DMH
Mississippi Department of Mental Health
Supporting a Better Tomorrow...One Person at a Time

2021 NASMHPD Conference

Crisis Services Response for IDD and Other Special Populations

MENTAL HEALTH | INTELLECTUAL AND DEVELOPMENTAL DISABILITY SERVICES | ALCOHOL AND DRUG ADDICTION SERVICES

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Our Goal

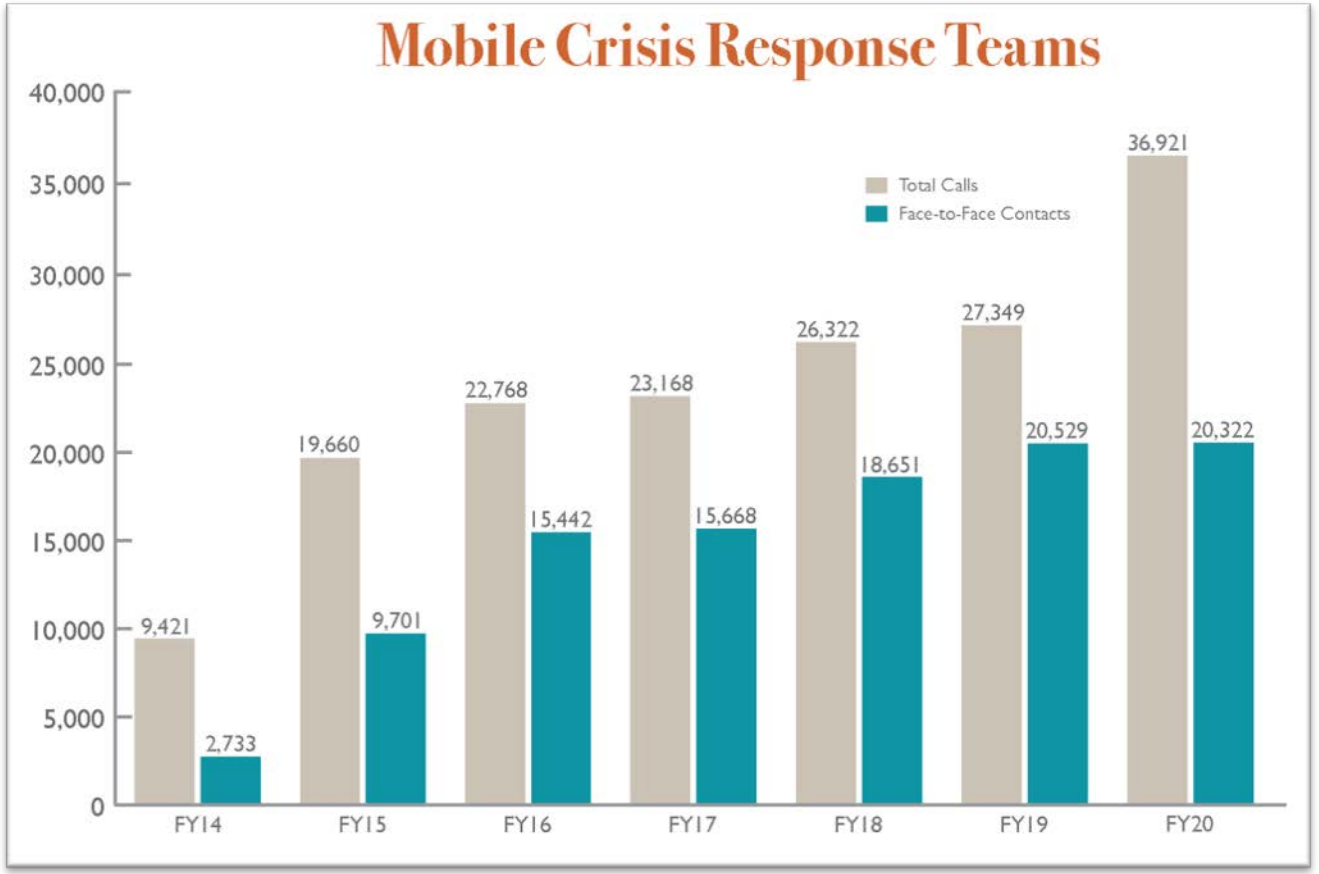
The Mississippi Department of Mental Health provides hope by supporting a continuum of care for people with mental illness, alcohol and drug addiction, and intellectual or developmental disabilities.

Current Strategies

- Mobile Crisis Response Teams
- Crisis Transition Homes
- Crisis Beds at State-Operated Regional Programs
- SPOTT Team

Mobile Crisis Response Teams

- First began operating in 2014
- 36,921 calls in 2020
- 20,322 involved face-to-face interaction



Crisis Beds for IDD

- Matt's House and Success Homes
  - Supports up to five individuals who are either in crisis or at risk of being in crisis 24 hours per day, seven days per week.
  - Short-term crisis transition home.
  - Residents must be 18 years of age, must not be violent, and not currently on the IDD Waiver.
  - Referrals can come from a multitude of locations, but the SPOT Team has priority admission when the homes have vacancies.
- Crisis beds at State-Operated IDD Regional Programs

SPOT Team and Person-Centered Planning

- Specialized Planning, Options to Transition Team's main goal is to support people with a history of high recidivism—people who continue to cycle through the public mental health system.
- Consistent group of team members who meet bi-weekly to review the circumstances of people in need of person-centered support.
- Begins with the referral and a review of what has already been tried to support and serve the person.

Challenges

- Need for more crisis beds
- Need for more community providers willing to serve clients in crisis
- Need for more ID/DD Waiver slots
- Lack of benefits and benefit denials
- Staffing concerns

Solutions

- More training for staff on IDD crisis response
- Additional funding through FMAP to enroll more people on the ID/DD Waiver
- Additional Crisis Transition Homes
- Expand crisis bed capacity at Regional Programs

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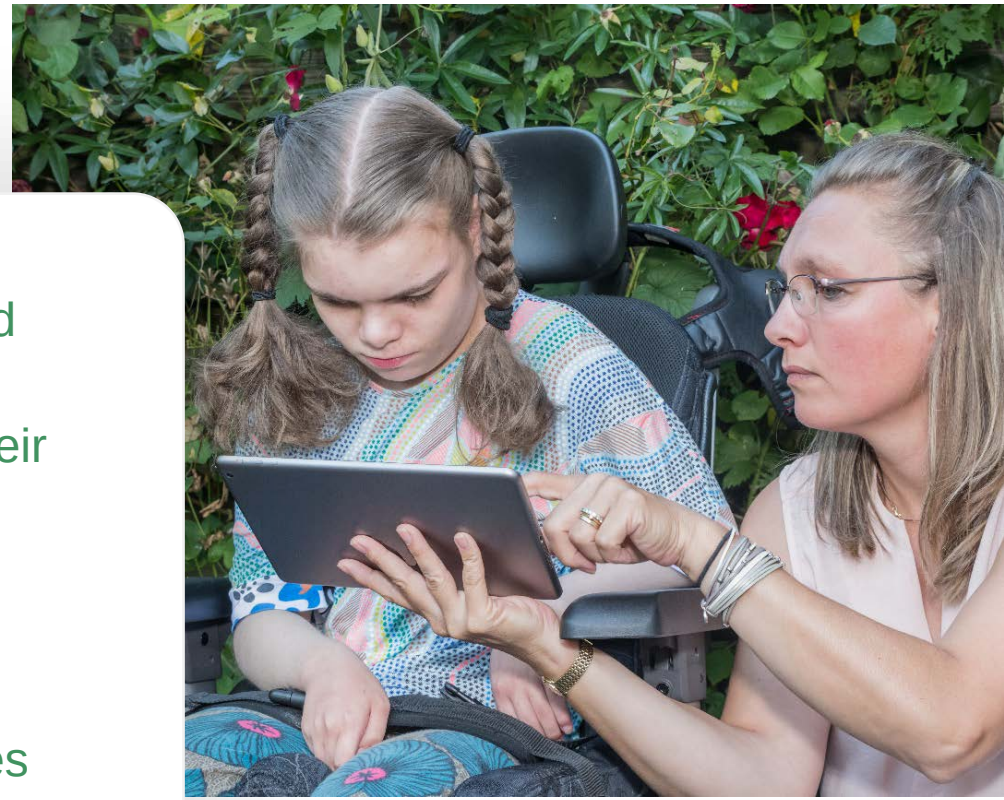
Supporting Individuals with I/DD with Co-Occurring Mental Health Support Needs

Mary P. Sowers, NASDDDS Executive Director

NASDDDS
National Association of State Directors of Developmental Disabilities Services

NASDDDS



NASDDDS represents the nation's agencies in 50 states and the District of Columbia providing services to children and adults with intellectual and developmental disabilities and their families.

NASDDDS members oversee more than 1/3 of the nation’s LTSS budget, providing essential services to children and adults with disabilities and their families – enabling good lives in their communities.

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Top Issues in State I/DD Systems

- An estimated 7.37 million people in the United States had an intellectual or developmental disability in 2016.1 It is further estimated that 30 to 70 percent of individuals with I/DD have a mental health condition.
- Despite this high prevalence level, even on the lowest estimates, there is a chronic lack of a whole-person approach in most states to supporting individuals with co-occurring I/DD and mental health issues, taking into account both the clinical supports necessary to treat the mental health (MH) condition while providing the needed, well-trained and supportive services for the individual to live and thrive in their communities.

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National Association of State Directors of Developmental Disabilities Services

Longstanding Barriers to Effective Supports

- Service delivery system structural siloes
- Lack of clinical capacity, including trauma-informed care
- Workforce shortages - both clinical and I/DD community based support
- Lack of support and training for individuals, families and direct support professionals on strategies for effective clinical interventions
- Lack of training for clinical professionals on the family-based, employment and community focus of I/DD services
- Anachronisms and perception vestiges within funding sources

Less than Optimal Outcomes for Individuals Due to System Barriers

- Inadequate access to necessary clinical and community based supports
- Potential overreliance on pharmacology, including psychotropic medications
- Being "stuck" between two systems – sometimes literally in acute care hospital settings
- Being labeled as "difficult" and/or "challenging" – reputations that are not easily dispelled

Keys for Comprehensive System Improvement

- State organizational structure, financing, payment approaches, and policies: *Opportunities to Transcend Structural Stovepipes and/or Misaligned Incentives*
- Access to skilled clinical capacity and specialized support/training for direct support workforce: *Clinical Capacity Building and DSP Workforce Development Efforts*
- Identification and design of effective service modalities: *Service Design Innovation Opportunities within State Medicaid Programs*

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National Association of State Directors of Developmental Disabilities Services

Opportunities to Do Better

At this juncture in time, we Can truly change the trajectory

- Devise cross-system collaboration strategies that truly enhance whole-person supports
- Devise approaches to enhance the availability of clinical capacity **AND** system partner skills

Prevention and Early Intervention

Crisis Services - Continuum

Individual and Family Centered Focus

NASDDDS published resources to assist in these deliberations: LINK

States with Promising Approaches

States that have made inroads into devising effective strategies to support people with co-occurring I/DD and mental illness generally engaged in the following practices:

- Reflective systemic analysis to identify areas of needs and strengths upon which to build;
- Collaboration and problem-solving across and within program agencies;
- Identification of multi-level system interventions to enhance overall capacity; and
- Commitment to person-centered and family-centered practices to provide support and treatment to individuals in a manner that meets their specific needs, while focusing on in home and community based services.

States with Promising Approaches, Cont'd

Michigan – System structured to support both individuals with I/DD and MH support needs. State level expertise that spans both systems
Pennsylvania – Capacity Building Institute
Missouri -is a member of Project ECHO and established the Missouri Alliance for Dual Diagnosis
Ohio- Department of Developmental Disabilities (DODD) and the Department of Mental Health and Addiction Services (MHAS), with a strategic investment in trauma informed care. Additionally, Ohio DODD implements project ECHO, which is a systems of care project for multi-system youth
Washington – Community Protection Program and robust positive behavior support practices in two other waivers, including intensive children's in home waiver

Key Considerations for Crisis Services

- Engage multiple systems in design and delivery of crisis systems.
  - Must have proficiency to ensure equal access and responsiveness for all individuals regardless of disability, race, ethnicity, spoken language or alternative communication
  - Must ensure strong partnerships to ensure a continuity of support post-crisis
- Use plain language in approaches to engagement and treatment
  - Some of our systems biggest impediments relate to vernacular. Removing system-speak can help foster open communication and joint problem solving
- Build in strategies to leverage needed expertise – No one system can meet 100% of needs. Requires a framework for partnership

NASDDDS

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