

**NH Intensive Treatment Services Summit
Workgroup: Capacity Development in NH**

September 2017 Final Report

Intensive Treatment Services Capacity Development in NH

2017

Participants:

Amanda Nelson, NeuroInternational
Bob Scholz, the Center for START Services
Lisa O'Connor, New Hampshire Healthy Families
Karen Kimball, New Hampshire Healthy Families
Kim Shottes, the Plus Company
Le'Ann Milinder, Institute of Professional Practice Incorporated
Lisa D'Innocenzo, Becket
Missy Hill, Northern Human Services
Neil Flannery, NeuroInternational
Noah Riner NeuroInternational
Sandy Hunt, Bureau of Developmental Services
Sue Silsby, Easter Seals

Meeting Occurrences:

4/20/17 - 5/18/17 - 6/20/17 - 7/18/17 - 8/25/17

Identified Goals of this Group:

- Review the work that had already been done
- Piece together a framework of available capacity in the State
- Develop a roadmap to move from where we are (capacity) to where we want to be
- Increase movement from high intensity to lower intensity models so people are not stuck
- Identify more specialized clinicians who are able to work with this population

Group Discussion Summary:

New Hampshire has a limited number of providers that offer services for individuals in need of Intensive Treatment Services. Upon the closure of Lakeview in 2016 which offered 88 beds to individuals with developmental disabilities and acquired brain disorder, NH was under immense pressure to identify appropriate therapeutic programs for individuals who were displaced. This forced NH to look out of state for appropriate treatment services. Between then and now, planning has begun to develop innovative, therapeutic, short and long term services that address the needs of individuals with a history of challenging and high risk behavior.

This group discussed a number of items including the following:

- Supply and demand for ITS in the state
- Identification of those in need of ITS across the state

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- An environmental scan of provider agencies in the state
- The function of the ITS Community of Practice and its role in moving people along the continuum of care
- Incentivizing provider agencies to offer ITS and to step people down from ITS when it is offered
- Measures to assist us in determining if ITS outcomes are being reached
- Ways to address the issue of people getting stuck in the Emergency Department and the role of each team member
- Reduction of liability for provider agencies who offer ITS
- Exploring new settings such as 4 person settings and how this may intersect with licensing and certification
- Ideas on how the Health Risk Screening Tool (HRST) may be used for data collection
- Provider development / out of state provider recruitment

Accomplishments:

There are multiple efforts underway to build capacity in the State of NH. Ongoing discussions have taken place with various organizations such as NeuroInternational, Crotched Mountain Rehabilitation Center, Institute of Professional Practice Incorporated, Easter Seals, Becket, New Hampshire Hospital, START, Community Partners (Region 9), One Sky Services (Region 8) and The Moore Center (Region 7). The goal is to provide alternatives to out of state placement, extended stays at the emergency departments and inpatient hospital stays. We are confident that as these initiatives progress, people in need of ITS will have effective, individualized treatment that is therapeutic and meaningful.

A survey was conducted by Alison Howe from CSNI (June, 2017). This survey asked Area Agencies to take an initial look at those people that they support who exhibit “high risk” behavior. This inquiry resulted in 215 people being characterized as “high risk”. The definition that was used in this survey of “high risk” is: Individuals with moderate to high risk for sexual offending, arson, significant & persistent violent behavior.

It was determined that this preliminary survey used data which could be viewed as subjective. The group discussed other factors that are more concrete which could be used to strengthen this survey such as diagnosis, number of incidents, number of restraints, etc. The group agreed that the survey should continue, but in a more objective manner (potentially though NH Leads?). We are interested in seeing the outcomes of the workgroup that focused on “defining the population of people who need ITS services” to assist us in strengthening the validity of this survey.

The “Performance Outcomes for Specialized Services” were reviewed by this team. The goal of these metrics is to ensure that agencies that provide ITS services review and report on various items that are outlined in the individual’s service agreement and/or in the service proposal.

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Items include staff/individual ratio, staff training, replacement of target behaviors, meaningful relationships in the individual's life, among other metrics. These measures will give the team an opportunity to review progress in the individual's service agreement and determine if the individual is ready to move along the continuum of care to a lesser restrictive setting.

The "Emergency Department Protocol" has been developed in response to numbers of people waiting in their local Emergency Departments for therapeutic support. The case study that was discussed at the Summit in March, 2017 described a situation in which an individual was stuck in the ED with nowhere to go. The ED Protocol is a protocol that is to be used at the Area Agency level by the individual's Service Coordinator or Case Manager. This Protocol is a recommendation, not a requirement. The idea is to bring the individual's team members together immediately to discuss past, present and future treatment. A referral is made to Dr. McLaren (BDS Medical Director) who will be available for a "Doc to Doc" discussion with the ED staff. The START center is also pulled in so that START staff is made aware of the individual's situation for future crisis prevention / planned respite stays. This protocol will increase traction in finding therapeutic treatment for the individual in need.

Next Steps:

Continue conversations with agencies that have expressed interest in developing new, innovative programs in NH which offer options to individuals in need of ITS services. We will be closer to seeing these initiatives take hold when we come together in March, 2018.

Implement the Performance Measures for Specialized Services. This will be a small group of agencies to begin with: Becket, Easter Seals and NeuroInternational ITS services. Highlight the importance of moving people along the continuum of care so that people receive the right support at the right time.

Implement the Emergency Department Protocol. This protocol will bring teams together when the person is in crisis to discuss (in real time) what supports the individual has received in the past, and what the individual needs in the moment. The discussion and exchange of information between members of the support team will determine the appropriate next steps and identify alternatives to the ED.

There are approximately 80 provider agencies in the State of NH. Of these 80 providers, only 7 offer ITS services. Going forward, we would like to identify ways to support NH's existing providers in developing the expertise and interest in offering ITS services. Additionally, we would like to encourage out of state providers to consider developing programs in NH.

Submitted by the Capacity Development Workgroup,
Sandy Hunt, Bureau Chief
Bureau of Developmental Services