WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Wisconsin Intellectual and Developmental Disabilities and Mental Health (IDD-MH) System Improvement Report

Recommendations for a way forward in Wisconsin to improve the service delivery system for people with IDD-MH needs.

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Executive Summary

In 2022, the Wisconsin Department of Health Services (DHS) contracted with the National Center for START Services. START stands for Systemic, Therapeutic, Assessment, Resources, and Treatment. They looked at the state's service system for people who have intellectual and developmental disabilities and mental health (IDD-MH) needs. The evaluation resulted in the START Scan. The START Scan found five main areas for improvement. It recommended Wisconsin:

1. Improve crisis services
2. Expand training and education for providers
3. Increase availability of outpatient and preventative mental health services
4. Improve coordination between service systems
5. Improve supports for those with IDD-MH needs so they have a better quality of life

This helped DHS learn how effective services and supports are for people who have IDD-MH needs in Wisconsin. Around 1,380 partners participated in this process. This was Phase 1.

Phase 2 of the project aimed to create recommendations based on the findings of the START Scan. The goal was to improve supports and services for adults and children who have IDD-MH needs statewide.

To do this, DHS brought together partners with different perspectives, experience, and expertise from around the state to form several different kinds of teams. First, DHS formed a steering committee with DHS staff and IDD-MH partners. This team would organize the work and lead the other teams.

Next, DHS created a survey to find other people who wanted to improve the IDD-MH service system. Around 400 people responded. They all became members of the large work group, helping to create a statewide, collaborative effort. This helped make sure the project was not owned or managed by DHS, but by all advocates and organizations who participated.

The steering committee then created five subcommittees. There was one for each of the five themes from the START Scan. Around 100 people in total from the large work group were selected to become members of the five subcommittees (around 20 people per subcommittee). Their main task was to create the recommendations in this report with input from the large work group.

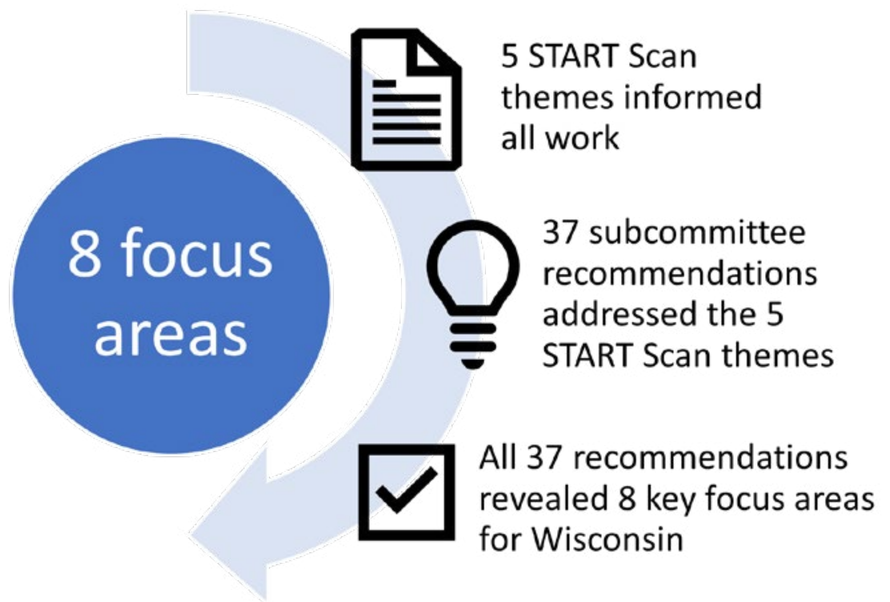
DHS and the steering committee held a kick-off webinar for the work group on September 14, 2023. It introduced this project and explained the role of the large work group. Their primary role was to give input and feedback to the subcommittees. As this project continued, the large work group grew to about 1,300 members.

An internal work group of DHS staff helped organize and guide this work.

The subcommittees met every other week from mid-September 2023 through early January 2024. During that time, they:

- Reviewed the findings of the START Scan
- Discussed Wisconsin's history of what did and did not work previously
- Developed recommendations to make IDD-MH services and supports better

In November and December of 2023, each subcommittee sent a survey to the large work group to get their input on the draft recommendations. The subcommittees reviewed the survey feedback and finalized their draft recommendations. Then, they submitted them to the steering committee in early January 2024. A smaller group of steering committee members then met to look at how they could combine the recommendations. This small group had representation from each of the five subcommittees. They saw eight focus areas, or types, of recommendations that affected all five themes from the START Scan.



The eight focus areas included:

1. **Regional supports**: Wisconsin could bring more resources and supports closer to where people are living to help them avoid crises and help if crises happen.
2. **Expand access to psychiatric and behavioral health services**: The state could explore ideas to get more doctors and mental or behavioral health providers. Wisconsin especially needs providers who know how to best serve people who have IDD-MH needs. The state could also explore ideas for how to make sure more people can access providers.
3. **Rate and billing code improvements**: Wisconsin could find ways to improve pay so that more providers are interested and able to serve people who have IDD-MH needs.
4. **Technology related**: Partners and providers could look at ideas for how technology can be used or improved to make it easier for people to find information and help.
5. **IDD-MH specific training**: Wisconsin could look at how to provide training to families, providers, leaders, and others. Training would help them learn more about people who have IDD-MH needs and how to support them better.
6. **System review**: The state could explore how to make it easier for people to get the right supports and services.
7. **System navigation**: Wisconsin could find strategies to help people get the services and supports they need when their needs change or they are moving.
8. **Oversight and process improvement**: The state could improve services and make sure the best methods are being used.

The steering committee decided to present this report organized into these eight focus areas. This replaced the original plan to organize ideas by the five themes from the START Scan.

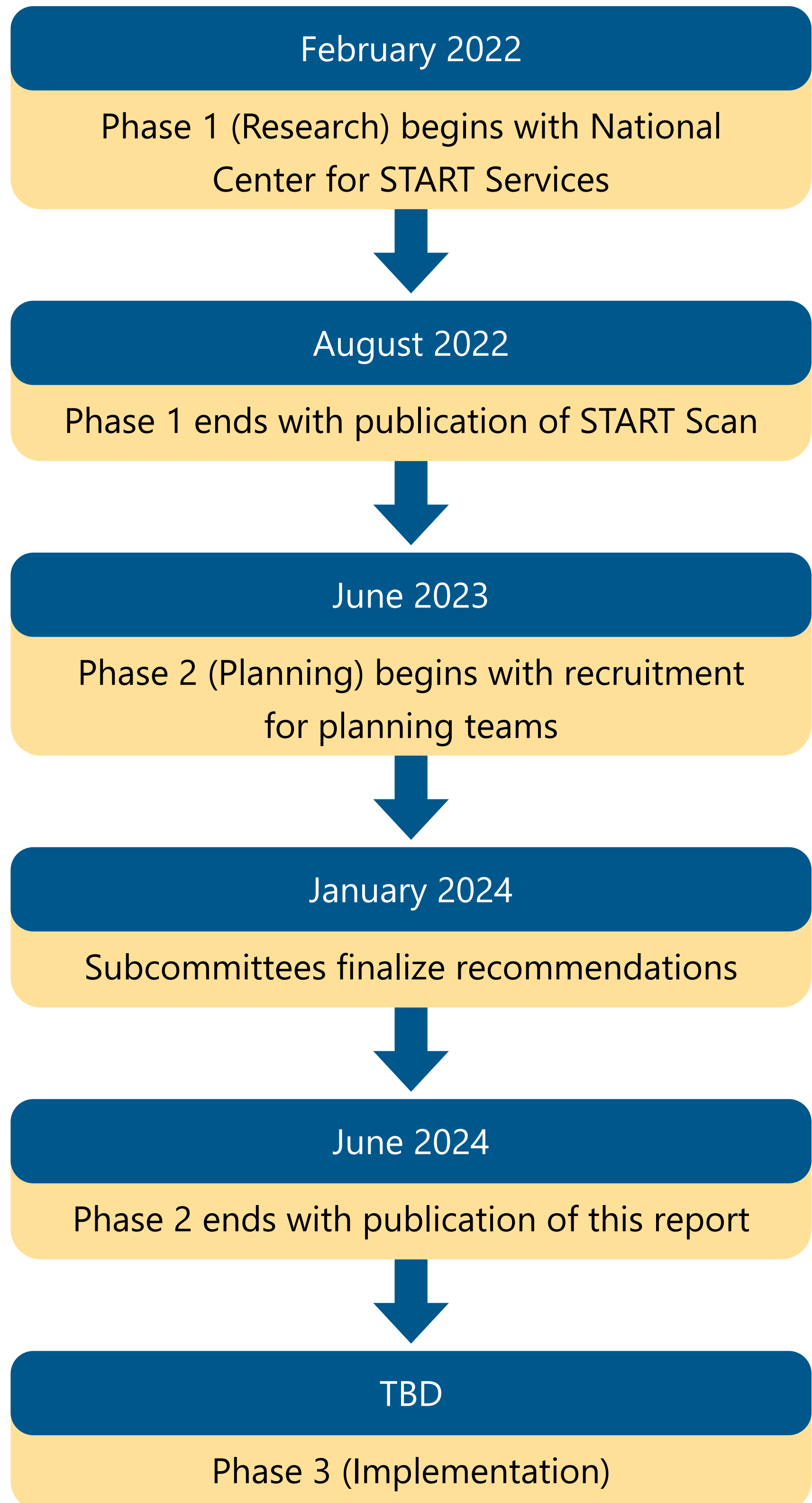
The group finalized 37 recommendations to improve supports and services for adults and children who have IDD-MH needs. The steering committee decided to include all the recommendations in this report. This is because the recommendations have different complexity and needed resources, partners, and amounts of time to achieve.

The committee hopes that by presenting all the recommendations, a mix of shorter- and longer-term recommendations may be worked on during the Implementation Phase, but that none will be lost. The steering committee feels it is important to have some quicker success in improving the system. This will help keep the interest and momentum needed to achieve longer-term change going.

The steering committee also felt that it was important to prioritize the recommendations. The steering committee members were sent a survey to rank their top 10 recommendations overall. That ranking is shared in this report.

DHS facilitated a wrap-up webinar for the large work group before the report was published to thank participants for their involvement, discuss next steps, and share the report.

The next phase (Phase 3) of this project will be the Implementation Phase. Recommendations will be selected for follow-up and detailed plans will be developed. This is when recommendations turn into actions that will improve the IDD-MH service delivery system.



The steering committee wants to thank everyone who has been involved with this project. All the interest, participation, and support for this work has been greatly appreciated. It will have a significant impact on improving services and supports for people who have IDD-MH needs. It took all partners working together to get to this point. It will continue to take everyone working together in the Implementation Phase to successfully complete this work!

Much thanks everyone!

Continue reading to get a full history of the initiative and all of the recommendations for the state.

In February 2022, DHS contracted with the University of New Hampshire's National Center for START Services. DHS aimed to learn how well services and supports are working for people in Wisconsin who have IDD-MH needs.

Nearly 1,400 people took part in the study. This included:

- People with lived experience
- Families and guardians
- Mental health providers
- Service funders
- Law enforcement
- Advocates
- Government agency staff
- IDD service providers

Most of these people completed an online survey. Others also took part in focus groups and individual family member interviews. The START evaluators also reviewed Medicaid claims data. The study concluded in April 2022. The evaluators then began writing their report, called the START Scan. They finished it in June 2022.

In August 2022, DHS held a webinar to share the study's results with partners across Wisconsin.

Next is a summary of the START Scan findings in more detail.

What does this section mean?

In 2022, Wisconsin worked with a national organization to study services for people with both:

- Intellectual and developmental disabilities
- Mental health needs

They talked with people to see how things were going. They heard that there are five ways to make services better.

The START Scan found five main areas for improvement. It recommended Wisconsin:

1. Improve crisis services
2. Expand training and education for providers
3. Increase availability of outpatient and preventative mental health services
4. Improve coordination between service systems
5. Improve supports for those with IDD-MH needs so they have a better quality of life

What does this section mean?

The START Scan said Wisconsin should:

1. Improve crisis services
2. Expand training and education for providers
3. Increase availability of outpatient and preventative mental health services
4. Improve coordination between service systems
5. Improve supports for those with IDD-MH needs so they have a better quality of life

Theme 1: Need to Improve Crisis Response

People with IDD-MH needs don't have enough services in the community to help with crises. Study participants said Wisconsin doesn't have enough mobile crisis supports in the state. This causes people to use other supports instead, like:

- Local police departments
- Emergency departments
- State hospital admissions

Most participants (60%) said crisis services were either not available (13%) or did not meet their needs (47%). People in rural areas said they had even less services that met their needs. Participants said police response was most available (26%). But, family members and focus group members said that because of limited community crisis support, police often rely on less desirable options. This includes things like restraints, emergency detentions, and state hospital admissions. **Most focus group members said they most needed community-based crisis supports.** This includes time to de-escalate and stabilize outside of the hospital. Focus groups said better training and access to mental health services before issues happen were key ways to lower the need for acute intervention.

Theme 2: Need to Expand Training and Education

The service system is not able to meet the mental health needs of people with IDD. This causes more reliance on crisis services. Participants across the board said providers lack training in IDD-MH. This limits crisis planning, family education, and support. These are all things that can help deal with crises before they happen. Focus group members said capacity building and training is the second most needed improvement (24%). They said the following make the service system worse:

- Providers not knowing that people with IDD may also have MH conditions
- People in the service system not working together
- Lack of expertise and training

This causes more strain on the crisis system.

Theme 3: Need for Outpatient and Preventative Mental Health Services

Wisconsin needs to help more people with IDD get community-based outpatient MH services. Over two-thirds of survey participants (67%) said they had access to some MH services. But, only 14% said services worked well for people with IDD-MH needs. They said the main issues were:

- MH services look very different depending on which county they're in
- Providers not working together often caused gaps in care
- There's not enough providers, especially psychiatrists. This causes long waitlists
- MH providers don't want to provide MH services when a condition looks behavioral or "part of the IDD"
- There's a trend toward behavior support plans or applied behavior analysis rather than MH treatment for many people

Theme 4: Need to Improve Coordination and Collaboration Between Systems

Services look different based on which county they're in. And, the state doesn't have clearly defined roles within IDD and MH systems. This creates barriers to smooth and timely care. Family caregivers said it was hard to figure out the MH system and required a lot of time, resources, and education to find and access services and supports. More than one-third said they worried about families who had less resources, education, or time.

Theme 5: Need to Improve IDD-MH Services

Wisconsin needs more access to regular IDD services for people with IDD-MH needs. Families said services for emotional well-being are needed. They said this would improve quality of life and decrease the need for MH and crisis services. These services could include:

- Employment
- Social and recreational activities
- All elements of community inclusion

These services are often difficult to access.

At the end of August 2022, DHS sent the full START Scan to partners across Wisconsin.

The results of the START Scan were expected. DHS saw that the issues are complex and would take time to solve. DHS also knew that all partners would have to work together to change the IDD-MH service delivery system. This led them to the decision to move forward with a second phase of the project.

Phase 2 aimed to create a report with specific recommendations for Wisconsin. They would explain how to make services and supports better for people who have IDD-MH needs.

DHS knew a team of people with different perspectives from around the state would be needed. This includes:

- People with lived experience
- Parents and guardians
- Advocates
- Mental health providers
- State and county workers
- Managed care organizations (MCOs)
- IRIS (Include, Respect, I Self-Direct) workers
- Children's Long-Term Support (CLTS) Program workers
- University employees
- IDD services providers
- Educators
- Law enforcement
- Hospitals
- Others

What does this section mean?

DHS asked 26,000 people if they wanted to help look at the changes the START Scan suggested. More than 1,300 people got involved in some way. Five planning teams were created to work on each of the five themes from the START Scan. They worked on specific plans.

DHS sent a survey to about 26,000 people in June 2023 to see who wanted to be a part of Phase 2. This included:

- All people involved in Phase 1
- Established partners, advocates, and professionals working with people who have IDD-MH needs
- Other recommended people, agencies, and groups

About 400 people responded who wanted to be involved in this important work in some way. DHS also published a webpage to provide information about the initiative.

The webpage gave people another place where they could sign up to get involved. In total, more than 1,300 people became involved in this work in some way.

People who said they wanted to get involved joined planning teams. These teams were formed around each of the five themes from the START Scan. Each team was asked to create recommendations to achieve measurable change specific to their theme. They also identified:

- System partner(s) who would need to contribute to the success of the recommendation
- Resources needed (money, legislative or regulatory changes, positions, etc.)
- Priority assigned by the team (high, medium, low)

Phase 2 Approach and Team Structure

Four teams were formed to create recommendations to achieve measurable change for each theme in the START Scan. Teams included:

- A large work group. It included people from across the state. At first, this group had about 400 members who had responded to the survey. It later grew to about 1,300 members as more people joined via the DHS-hosted webpage.
- A steering committee. It included DHS staff and IDD-MH partners from across the state.
- Five subcommittees. The steering committee created and facilitated five subcommittees—one for each theme from the START Scan. Members included those who expressed interest in the survey.
- An internal work group. It included DHS staff who organized the project.

What does this section mean?

Four main teams worked together to create this report.

- A large work group gave input to the other teams throughout the project
- A steering committee led the other teams and represented the ideas of the work group
- Five subcommittees created the recommendations for this report
- An internal work group of DHS staff organized the project

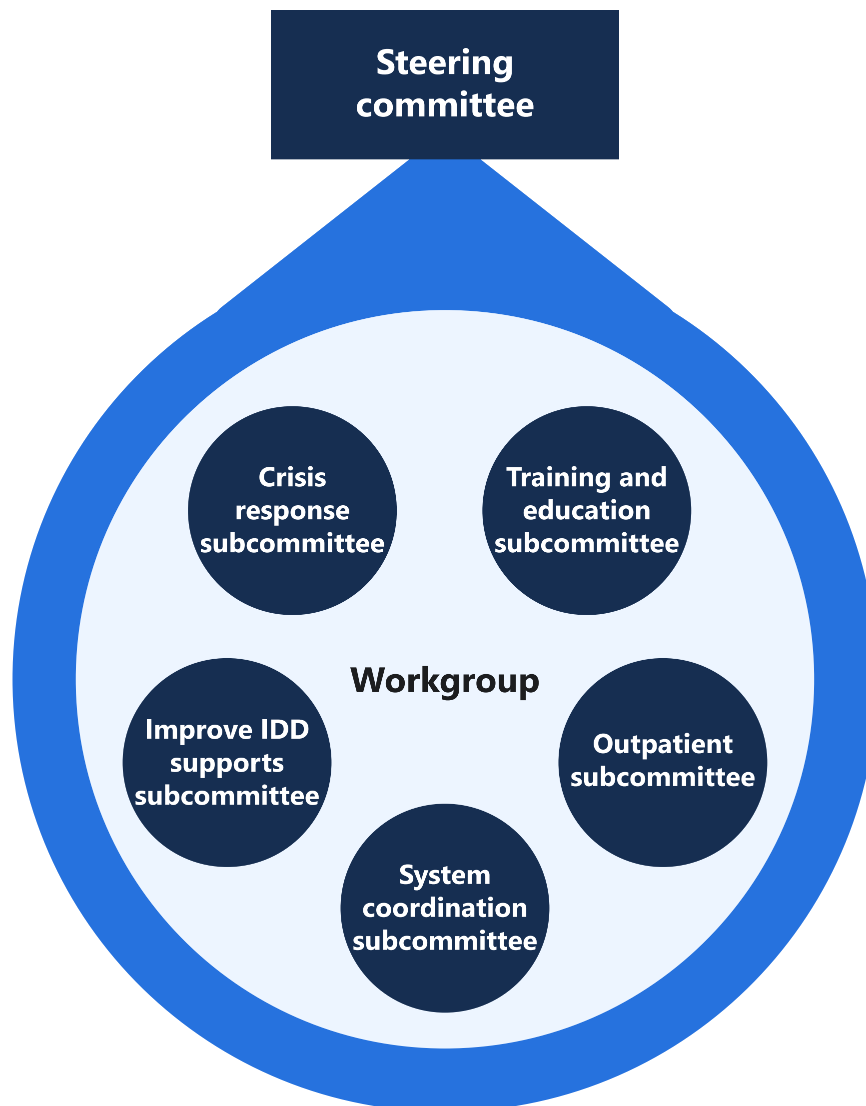
Work Group

This is a large work group of IDD-MH system partners. The work group at first had about 400 people who responded to a survey asking for volunteers. Many of the survey respondents participated in the START evaluation (Phase 1) and expressed interest in continuing to participate. DHS published a webpage and sent several email messages inviting anyone interested to join the work group. Throughout the project, another 900 people signed up to be part of the work group. In total, just over 1,300 people got involved. The objective of this group was to:

- Stay up to date on the project by visiting the webpage regularly.
- Give feedback to the subcommittees on the recommendations they create.
- Ensure all voices are heard during the project.
- Attend the kick-off and wrap-up meetings.

This would help to create system-wide ownership of the final product.

Steering Committee



This group had both DHS staff and external partners from across the state. The group had a wide range of experience and expertise that covered all aspects of the five themes. They gathered input and represented the interests of the work group. At least one external partner and one DHS staff member worked together to lead and facilitate subcommittee meetings.

Internal Work Group

This group kept the project moving and made sure work lined up with the project charter (especially the mission and scope). They updated the executive sponsors in monthly meetings and as needed. Several members also worked on the steering committee. They played a primary role in the organization, development, and distribution of the project deliverables.

Subcommittees

Each of the five themes had a corresponding subcommittee. The steering committee selected members from the work group to provide ideas and feedback on the themes they have specific expertise and experience with.

Each subcommittee had 15-20 members. They represented various partner groups from across Wisconsin.

The subcommittees met regularly. During these meetings, they:

- Reviewed the START Scan findings for their theme
- Identified when they needed more data
- Looked at what has worked or not worked in Wisconsin in the past
- Created and prioritized recommendations to submit for the final report

Working meetings

- The five subcommittees met to create their recommendations about every 1-2 weeks from mid-September 2023 through early January 2024.
- DHS facilitated two webinars with the work group:
  - On September 14, 2023, DHS supported the first large work group meeting. About 250 people registered to attend. This webinar introduced the members to Phase 2's purpose, structure, scope, subcommittee facilitators, and webpage. It also explained the roles and responsibilities of the large work group.
  - On June 17, 2024, DHS facilitated a wrap-up meeting with the large work group. The project team shared the Phase 2 results and the content of this report.

What does this section mean?

The subcommittees gathered lots of input during this project. They used that input to create recommendations to make IDD-MH services better. This report shares those recommendations. They all fall under eight focus areas.

Creating the recommendations

Throughout late November and December 2023, each of the five subcommittees developed and sent out surveys.

- The surveys asked the large work group for their feedback and ideas about the draft recommendations they were creating.
- They sent the surveys via email and a link on the webpage.
- The subcommittees then reviewed and discussed the survey responses and decided how to use the information in their recommendations.

Subcommittee members came from different backgrounds and had different perspectives. However, they agreed that:

- The current system is not working for people with IDD-MH needs
- Providers need more resources and support to treat IDD-MH needs
- People need more access to resources in their communities
- More supports need to be in place sooner to help prevent crises from happening

The subcommittees sent their recommendations to the steering committee on January 5, 2024. They submitted around 30 recommendations.

Creating the focus areas

A smaller group of steering committee members met to review the 30 recommendations and look for ways that they could be combined. This group included a facilitator from each of the subcommittees. They saw eight focus areas, or types, of recommendations that affected all five themes from the START Scan. They are the following:

1. **Regional supports**: Wisconsin could bring more resources and supports closer to where people are living to help them avoid crises and help if crises happen.
2. **Expand access to psychiatric and behavioral health services**: The state could explore ideas to get more doctors and mental or behavioral health providers. Wisconsin especially needs providers who know how to best serve people who have IDD-MH needs. The state could also explore ideas for how to make sure more people can access providers.
3. **Rate and billing code improvements**: Wisconsin could find ways to improve pay so that more providers are interested and able to serve people who have IDD-MH needs.
4. **Technology related**: Partners and providers could look at ideas for how technology can be used or improved to make it easier for people to find information and help.
5. **IDD-MH specific training**: Wisconsin could look at how to provide training to families, providers, leaders, and others. Training would help them learn more about people who have IDD-MH needs and how to support them better.
6. **System review**: The state could explore how to make it easier for people to get the right supports and services.
7. **System navigation**: Wisconsin could find strategies to help people get the services and supports they need when their needs change or they are moving.
8. **Oversight and process improvement**: The state could improve services and make sure the best methods are being used.

Because of this, the group decided to present this report organized into these eight focus areas. This replaced the original plan to organize ideas by the five themes from the START Scan.

Creating the report

This report shares all recommendations. However, given the number of recommendations, the steering committee decided it was critical to rank what they saw as the most important ones. DHS sent a survey to all steering committee members. In it, members ranked their top 10 recommendations overall. The results of the survey, in order of their ranking, are:

1. **Recommendation 1.4**: Create regional teams that can offer training, technical assistance, and consultation to families, providers, and others.
2. **Recommendation 1.1**: Enhance Wisconsin's crisis response to include access to crisis triage centers and stabilization homes. (Safe places to go during a crisis.)
3. **Recommendation 1.2**: Create a way for people to "step-down" from a crisis stay, in a state center or other location for up to 180 days.
4. **Recommendation 2.3**: Increase the number of psychiatric nurse practitioners and physician assistants trained to serve people with IDD-MH needs.
5. **Recommendation 2.2**: Create an IDD-MH psychiatric consultation phone line for doctors and other prescribers.
6. **Recommendation 3.5**: Provide a tiered rate structure for providers who serve people with IDD-MH needs and pay an enhanced rate to address acuity and care complexity.
7. **Recommendation 2.1**: Provide training, mentoring, and ongoing collaboration between psychiatrists and other prescribing professionals.
8. **Recommendation 1.3**: Create 24-48 hour respite centers.
9. **Recommendation 5.7**: Expand the DHS Certified Direct Care Professional (CDCP) training program to include modules related to IDD-MH.
10. **Recommendation 4.1**: Expand the use of health information exchange systems by counties, crisis workers, first responders, etc.

The steering committee decided to share all the recommendations rather than just a prioritized list. This is because the recommendations all have different complexity and needed resources, partners, and amounts of time to achieve. The committee hopes that by presenting all the recommendations, a mix of shorter- and longer-term recommendations may be worked on during the Implementation Phase, but that none will be lost. The committee feels it is important to focus on changes that could quickly improve the system. This will keep interest and momentum needed to achieve the longer-term changes. More recommendations can be worked on as resources and circumstances change. The rest of this report shares all recommendations.

Focus Area 1

Regional Resources

Recommendation 1.1: Enhance Wisconsin's crisis response to include access to crisis triage centers and stabilization homes.

What does this section mean?

People in crisis should have a safe place to go. A crisis is a time when someone's behavior might make them hurt themselves or others.

- If they need a safe place to be for 24 hours, they could go to a crisis triage center.
- If they need a safe place to be for up to 90 days, they could go to a crisis stabilization home.

Goal: People in crisis can stabilize in their community. They can then return to their homes without using institutes for mental disease (IMDs). ("IMD" is a Medicaid term.)

Enhance Wisconsin's existing crisis response to include access to crisis triage centers and regional crisis stabilization homes. These would meet the needs of children and adults with IDD-MH needs.

Crisis triage centers would provide quick and safe care for people in a behavioral health crisis. This includes those with IDD. Care would include time and support to help the person become stable and return home. Centers would be accessible and able to support each person's behavioral, sensory, and personal care needs. Staff would have training specific to people with IDD and provide one-on-one support to those who need it. Centers would accept people on a voluntary or emergency basis. Stays would not usually be longer than 24 hours.

Crisis stabilization homes would provide 24-hour therapeutic, residential support for up to 90 days. They would help people return to their long-term, community-based home. Homes would be accessible and able to safely support each person's behavioral, sensory, and personal care needs. Staff would have training specific to people with IDD and provide one-on-one support to those who need it. Any long-term care participant could stay at a crisis home. Staff could support any type or severity of disability.

The crisis triage centers and crisis stabilization homes would be big enough to serve each region, based on the population.

Measure of success

More people with IDD-MH needs would have their needs met in their community rather than needing to go to an IMD.

Partners

- Division of Care and Treatment Services (DCTS)
- Counties
- MCOs
- IRIS consultant agencies (ICAs)

Resources needed

- Need to include environmental adaptations and specific IDD-MH training for staff
- Funding on a state and federal level
- A decision on if it is funded under crisis stabilization or under long-term care

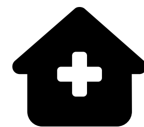
Priority

- Impact: High
- Effort: Medium
- Feasibility: High

This recommendation relates to

START Scan theme 1, improve crisis services

Recommendation 1.2: Create a way for people to "step-down" from a crisis stay, in a state center or other location for up to 180 days.



What does this section mean?

People recovering from a crisis need time to get better. Someone leaving a place they went to during a crisis should have options before going back home. This would be a time to learn how to avoid crises in the future. They could also get more care and services to help get them back home.

Goal: Provide more opportunities for people to stabilize between being at an IMD and returning to a community home.

Create a system that allows people to step down from a crisis stay in an IMD or inpatient psychiatry unit. A person needs to stabilize after crisis intervention before they can have success in the community. This includes having successful home and community-based supports. Wisconsin's current system quickly moves people out of IMDs and into residential settings. When done too quickly, this can lead to repeated admissions and challenges with their IDD supports. Going to IMDs a lot can retraumatize vulnerable people. It can also cause people to lose their spot in a community or move around a lot. To succeed, people need:

- More time for stabilization.
- Trained and educated caregivers.
- Good coping skills with protection for their rights.
- Person-centered plan development.

This system wouldn't require people to move from an institute directly to the community. Instead, people would have the option to go to one of the state centers or another designated step-down location for a period of time (up to 180 days). Certain people would be eligible for the step-down option based on a set of criteria.

During step-down, people would stabilize and get used to community living. This would include:

- Medication monitoring.
- Seeing which positive supports and interventions help.
- Creating collaborative, positive behavioral support plans for community settings.

- Treatment for underlying medical and dental needs that may be related to complex behaviors before they are placed in a more permanent home.
- Getting an in-depth understanding of the person's needs. This would help them and any family members, legal decision-makers, and the care team work together on the transition to the community. The planning process could also include community-based providers, so they can get to know the person and how to work with them.

Measure of success

Reduction in rehospitalization at IMDs

Partners

- DCTS' three state centers and other related step-down spaces
- MCO and IRIS payers
- IDD providers

Resources needed

- DCTS to address Centers for Medicare & Medicaid Services (CMS) issues with assessment requirements to ensure timely admissions
- Increase in available beds at centers and/or other related step-down spaces

Priority

- Impact: High
- Effort: Medium
- Feasibility: High

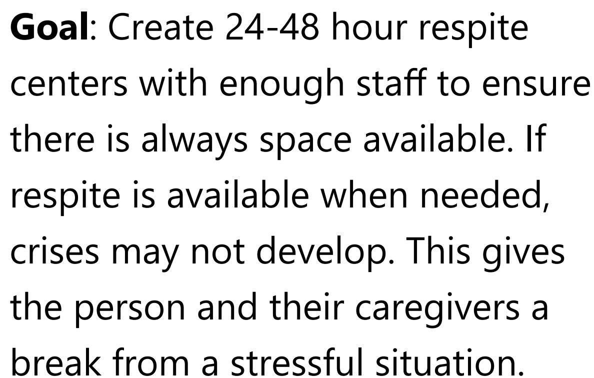
This recommendation relates to

START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Recommendation 1.3: Create 24-48 hour respite centers.

What does this section mean?

People and their caregivers can sometimes get stressed. Respite centers could offer a place for people to go when they need a break for a day or two during a crisis. Trained staff would run the centers.



Goal: Create 24-48 hour respite centers with enough staff to ensure there is always space available. If respite is available when needed, crises may not develop. This gives the person and their caregivers a break from a stressful situation.

Create 24-48 hour respite centers with enough staff to ensure there is always space available.

A few locations already exist that could provide out-of-home respite care. For example, open space within the following sites could be used:

- The three state centers
- Easter Seals camp in Wisconsin Dells
- Smaller group home providers with open beds

Having enough staff for respite centers is key to offering both planned and crisis respite. It would mean that respite that is scheduled is always available and not taking up space reserved for crisis respite. And, it would mean that space for crisis respite is not overflowing into space for planned respite.

A strong, statewide marketing campaign run by professionals is needed to promote becoming a respite caregiver. This would increase the number of qualified care providers. The campaign would target those looking for part-time to full-time employment in the caregiving field. This could include:

- Retired certified nursing assistants (CNAs)
- Students
- Licensed practical nurses (LPNs)
- Registered nurses (RNs)
- Social workers
- Teachers

One campaign message would be the “career ladder” into multiple medical and caregiving fields.

Have CNAs, LPNs, and RNs who can serve people with complex medical needs. They could provide in-home and out-of-home respite care. Use RCNAs (permanent and agency) already trained in IDD care from the state centers or local medical facilities to support in-home respite staffing needs. The key is to allow more flexibility in getting workers with the right training and enough staff to ensure there is always space available.

Respite Care Association of Wisconsin (RCAW) is an existing resource within the state that is not used enough. RCAW offers free training and grants to those who want to start a respite agency.

Measure of success

People can get respite services when they need them

Partners

- DCTS: Three state centers
- Respite Care Association of Wisconsin
- Individual respite providers

Resources needed

- DCTS and DMS need to work with CMS to be able to provide center-based respite services
- Funding for a marketing plan

Priority

Community

- Impact: High
- Effort: Low
- Feasibility: High

Centers

- Impact: High
- Effort: Low/Medium
- Feasibility: Medium/High

This recommendation relates to

START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Recommendation 1.4: Create regional teams that help families, providers, and others.

What does this section mean?

Families, providers, and others should have access to help in their area. Regional teams could be on-site for:

- Training
- Case consultation
- Person-centered planning
- Other key needs

Goal: Create regional teams that can respond to requests from families, providers, and others. Teams can offer training and consultation to help avoid potential crises.

Create regional teams that can respond to requests from families, providers, and others. Teams can offer training and consultation.

Revisit and relaunch the former DHS Community Capacity Teams and/or the Community Integration Initiative. Offer the structure and service across Wisconsin again. These resources:

- Provided support, training, and technical assistance to individuals, families, providers, schools, and more. This helped support people who have IDD-MH needs.
- Worked with other partners to improve the service delivery system infrastructure.
- Aimed to develop a stronger community-based system of supports.
- Aimed to decrease unnecessary institutional placements.

Detailed information about these teams already exists to help with recreation. These services were highly successful and valued. They were disbanded because their resources were needed to support other initiatives.

Measure of success

- People are getting local and personalized support when they need it
- Satisfaction survey
- Quantify trainings and responses, etc.

Partners

- DHS/DCTS
- MCOs
- ICAs

Resources needed

- Positions
- Budget

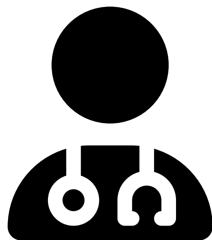
Priority

- Impact: High
- Effort: Low/Medium
- Feasibility: Medium/High

This recommendation relates to

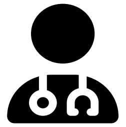
- START Scan theme 2, expand training and education for providers
- START Scan theme 3, increase availability of outpatient and preventative mental health services
- START Scan theme 4, improve coordination between service systems
- START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Focus Area 2



Expand Access to Psychiatric and Behavioral Health Services

Recommendation 2.1: Provide training, mentoring, and ongoing collaboration between current professionals.



What does this section mean?

Providers who currently work with people who have IDD-MH needs also need support. The committee recommends providers have access to:

- Training
- Help from other providers

Goal: Increase the education and training for practicing professionals.

Create a way to support education and training for current providers. That includes psychiatrists and other prescribing professionals. Support would include:

- Training
- Mentoring
- Ongoing collaboration

Psychiatrists and psychiatric NPs and PAs receive very limited or no formal training on working with people with IDD. Mentoring and collaboration agreements are limited and informal. There is no formalized system for this on a statewide level.

Measure of success

- Number of trainees
- Number of patients with IDD served by trainees
- Number of counties, hospitals, clinics, etc. served by trainees

Partners

- DHS
- Private providers
- State psychiatric, physician assistant (PA), and nurse practitioner (NP) professional organizations

Resources needed

- Funding
- Advertising for training, mentoring, and collaboration opportunities

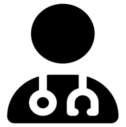
Priority

- Impact: High
- Effort: Medium
- Feasibility: High

This recommendation relates to

- START Scan theme 1, improve crisis services
- START Scan theme 3, increase availability of outpatient and preventative mental health services

Recommendation 2.2: Create an IDD-MH psychiatric consultation phone line for doctors and other prescribers.



What does this section mean?

Providers sometimes have questions about the best way to help someone. This might be questions about services or medications. A phone line could give them quick and free answers.

Goal: Provide prescribing professionals quick access to experts who can answer questions about serving people who have IDD-MH needs.

Create an IDD-MH psychiatric phone line for doctors and other prescribers. They could get quick and free "curbside consults" on psychiatric concerns specific to people who have IDD-MH needs.

This could connect the following professionals with psychiatrists who specialize in treating people with IDD-MH needs:

- Care providers
- General psychiatrists
- Emergency room staff
- Others

This could look like the Wisconsin Child Psychiatry Consultation Program phone line.

Measure of success

- Volume of calls
- Provider satisfaction

Partners

- DHS
- Private providers
- Hospital Association

Resources needed

- Funding
- Advertising of phone line to health care providers, hospitals, clinics, and county mental health departments

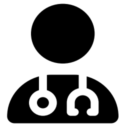
Priority

- Impact: High
- Effort: Medium
- Feasibility: High

This recommendation relates to

- START Scan theme 1, improve crisis services
- START Scan theme 3, increase availability of outpatient and preventative mental health services

Recommendation 2.3: Increase the number of psychiatric nurse practitioners and physician assistants trained to serve people with IDD-MH needs.



What does this section mean?

Wisconsin needs more providers to work with people who have IDD-MH needs. Wisconsin could do this by:

- Creating classes and degrees to learn how to do this work
- Helping current providers learn more about this work
- Making it easier for providers to work with people over the phone

Goal: Increase the education and training for new professionals.

Increase the number of psychiatric NPs and PAs trained with specific skills to serve people with IDD-MH needs.

This would involve changes in professional curriculum.

This also includes increasing collaboration between psychiatrists and NPs and PAs. To do this, the following partners and tactics are needed:

- Educational partners create continuing education programs. This would improve the way practitioners work with people with IDD (High priority, medium term strategy)
- Licensing and accreditation establish and document IDD competency (high priority, medium term strategy)
- State centers, mental health institutes, or other qualified sites provide skill development through internships and residencies. This would create clinical supervision to advance IDD treatment skills (High priority, medium term strategy)
- Universities embed IDD learning into core curriculum for new practitioners (Medium priority, long term strategy)
- In-state health systems expand their ability to offer services across the state
- Community and public entities and federally-qualified health centers to provide space and technology for clients to connect with a remote provider (High priority, short term)
- DHS and the Office of the Commissioner of Insurance (OCI) allow and regulate ongoing telehealth services

Measure of success

- More licensed psychiatric NPs and PAs with IDD specialty in the state
- Less time to get services
- Less use of Medicaid place of service data (to determine how much decrease in wait time might be because of telehealth)
- More use of telehealth services (Concern: How to measure if the service was valuable? Quantity does not equal quality)
- Positive reports on after visit satisfaction surveys
- More people diverted from inpatient or psychiatric care
- Less inpatient admissions and re-admissions
- Decline in emergency response by police (available through county crisis measures)

Partners

- Educational partners
- Department of Safety and Professional Services
- DCTS: State centers, mental health institutes, or other qualified sites/ partners
- Universities
- Hospitals and providers who employ NPs and PAs
- Community and public entities and federally-qualified health centers
- DHS and OCI

Resources needed

- Design and investment in continuing education programs
- Investment in internships and residencies to support IDD skill development within state centers and community-based services (payment for clinical supervision)
- Medicaid and Medicare continuing to support payment for teletherapy (High priority, short term strategy)
- Payment and reimbursement for an on-site support person for technology (High priority, medium term strategy)
- Access to internet connection and hardware (Medium priority, medium term strategy)
- Laws or rules that require private insurance to cover and pay providers for teletherapy (High priority, long term)
- More telehealth providers with experience in IDD (High priority, longer term)

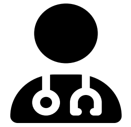
Priority

- Impact: High
- Effort: High
- Feasibility: Medium

This recommendation relates to

- START Scan theme 1, improve crisis services
- START Scan theme 3, increase availability of outpatient and preventative mental health services

Recommendation 2.4: Increase the number of providers skilled in serving people with IDD-MH needs who can offer services via telehealth.



What does this section mean?

Talking with a provider over the phone or web-based video can help people get care quickly. Having more providers who can do this would be helpful. This would be especially helpful for people waiting for mental health appointments after leaving the hospital.

Goal: Increase the education and training for new professionals.

Increase the number of providers skilled in serving people with IDD-MH needs who can offer services via telehealth. Serve as bridge for people who are waiting for psychiatry appointments after leaving the hospital.

Measure of success

See **Measure of success** for recommendation 2.3.

Partners

See **Partners** for recommendation 2.3.

Resources needed

See **Resources needed** for recommendation 2.3.

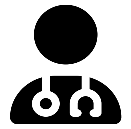
Priority

- Impact: High
- Effort: Medium
- Feasibility: Medium/High

This recommendation relates to

- START Scan theme 1, improve crisis services
- START Scan theme 3, increase availability of outpatient and preventative mental health services

Recommendation 2.5: Create a certified peer specialist designation for people with lived experience with IDD-MH needs.



What does this section mean?

Peer support is getting help from someone who is like you. The committee recommends training and certifying people with IDD-MH needs to provide peer support.

Goal: Create mentoring and peer support for adults with IDD-MH needs.

Create a certified peer specialist designation for people with lived experience with IDD-MH needs. This would be a distinct certification, just like mental health peer specialists and parent peer specialists. Training for peer specialists should be accessible and low cost or free.

Measure of success

- More certified peer support specialists
- More use of certified peer support specialists by people with IDD
- Increased reimbursement rates for certified peer support specialists
- More certified peer support specialists in rural areas (outside of Milwaukee, Dane, Fox Valley)
- More certified peer support specialists working in practice as a peer specialist
- Assess consumer satisfaction with services, likely through post-service survey

Partners

- Educational partners
- DHS and other state departments
- Employers of certified peer support specialists

Resources needed

- Continuing education and certification programs to increase the number of certified peer support specialists (High priority, medium term strategy)
- Evaluation of certification process and payment system (High priority, long term strategy)
- Employers of certified peer support specialists need a way to connect them with more job opportunities (High priority, short term strategy)

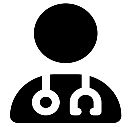
Priority

- Impact: High
- Effort: Medium
- Feasibility: High

This recommendation relates to

- START Scan theme 2, expand training and education for providers
- START Scan theme 3, increase availability of outpatient and preventative mental health services

Recommendation 2.6: Increase the number of peer support specialists and access to peer supports while waiting for mental health services.



What does this section mean?

Peer support is getting help from someone who is like you. Peer support would help people waiting for mental health services.

Goal: Create mentoring and peer support for people with IDD-MH needs.

Increase the number of certified peer support specialists. Also, make them more accessible to people waiting for mental health services.

Training should be accessible and low cost or free.

Measure of success

See **Measure of success** for recommendation 2.5.

Partners

See **Partners** for recommendation 2.5.

Resources needed

See **Resources needed** for recommendation 2.5.

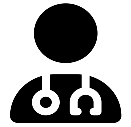
Priority

- Impact: High
- Effort: High
- Feasibility: Low

This recommendation relates to

- START Scan theme 2, expand training and education for providers
- START Scan theme 3, increase availability of outpatient and preventative mental health services

Recommendation 2.7: Help school districts create a peer mentoring opportunity for youth with IDD-MH needs to offer peer support to other students.



What does this section mean?

Peer support is getting help from someone who is like you. Kids in school could:

- Learn how to offer peer support to other students
- Get peer support from other students

Goal: Create mentoring and peer support for youth with IDD-MH needs.

Support school districts to create a peer mentoring opportunity for youth with IDD-MH needs to offer peer support to other students. They would be "mental health ambassadors." Several Wisconsin school districts already have this type of resource.

Measure of success

See **Measure of success** for recommendation 2.5.

Partners

See **Partners** for recommendation 2.5. Also:

- DHS/DCTS
- Department of Public Instruction (DPI)

Resources needed

See **Resources needed** for recommendation 2.5.

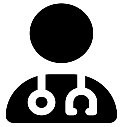
Priority

- Impact: High
- Effort: High
- Feasibility: Low

This recommendation relates to

- START Scan theme 2, expand training and education for providers
- START Scan theme 3, increase availability of outpatient and preventative mental health services

Recommendation 2.8: Create a mentoring and support model for people with IDD-MH needs, and a mentoring model for professionals who serve them.



What does this section mean?

Peer support is getting help from someone like you. The committee suggests helping:

- People with IDD-MH needs get peer support.
- Providers who serve people with IDD-MH needs get peer support

Goal: Create mentoring and peer support for adults with IDD-MH needs and for the professionals who serve them.

Create a mentoring and support model (peer-to-peer support) for people with IDD-MH needs. Also, create a similar mentoring model of peer-to-peer support for professionals who serve people with IDD-MH needs.

Measure of success

See **Measure of success** for recommendation 2.5.

Partners

See **Partners** for recommendation 2.5. Also:

- DHS/BPDD
- People First Wisconsin
- Professional organizations

Resources needed

See **Resources needed** for recommendation 2.5.

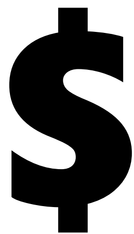
Priority

- Impact: High
- Effort: Medium
- Feasibility: High

This recommendation relates to

- START Scan theme 2, expand training and education for providers
- START Scan theme 3, increase availability of outpatient and preventative mental health services

Focus Area 3



Rate and Billing Code Improvements

Recommendation 3.1: Create service definitions and billing codes for crisis prevention and response services that would apply to the long-term care programs.

What does this section mean?

People should be able to get help at home during a crisis. The committee recommends creating a way to pay providers to deliver crisis services at home.

Goal: Have more providers with specific training to support people with IDD-MH needs in community settings.

Create long-term care service definitions and billing codes for crisis prevention and response services. This would apply to the long-term care programs:

- Family Care
- Family Care Partnership
- IRIS
- CLTS

Crisis services would include consultation and supplemental direct care support. This would help someone stabilize in their home or return to the community as soon as possible. Crisis prevention and response services work with existing services. They don't substitute existing services. People may use these services alone or in combination with ones they already get. They should not be considered the same as other services. Approval of crisis prevention and response services should be quick to match the urgent nature of crisis situations.

People in settings where crisis services aren't allowed could get help planning to leave those settings. This could include services such as:

- Support and service coordination
- Residential planning
- Behavioral support
- Home modifications needed for safety
- Any specific training staff need to ensure a person's success

Providers could go back and bill for services they delivered up to 90 days before a person goes back to a community setting. Or, up to 180 days with DHS approval.

Currently, proactive behavior support and crisis prevention services are provided using a variety of service definitions. This includes:

- Consultative clinical and therapeutic services for caregivers
- Training services for (un)paid caregivers
- Safety planning and prevention
- Family unpaid caregiver supports

But, there are no designated crisis prevention service definitions and billing codes.

A crisis prevention service and billing code would help care managers and IRIS consultants plan for and prevent crises. It would also encourage providers to offer this service.

There is also no crisis response service definition or billing mechanism in long-term care. This would fund temporary, extra direct care staff during a mental health crisis in the person's home or during a temporary out-of-home stay.

Other services could also be helpful. This depends on where the person lives (family home, licensed home, supported living). It also depends on the long-term care program they're in. Other services could be:

- Consultative clinical and therapeutic services for caregivers
- Training services for (un)paid caregivers
- Respite care

Measure of success

- People in crisis are better able to stay in their homes with resources to help them become stable
- Less trauma
- Less people going to IMDs and possibly losing their placement in the home they're currently at
- Staff get training and help to prevent further crises
- Providers can find and solve problems with the person's plans or need for home modifications

Partners

- DHS
- State Medicaid funding
- Family Care Waiver

Resources needed

Budget

Priority

- Impact: High
- Effort: Medium/Low
- Feasibility: High

This recommendation relates to

START Scan theme 1, improve crisis services

Recommendation 3.2: Create a Medicaid rate modifier or unique service code that reimburses pays for the extra time and skill it takes to serve people with IDD-MH needs.

What does this section mean?

Providers need special skills to serve people with IDD-MH needs. Providers want more pay for these services. This would recognize the extra time and skill they put in.

Goal: Increase the number of mental health providers with specific skills to serve people with IDD-MH needs.

Providers need more knowledge, skill, and ability to deliver care to people with IDD-MH needs in Wisconsin

Incentivization is a key strategy. Incentives may include changes in how providers are paid by Medicaid. It might also include easy access to consultation and more professional development.

Incentivize providers to increase capacity and capability by changing Medicaid rates and fee structure. Payment needs to reflect the complexity of delivering mental health services to people with IDD-MH needs.

Create a Medicaid rate modifier or unique service code that pays providers for the extra time and skill often needed to provide quality service to people who have IDD. If this is not feasible or allowed, consider other Medicaid rate enhancements for mental health services. This would allow providers to serve more Medicaid members with less impact on revenues. It would also make Wisconsin a leader in the competition for valued providers.

Measure of success

- More mental health care for people with IDD (by provider and service type)
- Less wait time between scheduling and getting an appointment
- Monitoring any changes in frequency of mental health crises, inpatient care episodes, and emergency detentions that may show cost-effectiveness
- Less time in IMD settings, replaced with stronger access to the right mental health care in a community setting

Partners

- DHS
- CMS
- OCI may be a stakeholder or contributor depending on rate methodologies and any possible changes to commercial insurance
- State legislature and governor to approve additional funding if needed

Resources needed

- Development and evaluation of rate enhancement strategies
- Funding for rate changes

Priority

- Impact: High
- Effort: High
- Feasibility: Medium

This recommendation relates to

- START Scan theme 3, increase availability of outpatient and preventative mental health services
- START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Recommendation 3.3: Create a way to compensate providers with skills for clinical supervision and consultation on services for people with IDD-MH needs.

What does this section mean?

Some providers need help from other providers to serve people with IDD-MH needs. This takes special skills. Getting paid by Medicaid for this would allow them to better help each other.

Goal: Increase the number of mental health providers with specific skills to serve people with IDD-MH needs.

Addressing the mental health needs of people with IDD in Wisconsin requires more provider capacity and more provider knowledge and skill in delivering care. Incentivization is a key strategy. Incentives may include changes in how providers are paid by Medicaid. It might also include easy access to consultation and more professional development.

Incentivize providers to increase capacity and capability by changing Medicaid rates and fee structure. Payment needs to reflect the complexity of delivering mental health services to people with IDD-MH needs.

Create a way to pay providers with demonstrated skills for clinical supervision and consultation on services for people with IDD. This might include supervising and consulting with providers within their organization. Or, it could be with external providers if allowed by regulation and the organizations involved.

Measure of success

See **Measure of success** in recommendation 3.2.

Partners

See **Partners** in recommendation 3.2. May also need regulation and licensing involvement.

Resources needed

See **Resources needed** in recommendation 3.2

Priority

- Impact: High
- Effort: High
- Feasibility: Medium

This recommendation relates to

- START Scan theme 3, increase availability of outpatient and preventative mental health services
- START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Recommendation 3.4: Increase overall base rates for all IDD services.

What does this section mean?

Providers need special skills to serve people with IDD-MH needs. Providers want more pay for every service they deliver. This would make it easier for people to get good care.

Goal: Increase the number and breadth of providers of IDD services.

With enough funding, providers can:

- Meet the rights of people with IDD-MH needs.
- Deliver long-lasting support, services, and community inclusion.
- Offer competitive wages and benefits as compared to other unskilled positions available at non-healthcare-related organizations.

Providers need payment for the actual cost of care of the people they support. Pay also needs to account for changes in their economic environment and inflation.

Keeping the same staff is important for people with IDD-MH needs. This is because the care they need is more complex. Typically, providers of IDD-MH services seek staff who have more experience, qualifications, or education. Staff also get more frequent, extensive, and person-centered training specific to the person they serve. They learn about their specific behavioral or mental health supports. Funding must consider higher wages for direct support professionals and management. Funding must also consider increased training and staffing time needed to support of people with IDD-MH needs.

Increase overall base rates for all IDD services.

DHS created the Family Care, Family Care Partnership, and Program for All-Inclusive Care for the Elderly (PACE) programs in 1999. They are Medicaid managed long-term care programs. These programs expanded to the entire state in 2015. The managed care organization rate capitation ended waiting lists for the programs. Before Family Care, providers typically got an average annual rate increase of 2% from county funders. After Family Care began, providers experienced initial rate cuts. Since the start of Family

Care, most providers have received minimal to no rate increases from 2015 to now. At the same time, providers need to increase wages to remain competitive with other non-health care organizations. Providers have also seen higher operations costs due to higher costs for insurance, equipment, supplies, and housing.

There is a big difference in funding for providers serving people with IDD and providers serving adults who are older. Available funding for older adults who need long-term care includes Medicaid managed long-term care funding. However, many older adults pay privately for long-term care services with personal assets or long-term care insurance. Private pay options allow providers to charge the actual cost of care. People with IDD typically do not have private pay options. Care for people with IDD is 99.5% funded by public funding through the Medicaid managed long-term care programs. Providers of IDD services have no option for charging the actual cost of care.

Providers supporting people with IDD got extra funding for direct care wages in the last three biennial budgets. The approved Direct Care Workforce Funding line item made this possible. Providers also got a 5% rate increase. This was through the Division of Medicaid Services 5% provider budget increase pass-through in the last and current state budgets. However, these budget lines are separate from the Wisconsin Medicaid managed long-term care programs funding. They're at risk of not being continued every two years.

The committee recommends:

- Increasing base rates for all IDD services by permanently moving the two 5% increases into the Wisconsin Medicaid managed long-term care program budget.
- Increasing IDD funding in the budget to reflect the actual cost of care for people with IDD. These needs have not been met due to no rate increases from 2015 through 2023.

Measure of success

More providers serving people with IDD across service types

Partners

- DHS
- CMS

Resources needed

Budget

Priority

- Impact: High
- Effort: High
- Feasibility: Low/Medium

This recommendation relates to

START Scan theme 5, improve supports for those with IDD-MH so they have a better quality of life

Recommendation 3.5: Provide a tiered rate structure for providers who serve people with IDD-MH needs and pay an enhanced rate to address acuity and care complexity.

What does this section mean?

Providers need special skills to serve people with IDD-MH needs. Some people need more complex services than others. Providers should have a way to get paid more if they deliver more complex services.

Goal: Increase the number of mental health providers with specific skills to serve people with IDD-MH needs.

Create a tiered rate structure for providers who serve people with IDD-MH needs. The rate structure should pay providers enhanced rates to address the acuity and care complexities of people with IDD-MH needs. The tiers must account for the range of possible care needs of people with IDD. Providers must determine the tier level using an objective assessment tool. That tool should look at each person's care needs. The tier structure must also allow for the negotiation of rates for services for people with IDD-MH needs. They may need more support that exceeds the highest tiered rate.

Measure of success

- People can get more services because more providers are willing to work with them
- Providers receive more sustainable funding
- Less provider turnover

Partners

- DHS
- Providers who can pass the increased rate to their staff

Resources needed

Funding

Priority

- Impact: High
- Effort: Medium/Low
- Feasibility: High

This recommendation relates to

START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Recommendation 3.6: Create a way to fund extra start-up costs and home modifications to ensure a safe environment for people with IDD-MH needs.

What does this section mean?

Some people need changes made to their home to make it safe. Providers need a way to pay for these changes if they are needed before they start working with someone.

Goal: Increase the number of residential providers with specific skills to serve people with IDD-MH needs.

A way to pay for extra costs to make homes safe is needed. It should be consistent and timely. Providers could use this when a person's behavioral support needs require changes to their home for safety. For example, reinforced drywall, doors, bathroom modifications, Lexan windows, and equipment protection. These costs are not typical room and board costs. They need to be funded before providers deliver services to ensure a safe home.

Measure of success

- Less turnover in housing, since people will be able to live in a home that meets their needs.
- More homes available.
- More providers willing and able to support people with higher behavior support, medical, and mobility needs.

Partners

- DHS
- Family Care
- Providers

Resources needed

- Funding
- Policy clarifications

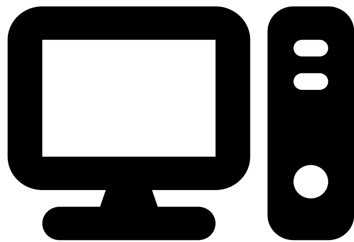
Priority

- Impact: High
- Effort: Medium/Low
- Feasibility: High

This recommendation relates to

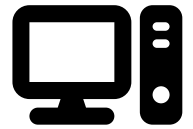
START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Focus Area 4



Technology Related

Recommendation 4.1: Expand the use of health information exchange systems by counties, crisis workers, first responders, etc.



What does this section mean?

Workers who respond to crises need a way to find information about a person quickly. This would help them understand how best to help them. Wisconsin could have a secure, online system for first responders.

Goal: Make information more easily available to responders who need it. This would help in crisis situations. And, help people with IDD-MH needs more easily talk with their providers.

Create a Health Insurance Portability and Accountability Act (HIPAA)-compliant, statewide database. This would store information to help first responders during crises. First responders, mobile crisis teams, providers, crisis line workers, and others would use it. They could see a profile and history of interventions for people with reoccurring crises.

Health information exchange systems, such as WISHIN, exist but do not have this type of information. There may be issues with permission to have information and who has or doesn't have access.

Current systems don't allow timely sharing of electronic health records between organizations because of HIPAA. This is especially true for behavioral health.

Use technology to support better communication between providers and people who get services. Funding to expand the use of health information exchange systems by counties and other organizations would help them share health information more quickly. This would support understanding and decision-making among providers and recipients about needs and goals.

Measure of success

- Fewer admissions to IMDs
- Increased information sharing
- Reduction in rehospitalizations for individuals with IDD

Partners

- DHS
- Counties
- Other partners
- HMOs
- MCOs
- ICAs
- Contracted partners

Resources needed

Funding to provide counties and crisis workers access to health information exchange systems.

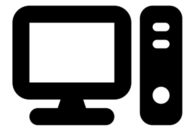
Priority

- Impact: High
- Effort: Medium
- Feasibility: Medium

This recommendation relates to

- START Scan theme 1, improve crisis services
- START Scan theme 4, improve coordination between service systems

Recommendation 4.2: Create a standardized crisis plan template to be used statewide.



What does this section mean?

Crisis plans are used to explain how to help a person who is in crisis. Wisconsin should have one crisis plan format that everyone uses. This will make it easier for responders to find the information they need.

Goal: Make information more easily available to responders who need it in crisis situations.

Create a standardized template for all crisis plans across the state.

Measure of success

- Fast, accurate identification of IDD status for people in crisis by crisis responders
- Reduced or prevented admissions of people with IDD to the Winnebago Mental Health Institute

Partners

- DHS
- Counties
- Crisis providers
- Law enforcement

Resources needed

- Survey of crisis plan examples (in-state or out-of-state)
- Multi-disciplinary workgroup (DHS, care providers, MCOs, crisis responders, people with lived experience) to develop crisis plan template for Wisconsin
- Required use of the form statewide

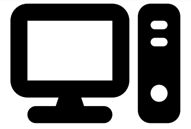
Priority

- Impact: Medium
- Effort: Low
- Feasibility: High

This recommendation relates to

START Scan theme 1, improve crisis services

Recommendation 4.3: Create a more accessible, user-friendly DHS website.



What does this section mean?

The DHS website has information about long-term care programs. The website could be easier to navigate. It could also list contact persons on each page for questions.

Goal: Provide easily accessible information about DHS programs and services.

Create a more accessible, user-friendly DHS website.

Feedback has suggested that the DHS website could be updated to assist navigation needs. Solutions include having contact persons and related information.

DHS could send out a survey to get feedback about the website. The survey would go to the public and DHS staff. Staff and members of the public, of all ages, should be able to use and navigate the website appropriately.

DHS could embed real-time data collection and quality assurance surveys within the site. This could be a pop up or side menu with a "suggestion comment box" on "how can we improve."

Look at other states such as Minnesota for examples.

Measure of success

- Site visitors can easily find what they're looking for.
- Each page has a contact.
- Positive feedback in surveys and comment submissions.

Partners

DHS: Bureau of Information Technology Services

Resources needed

- IT
- Communication

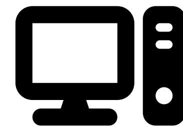
Priority

- Impact: High
- Effort: Medium
- Feasibility: High

This recommendation relates to

START Scan theme 2, expand training and education for providers

Recommendation 4.4: Develop a system of phone support for caregivers similar to 988 with triage to 911.



What does this section mean?

Caregivers should have a way to get quick support over the phone. Wisconsin could have a phone line for caregivers to help them in urgent situations.

Goal: Provide easy-to-access support and information to caregivers who are experiencing a crisis.

Create a telephone support line for caregivers similar to 988. It could triage to 911. The model could be similar to the Alzheimer's helpline. It could also be similar to Dane County's system where 911 will triage a call to the CARES team.

Make this available to family caregivers first.

Measure of success

- Less crisis admissions
- Satisfaction survey

Partners

DHS

Resources needed

- Understand which counties already have resources in place (they may be able to provide technical assistance to others)
- Clinicians within dispatch centers to triage calls
- Training to make 988 system IDD informed
- Call volume capacity

Priority

- Impact: High
- Effort: Medium
- Feasibility: Medium

This recommendation relates to

- START Scan theme 1, improve crisis services
- START Scan theme 2, expand training and education for providers

Focus Area 5

IDD and MH Training

Recommendation 5.1: Expand education for professionals with advanced degrees to include training on IDD-MH.

What does this section mean?

People should be able to find providers who know about IDD-MH needs. Future and current providers with advanced degrees should:

- Be taught about IDD-MH in college
- Receive training and certification at all levels

Goal: Provide IDD-MH education and training to all provider types. This would be formal and consultative.

Expand educational curriculum for professionals to include training on IDD-MH for providers with advanced degrees. This includes social workers, psychologists, psychiatrists, and doctors. The curriculum would teach about people who are diagnosed with both IDD and mental illness. Both undergraduate and graduate level coursework in universities should teach this.

Offer specialty training and certification at all levels. This will help people identify which providers have the right training to support people with IDD-MH needs.

Measure of success

- Professional training curricula at the university level reflects the addition of IDD-MH specific training.
- People who are seeking services can find IDD-MH trained professionals.

Partners

- DHS
- University system
- Public and private colleges

Resources needed

- Budget
- University interest to develop and train on the coursework

Priority

- Impact: High
- Effort: High
- Feasibility: Medium

This recommendation relates to

START Scan theme 2, expand training and education for providers

Recommendation 5.2: Develop a curriculum and certification for providers who have training to serve people with IDD-MH needs.

What does this section mean?

All providers who work with people who have IDD-MH needs could benefit from free training. They could then get paid more for their work.

Goal: Mental health providers get free training that teaches them how to serve people with IDD.

Develop a curriculum and certification to show that a provider has training to serve people who have an IDD. Providers with the certification should be eligible for enhanced rates.

Measure of success

- More mental health services provided to people with IDD, especially in rural areas where there are fewer providers
- Number of professionals who complete trainings
- Higher percentage of licensed providers billing Medicaid for some services
- Less emergency detentions among people who have an IDD
- Less time from first contact with a provider to first appointment
- Less time in IMD settings, replaced with stronger access to the right mental health care in a community setting

Partners

- DHS—financial support to create training curriculum
- External organization with specific expertise—create curriculum
- Stakeholders—Consult on essential content areas
- Waisman Center and UW-Continuing Education—consult on work already being done
- Others—form and support a network for professional consultation

Resources needed

- Funding and professional expertise to create curriculum
- Raised awareness among providers of the need for better information and training that will help them serve people who have an IDD
- Resources for the network for consultation
- DHS staff to monitor and collaborate
- Sustainable funding source that is durable against the fluctuations in state budget
- An organization to create, support, and run a training system. It should operate long term and help providers access the trainings. (For example, the Behavioral Health Training Partnership with UW-Green Bay or the child psychiatry consultation line models)
- Promotion of the training for providers and consumers
- Financial incentive to complete the training and apply it in practice
- A way to offset the loss of billable time when providers take the training, so it's not an opportunity cost
- Offer low or no-cost continuing medical education for doing the trainings

Priority

- Impact: High
- Effort: High
- Feasibility: Medium

This recommendation relates to

START Scan theme 3, increase availability of outpatient and preventative mental health services

Recommendation 5.3: Develop online training modules for providers to improve their skills on IDD-MH topics.

What does this section mean?

Some providers need extra training about IDD-MH needs. The committee suggests free, online learning for providers.

Goal: Mental health providers get free training that teaches them how to serve people with IDD.

Develop and provide easily accessible and time-efficient online training modules for providers. They would help add to their skills on important topics. This could operate as an a la carte training system along with a full curriculum. That means they could choose any training they want.

Measure of success

See **Measure of success** in 5.2.

Partners

- DHS
- Waisman Center
- UW-Continuing Education
- Others

Resources needed

See **Resources needed** in 5.2.

Priority

- Impact: High
- Effort: High
- Feasibility: Medium

This recommendation relates to

START Scan theme 3, increase availability of outpatient and preventative mental health services

Recommendation 5.4: Create a network of providers to support and consult each other on clinical questions about services for people with IDD-MH needs.

What does this section mean?

Providers should be able to ask other providers for help when they have questions. Wisconsin could have a free way for providers to connect.

Goal: Mental health providers receive free training that teaches them how to serve people with IDD.

Create a network of providers to support and consult each other on clinical questions about services for people who have an IDD.

This should be free for providers.

Measure of success

See **Measure of success** in 5.2.

Partners

- DHS
- Training programs
- Professional organizations
- Advocacy agencies

Resources needed

See **Resources needed** in 5.2.

Priority

- Impact: High
- Effort: High
- Feasibility: Medium

This recommendation relates to

START Scan theme 3, increase availability of outpatient and preventative mental health services

Recommendation 5.5: Identify and adopt best practices for training and educational resources that set a statewide standard.

What does this section mean?

The committee suggests that all providers who work with people who have IDD-MH needs should have the same type of training. This would help make sure everyone gets good care, no matter where they live. The training would teach the best ways to work with people who have IDD-MH needs.

Goal: Ensure that all providers of IDD-MH services have a standardized minimum level of best practices training across the state.

Identify and adopt best practices for training and educational resources that set a statewide standard for all stakeholder groups.

Use already-created and proven curriculum instead of creating a new DHS version.

Carefully consider whether best practices should be suggestions or requirements. Especially with direct support professionals, it's important to not make things harder. For example, requiring a course could lead to fewer providers because it creates an obstacle.

Get input from people with IDD-MH needs and their families. Also, get input from providers to understand what topics are most important.

Partner with entities that have created programs and trainings. And, include tools that professionals know already work:

- Trauma-informed care
- Motivational interviewing
- Strength-based assessments
- Person-centered planning
- Information about how to best support people with IDD-MH needs

Dedicate resources to keep the information up to date. And, look at existing materials from agencies known for best practices, like Waisman Center and National Alliance on Mental Illness (NAMI). Avoid recreating training materials that already exist.

Develop a plan for how to get training concepts to providers. Information is key. Providers and others will need help using the concepts to see long-term change. Incorporate and adopt the statewide use of peer support and mentoring to support people with IDD-MH needs.

This should be free for providers.

Measure of success

The development and launching of a web-based library of trainings and materials that are best practices.

Partners

- DHS
- Waisman Center
- NAMI
- UW-Green Bay
- People with lived experience
- START Center

Resources needed

- Budget
- Website

Priority

- Impact: High
- Effort: Medium
- Feasibility: High

This recommendation relates to

START Scan theme 2, expand training and education for providers

Recommendation 5.6: Provide educational opportunities for legislators and leaders in Wisconsin to learn about IDD-MH.

What does this section mean?

People who make laws and policies should have access to information about IDD-MH needs.

Goal: Legislators and leaders are better prepared to make decisions that are in the best interest of people who have IDD-MH needs.

Provide educational opportunities for legislators and leaders in Wisconsin to become better acquainted to the needs of people with IDD-MH needs.

All materials and trainings should be easily accessible to families, caregivers, and providers across the state.

Wisconsin should also make sure those who are creating and delivering service plans have foundational knowledge. They should know about:

- Person-centered planning
- Positive behavioral support development
- Proactive crisis planning
- Trauma-informed care
- More

Measure of success

Satisfaction survey of people with lived experience, guardians, and providers. Responses should show that they felt their legislators and leaders are representing their needs and interests.

Partners

- DHS
- People with lived experience
- Advocacy agencies

Resources needed

- Face-to-face testimony (videos and in-person) from people with lived experience
- A forum for these discussions
- Detailed information needs to be developed and provided

Priority

- Impact: High
- Effort: Medium
- Feasibility: High

This recommendation relates to

START Scan theme 2, expand training and education for providers

Recommendation 5.7: Expand the DHS Certified Direct Care Professional (CDCP) training program to include modules related to IDD-MH.

What does this section mean?

People who work in the homes of people with IDD-MH needs would benefit from specific training. The Certified Direct Care Professional program could add this type of training. It could be free and come with more pay.

Goal: Create a uniform set of training and educational requirements to increase access to skilled and competent staff.

Look at current efforts to create a certification for direct care professionals. Expand the DHS CDCP training program to include modules related to:

- IDD-MH and crisis needs
- Positive behavior supports
- Behavior support plans
- Person-centered planning
- Restrictive measures awareness

The certification curriculum should have a large focus on person-centered and humanizing care and support of people with disabilities.

The committee suggests that certification come with higher pay or salary.

Direct care professionals should have access to it for free.

As much as possible, pay trainees for their time away from their current care duties to take the training. This could be funding and support to direct support professionals and/or smaller agencies that employ them.

Measure of success

- More well-trained staff
- Less wait time for people to move into homes

Partners

- DHS
- UW-Green Bay
- Waisman Center
- NAMI

Resources needed

- Website
- Grants
- Family Care Waiver or contract

Priority

For creating the IDD-MH curriculum for the certification:

- Impact: High
- Effort: Medium
- Feasibility: High

For paying providers when staff are at the training:

- Impact: High
- Effort: High
- Feasibility: Low

This recommendation relates to

START Scan theme 2, expand training and education for providers

Focus Area 6

System Review

Recommendation 6.1: Analyze administrative rules and identify rules and regulations that create barriers to supporting people with IDD-MH needs.

What does this section mean?

Some rules make it harder to support people with IDD-MH needs. DHS and partners should find out which rules cause problems.

Goal: Review processes and policies to find duplication and unneeded steps. Simplify and streamline.

Conduct a full root cause analysis or mapping to find rules and regulations that create barriers. Some rules make it harder to support people with IDD-MH needs. DHS and partners need to find the rules that are pinch points or don't add value.

This should include looking into what really happens when transitioning from child to adult.

Measure of success

- Less duplications and unnecessary steps
- Options to streamline processes

Partners

- DHS should lead this activity alongside other partners
- External consultant
- Others, based on findings

Resources needed

- External consultant
- Funding

Priority

- Impact: High
- Effort: High
- Feasibility: Medium

This recommendation relates to

- START Scan theme 4, improve coordination between service systems
- START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Recommendation 6.2: Analyze the process of transitioning from the children's service system to the adult system and create transition teams.

What does this section mean?

Services for children with IDD-MH needs are different when they become adults. A new team could look at how services change when someone becomes an adult.

Goal: Create a transition team to support youth moving from the children's to the adult service system.

The children's service system and adult system are separate. This means youth go through many changes when they move from the children's to adult system. However, due to being separate systems, understanding of specific changes is limited.

Map out what changes and how much when someone moves from the children's service system to the adult system. And, create specialist transition teams.

The committee suggests that DHS forms a team of subject matter experts on children's and adult long term care and support to help map out changes. The team could determine how to meet needs when moving from one system to the other. This team could also include subject matter experts from other areas of need. This includes education, employment, medical, mental health, and social or recreational.

Measure of success

See **Measure of success** for recommendation 6.1.

Partners

- DHS
- Other partners as noted

Resources needed

See **Resources needed** for recommendation 6.1.

Priority

- Impact: High
- Effort: High
- Feasibility: Medium

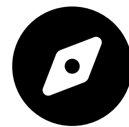
This recommendation relates to

- START Scan theme 4, improve coordination between service systems
- START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Focus Area 7

System Navigation

Recommendation 7.1: Create roles in transition teams (see recommendation 6.2) that help children move to adult services.



What does this section mean?

Children with IDD-MH needs who are moving to adult services need support. The committee suggests a worker helps them get ready for adult services starting at age 14.

Goal: Families have the support they need to make decisions during the transition from children's to adult services.

The expert team from Recommendation 6.2 should have roles similar to adult information and assistance workers in Aging and Disability Resource Centers (ADRCs). This new role would help youth move from children's to adult services. These youth information and assistance workers would pair one worker with one child as they reach transition planning age (currently 14 years old). They would offer resources and support to all families to know what services and supports are available as their child transitions to adult services.

Measure of success

- Smoother transition process for youth
- Less questions around the transition process

Partners

- ADRCs
- MCOs
- ICAs
- County programs
- DPI

Resources needed

Updates to billing rules, so multiple parties can bill for services.

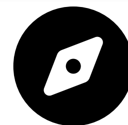
Priority

- Impact: Medium
- Effort: Medium
- Feasibility: High

This recommendation relates to

- START Scan theme 4, improve coordination between service systems
- START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Recommendation 7.2: Provide system navigators statewide who connect people with providers and resources.



What does this section mean?

It's hard to find mental health care. The committee suggests that workers be able to help people find providers and resources in any area of the state. This would include helping people when they are waiting to see a provider.

Goal: People have "no wrong door" support to help them find the mental health services they need.

Many people are not able to find or access effective mental health care. Those trying to access the system find it complicated and confusing. Access to mental health care has many barriers:

- Finding good providers
- Knowing which providers are accepting patients
- Insurance coverage
- Having enough providers in their area
- Getting to appointments
- Waiting lists
- Culture and language

Having a uniform way to navigate the system can help remove these barriers. Navigators should be trained to help people access mental health care.

Create a system navigator role. These workers should be available statewide. From the first time a person contacts them up until that person sees a provider, navigators would:

- Connect people with good providers and helpful resources
- Support people temporarily if they are waiting to see a provider

People in need of services should find a "no wrong door" response. This means they'd get help locating and scheduling with providers, rather than doing it alone. People would not have to figure out a complex system with incomplete information while under stress.

Measure of success

- People report success in finding good providers with help from a navigator
- People working with a navigator have low or no crises before seeing a provider
- The time between contacting a navigator and seeing a provider is measured, reasonable, and reduced over time
- Whether access to outpatient and preventative mental health care goes up over time and if it relates to navigator outputs (positions available, contacts, etc.)
- More services for people in rural areas
- More services provided to people who don't speak English as their primary language

Partners

- DHS-Led
- Options:
  - DHS directly provide
  - MCO contract requirement
  - ADRC contract requirement
  - DHS-34 crisis system integration
  - DHS-35 MH Clinic integrations
  - Contract with other third party for MH navigation
- Models with parallels exist: 211, Wisconsin Wayfinder
- Possibly add to Family Care

Resources needed

- Decisions on where the service is best housed or integrated
- Likely would need to be Medicaid-billable or have long-term DHS commitment (via contracts or regulatory requirement) for sustainability
- A way to find and promote providers who are accepting patients, especially those skilled in IDD
- Staffing and a database of information
- A way to promote navigators to consumers, and a way for them to contact navigators when needed
- Funding for a team to help transition between service locations (transition consultant or capacity teams)

Priority

- Impact: High
- Effort: Low/Medium
- Feasibility: Medium/High

This recommendation relates to

- START Scan theme 1, improve crisis services
- START Scan theme 2, expand training and education for providers
- START Scan theme 3, increase availability of outpatient and preventative mental health services
- START Scan theme 4, improve coordination between service systems
- START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Recommendation 7.3: Provide new support teams with resources and training to help them transition a person from one service location to another.

What does this section mean?

People with IDD-MH needs need support when they move. For example, moving from one residential provider to another. The committee suggests having a team of people who can help with this change.

Goal: Support is available when people move from one residential location to another to help the transition go smoothly.

There aren't only challenges moving from the children's to adult system. There are also challenges for people with IDD-MH needs moving between supported locations. When someone lives at one location, that location often knows what works and what doesn't. But, when someone needs to leave their home, the knowledge of their needs is often lost. This can lead to a lack of placement stability. There needs to be an opportunity for staff and providers to meet and connect when someone is moving from one location to another.

Funding is currently limited during someone's move. And, there are no discussions and planning around the person's needs. The discussion should:

- Include what has worked
- Identify triggers
- Determine what the person needs to be successful

These discussions should make new placements more successful.

Measure of success

- More communication among providers
- More stability of placements

Partners

- DHS
- MCOs
- IRIS
- Providers

Resources needed

- Full time employment position (if a state resource is being utilized)
- Updates to dual billing requirements
- Staff at both agencies who can work together

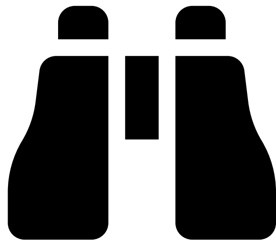
Priority

- Impact: Medium
- Effort: Medium
- Feasibility: Medium

This recommendation relates to

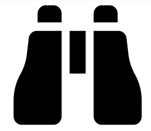
- START Scan theme 1, improve crisis services
- START Scan theme 2, expand training and education for providers
- START Scan theme 3, increase availability of outpatient and preventative mental health services
- START Scan theme 4, improve coordination between service systems
- START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Focus Area 8



Oversight and Process Improvement

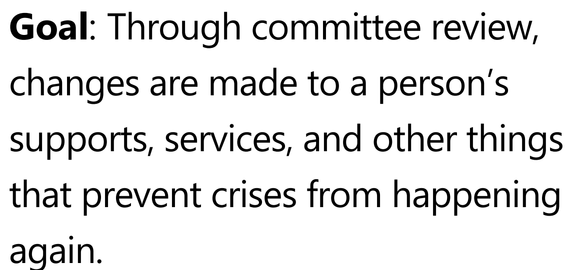
Recommendation 8.1: Create local IDD-MH Crisis Prevention Coordinating Committees.



What does this section mean?

The committee suggests that local groups who work on behavioral health crisis responses:

- Look at how crises are handled
- See how the related responses could be improved



Goal: Through committee review, changes are made to a person's supports, services, and other things that prevent crises from happening again.

Create local IDD-MH Crisis Prevention Coordinating Committees. These could be based on the Adult Protective Services I Team model.

These groups would work on how to improve behavioral health crisis responses for children and adults who get long-term care.

Look at these examples to model or adapt:

- County Comprehensive Community Services Coordinating Committees
- Dane County's Collaborative Stabilization Coalition, created with a DHS grant

Measure of success

Fewer crises

Partners

- Local emergency services
- Law enforcement
- IRIS consultants
- Children's services
- Local experts on IDD
- Adult protective services
- Child protective services
- MCOs

Resources needed

- Policy changes that support and require committee formation
- Guidance on who is responsible for local committees
- DHS staff for meaningful, two-way exchange of information and recommendations beyond sharing data. Could occur within the structure of other yearly meetings or conferences.

Priority

- Impact: Medium
- Effort: Low
- Feasibility: Medium/High

This recommendation relates to

START Scan theme 1, improve crisis services

Recommendation 8.2: Establish a community of practice for Phase 3 and beyond.

What does this section mean?

The work this report recommends will take time and effort. The committee suggests creating a group of people to help make sure this work keeps going.

Goal: Have a group of people to consult with as the work recommended in this report happens.

Establish a community of practice to consult on and be connected to Phase 3 of the Wisconsin IDD-MH System Improvement work and other system improvements beyond Phase 3. This group should:

- Be inclusive of all IDD-MH partners
- Inform and monitor the progress on all recommendations in the Phase 2 final report
- Provide guidance on related DHS policies and processes

Measure of success

- Recommendations in this report implemented
- Work creates positive outcomes for people with IDD-MH needs

Partners

- DHS
- Representative IDD-MH partners

Resources needed

- IDD-MH partners
- Internal DHS resources

Priority

- Impact: High
- Effort: Medium
- Feasibility: Medium/High

This recommendation relates to

- START Scan theme 1, improve crisis services
- START Scan theme 2, expand training and education for providers
- START Scan theme 3, increase availability of outpatient and preventative mental health services
- START Scan theme 4, improve coordination between service systems
- START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Recommendation 8.3: Invest in and adopt the START model.

What does this section mean?

START is a national model for doing the work this report recommends. The committee recommends using the START model in Wisconsin.

Goal: Pilot and invest in the START model in Wisconsin.

Invest in and adopt the START model. That includes:

- Evidenced-based practices
- Regional resource teams
- Stabilization centers
- Others

The START model would make sure Wisconsin has the right staffing, leadership, funding, and resources to make the recommendations happen. The START model uses evidence-based practices as guiding principles. These practices need to be built into policy in Wisconsin from the top down to effect systems change.

Measure of success

- Major parts of the model are implemented, such as:
  - Regional teams
  - Evidence-based practices
  - Crisis stabilization centers
- Work creates positive outcomes for people with IDD-MH needs

Partners

- DHS
- Representative IDD-MH partners
- START

Resources needed

Funding

Priority

- Impact: High
- Effort: High
- Feasibility: Low

This recommendation relates to

- START Scan theme 1, improve crisis services
- START Scan theme 2, expand training and education for providers
- START Scan theme 3, increase availability of outpatient and preventative mental health services
- START Scan theme 4, improve coordination between service systems
- START Scan theme 5, improve supports for those with IDD-MH needs so they have a better quality of life

Phase 3: Next Steps

The next phase of this work will be the Implementation Phase. Recommendations will be selected for follow-up and detailed plans will be developed. This is when recommendations turn into actions that will improve the IDD-MH service delivery system.

The project team wants to thank everyone who has been involved with this project. All the interest, participation, and support for this work has been greatly appreciated. It will have a significant impact on improving services and supports for people who have IDD-MH needs. It took all partners working together to get to this point. It will continue to take everyone working together in the Implementation Phase to successfully complete this work!

Much thanks everyone!

Acronym Glossary

Acronym	Definition
ADRC	Aging and disability resource center
CDCP	Certified direct care professional
CLTS	Children's Long-Term Support Program
CMS	Centers for Medicare & Medicaid
CNA	Certified nursing assistant
DCTS	Division of Care and Treatment Services
DHS	Department of Health Services
DPI	Department of Public Instruction
HIPAA	Health Insurance Portability and Accountability Act
ICA	IRIS Consultant Agency
IDD-MH	Intellectual and developmental disabilities and mental health
IMD	Intitute for mental disease
IRIS	Include, Respect, I Self-Direct
LPN	Licensed practical nurse
MCO	Managed care organization
NAMI	National Alliance on Mental Illness
NP	Nurse practitioner
OCI	Office of the Commissioner of Insurance
PA	Physician assistant
PACE	Program of All-Inclusive Care for the Elderly
RN	Registered nurse
START	Systemic, Therapeutic, Assessment, Resources, and Treatment

WISCONSIN DEPARTMENT
of HEALTH SERVICES