

ISSH Review  
Committee  
August 13, 2009



TEAMWORK

**Focus Group Responses**  
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**Focus Group Stakeholders**

- Consumers
- Parents and Guardians
- Legal and First Responders
- Private Providers
- Advocates
- Department and ISSH Staff



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**Themes for Discussion**

- System needs for consumers who are assaultive or have self-injurious behaviors
- Crisis response
- Services to consumers who are medically fragile
- Criminal justice and people with disabilities
- Role of the state



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 **Assaultive and Self-Injurious Behaviors**

What are the issues and barriers to community placement?

- Inadequate crisis response (6/6 groups)
- Inadequate crisis placement for temporary stabilization and treatment (3/6 groups)
- Not enough psychiatric care (5/6 groups)
- Fragmented treatment system (3/6)



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 **Issues and Barriers (Cont'd)**

- Direct care staff don't know what to do (5/6)
- Direct care staff are afraid (3/6)
- Direct care staff turnover rates (5/6)
- Must keep staff and other clients safe (4/6)
- Concerns of guardians (2/6)
- Restraint limitations, liability (4/6)
- Licensure and survey (for ICF) (3/6)



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 **Issues and Barriers (Cont'd)**

- Inadequate reimbursement (3/6)
  - Rate issue (for better staff salary)
  - Minimal reimbursed to cover costs of staff to client supervision ratio
  - Reduction of supports with stabilization
- Services & authorization aren't flexible enough or quick enough in crisis (4/6)



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 **Assaultive and Self-Injurious Behaviors**

What do we need to safely care for these consumers in the community?

- Mobile crisis team (3/6)
- 24-hour crisis response (4/6)
- On-site, client specific training and coaching for providers (4/6)
- Temporary crisis bed for stabilization (3/6)



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 **Solutions for Safe Care And Treatment**

- More psychiatric and pharmacy expertise (4/6)
- Respite for caregivers (3/6)
- More flexible reimbursement and processes (3/6)
- Crisis/behavior plan for each client (3/6)
- Community crisis protocols (1/6)
- Strong team approach to client services (3/6)



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 **Solutions for Safe Care And Treatment**

- More service & residential options for children under Medicaid (3/6)
- Solution/placement for clients who are competent to stand trial and commit serious crimes (3/6)
- Training for first responders about developmental disabilities (3/6)
- Data base of client profiles for those with frequent crisis for first responders (2/6)



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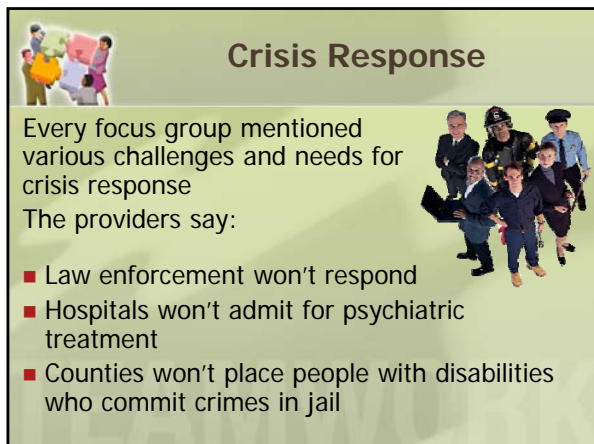
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**Crisis Response**

Every focus group mentioned various challenges and needs for crisis response

The providers say:

- Law enforcement won't respond
- Hospitals won't admit for psychiatric treatment
- Counties won't place people with disabilities who commit crimes in jail

*(Note: The slide also features a small icon of people in the top left and a group of emergency responders in the middle right.)*

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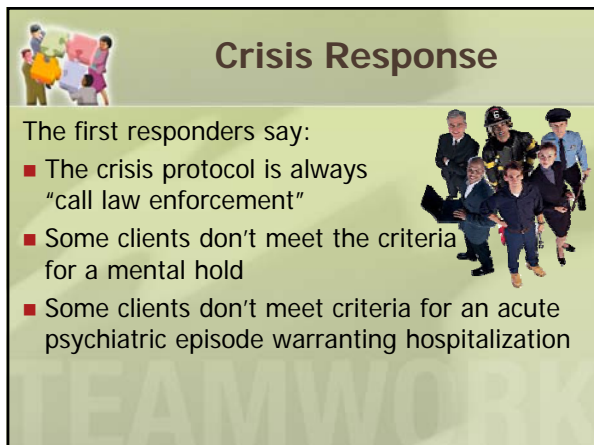
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**Crisis Response**

The first responders say:

- The crisis protocol is always "call law enforcement"
- Some clients don't meet the criteria for a mental hold
- Some clients don't meet criteria for an acute psychiatric episode warranting hospitalization

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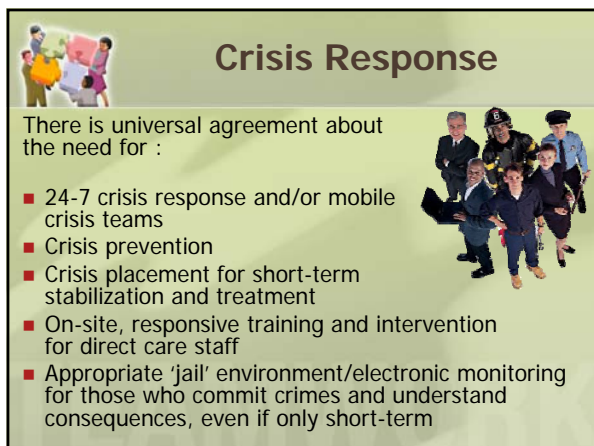
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**Crisis Response**

There is universal agreement about the need for :

- 24-7 crisis response and/or mobile crisis teams
- Crisis prevention
- Crisis placement for short-term stabilization and treatment
- On-site, responsive training and intervention for direct care staff
- Appropriate 'jail' environment/electronic monitoring for those who commit crimes and understand consequences, even if only short-term

*(Note: The slide also features a small icon of people in the top left and a group of emergency responders in the middle right.)*

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### Medically Fragile

Issues and barriers for serving the medically fragile in community settings:

- Parents don't trust there are equivalent community services
- Providers are concerned that special rates won't continue over time or will be inadequate
- Parents need assurance that staff are well-trained and that turnover is limited
- Access to specialists and specialty teams isn't readily available



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### Issues and Barriers for Medically Fragile (Cont'd)

- Assurance that provider understands social/emotional needs of the client
- Assurance that the clients have normalized experiences and enough activity
- Assurance that routines are maintained, staff are consistent, care is consistent
- Families and guardians don't believe ISSH will ever close because it has been in operation for so long



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### Issues and Barriers for Medically Fragile (Cont'd)

- ISSH has provided quality care for the medically fragile;
  - clients are safe;
  - don't change what has worked for them;
  - they might die;
  - change is stressful for them;
  - what if the next provider shuts down;
- ISSH has the team of experts needed



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 **Solutions for Serving Medically Fragile in the Community**

- Establish specialty team for medical services for each client
- Establish emergency response plan for each client
- Assist parents and guardians with visits to appropriate community providers
- Arrange for frequent and extended visits by individual clients to a community provider on a trial basis



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 **Solutions for Serving Medically Fragile in the Community**

- Discharge clients in groups to the same provider to maintain friendships and contacts
- Transition some key ISSH direct care staff to private provider
- Establish a consistent rate of payment for needed services
- Individualize the process and the plan for discharge



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 **State Role for Care and Treatment Of People with Disabilities**

- Assure their safety and well-being
- Assure that services are accessible and of high quality
- Serve as the oversight entity to assure that client service needs are addressed
- Train providers
- Develop crisis response, crisis management, and crisis prevention capacity
- Serve as the safety-net entity



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### State Role (Cont'd)

- Provide for a continuum of services
- Identify placement options
- Serve as the provider of last resort
- Serve as community liaison for system development
- Provide technical assistance
- Provide guidance to courts about competence, guardianship, placement, etc



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### State Role (Cont'd)

- Promote collaboration between first responders, legal services and other entities
- Protect client rights
- Advance policy and expertise throughout the system
- Promote evidence-based practices
- Provide for licensure and certification of providers



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### State Role (Cont'd)

- Provide budget and financial controls



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### Criminal Justice

- Those individuals who commit serious crimes and are competent to stand trial should be adjudicated through the criminal court process
- Incarceration/jail is not an appropriate consequence for all people with disabilities who are competent to stand trial; utilize electronic monitoring or other types of placement options



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### Conclusions

- There is a high degree of agreement among stakeholders with regard to needs of the system to facilitate transition of clients out of ISSH and to prevent admission to ISSH
- There is a high degree of similarity between stakeholder comments about needed system solutions in Idaho and the experience of other states related to transitioning of clients from state institutions



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### Preliminary Recommendations

- Crisis prevention, response, and placement for stabilization must be addressed
- Improvements need to be made in the availability and types of training to be provided to private providers, the legal system and first responders
- Idaho must decide on a case-by-case basis the type of response needed for those clients who commit a crime



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### Preliminary Recommendations

- The community-based service, authorization, and reimbursement system for clients who are dangerous or in crisis needs to be more flexible and timely
- The State is the safety-net for people with disabilities
- The State has the responsibility for the development, oversight, quality assurance, and funding of appropriate services for people with disabilities



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