

CROSS SYSTEMS CRISIS PLAN GUIDELINES

RATIONALE

A Cross System Crisis Plan (CSCP) is an individualized, client-specific written plan of response that provides specific, clear, concrete, and realistic set of protective supportive interventions that prevents, de-escalates and protects a client experiencing a mental health or behavioral health 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 also protect caregiver staff.

For the client’s “on site” circle of support (caregivers, family, others) the CSCP provides a coherent, coordinated, plan that assures their ability to react effectively and to provide and enlist the assistance of additional supportive resources when necessary in attempts to de-escalate a client and to assure the safety of the client and others. Other systems support typically include: case managers, psychologists, residential/vocational provider, supervisory staff, family, mental health crisis responders, emergency medical and law enforcement, psychiatric care, medical care, respite, crisis diversion, and hospitalization resource providers.

For other support personnel involved in the crisis support of the client, the CSCP provides a coherent plan that provides a clear strategy to react and assist effectively in a coordinated manner with the client’s “on site” circle of support. The CSCP can also identify additional resources when necessary to prevent or de-escalate the acute circumstance and to assure the safety of the client and others.

The need for an individualized Cross Systems Crisis Plan (CSCP) arises out of the health and safety risk as a result of potential/known environmental, behavioral or psychiatric difficulties. Providing this kind of support requires a clear understanding and competence from the responder.

While the onset of a crisis is particular to an individual client, the sense of an increasing loss of control that, if left unattended could result in a mental health crisis, behavioral episode and/or an individual becoming a danger to self or others is a critical criteria for identifying a crisis to be addressed by a CSCP,

including the assistance required of the client's on site circle of support and outside supports when necessary.

CSCP preventative/protective/supportive intervention procedures are based on an understanding of systemic and environmental issues as well as an individual client's escalating behaviors and/or psychiatric de-compensation. The escalation of difficulties often occurs over time or in "stages", based on a combination of setting events, internal states and/or environmental factors that may be influencing or contributing factors.

The emphasis on the elicitation of external supports (including those found outside of the circle of support in the current environment) generally increases when the client's difficulties progress from one stage of difficulty to another.

PROCEDURE

The development of a viable CSCP is typically best accomplished in the context of a CSCP development meeting chaired by a designated professional on the team. The meeting includes the active participation of the persons who know the client well, other stakeholders, and representatives from each and all of the systems involved in supporting the client during a crisis. It typically includes; family caregivers, residential and vocational staff, DMRS staff, mental health and other health care providers and others as necessary.

The designated Chair is responsible for calling and leading the CSCP development meeting gathering input from all meeting participants, and for the creating of the CSCP document.

The designated Chair completes the CSCP draft after the CSCP development meeting and distributes the draft document to meeting participants and others.

Once the CSCP has been finalized, all representatives of the team review and sign the plan.

The final version of the CSCP is distributed to all supporting persons and agencies that will be involved in supporting and or treating the client.

Changes to the CSCP are made as is appropriate. The CSCP is reviewed for efficacy by the support team each time it is utilized, and on at least an annual basis as part of the ISP review. The CSCP should also be reviewed whenever there are significant changes in the client's condition or circumstance, including a diversion bed admission.

COMPONENTS

Part 1 Face Sheet:

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

Demographics: Identifying Information

Complete all information as needed.

Mental Health Diagnosis

Enter current Diagnoses in DSM IV as indicated. Be sure to include all Axes'.

Insurance Information

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

Medication

Provide a list of medications as of the date of the plan.
List all known medication allergies. (In bolded type)

Medical Concerns

Enter brief description of medical concerns to consider. Include known medication reactions if any.

The next two areas contain 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. In addition, knowing the likes and dislikes of the individual is essential when attempting to avoid or diffuse a potential crisis.

Communication Style

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

Strengths/Skills/ Interests

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

Providers

Please provide a list of providers and contact information in this section as indicated.

Part II: General Guidelines

These include sections for:

General patterns of behavior and personality traits; a description of the home environment (enter information regarding client's typical daily activities: performance of ADLs, and home related tasks, social, family, personal interest, vocational, community contacts);

factors that may increase stress for the individual (includes a description of client's capacity/ability to handle stress: particular types of stress that client handles well verses types of stress client handles poorly, and level of staff support client needs to handle stress). Also include likes and dislikes;

history of legal involvement, if any;

situations that have historically lead to hospitalization; and

alternative supports/ resources recommended to avoid hospitalization.

Section III; multimodal analysis of behaviors

Include contributing factors, antecedents and triggers to difficulties. Provide a "map" for support staff to follow to intervene effectively to prevent and assist in times of crisis. Present interventions and delineate responsibilities for team members.

Contains information that describes each stage of the client's particular crisis scenario(s) from the initial crisis stage one through progressive stages of crisis, including behavioral presentation, possible causes of the crisis, and supportive intervention strategies.

Crisis stages typically range from three to five 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, they 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, physical/ medical discomfort, 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 medical intervention, change in schedule to address boredom, decreased stimuli to prevent over-stimulation, medication to improve sleep, etc.

Stage 2 is typically characterized by an escalation in the client's demeanor, behavior, or attitude that indicates to onsite support persons that stage one intervention strategies have been unsuccessful, and that the client is experiencing increased difficulty. Onsite support persons become concerned regarding their ability to assure the safety of all and to successfully de-escalate the client. 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.

Stages 3 and Above are typically characterized by a further escalation in the client's demeanor, behavior, or attitude that indicates to then onsite support persons that stage two intervention strategies have been unsuccessful and that something disruptive or disturbing has clearly occurred. In Stage 3 and above, the client has lost control and has escalated to the point of clearly posing an increased health and safety risk to self or others. Onsite support persons are clearly concerned regarding their ability to assure the safety of all and to successfully de-escalate the client. During these stages, on site persons seek additional supportive resources from others identified systems and consider the advisability of alternate support setting such as crisis diversion, crisis triage, psychiatric hospitalization, etc.

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, both on site and those called in as additional resources, who are engaged in supporting the client during crisis.

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.

Interventions (Include Name of Contact(s) and Telephone Numbers)

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

Specify who is to perform the intervention, and use specific names of support persons as is appropriate.

List the person (or position, for example "On-call Program Manager") and the most direct access telephone number within the intervention description.

Part IV: Disposition Recommendations

Emphasize 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 do are not familiar with the client and want to interact positively with him or her.

Also include interventions to avoid. Enter information regarding ways that do not work well when approaching, interacting, and communicating with the client.

List hospitals, respite or emergency service options that are recommended for this individual and services that the individual has not benefited from in the past.

Part V: Back-up protocol

It is section is essential to ensure that the system functions optimally in support of the individual in need. There are times that the information in Section III should be bypassed when it is clear that immediate assistance is needed. This is the section where staff members will go to get immediate support from back-up systems.

Please describe in detail, the person's emergency back-up system before the crisis team is contacted.

The next section describes, in detail how and when to access crisis/emergency services.

Part VI: Cross-Systems Crisis Prevention And Intervention Plan Signature Page

Once the CSCP has been finalized, the client (only when appropriate), stakeholders, and all persons and designated representatives from all agencies involved in supporting the plan or services suggested in the plan sign the CSCP.

The final version of the CSCP is then distributed to all parties.