Development of the Person-Centered Plan: The Profile Page
“What People Like and Admire”

• Why is it important to know what people like and admire about the consumer?
  o Build on the individual and families strengths, gifts, and skills
“What’s Important To”

• This is a list of what really matters to the consumer from their perspective – it is detailed and specific and can include:
  o Who the important people are in the consumer’s life and how they spend time together
  o Important activities and hobbies including the frequency of these activities and hobbies
  o Any routines that are important to the consumer
“How Best to Support”

• A list of preferred ways of how to support the consumer, things that allow the consumer to remain healthy and safe in the community, including:
  o What others need to know….
    • Does the consumer have a specific medical or mental health issue that others should know about?
  o What others need to do to be supportive of the consumer…
    • Are there times when the consumer needs help in managing their medical or mental health issues?
“How Best to Support”

• Also list things that others involved in this process tell you are important FOR the consumer, including issues of health and safety and related risk factors
  o This uses the person centered thinking skill of seeking a balance between what is “important to” and “important for” a person
    • How any health problems are being addressed/supported, i.e., linkage to their primary care physician or specialist, coordination with CCNC, or referral to the health department
    • What safety/risk factors exist and how are they being addressed, i.e., coordination with schools, DJJ and/or DSS, safety plan for the consumer
“What’s Working/Not Working”

• Determine what is working and needs to remain the same or be enhanced
  o A collection of events, people, relationships, issues, and activities/interventions identified as being effective in helping to improve the consumer’s situation and reduce stress or other negative factors

• Determine what is NOT working and needs to change
  o What does the consumer want to change about their life?

• What are the most pressing issues in the consumer’s life that need to be addressed?
Action Plan/Goals/Interventions

• Elements of the Action Plan are based on the information gathered on the One-Page Profile, the Comprehensive Clinical Assessment, and any other documentation that supports medical necessity.
Action Plan/Goals/Interventions

• **Health and safety** – to protect the consumer’s health and safety their health and safety risk factors that are recorded on the One-Page Profile, “How Best to Support” section, must be addressed in the Action Plan with supports and back-up plans aimed at minimizing risk
  
  o Risk should be addressed by helping the consumer look at ways to be safe within the choices made
Goals are person-centered, NOT service-centered

- Goals should be specific and descriptive of the consumer and how they exhibit the specific behavior being targeted.
- Interventions should always be clinically reasonable and age appropriate to the consumer.

Action Plan/Goals/Interventions
Person-Centered Crisis Prevention and Intervention Planning
Crisis Prevention and Intervention Plan

- In August 2014 the Comprehensive Crisis Plan was revised (see [www.crisissolutionsnc.org](http://www.crisissolutionsnc.org) for details and documents)

- ALL individuals who have Person-Centered Plans MUST also have a completed Comprehensive Crisis Prevention and Intervention Plan

- In addition, the Comprehensive Crisis Prevention and Intervention Plan is RECOMMENDED for all consumers who are at significant risk of crisis events including those in basic benefit services
Additional High Risk Indicators to Consider

• Consumers who have, within the past year:
  o Been psychiatrically hospitalized or received inpatient treatment for a substance use disorder
  o Been arrested
  o Have attempted suicide
  o Have used crisis services (i.e. mobile crisis team, facility-based crisis or non-hospital detox unit, walk-in crisis, NC START, or use of a hospital’s emergency department for reasons related to psychiatric illness or substance use
Comprehensive Crisis Plan

• The Comprehensive Crisis Plan consist of three pages in Excel format and all three pages and all applicable elements must be completed

• Many of the cells contain drop-down options

• For cells without a drop-down option, if the requested information does not apply leave the cell blank

• The first tab of the plan entitled “Training Elements-Instructions” provides direction on the required core elements to be included in the Crisis Plan development and implementation
Developing the Crisis Plan

- Should be developed by the primary clinician or provider who completes the Person-Centered Plan (PCP) in collaboration with the consumer, as well as with input from others who know the consumer well.
  - 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 consumer.
Developing the Crisis Plan

• Should be developed by the primary clinician or provider who completes the Person-Centered Plan (PCP) in collaboration with the consumer, as well as with input from others who know the consumer well
  o Professionals in facility based crisis, inpatient psychiatric hospitals or emergency rooms should not have responsibility for developing comprehensive crisis plans
Before You Start

• Read the Training Elements-Instructions tab before you start

• Have correct and updated information available:
  o Phone numbers
  o Spelling of names, etc.
  o Medication names and doses
  o Insurance information
Who Has Input?

• The consumer
• The consumer’s guardian, if applicable
• Anyone the consumer identifies and approves
• This should include:
  o Anyone the consumer considers as a support person
  o Anyone who attends treatment team meetings
  o Anyone listed on the crisis plan
  o Anyone involved with developing the PCP
Comprehensive Crisis Plan

- Click on the tabs at the bottom of the screen to navigate between the three pages of this document

- Do not change anything on the “Data Validation” tab
Comprehensive Crisis Plan

• Requires the inclusion of additional information (page 1):
  o Living situation
  o Employment
  o Communication style
  o Medications and allergies
  o Medical/dental concerns
  o Diagnoses
  o LME/MCO contact information
Call For Help!

• Describe the system’s prevention and intervention options that are available to support the individual (page 2)
  o Who should be called, and in which circumstance?
    • When (hours of availability)?
    • How can they be reached?
  o Include *all* known contact information:
    • Contact names
    • Phone numbers
• This is a lifeline – be specific and thorough
Unhelpful Interventions

- “Call 911” and “Go to the nearest ER” are generally inappropriate and inadequate first steps.
- Referral to the hospital or 911 should be for life-threatening emergencies or when no other interventions have worked.
Call for Help in a Crisis

Alliance Health Access and Information Line available toll-free 24/7/365

(800) 510-9132
Triggers of Crisis

- List any significant events that may create increased stress and trigger the onset of a crisis (page 3)

  - Anniversaries
  - Holidays
  - Noise
  - Change in routine
  - Pain or discomfort
  - Unmet medical needs
  - Smells/flavors
  - Seeing former abusers
  - Seeing former dealers
  - Places where abuse or substance use occurred
  - Going to court
Triggers of Crisis

• Describe what one may observe when the person goes into crisis:
  o Facial expressions
  o Behavior (crying, swearing, smoking more, picking fights, withdrawing, pacing, rocking, etc.)

• Include lessons learned from previous crisis events
  o Learn from every crisis
Triggers of Crisis

• List crisis prevention and early intervention strategies that were effective
  ○ What has worked in the past?
  ○ Consider what *did not* work in the past
  ○ What interventions made things worse?

“I'll have an ounce of prevention.”
Triggers of Crisis

- Strategies for crisis response and stabilization:
  - Focus first on natural and community supports
  - Begin with least restrictive steps
  - Include process for obtaining back-up in case of emergency
  - Include respite options, if available
  - List everything you know that has helped this person become stable
Specific Interventions During a Crisis

- This information is for use at a crisis service, most likely by staff who do not know this individual/family well or at all
  - What do they need to know or do immediately?
  - What to do and what not to do
- Incorporate information gathered from the interviews on the first page of the PCP
Tips

• Be specific about relapse prevention strategies
• Focus on the least restrictive measures
• Consider alternatives to hospitalization
• Include completion of incident reporting
• Clarify roles of all people involved in crisis prevention and intervention
• Ensure strategies are individualized, age appropriate, and reflect the consumer’s preference for intervention
When Does the Plan Get Started?

“With the individual and/or guardian's permission, the crisis plans should be uploaded to a computer and a paper or electronic copy made available.” – DHHS CB 139
Who Gets a Copy?

• With consent of the consumer or their guardian:
  o Individual for whom the plan was designed
  o Legal guardian(s)/family members
  o Service providers, including local crisis facilities
  o LME-MCO call center
  o Primary care physicians
  o Law enforcement
  o Residential providers
  o Hospital and/or ER staff
  o Others as needed
Disclosure of Crisis Plans

RMDM 2009, APSM 45-2, Section 12-4, Documentation Requirements When Disclosing Information, states:

• At a minimum, provider agencies must keep a release and disclosure log in the individual’s service record that contains the following information:
  o Name of the individual
  o Medical record or ID number
  o Date the information was released/disclosed
  o Provider/entity/agency/individual to whom information released
  o Purpose of the release/disclosure
Disclosure of Crisis Plans

RMDM 2009, APSM 45-2, Section 12-4, *Documentation Requirements When Disclosing Information*, states:

- At a minimum, provider agencies must keep a release and disclosure log in the individual’s service record that contains the following information:
  - Description of the specific information released/disclosed
  - Name of person disclosing the information (not required, but recommended)

- Providers **must** have policies and procedures in place that ensure compliance with privacy and confidentiality rules.
Questions?

• Read the PCP Instruction Manual
• Review the tips on the first tab
• Ask your supervisor for help
Crisis Plans

• Not only the triggers, but prevention and intervention strategies should be individualized and person-centered to the specific consumer and their specific triggers

• The Crisis Plan is an individualized template to be used by the consumer, as well as, others (family, schools, crisis services) so that they know how to best assist the consumer during a time of crisis

• Crisis Plans need to be reviewed and updated monthly during your PCP reviews and especially following a crisis