

Community Supports and Safety Net Services Summary

General Definition of a Safety Net:

Timely access to essential services and supports necessary for persons with developmental disabilities to maintain health and safety and to address medical, psychiatric, behavioral, residential, staffing, equipment, or other needs, when other services and supports fail, are interrupted, are not available, or additional services and supports are necessary for an urgent or medical need. May or may not require a change in placement.

Definition of a Crisis:

A situation that without the presence of services would result in a severe negative impact to that person's life

General Principles:

- A range of supports is necessary for a "safety net" system, if a piece is missing, it impacts the whole system
- The focus should be on person-centered planning
- Safety net involves many components- an enhanced medical system, including medical, dental, behavioral health, equipment repair, medication tracking, day program, and employment
- The safety net system should be flexible
- Services must be developed to support consumers who are involved or at risk of becoming involved with the criminal justice or civil commitment systems
- Trusted, trained staff are key
- Services should align with new federal rules
- Ensure services are available throughout the state
- For crisis services there must be immediacy
- Utilize least restrictive interventions
- Focus not only on the point when someone enters a crisis, but also the point before they enter into crisis
- The priority should be creating stability and keeping people in their homes
- There should be a place where people can be stabilized and then transitioned back when it's safe for the community and the person
- There should be mechanisms to help people return to their former home after a crisis if they want to return to that home

- Prevention is important to keep someone from escalating into the criminal justice system
- Look at the original, organic diagnosis, in addition to what is immediately presented for intervention techniques
- With consumers who have been traumatized or abused, look at compliance, prevention measures and behavior factors
- Ensure training in trauma informed care
- We need to develop an array of living options for those in an Institutions for Mental Disease (IMD) due to a crisis so they can return to the community
- There needs to be a reeducation of systems involved in crisis care, including stakeholders outside of the DD/IDD system, such as the police
- Self-determination should be examined as a component
- There should be a safety net that supports individuals of all ages, from youth to seniors
- There needs to be state oversight to ensure the delivery of quality services

Three Areas of Focus and Policy Recommendations

Pre-Crisis Service Recommendations

- There should be a model of funding similar to the Community Placement Plan (CPP) that allows for startup, support and innovation for those currently being served in the community.
- Staffing and training should be evaluated for specialized facilities and supports, as well as the needs of complex consumers
- There should be more robust “warp- around” services, such as medical, dental, psychiatric management, medication management, and durable medical equipment
- There should be a focus on person-centered planning and evaluation of supports
- Utilize state staff transferring into the community
- There should be a focus on cultural competencies and language barriers
- Improved transportation
- Increased therapeutic day program options
- Development of secure housing to prevent more restrictive placements

- There needs to be better communication across the system about crisis services and supported living
- The goal should be to keep people in their homes

Crisis Services Gaps

- There should be faster placement and more flexible schedules for return back to the community
- There should be comprehensive assessments of people in crisis, which include thinking long term about the individual needs
- Ensure crisis programs correctly medicate
- Develop more mobile, timely crisis teams
- Increased crisis setting capacity, potentially state operated
- Develop resources for families to call if an individual is having a crisis
- Reduction in caseload for a period of time for individuals who are in crisis
- There should be training available for first responders for our consumers in crisis

Gaps in Fundamental Services

- Develop more managed care
- Need to have flexibility in timelines in movement
- Need to develop long-term, community based, residential options for individuals with significant service needs
- Need to develop community based models that support the service needs of individuals involved or are at risk of becoming involved in the criminal justice system
- Need to develop long-term community options for Registered Sex Offenders
- Try to prevent bouncing around from home to home; makes the individual look undesirable and providers do not want to take that individual – safety concerns and psych issues
- Have complex crisis settings throughout the state so individuals are not traveling long distances during a crisis
- Ensure a “no reject” setting

- There needs to be more state oversight of safety net services
- There should be a transition rate for service provider staff to allow them to help individuals transition through multiple settings
- There should be start-up funds for the community to help develop safety net services, similar to CCP
- There should be more coordination with police and first responders
- There should be an examination of the median rate

Recommendations for the California Department of Developmental Services (DDS):

- The department should evaluate where there are service gaps in crisis and “wrap-around” services throughout the state
- The department should evaluate opportunities for increased training and coordination
- The department should evaluate its current oversight and work with stakeholders on refining and enhancing this oversight to ensure a quality statewide safety net
- DDS should incorporate these principles and recommendations in to their legislative report on safety net services