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Improving Mental Health and Substance Abuse Crisis Services in North Carolina

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Crisis Solutions Initiative Memorandum: Revisions to Person-Centered Crisis Prevention and Intervention Plan

Benjamin Franklin wrote that "by failing to prepare, you are preparing to fail," and when the persons we serve end up in crisis, we have surely failed. The purpose of the Comprehensive Crisis Prevention and Intervention Plan is to help individuals receiving services "prepare to succeed" by developing with them a plan that details the steps to prevent a crisis from occurring, and to intervene quickly and effectively to prevent a catastrophe when a crisis cannot be averted.

The Comprehensive Crisis Prevention and Intervention Plan template, released via Communication Bulletin #139 in September 2013 with instruction for full implementation in January 2014, was designed in collaboration with a diverse set of stakeholders including mental health, developmental disability, and substance abuse ("MH/DD/SA") professionals, persons served and family advocates, LME-MCOs, and provider agencies. As indicated in that communication, the Division of MH/DD/SAS continued to assess the value and effectiveness of the new plan after a full quarter of implementation. Concerns, questions, and recommendations were accepted from stakeholders via email, a formal survey, and through a number of discussion forums. The Comprehensive Crisis Prevention and Intervention Plan has now been further refined following the feedback from the field. This memo introduces the "new and improved" Comprehensive Crisis Prevention and Intervention Plan (CCP) which you will find attached to the email from which you received this memorandum.

Although crisis planning takes a considerable investment of time, we believe this is an investment worth making. When individuals who receive services in our system experience crises, they risk losing all they have struggled to achieve in recovery — jobs, housing, relationships, their health, and sometimes even their lives.

Effective Comprehensive Crisis Prevention and Intervention Plans may not only prevent people from experiencing these losses, but will help us become better shepherds of our state's resources by reducing our over-dependence on hospital emergency rooms, inpatient facilities, and other intensive and expensive crisis services. We believe these plans reflect the wisdom of another Benjamin Franklin adage that, "an ounce of prevention is worth a pound of cure."

In addition, this memo provides answers to frequently asked questions identified in the recent survey about the CCP, and provides additional guidance concerning the crisis planning requirements. Full instructions for use of the CCP are now included within Tab 1 (Training and Essential Elements) of the Excel version of the CCP itself. The most notable change is the simplification of criteria for who must have a plan.

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Please note that the guidance provided here and within the new CCP template supersedes any previous instructions in Communication Bulletin #139: Person-Centered Crisis Prevention and Intervention Plan.

Frequently Asked Questions (FAQs) Regarding the Comprehensive Crisis Prevention and Intervention Plan

For whom should the Comprehensive Crisis Prevention and Intervention Plan be constructed?

The CCP is designed to be one section of a Person-Centered Plan that can also be easily extracted as a stand-alone document for the purpose of easy distribution. **ALL individuals who have Person Centered Plans MUST also have completed Comprehensive Crisis Prevention and Intervention Plans.**

In addition, the CCP is **RECOMMENDED** for all individuals who are at significant risk of experiencing crisis events, including those who may only be receiving basic benefit services. This would include persons who have, within the past 12 months, been psychiatrically hospitalized or received inpatient treatment for a substance use disorder, who have been arrested, attempted suicide, or used crisis services (i.e., mobile crisis team, facility-based crisis or non-hospital detox unit, walk-in crisis, use of a hospital's emergency department for reasons related to psychiatric illness or a substance use disorder, or NC START).

Who is responsible for constructing the Comprehensive Crisis Prevention and Intervention Plan?

The CCP should be developed by the primary clinician or provider who completes the Person Centered Plan (PCP), in collaboration with the person served, and perhaps with input from others who know him/her well. Developing a comprehensive crisis plan requires a good working relationship and the in-depth knowledge of a person's strengths and needs that a primary provider would have. Please note that general characteristics / preferences section of the crisis plan should not reflect only the views of the individual *or* only the opinion of the clinician, but should be completed in a truly collaborative fashion, reflecting both the preferences of the person *and* the best clinical judgment and expertise of the clinician.

Note that, although mobile crisis teams are responsible for developing abbreviated one-page crisis plans, or "hot sheets," mobile crisis teams should not be charged with developing comprehensive crisis plans with consumers, unless the mobile crisis team is the typical and most constant provider of service for the individual. Likewise, professionals in facility based crisis programs, inpatient psychiatric hospitals or emergency rooms should not have responsibility for developing comprehensive crisis plans for their patients.

When should the Comprehensive Crisis Prevention and Intervention Plan be constructed and updated?

Constructing a crisis plan requires careful thought and knowledge of the person for whom it is being developed. The plan should not be developed when a person is in the midst of a crisis, as thoughtful planning is often difficult to accomplish at such times. Although it does not need to be developed at the initial intake meeting, it should be completed early in the treatment process, and in conjunction with Person Centered Planning guidelines.

The Comprehensive Crisis Plan should be updated on the same schedule as the PCP, AND/OR shortly after any crisis episode occurs, AND/OR anytime there is a significant change in the course of treatment -- including medication changes.

Can we modify the format of the form?

The format of the form may be modified to fit your electronic health record, as long as the content of the form and order in which questions are asked on the form is preserved.

An LME-MCO or provider agency may also choose to format the CCP as a Word document rather than an Excel template should that meet your business process needs, as long as the content of the form and order in which questions are asked on the form is preserved.

A number of questions on the PCP are repeated in the Comprehensive Crisis Prevention and Intervention Plan. Will DMH develop a version of the CCP that automatically populates fields that are redundant with questions on the PCP?

Each LME-MCO is permitted to have its own process and forms for CCPs. While the Division of MH/DD/SAS will not be developing a form that will auto-populate fields on the CCP, the LME-MCOs may develop forms that have this capacity.

If we complete the Comprehensive Crisis Prevention and Intervention Plan, do we also need to complete the one page crisis plan?

No. The construction of the CCP eliminates the need for the former standard crisis plan.

What has changed in the newly revised Comprehensive Crisis Prevention and Intervention Plan?

The attached Crosswalk of Changes document shows the changes that have been made to improve the Comprehensive Crisis Prevention and Intervention Plan.

We hope that the guidance contained in this memo and in the attached documents provides direction and greater clarity regarding the Comprehensive Crisis Prevention and Intervention Plan requirements. Further inquiries and comments regarding the CCP may be addressed to contactdmh@dhhs.nc.gov.