



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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To: Joint Legislative Oversight Committee Members on HHS State Facility Directors
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County Board Chairs NC Association of County DSS Directors
NC Council of Community Programs

From: Dave Richard




**Communication Bulletin # 139: Person-Centered Crisis
Prevention and Intervention Plan and Crisis Plan
Training Element**

Person-Centered Thinking and Planning is a fundamental part of implementing North Carolina’s service array for people receiving mental health, intellectual-developmental disabilities and substance abuse services. The standardized crisis plan, which is a component of the Person-Centered Plan, was implemented in April of 2006. Based on significant stakeholder feedback, a strong focus on decreasing the number of individuals presenting to and/or remaining in emergency departments, and the need to take a more comprehensive approach with an emphasis on promotion, prevention, treatment, rehabilitation, care and recovery, the Person-Centered crisis plan has been revised.

The crisis plan will remain a required part of the Person Centered Plan. However, effective October 1, 2013, the Person Centered Plan will include a more comprehensive crisis plan. To allow for more effective and efficient transition, the plan must be fully implemented by January 1, 2014; however, providers may begin using the comprehensive plan as soon as October 1, 2013.

The revised comprehensive plan will be required for individuals who meet criteria defined as being at higher risk for a crisis incident (see Person Centered Comprehensive Crisis Plan Criteria table below). All other individuals that receive enhanced services are to continue to have the current one page Person-Centered Crisis Plan developed.

The revised comprehensive plan will be assessed of its value and effectiveness approximately three months post implementation. The assessment will be based on summative, qualitative/quantitative measures, and a formal meeting of consumers and stakeholders to seek feedback on its “real-world application.”

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Additional components of the Comprehensive Crisis Plan include:

- **Guidance document** - The document can be found under the first tab of the plan and will provide direction on the required core elements that should be included in Crisis Plan Development and Implementation.
- **Crisis Plan Training** - In an effort to ensure that additional costs are not incurred, the Department of Health and Human Services will not require a specific "Crisis Plan Training." Rather, it will be the responsibility of the local management entity (LME-MCO) and/or provider to utilize a required existing curriculum (i.e. Person Centered Planning and Thinking, Crisis Intervention Training, etc.) to address the core elements identified in the "Guidance Document," as well as tailor the curriculum in a way that will best complement the LME-MCO's philosophy, catchment area and crisis service system. Existing employees will be "grandfathered in" and will not be required to receive training of the Crisis Plan Core Elements until their annual re-certification. (NOTE: Training on Crisis Plan Core Elements is required for both the existing one-page plan and the new comprehensive plan.)

Individuals who meet the following criteria are required to have a comprehensive plan as of January 1, 2014 as they are defined as being at higher risk for a crisis incident:

Person Centered Comprehensive Crisis Plan Criteria
<p><u>Child Mental Health:</u> The following enrollees are considered a part of the Special Healthcare Needs Population:</p> <ul style="list-style-type: none"> • Children who have a diagnosis within the diagnostic ranges defined below: 293-297.99 298.8-298.9 300-300.99 302-302.6 302.8-302.9 307-307.99 308.3 309.81 311-312.99 313.81- 313.89 995.5-995.59 V61.21 AND current CALOCUS Level of VI; or • Children with a mental health (MH) or substance abuse (SA) diagnosis who are currently, or have been within the past 30 days, in a facility (including a Youth Development Center and Youth Detention Center) operated by the Department of Juvenile Justice (DJJ) or Department of Corrections (DOC) for whom there has been notification of discharge.
<p><u>Adult Mental Health:</u> Adults who have a current LOCUS Level of VI and a diagnosis within the diagnostic ranges of: 295-295.99 296-296.99 298.9 309.81</p>
<p><u>Substance (non-Opioid) Dependent:</u> Individuals with a substance dependence diagnosis AND current ASAM PPC Level of III.7 or II.2-D or higher.</p>
<p><u>Opioid Dependent:</u> Individuals with an Opioid dependence diagnosis AND who have reported to have used drugs by injection within the past thirty days.</p>
<p><u>Co-occurring Diagnoses:</u> The following enrollees are considered a part of the Special Healthcare Needs Population:</p> <ul style="list-style-type: none"> • Individuals with both a mental illness diagnosis and a substance abuse diagnosis AND current LOCUS/CALOCUS of V or higher OR current ASAM PPC Level of III.5 or higher.
<p><u>Intellectual Developmental Disabilities Diagnosis (Not on Innovations Waiver):</u> Individuals who:</p> <ul style="list-style-type: none"> • Have been referred to or discharged from NCSTART; • Have been referred to or discharged from a Developmental Center; • Have received two unplanned restraints in one quarter.

In addition to the above, the following criteria should be used to identify high risk individuals:

1. Enrollees who do not appear for scheduled appointments and are at risk for inpatient or emergency treatment; or
2. Enrollees for whom a crisis service has been provided as the first service in order to facilitate engagement with ongoing care; or
3. Enrollees discharged from an inpatient psychiatric unit or hospital, a Psychiatric Residential Treatment Facility, or Facility-Based Crisis.

The revised Person-Centered Crisis Prevention and Intervention Plan can be found at the following weblink:

<http://www.ncdhhs.gov/mhddsas/providers/personcenteredthinking/forms.htm>

In order to ensure effective crisis intervention practices, it is important that there is timely access to critical information, and on-going coordination and collaboration. With the person and/or guardian's informed **consent***, the crisis plans should be uploaded to a computer and a paper or electronic copy made available to:

1. Individual for whom the plan was designed.
2. Service providers, including, but not limited to: Peer Support Specialists, First Responders, Mobile Crisis Teams, NC START, etc.
3. LME-MCO call center (day-time and after-hours) personnel and care coordinators. (Note: The call center or care coordinator will send the crisis plan to an emergency department (ED) when referring an individual or when the ED contacts the LME-MCO call center regarding an individual in crisis.)
4. Primary care physicians
5. Law enforcement
6. Legal guardian(s)/family members
7. Residential providers
8. Others as needed.

* *For individuals with a substance abuse diagnosis, the consent must meet the requirements set forth in 42 CFR Part II (Subpart C § 2.31).*

If you have any questions concerning the use of this revised format or the accompanying instructions, please email contactdmh@dhhs.nc.gov.

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