

**Task Force for Assessment of Services and Supports for People with Intellectual and
Developmental Disabilities
February 23, 2018**

Crisis Response Services Summary

Some individuals with an intellectual developmental disability may also experience episodes of acute behavioral crisis. Crisis translated to the lives of individuals with an intellectual developmental disability includes:

- A behavioral or psychiatric emergency in a community setting
- Dangerous or could quickly become dangerous, including possibility of serious harm
- Could jeopardize placement / lead to institution
- May result in arrest or hospitalization

In 2007 Indiana became one of only a handful of States to fund and provide crisis intervention services for individuals with developmental disabilities living throughout Indiana. Medicaid funding was utilized to fund a significant portion of the costs of the program. The system was considered the gold standard among State's and included the following required components:

- 24 hour call center and telephone response capacity
- In home response by a behavior specialist within 24 hours or sooner if needed
- Immediate access to psychiatric and nursing consultation services
- Temporary Out of Home placement in order to obtain behavioral stability
- Ongoing "follow-along" supports by crisis staff to prevent recidivism

Although Indiana ended their crisis assistance services in 2010 due to budget restraints during an economic recession, today less than 10 States provide crisis services for persons with IDD.

Crisis Services can . . .

- Quickly respond to a behavioral or psychiatric emergency in the community
- Reduce danger through on-site interventions that also prevent future escalations
- Preserve current support services/ prevent institutionalization
- Increase the capacity of current support personnel and family members to manage behavioral needs
- Prevent arrest/incarceration or hospitalization
- Reduce unnecessary use of law enforcement and medical first responder resources

The 1102 Task Force should consider including a recommendation that Indiana establish a statewide IDD crisis response program utilizing all available Federal funding (including Medicaid, HCBS waiver etc) and as needed/required State funding with the following crisis best practice components:

Crisis Best practice Components

1. 24 hour telephone Response/Hotline – Single Point Of Entry

2. In-Home Service, On-demand mobile crisis teams to provide on-site intervention, stabilization, and in-home support
3. Temporary Out-of-Home Placement resources for stabilization purposes ,typically 7 days or less, transportation to Out of Home Placement locations
4. Telemedicine capacity and coverage
5. Reduction of risk/stabilization—build capacity in the individual’s support system for individuals with high incidence of reportable incidents.
6. Prevention strategy to anticipate/eliminate re-occurrence
7. Program staff/personnel and contractors should include:
 - Psychiatrist
 - Behavior Clinicians or BCBAs
 - Psychologist
 - Direct Support Professionals for temporary staff support
 - Registered Nurse consultation