

Individuals with High Needs/Significant Risk Workgroup Meeting Notes- 10-14-15

Attending: Connie Orr, Pat Clark, Mike Sadowski, Fran Sadowski, Vickie Poynter, Patrick Maddison, Ken Brown
On phone: Susan Sherman, Nicole Edwards, Marc Wethern

Fran Sadowski presented information from the 6 State Summit

- Colorado is doing a pilot project; bill with a fiscal note
- Providers with pre-crisis services
 - Questions about staffing
 - What if the person goes into crisis?
 - How to ensure that the person doesn't stay in this setting
 - Blended waiver with developmental disabilities and mental health (not looking at this year)
- Nicole suggested setting short-term and long-term goals with long-term being the ideal services – what would that look like?
- Discussion centered around various options for providing services with waiver funding
 - Defining different types of crises and having different services; concerns about having a person in crisis placed in a group home with others who are not in crisis
 - Crisis beds in provider agencies:
 - People without behavioral crises vs other crises: need for different services
 - Not all providers have the same capabilities, not all are equally capable
 - Staff from other agencies going in to work with their client – liability issues
 - Each provider could define their strengths e.g., behavioral intervention, medical/psychiatric, sex offenders – placements would be related to those issues and provider would have to evaluate whether or not they are set up for a particular issue
 - Parameters for length of stay, ensuring that the person doesn't stay, minimum/maximum length of stay
 - Provider of last resort (this is what MDC does now)
 - Need for some sort of “clearing house” to keep track of where/what services are available (similar to openings report)
 - Use of the crisis team in this setting – team would be allowed to consult and provide services
 - Providers could expand their services (more beds available)
 - Open beds in ICF-IID/dedicated crisis group homes
 - State run – would also have to have crisis group home
 - Foster care home with extra bed
 - DSPs go with the person
 - Make different parameters – not for challenging behavior, more like death in the family or aging family members
 - Contracts for open beds in local mental health centers
 - Funding is the stumbling block for this options
 - Psyc. centers keep people for 5 days, then don't get paid
 - Providers could send staff to MH group home/psyc. centers to help with funding/assisting in the process