DD System Crisis Supports- Reviews and Recommendations 10/1/15

Crisis Supports is defined as short term intervention to enable an adult client to live as independently as possible in the community. Crisis supports refer to three related services:

1. Behavioral support services. These include proactive and reactive behavioral supports.

2. Short term in home behavioral intervention using internal or external staff with behavioral expertise and in some cases, additional direct support [DSP] staffing.

3. Out of home short term crisis bed capacity and stabilization services.

Keeping people out of institutions has been a primary goal for states for the past 40-50 years. In Montana, people with DD are committed to the ICF when they present serious risk of harm to themselves or others. Reducing *behavioral risk* is paramount in keeping clients with behavioral risks in the community. The root cause of placement failure is often the lack of adequate staffing. Adequate staffing is defined as having staff qualified to work with the client and staffing levels are adequate and stable. The success of behavioral supports depends on the availability of an adequate, stable DSP workforce. The absence of a stable direct care workforce compromises behavioral support outcomes.

States have used a variety of approaches in addressing clients with behavioral challenges.

Behavioral Support Services

Many states offer behavioral support services in their 1915c comprehensive services waivers. Qualified provider [credentialing] requirements vary by state. Common features of states' behavioral supports services follow and include two general areas:

Proactive and **Reactive Behavioral Supports**

1. Proactive behavioral supports are those supports which include efforts to understand the function of challenging behavior and to give clients the tools to meet this need in more socially appropriate ways.

2. Reactive Behavioral supports are made available based on the exhibition of behavior that impinges on and negatively affects the relationships between staff and the client or between clients. Client aggression and environmental disruption may or may not present a threat of serious harm to self or others, but these behaviors serve to degrade the quality of life for all concerned. The response of staff to these events should be clearly defined.

In both proactive and reactive behavioral supports, a designated staff person is overseeing behavioral progress. Reactive and proactive interventions should be based upon a functional behavior assessment. This assessment is broad and reviews every aspect of the client's environment- behavioral history, medical history, client likes and dislikes, environmental factors, etc. Reactive strategies should be paired

with a positive behavior support plan. Reactive strategies give staff the tools to safely de-escalate aggressive behavior in the moment. Equally important, these interventions always be paired proactive behavioral strategies to increase the incentives for socially acceptable behaviors.

Short term in home crisis intervention- This service is available when an eligible person is at risk of losing their residential placement due to aggression toward self, others or property, environmental disruption, or behaviors that put self or others at risk. Short term crisis intervention may involve crisis team staff, contracted staff or in house provider staff developing a comprehensive plan to keep the client in the home. The response team may use a trained direct support staff person to provide one to one support until the crisis is resolved. The response team may develop a positive behavior support plan for persons responsible for the care of the client. If a support plan is needed, the crisis team would provide training to care givers and others who will follow the plan. Other community professional staff may be accessed by the response team to better serve the person. The response team may decide that a short term out of home crisis placement is needed. This option gives the planning team some time to figure out the next steps.

Crisis response teams are used by several states in different configurations. Most states offer behavioral supports as a waiver service. Crisis response teams are less common. Some states use crisis response hotlines. Georgia uses a crisis hotline, crisis response team and maintains two crisis homes for short term out of home stabilization and treatment. A significant challenge in the in-house provision of short term crisis supports is that staff who provide these services often have other jobs within the agency.

Short term out of home crisis placement- Crisis beds are available to persons who are determined to be at immediate risk of harm to self or others and immediate out of home placement is needed. Out of home crisis beds will support the person until a more appropriate community based setting is made available, if a return to the client's previous setting is not feasible. Crisis bed capacity is used to stabilize the client and sometimes, to develop a behavior support plan enabling the client to return to their previous setting. Crisis response teams may be involved in training the person's current or future care givers to support the client more effectively in the former or a new residential setting. If individuals requiring the crisis bed service are enrolled in a DD Waiver, the client's cost plan will be increased to enable payment for the service. States offering crisis beds do so in a number of ways. These include:

1. Open beds in an ICF-IID setting.
2. Crisis respite homes.
3. Dedicated crisis group homes.
4. Foster care homes with an extra bed.
5. Existing group homes with reserve capacity.
6. Contracts for an open bed in local mental health centers- the crisis person need not have a mental health diagnosis.

Several states offer out of short term out of home crisis capacity to serve the needs of clients with DD. .

Recommendations

1. Enhance the salaries and benefits of direct support workers to enable the hiring and retention of qualified direct care workers.

2. Use internal and external behavioral support staff to improve the skills of direct support staff working with clients with a history of challenging behavior.

3. Residential placement options should allow the client with challenging behaviors to have a private bedroom.

4. Out of home crisis capacity in ICF-IID or SB411 Waiver funded settings enable the delivery of adequate staffing and the availability of clinical and behavioral expertise. Providers with clients who require out of home crisis placements should be reimbursed for holding a bed in anticipation of the client's return if the client's return is clinically appropriate. During the out of home crisis placement, efforts should be made to optimize the client's future placement. This may involve development of a behavior support plan, staff training, planning for a more appropriate residential or day setting, making environmental changes that would reduce the potential for future behavioral events, medical and psychiatric reviews, etc.

5. Short term ICF admissions will require MCA changes. Many states use ICFs for time-limited emergency crisis placement and stabilization. Short term crisis placements in SB411 waiver settings are possible only if the provider is compensated for holding a bed, or, if the provider rate includes a component for maintenance of open crisis beds. In the event the open bed is filled, the SB411 waiver provider would be compensated at a higher rate. SB411 provider contracts will specify that the provider is obligated to serve a client as directed by the Department, either as a long term placement or as a short term crisis placement. In these cases, the minimum daily rate for the service will apply and additional add on rates may also apply, based on third party assessment of client need and behavioral acuity.