

## Crisis Prevention and Response

[Much of the information that follows is from the NC Practice Improvement Collaborative]

There has long been a need for more comprehensive crisis services for people with autism and other developmental disabilities. In 2006, the North Carolina Practice Improvement Collaborative ([www.ncpic.net](http://www.ncpic.net)) outlined a set of principles upon which community-based crisis services for people with developmental disabilities should be based, stating, “An effective crisis management system is key to individuals remaining in their homes and leading healthy and productive lives.”

### Key principles:

- Crisis services for individuals with developmental disabilities must address factors in areas such as social-emotional, health, financial, family, and environmental as well as possible psychiatric issues.
- Every individual’s person-centered plan should have an individual crisis prevention plan, health/safety plan, and positive behavioral support plan as appropriate.
- All citizens with developmental disabilities should have access to an array of crisis response options that are flexible and part of the community.
- LME/MCOs have a vital role in advancing, promoting, and overseeing an effective crisis-management system for individuals with developmental disabilities.
- The funding should support prevention and intervention services, including training, technical assistance, and direct services by professionals with knowledge of the needs of people with developmental disabilities to ensure the fidelity of the services with a community team support focus.
- Encourage the development of a model that provides access to expanded resources, including specialized community support services and professionals designed to prevent or address crisis situations. Such resources may include psychologists, behavioral specialists, and primary health-care professionals.
- Ensure the financial model supports the development of comprehensive crisis management approaches consistent with person-centered community supports.

North Carolina has begun to develop a better crisis system with the implementation of START, which stands for Systematic Therapeutic Assessment Respite and Treatment. It is a well-established program developed in Massachusetts in 1989. The START model serves adults with developmental disabilities and mental illness or behavioral difficulties and includes Collaborative Contacts, After Hours Contacts, Emergency Meetings, START Respite short-term crisis Planned Respite, Emergency Respite Services (less than 30 days), and Psychiatric Inpatient Services. The NC program currently only serves adults and does not have enough resources to meet

that need. No similar program is yet available for children. North Carolina should explore and fund options for crisis prevention and response across ages.