Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: CROSS-SYSTEM CRISIS PLANS 5.18

Authority: Title 71A RCW *Developmental Disabilities*

Reference: DDA Policy 5.14 *Positive Behavior Support Principles*
DDA Policy 5.21 *Functional Assessments and Positive Behavior Support Plans*
DDA Policy 5.24 *Functional Assessments and Positive Behavior Support Plans: RHCs*

PURPOSE

This policy establishes procedures for developing an individualized Cross-System Crisis Plan (CSCP).

BACKGROUND

A 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. A CSCP can guide service providers in delivering a coordinated and collaborative response to a client experiencing or at risk of experiencing a crisis.

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

SCOPE

This policy applies to case resource managers (CRM) and Residential Habilitation Center (RHC) employees.

DEFINITIONS

Plan author means a DDA employee. In most cases the plan author is the client's case resource manager or other designated field services employee. For a client receiving services at an RHC, the plan author is a designated RHC employee.

RHC care plan means an individual plan of care for a client admitted to a nursing facility or an individual habilitation plan for a client admitted to an ICF/IID at a residential habilitation center.

POLICY

A. A CSCP must present as a quick overview and be easy to review within a very short period of time (less than one minute). This document should focus on crisis or emergent situations that do not require extensive processing by staff and crisis responders. 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.

B. A CSCP must be completed for a client who:

1. Is being discharged from a state psychiatric hospital to a community residence; or

2. Poses a significant risk of residence disruption due to a challenging behavior.

C. A CSCP is highly recommended for a client who:

1. Is admitted to a behavioral health diversion bed or is receiving DDA-funded diversion or stabilization services;

2. Has been admitted to a community hospital or evaluation and treatment center for psychiatric evaluation and treatment;

3. Is a high utilizer of community supports, such as hospital emergency departments, mobile crisis, law enforcement, 911, 988, and other first responders;

4. Resides at an RHC and the client's interdisciplinary team determines a CSCP would be beneficial;

5. Is being discharged from a Children's Long-Term Inpatient Program (CLIP); or

6. Is transitioning back to Washington from an out-of-state facility.

D. An effective CSCP is developed with involvement of a client's full circle of support. Participation of the client, family members, caregivers, residential and vocational service providers, DDA staff, mental health staff, dispatch and first responders, community corrections or probation staff, hospital staff, Apple Health MCO, and others is essential when planning interventions for a CSCP.

1. If the client has any involvement with the Department of Corrections (DOC), the CRM must invite the DOC employee who interacts with or supervises the client to participate in the CSCP development.

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.

3. If the client has any involvement with Wraparound with Intensive Services (WISe):

a. The WISe clinician or representative must be invited to participate in the CSCP development;

b. The WISe representative or agency must be the designated contact in a crisis situation rather than reaching out to a designated crisis responder.

4. Consider including additional community supports, if applicable, such as:

a. Juvenile Rehabilitation;

b. Adult Protective Services;

c. Applied Behavioral Analysis (ABA) providers;

d. School staff;

e. Outpatient service providers, such as PACT, CLIP, and stabilization support providers; and

f. Case worker from the Department of Children, Youth, and Family Services.

5. Representatives from local first responder agencies may be invited as appropriate.

E. For a client who has a positive behavior support plan (PBSP), if a CSCP is determined necessary, the two plans must be congruent. The CSCP is not intended to repeat all of the

strategies described in the PBSP. Interventions should be described in simple, clear, and concise language that explains how staff should respond to target behaviors and who to contact when a PBSP intervention is no longer effective.

F. Frequent use of a CSCP may warrant further consideration by the cross-system team regarding the strategies identified in this plan and other related support plans and their effectiveness in addressing the client's needs during periods of crisis. If the identified strategies are no longer effective, the plan(s) should be updated.

G. The CRM or plan author must review and update the CSCP if a significant change occurs in the client's condition or circumstance. The plan author must be a DDA employee.

PROCEDURES

A. The plan author must arrange and lead the CSCP community partners meeting. If necessary, the DDA regional Mental Health Liaison or the Field Services Psychologist may be available to assist. Arranging and leading the CSCP development meeting 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 community partners meeting, the plan author must complete the CSCP using DSHS 10-272, *Cross-System Crisis Plan,* and distribute the draft document to meeting participants and others for review as necessary. For detailed guidelines on completing the CSCP form, see Attachment A.

C. Once the CSCP has been finalized, the plan author must obtain the signature of the client, and guardian if applicable, before signing the plan. The plan effective date is the date the plan author signs the plan.

D. The CRM or DDA plan author must distribute the final CSCP to all service providers, family members, caregivers, law enforcement, and others who may be involved in supporting the client during or immediately following a crisis.

E. At the time of the client's annual DDA assessment or RHC care plan, the existing CSCP is no longer considered current and must be archived. If the CRM or RHC employee determines, in consult with other members of the client's cross-system support team that a CSCP continues to be warranted, the CRM or RHC employee must solicit feedback from the team to develop an updated CSCP and distribute the plan as indicated in Procedures Section D.

F. If the CSCP was developed or modified less than 90 days before the client's annual DDA assessment or RHC care plan a new CSCP is not required and:

1. The CRM must note in a service episode record that the CSCP was reviewed and remains current; or

2. The RHC employee must note in the electronic health record that the CSCP was reviewed and remains current.

G. In consultation with the cross-system team, the CRM or RHC employee must review and make changes, when necessary, to the CSCP when there is a significant change in the client's condition or circumstance, including:

1. Admission to an evaluation and treatment center or psychiatric hospital;

2. After being in jail or repeated contact with law enforcement or first responders;

3. After accessing diversion bed services or receiving services from a stabilization, assessment, and intervention facility;

4. When critical behavioral incidents suggest the client has decompensated or exhibited signs of declining mental health;

5. A change of address or other transition that affects who must respond or be contacted in a crisis situation, including changes in MCO, healthcare provider, or mental health provider; or

6. Other patterns of behavior that result in the client needing to change residence, housemate(s), or residential providers.

H. The CRM must document in the service episode record, or the RHC employee must document in an electronic health record, the following:

1. The date the CSCP was reviewed;

2. Proposed changes or reasons the CSCP does not require changes;

3. Any contact made with cross-system team members; and

4. The outcome of the review (e.g., plan changed and distributed, no changes required at this time).

I. After revising a CSCP, the plan author must distribute the new plan and request that all recipients properly dispose of the former document and replace with the new plan.

J. When addressing outdated plans or plans that are no longer necessary:

1. The RHC employee must:

a. Consult with the cross-system team to determine whether the plan is necessary;

b. After consulting with the cross-system team and reaching consensus that the plan is no longer needed, document that contact and the decision in a the client's electronic health record.

2. The CRM must:

a. Consult with the cross-system team to determine whether the plan is necessary;

b. After consulting with the cross-system team and reaching consensus that the plan is no longer needed, document that contact and the decision in a service episode record;

c. Upload the discontinued CSCP to the Records Management Tool and index under "DDA Cross-System Crisis Plans"; and

d. Annotate on the client file copy that the CSCP is outdated, no longer necessary, or both.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSION

DDA Policy 5.18, Cross System Crisis Plans
Issued September 1, 2014

Approved: _____ Date: October 1, 2023
Deputy Assistant Secretary
Developmental Disabilities Administration

Attachment A—Guidelines for Completing DSHS 10-272, *Cross-System Crisis Plan*

CLIENT INFORMATION

This section of the plan 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 responding support personnel and agencies.

Identifying Information
Enter the names and direct access telephone numbers for the client, the client's legal representative, and the cross-system support personnel as indicated. A direct access telephone number means the phone number that connects to a specific person, or after-hours number, rather than a voicemail inbox or phone tree.

Mental Health Diagnosis
Enter all current diagnoses from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5 TR) as indicated. If a client's diagnosis changes, the plan author should update this section accordingly. For example, if a client is diagnosed by a health care professional with a new medical mental health condition, update this section.

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

Preferred Language
Mark the language typically used and understood by the client.

Least Restrictive Alternative
Indicate whether the client has an active LRA, the expiration date of the LRA, and the name and contact information for the agency responsible for monitoring the LRA.

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

Medication
Enter the name and telephone number of the contact for an updated medication list. If supported by a residential agency, list the agency's number and staff person's title rather than an individual staff member's contact information.

Risk Issues
Check the box identifying any known risk issues and enter brief descriptions of the selected risk issues that pertain to the client. Be sure to include health, safety, and environmental risk issues.

SYMPTOMS, BEHAVIORS AND RESPONSES

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 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 and Behavior Description: Provide a description of how the client may present and what behaviors may be observed when in crisis.

Enter clear, specific behavioral descriptions of how the client presents during a crisis in bulleted format (e.g., increased or decreased sleep, increase in self-injurious behavior, unique signs of known medical issues, medication noncompliance, assaultive behavior, attempts to evade supervision, verbalizing threats of SIB or harm to others or property).

Action: Describe the appropriate outside intervention for each symptom or behavior exhibited.

Not all behaviors warrant an immediate call to 911. List specific actions or interventions in bulleted format corresponding to the symptoms and behaviors indicated above, when and who should be called and what should be conveyed (e.g. what information should be stated to achieve the desired outcome). This may be a call to a therapist, a family member, a residential provider's on-call number, etc. This section may include brief scripts to use when contacting specific responders (e.g., advise 911 operator that client is threatening self-harm or harm to others and has a weapon).

SIGNATURE PAGE

Once the CSCP is final, the client, their legal representative if applicable and the DDA plan author should sign the CSCP signature page. Additional entities who contributed to the plan development will be listed below the signatures as indicated on the form.

PLAN DISTRIBUTION

The CRM is responsible for distributing the plan to the client, guardian if applicable, and all others who may be involved in supporting the client during or immediately after a crisis.