Montana Interim Legislative Committee
Children, Families, Health, and Human Services

Crisis Presentation

March 22, 2018
What is a Crisis in IDD Services?

• A behavioral or psychiatric emergency in a community setting
• Dangerous or could quickly become dangerous, including possibility of serious harm to self or others
• Could jeopardize community residential placement or ability to continue living with family/could lead to institutional placement (if an option)
• May result in arrest or hospitalization
Role of IDD Mobile Crisis Services

• Quickly responds to a behavioral or psychiatric emergency in the community
• Reduces danger through on-site interventions that also prevent future escalations
• Preserves residential placement/prevents institutionalization—builds provider capacity
• Prevents arrest/incarceration/homelessness or hospitalization
• Reduces cost—IDD system, law enforcement, local hospitals/emergency departments
• Allows sustained community integration of the full IDD service population; mitigates significant impact of the 20% factor of individuals with intensive needs
Components of IDD Crisis Systems

• 24/7 hotline—single point of entry (SPOE)
• On-demand mobile crisis teams for on-site intervention, stabilization, and in-home support
• In-home services for families/residential providers
• Out-of-home placement (crisis respite homes)
• Telemedicine coverage for psychiatric support
• Out-of-home psychiatric stabilization; typically 7 days or less
• Reduction of risk/stabilization—build capacity in the individual’s and community-wide support systems
• Prevention strategy to anticipate/eliminate re-occurrence: intensive case management and provider training
• Transportation
Typical Personnel in Crisis Systems

- Psychologist/Director of Program
- Consulting Psychiatrist
- Behavior Clinicians or Board Certified Behavior Analysts (BCBAs)
- Licensed clinicians such as LCSWs
- Nursing consultation
- Direct support personnel (crisis calls/in-home/crisis respite homes)
- Collaboration with area law enforcement, jails, homeless centers, hospitals, MH facilities
Common Barriers/Solutions

• Limited funding due to Medicaid fee for service reimbursement not sufficient/unpredictable demand to cover costs—strategic allocation of state funds

• Limited provider capacity to support high need populations (increases crises)—provider training/support and no-reject approach

• Crisis respite homes expensive/fill up—build provider and crisis capacity

• Lack of crisis stabilization—MH coordination/purchase bed days

• Seen as only an IDD vs. a community issue—system analysis and state/local collaboration
Georgia IDD Crisis Services
Scope of Crisis System in Georgia

- All 159 counties have 24/7/365 mobile crisis response for IDD and Behavioral Health (BH)
- Benchmark serves 86 counties for IDD and 119 for BH crisis
- Accessed through statewide crisis line
- Currently, separate teams respond to IDD and BH calls
- BH crisis is open to anyone in the state experiencing crisis
- IDD teams serve individuals in crisis who have IDD diagnosis or dual diagnosis of IDD and BH
- Georgia DBHDD considering blending BH & IDD response teams to enhance and expedite services for dually diagnosed individuals
Components of MCRS in GA

Face-to-face Evaluation

- Available anywhere in the community, i.e.:
  - Homes
  - Schools
  - Jails
  - Street
  - EDs/Acute care hospitals
- Rapid on-site response – Less than 90 minutes average required for IDD dispatches
- Team structures for crisis response dispatches:
  - Teams are led by licensed clinician (SW, professional counselor)
  - BCBA
  - Direct Support Professional
- Focus on least restrictive disposition, including safety planning
  - But able to complete involuntary evaluation orders when necessary
Components of MCRS in GA

In-Home Supports

- In-Home Supports
  - Review of existing positive behavior support plan or development of behavior protocols led by BCBA
  - Training for family/caregivers
  - Modeling of effective behavior interventions
  - Crisis team DSP staffed in-home to assist with implementing plan over days or weeks
  - Reduces need for out-of-home placement
  - Can provide transition support for individuals returning from crisis homes
Components of MCRS in GA
Crisis Respite Homes

- Community based option to avoid unnecessary hospitalization or loss of placement
- Multiple homes, regionally located
- Accept admissions on a 24 hour basis
- Short term, up to 30 day length of stay (LOS)
- Integrated teams include:
  - Psychiatrist
  - LCSW
  - BCBA
  - RN
  - LPN
  - DSP
- Focus on behavior support and discharge planning beginning at admission
MCRS Disposition & Outcome Data

Crisis Service Provision

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<th>Year</th>
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Potential Consequences of No Mobile Crisis Response System

- Law Enforcement involved: 45%
- Emergency Dept/BHCC Access: 50%
- Inpatient Hospitalization: 43%
- Loss of placement: 30%
- Jail: 18%
THANK YOU