Resource Manager (CRM), the regional mental health liaison, or the Field Services psychologist is responsible for calling and leading the CSCP development meeting. This includes:
1. Taking notes;

2. Gathering input from all meeting participants; and
3. Creating and distributing the CSCP document.

If the CSCP is being reviewed or developed while the client is at the state hospital, state hospital staff will be responsible for coordinating the meeting.

- C. Following the CSCP development meeting, the CRM or state hospital staff completes the CSCP draft using [DSHS Form 10-272, *Cross System Crisis Prevention and Intervention Plan*](#), and distributes the draft document to meeting participants and others as necessary. Detailed guidelines for completing the CSCP form are described in Attachment A of this policy.
- D. Once the CSCP has been finalized, the CRM obtains the signatures of all representatives involved in the plan development and implementation.
- E. The CRM distributes the final CSCP to all service providers, family members, caregivers, law enforcement, and others who will be involved in supporting the client during a crisis.
- F. The CRM will review and make changes to the CSCP as follows:
 1. At least annually as part of the ISP review; and
 2. Whenever there are significant changes in the client's condition or circumstance.
 3. The CRM will handle outdated plans or plans that are no longer necessary as follows:
 - a. Write note and date on the CSCP that it is outdated and/or no longer necessary, as appropriate;
 - b. Document in the SER that the CSCP is outdated and/or no longer necessary; and
 - c. Archive the discontinued CSCP according to office procedures.
- G. Whenever the CSCP is revised, the CRM will distribute the new plan and request that all recipients replace the former document with the new plan.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Division Director.

TITLE:

CROSS SYSTEM CRISIS PLANS

POLICY 5.18

SUPERSESSSION:

DDD Policy 5.18

Issued September 8, 2006

DDD Policy 5.18

Issued July 25, 2005

DDD Policy 5.18

Issued April 5, 2005

Approved:

 /s/ Linda Rolfe

Director, Division of Developmental Disabilities

Date: June 1, 2007

**GUIDELINES FOR COMPLETING
DSHS Form 10-272, Cross System Crisis Prevention and Intervention Plan**

RATIONALE

A Cross System Crisis Plan (CSCP) is an individualized, written plan that provides a specific, clear, concrete, and realistic set of protective interventions. These interventions are intended to de-escalate and protect a client experiencing a mental health or behavioral crisis. For the client, the CSCP represents an additional “safety net” of support during a time of personal crisis. For caregivers, the CSCP gives specific interventions and directions that help support the client.

The onset of a crisis is particular to an individual client. However, the sense of an increasing loss of control is a critical criterion for identifying a potential crisis that should be addressed by a CSCP. If left unattended, the loss of control could result in a mental health crisis, behavioral incident, or grave disability especially if it requires assistance beyond the client’s on site circle of support.

CSCP intervention procedures are based on the client’s escalating behaviors and/or psychiatric decompensation. Crises often occur in stages, based on a combination of setting events, internal states and/or environmental factors. When the client’s difficulties progress from one stage to another, the need for external supports generally increases.

A CSCP may be allowed to expire if the client has not used crisis services and has remained stable for at least twenty-four (24) months. This decision rests with the DDD MH-CRM in consultation with the DD/MH cross system team. When such an action is considered, it is important to think about whether it is best to maintain the safety net of a CSCP or discontinue the plan.

BASIC CLIENT INFORMATION SECTION (PAGE 1)

This section contains basic client, support person, and support agency identifying information, diagnostic, insurance, medication contact information, and client at risk issues information. This information serves as a quick reference to information that is important for on site and/or responding support persons/agencies.

Identifying Information

Enter the names and direct access telephone numbers (including area code) for the client, the client’s legal representative, and the cross system support personnel as indicated.

Mental Health Diagnosis

Enter all current diagnoses (from DSM IV-TR) as indicated. The DSM diagnoses should be reviewed by a Mental Health Professional. If a client’s Axis I, II, III, IV, or V diagnoses change, the treatment team should update this section accordingly. For example, on Axis III, *General Medical Conditions*, if a client is diagnosed by a health care professional with a new medical condition, update this section.

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Insurance Information

Enter the full insurance information, including the identification numbers as needed.

Medication

List all known medication allergies in **bold** type. Also list any adverse medication reactions such as Neuroleptic Malignant Syndrome in **bold** type.

Provide a list of medications as of the date of the plan. State that this list of medications is current as of _____ (date of plan). Enter the name(s) and telephone number(s) of the location(s)/program resource (s) where the most current medication information is available 24 hours a day, 7 days a week. Also list any medications that are known to have been tried in the past with adverse effects. Specify those adverse affects here.

At Risk Issues

Enter brief descriptions of any at risk issues that pertain to the client. Be sure to include health, safety, and environmental risk issues.

HOW THE CLIENT TYPICALLY PRESENTS AND/OR FUNCTIONS SECTION (PAGE 2)

This section contains a brief synopsis of the individual's baseline functional abilities and routines. It is a description of how the client typically presents and functions when not in crisis. This description serves as a source of useful client information for support personnel who are engaged in supporting the client during crisis, especially personnel who are not familiar with the client.

Communication Style

Enter client's primary language, preferred mode(s) of communication, and a description of expressive and receptive communication ability. Include reference to client's emotional expressiveness and presence or absence of response latency.

Strengths and Skills

Enter information regarding the client's personal, interpersonal, social, vocational, self-care, motor and other strengths, skills, and interests.

Typical Sleep Patterns

Enter information regarding the client's typical sleep pattern: bed time, waking time, quality of sleep, the presence or absence of snoring, awaking during the night, ease or difficulty falling or staying asleep, and the presence or absence of a diagnosed sleep disturbance.

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Typical Daily Activities

Enter information regarding the client's typical daily activities, including performance of activities of daily living (ADLs) and home related tasks, social, family, personal interest, vocational, community contacts, etc.

Capacity to Handle Stress/Change

Enter a description of the client's capacity/ability to handle stress (i.e., particular types of stress that client handles well versus types of stress client handles poorly) and the level of staff support the client needs to handle stress.

Interventions That Work

Enter information regarding recommended ways of approaching, interacting, and communicating with the client effectively. This information is helpful to support persons who are not familiar with the client and want to interact positively with him or her.

Interventions to Avoid

Enter information regarding ways that do not work well when approaching, interacting, and communicating with the client.

Other

Enter any other information about the client that is judged to be important for responding crisis support staff to be aware of.

HIERARCHY OF BEHAVIORS SECTION

This section contains information that describes each stage of the client's particular crisis scenario(s) from the initial crisis stage through progressive stages of crisis, including behavioral presentation, possible causes of the crisis, and supportive intervention strategies. Crisis stages typically range from 3 to 5 in number.

Stage 1 is characterized by a noticeable change in the client's demeanor, behavior, or attitude that may give rise to increased concern regarding the client. At stage 1, these issues don't usually disturb others, but rather are known indications of possible disturbance for the individual. They are often subtle indications of possible difficulty such as changes in degree of social interaction, sleep patterns, mood, appetite, or environmental issues such as change in job, change in direct supports, changes in plans, loss of relative, etc. The client may begin experiencing an internal feeling of losing control that may lead to increased difficulties at these times.

Typically, on site support persons provide increased active supportive intervention to the client. At Stage 1, the need is to explore setting events, and environmental factors that may be altered to reduce the client's discomfort and risk of further escalation. An intervention may include a change in schedule to address boredom, decreased stimuli to prevent anxiety or over-arousal,

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giving prescribed medication to improve sleep, etc. If PRN medications are used, indicate what specific circumstances and/or target symptoms the PRNs are to be used for.

Stage 2 is characterized by an escalation in the client's demeanor, behavior, or attitude, which indicates to on site support persons that stage one intervention strategies have been unsuccessful, and that the client is experiencing increased difficulty. On site support persons become concerned regarding their ability to assure the safety of all and to de-escalate the client successfully. Typically on site support persons consider contacting program supervisors and possibly others for consultation and possible supportive intervention. At this stage, an intervention may include a ruling out of any sudden onset of medical problems, or an increase in symptoms of mental illness, etc. If PRN medications are used, indicate specifically what circumstances and/or target symptoms the PRNs are to be used for.

Stages 3 and Above are characterized by a further escalation in the client's demeanor, behavior, or attitude that indicates to the onsite support persons that Stage 2 intervention strategies have been unsuccessful and that something disruptive or disturbing has clearly occurred. The client has lost control and has escalated to the point of posing an increased health and safety risk to self or others. On site support persons are concerned regarding their ability to assure the safety of all and to de-escalate the client successfully. During these stages, on site persons seek additional supportive resources from other identified systems and consider the advisability of an alternate support setting such as crisis diversion, crisis triage, psychiatric hospitalization, etc. If PRN medications are used, indicate specifically what circumstances and/or target symptoms the PRNs are to be used for.

This section serves as the blueprint of the agreed upon coordinated plan to support the client during crisis. It is a source of critically important and useful information to guide support personnel who are engaged in supporting the client during crisis, both on site and those called in as additional resources.

COLUMN 1:

Symptoms of Increased Difficulty or Distress Ranked In Sequence

- Enter concrete, specific behavioral description of how the client presents at each stage of crisis.

- Possible causes/triggers: Enter working hypotheses of possible setting events, psychological, behavioral and/or environmental factors that may be contributing to the crisis at that stage.

COLUMN 2:

Interventions (Include Contact Names and Telephone Numbers)

- Enter specific intervention steps in the order of their implementation for each stage of crisis.

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- Specify who is to perform the intervention and use specific names of support persons as appropriate.
- List the person or position (e.g., On-call Program Manager) and the most direct access telephone number for each intervention.

SIGNATURE PAGE

Once the CSCP has been finalized, all persons and appropriate representatives from agencies or other individuals involved in supporting the client during a crisis sign the CSCP signature page.