Developmental Disabilities Lecture Series

James Wiltz, PhD
Psychologist & Regional Director
Benchmark Human Services
Indianapolis, IN

Crisis and Intensive Residential Supports in the Community for Those with Challenging Behavior

April 10, 2015
The Hotel Woodbridge at Metropark, Iselin

The attached handouts are provided as part of The Boggs Center’s continuing education and dissemination activities. Please note that these items are reprinted by permission from the author. If you desire to reproduce them, please obtain permission from the originator.
Today’s Presentation Topics

Introduction:
Some History – how we got here from there

High-Behavior Community Supports:
- Best Practice: Components in the 4-legged stool

Introduction:
Me & who I work for:
- 10 states & DC
- over 8,000 served
- Intensive Residential Support in 6 states
- Operate two 24/7 Mobile Crisis Services
- Indiana Crisis Service 2007-2010
- Develop Models of Support
- Dual Diagnosis Focus
Dual Diagnosis

1. Intellectual Disability &
2. Mental Disorder (or MI)

- 1982 – Reiss & “Diagnostic Overshadowing”
- 1982/3 – Menolascino & “Dual Diagnosis”
- 1983 – Fletcher & NADD

Dual Diagnosis – Why it is Important

- Future: most people with ID who receive 24-hour services will have Dual Diagnosis
- *Is that future = Now?*

- Everyone working with people with ID will encounter people with Dual Diagnosis

History - Toward Community Services

- First Boarding School in 1848
  - Originally an attempt at Habilitation and Training (Wolfensberger, 1969)

- Eugenics then Institutional Care
  (Snowley, Dudzinski, van Antwerpen, & Kendrick, 1988)
Toward Community Services

Kennedy and the President’s Panel
(Kennedy, 1963; President’s Panel, 1962)
- 112 Recommendations
- Foundation for research and services
- Included Dr. Elizabeth Boggs as parent/advocate

Institutions & Community Today

- “Bad old Days” vs. Today
  - Historical Context & Evolution of Care
  - My Experiences in Three Institutions
- Trends toward Community Care for Many

Institutions & Community Today

- Same Regulations (e.g., ICF/ID)
- Same Values underlying Services
  - PCP, ISPs, BSPs, HRCs – and the rest of the alphabet
- Different Funding, though . . .
  - . . . and Different intensity of services
  - Psychiatry, crisis response, “hotel” etc.
Stress on Institutions
• CMS & More Pressure for Community Integration
• DOJ, CRIPA, & ADA
• Costs keep Rising

Stress on Community
Where do “New” people go?
• More Dual Diagnosis & Challenging Behavior
• Highest end of Continuum → Community
• Few Institutional Options Left

A Proposed Solution:
• A Robust Model that Overcomes Barriers

Common Metaphor: Supports are a 3-Legged Stool
• Each leg is essential or else collapse is certain
• If one leg is missing or incomplete, nothing else works, period
• Problem: it’s not like real life
• Services for People with ID have never been complete – that does not mean everything collapses
Revised Metaphor:

High-Behavior Community Supports are a 4-Legged Stool

- Each leg is important
- All four legs combined are the most stable
- Just like real life, imperfect services do not collapse just because something is missing

Sometimes Imperfect . . . . . but Still Standing

- Think of services in Your region of the state
- Is every support available?
- Probably not, but some parts still work
- But should individuals with ID have to settle for Rickety Supports?
Supporting People with High-Behavior in the Community

Community Partners

4 Legged Support:
Challenging Behavior in the Community

1. Intensive Residential Support
2. Mobile Crisis & Stabilization
3. Linkages between Community Partners
4. Strong Relationships with Government Agencies

4 Legged Support:
Challenging Behavior in the Community

1. Intensive Residential Support
   • Highest level within Continuum of Care
   • Enhanced Staffing, including Clinical
   • Environmental Modifications
   • A closer look: ESNs or even Higher Needs
4 Legged Support:
Challenging Behavior in the Community

1. Intensive Residential Support
   • ESN = Extensive Support Needs Group Home
   • 4 housemates in sturdy home, 3/3/2 staff, etc.
   • Does that model work for the most challenging?
   • Highlight: Bert from Bethesda

4 Legged Support:
Challenging Behavior in the Community

Bert: A Success Story
• ID & brain injury as child
• Dangerous Behavior
• Lifetime in Institutions, including JRC
• 3 staff, no housemates (yet)
• 3 years at current home

4 Legged Support:
Challenging Behavior in the Community

2. Mobile Crisis & Stabilization
   • Call to Crisis Hotline, what next?
   • (hint: it depends on the type of service – RFP)
   1. Quick, in-home Assessment
   2. Then Menu of Options made Available
4 Legged Support: Challenging Behavior in the Community

2. Mobile Crisis & Stabilization
   • Mobile Crisis Units & In-Home Support
   • Psychiatry & Telemedicine
   • Out-of-Home Support / Acute Stabilization
   • Follow-up & High-Risk Prevention

2. Mobile Crisis & Stabilization & Linkages
   • Unique Role of Crisis Team as the Lynchpin of Linkages between high-risk services [Wiltz, 2013]
   • Example – Acute Care subcontract & Building Capacity within Existing Providers
3. Linkages between Community Partners
   • Key is to feel like Partners, not Competitors
   • Building Relationships
   • All members of the same team
   • Necessary, but not sufficient

4. Strong Relationships with Government Agencies
   • Providers must link with Government
   • They are Funders and Customers
   • Legally Responsible (e.g., DOJ)
   • Ensure Accountability & Tie Everything Together
     • Example – State Placement Authority

Summary
   • Safe and Effective Community Placement is Possible, even for People with Challenging Behavior
   • A 4-Legged Stool approach provides Strong Interconnected Community Support
   • Linkages and Cooperation are needed: Specialty Crisis Providers are Uniquely able to Facilitate.
Thank You!

Contact Info: James Wiltz, PhD HSPP
Psychologist & Regional Director
Benchmark Human Services
jwiltz@benchmarkhs.com
812-679-7844
References:


