



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: CROSS SYSTEM CRISIS PLANS POLICY 5.18

Authority: [Chapter 71A RCW](#) *Developmental Disabilities*

Reference: DDA Policy 5.14 *Positive Behavior Support Plans*

PURPOSE

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

BACKGROUND

Most individuals served by DDA who have ongoing behavioral health issues require collaboration and coordination across systems of care (family, residential, day program) and with other external agencies (e.g., Regional Support Networks (RSN), state hospitals, law enforcement, probation/parole staff, local mental health agencies, etc.). For these individuals, a Cross System Crisis Plan can guide service providers in delivering a coordinated and collaborative response to persons experiencing, or at risk of experiencing, a crisis.

SCOPE

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

Note: In certain cases, a CSCP may also be developed for adult clients residing at a Residential Habilitation Center (RHC). For more information, refer to Policy Section B.3.

POLICY

- A. CSCP will be completed for all adult clients who:
1. Are being discharged from a state psychiatric hospital to a community residence (excluding clients returning to jail following competency determination); **or**
 2. Pose a significant risk of residence 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;
 2. Are known to have been admitted to a community hospital or evaluation and treatment center for psychiatric evaluation and treatment; and/or
 3. Reside at an RHC if the client's interdisciplinary team (IDT) feels a CSCP would be beneficial.
- C. A CSCP benefits from the participation of all community-based service systems involved in the client's circle of support. Participation of family members, caregivers, residential and vocational service providers, DDA staff, mental health staff, law enforcement, community corrections/probation staff, state hospital staff, and others is essential when planning interventions for a CSCP.
1. If the client has any involvement with the Department of Corrections (DOC), the DOC staff that interacts with or supervises the client must be invited to participate in the CSCP meetings;
 2. If the client is residing at a state hospital, a representative from the hospital treatment team must be invited to participate in the CSCP development; and
 3. Representatives from local law enforcement agencies may be invited as appropriate.
- D. For clients who have Positive Behavior Support Plans (PBSP) for challenging behaviors, if a CSCP is determined necessary, the two plans must be congruent. It is not necessary to repeat all of the strategies described in the PBSP on the CSCP, but interventions for major behaviors should be the same.
- E. The CSCP must be reviewed yearly at the time of the client's annual assessment for services and whenever significant changes occur in the client's condition or circumstance.
- F. 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. The DDA Case Resource Manager (CRM), in consultation with the DDA Mental Health CRM (MH-CRM) and other members of the cross system team will make this determination (see Procedures, Section F).

PROCEDURES

- A. The CRM or designee, the DDA regional Mental Health Liaison or the Field Services Psychologist is responsible for calling and leading the CSCP development meeting. This includes:
1. Taking notes, as necessary;
 2. Gathering input from all meeting participants; and
 3. Creating and distributing the CSCP document.
- B. Following the CSCP development meeting, the CRM or designee completes the CSCP using [DSHS 10-272, Cross System Crisis 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.
- C. Once the CSCP has been finalized, the CRM or designee obtains the signatures of all representatives involved in the plan implementation. Failure to obtain all signatures shall not invalidate the plan.
- D. The CRM or designee 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.
- E. The CRM or designee will review and make changes, when necessary, to the CSCP as follows:
1. Yearly at time of annual assessment for services; and
 2. Whenever there are significant changes in the client's condition or circumstance, including, but not limited to, the following:
 - a. Admission to an evaluation and treatment center (E&T) or local psychiatric hospitalization;
 - b. After being in jail or repeated contact with law enforcement;
 - c. After use of transition or diversion bed services to avoid psychiatric hospitalization;
 - d. Critical behavioral incidents that suggest the client has decompensated or exhibited signs of declining mental health; and

- e. Other patterns of behavior that result in the client needing to change residences and/or housemates.
3. The CRM will document in the Service Episode Record (SER) the following:
 - a. The date the CSCP was reviewed;
 - b. Proposed changes or reasons the plan does not require changes;
 - c. Any collateral contacts made with team members; and
 - d. The outcome of the review (i.e., plan changed and distributed, no changes required at this time, etc.).
 4. The CRM will handle outdated plans or plans that are no longer necessary as follows:
 - a. Consult with the cross system team to determine if the plan is no longer necessary;
 - b. Make a notation and date on the CSCP document that the plan is outdated and/or no longer necessary, as appropriate;
 - c. Document in the SER that the CSCP is outdated and/or no longer necessary; and
 - d. File the discontinued CSCP according to client case file format instructions.
- F. Whenever the CSCP is revised, the CRM or designee 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 Deputy Assistant Secretary.

SUPERSESION

DDA Policy 5.18
Issued February 3, 2014

TITLE:

CROSS SYSTEM CRISIS PLANS

POLICY 5.18

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: September 1, 2014

Attachment A - Guidelines For Completing DSHS Form 10-272, *Cross System Crisis Plan*

ATTACHMENT A

GUIDELINES FOR COMPLETING DSHS Form 10-272, Cross System Crisis Plan

RATIONALE

A Cross System Crisis Plan (CSCP) is an individualized, written plan that provides a clear, specific, 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 during a behavioral or mental health crisis.

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 archived if the client has not used crisis services and has remained stable for at least 24 months. This decision rests with the DDA CRM in consultation with the DDA Mental Health Case Resource Manager (MH-CRM) and the client’s 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. See DDA Policy 5.18 for instructions on archiving CSCPs.

BASIC CLIENT INFORMATION SECTION

This section contains basic client information, including information related to diagnoses, communication style, medication, challenges, and at risk issues. This section serves as a quick reference to information that is important for on-site staff and/or responding support personnel/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 the Diagnostic and Statistical Manual of Mental Disorders (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.

Communication

Mark the client’s preferred communication method and use of alternative communication devices, as applicable.

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Preferred Language

Mark the language typically used by the client.

Challenges

Enter any vision, hearing, mobility and/or eating/swallowing challenges the client may experience.

Medication

Enter the name and telephone number of the contact for an updated medication list.

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.

SYMPTOM / BEHAVIOR AND RESPONSE SECTION

This section contains information that describes the client's particular symptoms/behaviors and the response to use to intervene and support the client through the crisis, including de-escalation techniques. For clients with a Positive Behavior Support Plan (PBSP), these interventions must be consistent. It is not necessary to repeat all of the strategies described in the PBSP on the CSCP, but interventions for major behaviors should be the same. The CSCP differs from the PBSP in that the CSCP outlines how residential, vocational, educational, mental health, Department of Corrections, law enforcement and any other supporting entity enters and intervenes in the crisis. Specific contact telephone numbers and contact names are documented on the plan.

Symptom/Behavior Description

Enter clear, specific behavioral descriptions of how the client presents during a crisis (i.e., increased/decreased sleep, increase in self-injurious behavior, unique signs of known medical issues, medication noncompliance, assaultive behavior, attempts to evade supervision, etc.).

Response

List specific interventions to use in response to the client's symptoms/behaviors, and when and who should be called for what purpose.

SIGNATURE PAGE

Once the CSCP is final, all persons and appropriate representatives from agencies involved in supporting the client during a crisis should sign the CSCP signature page.