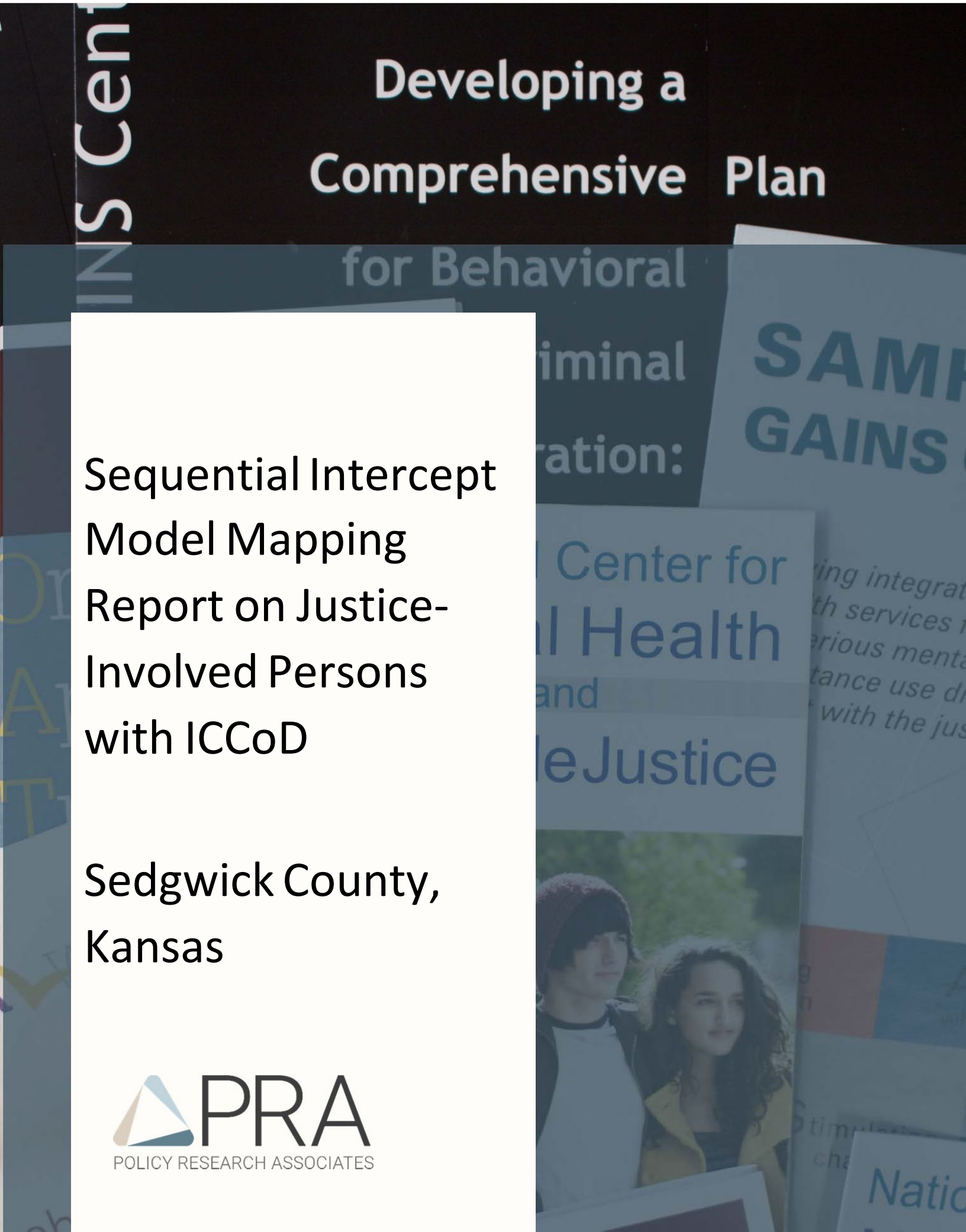
Sequential Intercept Model Mapping Report on Justice-Involved Persons with ICCoD

Sedgwick County, Kansas



PRA
POLICY RESEARCH ASSOCIATES

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Sedgwick County, Kansas

Final Report
August 2021

ACKNOWLEDGEMENTS

This report was prepared by Regina Huerter of Policy Research Associates, Inc. (PRA) and Dr. Debra Pinals, Consultant. PRA wishes to thank Dee Nighswonger and Jeanette Livingston of the Sedgwick County Developmental Disability Organization for organizing this effort. PRA also wishes to thank all the local stakeholders that participated.

RECOMMENDED CITATION

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CONTENTS

INTRODUCTION

On October 29, 2020, Policy Research Associates (PRA) convened a cross-system group of criminal justice and behavioral health system stakeholders from Sedgwick County for a virtual SIM Mapping Workshop. PRA delivered a presentation on the SIM and facilitated discussions focused on identifying available resources for responding to the needs of adults with mental and substance use disorders involved in the criminal legal system, as well as gaps in services. The discussions focused on all intercepts of the SIM. On November 4, 2020, PRA convened the same group of stakeholders to develop draft strategic action plans.

Following the SIM Mapping Workshop PRA continued to communicate with stakeholders from Sedgwick County around what else could be done to look more specifically at the involvement of persons with ICCoD (referring to persons with Intellectual and Developmental Disability (I/DD), Neurocognitive Disorders including Acquired Brain Injury (ABI), co-occurring behavioral health conditions and other disabilities) in the criminal legal system. PRA worked with Dee Nighswonger as a representative of the Sedgwick County Developmental Disability Organization (SCDDO) to develop a SIM Mapping Workshop focused on these issues to better understand the unique resources and gaps in services that exist locally.

On August 9-10, 2021, Policy Research Associates (PRA) worked with SCDDO to convene cross-system group stakeholders to conduct a virtual SIM Mapping Workshop focusing specifically on the involvement of persons with I/DD in the criminal legal system. As part of the session, PRA provided basic information on I/DD and neurocognitive disorders and delivered a presentation on the SIM. At the conclusion of the meeting PRA coordinated a voting process to prioritize identified gaps in services and establish priorities for change. PRA then facilitated the development of draft strategic action plans that outline some next steps for beginning to address the top priority areas.

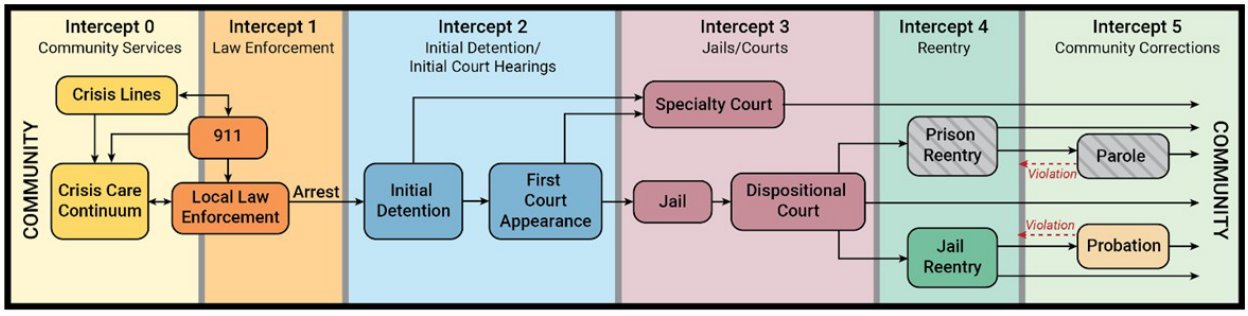
THE SEQUENTIAL INTERCEPT MODEL

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] provides a conceptual framework for jurisdictions interested in exploring the intersection of behavioral health and criminal legal system, assessing available resources, identifying gaps in services, and conducting strategic planning. These activities are best accomplished by a diverse cross-system group of stakeholders from the behavioral health and criminal legal systems including mental health and substance use treatment providers, law enforcement and other first responders, courts, jails, community corrections, social service agencies, housing providers, people with lived experience, family members, and many others.

SIM Mapping Workshops result in the development of a map that illustrates how people with mental and substance use disorders enter and move through the criminal legal system. Through the process, facilitators and participants identify opportunities for linkage to treatment and other support services, and for prevention of further penetration into the criminal legal system.

SIM Mapping Workshops have three primary objectives:

1. The development of a comprehensive picture of how people with mental and substance use disorders enter and move through the criminal legal system along six distinct intercept points: (0) Community Services, (1) Law Enforcement (2) Initial Detention and Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections.
2. Identification of resources, gaps in services, and opportunities at each intercept for individuals in the target population.
3. The development of priorities for change and strategic action plans.



[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

ICCoD and SIM Convergence Framework

ICCoD Background

We are using a concept of converge or convergence of the traditional sequential intercept model with system and services for intellectual disabilities, developmental disabilities, neurocognitive conditions including acute brain injury, and individuals with co-occurring mental health challenges or substance use disorders. To capture the complex nature of multiple conditions, we will be using the acronym, ICCoD (I/DD, Cognitive impairment, Co-Occurring conditions, and other disabilities). While we are using this acronym, we are talking about people first and just trying to keep our language clear and inclusive.

Funding Opportunities

Of note is the infusion of federal dollars, in particular American Rescue Plan that can help plan for future sustainable and progressive supports for individuals with complex needs. Other funding sources are Substance Abuse and Mental Health Services Administration (SAMHSA) block grants, both through the substance abuse prevention side of it as well as the, the Center for Mental Health Services (CMS) Block Grants. There are also several initiatives looking at certified community behavioral health clinics. There are provider relief funds for providers in rural areas and those serving rural communities. And there's opportunities for enhanced F-MAP for provider services, as well as pilot initiatives including those for individuals that might be under waiver services. And then there's opportunities for more flexible new match dollars from CMS, so it's a perfect time for planning and thinking cooperatively and collaboratively across systems to try and identify how funds are going to be used, and make sure that the needs of a population that might represent fewer numbers of people, are met.

Population Characteristics

There are overlapping issues of the criminal legal system or the juvenile legal system, and individuals with complex needs of co-occurring mental health, substance use and trauma with intellectual and developmental disabilities, and acquired brain injuries. In addition, it is important to note intersectionality with racial and ethnic disparities and inequities across individuals of color access to services, and treatment. There is a need for a targeted study to understand the needs of complex populations as they relate to the criminal legal system.

The ICCoD & SIM Convergence Framework

ICCoD & SIM CONVERGE A: ORGANIZATIONAL STRUCTURE

- Organizational Structure
  - Administration
  - Policy
  - Finance
- Data
- Cross-System Coordination
- Workforce Development

ICCoD and SIM CONVERGE B: CROSS-CUTTING CONSIDERATIONS AT THE POPULATION AND PERSON LEVEL

- ICCoD Service Capacity
  - Identification of Needs:
  - Eligibility
  - Access
  - Availability
- Enrollment
- Special Populations
- Coordinated Delivery of Treatment and Supports
- Accommodations & Support
- Continuity of Treatment and Supports
- Housing and Homeless Services and Supports
- Transitions, Stabilization and Recovery
- Skill-based, Culturally Responsive Cross-Training

ICCoD and SIM Converge Across Intercepts

ICCoD and SIM CONVERGE C: CRISIS SYSTEMS (Intercepts 0-1)

- Collaborative Policy and Process
- Early Contact Identification and Screening
- 9-1-1 and Crisis Lines, Warmlines
- Crisis Interventions
  - First Responder Response and Options
  - Policy Considerations
- Acute Crisis Interventions and Services and Settings
- Transition Planning
- Civil Process and Resources

ICCoD & SIM CONVERGE: D CRIMINAL JUSTICE (Intercepts 2-5)

- Identification and Screening
- Case Processing: Juvenile & Adult Accommodations and Supports
- Cross-Agency Coordination, Deflection and Diversion
- Jail/Prison/Forensic Services
- Specialized Caseloads and Services
- Community Supervision

Developed by: Regina Huerter and Debra Pinals, 2021, v2

AGENDA (DAY ONE)

PRA
POLICY RESEARCH ASSOCIATES

Sequential Intercept Model Mapping Workshop:
Justice-Involved Persons with ICCoD

AGENDA

Sedgwick County, Kansas

August 9, 2021

8:30 **Registration**

9:00 **Opening**
- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!
- Keys to Success

The Sequential Intercept Model
- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping
- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities
- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up
- Review

4:30 **Adjourn**

There will be a 15 minute break mid-morning and mid-afternoon.
There will be break for lunch at approximately noon.

AGENDA (DAY TWO)

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Sequential Intercept Model Mapping Workshop:
Justice-Involved Persons with ICCoD

AGENDA

Sedgwick County, Kansas

August 10, 2021

8:30 **Registration and Networking**

9:00 **Opening**
- Remarks
- Preview of the Day

Review
- Day 1 Accomplishments
- Local County Priorities
- Keys to Success in Community

Action Planning

Finalizing the Action Plan

Next Steps

Summary and Closing

12:30 **Adjourn**

There will be a 15 minute break mid-morning.

RESOURCES AND GAPS AT EACH INTERCEPT

The centerpiece of the SIM Mapping Workshop is the development of a SIM map. As part of the mapping process, the facilitators work with participants to identify existing resources and gaps in services at each intercept. The information is important since systems are ever changing, and the resources and gaps provide context for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for ICCoD who are involved or at risk for involvement in the criminal legal system by building on existing resources and addressing gaps in services.

Section A: ICCoD Fundamentals And Cross-Discipline Coordination

Section A Resources

Organizational Level

- Kansas has 1915 (c) waivers for behavioral health supports with services identified in the State Plan and overall coordination with an 1115 waiver. The renewal process for the 1115 waiver is currently underway.

- The Developmental Disability Reform Act (DDRA) clarified definitions under Article 18 Developmental Disabilities Reform. 39-1803 https://kdads.ks.gov/docs/librariesprovider17/CSP/HCBS/I-DD/ddreformacttext.pdf?sfvrsn=0; ttp://www.kslegislature.org/li/b2021_22/statute/039_000_0000_chapter/039_018_0000_article/039_018_0003_section/039_018_0003_k/

- Medicaid Waivers are available through the Kansas State Plan; Community Development Disability Organization (CDDO's) manage the service system at the local level. Following are Kansas Waivers Active in 2021
    - KS Autism (0476.R02.00)
      Provides respite care, family adjustment counseling, and parent support and training (peer to peer) provider for individuals with autism ages 0 – 5. This waiver has been available since 2008 and allows for state-planned clinical and habilitative services.
    - KS HCBS Brain Injury (4164.R06.00)
      Provides personal care, OT, PT, speech/language, financial management services, assistive services, behavior therapy, cognitive rehabilitation, enhanced care service, home-delivered meals, medication reminder services, personal emergency response system and installation, transitional living skills for individuals with brain injury ages 0-64
    - KS HCBS for the Frail Elderly (0303.R05.00)
      Provides financial management services, adult day care, assistive services, comprehensive support, enhanced care service, home telehealth, medication reminder service/installation, nursing evaluation visit, oral health services, personal care services, personal emergency response system and installation, wellness monitoring for individuals aged 65 – no max age.

- KS HCBS I/DD Waiver (0224.R06.00)
  Provides day supports, overnight respite care, personal care service, residential supports, supported employment, financial management services, assistive services, enhanced care service, medical alert rental, specialized medical care, wellness monitoring for individual's w/autism, DD, IID ages 5 – no max age
- KS Physical Disability Waiver (0304.R05.00)
  Provides personal care services, financial management services, assistive services, enhanced care service, home-delivered meals services, medication reminder services, personal emergency response system and installation for individuals with physical disabilities ages 16-64.
- KS Serious Emotional Disturbance (SED) Waiver (0320.R04.00)
  Provides attendant care, independent living/skills building, short term respite care, parent support and training, professional resource family care, wraparound facilitation for individuals w/SED ages 4-18
- KS Technology Assisted (4165.R06.00)
  Provides medical respite care, personal care services, financial management services, health maintenance monitoring, home modification, intermittent intensive medical care, specialized medical care for medically fragile and technology dependent individuals ages 0 – 21.

Source: "Kansas Waiver Factsheet." Medicaid. Accessed August 04, 2021. https://www.medicaid.gov/medicaid/section-1115- demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/KS#0476.

- Managed Care Organizations manage the allocation of funding and across the state 27 Community Developmental Disability Organizations manage the service system and provide some oversight at the local level.
  - In Sedgwick County, the I/DD waivers are overseen by Sedgwick County Developmental Disability Organization (SCDDO).
  - SED waiver runs through community mental health centers.

- There are waitlists and exceptions for all waivers (e.g., certain facilities are tasked with brain injury rehabilitation for the brain injury waiver, exceptions are meeting service limits of other waivers, military exceptions. Noted that there is a risk of a brain injury waiting list (https://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/programs/institutional-transitions).

- House Bill 2744 created the Applied Behavior Licensure Act, which helps allow funds for Applied Behavior Analyst (ABA). Behavior Analysis services are specific to autism services. There is an exception identified through the Medicaid waiver for individuals considered "autism specialists" who completed training. They are also able to provide behavior analysis services without being Board Certified behavior analyst.

- In 2018, the Kansas Judicial Council review the statutes governing competency to stand trial, specifically as they relate to defendants who are developmentally disabled (DD), have a traumatic brain injury (TBI), or are otherwise deemed incompetent to stand trial and not likely to become competent, but who are not "mentally ill persons subject to involuntary commitment for care and treatment" under the Kansas Care and Treatment Act for Mentally Ill Persons ("Care and Treatment Act"), K.S.A. 59-2945 et seq.

  During the Judicial Council's review and in subsequent testimony provided by state agencies to the Senate Judiciary Committee, it was estimated that the 'loophole' in Kansas' civil commitment statutes has resulted in 50 to 70 Kansans with DD or TBI court ordered to the State Hospital in Larned every year for 'competency restoration' for up to 180 days. During that time, if efforts at the hospital do not result in restoration of competency, under current law, the individuals can be ordered back to Larned for another 180 days. This process can cause an *indefinite incarceration* of Kansans with disabilities who are accused of a crime.

  After Senate hearings were held in 2020, conferees were asked to determine what kind of services and programming would meet the needs of these individuals if the law were to change and they were no longer admitted to the State Hospital at Larned for 'competency restoration'.

  The conferees, including Kansas Department on Aging and Disability (KDADS), the Kansas Department of Corrections (DoC), as well as disability advocates and provider associations agreed that
  '*placing the defendant in a specialized, intensive community support and protection program with twenty-four-*
  hour supervision, instruction, and support services as identified in the person's plan of care' is a much better option for those who are caught in the civil commitment statute loophole in K.S.A. 59-2945 et seq.

- KanCare is Medicaid managed care.
  - Three MCOs that are contracted to manage KanCare. (https://www.kancare.ks.gov/docs/default-source/consumers/choosing-a-plan/selecting-changing-an-mco-fact-sheet-2021.pdf?sfvrsn=c0db511b_0)
    - Aetna, Sunflower, and United Health Care Community Plan

- A recent report written by Georgetown University has been published on *Accessibility of Data and Transparency of KanCare* has been made available. https://ccf.georgetown.edu/wp-content/uploads/2021/09/MCO-13-state-scan-v3.pdf; https://ccf.georgetown.edu/2021/09/09/transparency-in-medicaid-managed-care-findings-from-a-13-state-scan/

- State Institutions: there are very few private beds
  - Larned State Hospital serves the western two-thirds of the state and has the capacity to serve over 450 individuals. It serves as the forensic competence restoration facility. The other state mental health institution is Osawatomie State Hospital.
  - Parsons State Hospital and Training Center is one of two residential treatment, training, and care facilities to serve individuals with intellectual disabilities. According to the website, as of Nov 2018 165 individuals were residents; approximately 90% are also dually diagnosed with a psychiatric impairment or behavioral disorder. The Kansas Neurological Institute located in Topeka is the other institution.
  - Parson state hospital does provide inpatient and outpatient care/treatment for individuals who have sexual offending history.
  - Source https://kdads.ks.gov/state-hospitals-and-institutions/larned-state-hospital

- Children who are on the autism waiver and exhaust the services/time limit do have the continuity of if eligible going directly on the IDD waiver without the waitlist. A child in the autism waiver is eligible for 3 years plus one year extension (so 4 years once they are offered a spot) there is a proposed waiver recipient list - not a waiting list for the autism waiver. https://www.kdads.ks.gov/docs/default-source/csp/hcbs/hcbs-policies/final-policies/i-dd-policies/crisis-and-exception-policy-e2016-119.pdf?sfvrsn=5f0238ee_4

Cross-Agency Coordination

- Crisis Intervention Team (CIT) program has a small I/DD interest group who is helping to inform practices.

- InterHab has a task group within their workforce regarding complex needs populations (https://interhab.org/)

- 9-8-8 implementation is underway and needs to be live by July 2022.

Workforce Development

Sedgwick County Developmental Disability Organization (SCDDO) identified 2,500 individuals (2017) eligible for I/DD program services in Sedgwick County with approximately 45% also living with a co-occurring behavioral health disorder. SCDDO commissioned a research study through the Wichita State University (WSU) Community Engagement Institute (CEI) Center for Applied Research and Evaluation (CARE) and found delivery of care to individuals with dual diagnosis was negatively impacted by limited resources including workforce cross-training and policies that were not aligned with individual needs. The report recommended increasing communication and collaboration among I/DD and behavioral health providers and enhanced cross-training. SCDDO formed a multidisciplinary team to create a strategic plan for addressing the gaps in care for persons with dual diagnosis.

- In 2017, SCDDO worked with Dr. Robert J. Fletcher of National Association for Dual Diagnosis (NADD) to train 270 behavioral health and I/DD service providers on the NADD curriculum "Mental Health Approaches to I/DD". This training was offered at no cost to our Sedgwick County behavioral health and I/DD professionals/providers. This training program continues to be made available to interested audiences.
    - The SCDDO has offered to pay to train mental health professionals in Sedgwick County.
    - Training for Unified School District 259 social work staff has been completed in the last two years.
    - Trainings have also been provided at annual InterHab "Power UP!" conferences.
    - In 2018, a summary of this these trainings, known as the "NADD Training Evaluations", May 19,2017 through December 5, 2018, was completed and submitted by Carrie McMahon of WSU CEI.
    - Content from the 10 modules of this curriculum has been incorporated into local CIT training for local law enforcement officers.
- Sedgwick County Community Developmental Disability Organization (SCDDO) collaborated with The NADD and Wichita State University's Office for Workforce, Professional and Community Education to develop a series (6) of Graduate level Badge courses targeted at developing the skills of practicing clinicians or student clinicians to better meet the needs of individuals with dual diagnosis (IDD and a behavioral health diagnosis). These graduate level courses are .5 credit hour (7.5 CEUS) or 1.0 (15.0 CEUS) credit hour classes each also worth continuing education credits through the Kansas Behavioral Sciences Regulatory Board. The costs of the badges are either $100 or $200 depending upon the selected course. Annually, and a scholarship funds allow, WSU has offered to scholarship 1 badge course for an applicant/student in the Fall. https://badges.wichita.edu/category/graduate/

- In addition, SCDDO has collaborated with local community service providers, Wichita State University' Office for Workforce, Professional and Community Education, WSU's College of Applied Studies, Wichita and Haysville Public Schools and the Ohio Alliance for Direct Support Professionals (OADSP) to develop a Direct Support Professional workforce pipeline for high school students. The initiative is called DSPathways: A Career of Caring and is a separate workforce development project not specific to dual diagnosis but rather addresses long-standing workforce needs critical to adequate system capacity to meet the needs of the IDD population.
    - SCDDO, WSU, OADSP, InterHab (State Association for IDD system) and ResCare participated in the Wellspring Initiative to create a Direct Support Professional Competency Framework.
    - In collaboration with WSU, OADSP and SCDDO Direct Support Professional credentials are now available through the Badge Program. Undergraduate – WSU Badges (wichita.edu)
    - SCDDO has sponsored PR/Marketing campaigns to raise awareness of the DSP profession. https://careerofcaring.org/
    - SCDDO, InterHab and Workforce Alliance are collaborating to implement a DSP Registered Apprenticeship Program.
    - Workforce activities and a flyer regarding registered apprenticeship program were posted in the chat.

Workforce force planning efforts:

- Currently are working on a marketing, social media campaign to raise awareness of the direct support professional work.

- Developing a "high school to work force" program called DSPathways: A Career of Caring; currently working with two school districts in Sedgwick County. DSPathways: A Career of Caring is based off of the OADSP C3PO model: https://www.opra.org/aws/OPRA/pt/sp/c3po

- Working with Workforce Alliance on a registered apprenticeship program, specific to the Direct Support Professional. https://www.dol.gov/newsroom/releases/eta/eta20101026

- SCDDO has support from the Kansas Board of Regents to focus on workforce planning, and Heartspring, separately, is working on similar efforts.

- Identified the need for a collaborative workforce development task force with multiple providers, including SCDDO affiliates, Heartspring, KanCare MCOs, KDADS, etc. to continue to make progress on workforce development initiatives.

Trauma Research

WSU's Community Engagement Institute Center for Applied Research and Evaluation (CARE) conducted a study "Trauma in the SCDDO Eligible Population" and prepared a report for Sedgwick County Developmental Disability Organization in April 2017. The study used the ACES and DM-ID as the framework for indications of trauma with results showing 80% affirmative of trauma. The report also called out the need for "reassessment" as many individuals who were reassessed were diagnosed with a psychiatric diagnosis and could benefit from medications.

Resources provided by participants in the zoom chat:

- https://www.kdads.ks.gov/docs/default-source/csp/hcbs/hcbs-policies/final-policies/i-dd-policies/crisis-and-exception-policy-e2016-119.pdf?sfvrsn=5f0238ee_4
- https://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/programs/institutional-transitions

Section A Gaps

Structural Level

A) Capacity of care provision and process to access care: Waivers

a) To be eligible for an Institutional Transition to an HCBS waiver, a person must meet the following criteria:

- Must be a current resident in a qualified institutional setting
- Must have been in a qualified institutional setting for a minimum of ninety (90) consecutive days for waivers that currently have a waiting list
- Indicate an interest in moving back into the community through the "Nursing Facility Survey" or verbal communication to family/hospital/Managed Care Organization (MCO)/CDDO or an ADRC.
- Meet the HCBS waiver eligibility criteria for the FE, PD, BI or I/DD waivers
- Be financially eligible for Medicaid.

- Relevant to the policy to be eligible for Institutional Transition to a HCBS waiver, and meet exceptions, the state has defined "Institutional setting" as:
  - nursing facility,
  - state hospital (KNI, Osawatomie, Larned and Parsons),
  - Intermediate Care Facility (ICF-IID) as the institutional equivalent for ID/DD.*
  - Traumatic Brain Injury Rehabilitation Facility (TBIRF) is the institutional equivalent for the Brain Injury Waiver. The state has defined these facilities. There is only one in Kansas and four that are out of state that are used. All are privately operated.
  - a psychiatric Residential Treatment Facility (PRTF).

*There are two state-operated intermediate care facilities (ICFs) which have a census of less than 400 total; currently there are fewer than 150 remaining private ICF beds.

b) Statewide, there is a waiting list of over 4600 adults and children for ID/DD HCBS services, approximately 960 (21%) of the waiting list being Sedgwick County individuals. Those currently waiting have been on the list for nearly 10 years on average.

- Currently, children who are on the autism waiver and exhaust the services or allowed time (3 years plus one year extension once they are offered a slot) do have eligibility continuity that allows them going directly on the I/DD waiver. However, others are not directly placed on the waitlist. The Autism Waiver is not currently a part of the IDD Service System and is separately managed within KDADS.
  - Aging and Disability Resource Center (ADRC) reported challenges like what professionals working in the adult system indicated regarding the juvenile population and obtaining waivers.

- For the Physical Disability (PD) waiver, individuals in an institutional setting are only eligible to transfer directly to the PD waiver after a 90 day stay or longer in the institutional setting. For a crisis exception, anyone living in a residential facility such as an assisted living, Homeplus, etc. are typically NOT found eligible for a crisis exception for the PD waiver.

c) Discussion also included "exceptions" although clarity is needed including a review of the law/policy and related definitions. Some of the exceptions discussed were being in "crisis", homelessness is not considered condition for exception to the HCBS IDD Waiver waiting list; however, imminent risk of abuse, neglect, or exploitation would be therefore it is important to consider how being homeless would lead to imminent risk. Others indicated there are exceptions for individuals who have exhausted the service limits of a current waiver. A military exception was also noted.

- Specific to the IDD Waiver, KDADS policy and CDDO contract the State allows for access to services for those determined to be in crisis and/or a member of a priority population:
    - Crisis/Imminent risk of crisis defined as persons whose needs can only be met through services available through the HCBS IDD Waiver, require protection from confirmed/substantiated abuse, neglect, or exploitation or at imminent risk of serious harm to self or others. Homelessness is not necessarily a situation that would meet crisis criteria for access to IDD waiver funding unless the case could be made that being homeless put someone at imminent risk of ANE.
    - Priority populations eligible for exception access to the IDD Waiver include:
        - Transitioning from TA, Autism or Brain injury waiver and have been assessed eligible for the HCBS IDD Waiver.
        - Transitioning from an institutional setting as noted previously
        - Military Inclusion defined as individual that is an immediate family member of a person in active duty or honorably discharged military personnel.

- It was also noted that the level of severity of intellectual disability (mid-tier group), but other complex needs can impact eligibility and access to services.

d) It was unclear where persons living with co-occurring mental health and ID/DD are treated especially those who have forensic involvement are treated.

- The screening process is different for the state hospitals, ICF-IIDD and PRTF.

e) Discussion included questions whether a jail or prison is an "institutional setting". Jails/prisons are not considered institutional settings in the context of being able to discharge from these settings with funding access guaranteed. Individuals accessing IDD program services from these settings must meet the "crisis" definition as articulated in State policy. CDDO's have advocated

for individuals who received services prior to arrest to be able to retain access to those services at release. Current KDADS/CDDO contract language allows for a in individual detained in jail or prison for less than 12 months to have Medicaid reinstated without a new review. CDDO's are required to notify KDADS of the discharge/release within 5 days of exit to ensure the individual is able to access the "exception". The practice is
currently in contract only and not through State policy.

B) Impact of Medicaid expansion was discussed. It was noted that Medicaid expansion would not necessarily expand services for individuals with I/DD, however, it was noted that Medicaid expansion would positively impact human service care delivery systems through increased health care access and coverage of the professionals who perform direct care work.

- Targeted Case Management (TCM) is a Medicaid service. Medicaid expansion would benefit those on the IDD Waiver waiting list as those who are waiting that may be eligible for Medicaid would then have access to TCM.

- It was noted that there are a couple of Medicaid-Buy-In programs that can help with access.

C) Services and care delivery are siloed:

- The mental health, substance use disorder and I/DD services and systems are separated organizationally, in funding and access to services.
    - Little cross-system coordination even though many clients have co-occurring needs as often apparent in the number of folks in the criminal legal system who are not able to access full services to meet their needs.
    - Lack of coordination between provider systems, courts, and probation services.
    - Persons with co-occurring needs, I/DD, SUD and MH, face many "wrong doors" due to lack, or unwillingness to coordinate services or, internally develop expertise to serve individuals through a person-centered care approach that embraces self-determination with a focus on strengths and capabilities and level of adaptive functioning.
    - Lack of funding flexibility to serve individuals with complex needs and co-occurring services.
    - Lack of services for individuals with co-occurring sensory deficits, hearing and visual impairments and co-occurring mental health, substance use and I/DD disabilities.
- Need to work at the Kansas Department for Aging and Disability Services (KDADS) level to improve integration between the Behavioral Health Services, LTSS and Survey, Certification and Credentialing commissions.
- Need to improve coordination between Managed Care Organizations (MCO), Community Mental Health Centers (CMHC) and I/DD providers.

D) Individuals can be stuck in the process of restoring competence for trial, in facilities long-term.

E) Current IDD waiver does not cover sexuality services such as screening, consultation, education about appropriate boundaries and other supports. "Sex education" is provider specific.

F) The structure of Kansas waivers does not allow for a prospective payment system based on a diagnosis. Current waivers are set up to meet a threshold such as risk of institutionalization.

- The waiting list is a tremendous issue.

- Proactive, preventative services and supports are a large gap.
  - Many individuals are living with I/DD never meet the "crisis exception" but would greatly benefit from services.
  - Individuals who have met the "crisis exception" probably needed services before they met that threshold.

G) There is a waitlist for Permanent Supportive Housing and Dual Diagnosis Team (DDT) at Parson's State Hospital.

H) As previously noted, there is approximately a 10-year waitlist for Home and Community Based Services.

Cross-Agency Coordination

- Lack of an established oversight group at the provider, county, state, and impacted person level tasked and authorized to improve coordination, and the development of shared commitment to manage gaps and barriers.
  - Challenges to coordinate all the conversations currently taking place across the county even though the County has been trying to pull everyone together.
    - SCDDO has coordinated and facilitated a Behavioral Health Advisory work group and an autism interest group.
    - There is a complex case staffing process for homeless individuals but even that is separate from care including care for those living with I/DD. It was noted that "whole person" complex care coordination is a great need in the community regardless of systems, or eligibility for services.
    - In general, coordination efforts are hard to sustain over time.
    - Recent interest to coordinate around kids in custody.
  - Past duplicative efforts between state and county working groups, not necessarily wrong, but could be improved with more intentional conversations about how to coordinate between county and state leadership.
  - Conversations are often duplicative. Leadership of the various conversations are not connected so groups are often repeating the same conversations in many settings instead of building a collective understanding of the issues with specific efforts to address issues through a collective impact model.

- Feeling that “Chronic Homelessness” could be used by the MCO's to help determine and prioritize vulnerability and needs.
    - Many individuals with I/DD will self-report that they only have a "learning disability" to other people. Opportunity to ask about “learning disability” and then to ask more questions or as a cue to inquire further.
    - Need to increase inclusive education for individuals with I/DD to reduce isolation.
    - Under Medicaid rules, states can target services to people who need LTSS through certain waivers. These waivers are called home- and community-based services (HCBS) 1915 waivers. The State Medicaid Agency is the Division of Health Care Finance at the Kansas Department of Health and Environment. HCBS program and most Mental Health services in Kansas are managed under the State Operating Agency, which is the Kansas Department on Aging and Disability Services (KDADS).

- In Kansas, most Community Mental Health Services are found in the Rehabilitation Section of the Medicaid State Plan. Kansas also operates a children’s mental health program as a 1915c waiver. Mental health and SUD services are overseen by KDADS’ Commission on Behavioral Health Services.

- For LTSS, the process for determining Eligibility and Service Development activities is found in each of the federally approved 1915c waivers. For Community Mental Health Services found in the Rehab section of the State Medicaid Plan, eligibility and service development is done according to Medicaid rules, state Mental Health Reform statutes, and state regulations.

    - For the IDD waiver in Kansas, all applicants for program services must be determined to meet the IDD System Eligibility requirements as defined in the Developmental Disability Reform Act (DDRA) and undergo a functional eligibility assessment for the IDD waiver. The DDP is utilized to determine the level of care (LOC) eligibility for the IDD waiver. The CDDO conducts an assessment of the individual and performs Options Counseling according to state law found in K.S.A 39-1803 and KAR 30-60-1 et al. Options Counseling includes assisting IDD wavier participants to choose a Targeted Case Manager (TCM), if eligible for Medicaid Title XIX.

    - The participant’s TCM is responsible for and assisting the participant in his/her effort to meet with waiver providers to discuss how the provider can meet the participants’ needs. In addition, the case manager is responsible for informing the participant of training opportunities that are available to assist the participant in becoming more active in his/her role in the planning process to the extent that he/she chooses.

    - The Support Plan is a Service Plan related document which allows the participant to identify their preferred lifestyle, their strengths, their passions, and values, what is

important to them, their goals, areas in which they feel they need support and how they would like that support to be provided to them.

- There is a lack of coordination and collection and analysis of common data points to que up the gaps and needs at the affected individual level, provider level, and the county level to inform the state regarding limitations under current 1915 and 1115 waivers, and necessary amendments to waivers that would improve outcomes.
- Current state definition and eligibility of "Health Home" is limiting and problematic and not in the spirit of how the "Health Home" funding model can be used. There have been two attempts to implement Health Homes in Kansas and neither has been effective in meeting the needs of the I/DD population or to including providers in our service system to engage in productive and meaningful ways to enhance supports to this population.
    - Noted that there are efforts to seek more collaboration with Kansas Department on Aging and Disability (KDADS)
- Applications for services, including Community Service Provider (CSP) applications are complex and need to be streamlined.
- Families are reporting that due to COVID they did not have care for their child going into the school year. Single parent families, especially, are afraid they're going to lose their jobs.

Workforce Development

- Gap in workforce for ABA supervision, although Wichita State University currently has this certificate program. This affects implementation of the State Plan and specific to autism.
- Major gaps remain in workforce and coverage to meet complex needs of individuals, especially those returning from the state hospital.
- No recommended training standards or training happening consistently across agencies even though training is available.
- In addition to workforce shortage in the I/DD system, it was estimated that the county mental health system is operating at 50% or less capacity.
    - Another comment was that the I/DD direct care workforce crisis is perhaps at its worst point ever due to current economic conditions.
- Individuals who work in the justice system generally do not have specific I/DD related training. Noted that DSP Basic Certificate through WSU which includes two badge courses: DSP Basic Part 1 and DSP Basic Part 2 could be appropriate:

- Noted that basic badges would be very good for jail personnel who are basically functioning in the role of a direct support professional.
- What training is provided by the State of Kansas to probation and parole is unknown. Discussed that trainings at conferences and training academies are a way to reach that workforce.

Section B: Early Identification, Crisis Response, Interventions, Acute Care, And Resources

Section B Resources

Identification, Intake and Services

- State statue, the Developmental Disability Reform Act (DDRA) and associated regulation (Article 64) the I/DD Waiver and KDADS Policies all direct the process for eligibility, functional assessment and information/referral for individuals with I/DD in Kansas. The ADRCs utilize the FAI (Functional Assessment Instrument) for Physical Disability (PD) and Frail elderly (FE) waivers and use the Medicaid Functional Eligible Instrument (MFEI) This tool is specific to Kansas and is the state's adaptation to the InterRAI. KU has worked to adapt the InterRAI through a contract with KDADS to create a tool that can be used for all (or many) of the State's waivers. Assessment tool for brain injury waiver.

- Financial eligibility is another step in the process for accessing the HCBS IDD Waiver. Individuals must meet Medicaid Title XIX income thresholds. If the applicant is a minor child, the parent income is waived.
    - KDHE has a specific team with specialized knowledge that processes these applications for review.

- Active data sharing and seeking to continue the process with a new digital data system for communication across the jail and the community.

- More involvement with families and outside agencies when it comes to juveniles entering the jails

- The Functional Assessment is used to determine eligibility the waiver. IDD Program Services and Waiver eligibility are determined by the system of CDDOs.
    - Eligibility for IDD system is outlined in the Developmental Disability Reform Act (DDRA) and is further defined by KDADS eligibility policy.
    - The Functional Assessment Score is converted to a "Tiered" Score" of "Zero" - to- five to sort population needs.
    - There is a "Tier 0" status for individuals that don't meet functional eligibility requirements.
    - Eligibility is based on CDDOs process resulting on varied timeframes.

- Some individuals will not be determined to be functionally eligible for the waiver which limits access to care. Access to services children aged 5 years and younger or Tier 0 adults cannot access HCBS waiver services. Additionally, services to those on the HCBS waiver waiting list have limited access to services/supports while they wait for waiver funding.
- The state continues to work on implementation of the MFEI (adapted InterRAI) for additional waiver populations including for I/DD waiver eligible. This may affect the current tier system.
- Currently the tier system drives reimbursement.

Section B Gaps

Co-occurring services and coordination

- There are multiple steps and multiple agencies in play to access waivered supports. The packet necessary to recommend a person for waiver supported services includes completion of a) a functional assessment which is also part of identifying potential funding sources, b) the process to establishing financial eligibility, c) review to recommend that the individual can meet one of the exceptions to bypass the waiting list.
    - Once all the paperwork and process are completed, the documents must be submitted and reviewed at the State level to make the actual determination of eligibility or whether an exception to the I/DD waiver waiting list is approved; the state has 10 days to respond to a request for exception. Approval can be delayed or rejected if the state doesn't feel they have all the information needed.
    - This process can take weeks, months to complete. The average length of time to complete the process was not available.
    - Currently, no universal screening tools, but there are some conversations working towards a more consistent tool for determining waiver eligibility.
        - PD/FE waivers ADRCs are still using the Functional Assessment Instrument (FAI) tool.
        - The Medicaid Functional Eligibility Instrument (MFEI) is only used for the Brain Injury Waiver at this time.
        - IDD Waiver uses the Developmental Disability Profile (DDP). There is not a scheduled implementation date for the Medicaid Functional Eligibility Instrument (MFEI) for the IDD population.
        - Process is different for the IDD, BI, PD, FE, TA, Autism and SED waivers.

- Finding a provider begins <u>after</u> the state has determined the individual is eligible for and has been offered access to HCBS funding. KanCare MCO's also must approve the Individual Service Plan so appropriate options can be provided for informed choice. Resulting in additional delays in access to care.
    - Finding a provider that has the capacity and ability to provide the services that meet the unique needs of everyone is challenging, especially given workforce gaps and complex needs of many clients.

- The process of finding a provider not universal or standardized and <u>managed differently</u> across the state by 27 CDDO's.
    - Availability and capacity to provide services is even more limited in areas with smaller provider networks.
    - Workforce availability and staff training has a large impact on service access.

- Complexity of need is a significant barrier to services.

- Gathering all the required documentation requires willingness of multiple and varied stakeholders to prioritize gathering and submitting the documents.
    - Jails and prison medical staff, with a release of information, may have useful information but are not usually asked to provide the information.

- SCDDO and the community mental health center are siloed. While the numbers of individuals with co-occurring mental illness and I/DD are far less than the general population the mental health center serves, the co-occurring population is not a priority for care.
    - Workforce in both systems is limited in general; dually trained workforce is very limited resulting clients not having the full support they need.
    - The deputy county manager supervises the leadership of both SCDDO and the community mental health center, COMCARE.
    - During the SIM, County Mental Health Center (COMCARE) staff were engaged though limited participation due to workforce limitations. Direct support professionals were not able to participate. Their perspective is critical to further understanding the system and perceived gaps.

- Individuals living with I/DD or ABI, or co-occurring needs that have not been identified are at risk for being in the criminal justice system.
    - More study is needed to understand gaps in identification. Lack of a universal screening tool and consistent process was identified as a need.
    - There is a population that is now adults that never got identified as kids.

- Eligibility for services and functional assessments are different
    - Some groups are still using old functional assessment tools. Anticipation that the Medicaid Functional Eligibility Instrument (MFEI) tool for the physical disability waiver and frail elderly waiver is coming and will replace current functional assessment tools.
    - The IDD Waiver is still using an older assessment tool, the Developmental Disability Profile (DDP). The Medicaid Functional Eligibility Instrument (MFEI) has been customized to meet the needs of the IDD system, but no date has been established when the tool will be implemented.
    - The brain injury waiver has already moved on to the newer assessment tool.

Homelessness, Health Care and ICCoD

- The Sedgwick County HUD Continuum-of-Care has some efforts towards individuals living with special needs which interfere with their ability to function independently or getting in the way of accessing stable housing and maintain that housing.
    - Wichita police department has a Homeless Outreach Team (HOT) which

will connect people to services, when possible, rather than arrest for nuisance type behaviors, especially for those who experiencing chronic homelessness.
    - There is a chronic homelessness staffing team.
    - There is both permanent supportive and supportive housing projects like housing first and shelter plus care.

KanCare (KS Medicaid) care plan integration and coordination
Presently, Kansas Medicaid services are managed across two State agencies. The Kansas Department of Health and Environment (KDHE) is the single State Medicaid agency, and its Division of Health Care Finance (DHCF) is responsible for the Medicaid State Plan, interactions with the Centers for Medicare & Medicaid Services (CMS), drawing down Federal Financial Participation (FFP) funds, and managing physical health care for all Medicaid Beneficiaries and Behavioral Health for children enrolled in CHIP. KDHE-DHCF also formulates eligibility policy and manages the Eligibility Clearinghouse, where all KanCare eligibility determinations are made.

The Kansas Department for Aging and Disability Services (KDADS) manages Behavioral Health care for the non-CHIP populations, the seven HCBS Waivers, nursing facilities (NFs), intermediate care facilities for individuals with intellectual/developmental disabilities (ICF/IDD), and the Program for All-Inclusive Care for the Elderly (PACE).

These HCBS populations receive all of their physical and Behavioral Health services, as well as their long-term services and supports (LTSS), through managed care.

One of the primary aims of the current KanCare program is to improve integration and coordination of care for this group which contains individuals who have multiple Chronic Conditions. The State expects the managed care contactors to utilize the existing Service Coordination and Case Management structures at the local level to achieve desired Outcomes and to contract with local providers for Outcomes based Service Coordination services whenever feasible. While managing several populations and programs allows for administrative
efficiencies, managed care contractors are required to report separately on expenditures and utilization for Behavioral Health, physical health, LTSS, and HCBS.

KDADS is responsible for:
KDHE is the designated State Medicaid Agency for the Medicaid program known as KanCare. KDHE delegates to KDADS the authority for administering and managing certain Medicaid-funded service programs, including those covered by the HCBS Developmental and Intellectual Disabilities Waiver.

Regular meetings are held by KDHE with representatives from KDADS to discuss:

- Information received from CMS;
- Proposed policy changes;

- Waiver amendments and changes;
- Data collected through the quality review process;
- Eligibility, numbers of consumers being served;
- Fiscal projections; and
- Any other topics related to the waivers and Medicaid.

All policy changes related to the waivers are approved by KDHE.

KDADS is responsible for applying the State's policies concerning the selection of individuals to enter the waiver and for maintenance of a waiting list for entrance to the waiver. The CDDOs are responsible for ensuring that the people who wish to be added to the waitlist have an accurate assessment that complies with the timeframes in KDADS' *Functional Assessment and Waitlist Management policy*.

CDDOs are responsible for:
Community Development Disability Organizations (CDDOs) are the single point of entry for an individual or family to obtain services through the developmental disabilities system in Kansas. CDDOs are responsible for determining whether a person qualifies for services, working with the person and/or the person's family or guardian in choosing from service options and referring those persons to other agencies if additional supports are needed.

ELIGIBILITY DETERMINATION AND FUNCTIONAL ASSESSMENT

A. Eligibility Determination, B. Functional Assessment, C. Comprehensive Options Counseling, D. Provisional Plan of Care, E. Changes or Enhancements of KAMIS, F. Options Counseling.

IDD TCM is responsible for:
Targeted Case Management (TCM) services are defined as those services which will assist the beneficiary in gaining access to medical, social, educational, and other needed services. Targeted case management includes any or all of the following services:

Assessment of a beneficiary to determine service needs by:

- Taking the beneficiary's history
- Identifying the beneficiary's needs and completing the related documentation
- Gathering information, if necessary, from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the beneficiary

Development of a specific support/care plans that:

- Is based on the information collected through the assessment
- Specifies the goals and actions to address the medical, social, educational, and other service needs of the beneficiary

- Includes activities that ensure the active participation of the beneficiary, and working with the beneficiary (or the beneficiary's legal representative) and others to develop such goals and identify a course of action to respond to the assessed needs of the beneficiary

Referral and related activities:

- To help a beneficiary obtain needed services, including
- Activities that help link the beneficiary with medical, social, educational providers, or other programs and services that are capable of providing needed services, such as referrals to providers for needed services and scheduling appointments for the beneficiary

MCO's are responsible for:
KanCare MCO contractors are "responsible for Service Coordination and continuity and continuation of care by establishing a set of Member-centered, goal-oriented, culturally relevant, and logical steps to ensure that a Member receives needed services in a supportive, effective, efficient, timely, and cost-effective manner". MCOs subcontract with local entities for the provision of community Service Coordination.

Managed Care Organizations conduct Service Plan development and related service authorization, assist with utilization management, conduct provider credentialing, create and provide the provider manual, and other provider guidance; and participate in the comprehensive state quality improvement strategy for the KanCare program, including HCBS IDD Waiver.

The MCO contractors are responsible for conducting initial Health Screenings for all members within ninety (90) days of enrollment or as directed by HCBS Waiver or State policy for LTSS and Behavioral Health Members, whichever is less.

Health Screening and Health Risk Assessments
The managed care contractors complete the Health Screening for Members using historical claims data, telephonically, or in person. Members who are enrolled in a HCBS Waiver or have an identified Behavioral Health need shall have their Health Screen completed in person and, if indications of further needs assessment are present, the MCO's complete the HRA and/or other needs assessments while in the home. HRAs and Needs Assessment for those populations are not Subcontracted to the community service coordinator.

Person-Centered Services Plan – Prior Authorization, Approvals, and Denials
All services for HCBS IDD Waiver eligible members are coordinated via Person Centered Service Plan (PCSP) consistent with provisions in the state approved IDD Person-Centered Services Plan policy. The PCSP is a written document that describes and records the person-centered Member's goals and service needs. The PCSP records the strategies to meet the goals and interventions selected by the Member and team to support them in improving the Member's health and wellness.

Managed care contractors approve PCSPs and Plans of Service including the amount, scope, and duration of any services included in the plan for all Members, including those populations Subcontracted to the community service coordinator. Managed care contractors are responsible for coordination of physical health, Behavioral Health, LTSS and transportation needs, as appropriate.

MCOs conduct prior authorization practices for those Members receiving HCBS services in a manner that assesses both the medical and functional needs of the Member, and considers whether the denial of equipment, supplies, or services would inhibit a Member's community access, or the progression of the Member's PCSP, if denied.

Extended Medicaid State Plan Services

Medicaid State Plan services, such as Positive Behavior Supports (PBS), Rehabilitative Therapies, and Early Periodic Screening Diagnosis and Treatment (EPSDT) are Coordinated and Managed by managed care contractors. These services are approved and coordinated by the MCOs via individualized PCSP's according to state Person Centered Services Plan policy.

Rehabilitative therapies

Rehabilitative therapies such as Occupational Therapy, Physical Therapy, and Speech Therapy are covered only when rehabilitative in nature. Kansas Medical Necessity is defined in regulation at KAR 30-5-58. Therapy services are limited to six months for non-KBH-EPSDT members (except
the provision of therapy under HCBS), per injury, to begin at the discretion of the provider. There is no limitation for KBH-EPSDT members.

Positive Behavior Supports

Positive Behavior Support includes traditional behavior modification approaches but also emphasizes the integration of environmental, emotional, physiological and biomedical supports. Another critical feature is the development of person-centered, sustainable, practical interventions that reflect the environment and the values, skills and resources of the individual and their family. Function based strategies are created with the care providers and are focused on helping the child gain access to new environments, have positive social interactions, develop friendships and learn new communication skills.

1. PBS Assessment: To include a functional behavior assessment, interviews and observations in multiple settings, use of PBS tools to conduct PBS assessment based on national standards.

2. Person-Centered Planning: A service provided by a certified PBS facilitator and driven by Member/family along with natural supports to prevent and decrease likelihood of more significant challenging behaviors. This process results in a behavioral plan that is goal and objective driven with incorporation of health, medical, and psycho/social, outlining quality of life and independence indicators, highlighting strengths, appropriateness of environment,

activities, and rate of reinforcement/or corrective feedback.

3. PBS Treatment: A preventative service to provide goal directed supports and solution focused interventions as set forth in PBS Person-Centered Plan. PBS Treatment is a face-to face intervention with the Member present. The majority of PBS Treatment must occur in community settings where the Member lives, works, and socializes. PBS interventions are prevention-based strategies which include antecedent interventions, ongoing assessment and cueing, and modeling behavior alternatives.

EPSDT

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a state and federally funded insurance plan that provides comprehensive and preventive health care services for Kansas children who are enrolled in Medicaid. Title XIX EPSDT provides services to children under age 21, Title XXI serves children under age 19 who are enrolled in the Children's Health Insurance Plan (CHIP). In Kansas, the EPSDT program is called Kan Be Healthy (KBH). KBH members are typically enrolled in one of three Managed Care Organizations (MCOs) that provide all state Medicaid services.

EPSDT is key to ensuring children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. Necessary health care services must be provided for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.

Under EPSDT, managed care contractors must inform all eligible members under age 21 about EPSDT benefits, provide or arrange for the provision of screening services in all cases where they are requested, and arrange for corrective treatment (42 C.F.R. §441.56).

Access, availability, and delivery of services is at the county level. Professionals must manage local gaps and barriers to the care and may not have received approval for care that they believe the client needs.

  - Ideally, there would be uniformity in the care plans so that an individual would have one comprehensive person-centered care plan that fulfills the requirements for waivers under KanCare and approval by the MCOs
  - Responsible and accountable parties to create together an individualized "person centered care plan" is unclear. Some believe it is the MCO.

- Past efforts have tried to combine "person-centered care plans" into a plan could be used to prior authorize services.

- There is not a statewide database of everyone who has been approved for waivered services, or has an application pending, or has applications approved for services, and what kind of services.

Hospital Care

- Often MH State Hospitals will not admit I/DD population due to their IDD, or IQ of 85 or less.

Lack of cross-county coordination and communication resulting in a break in a continuum of care

- Wichita is a regional medical hub, and a regional services hub resulting in instances where individuals have been identified for ICCoD needs in other communities, but the information is not communicated to Sedgwick.

- Because Wichita and Sedgwick County have more robust homeless services available that some other parts of the state, individuals may move to the area, or get moved to the area by other service systems without notifying Wichita and Sedgwick I/DD and ABI providers.

- Movement to and from the county puts increased strain on county resources. Homeless and housing programs and services are siloed within the city and county.

- Homeless service providers are not conducting specific screening to identify the ICCoD population, or not utilizing I/DD and ABI fields found in the HMIS and VI-SPDAT to understand the level of need for ICCoD services and service match.

- Need to improve screening for ability and adaptive functioning for vulnerable populations across settings.

- Eligibility and access to housing, services and programs is not clear.

- If supported housing is a recommendation, access to the level of support for persons living with I/DD and ABI as required for the housing program is not available.

- In-home support is the only service potentially available. Some support related to employment can be available through the "professional workforce center"; however, again capacity is a workforce issue.

- There is a high level of traumatic brain injury because of injuries from falling and being beat up in the homeless population.

Section C: Crisis Systems (Intercepts 0-1)

Section C Resources

Intercept 0 and 1

- NADD mental health approaches to I/DD, train-the trainer with Dr. Fletcher has been completed and has been widely offered in Sedgwick County and to IDD Community Service Providers at the annual InterHab Power UP! Conference as well as, additional opportunities offered through InterHab.

- Police and Sheriff Training
    - Sedgwick County detention deputies receive 50 hours directed to address mental health crisis. None of these hours are specific to people with IDD, however the scenarios utilized do include IDD specific examples and are used to help teach response to IDD clients
    - Sedgwick County commissioned officers receive 71 hours of training to address mental health crisis. None of these hours are specific to people with IDD, however the scenarios utilized do include IDD specific examples and are used to help teach response to IDD clients.
    - CIT training was suspended locally due to the COVID pandemic and is scheduled to resume April 2022.
    - SCDDO is represented on the Sedgwick County Crisis Intervention Training (CIT) Council and on the state level council, Kansas CIT Council. Locally, CIT training is offered to officers yearly in Sedgwick County. At this training officers receive the following training specific to individuals with IDD:
        - Intro to Autism
        - IDD client/guardian panel of speakers
        - NADD training Mental Health Approaches to IDD, module 1 "What is Dual Diagnosis?"

  Sedgwick County CIT training team provided training that the Kansas Law Enforcement Training Center (KLETC is the statewide LEO academy) and included IDD content as described above; however, it is not a component of ongoing training offered through KLETC.

  911 dispatchers receive awareness training through the academy. I/DD is referenced but there's not a specific training on how to handle clients regarding those calls.

- Sedgwick County ICT-1 is a co-responder model but does not include IDD professionals on the team nor specific training on co-occurring MH/IDD needs.

- New Wichita Police Dept. collaborative is starting. A community policing clinician position

has been posted to help respond to MH calls and following up with our Most Visible Persons (MVP's)

- KDADS works on waivers for Medicaid, on an individual basis.

- Homeless Services and Supports
  - City of Wichita and Sedgwick County jointly established the Task Force to End Chronic Homelessness, in 2006. https://www.wichita.gov/Housing/Pages/Homeless.aspx
    - City if Wichita Housing and Community Services
    - Sedgwick County Housing Department
  - Plan to End Chronic Homelessness in Wichita and Sedgwick County. https://www.sedgwickcounty.org/media/22910/tech-plan.pdf. This version is on the current Sedgwick County website but appears to have been written in 2005-2006.
    - COMCARE of Sedgwick County Center City Homeless Program serves individuals with serious mental illness and are experiencing homelessness. https://www.sedgwickcounty.org/comcare/homelessness/
    - Hunter Health Clinic provides health care services
    - Wichita Police Department has a Field Services Homeless Outreach Team HTTPS://WWW.WICHITA.GOV/WPD/FIELDSERVICES/PAGES/HOTTEAM.ASPX

- Senate Bill 74, Joey's Law was signed by Gov. Brownback, 2017.
  - Identification options in the bill include a placard to hang in the vehicle, a decal for the license plate, a reference on the vehicle's registration or an identification card.

- COMCARE received a Certified Community Behavioral Health Clinic (CCBHC), which is a model of excellence across for integrated care. The 2-year grant, implementation is just now starting, has a focus on improved access to service, enhanced evidence-based practice, and reform payment structure.
    - There is a need for more education about how someone with complex needs can benefit from adapted treatment rehab -vs- habilitation and the differences in IDD system and MH.

Section C Gaps

Youth

- In the juvenile system, the hospital system is served by a private provider, KVC Health Systems - Compassionate help for children & families; Children's Psychiatric Hospital in Wichita - KVC Hospitals

- Limited options to serve youth in the community. In-home support maybe the only service potentially available but it is hindered by DSP workforce.
    - Justice involved kids would be challenging to find staffing for.

- General feeling that many youths in the juvenile justice system may be at a mild or moderate level of I/DD.
    - In general, ABI supports are unknown or not used in the I/DD, ABI system.
    - May not have followed through with eligibility determination or do not want services for various reasons.

- Not having documentation of ID prior to age 18 or DD prior to 22 is very difficult to obtain and problematic to determine eligibility on this population.

- Sedgwick County is part of the IRIS, interagency referral network. However, it un unknown how many agencies are participating in IRIS, and how many of those participating have staff trained to provide services and resources to children, youth, and families in need of I/DD, ABI other disability and co-occurring needs. https://connectwithiris.org/why-iris#

- When kids are ordered for competency and/or restoration the hospital system provider is hesitant to serve some kids due to their extreme behavior. We have had kids wait 9 months for an inpatient evaluation.

General Coordination

- There is a need ensure ICCoD populations are included in the development and refinement of our community services.
- Case management services is not part of the ICT-1 co-response services.

Section D: Criminal Justice (Intercepts 2-5)

Section D Resources

Criminal Legal System: Intercepts 2 – 5

Jail

- Sedgwick County Jail average daily population is 1400, roughly 25,000 bookings in a year.
    - Sedgwick County, approximately 140 individuals a day living with disabilities based on estimated 10% living with disabilities; doesn't include mental health or substance use disorders or co-occurring disorders.
    - The jail has a mental health housing unit.
    - Discharge planners are available for mental health and DD individuals in the jails.
    - The jail is moving to a new electronic medical record. Impact and improvements, it will bring are unknown at this time.

- Wellpath is the Sedgwick County Jail medical provider.
    - A nurse is stationed in the booking area 24/7 to conduct initial medical screening. Subsequent screening is conducted within or over the next 72-hour regarding medical, mental health, suicide risk and detox risk. Medications are confirmed.
    - Some jail health care staff have completed basic ID/DD training under Dr Fletcher (and have conducted some of the training) to work with individuals living with co-occurring ID/DD and mental.

- Sedgwick County Sheriff Deputies ask about veteran status and ADA services/needs at booking.

- Although not a formal "jail population review" process, information about an inmate is passed to the judges / courts when individuals seem to be stuck in the system within the jail.

Reentry

- When an individual with IDD is discharging from Sedgwick County Jail, CDDO staff interact with a discharge planner at the jail (when this position is filled) or with the clinic staff.

- When an individual with IDD is arrested, the phone number for the jail watch command is given to the community service provider and/or guardian. 660-0899. If the person is held in the jail for more than a day, then providers are directed to have conversations with the jail clinic. 660-0876 This helps ensure that the client's medical needs are met and that the jail staff have a current copy of medications, information on who the legal guardian is, and information on the provider to know who to notify before the person is released from jail.
-
    - Jail release staff do the best they can to coordinate with guardian's re-release; however, timeliness of release is of the essence as jail staff don't have legal authority to hold individuals.
    - District attorney and the defense attorney can produce a list for specific release conditions from the judge.

- At times judicial officers try to order specific services or expect the IDD system to issue guarantees such as "maintaining the person within eyesight" or provide services that are not within the IDD provider scope.
    - Lack of understanding who provides what services.
    - Try to discharge to a specific agency but don't understand the individual may not be funded or eligible to receive that service, or not appropriate for certain services, or that service no longer available.
    - Need for ongoing cross-training; a public defender did complete some training with SCDDO; however, the training needs to be routinely provided for criminal legal partners.

Pre-trial

- A pre-trial risk assessment process for new felons booked into jail began the first of 2021.

- The pre-trial risk assessment was developed by Wichita State University and based upon our population and our demographics of Sedgwick County.

Access to Benefits

- Kansas does use the SOAR program (https://www.kdads.ks.gov/provider-home/providers/soar). COMCARE has SOAR trained case managers at Adult Services and in the homeless program. They have designated detention staff to assist those who are detained.

Courts

- Treatment courts: city drug court and a district drug court, mental health court, and exploring options for a veteran's court

Probation

- Probation has specialized caseload and supervision to help work around those disabilities.

Section D Gaps

- Lack of understanding how to modify treatment protocols within specialty courts for individuals with ICCoD

- Peer support services are integrated across the system on the mental health side; however, peer supports are not trained to work with the ID/DD or ABI population.

- There is a social worker who works with public defender's office; however, it is believed that the person currently in that position is not dually trained or credentialed in ID/DD or ABI.

- Lack of medication consistency and continuity between institutions. Lack of re-evaluation practices for individuals under mental health care and continued behavioral signs where ID/DD or ABI hasn't been ruled out.

- Unknown which agencies, if any, have coalesced care and supervision with ID/DD and ABI services to really coordinate services with the bases being the individuals behavioral support plan.
    - It was unknown if probation how a behavioral support plan is included in their case plan, if at all.

Competence

- Competence evaluators within the jails are not specifically trained in ICCoD. COMCARE or Larned State Hospital oversee the evaluation process.
    - Lack of requirements for competency evaluation specific training to complete the competency evaluation. Some evaluations are done by a provider in private practice.
    - Evaluators are psychologist and not psychiatrist; there is no requirement for dual credentialing in ID/DD or ABI. Workforce and expertise are a significant challenge.

- Average wait time is 200 days (current) to get into LSH for competency restoration.

- There has been a recent review and legislative changes to competency statutes in Kansas.
    - https://www.kansasjudicialcouncil.org/Documents/Studies%20and%20Reports/2019%20Reports/Report%20on%20Commitment%20of%20Incompetent%20Defendants%20-%20JC%20Approved.pdf

- LSH has developed a process under K.S.A. 22-3302 for a "Same Day Evaluation.
    - However, the individual still waits in jail for a SSP bed.
    - Mobile Competency and Same Day Evaluation are available in Sedgwick County.
    - For those ordered for competency treatment and evaluation pursuant to KSA 22-3303, and the language of the court order allows for the evaluation and treatment to be done at an appropriate state institution or facility by staff of LSH or its agent, LSH can make a clinical assessment to determine if the individual can receive mobile competency restoration services.
    - Work force and
    - https://sentencing.ks.gov/docs/default-source/publications-reports-and-presentations/2021-workshop/sentencing-commission-workshop_forensic-evaluation-overview.pdf?sfvrsn=b568fe3f_0

- Recently an RFP was issued for youth competency evaluation and restoration. At the time of this meeting, it is still unfilled and has been open for some time. https://openminds.com/rfp/kansas-seeks-outpatient-competency-evaluations-and-or-competency-restoration-services/

- Almost 200+ days to wait for a competency bed at Larned State Hospital.

- Individuals with co-occurring ID/DD, ABI and mental illness get stuck in the state hospital system due to not being restorable.
    - Lack of deflection and diversion alternatives to criminal legal system,
    - If in the criminal legal system, early identification of ICCoD and diversion from further involvement due to the likelihood of not being restored due to ID/DD or ABI,
    - Lack of coordination between ID/DD resources and the state hospital to get an emergency placement in a more appropriate setting.
        - A letter from the state hospital physician would open pathways to more appropriate care.

Jail and Reentry

- Overall, there is a need to improve coordination across criminal legal systems and from facilities to communities and providers across the intercepts.
    - No identification of benefit or entitlement needs while in jail or prison.
    - No initiation of applications or enrollment into Medicaid, waivers or other benefits or entitlements while an individual is in custody; some exceptions may occur for those with long sentences.

- The jail does not send a daily booking list to providers that can be used by agencies that a client has been detained.
    - Past work-around efforts include SCDDO running a daily report to match the jail inmate database against the SCDDO database.
    - Often individuals are in and out of jail before medical and discharge planners receive the booking report resulting in under identified population and lack of access and availability of care that could help stabilize the individual.
        - Many in jail don't have ongoing service connections, however, there are also many cases that an individual does have services, but the service provider wasn't aware that the individual under their care or supervision is detained or has been released to the streets resulting in people wandering around, often very late at night without services and safety.
        - Often jail providers cannot get ahold of the Guardian.
        - Lack of coordination and protocol across courts and criminal legal system resulting in individuals being released very quickly, jail doesn't have the legal authority to hold people to release to service providers.

- No screening process at the jail for ICCoD or community connections, only ask about medical, MH, suicide risk, and COVID-19 conditions. Direct ID/DD and ABI screening questions are not asked.

- No formal "jail population review" team and process.

- No standardized reentry needs checklist.

- Lack of intentional discharge planning from state institutions is needed to open more beds. Current processes are not proactive, seamless, or coordinated.

- There is a lack of "bridge" resources for individuals between jail or prison release and access to benefits.

- The waitlist for waivered services also means individuals are waiting for a support. While some supports can be given at the local level, the issues of services and supports

really needs to be addressed at the state level.

- Individuals in the Lenard State Hospital for competency who are not restorable, or even those who are due to milder levels of ID/DD and ABI are not automatically evaluated for ID/DD and ABI services and supports; and moved to the ID/DD and ABI system.

- System-wide there is a lack of tracking who are in the state hospitals, even though they're not funding the transition across all intercepts

System Education, Accommodations and Supports

- Need for training and education for criminal legal and corrections system stakeholders and ongoing communication and cooperation to identify persons with ICCoD and improve understanding and decision-making regarding accommodations, supports and potential disposition and supervision modifications for persons with ICCoD.

Probation and Parole

- The AHEAD TBI curriculum is not being used. Adult AHEAD curriculum facilitator guide (https://mindsourcecolorado.org/ahead-juveniles/).

Treatment Courts

- Specific eligibility information for treatment courts was not available at the time of this mapping.

- Lack of understanding about how to modify treatment protocols to support the needs of people with higher and more complex needs.

- It is believed that probation specialized caseloads have been disbanded leading to inconsistent supervision, technical violations and outcomes.

- Mental Health First Aid training is a training resource, however, is not sufficient for probation and parole to examine and implement supervision responsive to ID/DD and ABI client needs.

Incarceration and impact on care continuity

- Incarceration is not one of the approved exceptions to the waiver resulting in the individual having to go back through the ID/DD crisis process to access supports they had prior to jail or being detained if over a certain number of days.

- Ninety days detained or more then the individual must go back through the waiver crisis process.

- Each case can be evaluated by KDADs; however, results are inconsistent, and it

requires advocacy to ask for a review. This issue is known to the state and conversations have taken place between the MCOs and KDAD. Unclear if the issue is one of policy or practice.

- Discharge from jail or discharge from prison is not one of those situations.

There are inconsistent practices regarding Medicaid and access to benefits.

- If a person has access to the HTTPS waiver, and they are in a facility for more than 30 days, their Medicaid will close which also means that their access to that waiver closes as well.
  - During recent CDDO Contract negotiations with KDADS the following was agreed to addressing gaps in coverage and continuity of care for those who are detained:
    - For waiver participants who leave the IDD waiver to go into an approved institutional setting (as per Institutional Transition policy) who are in the setting until the temporary coding timeframe with KDHE has ended, and the institutional coding has begun (temporary coding defined as: month of entry plus two months), but whose stay is under the required 90 days for the institutional process, the KDADS IDD Program Manager shall send approval for re-instatement of waiver to KDHE upon timely notification of discharge from facility by CDDO. Timely notification shall be within 5 (business) days of discharge from facility.
    - For waiver participants who leave the IDD waiver due to incarceration who are in the setting until the temporary coding timeframe with KDHE has been met and the waiver coding has ended (temporary coding defined as: month of entry plus two months), the KDADS IDD Program Manager shall send a 3160 approval for re-instatement of waiver eligibility to KDHE upon timely notification of discharge from facility by CDDO if the individual has a current functional assessment and the individual can be automatically reinstated to the Medicaid program by KDHE (current Medicaid application on file with KDHE). Timely notification shall be within 5 business days of discharge from facility. For individuals incarcerated over 12 months or whose Medicaid eligibility cannot be automatically reinstated by KDHE (current Medicaid application on file with KDHE), a crisis application for access to HCBS-IDD Waiver funding is required.
  - It is problematic for them to not automatically put the person back on the waiver.

- When an individual loses their Medicaid, there's coding on their Medicaid case if their waivered, or not. Once Medicaid closes, the coding is closed.

- In some situations, if someone is detained or sentenced “long-term” applications and enrollment may be conducted. However, there is not a specific definition of “long-term” and the process is not applied uniformly. The variability seems to depend on who is

providing or receiving the information.

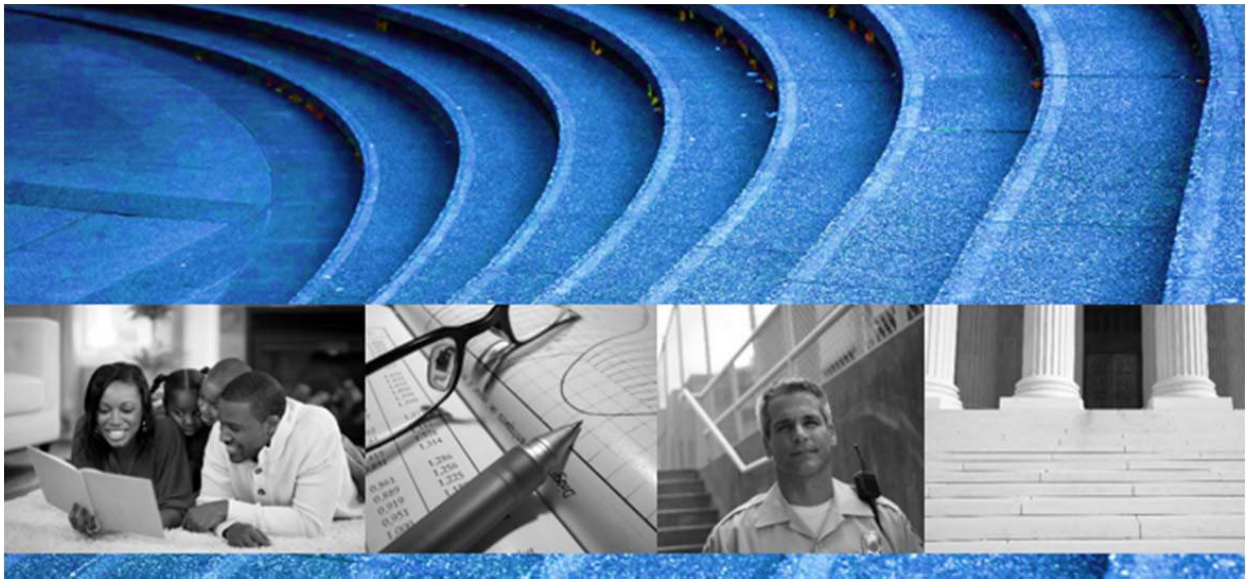
- No coordination and agreements with Medicaid to create a standardized process.

- Need for consistent education with the court about eligibility processes and timelines for waivers, SSI, Medicaid, and housing.

- Department of Corrections revocation process is a mandatory six months, but it can be shortened to 180 days. That time does not include the process of being approved for revocation. Either way, individuals' access to benefits will be impacted if detained for over 90 days.

Coordinated data efforts to inform decision making

- Lack of coordinated, cross-system indicators and data tracking to identify individuals and collectively demonstrate provider and client needs, volume of need, wait times, access to services and supports; types of supports needed, etc., to be used for local planning and inform the state of local needs so they can address state budget and legislative priorities.



PRIORITIES FOR CHANGE

The priorities for change were determined by SIM Mapping Workshop participants. SIM Mapping Workshop participants were asked to identify a set of priorities followed by a vote to identify top priorities for change for strategic action planning.

1. Enhancing screening for ICCoD to promote early identification.
2. Enhancing tools used to determine waiver eligibility. Also, increasing uniformity statewide as some counties have smaller networks and capacity issues when determining waiver eligibility.
3. Expanding ICCoD direct care/service workforce. Also, providing additional specialized/cross-training and increasing National Association for Dually Diagnosed Clinical Certifications.
4. Decreasing wait times for accessing ICCoD home and community-based services. Revisiting home and community-based setting regulations and identifying barriers to accessing services.
5. Expanding access to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) and Brain Injury Rehab Facilities (BIRF).

6. More inclusive education systems for individuals with ICCoD. Development of training and skill building programs. Access to sex education/sexuality services.
7. Access to services for justice-involved youth with ICCoD and required documentation.
8. Establishment of multi-agency cross-system group to focus on ICCoD, behavioral health, and criminal justice issues. Convene meetings with Managed Care Organizations, Community Mental Health Centers, and ICCoD providers.
9. Increase collaboration with Kansas Department on Aging and Disability (KDADS). Also, integration of KDADS' Behavioral Health Services and Home and Community Based Services commissions.
10. Improving civil commitment laws (in progress?).
11. Ensuring individuals are released from facilities/custody to designated guardians when appropriate.
12. Individuals who are involved in the competency evaluation/restoration process can remain in facilities for long periods of time.
13. People in Crisis turn to the CDDO for support, but CDDO is not a provider of service- Need for a gap program to meet this need.
14. Need for work with state hospitals around admission criteria inclusion and exclusion factors to gain a shared understanding.
15. Developing data sharing to track individuals and share information needed. Develop information sharing pathway so no wrong door and any part of the system knows who to call.
16. Access to housing and assistance with maintaining housing. Housing supports for children in IEP system in crisis and across systems when respite and in-home services are inadequate (limited availability of PRTF if the youth does not meet the criteria for those services).
17. Expand ABA network of providers for youth with ASD. Currently available as an EPSDT benefit.
18. Expand START or confer with ACT team like interventions that could be appropriate for ICCoD populations.
19. Family engagement and support services.

DRAFT STRATEGIC ACTION PLANS

Priority Area 1: Expanding ICCoD direct care/service workforce. Also, providing additional specialized/cross- training and increasing National Association for Dually Diagnosed Clinical Certifications.				
Objectives		**Action Steps**	**Who**	**When**
1.	Develop Workforce Development Task Force	Identify individuals/groups that are doing related work already that need to be involved • Dee will connect with Julie to initiate	**SCDDO (Dee and Jeanette)** **Heartspring (Julie Noller)** SCDDO's Project Search (Jeanette) Comcare MHSA Coalition and Workforce Committee Wichita State Kansas Board of Regents Goodwill Starkey ResCare KETCH Arrowhead West Sunflower (Nanette) Crossover Youth Practice Model ARC/ACT meeting members InterHab Others…	
		Consider roles for peers (people with lived experience) and ICCoD training	ARC (YAC/YESS)	
2.	Raise awareness and develop marketing strategies	Develop strategies for marketing and filling open positions (e.g., job listing/board that is updated regularly)		
		Promoting programs such as H.S. to workforce program, Registered Apprenticeship Program, and Wichita State DSP Credentials	Same as Above	
		Develop social media content/updates (e.g., YouTube)		

3.	Cross-training	Identify training providers and what types of trainings are available	Law enforcement Community corrections	
		Obtain additional funding. Blended funding?	Kansas Health Foundation?	
3.	Other	Consider organizing Sibling Groups?		

Priority Area 2: (A) Establishment of multi-agency cross-system group to focus on ICCoD, behavioral health, and criminal justice issues. Convene meetings with Managed Care Organizations, Community Mental Health Centers, and ICCoD providers. **(B)** Increase collaboration with Kansas Department on Aging and Disability (KDADS). Also, integration of KDADS' Behavioral Health Services and Home and Community Based Services commissions.				
Objective		Action Steps	Who	When
1.	Immediate Follow-up	Review and discuss output from SIM Workshop (final report, recommendations, draft strategic plans) and incorporate into strategic planning process	SCDDO	
		Share information with state-level partners	SCDDO InterHab CDDO ADRC MCO partners	October 2021
1.	Inventory of existing groups and what they are currently focusing on	Conduct outreach and gather information (including contact information for leads and meeting schedules)	Dee, Jennifer, Glenda, Narvais, InterHab	
		Convene monthly/quarterly meetings with leads (regular schedule)	Staff/consultant to assist with scheduling?	
2.	Create a list of everyone who needs to be involved	Review SIM Workshop invitation list and determine who is missing and/or why certain individuals or groups have been difficult to engage	Dee (will share SIM Workshop invite list)	
		Think outside of our "traditional" usual voices. Not only County departments, CDDO Affiliates, but also additional community members who might have influence or a stake in our work.		
3.	Develop Continuum of Care flowchart		Nan	
2.	Determine areas of focus for the group	Consider collective impact, data collection/sharing, training/cross-training, crisis services, universal screening, transition planning, warm handoffs, etc.		

RECOMMENDATIONS

Sedgwick County has resources to address the involvement of persons with ICCoD in the criminal justice system. It is also clear that certain barriers and gaps in services exist. Based on information gathered prior to and during the SIM Mapping Workshop, PRA has the following recommendations.

1. Develop a Collective Impact Process
    a. Use a collective impact process to build momentum and maximize efforts across systems and services.
    b. Create and coordinate data tracking and analysis across-systems through agreed upon common fields to identify ICCoD the presence of individuals across settings and collectively demonstrate provider and client needs, type and level of supports, wait times to access to services and supports; types of supports needed, etc., to use for local planning and inform the state of local needs so they can address state budget and legislative priorities.
        i. Specifically track ICCoD individuals use of state hospitals, emergency departments, homelessness and jail by needs and benefits including unnecessary "boarding" issues and length of stay.
        ii. Develop and apply cost metrics to data.
    c. Create a collaborative workforce development task force with multiple providers, including SCDDO, CDDO affiliates, Heart Spring, KanCare, etc. to combine efforts to recruit and train ICCoD workforce.

2. Work with a cross-sector group of state administrators, local providers and coordinating entities to review laws and policy for definitions especially relating to institutions, jail, prison, eligibility, crisis, homelessness or imminent risk of abuse, neglect or exploitation, and exceptions for ICCoD. Consider if the level of severity of I/DD, ABI or Mental Illness or co-occurring disorders is a factor.

3. Work with the state to require competence evaluators within the jails are either dually credentialed or specifically trained in ICCoD, are using I/DD and ABI screens in addition to mental health and substance use disorder or involve a psychiatrist review for complex cases.

4. Create a standardized discharge and transition planning process from state institutions, local hospitals, prison and jail. (Should also be part of collective impact work)
    a. Develop proactive, seamless and coordinated "bridge" resources for individuals between hospitals, jail or prison that includes benefits, housing, treatment and other supports.
    b. Use a standardized discharge or transition check list.
    c. Track data regarding gaps, wait times, current setting, types of supports needed, etc. Provide data to the state for planning purposes and to build in flexibility to current policies or innovate and demonstrate new ways to do business.
    d. Improve coordination between I/DD, ABI, and Mental health system.

ICCoD Resources

Agencies:

- Aging and Disability Resource Centers, Administration for Community Living: https://acl.gov/programs/aging-and-disability-networks/aging-and-disability-resource- centers; https://acl.gov/programs/connecting-people-services/aging-and-disability-resource- centers-programno-wrong-door
- Alzheimer National: https://www.alz.org
- American Association on Intellectual and Developmental Disabilities (AAIDD), https://www.aaidd.org; https://www.aaidd.org/news-policy/policy/position- statements/criminal-justice.
  Diagnostic Adaptive Behavioral Scale (DABS); https://aaidd.org/intellectual-disability/diagnostic-adaptive-behavior-scale
- The ARC, National Center on Criminal Justice and Disability.
  http://www.thearc.org/NCCJD PATHWAYS to Justice https://thearc.org/our-initiatives/criminal-justice/ State and local Chapters of The ARC https://thearc.org/find-a-chapter People with Intellectual disabilities in the Criminal Justice Systems: Victims and Suspects; LeighAnn Davis, https://thearc.org/wp-content/uploads/forchapters/Criminal%20Justice%20System.pdf
- National Association for Dual Diagnosis (NADD): www.thenadd.org
- National Association of State Directors of Developmental Disabilities Services (NASDDDS) www.nasdds.org
- National Association of State Mental Health Program Directors (NASMHPD) www.nasmhpd.org
- Protection and Advocacy Organizations https://www.ndrn.org/about/ndrn-member-agencies/
- State Departments and Agencies for Developmental Disabilities

Housing Resources

- Housing Equity Framework: https://housingequityframework.org/webinars#webinar1
- Urban Institute's ERA Prioritization Tool : https://www.urban.org/features/where-prioritize- emergency-rental-assistance-keep-renters-their-homes
- Available Homeless Funding Sources: https://endhomelessness.org/wp- content/uploads/2021/06/06-

24-2021_Advancing-Equity-and-Impact-.pdf
- Targeting Emergency Rental Assistance: https://endhomelessness.org/wp-content/uploads/2021/02/7-16-21_UpdatedTargetingEmergencyRentalAssistance.pdf

Articles, Journals and Presentations

- Bertelli, M.O., Rossi, M., Varrucciu, N., Bianco, A., Scuticchio, D., Del Furia, C., Buono, S. and Tanzarella, M. (2016), "Relationship between psychiatric disorders and adaptive functioning in adults with intellectual disabilities", *Advances in Mental Health and Intellectual Disabilities*, Vol. 10 No. 1, pp. 92-101. https://doi.org/10.1108/AMHID-08- 2015-0038
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- Chapman SL, Wu L (2012) Substance abuse among individuals with intellectual disabilities. Res Dev Disabil 33: 1147–1156
- Center for Medicare and Medicaid Services, Glossary of health coverage and medical terms, OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146, https://www.cms.gov/cciio/resources/files/downloads/uniform-glossary-final.pdf.
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- Journal of Mental Health Research in Intellectual Disabilities https://www.tandfonline.com/toc/umid20/current
- Pinals, Debra, Hovermale, Lisa, Mauch, Danna, Anacker, Lisa (2017). The vital role of specialized approaches: Persons with intellectual and developmental disabilities in the mental health system, NASMHPD, Assessment #3
- Substance Abuse and Mental Health Services Administration (2019), Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities. https://www.ncbi.nlm.nih.gov/books/NBK64881.
- Supporting Individuals with Co-Occurring Mental Health Support Needs and Intellectual/Developmental Disabilities: Themes, Trends, and a Synthesis of Promising Activities, 2018. Roundtable, NASDDDS, NADD, and NASMHP. https://www.nasmhpd.org/content/findings-joint-nasmhpdnaddnasddds-roundtables-supporting-individuals-co-occurring-mental-0
- Resource modules on health of people with intellectual disabilities: https://IDDhealthtraining.org/module-2/scenario-1/resources/online-training/

Environmental Build, HMIS and Biopsychosocial Approach

- 7 Principles of Universal Design https://dac.berkeley.edu/committees/ccrab-home/universal-design-principles
- Empathy in Architecture: Using Trauma-informed Design to Promote Healing. https://e4harchitecture.com/empathy-in-architecture-using-trauma-informed-design-

to-promote-healing/

- Using Trauma-informed design buildings to become tools for recovery, Colorado Trust https://www.coloradotrust.org/content/story/using-trauma-informed-design-buildings-become-tools-recovery
- Census 6 Questions: https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html

- HUD HMIS Data Dictionary, https://files.hudexchange.info/resources/documents/FY-2022-HMIS-Data-Dictionary.pdf
- VISPDAT https://cchealth.org/h3/coc/pdf/2014-0521-packet-2.pdf
- Biopsychosocial Approach*: NADD: http://thenadd.org/idd-mi-diagnosis*

TRAUMA, VICTIMS AND CRIMINAL JUSTICE

Victims: Sight and Hearing Impaired and Accommodations

- Anti-Ableist Glossary of Disability Terms, Sara Acevedo, The National Resource Center for Reaching Victims, https://reachingvictims.org/wp-content/uploads/2020/07/Anti-Ableist-Glossary-of-Disability-Terms.pdf
- National Child Traumatic Stress Network, Children with intellectual and developmental disabilities who have experienced trauma, https://www.nctsn.org/resources/tailoring-trauma-focused-cognitive-behavior-therapy-for-children-with-IDD
- Talent, Brian, Adapting trauma focused CBT for individuals with intellectual and developmental disabilities, 2016, http://reachacrossla.org/wp-content/uploads/2016/09/Adapted-Trauma-Treatment-for-Individuals-With-IDD-1.pdf
- Vera Institute of Justice, May 7, 2020 https://reachingvictims.org/resource/just-ask/
  National Resource Center for Reaching Victims (NRC and Vera: Deaf/Hard of Hearing (HoH), https://reachingvictims.org/
  Limited English Proficiency Palm Cards https://reachingvictims.org/resource/language-access-tip-sheets-and-palm-cards/
- Victim hearing and sight impaired resource; Vera Institute of Justice, May 7, 2020 https://reachingvictims.org/resource/just-ask/

Criminal Justice

- BJA Police Mental Health Collaboration Toolkit: https://bja.ojp.gov/program/pmhc
- Bronson J. & Maruschak L., Disabilities among Prison and Jail Inmates, 2011–12, U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics Special Report, RTI International (December 2015). https://bjs.ojp.gov/content/pub/pdf/dpji1112.pdf
- Criminal Justice System: Joint Position Statement of AAIDD and The Arc, https://aaidd.org/news-policy/policy/position statements/criminal-justice#.WWBcrYjyuUk.
- Examples and Resources to Support Criminal Justice Entities in Compliance with Title II of the Americans with Disabilities Act https://www.ada.gov/cjta.html
- IACP's Policy on IDD: https://www.theiacp.org/resources/policy-center-resource/intellectual-and-developmental-disabilities
- Individuals with intellectual and developmental disabilities who become involved in

the criminal justice system: A guide for attorneys (2014). The Criminal Justice Advocacy Program, The ARC of New Jersey. https://frdat.niagara.edu/assets/THE-FINAL-ATTORNEY-GUIDE-1.pdf

- Criminal and juvenile justice best practice guide for state brain injury programs, (2020), NASHIA, https://www.nashia.org/cj-best-practice-guide-attachments-resources-copy
  https://www.nashia.org/resources-list/ultvlaoicnk14l0k1f0prgqvhlt04f-8wllr
- People with Intellectual Disabilities in the Criminal Justice Systems: Victims and Suspects, Leigh Ann Davis, The Arc, https://thearc.org/wp-content/uploads/forchapters/Criminal%20Justice%20System.pdf
- The ARC Pathways to Justice: https://thearc.org/our-initiatives/criminal-justice/pathway-justice/

BRAIN INJURY

CDC TBI resource for incarcerated persons

- https://www.cdc.gov/traumaticbraininjury/pdf/Prisoner_TBI_Prof-a.pdf

MINDSOURCE

- developed the Achieving Healing through Education, Awareness, and Determination (AHEAD) psychoeducational group facilitator guide: https://mindsourcecolorado.org/ahead

Model Systems Knowledge Transition Center (MSKTC)

- https://msktc.org/tbi/model-system-centers

National Association of State Head Injury Administrators (NASHIA)

- https://www.nashia.org/
- https://www.nashia.org/resources-list?category=Criminal%20and%20Juvenile%20Justice
- webinar training that relates to criminal justice: https://www.resourcefacilitationrtc.com/webcast-seminar-information
- Drew Nagele, Monica Vaccaro, MJ Schmidt & Daniel Keating (2019): Brain injury in an offender population: Implications for reentry and community transition, Journal of Offender Rehabilitation, DOI: 10.1080/10509674.2018.1549178 To link to this article: https://doi.org/10.1080/10509674.2018.1549178

PA Brain Injury Wallet Card:

- https://www.health.pa.gov/topics/Documents/Programs/Brain%20Injury%20Wallet%20Card.%20v%204.pdf.

TBIMS National Data and Statistical Center https://www.tbindsc.org/

- TBIMS Annual Presentation: Traumatic Brain Injury Model Systems National Data and Statistical Center, 2020 Traumatic Brain Injury Model Systems Annual Presentation, DOI 10.17605/OSF.IO/A4XZB [PDF File]. Retrieved from https://www.tbindsc.org; https://www.tbindsc.org/StaticFiles/Documents/2021%20TBIMS%20Slide%20Presentation.pdf

TBI Screening Tools

- OSU TBI-ID https://wexnermedical.osu.edu/neurological-institute/departments-and-centers/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id
- BISQ https://icahn.mssm.edu/research/brain-injury/resources/screening
- HELPS https://abitoolkit.ca/assets/images/HELPS-tool.pdf
- Brain Check Survey – BCS https://www.chhs.colostate.edu/ot/research/life-outcomes-after-brain-injury-research-program/

Training Institute on Strangulation Prevention

https://www.strangulationtraininginstitute.com/health-issues-result-from-strangulation/

Competency

- The ARC and NCCJD
  https://thearc.org/resource/competency-of-individuals-with-intellectual-and-developmental-disabilities-in-the-criminal-justice-system-a-call-to-action-for-the-criminal-justice-community-2/
  http://thearc.org/wp-content/uploads/2019/07/16-089-NCCJD-Competency-White-Paper-v5.pdf
- Pinals D.A., Where Two Roads Meet: Competence to Stand Trial Restoration from a Clinical Perspective, *New England Journal of Civil and Criminal Confinement 31*, pp. 81-108 (2005).

Training

- Board-Certified Behavior Analysis, https://bacb.com/bcba/.
- NADD: http://thenadd.org/products/accreditation-and-certification-programs/.
- Association of University Centers on Disabilities (AUCD), *About LEND* (2011), https://www.aucd.org/template/page.cfm?id=473.
- University Centers for Excellence in Developmental Disabilities (UCEDDs), interdisciplinary training. Developmental Disabilities Assistance and Bill of Rights Act of 2000 https://www.aucd.org/template/admin_resource_list.cfm
- Center for START Services: https://centerforstartservices.org/START-Training
- Direct Support Professional Framework; Sedgwick, KS, University of Wichita

FINANCINGCONSIDERATIONS

CMS – Medicaid

- Home and community-based services under § 1915(c) Medicaid waiver and the § 1915(i) state plan option (which allows wide array of community-based treatments and residential supports).
- How and When Medicaid Covers People Under Correctional Supervision, https://www.pewtrusts.org/-/media/assets/2016/08/how_and_when_medicaid_covers_people_under_correctional_supervision.pdf
- Self-directed person care through § 1915(j) state plan services or the § 1915(k) Community First Choice personal care option can support people who live in their homes – but provisions do not automatically incorporate access to acute psychiatric care benefits.
- LTSS in context of developing accountable care organizations (ACO) § 1115 Medicaid waivers with provisions for ACOs and LTTS management
- Money Follows the Person (MFP) and Balancing Incentive Payment (BIP) programs which, while providing increased Federal financing for home and community-based services do not align with psychiatric care benefits.

Affordable Care Act

- Coordination and integration of care for populations with complex needs.
- Health Homes are an optional state plan service designed to improve care coordination across primary, acute, behavioral health, and long-term services and supports for individuals with two or more chronic conditions.

Social Security Act

- § 1903(m) of the Social Security Act – need strong state oversight of MCO - many going to ACO and LTTS provider networks; others ACO and Behavioral Health provider networks … impact on integration of care for co-occurring conditions.

LEGISLATION

- *A Guide to Disability Rights Laws*, U.S. Department of Justice, Civil Rights Division, Disability Rights Section (July 2009), https://www.ada.gov/cguide.htm#anchor63409
- ABLE Act – created tax advantaged savings accounts for individuals with disabilities which are exempt form means-testing in federal programs
- Americans with Disabilities Act (ADA), (1990) 42 U.S.C. § 12132, to ensure that people with disabilities can access care without being institutionalized.

https://www.justice.gov/crt/rights-persons-disabilities

Title II of ADA government requires agencies make all services available to people with disabilities. Includes providing and paying for auxiliary aids and services. Making reasonable modifications to policies, procedures, and practices.

- Article 12, United Nations Convention on the Rights of Persons with Disabilities (CRPD) (2006), http://www.un.org.proxy.lib.umich.edu/disabilities/convention/conventionfull.shtml.
- Civil Rights Act and Executive Order 13166, Section 504 of the Rehabilitation Act

  Title VI of the 1964 Civil Rights Act and Executive Order 13166, Section 504 of the Rehabilitation Act, and The Americans with Disabilities Act (ADA) – language access must be timely, accurate and effective
- Developmental Disabilities Assistance and Bill of Rights Act, (2000) creation of University Centers for Excellence in Developmental Disabilities (UCEDDs) https://acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf
- Endrew F. v. Douglas County School District, 580 U.S. (2017) https://www.supremecourt.gov/opinions/16pdf/15-827_0pm1.pdf; further clarified IEP standards
- Civil Rights of Institutionalized Persons Act (CRIPA), (1980) 42 U.S.C. § 1997a, allows the Attorney General to review conditions and practices within these institutions. https://www.justice.gov/crt/rights-persons-confined-jails-and-prisons

  Juveniles: Uses both of the above https://www.justice.gov/crt/rights-juveniles
- Developmental Disabilities Services and Facilities Construction Amendments of 1970 and subsequent amendments, and P.L. 94-142 (precursor to IDEA) which guarantees a free and appropriate public education for all children with disabilities
- Fair Housing Amendments Act (1988). Pub. L:. No. 100-430
- Higher Education Act, (2004): help students move from public schooling to higher education, employment, and adult life.
- Individuals with Disabilities Education Act, (1975), https://sites.ed.gov/idea/
- Mental Retardation and Community Mental Health Centers Construction Act of 1963, Mental Retardation Facilities Construction Act. Pub L. No. 88-164 (1963), https://history.nih.gov/research/downloads/pl88-164.pdf
- *Olmstead v. L.C. (98-536) 527 U.S. 581 (1999) https://www.supremecourt.gov/* held that persons with mental disabilities have the right to live in community settings, rather than institutions, If States treatment professionals determine community placement is appropriate, and transfer to a less restrictive setting is not opposed by the individual, and the placement can be reasonably accommodated.
- Rosa's Law, changed the reference to mentally retarded individual to an individual with an intellectual disability, 2010. https://www.govinfo.gov/content/pkg/CRPT-111srpt244/html/CRPT-111srpt244.htm
- Violent Crime Control and Law Enforcement Act of 1994, 42 U.S.C. § 14141 (re-codified at 34 U.S.C. § 12601), allows us to review the practices of law enforcement agencies that may be violating people's federal rights. https://www.justice.gov/crt/conduct-law-enforcement-agencies

- Olmstead v. L.C., 527 U.S. 581 (1999)

Alternative Health Response and Co-Responder

- Alternatives to Arrest and Police Responses to Homelessness, Urban Institute.

https://www.urban.org/sites/default/files/publication/103158/alternatives-to-arrests-and-police-responses-to-homelessness.pdf
- Behavioral Health Crisis Alternatives https://www.vera.org/behavioral-health-crisis-alternatives, Vera Institute
- Blair L. Bigham, Sioban M. Kennedy, Ian Drennan & Laurie J. Morrison (2013) Expanding Paramedic Scope of Practice in the Community: A Systematic Review of the Literature, Prehospital Emergency Care, 17:3, 361-372, DOI: 10.3109/10903127.2013.792890
- From Harm to Health Microsoft Word - From Harm to Health 2021.docx (fountainhouse.org),Fountain House.org
- Kevin E. Mackey & Chichen Qiu (2019) Can Mobile Integrated Health Care Paramedics Safely Conduct Medical Clearance of Behavioral Health Patients in a Pilot Project? A Report of the First 1000 Consecutive Encounters, Prehospital Emergency Care, 23:1, 22-31, DOI: 10.1080/10903127.2018.1482390
- Renee Roggenkamp, Emily Andrew, Ziad Nehme, Shelley Cox & Karen Smith (2018) Descriptive Analysis Of Mental Health-Related Presentations To Emergency Medical Services, Prehospital Emergency Care, 22:4, 399-405, DOI: 10.1080/10903127.2017.1399181
- Kate Emond, Peter O'Meara & Melanie Bish (2019) Paramedic management of mental health related presentations: a scoping review, Journal of Mental Health, 28:1, 89-96, DOI: 10.1080/09638237.2018.1487534

Acute Crisis Response

- Alternative Health Response Models
  Alternatives to Arrest and Police Responses to Homelessness, Urban Institute
  https://www.urban.org/sites/default/files/publication/103158/alternatives-to-arrests-and-police-responses-to-homelessness.pdf
  CAHOOTS (Eugene, OR) https://whitebirdclinic.org/cahoots/
  STAR (Denver, CO) VICE
  https://www.youtube.com/watch?v=vCmTcS5YvOQ&ab_channel=VICENews
- Crisis Now
  https://theactionalliance.org/resource/crisis-now-transforming-services-within-our-reach
- Crisis Residential Best Practices Handbook: Practical Guidenlines and Resources, 2018, tbdSolutions. http://www.tbdsolutions.com
- Crisis Services Meeting Needs, Saving Lives
  https://www.nasmhpd.org/sites/default/files/2020paper1.pdf
- Integrated Treatment EBP Tool Kit
  https://store.samhsa.gov/sites/default/files/d7/priv/ebp-kit-how-to-use-the-ebp-kit-10112019_0.pdf
- Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models
  https://www.prainc.com/resource-library/coresponder-models/
- SAMHSA Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies:
  https://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/sma14-4848
- Tailoring Crisis Response and Pre-arrest Diversion Models for Rural Communities: PEP 19
  https://store.samhsa.gov/product/Tailoring-Crisis-Response-and-Pre-Arrest-Diversion-Models-for-Rural-Communities/PEP19-CRISIS-RURAL?referer=from_search_result

The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness, 1st Ed. Oxford University Press; 1st edition (February 24, 2015)

Intercept 0-1 Resources

- Transition Specialist Program (TSP) Colorado
  https://www.rmhumanservices.org/single-post/2019/05/20/rocky- mountain-human-services-launches-program-to-help-coloradans-with- substance-use-and
  https://drive.google.com/file/d/1q8qSX6XmRwOmYjgvi9ltgaTtQ- Ijf1Iw/view
  Momentum (Colorado)

  https://drive.google.com/file/d/1d7d7XXrn2byosGzuht2RwIGyHAEOPJ31/view
  SAMSHA Bringing Recovery Supports to Scale: https://www.samhsa.gov/brss-tacs
- Philadelphia Peer Support Tool Kit:
  https://dbhids.org/peer-support-toolkit/
- SPOTLIGHT: Building Resilient and Trauma Informed Communalities
  https://store.samhsa.gov/product/Spotlight-Building-Resilient-and-Trauma-Informed-Communities-Introduction/SMA17-5014?referer=from_search_result
  Dimensions: Peer Support Program Toolkit. Anschutz Medical Campus School of Medicine
  https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf
  Peer Support in Rural Communities
  https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/peer-based-recovery-support/peer-specialist
  What Are Peer Recovery Support Services?
  https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454
- Bringing Resource Supports to Scale BRSS-TACS
  https://www.samhsa.gov/brss-tacs
- Peer respites
  https://power2u.org/directory-of-peer-respites/

- Copeland Center for Wellness and Recovery
  https://copelandcenter.com/sites/default/files/attachments/WRAP%20for%20Everyday%20Lives_0.pdf Advanced Psychiatric Directives
  https://www.samhsa.gov/sites/default/files/a_practical_guide_to_psychiatric_advance_directives.pdf
- Promotores de Salud/Community Health Worker, Center for Disease Control and Prevention
  https://www.cdc.gov/minorityhealth/promotores/index.html
  Integrating the Promotores Model to Strengthen Community Partnerships
  Center for the Study of Social Policy: Ideas in Action https://cssp.org/wp-content/uploads/2019/02/CSSP-Toolkit-4-RBA-Integrating-Promotores.pdf CIT International
  https://www.citinternational.org/
- Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions
  https://nicic.gov/improving-responses-people-mental-illnesses-tailoring-law-enforcement-initiatives-individual
  Law Enforcement Assisted Diversion (LEAD)

  http://www.leadbureau.org/
- Police Assisted Addiction and Recovery Initiative
  https://paariusa.org/
- TIP 61: Behavioral Health Services for American Indians and Alaska Natives
  https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070
  TIP 29: Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities:
  https://store.samhsa.gov/product/TIP-29-Substance-Use-Disorder-Treatment-for-People-With-Physical-and-Cognitive-Disabilities/SMA12-4078
- Rural Health Information Hub (RHI) Telehealth Models
  https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/treatment/care-delivery/telehealth
  https://hsc.unm.edu/echo/institute-programs/bha/
- In Brief: Rural Behavioral Health: Telehealth Challenges and Opportunities:
  https://store.samhsa.gov/product/In-Brief-Rural-Behavioral-Health-Telehealth-Challenges-and-Opportunities/SMA16-4989
  Permanent Supportive Housing EBP
  https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4509
  TIP 55: Behavioral Health Services for People Who Are Homeless
  https://store.samhsa.gov/product/TIP-55-Behavioral-Health-Services-for-People-Who-Are-Homeless/SMA15-4734

Denver Supportive Housing Social Impact Bond Initiative, Urban Institute
https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative

Intercept 2-3 Resources

- Stepping Up:

  For more information, download the project overview (PDF).
- Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court
  https://csgjusticecenter.org/publications/improving-responses-to-people-with-mental-illnesses-the-essential-elements-of-a-mental-health-court/
- Organizational Toolkit on Medication Adherence
  https://www.thenationalcouncil.org/wp-content/uploads/2020/03/Medication_Adherence_Toolkit_Final.pdf?daf=375ateTbd56

American Bar Association Standards: Treatment of Prisoners, 3rd Ed.

https://www.americanbar.org/groups/criminal_justice/publications/criminal_justice_section_archive/crimjust_standards_treatmentprisoners/

- Jails: The Inadvertent Health Care Providers, PEW Trusts
  https://www.pewtrusts.org/-/media/assets/2018/01/sfh_jails_inadvertent_health_care_providers.pdf
  After Prison: Roadblocks to Reentry, A Report on State Legal Barriers Facing People with Criminal Records, 2004
  https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=205269
  NM Competence Rule
  http://jec.unm.edu/materials/2019conclave/1-30-2-30-breakout-sessions-thursday-june-6/criminal-competency-new-rules-reports-and-resources

Intercept 4-5 Resources

- Understanding Health Reform as Jail Reform: Medicaid, Care Coordination and Community Supervision, The Square One Project
  https://squareonejustice.org/wp-content/uploads/2020/11/Final-Understanding-Health-reform-WEB-201103.pdf
- SAMHSA TIP 30: Continuity of Offender Treatment for Substance Use Disorders from Institution to Community, Treatment Improvement Protocol
  https://store.samhsa.gov/sites/default/files/product_thumbnails/SMA08-3920%20thumbnail_0.PNG
  SSI/SSDI Outreach, Access, and Recovery (SOAR)
  https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/soar
  Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice
  https://nicic.gov/behavior-management-justice-involved-individuals-contemporary-research-and-state-art-policy-and
  Improving Responses to People with Mental Illnesses: The Essential Elements of Specialized Probation
  https://csgjusticecenter.org/publications/improving-responses-to-people-with-mental-illnesses-the-essential-elements-of-specialized-probation-initiatives/
  Supported Employment Tool Kit
  https://store.samhsa.gov/sites/default/files/d7/priv/buildingyourprogram-se_0.pdf
  Corrections and Mental Health NIC, an update of the National Institute of Corrections
  https://community.nicic.gov/blogs/mentalhealth/archive/2012/07/16/suicide-risk-factors-among-recently-released-prisoners.aspx

- Leveraging Medicaid to Establish Meaningful Health Care Connections for Justice-Involved Populations
  https://www.shvs.org/wp-content/uploads/2019/09/Justice-Involved-Populations-QA-Updated-9-12.pdf
  Leveraging Medicaid to Address the Social Determinants of Health
  https://www.milbank.org/wp-content/uploads/2017/01/SODH-Bachrach.pdf
  ASAM: American Society of Addiction Medicine
  https://www.asam.org/asam-criteria/level-of-care-certification; https://www.asamcontinuum.org/about/
  SAMSHA and HRSA Integrated Solutions
  http://www.samhsa.gov/medication-assisted-treatment
  Rural Information Hub: Rural Prevention and Treatment of Substance Use Disorders Tool Kit:
  https://www.ruralhealthinfo.org/toolkits/substance-abuse
- Contingency Management, A Complete Guide 2020 Ed, 5STARCooks (February 2,2020)
  https://www.amazon.com/Contingency-Management-Complete-Guide-2020/dp/1867322161
  Police Harm Reduction
  https://www.opensocietyfoundations.org/uploads/0f556722-830d-48ca-8cc5-d76ac2247580/police-harm-reduction-20180720.pdf

APPENDICES

Appendix 1

SIM MAPPING WORKSHOP PARTICIPANT LIST

First Name	Last Name	Organization	Role/Title	Email Address
Dee	Nighswonger	Sedgwick County CDDO	Director	dee.nighswonger@sedgwick.gov
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Sherry	Arbuckle	Sedgwick County CDDO	Service Access & Operations Director	sherry.arbuckle@sedgwick.gov
Shelley	Herrington	Sedgwick County CDDO	Quality Assurance Director	shelley.herrington@sedgwick.gov
Nanette	Perrin	Sunflower Healthplan	Sr. Director of KS Pathways, RCRS & SDOH	kujayhawknan@gmail.com
Steven	Stonehouse	Sedgwick County Community Corrections	Deputy Director, Juvenile Services	steven.stonehouse@sedgwick.gov
Philip	Mullins	Wichita State University, College of Applied Learning	Assistant Professor Counseling/Sports Counseling Coordinator	philip.mullins@wichita.edu
Kara	Sumner	IDDAB Member	Parent/guardian	kandykara@yahoo.com
Jennifer	Wilson	COMCARE	Director, Crisis & Access Services	jennifer.wilson@sedgwick.gov
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Narciso	Narvais	CIT Council/Sedgwick County Sherriff Dept.	Deputy	Narciso.Narvais@sedgwick.gov
Cassandra	Sines	IDDAB Member	Parent/guardian	cassandracc@cox.net
Anita	Raghavan	Family Member	Parent/guardian	lara9295@gmail.com
Tavrick	Lawless	Self	Person w/Lived Exp	lara9295@gmail.com
Alan	Dsouza	Self	PCS Provider for Person Served	dsouza29@gmail.com
Sharmini	Lawless	Family Member	Sibling of Person Served	sharminilawless@gmail.com
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Nicholas	Wood	InterHab, Inc.	Associate Director	nwood@interhab.org
Grace	Kneil	IDDAB Member	Parent/guardian	grace.kneil@wichita.edu
Glenda	Martens	Sedgwick County Community Corrections	Director	glenda.martens@sedgwick.gov
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Dawn	Shepler	Kansas Department of Corrections	Parole Supervisor	dawn.shepler@ks.gov
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Kristina	Baker	Heartspring	Director of Family Services & Community Outreach	kbaker@heartspring.org
Ashly	Elliott	Heartspring	Director of Therapy	aelliott@heartspring.org
Mary	Huber	Heartspring	Director of Facilities	mhuber@heartspring.org
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Timothy	Kaufman	Sedgwick County	Deputy County Manager	tim.kaufman@sedgwick.gov
Amy	Penrod	Kansas Department for Aging & Disability Services	Commissioner, Aging & Disability Community Services and Programs	amy.penrod1@ks.gov
Jared	Schechter	Sedgwick County Sherriff's Department	Deputy, Jail Administrator	jared.schechter@sedgwick.gov
Hilary	Trudo	Wichita Public Schools	Social Work Program Specialist	htrudo@usd259.net
Stacy	Magee	Minds Matter, LLC.	Regional Rehabilitation Director	stacym@mindsmatterllc.com

Appendix 2

2020 Sequential Intercept model Map for Sedgwick County