



February 23, 2021

TO: Representative Brenda Landwehr and Members of the House Committee on Health and Human Services
FR: Nick Wood, Associate Director, InterHab
RE: Crisis Services for Kansans with IDD

Chair Landwehr, and members of the committee, thank you for the opportunity to share information on behalf of the member organizations of InterHab. Our members serve Kansans with intellectual and developmental disabilities in every part of the state.

Statewide Crisis Support Programs

We are here today to talk to you about behavioral health services for Kansans with intellectual and developmental disabilities. After several years of confusion at CMS in the 2000's, states are rapidly developing crisis services programs that specifically address the needs of people with IDD. As a state, we should work together to develop statewide solutions that address gaps and barriers to effective services for diagnosis, behavioral health treatment, medication management, and crisis support.

1. System-wide training. Individuals with intellectual and developmental disabilities and co-occurring behavioral health conditions have complex needs and present clinical challenges to the professionals, programs, and systems that provide care to these individuals. It is critical that any workforce providing supports and services to these individuals have a high level of competency. Training should be competency-based and adaptable to differing levels of practice experience and formal education. Existing training resources (such as START) could be implemented in order to meet this need.

2. Develop specialized service delivery programs modeled after evidence-based practices from other states. Training should result in the ability to implement Cross System Crisis Prevention & Intervention Plans for individuals served, which would provide the tools needed to support an individual through crisis. Specially trained community-based staff should be available to provide individual or disability specific trainings to teams. Assessment and crisis intervention services should be implemented in the context of a comprehensive, systems linkage approach, to improve capacity in the system as a whole.

Kansas should also adopt a best practice, system of care approach toward crisis intervention for Kansans with intellectual disabilities or Autism in crisis. A system of care approach (such as what is offered in Maine) could include:

- Prevention Services - provide wellness checks and identify ways to help people work through potential crisis.
- Crisis Telephone Services - available 24/7 to provide information, referral, and action plan development.
- Mobile Crisis Outreach Services - provided on-site wherever needed.
- In-Home Crisis Services - assist people to become stabilized in their home.
- Crisis Residential Services - provide very short-term, highly supportive and supervised residential settings.

When someone goes into crisis and enters an institutional setting like an emergency room, hospital, or residential facility, the experience of receiving these interventions can be scary and traumatic for them, and, in turn, further escalate their symptoms and behaviors. We have a plan to help address systemic barriers and develop statewide solutions that address gaps and barriers to effective services for diagnosis, behavioral health treatment, medication management, and crisis support.

Community-Based Care Management

Community-based care management is an alternative to traditional Targeted Case Management under Medicaid that would help our system meet the complex care needs of Kansans with IDD. Models like this integrate all services for physical, behavioral and age-related conditions into one service plan. We are closely monitoring the development of these models in Kansas and want to work collaboratively with our state agencies to implement them statewide.

Intensive Community Support for Kansans with IDD caught in the Criminal Justice System

The supervision and positive reinforcement available through an Intensive Community Support model is a good alternative to any correctional facility. These models feature reduced caseloads and specialized training for case management and direct service staff. They are also a less costly alternative when all expenses related to prosecuting an individual with IDD are considered (court proceedings, competency education, etc).

Re-Cap

1. Community-Based – Not promoting a completely new program. Just better coordination, training, and payment strategies that match the needs of the people who are served.
2. Avoid ‘assessment and triage’ style crisis service programs and models that rely heavily on layers of administrative requirements.
3. Plans for Crisis Services are developed with process similar to Person-Centered Planning (PCP) process but includes an assessment by a clinician.
4. Data collection and outcome measures must be ‘useful’ for providers and trainers.
5. ‘Enhanced services’ are typically used to address unmet needs that are identified through the planning process. These types of services include things like assessments by behavior specialists, specialized intervention strategies, medical assessments to test for pain and other medical issues that could cause crisis level behavior, and home modifications.