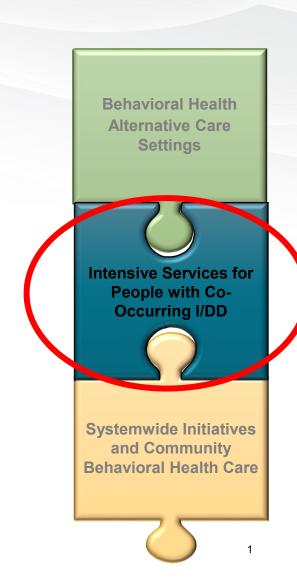


Planning Intensive Services for People with Co-Occurring I/DD

Envisioning a Modern Care Continuum January 17, 2023



Envisioning a Revitalized Behavioral Health System Across Montana

Holistically improving care takes addressing all the puzzle pieces that need to be addressed across the behavioral healthcare continuum.



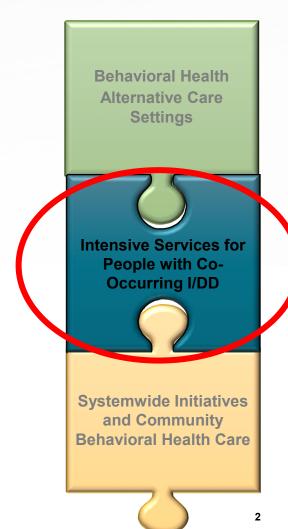
1. Design and implement regional behavioral health alternate care settings



2. Modernize intensive services for people living with dual-diagnosed developmental disabilities



3. Invest in **systemwide and community-based initiatives** such
as certified community behavioral
health centers



Guiding Principles for Intensive Services for People with Co-Occurring I/DD

Needed investments will close the gaps in the I/DD Care Continuum.

- 1. Individuals with intellectual and developmental disabilities (I/DD) deserve a life within the community.
- 2. Today, Montana has limited capacity to support individuals with complex behavioral needs in the community.
- 3. Montana needs to introduce new services to expand the continuum of care: (a) enhanced HCBS waiver services, (b) crisis services, and (c) an intensive treatment program.
- 4. An intensive treatment program provides short-term stabilization, treatment planning and re-entry services over a period of about 6-12 months. *IBC is not an intensive treatment program*.
- 5. With implementation of these new services, Montana will achieve better outcomes for people with disabilities.
- Montana should leverage the experience of organizations who have developed and successfully managed Intensive Treatment Programs in other states, using a model that supports community living (e.g., small homes, located within a population center).
- 7. By certifying with CMS as an ICF/IID, the state cost of operating the Intensive Treatment Program will be a fraction of what it costs to run the Intensive Behavior Center (IBC) today.



IBC Is Not Aligned With Intended Purpose

The Intensive Behavior Center (IBC) treats individuals with I/DD who have continuous or repeated behaviors that pose an imminent risk of serious harm to themselves or others. IBC is licensed as an Intermediate Care Facility/Developmentally Disabled (ICF/DD), with no federal match.

Intensive Behavior Center Purpose (HB 387)

- The center shall provide a program of active treatment in a secure residential environment.
 The treatment must:
 - Address the behavioral issues of each resident.
 - Foster for each resident the transition to and residency in less restrictive service settings.

Intensive Behavior Center Limitations

 Lack of active treatment, lack of expertise and strategies to address each person's behavioral, medical, and mental health needs results in difficulties with discharging into more integrated community settings.

Average length of stay is 9 years (longest is 22.8 years) when considering their combined time at MDC/IBC.

During CY2022, 1 person was discharged.

 Limited ability to admit and support new individuals as a result of inadequate level of staff and care available at the current facility (current census is 9 of 12 beds)

Unmet demand for services with about 20 adults with confirmed or suspected I/DD currently at MSH and another 6 placed out of state.

BC does not meet standards for Medicaid reimbursement. Based on projections for SFY23, Medicaid revenue could amount to as much as \$5.3M. IBC has extraordinarily high costs due to the significant difficulties retaining employees (67% vacancy rate) which has increased the facility's dependence on contracted travel staff. The physical location of IBC presents great barriers to staff recruitment and retention.

IBC's cost per bed day (est. \$2,290) is significantly higher than similar facilities in other states (5x)



Recommendations to Improve I/DD Care Continuum

All states have an obligation to support individuals within the least restrictive and most integrated setting. In order to meet this obligation and support the Department's vision for individuals with I/DD who have complex needs, Montana needs to introduce three new services, which are common in other states: (1) enhanced HCBS waiver services; (2) Crisis services; and (3) An Intensive Treatment Program.







•	Enhanced Level of Service Behavioral	2 Crisis Services	3 Intensive Treatment Program
-	Individuals with complex needs (like those at IBC) would be better served in the community.	 Assist providers and families in preventing, deescalating, and intervening in instances in which individuals with I/DD are likely to go into crisis and be placed out of their home. 	 Support individuals who currently cannot be safely served within an HCBS environment. Stabilization and transition back into more integrated settings.
	DPHHS is working to implement via Provider Rate Study. Higher reimbursement rates for behavioral and residential services so that providers can deliver enhanced level of care. Transition support teams (programming and behavioral plans) that help providers make the transition from IBC successful.	 HB 691 was passed in 2021 to create these services; DPHHS is working to implement. Prevention, intervention, and crisis support. Training and support for providers and families to prevent crisis. Direct professional staff support in the individual's current placement. Through provision of temporary crisis support, out of home placements and admission to more restrictive settings will be reduced. 	 DOES NOT EXIST (For Discussion) 6-to-12-month, short-term stays Active and intensive treatment Small, home-like cottages (4 beds) Step up from community for intensive support Transition back to community Potential model: Kennedy-Krieger Seek academic partnerships



Supporting the Broader I/DD Care Continuum in Montana

The goal is to support all individuals with I/DD within the community, even those with complex needs. To achieve this outcome, the service delivery system requires sufficient capacity to wrap services around those individuals who are either at risk of being placed outside of their home, or have been removed from a home, placed into a more restrictive and less integrated setting.

(least restrictive) Continuum of Care (most restrictive) 6-12 Months Montana State Hospital **DD Group Homes** Supported Living CMS 0208 Comprehensive Waiver Intensive Treatment **Crisis Services** Enhanced Level of Program (ICF/IID) Waiver Service (HB 691) Existing (Behavioral/Residential) Out of State Placement **Future** State **Outcomes** Improved Quality of Care Reduced Admissions to MSH Improved Community Integration Reduced Out of State Placements Reduced Time Away from Home Reduced Cost for Intensive Services Closure of IBC

