Innovative Service Model for Crisis Prevention and Response: The New York State Initiative for People with Intellectual and Developmental Disabilities

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A New Safety Net Needed

- Developmental Center closures require effective community based support models
- Increasing pressure on emergency department usage and inpatient settings for people with I/DD in behavioral health crisis
Background

Crisis response services for individuals with I/DD and co-occurring mental and behavioral health needs have varied across the state.

Cross System Challenges:
- Lack of understanding of people with dual diagnosis
- Less effective system response
- Repeated utilization of higher intensity services

Variability of available services influenced by:
- Population served
- Mental Health-Developmental Disability divide
- Regional/geographical differences
- Fiscal constraints
- Shortage of resources in public and private sector
- Facility closures
NY START as a Research Driven Response

• During the summer of 2012, OPWDD began to work with leaders at the Center for START Services within the University of New Hampshire’s Center of Excellence on Developmental Disabilities to redesign and strengthen its system for the provision of community based crisis prevention and response services.

• OPWDD is implementing START (Systemic, Therapeutic, Assessment, Resource and Treatment) Model statewide to:
  – Create consistent statewide capacity for effective crisis prevention and response
  – Incorporate evidence informed treatment approaches
  – Monitor outcomes at an individual and systems level using consistent data reporting systems
Core START Elements

• Employs data driven, evidence-informed person-centered practices and outcome measures.
• Implementation of multi-level cross system linkages (local, statewide, national) by trained START Coordinators.
• Consultation, assessment and service evaluation to augment the existing system of support.
• In-home therapeutic supports (ages 6 – adult).
• Site Based Therapeutic Resource Centers (ages 21+).
• Crisis support 24 hours/7 days a week.
• Team response time, 2-3 hours.
• Clinical education teams, online training forums, family support and education.
Public Health Model & START: Numbers Benefitting from Intervention

System gap analysis, workforce development and identification of risk factors

Primary Intervention:
Effective Strategies: ‘Changing the Odds’

Secondary Intervention:
Improved Supports: ‘Beating the Odds’

Tertiary Intervention:
Accurate Response: ‘Facing the Odds’

Potential impact of intervention

Required intensity of intervention
NYS DSRIP
Performing Provider Systems and Local Partnerships

• PPS Partners should include:
  ✓ Hospitals
  ✓ Health Homes
  ✓ Skilled Nursing Facilities
  ✓ Clinics & FQHCs
  ✓ Behavioral Health Providers
  ✓ Home Care Agencies
  ✓ Physicians/Practitioners
  ✓ Other Key Stakeholders

Community health care needs assessment based on multi-stakeholder input and objective data.

Building and implementing a DSRIP Project Plan based upon the needs assessment in alignment with DSRIP strategies.

Meeting and reporting on DSRIP Project Plan process and outcome milestones.
## NYS DSRIP and START Program

### Shared Vision

<table>
<thead>
<tr>
<th>Goals of DSRIP</th>
<th>START model</th>
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<tbody>
<tr>
<td>Participation of stakeholders and CBOs</td>
<td>Linkage agreements&lt;br&gt;Advisory Councils</td>
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<tr>
<td>Education of workforce</td>
<td>Defined, evidence based education for workforce – cross systems focus</td>
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<tr>
<td>Partnerships between PPSs and CBOs</td>
<td>Data related to START activities&lt;br&gt;• Assessments completed&lt;br&gt;• Crisis plan development&lt;br&gt;• Disposition of ED presentation</td>
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<tr>
<td>Reduction of ER use&lt;br&gt;Deferment or reduced length of stay in inpatient hospital settings</td>
<td>• Data on LOS and frequency of hospital admissions for START service recipients.&lt;br&gt;• System engagement and capacity building for preventative approaches.</td>
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<tr>
<td>Community based treatment options</td>
<td>• In-home supports for planned or emergency support and consultation&lt;br&gt;• Resource Centers for up to 30 day stays focused on prevention and stabilization</td>
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# Program to Date Psychiatric Hospital & ED Use

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<thead>
<tr>
<th></th>
<th>Region 1</th>
<th>Region 3</th>
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<tbody>
<tr>
<td>Pre START Referral Psychiatric Use</td>
<td>25.41%</td>
<td>45.66%</td>
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<tr>
<td>Post START Referral Psychiatric Use</td>
<td>6.62%</td>
<td>6.25%</td>
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<tr>
<td>Average Length of Stay (days)</td>
<td>12</td>
<td>12</td>
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<tr>
<td>Pre START Referral Emergency Department Use</td>
<td>42.70%</td>
<td>51.60%</td>
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<tr>
<td>Post START Referral Emergency Department Use</td>
<td>11.26%</td>
<td>7.61%</td>
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Anecdotal Example Applying the Public Health Model

Access to services
Treatment planning
Integrating health and wellness
Service linkages

Identification of stressors
Crisis planning and prevention
Crisis intervention
Respite services

Emergency Room
In-patient
Police/legal

PRIMARY INTERVENTION
SECONDARY INTERVENTION
TERTIARY INTERVENTION

Potential impact of intervention
Required intensity of Intervention
Crisis Calls and Mobilization Data

- Number of Crisis Calls
- Number of Mobilizations
- Total Monthly Crisis Call Minutes

- April 2015: 2
- May 2015: 6
- June 2015: 12
- July 2015: 14
- August 2015: 10
- September 2015: 8
- October 2015: 4
- November 2015: 2
- December 2015: 0
- January 2016: 0
- February 2016: 0
- March 2016: 0

Total Minutes:
- April 2015: 0
- May 2015: 0
- June 2015: 0
- July 2015: 0
- August 2015: 0
- September 2015: 0
- October 2015: 0
- November 2015: 0
- December 2015: 0
- January 2016: 0
- February 2016: 0
- March 2016: 0
Questions