



Behavioral and Mental Health Services Guide

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1.0 Purpose of this guide

This guide provides education and resources on behavioral and mental health services and supports for children and families in the NC InCK model. This guide includes tips to help Family Navigators recognize behavioral health needs and an overview of the behavioral health service array in standard and tailored health plans. In addition, information on safety planning and how to access crisis services in NC InCK counties will help Family Navigators better assist NC InCK members experiencing a behavioral health crisis.

2.0 Recognizing Behavioral and Mental Health Needs

Family Navigators may interact with NC InCK members who experience a range of behavioral health needs. Some NC InCK children may have a prior diagnosis and be actively receiving treatment while others have suspected concerns and will need additional assessment and treatment. Below are tools that Family Navigators can use to assess behavioral health needs and determine if a referral for additional support is necessary.

2.1 Care Needs Assessment (CNA)

Through Medicaid Transformation, all children will have the opportunity to participate in a Care Needs Assessment (CNA) to identify unmet needs including those related to behavioral health. In addition to information collected in the CNA, Family Navigators should consider the following to determine if a referral for an additional behavioral health assessment should be made.

If behavioral and mental health needs are unclear, consider asking the following:

CAREGIVERS WITH CHILDREN 11 AND UNDER	
Have you noticed...	Yes/No
Changes in school performance	
Poor grades despite strong efforts	
Excessive worry or anxiety/refusing to go to school	
Sadness that doesn't go away	
Hyperactivity	
Persistent nightmares	
Persistent disobedience or aggression	
Hurting or destroying things	
Frequent tantrums	
Difficulty separating from caregiver(s)	
CAREGIVERS WITH CHILDREN 12 AND OLDER	
Have you noticed...	Yes/No
Changes in sleeping/eating habits	
Exercising too much	
Inability to copy with problems and daily activities	
Substance use	
Excessive complaints of physical ailments	
Defiance of authority, truancy, theft, or vandalism	
Intense fear of weight gain	

Prolonged negative mood	
Frequent outbursts of anger that seems to come from nowhere	
Isolation from family/peers	

If an NC InCK member identifies needs in the above areas and/or the CNA, then referral to behavioral health services, such as therapy or psychiatric services, should be discussed with the guardian.

2.2 Behavioral Health Local Management Entities (LME)-Managed Care Organizations (MCO) and Prepaid Health Plans (PHP)

Medicaid transformation in North Carolina has changed pathways to receiving behavioral health services and how those services are managed for many children. Below is a brief description of the current structure for behavioral health service management.

2.2.1 Prepaid Health Plan (PHP)

Organizations that provide integrated physical health, behavioral health, and pharmacy services to individuals that do not receive intensive services for mental health, developmental disabilities or substance abuse disorders. Individuals can select which PHP they would like to receive services through. There are five PHPs that serve individuals in every county of North Carolina: AmeriHealth Caritas North Carolina, Healthy Blue of North Carolina, UnitedHealthcare of North Carolina, WellCare of North Carolina, and Carolina Complete Health, Inc.).

2.2.2 Local Management Entities (LME)-Managed Care Organization (MCO)

Organizations that manage the care of individuals who receive services for mental health, developmental disabilities, or substance abuse disorders for residents in designated counties. Alliance Health is the MCO in Durham and Orange Counties and Vaya Health is the MCO in Alamance, Granville, and Vance Counties. For NC InCK children deemed “Tailored Plan eligible,” behavioral health services will continue to be managed by LME-MCOs until Tailored Plans launch in 2022.

2.2.3 Standard vs Tailored Plan

Standard Plans offer integrated physical and behavioral health services. For many NC InCK members, standard plans began overseeing their health care in July 2021.

Tailored Plans are specialized plans that offer integrated physical and behavioral health services for members with significant behavioral health needs and intellectual/developmental disabilities (I/DD). Behavioral Health I/DD Tailored Plans are expected to launch December 1, 2022. Please find information regarding Tailored Plan eligibility [here](#).

Eligibility for Tailored Plans

Tailored Plans aim to improve medical and behavioral health outcomes through enhanced care management. Beneficiaries enrolled in Tailored Plans will have one designated care manager to provide whole-person care management that addresses all of their needs, spanning:

- Physical health

- Behavioral health
- I/DD
- Traumatic brain injuries (TBI)
- Pharmacy
- Long-term services and supports (LTSS)
- Unmet health-related resource needs

To be considered Tailored Plan eligible, beneficiaries must meet the following criteria:

- Have a diagnosis of one of the following as of January 1, 2018:
 - I/DD
 - Autism
 - Schizophrenia
 - Substance use
 - Bipolar with psychosis
 - Major Depressive Disorder with psychosis
 - Trisomy 21
 - Other severe persistent mental illness
- Have utilized the following services or treatments as of January 1, 2018:
 - Emergency Department for a suicide attempt at least one time
 - ECT
 - Emergency Department for behavioral health concern at least two times
 - Psychiatric hospitalization at least two times
 - Long-acting antipsychotics
 - Innovations Waiver
 - Other intensive services for an extended period of time

Beneficiaries are able to switch from Standard Plans to Tailored Plans. While the state prepares to launch Tailored Plans in December 2022, beneficiaries can opt to transition from a Standard Plan to Medicaid Direct (provided through one of the LME-MCOs) for care management that meets their behavioral health needs. Providers, care managers, and beneficiaries are able to submit requests to move to another plan using the forms [here](#).

3.0 Behavioral and Mental Health Service Delivery

3.1 Behavioral and Mental Health Services Continuum

3.1.1 Continuum of Care

Continuum of care is a system in which individuals enter treatment at a level appropriate to their needs and then step up to more intense treatment or down to less intense treatment as needed. Table 1 (below) outlines the continuum of care for pediatric behavioral health services starting with the least intense (outpatient therapy) to most intense (inpatient hospitalization).

Table 1. Levels of Continuum of Care for Pediatric Behavioral Health Services

Continuum of Care (lowest level of care → highest level of care)	
Outpatient Treatment	This level of care delivers mental health and substance use treatment to youth in office based or community settings and can include individual, family, or group therapy and psychiatric services for medication management.
Intensive Outpatient/ Enhanced Treatment	Youth at this level of care require more significant engagement by behavioral health providers and receive outpatient treatment at a higher level of frequency and intensity within the community setting. This level of care is often an effort to prevent out of home placements. Examples of this level of care include Intensive In Home Services, Multi-systemic Treatment, Intercept, and Family Centered Treatment.
Residential Treatment	This level of care refers to treatment delivery in an out of home placement setting which could range from a community setting to a secure treatment facility. Some examples of residential care include Level 2, 3, and 4 group homes, therapeutic foster care, Intensive Alternative Family Treatment (IAFT), wilderness camps, and residential substance use treatment programs.
Acute Inpatient Treatment	Inpatient Hospital Psychiatric Service is a service that provides intensive evaluation and treatment delivered in an acute care inpatient setting by medical and nursing professionals under the supervision of a board-certified psychiatrist. This service is designed to provide continuous treatment for individuals with acute psychiatric problems.
Non-acute Inpatient Treatment	Psychiatric Residential Treatment Facility (PRTF) is a level of care that provides non-acute inpatient treatment, directed by a psychiatrist, for youth who have a mental health or substance use disorder. Interventions include psychiatric treatment, individual, family, and group therapy, and medication management.

3.2 Common Pediatric Diagnoses and Evidence-Based Outpatient Treatment Services

Table 2 (below) lists common pediatric behavioral health concerns and evidenced-based treatment options for each diagnosis. Typical treatment will begin with outpatient therapy and enhanced services are pursued if there is little or no progress through the outpatient level of care. Family Navigators can assist NC InCK members in identifying appropriate treatment options and complete referrals to care as needed.

Table 2. Continuum of Care Levels for Common Pediatric Behavioral Health Concerns

Continuum of Care (lowest level of care → highest level of care)		
Common Diagnoses	Outpatient Treatment Services	Intensive Outpatient/ Enhanced Services
Adjustment Disorder	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Dialectical Behavioral Therapy (DBT) 	<ul style="list-style-type: none"> • Intensive In-Home Services (IIH) • Family Centered Treatment (FCT) • Intercept
Attention Deficit/Hyperactivity Disorder	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Parent-Child Interaction Therapy (PCIT) – ages 2 to 7 • Triple P Parenting Program 	<ul style="list-style-type: none"> • Intensive In-Home Services (IIH) • Family Centered Treatment (FCT)
Conduct Disorder	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Parent-Child Interaction Therapy (PCIT) – ages 2 to 7 • Triple P Parenting Program 	<ul style="list-style-type: none"> • Multi-systemic therapy (MST) – ages 12 to 17 • Family Centered Treatment (FCT) • Intercept • Day Treatment (for school-based behaviors)
Disruptive Mood Dysregulation Disorder	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Parent-Child Interaction Therapy (PCIT) – ages 2 to 7 • Triple P Parenting Program 	<ul style="list-style-type: none"> • Intensive In-Home Services (IIH) • Family Centered Treatment (FCT) • Intercept • Day Treatment (for school-based behaviors)
Generalized Anxiety Disorder/ other anxiety disorders	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Parent-Child Interaction Therapy (PCIT) – ages 2 to 7 • Dialectical Behavior Therapy (DBT) 	<ul style="list-style-type: none"> • Intensive In-Home Services (IIH) • Family Centered Treatment (FCT) • Intercept
Intermittent Explosive Disorder	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Parent-Child Interaction Therapy (PCIT) – ages 2 to 7 • Triple P Parenting Program 	<ul style="list-style-type: none"> • Intensive In-Home Services (IIH) • Family Centered Treatment (FCT) • Intercept • Day Treatment (for school-based behaviors)
Major Depressive Disorder	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Dialectical Behavior Therapy (DBT) 	<ul style="list-style-type: none"> • Intensive In-Home Services (IIH) • Family Centered Treatment (FCT)

		<ul style="list-style-type: none"> • Intercept
Oppositional Defiant Disorder	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Parent-Child Interaction Therapy (PCIT) – ages 2 to 7 • Triple P Parenting Program 	<ul style="list-style-type: none"> • Multi-systemic therapy (MST) – ages 12 to 17 • Intensive In-Home Services (IIH) • Family Centered Treatment (FCT) • Intercept • Day Treatment (for school-based behaviors)
Post-Traumatic Stress Disorder	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) • Dialectical Behavior Therapy (DBT) • Eye Movement Desensitization and Reprocessing Therapy (EMDR) 	<ul style="list-style-type: none"> • Intensive In-Home Services (IIH) • Family Centered Treatment (FCT) • Intercept
Substance Use Disorders	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Dialectical Behavior Therapy (DBT) • Motivational Interviewing (MI) 	<ul style="list-style-type: none"> • Multi-systemic therapy (MST) – ages 12 to 17 • Intensive In-Home Services (IIH) • Family Centered Treatment (FCT) • Intercept • Day Treatment (for school-based behaviors) • Substance abuse intensive outpatient program (SAIOP)

3.3 Services covered by Standard Plans and Tailored Plans

- Inpatient behavioral health services
- Outpatient behavioral health
- Emergency room services
- Peer support services
- Partial hospitalization
- Mobile crisis management
- Facility-based crisis services
- Outpatient opioid treatment
- Ambulatory detoxification
- Research-based behavioral health treatment

- Diagnostic assessments
- Non-hospital medical detoxification
- Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization

3.4 Services Covered by MCOs/Behavioral Health I/DD Tailored Plans ONLY

- [Residential treatment facility services](#)
- [Child and adolescent day treatment services](#)
- [Intensive in-home services](#)
- [Multi-systemic therapy services](#)
- [Psychiatric residential treatment facilities \(PRTFs\)](#)
- [Assertive community treatment \(ACT\)](#)
- [Community support team \(CST\)](#)
- [Psychosocial rehabilitation Substance abuse intensive outpatient program \(SAIOP\)](#)
- [Substance abuse comprehensive outpatient treatment program \(SACOT\)](#)
- [Substance use non-medical community residential treatment](#)
- [Substance use medically monitored residential treatment](#)
- [Intermediate care facilities for individuals with intellectual disabilities \(ICF/IID\)](#)
- [Innovations waiver services](#)
- [TBI waiver services](#)

3.5 Transitioning between a Standard Plan and a Tailored Plan

Family Navigators may work with NC InCK members in Standard Plans who would benefit from more specialized services and targeted management of behavioral health needs in a MCO/Tailored Plan. Most Medicaid recipients are automatically transferred to MCO/Tailored Plans based on the eligibility criteria below. For more information on Standard Plan and Tailored plan enrollment, Medicaid beneficiaries may call the NC Medicaid Enrollment Broker Call Center at 833-870-5500 (TTY: 833-870-5588), Monday – Friday, 8 a.m.- 5 p.m., or visit ncmedicaidombudsman.org.

3.5.1 Tailored Plan Eligibility Criteria

Medicaid and Health Choice beneficiaries who meet the following criteria will automatically be included in the BH/I/DD Tailored Plan:

- Enrollees in the Innovations waiver and those on the waiting list as well as any beneficiaries with a qualifying I/DD diagnosis code
- Enrollees in the TBI Waiver and those on the waiting list
- Transition to Community Living Initiative (TCLI)-qualified beneficiaries
- Any beneficiary who has used a Medicaid service that will only be available through a Behavioral Health I/DD Tailored Plan
- Any individual who has used a behavioral health, I/DD, or TBI service funded with state, local, federal, or other non-Medicaid funds
- Children with complex needs, as that term is defined in the 2016 settlement agreement between the NC DHHS and Disability Rights of North Carolina

- Any beneficiary who has a qualifying SMI or SED diagnosis code or qualifying SUD diagnosis code who used a Medicaid-covered enhanced behavioral health service during the lookback period
- Beneficiaries who have had:
 - Two or more psychiatric hospitalizations or readmissions within 18 months
 - Two or more visits to the emergency department for a psychiatric problem within 18 months
 - Two or more episodes using behavioral health crisis services within 18 months
- Beneficiaries who have had an admission to a state psychiatric hospital or alcohol and drug abuse treatment center (ADATC), including, but not limited to, individuals who have had one or more involuntary treatment episode in a state-owned facility

3.6 Accessing Behavioral and Mental Health Support

Identifying behavioral health providers can be a complex process as there are variations in the types of services offered in each Standard and Tailored Plan, the plans that each provider chooses to contract with, and the availability of providers. If the NC InCK member has already seen their primary care provider, the Family Navigator can contact the member's health plan directly for assistance with identifying treatment options and referring children for behavioral health services.

TIP: Family Navigators and families should first contact the NC InCK member's primary care provider for assessment of behavioral health concerns and to identify next steps in seeking treatment.

Table 3. Contact Information for Member Services in Standard PHPs

PHP Provider	Member Services Contact Number
AmeriHealth Caritas	888-738-0004
Carolina Complete	833-522-3876
Healthy Blue OR Availity	844-594-5072
United Healthcare	800-638-3302
WellCare	866-799-5318

For individuals enrolled in Medicaid Direct health plans (currently managed through the MCO structure mentioned in [Section 2.2](#)), connect to the following entities:

Durham and Orange counties	
Alliance Health	1-800-510-9132
Granville, Vance, and Alamance counties	
Vaya Health	1-800-849-6127

4.0 Intellectual/Developmental Disabilities (I/DD) Service Delivery

To access I/DD services in the home, school, or community, psychological testing is required. Testing is typically completed through the school system to determine if a child is eligible for an Individual Education Program (IEP) or already has an IEP. However, testing can be obtained outside of the school and is covered by Medicaid and some private insurance companies if considered medically necessary. For example, if an individual presents with concerns about possible I/DD and testing is needed for specialized services such as the Innovations Waiver, setting up testing outside of the school setting might be necessary.

To find out which community providers can complete psychological assessments, individuals can call their standard health plan provider or LME-MCO at the numbers listed in [Section 3.6](#). Note that although psychological testing is offered by some community clinicians, barriers to testing may include long waitlists.

TIP: Prior to supporting a family in receiving external testing, communicate with a child's school to determine if the results of this testing will be accepted for educational planning purposes.

4.1 Psychological Testing/Evaluations

There are a variety of different types of psychological testing and evaluations. These tests often assess the following skills:

- Verbal
- Nonverbal
- Spatial
- Memory and processing speed
- The individual's academic achievement in core areas (reading, math, and writing)
- Daily living capacity
- Communication
- Social and emotional functioning

4.2 Innovations Waiver

The NC Innovations Waiver allows individuals with intellectual and developmental disabilities to receive services and supports in their own community. This helps people live as independently as possible, rather than in an institution like a developmental center.

Innovations Waiver Waitlist: There is currently a waitlist for these services called the Registry of Unmet Needs. The Registry of Unmet Needs is a first-come, first-served list maintained by an LME-MCO.

TIP: Since services from the NC Innovations Waiver may not be immediately accessible, we do strongly encourage caregivers of children who have an intellectual and/or development disability who may need these services in the future to contact the appropriate LME-MCO in [Section 3.6](#).

4.3 Services for Individuals Who Have an IDD Diagnosis

Most individuals with a qualifying I/DD diagnosis will wait many years for Innovations Waiver services and may need supports during that time. The following services are available to individuals with Medicaid who have an I/DD diagnosis confirmed through psychological testing and are waiting on an Innovations Waiver waitlist.

4.3.1 Potential services offered by each MCO to support individuals with I/DD Outpatient or enhanced therapy

- Psychiatric services
- Respite
- Applied Behavioral Analysis
- Personal care
- Other- Contact the MCO directly for more information

4.3.2 Early Intervention Services

Early intervention in NC is called the Infant-Toddler Program (ITP). ITP is a federally-funded statewide program that provides various supports and services to children ages 0 to 3 that have a delay or disability in at least one area of development. Supports and services available include:

- Evaluations and assessment
- Service coordination
- Family support
- Therapy services (speech, occupational, and physical)
- Hearing and vision services
- Assistive technology

A referral can be made by phone, email, fax, letter, or in person at the local Children's Developmental Services Agency (CDSA). To find the local CDSA, visit: www.beeearly.nc.gov/index.php/contact/cdsa

For more information, please see NC InCK's Early Childhood Guide.

4.3.3. NC Preschool Program/Services through NC DP

Beginning at age 3 and through age 22, individuals with I/DD may be entitled to special education and related services through the NC Department of Public Instruction. For children between the ages of 3 and 5 who are not eligible for kindergarten, local school systems have Exceptional Children Preschool Programs that are responsible for conducting screenings and evaluations to determine whether a child should be referred for special education services.

5.0 Crisis Continuum and Safety Planning

This portion of the Behavioral Health Guide is designed to help Family Navigators better assist the families they work with in responding to a crisis. A behavioral health crisis can be defined as follows:

Table 4. Definition of Behavioral Health Crises

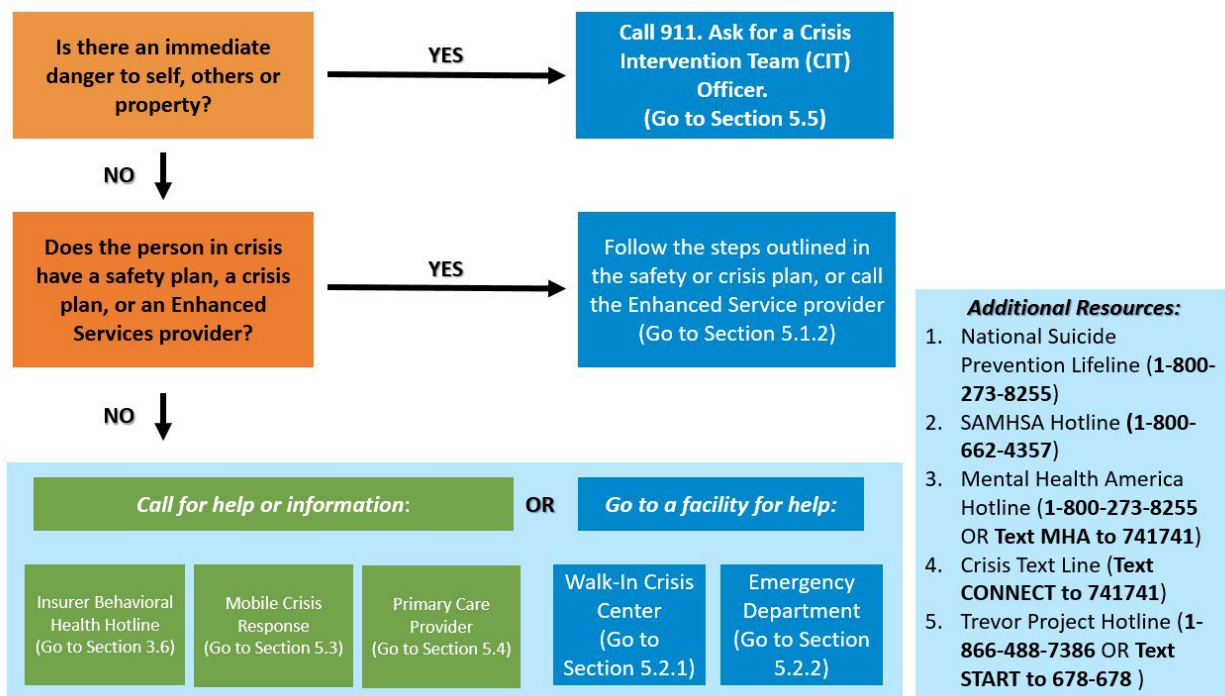
Immediate Danger
Any situation in which an individual is an urgent threat to themselves, others, or property that necessitates involvement of emergency personnel to prevent further harm. The individual in question may find it hard to communicate these feelings or understand what is being said to them.
Behavioral Health Crisis
Any situation in which a person's behavior puts them at risk of harming themselves or others and/or prevents a person from being able to care for themselves or function in the community ^[1] (i.e. suicidality, uncontrolled anger, dramatic mood shifts, reckless behavior, isolation, abusive behavior to self or others, dramatic increase in drug use, losing touch with reality, paranoia).

Crises can look different and can involve suicidal behavior or other behavioral dysregulations that are new or have been occurring repeatedly. **This document is best used ahead of a crisis** because, at the time of a crisis, families can be caught-off guard and unprepared. Family Navigators can follow the chart

TIP: NC InCK recommends calling the member's PHP or MCO behavioral health hotline or primary care provider as the first step in seeking help for a behavioral health crisis.

below to determine how to help a family experiencing a behavioral health crisis.

Figure 1. Guidance on how to help a family experiencing a behavioral health crisis



Warning signs before a crisis may not always happen. Some common signs include^{[2],[3],[4]}:

- Depressed or sad most of the time
- Talking or writing about death or suicide
- Feeling hopeless or helpless
- Feeling trapped - like there is no way out of a situation
- Impulsive or reckless behavior
- Change in sleeping or eating habits
- Drop in academic performance
- Giving away prized possessions
- Writing a will
- Feeling excessive guilt or shame
- Self-hatred
- Headaches, stomachaches, fatigue, or other physical symptoms that are unexplained
- Making unexpected or unusual goodbyes
- Engaging in risky behaviors including sexual promiscuity
- Children might withdrawal from playgroups or other activities
- Teens might resist authority or become disruptive

5.1 Safety Plan for Suicidality^{[5],[6]}

Safety Planning is an evidence-based methodology to prevent future episodes of suicidal behavior or other forms of behavioral dysregulation. Plans include coping strategies, people in a patient's life, and professional resources that a person can use before or during a crisis. Safety plans are a clinical tool that should be a collaboration between the patient, family, and clinician. Effective plans also include ways to make the environments safe, including removal or restrictions to firearms. There are many safety plan templates that can be used to ensure all necessary components are covered. [The Stanley-Brown Template](#) is one example.

5.1.1 How Do I Know if Someone is Suicidal?

The National Institute of Mental Health (NIMH) has developed the [“Ask Suicide-Screening Questions” Toolkit^{\[7\]}](#). This tool is a set of four short suicide screening questions that can be asked in less than one minute. You can use these validated questions to determine if someone you are working with might be at risk of suicide.

Figure 2. NIMH Suicide Risk Screening Tool



Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? ☐ Yes ☐ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ☐ Yes ☐ No
3. In the past week, have you been having thoughts about killing yourself? ☐ Yes ☐ No
4. Have you ever tried to kill yourself? ☐ Yes ☐ No

If yes, how? _____

When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ☐ Yes ☐ No

If yes, please describe: _____

Next steps:

- If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- If patient answers **“Yes”** to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
 - ☐ **“Yes”** to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT** safety/full mental health evaluation.
 - **Patient cannot leave until evaluated for safety.**
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient’s care.
 - ☐ **“No”** to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief** suicide safety assessment to determine if a **full** mental health evaluation is needed. **Patient cannot leave until evaluated for safety.**
 - Alert physician or clinician responsible for patient’s care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text “HOME” to 741-741



5.1.2 Calling an Enhanced Service Provider

Enhanced service providers are listed below. If the NC InCK member has one of these services and is experiencing a behavioral health emergency, this provider should be the first call. **If the emergency is life-threatening, the member should call 9-1-1.** These services will help the member further understand how to respond in a time of crisis.

- Assertive Community Treatment (ACT)
- Intensive In-Home Services
- Multisystemic Therapy (MST)
- Medical/Non-Medical Community Residential Substance Abuse Treatment
- Detoxification Services
- Inpatient Substance Abuse Treatment
- Integrated Dual-Disorder Treatment

5.1.3 Insurer Behavioral Health Hotline Medicaid Provider (PHP or MCO)

All Medicaid insurers, either a Prepaid Health Plan (PHP) or a managed care organization (MCO), operate a behavioral health crisis and emergency hotline available 24/7 for their beneficiaries.

Below is a list of the behavioral health hotline phone numbers for each Medicaid insurer:

Table 5. Behavioral Health Hotline phone numbers for Medicaid insurers

Medicaid Insurer	Phone Number
Alliance Health	1-800-510-9132
AmeriHealth Caritas North Carolina	1-833-712-2262
Carolina Complete Health	1-855-798-7093
Cardinal Innovations	1-800-939-5911 OR **275
Healthy Blue (Blue Cross & Blue Shield)	1-877-334-1141
United Healthcare Community Plan of North Carolina	1-877-614-0484
WellCare of North Carolina	1-833-207-4240

What to expect when you call your PHP or MCO:

Someone will answer the call live and listen to the concerns and immediate needs. Callers should be prepared to give as much information as possible when they call, including:

- Name (yours and the person in crisis)
- Date of birth
- Diagnoses
- Medications
- If there is any history of aggression or law enforcement involvement
- Medicaid number of the person in crisis
- Medical issues of concerns
- Brief psychiatric history

- Family issues or concerns
- Current concern

The dispatcher can:

- Recommend local resources such as:
 - Walk-In Centers
 - Crisis Recovery Centers
 - Comprehensive Community Clinics
- Connect with a mobile crisis team to come to you for face-to-face counseling services
- Help schedule an appointment with a local provider and determine if a member has an Enhanced Service Provider
- Help connect to 9-1-1 if someone is in physical danger

5.2 Going to a Facility for Help

5.2.1 Walk-in Behavioral Health Urgent Care (BHUC) or a Facility-Based Crisis Unit

What is a Behavioral Health Urgent Care (BHUC)?^[8]

Behavioral Health Urgent Care (BHUC) centers serve adults and children (ages 4+) experiencing behavioral health emergencies and people with substance misuse problems complicating a mental health emergency. There are two types of BHUCs – Tier III and Tier IV. Tier III BHUCs are open at least 12 hours per day, 7 days per week, 365 days per year and are open for at least 6 hours after 4:00pm. Tier IV BHUCs are open 24 hours per day, 7 days per week, 365 days per year. Services include:

- Assessment & triage (referral to appropriate level of care)
- Observation units
- Crisis stabilization
- Hospitalization (voluntary and IVC)

What is a Facility-Based Crisis Unit (FBCU)?^[9]

Facility-Based Crisis Units offer an alternative to hospitalization for adults (ages 18+) who are experiencing a behavioral health crisis. They provide services 24 hours per day, 7 days per week in a secure, non-medical facility. Services include:

- Assessment
- Observation units
- Medication management
- Crisis stabilization
- Detox
- Hospitalization (voluntary and IVC)

Walk-in clinics within the NC InCK counties:

Facility	Contact Information	Services
RHA Behavioral Health Services - Burlington	2732 Anne Elizabeth Dr, Burlington, NC 27215 336-229-5905	<ul style="list-style-type: none"> • "Same Day Access" = clinical assessment (MWF, 8-3) • "Walk-in crisis" = triaged and referred to appropriate level of care (7 days/week, 8-8)
Trinity Behavioral Health	2716 Troxler Rd, Burlington, NC 27215 336-570-0104	<ul style="list-style-type: none"> • Walk-in Psychiatric Assessment (M-F, 9-5)
Recovery Innovations - Durham	401 E Lakewood Ave, E#1, Durham, NC 27707 919-687-4041	<ul style="list-style-type: none"> • Behavioral Health Urgent Care - clinical assessment, referral to care • 23 Hour Observation Unit aka "The Retreat" (18+) • Facility-Based Crisis aka "Living Room Unit" - crisis stabilization, detox
Carolina Outreach	2670 Durham-Chapel Hill Blvd, Durham, NC 27707 919-251-9001	<ul style="list-style-type: none"> • Behavioral Health Urgent Care (ages 4+) - clinical assessment, referral to care
Freedom House Recovery Center - Durham	400-D Crutchfield St., Durham, NC 27704 010-251-8806	<ul style="list-style-type: none"> • Walk-in psychiatric eval (18+)
Freedom House Recovery Center - Orange	104 New Stateside Dr, Chapel Hill, NC 27516 919-942-2803	<ul style="list-style-type: none"> • 23 Hour Observation Chairs (18+) • Crisis Stabilization (18+) • Walk-in psychiatric eval • Child and Adolescent Center
Daymark Recovery Services - Henderson	943-H, E Andrews Ave, Henderson, NC 27536 252-433-0061	<ul style="list-style-type: none"> • Walk-in crisis support - triaged and referred to appropriate level of care
Recovery Innovations - Henderson	300 W Parkview Dr, Henderson, NC 27536 252-438-4145	<ul style="list-style-type: none"> • 10-bed crisis facility serving Vance, Warren, Franklinton, Halifax and Granville - Crisis stabilization, Detox, Peer Support (18+)
Vision Behavioral Health	104 N Main St, #200, Louisburg, NC 27549 919-496-7781	<ul style="list-style-type: none"> • Walk-in crisis support – triaged and referred to appropriate level of care available to individuals with Cardinal, close to Granville & Vance

5.2.2 Emergency Department¹⁰

- If the situation can't be resolved on site or it's recommended by first responders or law enforcement, going to the emergency department may be the best option.

5.2.3 Transportation:

Depending on the circumstances, families and guardians may be able to drive the individual in crisis to the Emergency Department themselves. If there is a medical concern, EMS may transport the person in crisis by ambulance. Alternatively, law enforcement or mobile crisis may transport the individual in crisis.

NOTE: If a law enforcement vehicle is used to transport someone to an emergency department, the typical practice includes use of handcuffs. This can be upsetting for everyone involved, but may be the only option available at the time.

What to expect when going to the Emergency Department:

- Going to the emergency department does not guarantee that the person in crisis will be admitted to a hospital.
- Be prepared for a longer visit (at least several hours).
- Bring anything that may help the person in crisis stay calm.
- Bring any relevant medical information (medications, treatment plans, insurance cards).

What might happen at the Emergency Department:

- **Voluntary hospitalization** can happen when the person in crisis agrees to be admitted.
- **Involuntary hospitalization** can happen when the person in crisis does not agree to be admitted to the hospital, but hospital staff feel it is necessary for their safety.

5.3 Mobile Crisis Response

What is Mobile Crisis? Mobile Crisis Response (MCR) offers an immediate way to connect with trained behavioral health professionals who can:

- Assess the crisis
- Determine the safety of the person in crisis and those around them
- Identify next steps for treatment

NOTE: MCR professionals serve children and adults, and can travel to a person in crisis.

What should a member expect when calling Mobile Crisis?

Someone will answer the call live and listen to the concerns and immediate needs. Be prepared to give as much information as possible when you call, including:

- Name (yours and the person in crisis)
- Date of birth
- Diagnoses

- Medications
- If there is a history of aggression or law enforcement involvement
- Medicaid number of the person in crisis
- Medical issues or concerns
- Brief psychiatric history
- Family issues or concerns
- Current concern

NOTE: If the person in crisis is able, they must offer consent for a MCR professional to come to their location over the phone.

Depending on the member’s needs, a MCR professional may come to the member for further evaluation and to determine appropriate next steps. Next steps might include:

- Education on how to prevent crises
- Access to crisis stabilization interventions
- Development of a crisis plan for current and future use
- Linkage to ongoing services
- Assistance with voluntary and involuntary hospitalization

Mobile Crisis Response Agencies in NC InCK’s five counties:

Agency	Phone Number
Daymark Recovery Services	Both agencies can be reached at 866-275-9552
Freedom House Recovery Center	

5.4 Primary Care Provider

NC InCK members can also call their primary care physician to get connected to resources. However, it is important to be aware of the timeframe in which a provider can return a call. Therefore, if a crisis escalates, Family Navigators should be aware of other avenues that one can receive proper attention in a timely manner.

5.5 Calling 911^[11]

This is always the first choice for a medical emergency, or, if law enforcement is needed, for safety reasons.

TIP: If calling 911 for mental health, substance misuse, or special needs emergencies, **be sure to specify that you are calling about a “mental health emergency.”** Callers can also request first responders that have gone through Crisis Intervention Training (CIT). CIT trained first responders understand the unique needs and sensitivities of a behavioral health emergency. Not all responders are CIT trained, and CIT trained responders may not always be available, but it is still important to ask.

NOTE: Keep in mind that 911 is most appropriate for medical emergencies or when an individual is in immediate danger. Consider using one of the resources above before calling 911 if someone is experiencing a behavioral or mental health emergency.

What to expect when calling 911:

A 911 operator will answer the call live and listen to the concerns and immediate needs. Be prepared to give as much information as possible when calling, including:

- Location of the emergency
- The phone number you are calling from
- The nature of the emergency – **specify that it is a mental health emergency** and ask for a CIT officer.

The 911 operator will stay on the line with the caller until help arrives. Different types of responders may come to the location of the emergency, including:

- Police officers – CIT and non-CIT
- Firefighters
- Emergency Medical Technicians (EMTs)
- Paramedics

What can police do?

Police are trained to focus on safety. The most important things to do if a police officer responds to a 911 call are to:

- Stay calm
- Reiterate that this is a **mental health crisis**
- Let the officer know that you can share helpful information
- Step out of the way

NOTE: Police may use handcuffs and transport the person in crisis in the back of a police car.

5.6 Additional Resources

5.6.1 Suicide Prevention and other Behavioral Health Hotlines

- National Suicide Prevention Lifeline: **Call or Text 1-800-273-TALK (8255)**
 - A trained crisis counselor will attend to calls or texts
 - They will work to understand what the person is experiencing, provide support, and collaborate with the person on ways to feel better and identify appropriate help or resources.
- Other behavioral health hotlines specialize in other forms of crises including behavioral dysregulation.^{[\[13\]](#)}
 - Substance Abuse and Mental Health Services Administration ([SAMHSA](#)): **Call (800) 662-4357.**

- SAMHSA runs a 24-hour mental health hotline that provides education, support, and connections to treatment. It also offers an online [Behavioral Health Treatment Locator](#) to help find suitable behavioral health treatment programs.
- [Mental Health America Hotline](#): **Text MHA to 741741.**
 - Mental Health America is a nationwide organization that provides assistance through this text line. People seeking help will be linked to someone who can guide them through a crisis or just provide information.
- [Crisis Text Line](#): **Text CONNECT to 741741.**
 - Specialized crisis counselors are just a text message away on this free, confidential 24-hour support line. To further protect privacy, these messages do not appear on a phone bill. The text line also provides services and support if the person seeking help is upset, scared, hurt, frustrated, or distressed.
- [Trevor Project](#): **Text START to 678-678 or Call 1-866-488-7386.**
 - The Trevor Project offers specialized crisis support for LGBTQIA+ young people.

6.0 Glossary of NC InCK Terms

Family Navigator: The Family Navigator is the primary contact who coordinates and integrates services for families in the NC InCK model. Family Navigators are existing staff based in organizations outside of NC InCK. They may be care coordinators or case managers based in a child's health plan or health care provider organization. Family Navigators may also be care coordinators from juvenile justice or child welfare.

The Family Navigator works directly with the family to meet their health and well-being goals and coordinates with care team members who are working alongside the child and family. Family Navigators serve as a consistent point of contact for a family over a one-year timeframe with contacts at least quarterly. The Family Navigator is responsible for convening and communicating with the NC InCK member's integrated care team and supporting the child's health, educational, and social needs. The Family Navigator supports the completion of a Shared Action Plan and NC InCK Consent form for a subset of NC InCK members.

Integrated care team: An integrated care team is cross-sector team of professional and natural supports that collaborate to support NC InCK members and their families as they strive to meet their health and well-being goals. For NC InCK members in SIL 2 and 3, the Family Navigator is responsible for working with the family to identify and convene an integrated care team and then support the integrated care team by providing ongoing assistance to the NC InCK member and their family.

Integration Consultants: A team of approximately 15 NC InCK staff who support members of a child's team to meet the child's health, education and social service needs. Integration Consultants support Family Navigators as they work to meet these needs for children and families across sectors. They can support the completion of Shared Action Plans for children and families.

The NC InCK Integration Consultants are based in child welfare, Head Start, health departments, health plans, Duke, UNC, juvenile justice, and schools nursing. Integration Consultants will focus their efforts on building capacity and support, particularly for children who could benefit from additional cross-sector integration support. Capacity building includes one-on-one consultation, group trainings and convenings, and creating written guides for Family Navigators.

North Carolina Integrated Care for Kids (NC InCK): The entities implementing NC InCK in North Carolina, led by Duke University, University of North Carolina and NC Division of Health Benefits.

NC InCK Integrated Care Platform: A standardized, internet-accessible care management tool that NC InCK staff and authorized personnel will use to create, store, view, update, and share NC InCK member information, including but not limited to basic NC InCK member data and the SAP.

NC InCK Member: Children and youth in the NC InCK model; can also refer to the child and family together.

Service Integration Level: All NC InCK-attributed children will be stratified into Service Integration Level (SIL) 1, 2, or 3 based on the potential benefits they may receive from improved integration of services and their risk for out of home placement. NC InCK members in SIL 2 and 3 will be assigned to Family Navigators and will receive a set of NC InCK-specific interventions based on their SIL.

Shared Action Plan (SAP): The SAP is a living document created in collaboration between the family, Family Navigator, and the child's integrated care team to encourage coordination and communication among all integrated care team members. The SAP is different from other care plans because it is family-centered, shareable, and brief. Key components of the plan include family preferences and strengths, a list of integrated care team members, and child and family personal, educational, and social circumstances. The plan also includes the family's personal and clinical goals, assignment of responsibilities, agreed-upon strategies, and an anticipated timeline for the family's goals based on their needs and resources. All children in SIL 3 and a portion of children in SIL 2 will be offered the opportunity to create a SAP.

7.0 References

- ^[1] https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis/Navigating-A-Mental-Health-Crisis?utm_source=website&utm_medium=cta&utm_campaign=crisisguide
- ^[2] <https://www.cardinalinnovations.org/Mental-Health-Crisis-Line>
- ^[3] https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx
- ^[4] <https://www.samhsa.gov/find-help/disaster-distress-helpline/warning-signs-risk-factors>
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- ^[9] <https://www.ncdhhs.gov/media/8732/open>
- ^[10] https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis/Navigating-A-Mental-Health-Crisis?utm_source=website&utm_medium=cta&utm_campaign=crisisguide
- ^[11] https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis/Navigating-A-Mental-Health-Crisis?utm_source=website&utm_medium=cta&utm_campaign=crisisguide
- ^[12] <https://suicidepreventionlifeline.org/wp-content/uploads/2021/08/Back-to-Basics.png>
- ^[13] <https://www.psychguides.com/guides/mental-health-hotline/>