Olmstead Implementation Report

Lifelong Learning and Education – Action item 1C – By June 30, 2014 establish a process for school districts to ensure that students with complex disabilities can access crisis services.

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Introduction

From February 2014 to June 2014, Minnesota Department of Human Services (DHS) and Minnesota Department of Education (MDE) in a collaborative effort convened a stakeholder workgroup to give recommendations to the Olmstead Steering Committee on the Olmstead Plan action item "establish a process for school districts to ensure that students with complex disabilities can access crisis services." This is a result of Minnesota's 2013 Olmstead Plan in the effort to provide services to individuals with complex disabilities in the most integrated setting appropriate to the individual. The workgroup included 17 individuals from the metro area and Greater Minnesota who represent parents, consumers, consumer advocates, crisis service providers, and state agencies Department of Human Services (DHS), MN Department of Education (MDE) and MN Department of Health (MDH). For purposes of this action item, students with "complex disabilities" will be limited to students with an Individualized Education Plan (IEP) receiving Special Education services. Through a series of discussions, the stakeholder group identified areas of mutual agreement on the following;

1. Enhance the current children's mental health mobile crisis system to address a reduction in the school's use of restrictive procedures for children with complex disabilities. This system currently has the most potential of any of the crisis services to be available statewide and to address the needs of this complex population.

2. Establish definitions of crisis and crisis prevention planning because each word and definition carries different meanings to parents, children and youth, among service providers, educational settings and mental health agencies, as well as from the standpoint of different funding sources.

    i. A *crisis* will be defined in this report as a child who is actively experiencing a high-level of distress within the school setting and in need of timely, safe, and effective intervention to assist the child in de-escalation to prevent further escalation of a crisis situation and prevent future crisis.

2. Crisis intervention practices should be enacted appropriately for all children based on the "Safe Interventions" principles defined in "Practice Guidelines: Core Elements for Responding to Mental Crisis"[1]
    a. "Access to supports and services is timely, allowing for 24/7 availability and a capacity for outreach when an individual cannot come to a traditional service site.
    b. Services are provided in the least restrictive manner, which avoids the use of coercion, but also preserves the individual's connectedness with his or her world.
    c. Peer support is available, affording opportunities for contact with others whose personal experiences with mental health crises allow them to convey a sense of hopefulness.
    d. Adequate time is spent with the individual in crisis.
    e. Plans are strengths-based and family oriented, which helps to affirm the individual's role as an active partner in the resolution of the crisis by marshalling his or her capabilities.
    f. Emergency interventions consider the context of the individual's overall plan of services.
    g. Crisis services are provided by individuals with appropriate training.
    h. Individuals in a self-defined crisis are not turned away.
    i. Interveners have a comprehensive understanding of the crisis.

j. Helping the individual to regain a sense of control is a priority.
k. Services are congruent with the culture, gender, race, age, sexual orientation, health literacy, and communication needs of the individual being served.
l. Rights are respected.
m. Services are trauma-informed.
n. Recurring crises signal problems in assessment or care.
o. Meaningful measures are taken to reduce the likelihood of future emergencies."

Special Thanks

We want to thank the following that played a key role by providing input, feedback and suggestions in-person, by phone or email to ensure the recommendations captured ensure students with disabilities can access crisis services;

1. Jessica Kisling – Hennepin County, Child Crisis Supervisor
2. Jennifer Infanger – Hennepin County, Child Crisis Supervisor
3. David Wilmes – St. Paul Youth Services, Interim Director of Services
4. Jennifer Thomas – Parent
5. Sharon Enjady-Mitchell – Parent
6. Lisa Hoogheem – Student Services Program Coordinator
7. Dr. Richard Oni – Community MH Provider
8. Melissa Heinen – Minnesota Department of Health
9. Tom Delaney – Minnesota Department of Education
10. Sue Benolken – Minnesota Department of Education
11. Robyn Widley – Minnesota Department of Education
12. Larraine Pierce – Department of Human Services
13. Theresa Mustonen – Department of Human Services
14. LaRone Greer – Department of Human Services
15. Jelaine Johnson – Department of Human Services
16. Charles Young – Department of Human Services
17. Nelly Torori – Department of Human Services

Current Crisis Services:

i. School Crisis Response Team. Some schools have a crisis response team that responds to a crisis during school hours. However, some schools lack enough support and rely on behavior intervention specialists, social workers, or special education teachers who may have Emotional/Behavioral Disorders (EBD) licensure. Some schools don't have designated staff for a School Crisis Response Team, and some schools call police when a child with a disability is experiencing a crisis.

2. School-Linked Mental Health Services. For schools that have access to school-linked mental health services, a licensed mental health professional is available within the school on certain days to meet with students who qualify for the service. Some schools, especially in greater Minnesota will only have access to the mental health professional once a week. The mental health professional may or may not be available while in the school to respond to a student with a disability who is in a crisis.

3. Mental Health Mobile Crisis Response Services. Intensive face-to-face, short-term mental health services initiated during a crisis to help the child/youth return to their baseline level of functioning. 16 regional multi-county mental health children's mobile crisis response teams across the state that provides crisis assessment, intervention and stabilization. Crisis teams responds to crisis calls and meets with the caller in their home, community, school or any convenient place identified by caller that is safe. Some of the teams provide crisis services 24 hours a day, 7 days a week. Other teams are only available in their communities after office hours as well as on weekends and holidays.

4. Metro Crisis Coordination Program (MCCP). MCCP is a collaborative effort among the seven metro counties that serves individuals with developmental disabilities and their support teams' to help them access crisis services within the specified counties.

5. Community Support Services (CSS). CCS provides community-based crisis intervention services through its nine mobile teams statewide to support individuals who have clinically complex challenges in the community, and build community capacity. CSS provide clinical consultation and technical assistance in all 87 Minnesota counties. CSS promotes supports that are person-centered and assists in developing paid and non-paid caregiver skills. CSS may fill a direct service gap temporarily while elements of a successful life plan are developed.

6. 24-hour Emergency Assistance (BI, CAC, CADI, and DD Waiver Service: On-call counseling and problem solving and/or immediate response at a person's home due to a health or personal emergency.

Barriers to Service Provision in Schools

Compared to other States, Minnesota is doing an excellent job creating a statewide mental health crisis response service system. As a result of the 2013 Minnesota legislative session, children's crisis response services have been expanded from 59 to 85 of our state's 87 counties. However, not all these team are available 24/7, and not all are available to provide crisis services during school hours. To ensure schools are able to access crisis services for students with complex disabilities, the following four areas represent barriers that need to be addressed in order to provide crisis response services within the schools to Minnesota children who live with a complex disability:

1. **Access and Coordination**. There is a lack of communication and coordination between schools and mobile crisis providers in many parts of the state. Crisis response protocols and plans vary from school to school and across districts. Some schools and crisis response service providers lack a working relationship. Schools do not secure parental consent for crisis response services which delays service provision unless during an emergency.
3. **Response time**. Due to the large geographic region of the State, response time for MH Mobile crisis service can be a longer wait than the goal of 30 - 45minutes from the time of call. This is due to travel distance, weather conditions, and shortage of staff.
3. **Capacity**. Crisis service is unavailable in some areas during school hours. This is due to lack of infrastructure for an immediate response to schools during a student's crisis. This is also due to a shortage of crisis response providers. Schools are impacted to meet the crisis needs of children with disabilities with limited resources to deal with crises at all levels.
4. **Training gaps**. Many service providers and schools are not adequately trained in recognizing the early warning signs of a child who may be at risk for experiencing a crisis due to disability. Students with complex disabilities may be misinterpreted by school staff as misbehaving, 'choosing' to act out, or being 'bad'. School staff may rely on using restrictive procedures with students who have complex disabilities when they do not know other strategies or interventions to use. School staff may also initiate a 911 call prematurely or at times when a student with complex disabilities is experiencing a mental health crisis. This results in many students with complex disabilities being at risk for juvenile justice involvement when they may be in need of treatment and supports. In addition, many of the mental health crisis providers are not aware of techniques and resources that are needed for children with cognitive or developmental disabilities.

MDE & DHS Establish Statewide Crisis Response Infrastructure in Schools for Students with Complex Disabilities

1. Creating Standardized Processes Statewide

a. Develop standardized school policies and procedure between DHS and MDE on crisis response services for students with complex disabilities across schools statewide to promote consistency and utilization on when and how to access crisis services.

   i. DHS and MDE to issue a joint statement on the availability of crisis services for students with complex disabilities in schools and how schools can access the service.

   ii. Establish Memorandum of Understanding (MOU's) with schools and crisis providers clarifying roles and responsibilities and service expectations.

   iii. Schools to engage in information provision to parents at various points

      - Beginning of the school year or during the preparation/development of IEP with behavioral intervention plans schools will inform parents of what information may be shared with community crisis services providers, why it is shared and how it is shared.
      - Parent to be involved in this process. Schools to ensure parental consent are in place as required by special education and related policies.

   iv. Establish parental consent protocols that can be accomplished by schools in order to access crisis response services and that are consistent with person-centered, cultural competency, and family-driven principles

b. Define the purpose and scope of crisis response services for schools - a combination of internal and external policies, practices, and procedures based on SAMHSA's Core Elements for Responding to a Mental Health Crisis

c. Develop model school crisis response guidelines and language for in-house crisis response of students with complex disabilities with the intent of reducing restrictive practices and unnecessary police-involvement as well as behavior/incident reports used on students with complex disabilities.

   i. Crisis Response Teams, schools, and representatives of parents of children with complex disabilities meet to agree on a template of the process – to be shared statewide.
   ii. Define when and how schools can access external crisis response services to support students with complex disabilities.

iii. Crisis Response Teams, schools, and representatives of parents of children with complex disabilities meet to agree on a template of the process – to be shared statewide

d. Develop a triage with external resource for increased access and coordination with established protocol for access to specialty consultation for developmental disability, traumatic brain injury or intellectual disability related crisis needs.

- Incorporating current mental health mobile teams,
- Community support services and,
- Metro crisis coordination program

i. Expand the consultation provided by CSS and MCCP to 24 hours per day

ii. MCCP and CSS to team with mobile teams in outreach and training on the short-term intervention services available on some waivers, implementing positive support transition plans required under Minnesota Statutes, chapter 245D, and collaborating with the waiver recipient, guardian, and county case manager to integrate short-term intervention services into the community support plan

e. Utilize school's best practices and resources for increased access and coordination as linkage between schools and their community-based network of services and supports for referrals.

i. Positive Behavioral Interventions & Supports (PBIS)
ii. School Linked Mental Health Services (SLMHS)
iii. School-based Children's Therapeutic Services and Support (CTSS)

f. Single point of access – Expand all current crisis response services systems to establish mobile capability that responds to crisis in schools to students with complex disabilities with the goal of 24 hour coverage with;

i. Additional training and/or addition of team members experienced or cross trained in serving individuals with complex disabilities that is;
   - Responsive during a crisis
   - Critical for referral or temporary placement for crisis services when indicated.
ii. Assure providers have access to training on person-centered planning.
iii. Training for school personnel.
   - Schools to maximize the use of technology to leverage the knowledge and reach of professionals especially in greater MN such as access to consultation through tele-medicine type procedures.
   - Youth Mental Health First Aid training for all school personnel and other related trainings.
   - Promote and support statewide implementation of Positive Behavioral Interventions and Supports (PBIS) in Minnesota school districts, especially

implementation of intensive individual behavioral supports (Tier III), through development of training programs and implementation data systems through the Minnesota Department of Education.

2. Evaluation

a. Sample service user's data on quarterly basis for evaluation as an expectation for all service providers to track utilization.

   i. Follow-up at one-month and three-month intervals after the crisis assure that referrals to needed services have occurred and person is receiving ongoing support to prevent recurrence of crisis
   ii. Schools to track restrictive procedure use, incident/behavior reports and police reports with the goal to expect a decline

b. To ensure good practice and quality assurance MDE and DHS will follow up on the following quality improvement activities;

   i. Crisis providers do follow-up surveys after a crisis intervention to inform outcomes.
   ii. Regular feedback from families/referrals
   iii. Timely feedback to providers to improve care
   iv. Measures /standards of performance
      - Call Management
      - Call Mobility
      - Responsiveness
      - Call Volume
      - End status – disposition
      - Post-crisis quality of life measures
   v. Timely feedback to providers to improve care

c. Have parent/youth engagement in quality improvement initiatives

d. Establish a phone line for families and youth to provide feedback (positive or negative) on care provided, and providers to identify and respond to barriers of access and other challenges noted.

e. School and provider surveys to examine use, satisfaction of the interactions and outcomes.

Recommendations to bring crisis services into schools for students with complex disabilities;

1. Expand the consultation provided by CSS and MCCP to 24 hours per day. (*An estimated cost of at least $150,000 per organization per year. Probably could be done in three months if the funding is available.*)
2. Examine ways to increase crisis services rates to keep providers from opting out of providing services. (*Improve rates, increase grant funding*)
3. Bring a rate proposal and grant proposal to the legislature. (*fall of 2014*)
4. Amend the state plan to expand the populations served by the crisis response providers. (*After legislative proposal is approved*)
5. Allow the providers 6-8 months to hire and train additional staff people to provide services.
6. To expand the teams with additional staff skilled in providing recommended crisis services would require a State Plan amendment for Medical Assistance (MA).
    i. A recommendation to the Olmstead sub-committee for possible inclusion in the legislative bill.