



— • Breaking Silos: Cross-System Collaboration for I/DD and Mental Health Integration

November 6, 2025



Current Approach to Supports



BASIC NEEDS

For supports and services to be effective, basic needs must be met including:

- Healthy and reliable food
- Appropriate housing
- Necessary educational experiences
- Work opportunities
- Meaningful relationships
- Movement opportunities
- Presence of community



UNIVERSAL SUPPORTS

Consideration for:

- Individualized, person-centered foundation with a clear case conceptualization
- Building skills and independence
- Reciprocal relationships, community engagement, and employment focus
- Health and wellness
- Early risk identification
- Restorative environments (trauma-informed supports)
- Skilled case management
- Supports for families and other supporters



TARGETED SUPPORTS

Access to effective treatment options to meet specific symptoms or presenting needs including:

- Behavioral support
- Mental health treatment
- Physical health treatment



CRISIS SERVICES

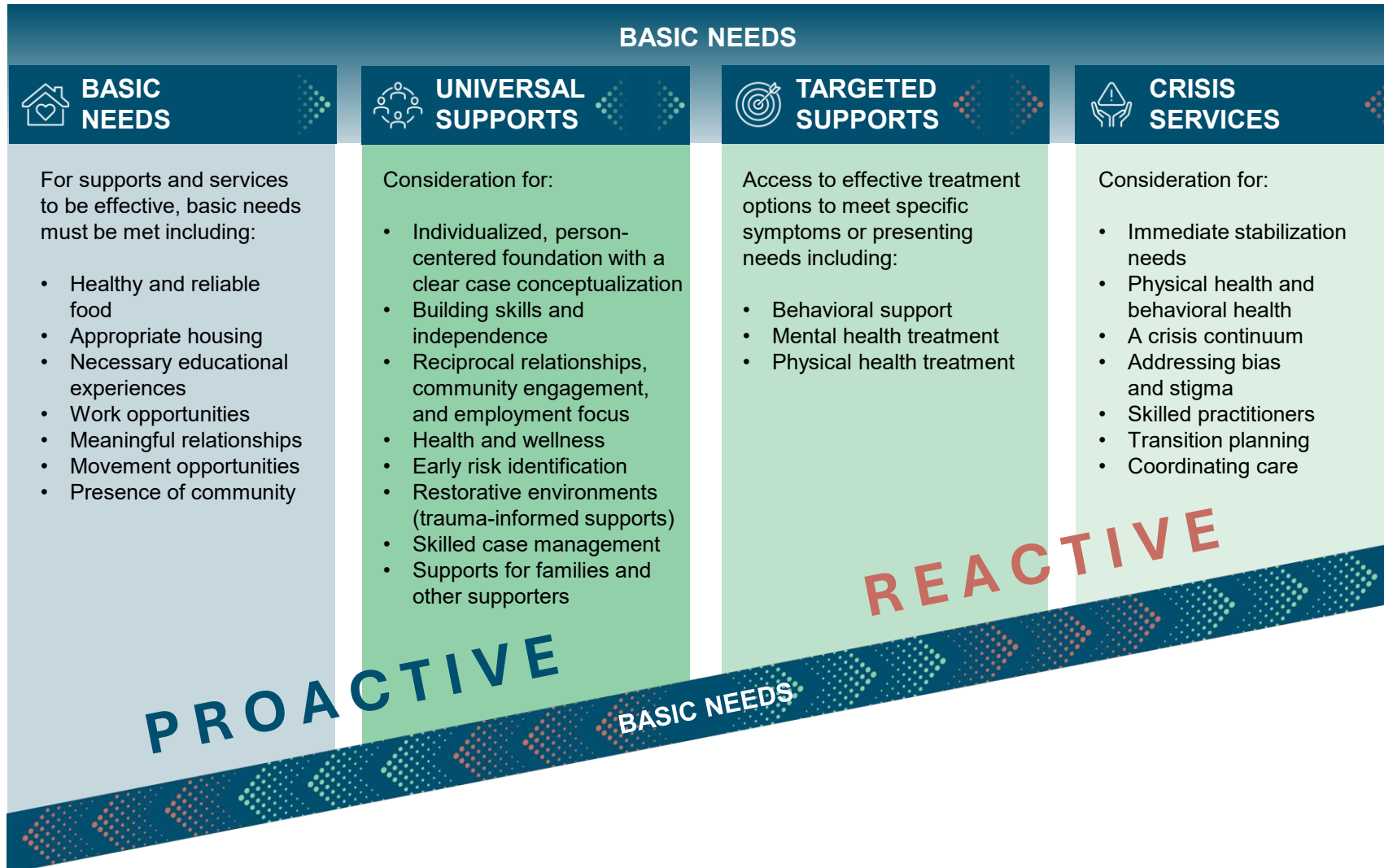
Consideration for:

- Immediate stabilization needs
- Physical health and behavioral health
- A crisis continuum
- Addressing bias and stigma
- Skilled practitioners
- Transition planning
- Coordinating care

Why Is Our Current Approach to Supports Not As Effective As It Could Be?

Our current supports do not tend to prioritize the basic safety and wellness of a person. Instead, the focus is mostly on interventions that are reactive and usually the most intensive and restrictive. Services and supports are often what is immediately available in an attempt to address the crisis at hand. This typically does not consider a person's changing circumstances or needs and the ability for a person to benefit from more proactive supports in the future.

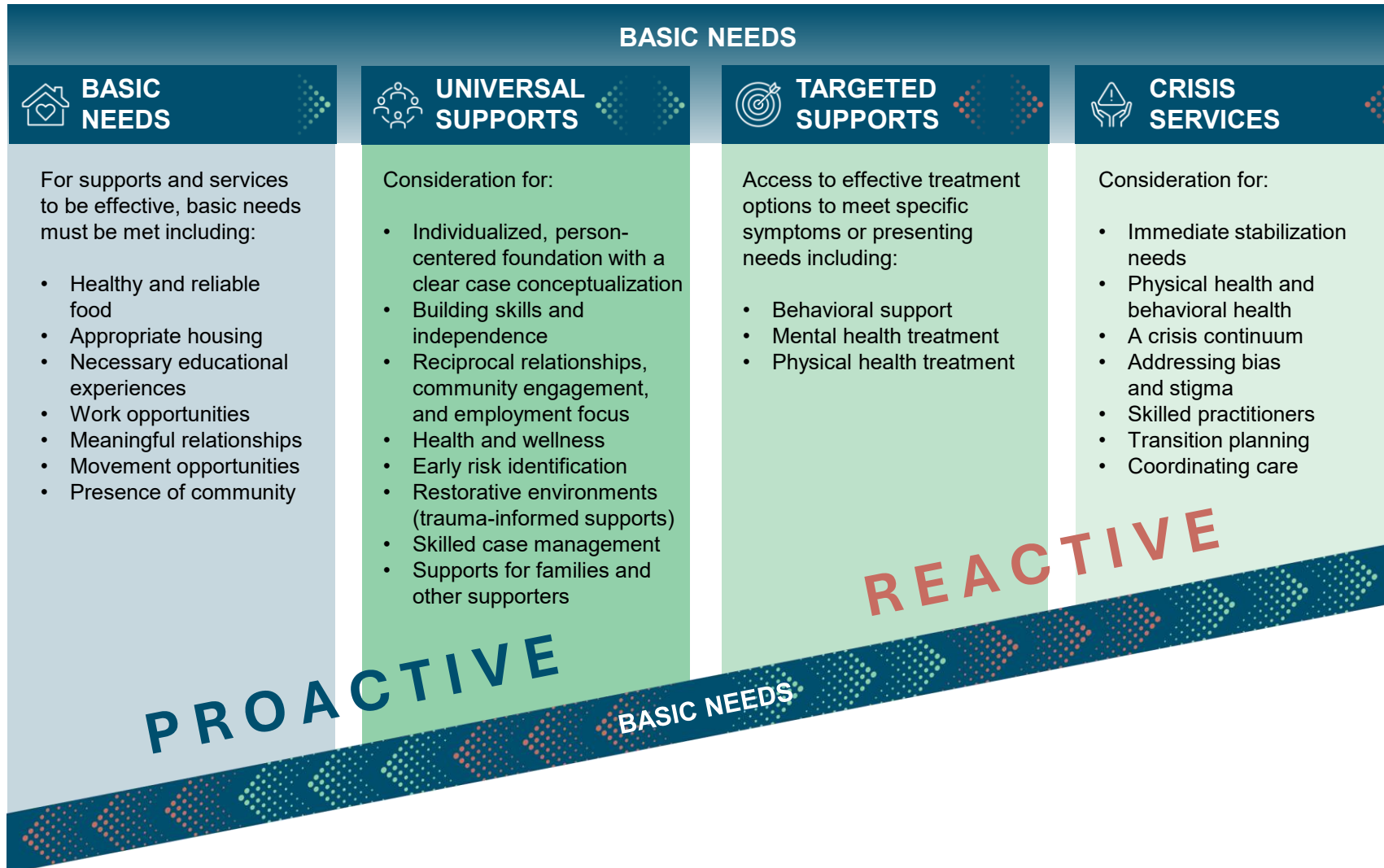
Optimal Continuum of Supports



How is the Optimal Continuum of Supports used?

The Optimal Continuum of Supports is built on the idea that we first must assure the **basic safety and wellness** of a person before services and therapeutic interventions can be successful. The Optimal Continuum recognizes that **proactive, upstream strategies** give the best opportunity for individuals to live a good life, using targeted supports and crisis services only when necessary. The Optimal Continuum does not assume that these supports and services happen in isolation and considers that people will **move across the continuum** recognizing that a person's needs change. This approach can be used at all levels – from **big systems** (macro); to **service models** (mezzo); to **individual support** (micro), guiding teams to provide better services and supports.

Optimal Continuum of Supports



How is the Optimal Continuum of Supports used?

The Optimal Continuum of Supports is built on the idea that we first must assure the **basic safety and wellness** of a person before services and therapeutic interventions can be successful. The Optimal Continuum recognizes that **proactive, upstream strategies** give the best opportunity for individuals to live a good life, using targeted supports and crisis services only when necessary. The Optimal Continuum does not assume that these supports and services happen in isolation and considers that people will **move across the continuum** recognizing that a person's needs change. This approach can be used at all levels – from **big systems** (macro); to **service models** (mezzo); to **individual support** (micro), guiding teams to provide better services and supports.



Agenda

A Federal Example: The Link Center & Brain Injury

A Call to Action: Collaboration to Support Children

PROACTIVE - Basic Needs: Louisiana

PROACTIVE - Universal Supports: Tennessee

REACTIVE - Targeted Supports: Delaware

REACTIVE - Crisis Services: Ohio

Wrap Up: Questions and Ask & Action



THE LINK CENTER

Improving Access to Mental Health Services
for People with Disabilities

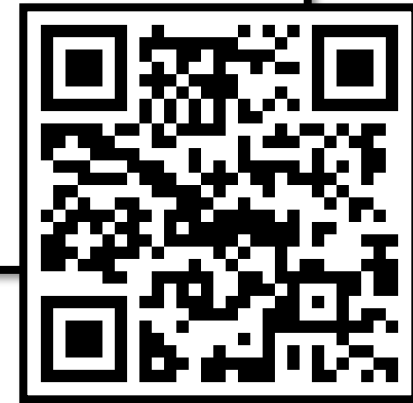
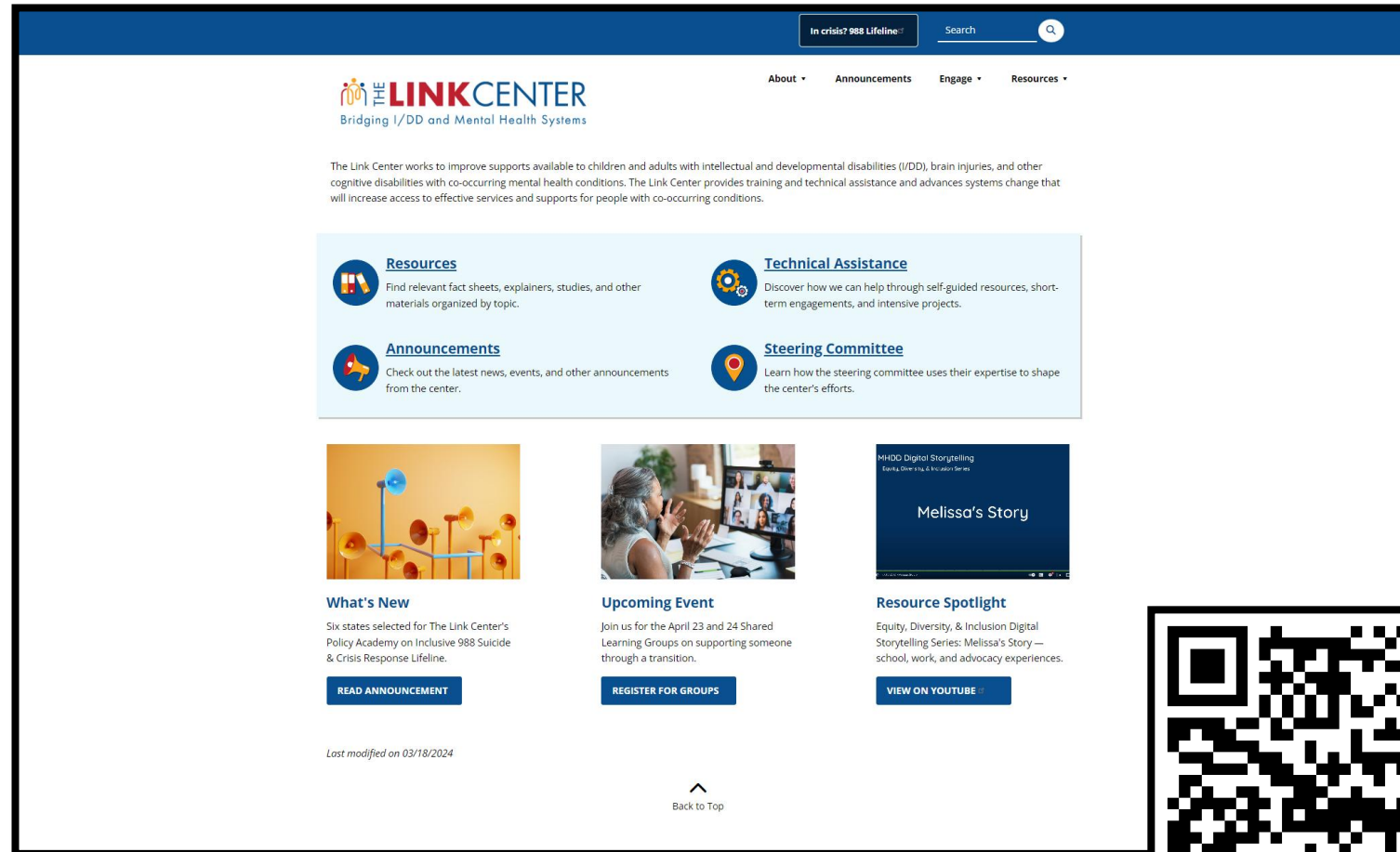
Rebecca Wolfkiel

Executive Director

National Association of State Head Injury Administrators

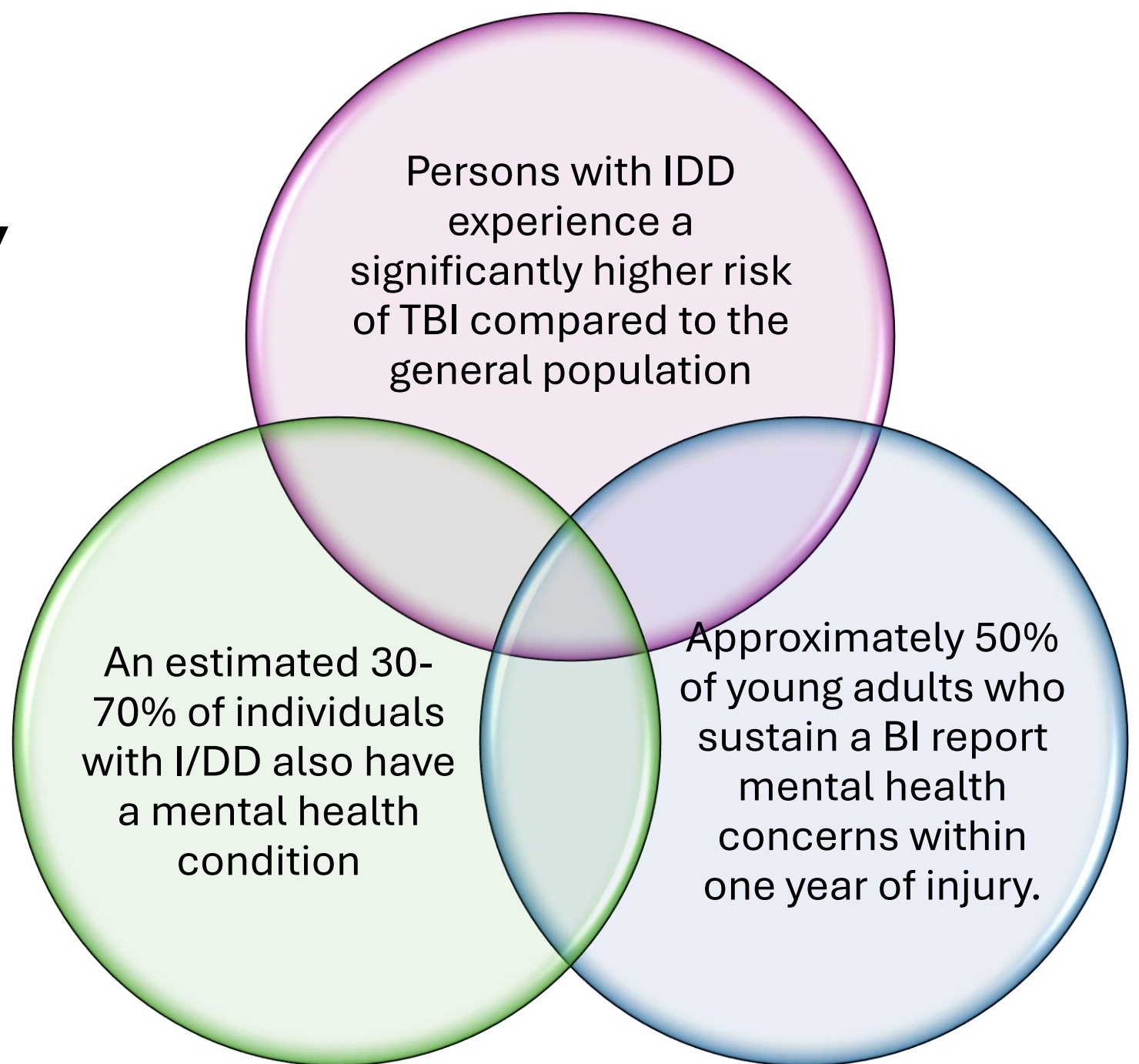
Funded by the Administration for Community Living





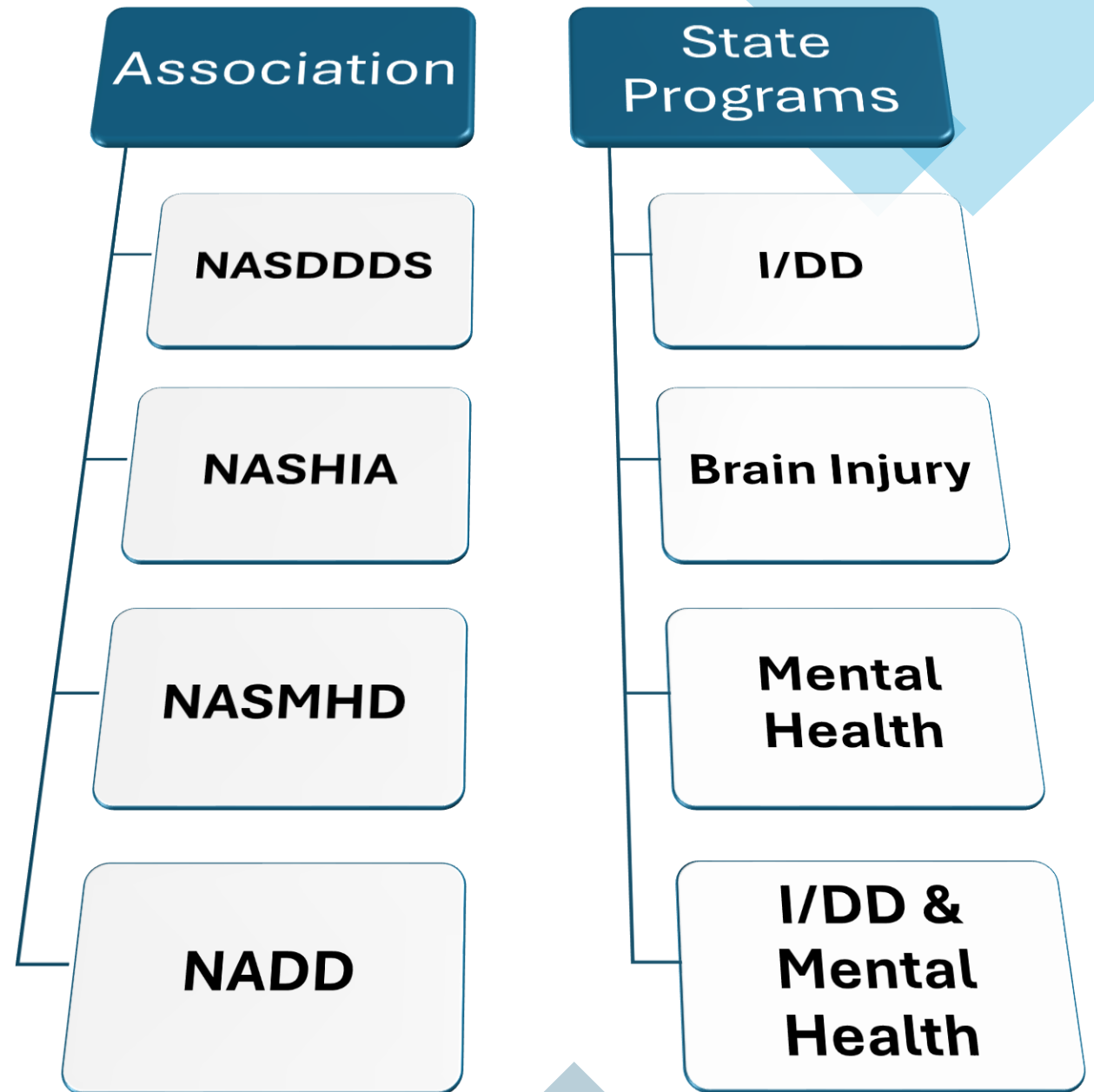
<https://acl.gov/TheLinkCenter>

Intersectionality of I/DD, Brain Injury and Mental Health Conditions



Consideration of All Cognitive Differences Throughout Systems of Care

(Children, Basic,
Universal & Targeted
Needs, Crisis Response)





THE LINK CENTER

Improving Access to Mental Health Services
for People with Disabilities

Nancy Thaler
Project Consultant

Funded by the Administration for Community Living



A Project of National Significance

**Funding is provided by the U.S.
Department of Health and Human
Services (HHS)**

- **The Administration for Mental Health and Substance Abuse (SAMHSA)**
- **The Administration for Community Living (ACL)**

- **Project Goal:** Identify scalable, replicable strategies to support children with complex disability and behavioral health needs.
- **Methodology:** Literature review, data scan, policy analysis, focus groups, state interviews, subject expert interviews and national summit.
- **Final report** will describe the children, their needs and a service paradigm to meet those needs

Methodology: The Project Employed a Multi-faceted Research Methodology

- Literature Review
- Surveys of state agencies and experts
- Interviews with national organizations
- Interviews with experts
- 5 Focus Groups
- Interviews with nine states on policies and practices
- Children's Summit- over 100 state administrators, subject matter experts, and federal partners

Subject Matter Experts and National Organizations

Beth Barol Ph.D.

Lou Moore

Karen Harvey Ph.D.

Jordan Smelley – Texas, self advocate

Colin Killick - Autistic Self Advocacy

Dr. Julie Gentile - Ohio

Dr. Greg Cherpes – Pa.

Dr. Brandi Kally - La.

Dr. Mercedes Brown – Ga.

Dr. Uzma Price - NC

Dr. Elspeth Slayter

American Public Human Services Association (APHSA)

Child Welfare League of America (CWLA)

Anne E. Casey Foundation and Casey Family Programs

Assoc. of Children's Residential/Community Based Services

Nat. Child Traumatic Stress Network (NCTSN)

Nat. Training/TA Center for Child, Youth and Family MH (NTTAC)

Evident Change

Alliance Against Seclusion and Restraint

UConn Innovation Institute

Kennedy Krieger

Minn. University for Advanced Studies in CW

State Interviews

Colorado

Delaware

Kentucky

New Jersey

Ohio

Oklahoma

Pennsylvania

Tennessee

Utah

State Survey Results

Age and gender

- 13-17
- 6-12
- 18-21
- 0-5

Dysregulated behavior

- Physical aggression
- Disruption/dysregulation in structured settings
- Suicidal ideation/self-harm
- Property destruction
- Inappropriate sexual behaviors
- Elopement

Developmental Disorders

- Autism
- I/DD
- ADHD
- Complex Medical Conditions
- FASD
- Learn

Mental Health Conditions

- Oppositional Defiance Disorder
- PTSD
- Anxiety
- Conduct Disorder
- Depression

Physical Health Conditions

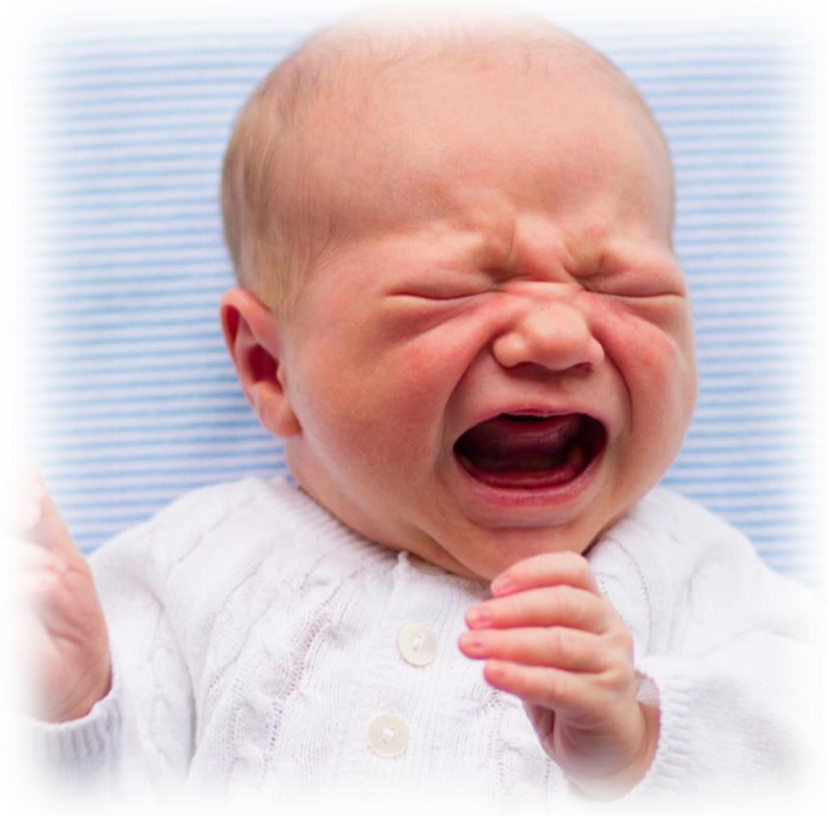
- Diabetes
- Seizure Disorder
- Asthma

Key Insights

“A problem well-stated is a problem half-solved”

-
- 1. Emotional dysregulation is the basis for many behavior problems**
 - 2. There are many different causes of emotional dysregulation**
 - 3. Hormonal changes in adolescence exacerbate dysregulation and managing the behavior is more difficult.**
 - 4. We can help children if we understand the brain**
-

Emotional Dysregulation – We Were All Dysregulated at the Beginning of Life



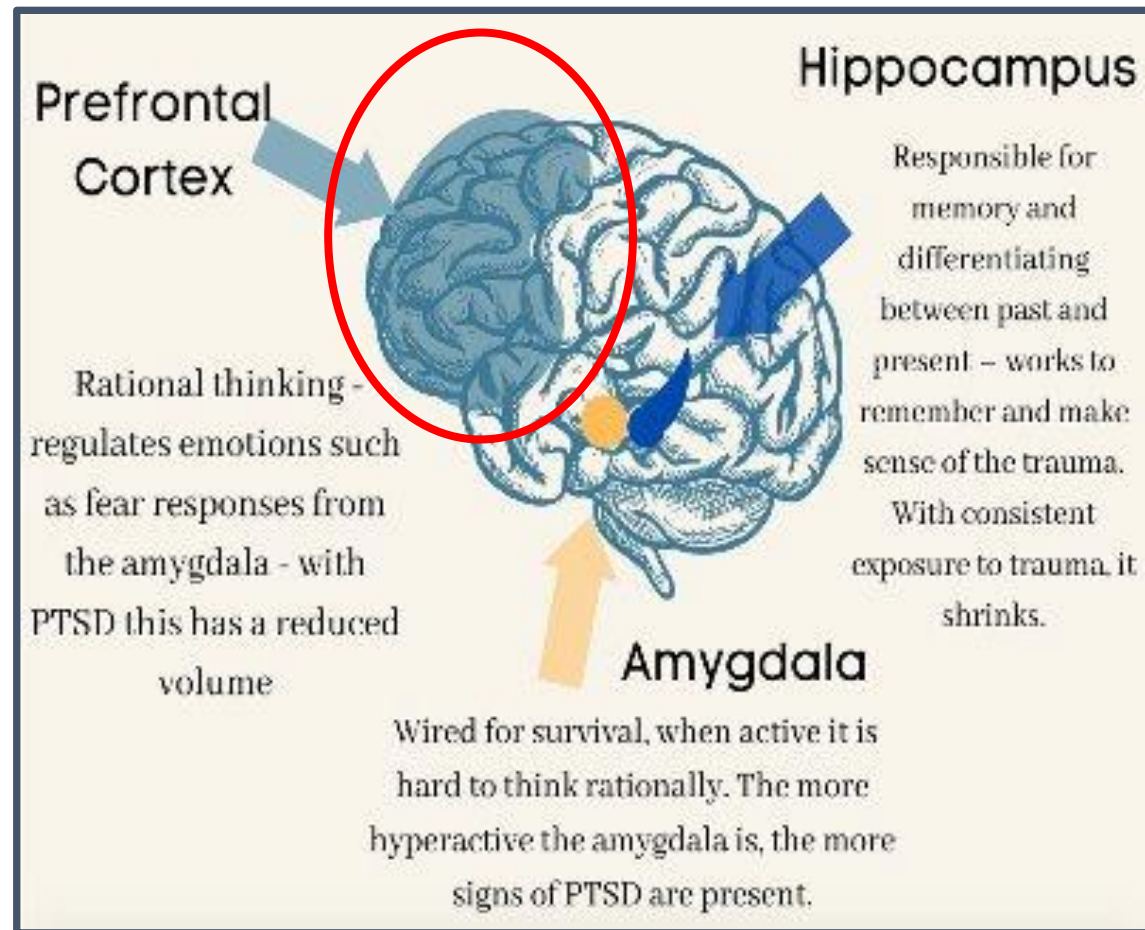
You Know It When You See It.



**MELTDOWN
OR
TANTRUM?**

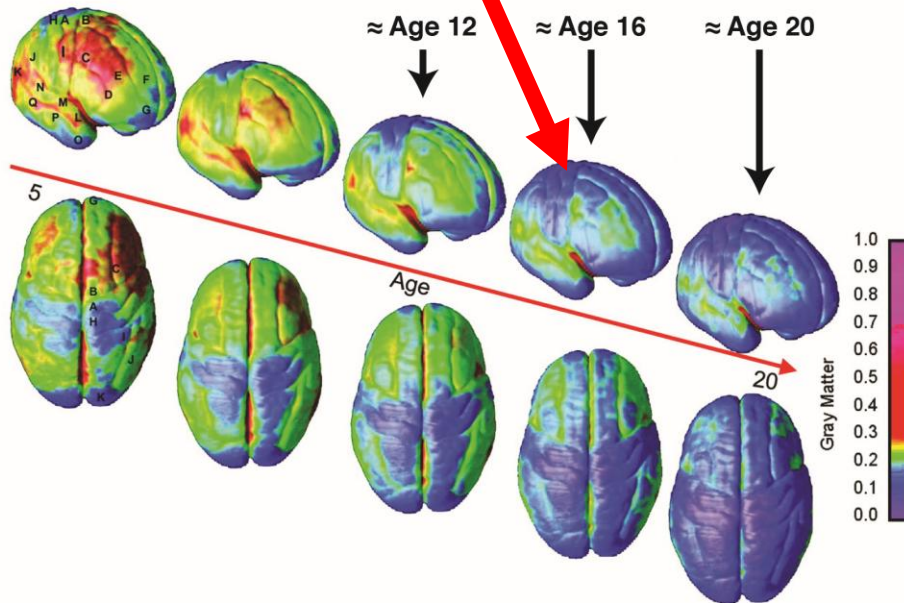


The Prefrontal Cortex Brain Regulates Emotions and Behavior



The Prefrontal Cortex Develops Late in Life

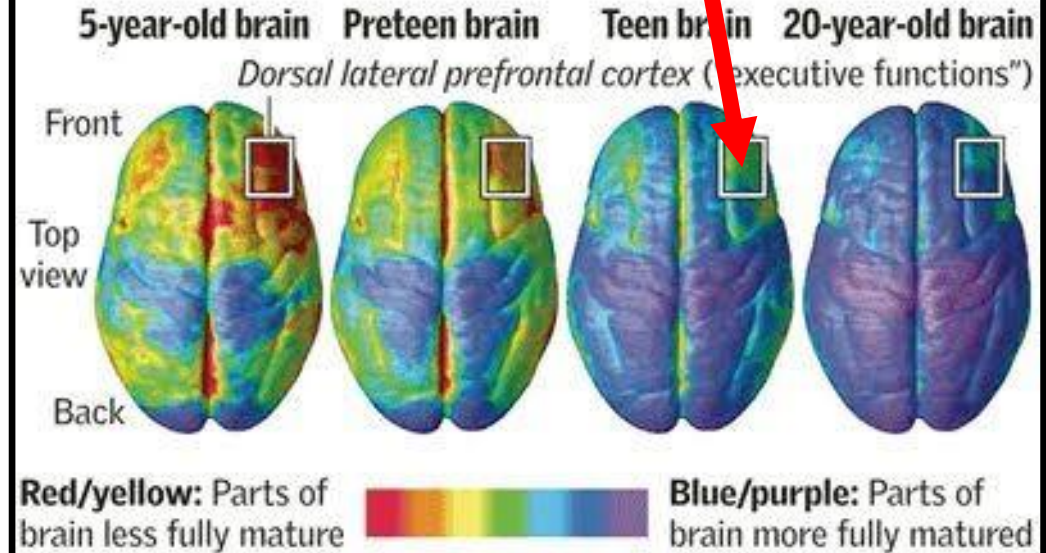
MRI Study of Normal Brain Development



The decade-long magnetic resonance imaging (MRI) study of normal brain development, from ages 5 to 20, by researchers at NIH's National Institute of Mental Health (NIMH) and University of California Los Angeles (UCLA) Source: Paul M. Thompson, Ph.D., Laboratory of Neuro Imaging, UCLA, NIMH/UCLA Project. Reprinted with permission from Dr. Paul Thompson.

Judgment last to develop

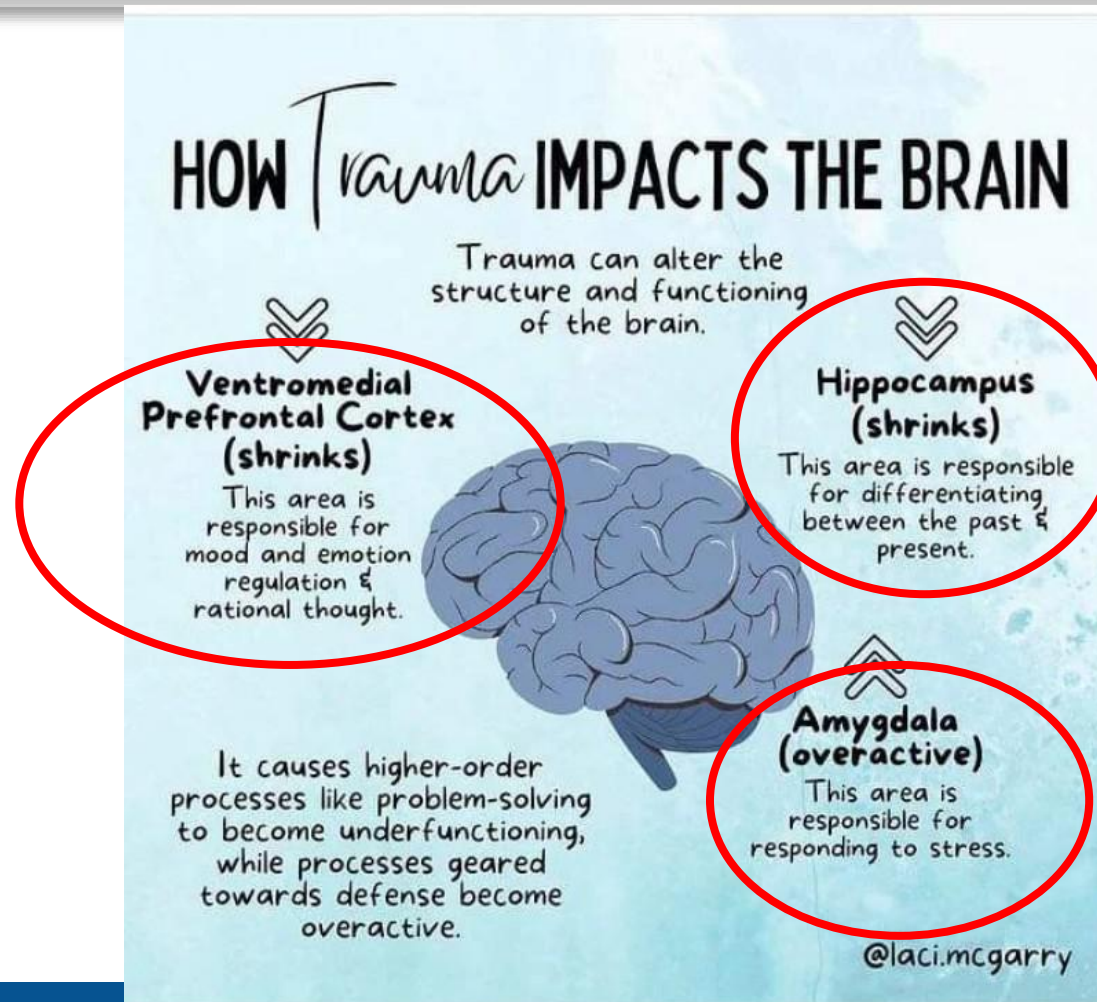
The area of the brain that controls "executive functions" — including weighing long-term consequences and controlling impulses — is among the last to fully mature. Brain development from childhood to adulthood:



Sources: National Institute of Mental Health; Paul Thompson, Ph.D., UCLA Laboratory of Neuro Imaging

Thomas McKay | The Denver Post

Trauma Arouses the Amygdala and Shrinks the Prefrontal Cortex so It Doesn't Do It's Job



Flight
Fight
Freeze



Emotional dysregulation

Causes

- Trauma
- Neurological injury - TBI
- Neurodevelopmental disabilities - ASD, ADHS, I/D, Cerebral Palsy
- Genetic conditions – Down Syndrome, Fragile X, Rett Syndrome,
- Psychiatric disorders



Impacts

- Self-regulation
- Communication
- Motor function
- Cognitive processing
- Sensory integration
- Memory and learning

Trauma is stored in the Body

- Trauma is triggered by sounds, smells, touch as well as memory.
- It triggers the production of cortisol, overstimulation of the amygdala, a rapid heart rate, closing of the senses, etc.
- Trauma overstimulates the parasympathetic system (the rest and digest system), and **treatment approaches that help to calm the parasympathetic system open a path to treatment and learning.**
- **Such treatments are often referred to as somatic or integrative.**

How many mental health problems, from drug addiction to self-injurious behavior, start as attempts to cope with the unbearable physical pain of our emotions?the solution requires finding ways to help people alter the inner sensory landscape of their bodies.

Bessel A. van der Kolk, [The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma](#)

Hypervigilance

- It's a survival mechanism - it's your brain's way of protecting you by scanning the environment for danger.
- You feel like you're constantly under threat.
- The amygdala — the part of your brain that's responsible for managing emotions — is on overdrive.

How Long Will This Last?



Building an Integrated Service Paradigm Based in Neuroscience

A Place that is Safe



Treatment to Heal



Opportunities to Grow





A Place That Is Safe

Safety First: Each child requires a safe place to live that will support building trust with adults and caregivers.

Relationships: The most important protective factor in building resiliency is the presence of at least one consistent, supportive relationship with an adult.

❖ Identify that adult(s) and preserve and support the relationship.

- Parents, grandparents or other relatives
- Adoptive parents
- Foster parents
- Direct Care Staff



A Place That Is Safe

Relationships

Train and mentor caregivers to be therapists. Therapy is delivered through interactions between care givers and the child at all times of the day.

- **Caregivers know the child and interact at the most intimate level**
 - Eating together
 - Personal care activities
 - Doing chores together
 - Helping with homework
 - Play
 - They are with the child in the big and small crises
 - They develop trusting relationships



A Place That Is Safe

Person-Centered and Trauma-informed Practices

- **Know the child's story** and trauma history
- **Identify what is important to** and for the child, what works and doesn't, and what makes the child feel safe and soothed.
- **Create physical space** that reflect the child's preferences and needs.
- **Integrate mental and physical health practices into life routines.**
- **Remember that behavior is communication.** Do not focus on what the child is doing, but on what has happened to the child and learning what we need to do so the child feels safe and love and is free to grow, learn and recover.



A Place That Is Safe

Promote Physical and Mental Health

Good Diet.. Encourage a diet with nutrients for brain health: vegetables and fruits and reduce caffeine and sugar.

Develop routines- predictable, reliable, and under the child's control

Exercise - increase oxygen flow through fun activities such as biking, swimming, walking/running, and sports.

Sleep: Build habits - reduced screen time, no caffeine, and bedtime routines.

Access to the outdoors including opportunities to walk, garden and play and having a pet



A Place That Is Safe

Person-Centered Habilitation Services

- Support through daily activities
- Support participation in their community.
- Help to do things with friends and manage social situations
- Develop skills that lead to their personal growth and development
- Implement treatments plan and carry out wellness routine
- Help volunteer and to transition to work.
- Assistive technology, transportation services
- Support care givers with training, coaching and respite



A Place That Is Safe Where Children Live

Relationship Based

- Family Home
- Kincare
- Foster Care
- Adopted Family
- Life Sharing



Facility Based

- Small group home
- Congregate Care





A Place That Is Safe

Support for the Supporters!

- Information about the child to understand what the child needs.
- To understand what is behind behavior.
- Guidance and mentoring on how to help the child...someone to show how and give feedback
- A team to listen and confer with them
- A break from care giving to meet their own needs

Plan for Crises and Setbacks

Progress is not typically linear – a good day one day does not promise a better day the next.

Growth and recovery require time, patience, and acceptance of setbacks.

Develop plans for these situations to ensure a suitable response that maintains the safety of the child and others.

Do No harm!

Avoid restraint, seclusion, punishment, pharmaceuticals used to control behavior. do not build trust in adults.

Immediate debriefing discussions are important to learn what caused the crisis and to strategize a thoughtful response.

Avoid calling police and emergency services that the child will perceive as threatening. Create strategies within the services system to avoid reliance on external and more invasive responses.

Treatment to Heal

- **Physical Health**
- **Mental Health**



Physical Health



Children with communication difficulties or who are not “in touch” with their bodies are unable to determine and communicate discomfort or pain.

- Assess for physical conditions that cause pain or discomfort such as seizure disorders, asthma, diabetes or toothaches, headaches, or sinus pain.
- Assess for allergies that cause discomfort or pain, such as gluten-based products, sugar, or soy-derived foods.

Mental Health



- ✓ **Treatment Strategies/ Habilitation**
- ✓ **Treatment Strategies/Somatic**
- ✓ **Treatment Strategies Children Can Use**
- ✓ **Treatment Strategies/Based on Communication**
- ✓ **Treatment Strategies/Family-Focused**
- ✓ **Psychopharmacology**

Treatment Through Habilitation

- Stable relationships
- Social connections
- Predictable daily routines
- Physical exercise- outdoor activity
- Meaningful activity – play, games and other group activities
- Good diet
- A pet
- Building mindfulness and body awareness activities into daily routines.
- Learning new skills
- Applied Behavior Analysis

Treatment: Somatic Therapies

- [Bio/Neurofeedback, Neuro- Entrainment](#)
- [Brain Stimulation Therapy](#)
- [Eye Movement Desensitization and Reprocessing \(EMD\) Therapy](#)
- [Other bilateral stimulation therapies.](#)
- [Neuro Affective Relational Model Therapy](#)
- Occupational Therapy/Sensory-Integration
- [Play Therapy,](#)
- Expressive Therapies: [Art Therapy,](#) [Music Therapy,](#) [Psychodrama](#) [Dance/movement therapy,](#)
- [Mindfulness Mood Balance Therapy](#)
- [Animal Assisted Interventions](#)
- [Trauma-informed Yoga, physical exercise](#)
- Group activities that involve rhythmic movement – [drumming](#), dancing, singing

Treatment Strategies that Children Can Use

- [Grounding techniques and Breathing Exercises](#)
- [Zones of Regulation](#)
- [Know your triggers work sheets](#)
- [Bilateral Stimulation](#)
- [Emotional Freedom Tapping \(EFT\)](#)
- [WRAP Wellness Recover Action Plan](#)
- [Dan Siegle's Hand Model of the Brain](#)
- Mobile Apps as guides for calming, breathing, mindfulness, and meditation
- Weighted Blankets

Treatment Based on Direct Communication

- [Dyadic Developmental Psychotherapy Sensory](#)
- [Trauma Focused Cognitive Behavioral Therapy](#) TF-CBT
- Individual therapy and Group therapy
- Sex education and counseling
- Peer Counseling
- [A Behavioral Specialist Consultant](#)
- Education and school-based MH services

Treatments that are Family-Based

- [Attachment, Regulation and Competency \(ARC\)](#)
- [Parent-Child Interaction Therapy \(PCIT\)](#)
- [Child-Parent Psychotherapy \(CPP\)](#)
- Intensive Instructional Therapy ([IST](#)) - Family focused.
- Internal Family Systems Therapy ([IFST](#)) - Family focused.
- [Wrap Around Services](#) - Family focused.
- [Co-regulation](#) - connecting with a child who's in distress and being able to evaluate what that child needs at the moment to help calm themselves."



Opportunities to Grow

School is a Major Part of Every Child's Life

- **Education is central to the child development.** It develops cognitive and social skills, fosters personal growth, cultivates critical thinking, communication, and teamwork and promotes a sense of community.
- **Too often it is interrupted** through suspensions, instruction in the home or placement in residential facilities
- **Individual Education Plan (IEP) practices align with state service system practices**
 - Individual assessment,
 - A plan that includes goals,
 - Expectations that children will be educated with their non-disabled peers.

Collaboration with the Child's School is Non-negotiable

- **Coordination of treatment service plans with the IEP** will build consistency in the child's day and routines and.
- **Communication with the school system** is necessary to develop consistency in how teachers and other school personnel, care givers and clinicians interact with the child.



An Integrated Service Paradigm Based on Neuroscience

A Place that is Safe



Treatment to Heal



Opportunities to Grow



A Service Paradigm Based in Neuroscience

A Safe Place to Live



- A Safe Place
- Relationships are the Key
- Person-centered and Trauma-Informed Practices
- Physical Space Responsive to Needs
- Behavior is Communication
- Promote Physical and Brain Health
- Supporting Caregivers
- Plan for Crises

Treatment to Heal Physical and Mental Health Treatment



- Assess and Treat Physical Health Conditions
- Learn the Child's History
- Treatment Strategies/ Habilitation
- Treatment Strategies/Somatic
- Treatment Strategies Children Can Use
- Treatment Strategies Based on Communication
- Treatment Strategies/Family-Focused
- Psychopharmacology

Opportunities to Grow Habilitation and Education



- Individual Assessment
- Individual Service Plans
- Collaboration and Coordination

What Providers Needs

- **Services definitions** that enable and make clear to providers the competencies to create a therapeutic environment.
- **Services authorizations** for frequency, duration and the length of time over which the service can be provide should match the need. Policies that require frequent reauthorizations, requests for an exceptional case review or excessive documentation can be burdensome and create uncertainty.
- **Definition of a services unit:** Reimbursement that is based on hourly or even quarterly hour units for services that are delivered by the day can cause extensive documentation requirements.
- **Fee for services vs bundled services:** The service plan may include services that require extensive integration. A definition that includes a group of activities can facilitate both the delivery, coordination, and accountability for meeting the service plan requirements.

What Providers Needs

Payment Rates: The rate and assumptions about wages and the amount of clinical support and supervision necessary should be based on the competencies support workers need to deliver services.

Coordination: A single provider does not have the authority nor the ability to bill for the time to do coordination. A lead case manager who is recognized by all systems as having the responsibility to convene teams and monitor that services are being delivered and meet the child's needs can keep people working together and prevent gaps.

Developing capacity: At this time, there are few professionals trained and/or credentialed to provide services to children with complex needs. Individual providers can develop capacity but typically their bench strength is limited.

How Do States Do This?

- States have a process for complex cases to be “bumped up” to the level of state agencies.
- Multiple state agencies meet on a regular basis to problem solve for one or more children. No debateseveryone has a responsibility.
- States have a wide range of services in their HCBS waivers and foster care programs to support a therapeutic environment.
- States support multiple, ongoing approaches to build capacity: low and high intensity training programs, certification requirements, specialized providers, payment practices. Training on trauma is central.

How Do States Do This?

- States are flexible in how they reimburse providers who children with high needs.
- States focus up stream: they provide support to families of children, foster families and school systems.
- States use data to assess their performance and need to change policy –
 - quantitative and qualitative data on children in out of home placements and length of stay, uses of medications, hospitalizations, types of health and behavioral health conditions.
- States generally do not reimburse somatic therapies that require certified clinicians.

Optimal Continuum of Supports

PROACTIVE

REACTIVE



BASIC NEEDS



UNIVERSAL SUPPORTS



TARGETED SUPPORTS



CRISIS SERVICES

STRATEGIC PARTNERSHIPS TO IMPROVE WELLBEING: RELATIONSHIPS, CONNECTIONS, EMPOWERMENT, PURPOSE

Brandi Kelly, PhD, Louisiana Office for Citizens with DD

Partner Video Presenters:

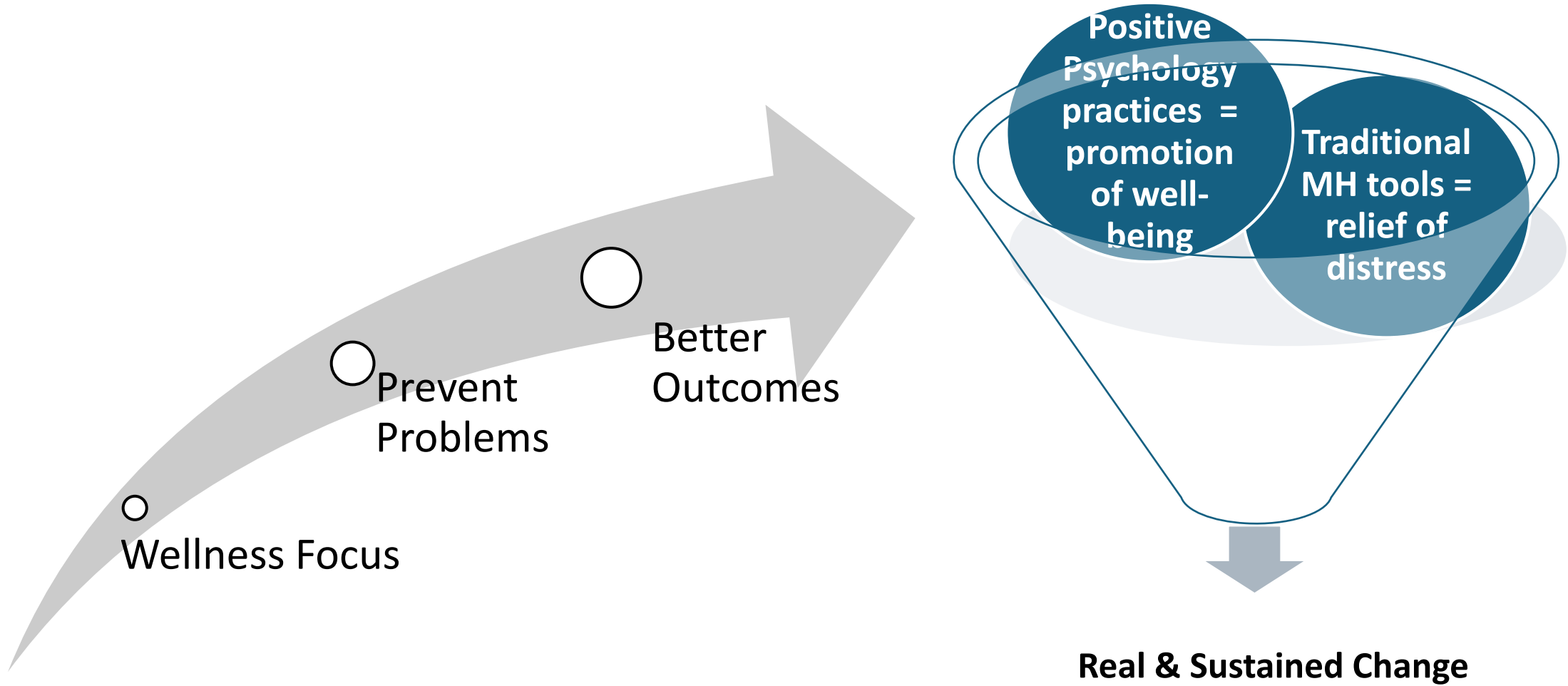
Ashley McReynolds, Program Manager, Arc of LA

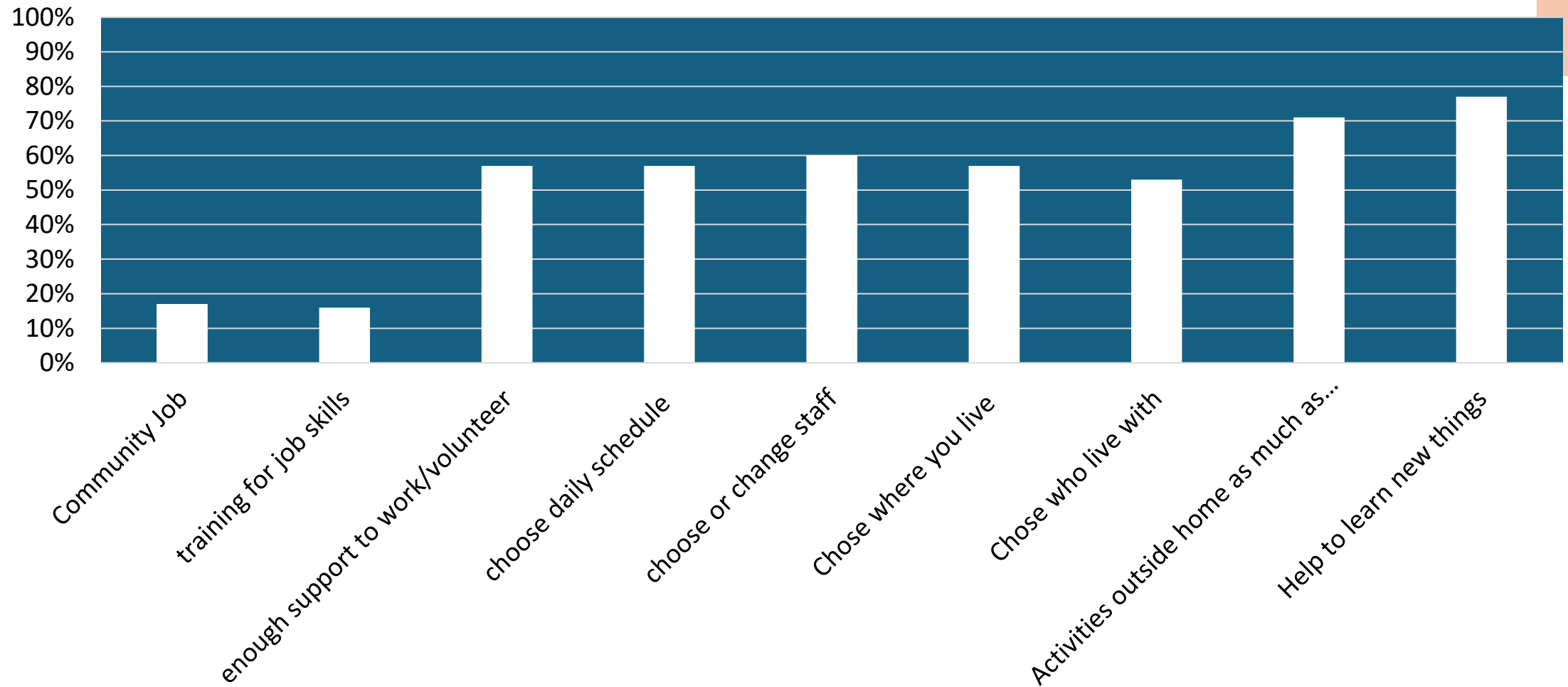
Kiara Keasley, Learning & Development Specialist, Arc of St. Charles

Malcolm Moore, President, People First Arc of St. Charles

Special Recognition to the People First Arc of St. Charles Leadership Team: Jenna Johnson, Billy King, O'Neil Legendre, Daniel Morehead

Wellness & Health Outcomes: Changing the Focus





NCI Data: Key Wellness Indicators: What does this tell us?

Louisiana NCI data 2025

What Happens When Wellness is Present?



Physically more agile and “look” younger



Live longer



Slow down any physical/ mental decline



Less pain

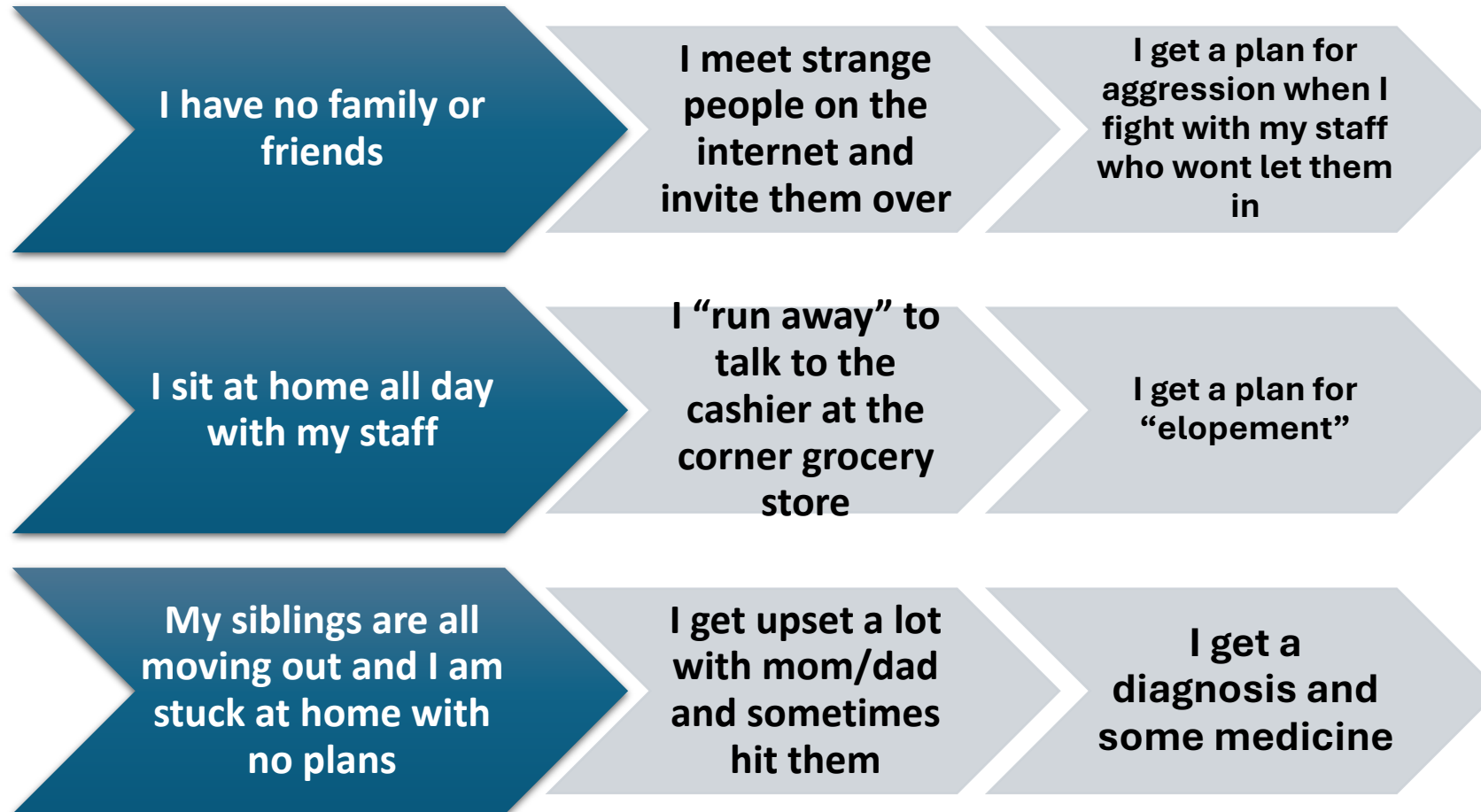


Less depression/
anxiety



Less
“stress”/fewer
emotional
symptoms

When Lack of Emotional Wellness Becomes My Diagnosis/Challenging Behavior



NOTE: Based on actual individuals supported by the OCDD Clinical Staff

Emotional Wellness Guide

The purpose of this plan is so that there is shared understanding about what support I need to make choices toward a healthy and fulfilling life. This is my plan, & just as my needs can change over time this plan may also need to be updated from time to time to reflect my changing needs.

Name:
Address:
Phone #:
DOB:
Date of Plan:

Wellness Tools: Listed below are the activities/things that I need on a daily basis to keep myself healthy and to make myself feel better.

(Note: These questions are good opportunities to identify specific activities related to wellness that are important to the person. Get creative!! Use this as an opportunity to really explore what’s currently important to the person but also activities/things that the person thinks might be enjoyable & wants to try. These activities should be regularly available, as engagement in these activities supports a healthy lifestyle and are important toward preventing negative life events.)

Wellness Areas	Outline answers below & then & then place ‘X’ box if person requires support for this:
Enjoyable activities that I do alone:	
Enjoyable activities that I do with others (please note individual if activity is linked to specific person):	
Exercise/Fitness:	
Movement (when I get up & move around this is what I like to do):	
Creative Expression: Journaling/Drawing/Singing/Music/Dance/Etc.	
Relaxation:	
Activities that make me feel good about myself:	
Outdoor activities or activities related to nature:	
Social media, pets, plants, & other important connections:	
These are some goals that I want to accomplish & will make me proud & happy (goals can be short-term & long-term):	
This is the amount of sleep I need each night to feel good the next day:	
Positivity!!! This is what I love most about me:	
Treating myself – these are the things that I like to do to give myself a boost of positivity when I need it &/or when I want to celebrate an accomplishment:	
Other important wellness tools (this might include any non-negotiables not already noted above):	

Wellness Needs: Here is my description of myself when I am feeling good and healthy (Note: there is a link between feeling well and using the wellness tools shared above.):

Building an Individualize Wellness Plan

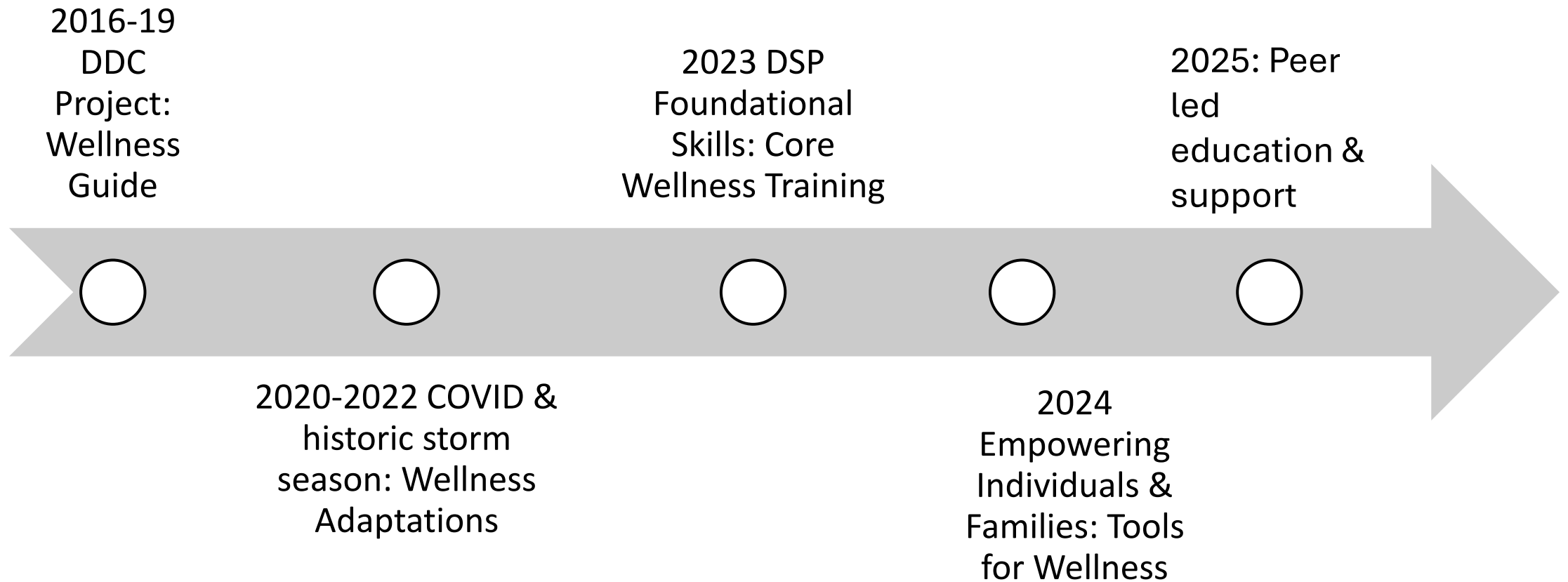
Essential Foundational Step to identify and share information that impacts other core skills and outcomes for the participant

Allows for identification, sharing and reference as needed of important wellness activities

Is important for ALL of us
Notes if support is needed or not
If someone has BH needs, should be shared with professional to enhance treatment effectiveness

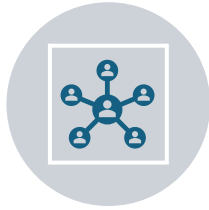
NOTE: Louisiana developed Guide from Drs Greer and Kelly

Building a Wellness Focus: Louisiana Timeline



Wellness Areas

NOTE: Adapted from
Hettler, 1972



RELATIONSHIPS
& CONNECTIONS



WORK &
MEANINGFUL
DAY



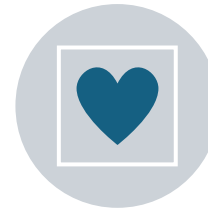
LIFELONG
LEARNING &
CREATIVITY



CONNECTION TO
PRAYER &
NATURE



PHYSICAL
HEALTH



SHARING
EMOTIONS
& CALMING

Using our **CALMER** skills



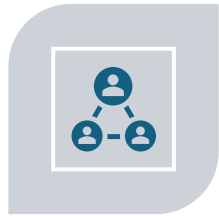
CREATE

C



APPRECIATE

A



LOVE

L



MOVE

M



ENJOY

E



**REST/
RELAX**

R

NOTE: Dr. Kelly developed acronym in working directly with individuals in Louisiana

Getting Ready: Partnering for Success



Education Tips & information

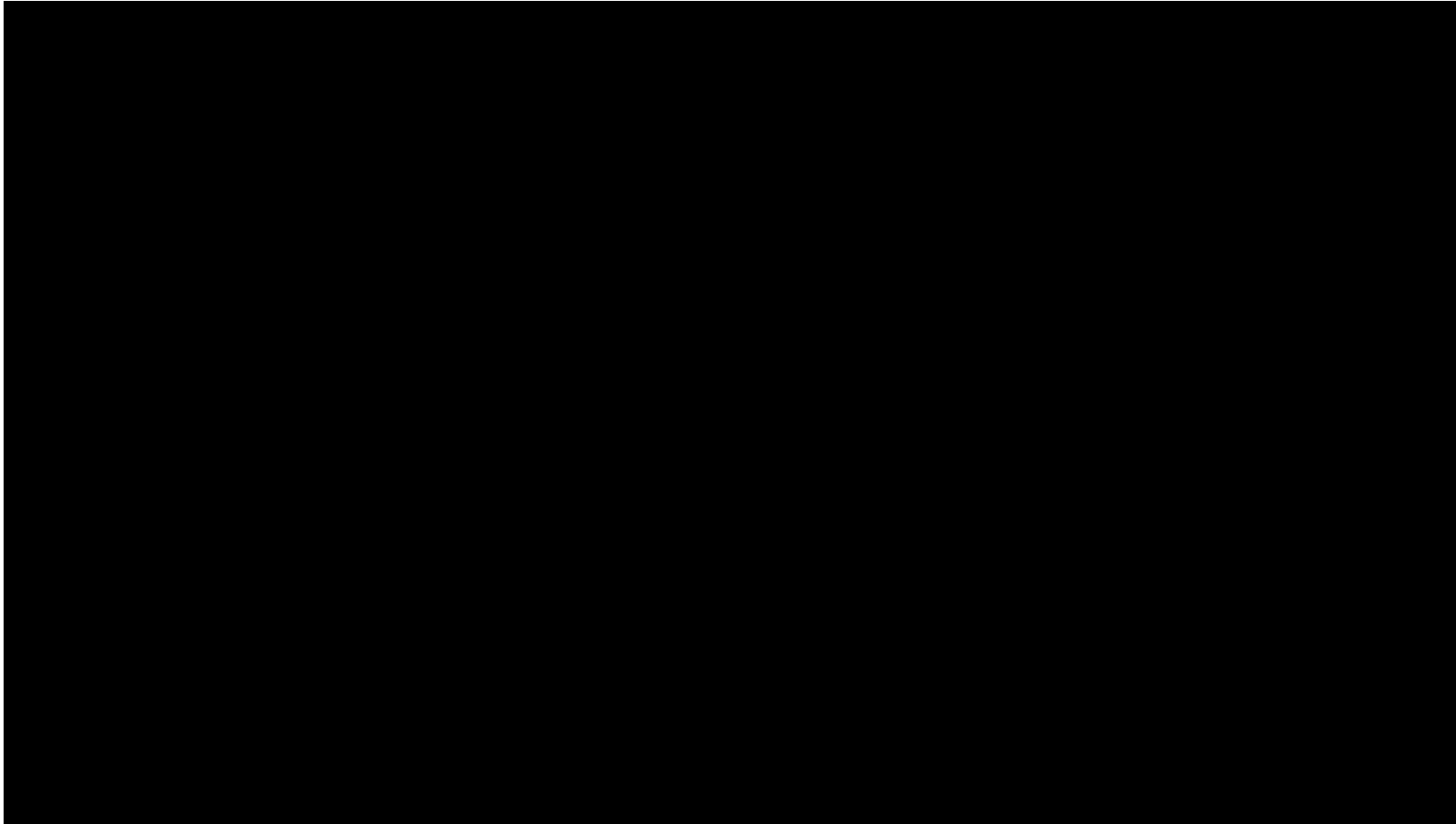


Instructions to build a guide

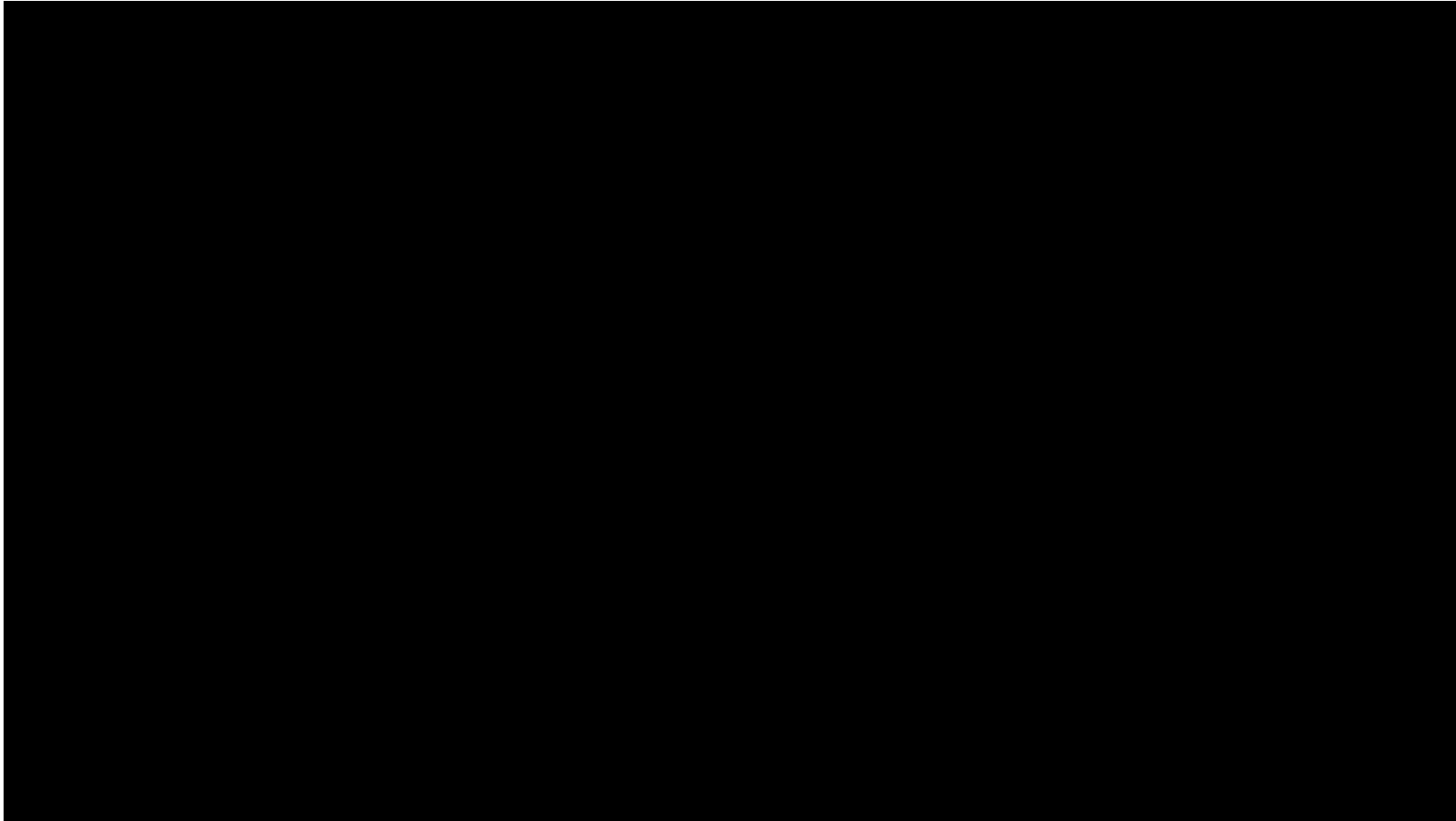


Format for Guide

Arc of LA Partnership & Family Experience



Lived Experience with Wellness Guide



Louisiana Outcomes Across Wellness Projects



More and Better Relationships



Progress toward obtaining work



Increased independence/less need for paid support



Decreased emotional challenges

Optimal Continuum of Supports

PROACTIVE

REACTIVE



BASIC NEEDS



UNIVERSAL SUPPORTS



TARGETED SUPPORTS



CRISIS SERVICES

Supporting Wellness: No Permission Required

Supporting Wellness does NOT require permission from a professional

- Rooted in PC principles and practices
- Apply for everyone
- Uses Individual information in routine guidelines
- Supports Trauma Informed interactions
- Will address MOST challenges
- Proactive approach

Optimal Continuum of Supports

PROACTIVE

REACTIVE



BASIC NEEDS



UNIVERSAL SUPPORTS



TARGETED SUPPORTS



CRISIS SERVICES

TN STRONG FAMILIES CARE COORDINATION

Supporting Custodial Children with IDD and their Foster Placements

A collaboration between TN Department of Disability & Aging and TN Department of Children's Services

TN Strong Families & Homes Program

As part of Governor Bill Lee's 2023 "TN Strong Families" initiative, the TN Dept of Disability & Aging (DDA) partnered with TN Dept of Children's Services (DCS) to provide additional support to children in state custody who have intellectual and/or developmental disabilities.

DDA developed a tiered approach that includes direct care services, support for foster families, and home and community-based services for children with complex needs.

TN Strong Families & Homes

- Tier 1—Direct care for children who are inpatient at children's hospitals awaiting foster placement. DDA provides medically fragile step-down placement in its state-operated homes. These homes are intended to be a short-term placement to stabilize a child's community based medical care before moving to a foster home. *Launched March 2023*
- **Tier 2—Addresses need to stabilize placement for foster children with intellectual and developmental disabilities in state custody and offset the out-of-pocket costs associated with the unique needs of children with IDD.** *Launched July 2023*
- Tier 3—Enhances the provider network to support children with IDD and co-occurring behavioral health needs, including efforts to provide high levels of medical and behavioral programming. *Launched in April 2024*

Partnership with DCS

- DDA, DCS, and TennCare MCO worked together to identify all children currently in custody who might be eligible for collaborative programming
- DDA and DCS met to explore ways to improve care and outcomes for custodial children with I/DD and complex medical conditions where DDA expertise could be leveraged
- DDA implemented programming described in this presentation and actively maintains a collaborative relationship with our DCS counterparts that focuses on systemic improvement initiatives

Leveraging DDA Expertise

- Improving outcomes for children with IDD requires additional, disability specific, expertise beyond what DCS Case Managers could provide
- DDA has an existing framework for managing care coordination and support planning in our adult services that we were able to build on as we developed and implemented Tier 2 – TN Strong Families Care Coordination.

Tier 2 – TN Strong Families Care Coordination

Provides a two-pronged approach to stabilize placements

1. Utilizes IDD specific expertise within DDA to provide Care Coordination services
2. Utilizes state allocations to fund up to \$20,000 in a modified HRA account for each child.

TN Strong Families - Impact

- Builds confidence in foster parents caring for children with IDD and sustains stable placements by providing each family with an Independent Support Coordinator (ISC) to offer care coordination and IDD expertise
- Offsets the out-of-pocket financial cost foster families experience when caring for a child with higher medical and behavioral needs by providing funding up to \$20,000 per child per calendar year.
- Maintains placement stability (Zero placement disruptions) for 87% of children enrolled.

TN Strong Families - Eligibility

- Case Managers identify eligible children on their caseloads and provide referrals including supporting documentation to TN Strong Families.
- Children **must** have a diagnosis of an intellectual or developmental disability. Some common diagnoses include: autism, down syndrome, cerebral palsy, fetal alcohol syndrome, etc.
- Any child enrolled in TEIS (early intervention/IDEA Part C) is eligible.
- Children must be placed in a traditional foster home setting.
- All referrals for TN Strong Families come from DCS Case Managers via a web-based form.

TN Strong Families - Eligibility

- TN Strong Families staff review referrals and assign the child to an Independent Support Coordinator (ISC)
- The ISC has thirty days to determine eligibility and onboard eligible children. Activities in the first 30 days include:
 - Review of diagnostic documentation
 - Review of foster placement setting
 - Intake meeting with foster parent
 - Development of a Person-Centered Support Plan
 - Provide an overview and training on how HRA accounts work
 - Provide an overview and training on program guidelines
 - Gather form signatures acknowledging foster parent understanding of program expectations and consenting to account creation
 - Submission of documentation for account creation

TN Strong Families - Care Coordination

- DDA's contracted Independent Support Coordinators (ISCs) provide ongoing care coordination related to the child's developmental needs and HRA account services.
 - Important Note: ISC's are an addition to the Child and Family Team and do not replace the DCS Case Manager or assume any functions of the DCS Case Manager's responsibilities.
- Independent Support Coordinators are experienced in providing support coordination for many years within the DDA adult Home and Community Based Waiver Programs, as well as serving children with intellectual and developmental disabilities in TN Strong Families and Katie Beckett Part B Waiver.
- ISCs have expertise in developing support plans in a person-centered manner to support people in living the lives they envision for themselves.
- ISCs receive initial and ongoing training across the array of IDD services to maintain a comprehensive understanding of the services and supports available in the community they serve.

Support Plans



TN Strong Families Care Coordination Program Support Plan

TN Strong Families Care Coordination supports children in foster care who have an intellectual or developmental disability (ID/DD). The goal of the program is to stabilize placement for these children by addressing the unique needs of the child and providing the foster parent with the resources and funding to meet those needs. To achieve this goal, we focus both on the needs the child enrolled in the program and the foster parent/caregiver. When caregivers have their needs met, outcomes improve for the people they support.

TN Strong Families utilizes Independent Support Coordinators (ISCs) to provide Care Coordination. These services focus on enabling the child to attain or maintain his or her highest potential while in their current placement. The ISC will work with the Circle of Support (COS) for the child to identify areas of need and assist the family with identifying resources for supports outlined in the plan below.

Children receiving TN Strong Families Care Coordination will be enrolled in a modified HRA program (Healthcare Reimbursement Account) designed to offset out of pocket expenses typically associated with caring for a child with ID/DD. These funds can be used in a variety of ways to pay for items, services, and supports that are *medically necessary* for the child. Using the plan below, we will begin to identify ways the funds might be used.

Please see additional HRA documentation for more information about how to utilize those funds within this program.

Edition Type (Initial, Annual, Amended)	Effective Date	Amended Date	Planning Meeting Location/Date & Time
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Support Plans - continued

- The Developmental Action Plan section of the Support Plan allows the ISC and Foster parent to have a guided conversation and get a better idea of the challenges and opportunities for development this child and family are experiencing.
- The topics listed in the developmental action plan are designed to get the foster parent thinking beyond the most pressing issue they are facing to help develop a whole child approach to care.
- Each section gives the foster parent time to think about what developmental milestones might benefit the child. Not all topics are relevant for all children.
- Foster parents are encouraged to think about immediate goals and short-term goals over the next year.
- ISCs may offer suggestions for things that might be developmentally appropriate for that specific topic that the foster parent might not be thinking about because they are overwhelmed by a more pressing issue in another area.

DEVELOPMENTAL ACTION PLAN

List targeted developmental areas identified by the Circle of Support (COS)

AREAS OF DEVELOPMENT	WHAT DOES SKILL DEVELOPMENT LOOK LIKE FOR ME?	WHAT SUPPORTS ARE NEEDED? <i>How could HRA funds be used?</i>
HEALTH & MEDICAL Includes unmet medical needs.		
COMMUNICATION SKILLS Language development, alternative communication devices and strategies		
DAILY LIVING SKILLS Eating, Sleeping, Bathing, Grooming		
SOCIAL EMOTIONAL Outings, Relationships, Spiritual, Recreation, therapy, social skills groups		
SENSORY INTEGRATION Sensory seeking, sensory avoidance, noise, touch, texture		
BEHAVIORAL Physical aggression, Self-injury, property destruction, substance abuse, ingesting non-edibles, high risk sexual behavior, unsafe social behavior		
EDUCATIONAL Home related supports for cognitive development, homework, tutoring, skill development		
INDEPENDENCE Job skills, chores, financial management, life skills, cooking, driving		
SAFETY Vehicle, residence, fire, choking, exploitation, Internet, Chemical, and other safety issues.		
OTHER AREAS Enabling tech, transition to adulthood		

Some common uses for funds:

- Respite
- Mileage Reimbursement to/from therapies/medical appointments
- Sensory Regulation Items
- Educational Toys
- Developmental Toys
- Communication Devices
- Feeding Therapy Items

ALL ITEMS ON THESE LISTS WOULD REQUIRE A LETTER OF MEDICAL NECESSITY

Sensory Regulation

Fine Motor 0-3

Fine Motor 3+

Communication

Educational All Ages

Water and Sand

Motor Planning Indoor Outdoor

Gross Motor and Proprioception

Developmentally Appropriate Items for
the Home

All expenses must be medically necessary and specific to the child's disability/developmental goals and not for routine care

What is a Healthcare Reimbursement Account?

- A Healthcare Reimbursement Account (HRA) is an account where families can use a debit card to pay for expenses or be reimbursed.
- TN Strong Families provides up to \$20,000 annually in HRA funding.
- The HRA pays for qualified medical expenses, as outlined by the IRS.
- The HRA vendor will issue each family a debit card that can be used at many medical establishments to pay up front for expenses.
- If an establishment does not accept the debit card, families can submit documentation for reimbursement.

What kinds of items or therapies are covered?

- Any therapy, item, or activity the child's medical providers believe is medically necessary to treat or assist the child in making progress toward one or more of their developmental goals would be covered with a LOMN from the provider.
- Decisions about individual children's unique needs will occur between the medical provider, the foster parent, the Independent Support Coordinator, and the HRA vendor.

What happens when a child moves?

- **Disruption:**
 - The HRA benefit follows the child.
 - The ISC will work with the previous foster family to identify and submit unpaid claims.
 - The ISC will also work with new foster family to set up a support plan and transfer the HRA account balance.
- **Reunification:**
 - Children maintain eligibility during the Trial Home Visit. The Foster Parent is encouraged, but not obligated, to provide the reunification parent access to the funds during this time to support permanency outcomes for the child. Once the child exits custody, the card will be terminated.
 - The ISC provides DCS Case Manager with information about programs the child may be eligible to enroll once they exit custody.
- **Adoption:**
 - Children maintain eligibility for one year post adoption. Participation in the program after adoption is voluntary and made available as an option to adoptive families to decrease the risk that a foster parent may delay permanency for continued access to funding.

TN Strong Efficacy



TN Strong Families – Improved Outcomes

Placement Stability

Children enrolled in TN Strong Families

- 2 Moves- 99% have 2 moves or less
- 1 Move- 99% have 1 move or less
- 0 Moves- 87.5% have zero moves

All TN Custodial Children

- 2 Moves– 68% have 2 moves or less
- 1 Move– 38% have one move or less
- 0 Moves – 23% have zero moves

TN Strong Families - Data

FY2025 Financials

- Budget Allocated \$22,000,000
- Average Account (HRA) utilization per person is \$9,988.69
- Average Care Coordination (ISC) cost per person is \$2,277.35
- HRA & ISC combined cost per person is \$12,266.04 for 1014 enrollees

Success Statements

- “It has been such a help in giving my family needed supplies and respite that otherwise would not have happened.”
- “We are very appreciative of the program because it has helped cover a lot of extra bills and cost that we have due to our child's disabilities.”
- “We recently realized we could be reimbursed for respite and that has completely changed our family for the better. Our child averages 15 appointments a month on top of: weekly visits with bio family, child family team meetings, and court dates. It can all become very overwhelming so having the added support of respite is a HUGE highlight for us. It's so important that we are able to have breaks or be able to complete other tasks and know that we have added support from this program.”
- “Thank you for access to this grant. Without the support, foster care would be tough as a single parent.”
- “Amazing program with amazing people who have changed our son's life for the better.”

Optimal Continuum of Supports

← PROACTIVE

REACTIVE →



BASIC NEEDS



UNIVERSAL SUPPORTS



TARGETED SUPPORTS



CRISIS SERVICES →

Questions?

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Coffee Break



Optimal Continuum of Supports

← PROACTIVE

REACTIVE →



BASIC NEEDS



UNIVERSAL SUPPORTS



TARGETED SUPPORTS



CRISIS SERVICES



ENHANCED BEHAVIORAL RESIDENTIAL SERVICES



DELAWARE HEALTH AND SOCIAL SERVICES

Stacy Watkins

Deputy Director

Division of Developmental Disabilities Services

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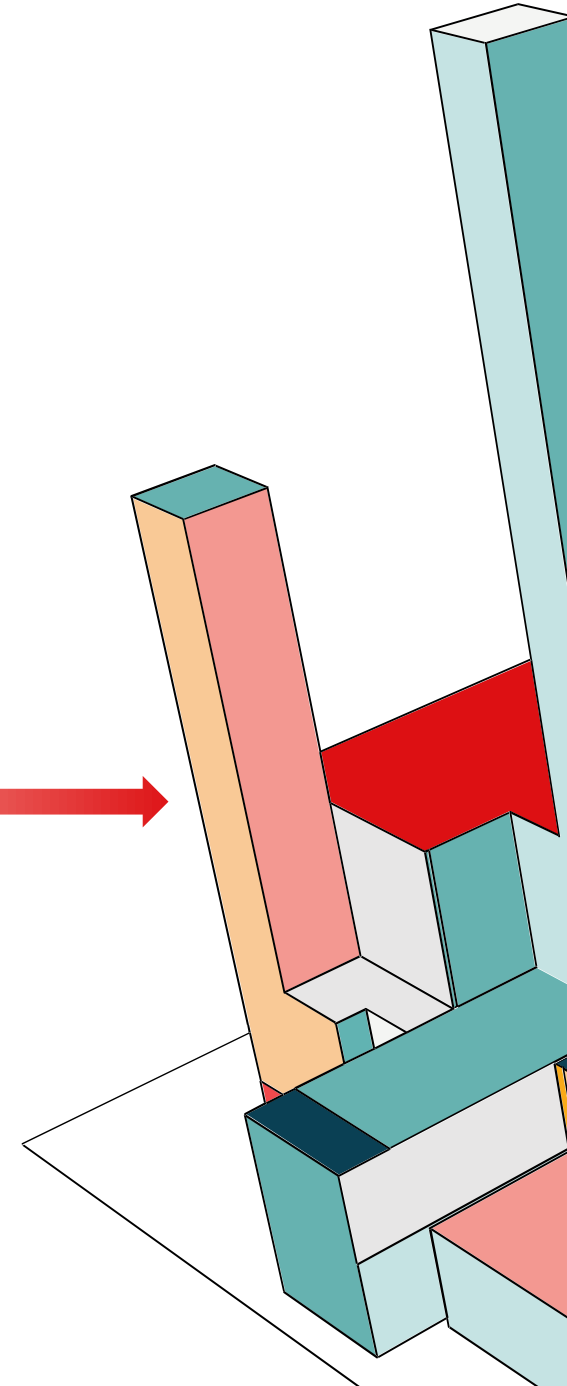
THE HISTORY OF THE STRUGGLE

Increase in
number and
acuity of people

No identified
discharge
options

Disrupted
residential
service
placements

System was not
evolving, so
what to do?



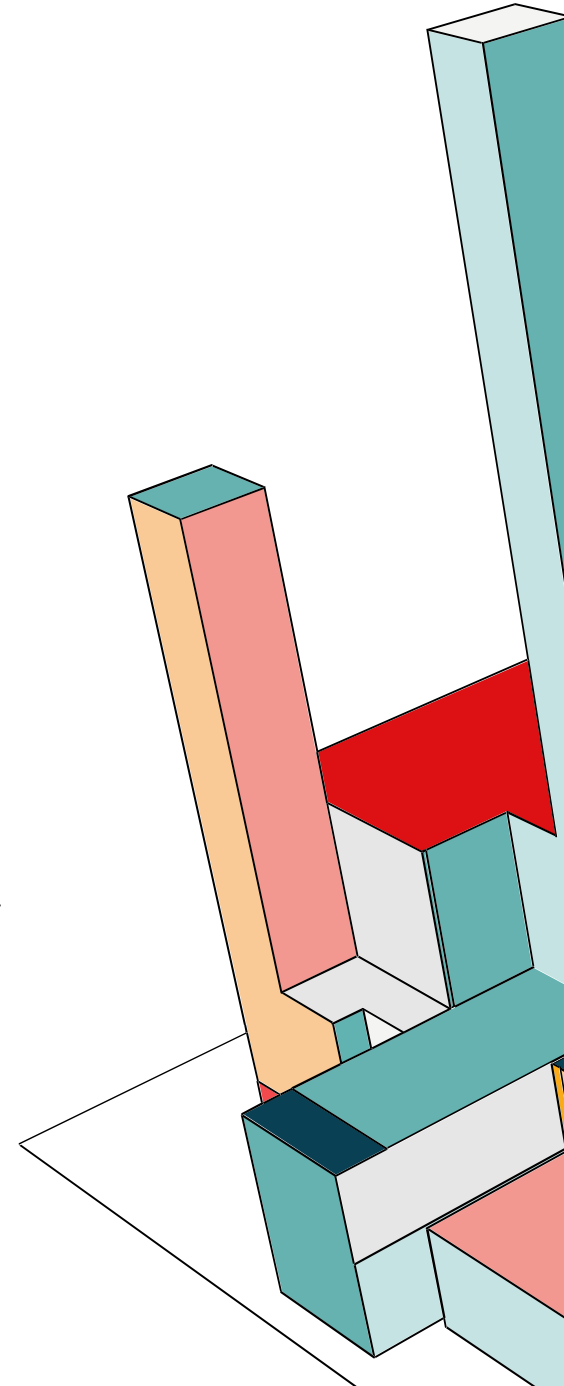
THINKING DIFFERENTLY



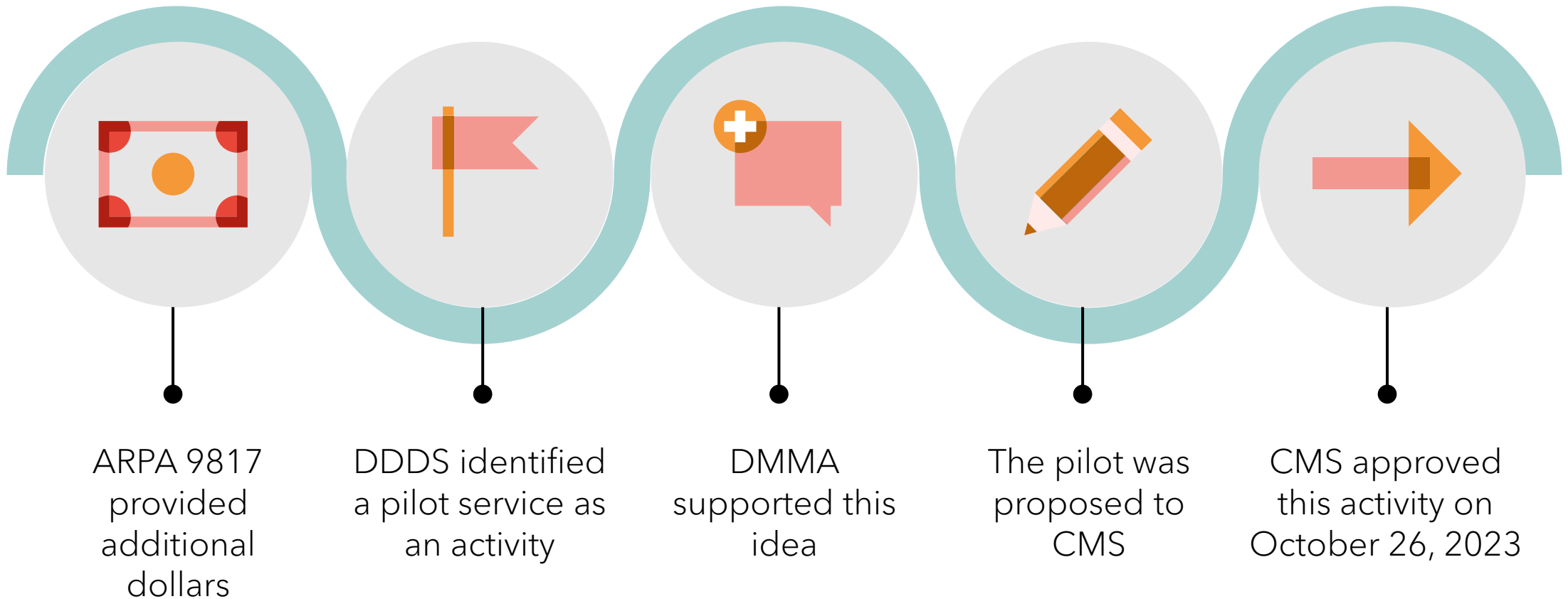
BEYOND CRISIS MANAGEMENT AND INCIDENT REDUCTION

When the first provider workgroup meeting was held on April 29, 2021, the group members determined its mission to be to design a service that would:

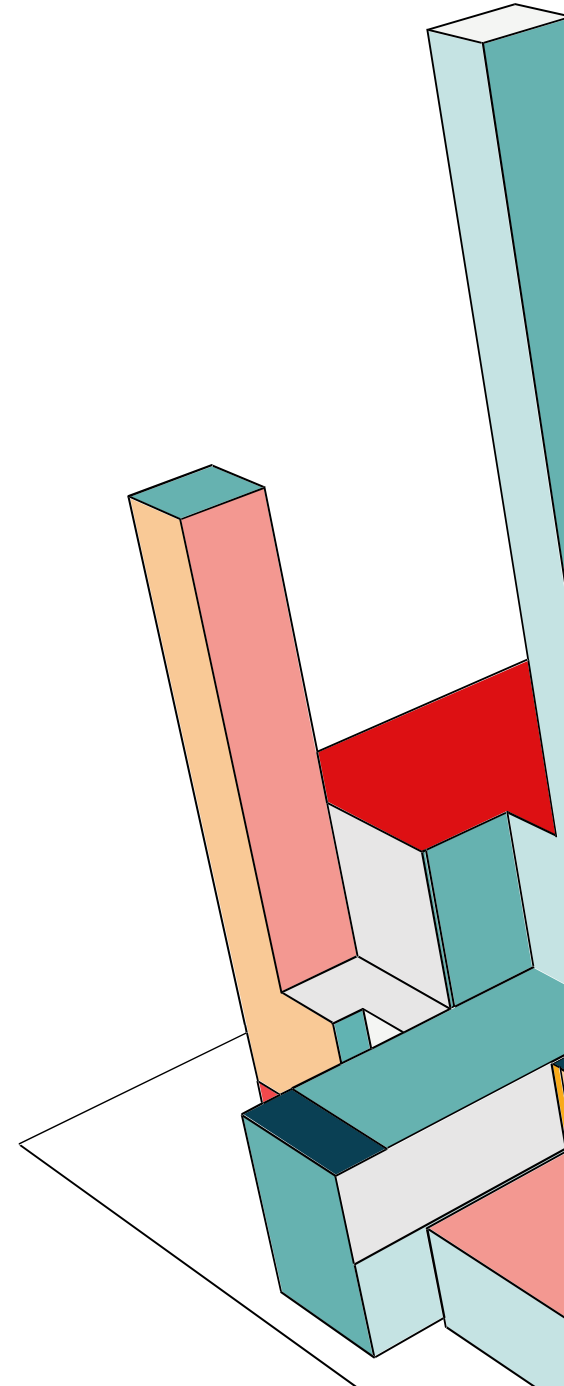
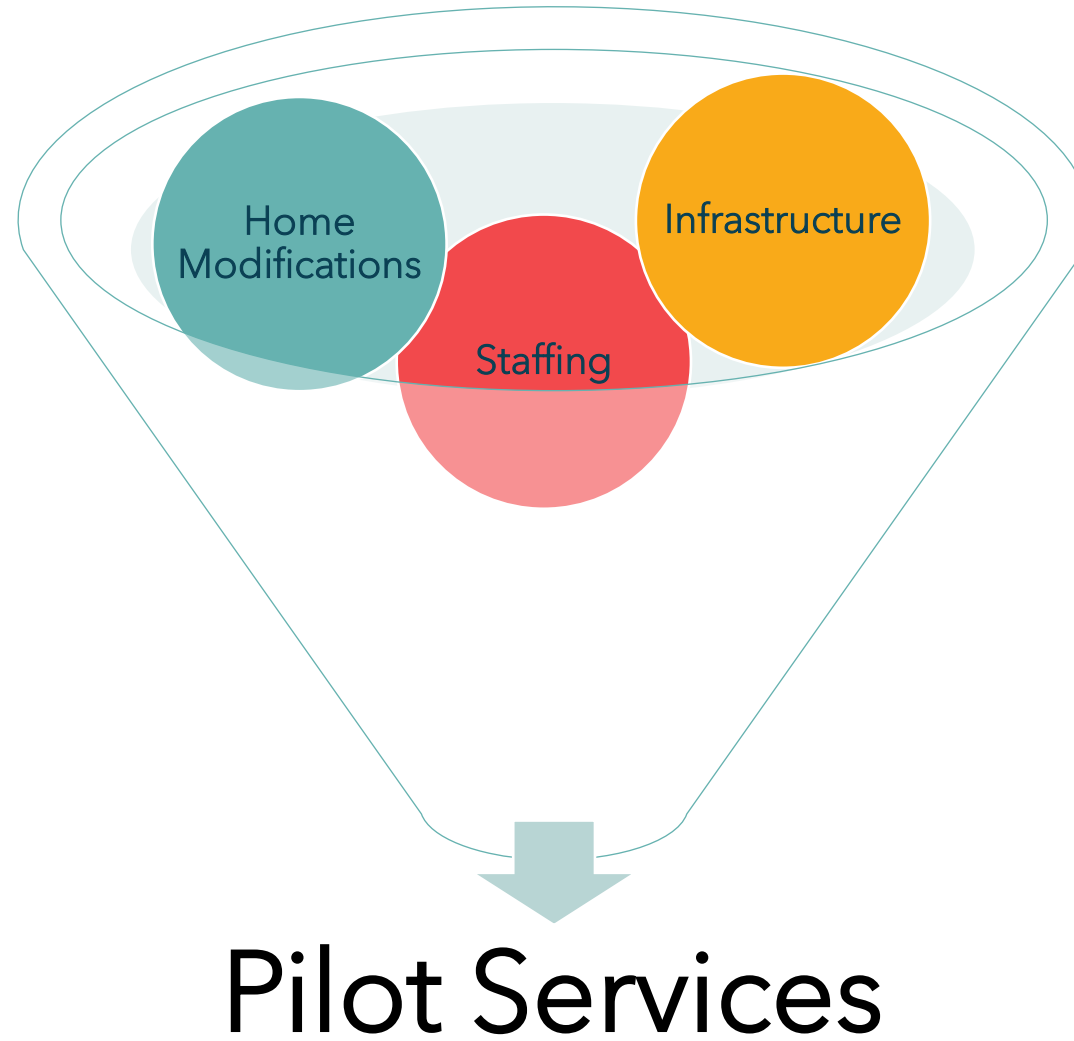
“Provide comprehensive wrap around behavioral health supports to people with I/DD, Autism, or Prader Willi that have co-occurring mental or behavioral health needs in a community-based provider managed setting to reduce the need for police intervention, acute in-patient psychiatric stays, and critical incidents through a trauma informed approach.”



THE OPPORTUNITY: ARPA 9817



THE PILOT



HOW IT'S DIFFERENT...

The Team:



HOW IT'S DIFFERENT....

The home:

Purchased

- No concerns about eviction due to behavioral issues

Space

- Enough property for some space between neighbors' homes
- Adequate space for increased staff parking

Modified for safety

- Reinforced wallboards, recessed lighting, clear sight lines, etc.
- Space for a game room or relaxation space
- Shatter proof glass or film in windows
- Fencing around the property for privacy

GETTING STARTED...



Identifying providers and sites for two homes



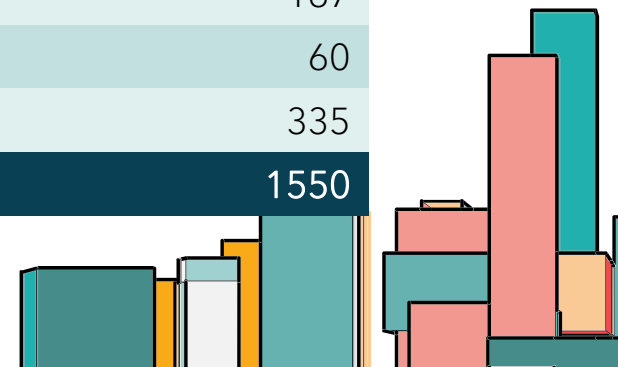
Obtaining funding



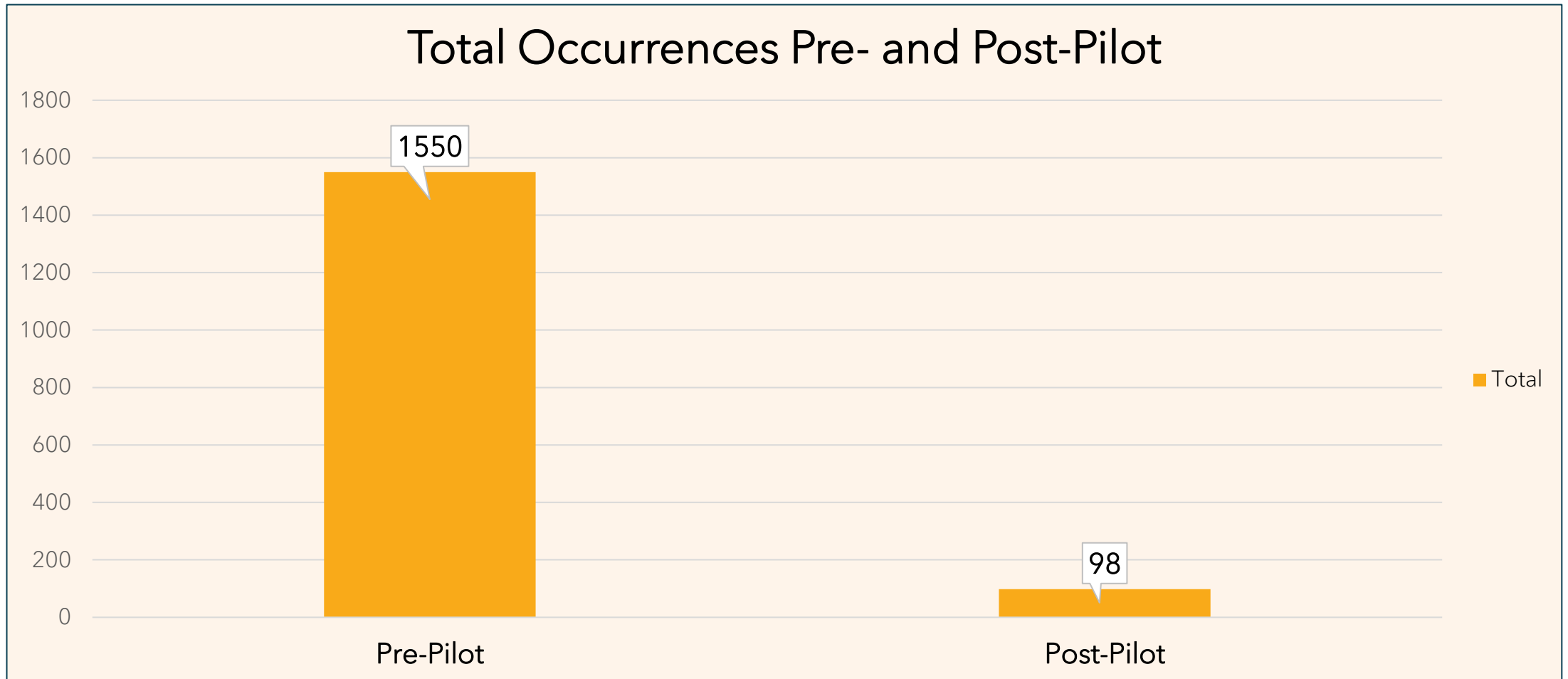
First two people moved into the male pilot home in November 2023

SNAPSHOT OF INCIDENCES – TWO YEARS PRIOR TO ENTRY INTO ENHANCED BEHAVIORAL RESIDENTIAL SERVICES PILOT

Row Labels	Sum of Pre Pilot
Disrupted Placements (Internal with same Provider)	12
ED Visits for Behavioral or Mental Health Issues	32
Elopement	31
Emergency First Responder Involvement	2
Inappropriate Sexual Behavior	115
Inpatient Psych Stays	513
Moved to a Different Provider	14
Other	41
Physical Aggression	166
Police Involvement	62
Property Destruction	167
Self Injurious Behavior	60
Verbal Aggression	335
Grand Total	1550

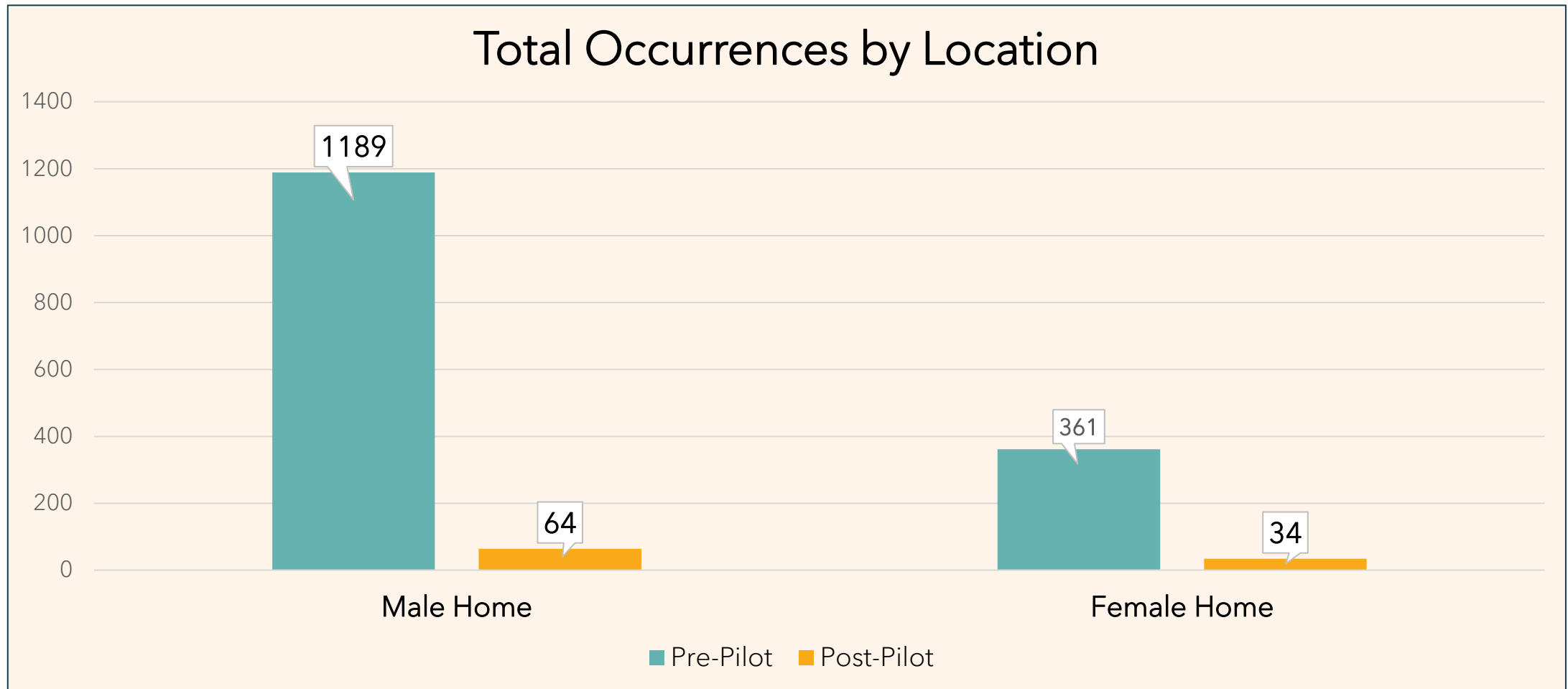


THE IMPACT

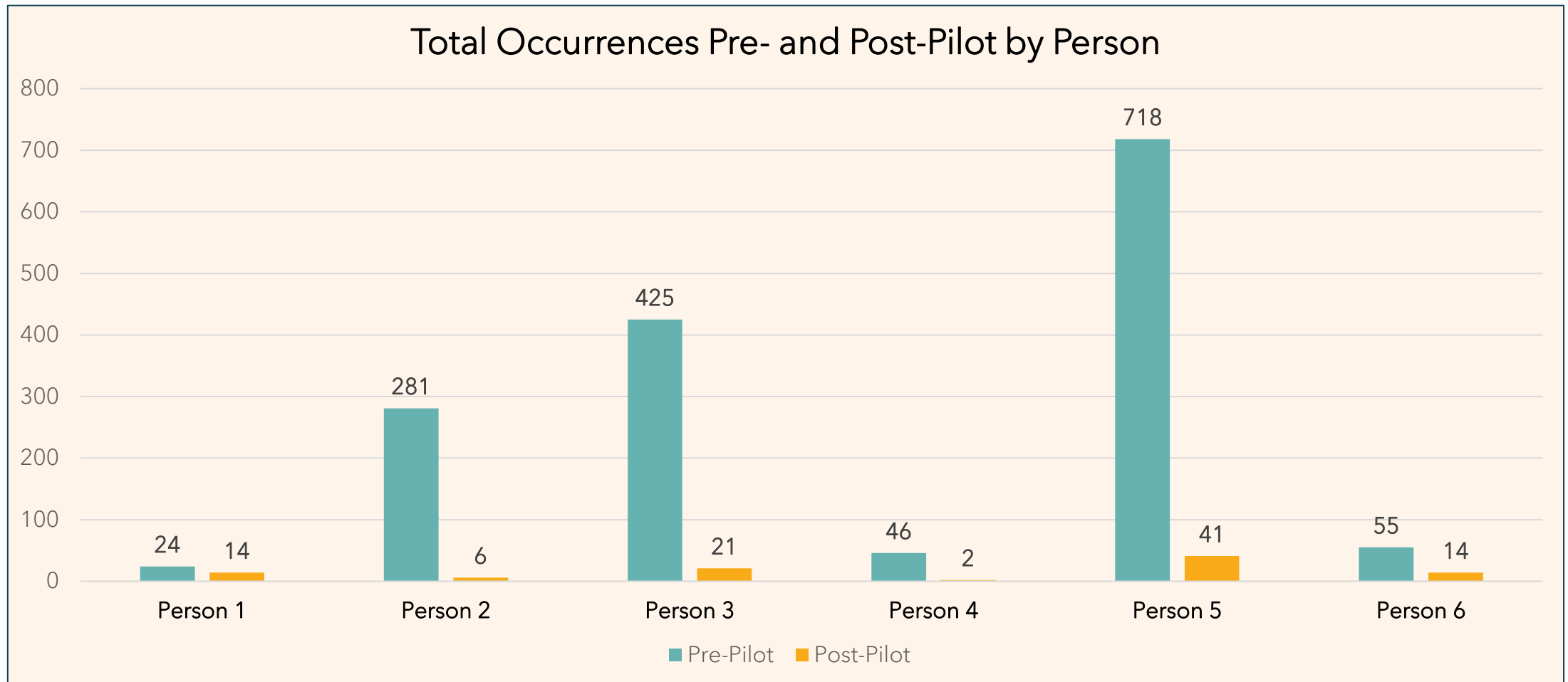


"Post-Pilot" data is cumulative from November 2023-June 2025

DOES IT DO WHAT IT WAS DESIGNED TO DO?



WHAT DID THE PILOT ACHIEVE?



A MEANINGFUL LIFE IN THE COMMUNITY

Engaging in
their
community

Improved relationships
with family members

Going out to
eat, shop, and
explore

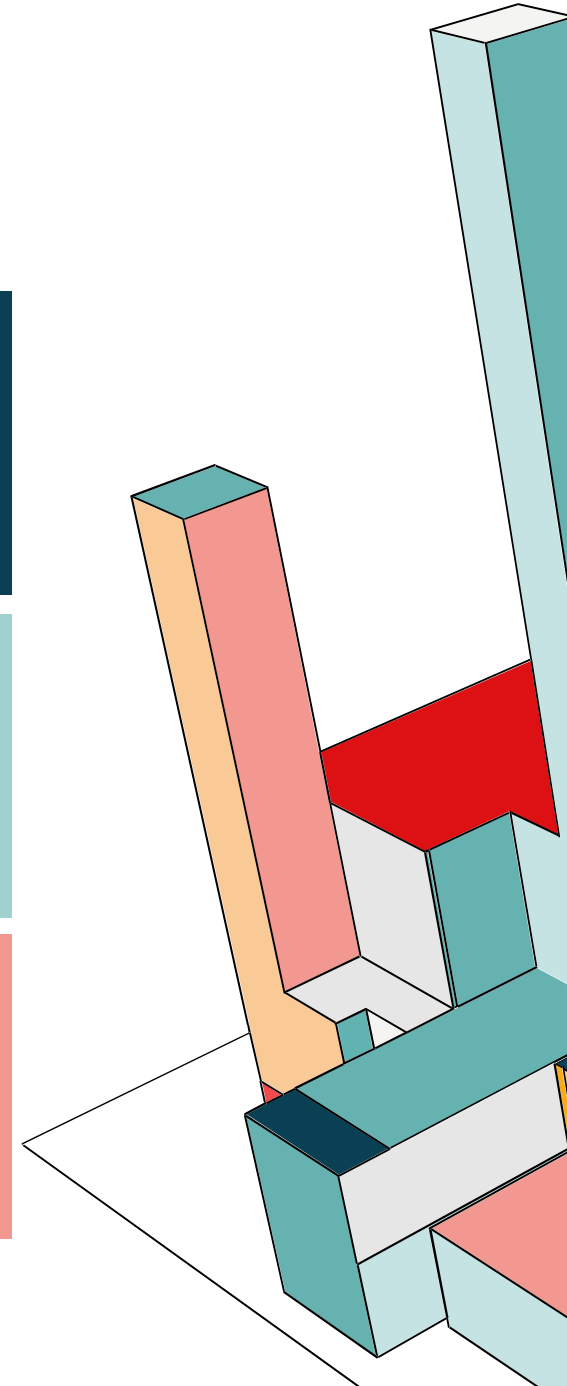
Attending
routine
appointments

Expressing feelings without
explosive behaviors

Exercising at
the local
YMCA

Attending dances,
concerts, and other
community events

Participating in
Special
Olympics

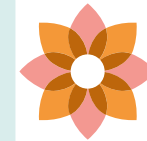


IMPACT FOR INDIVIDUALS

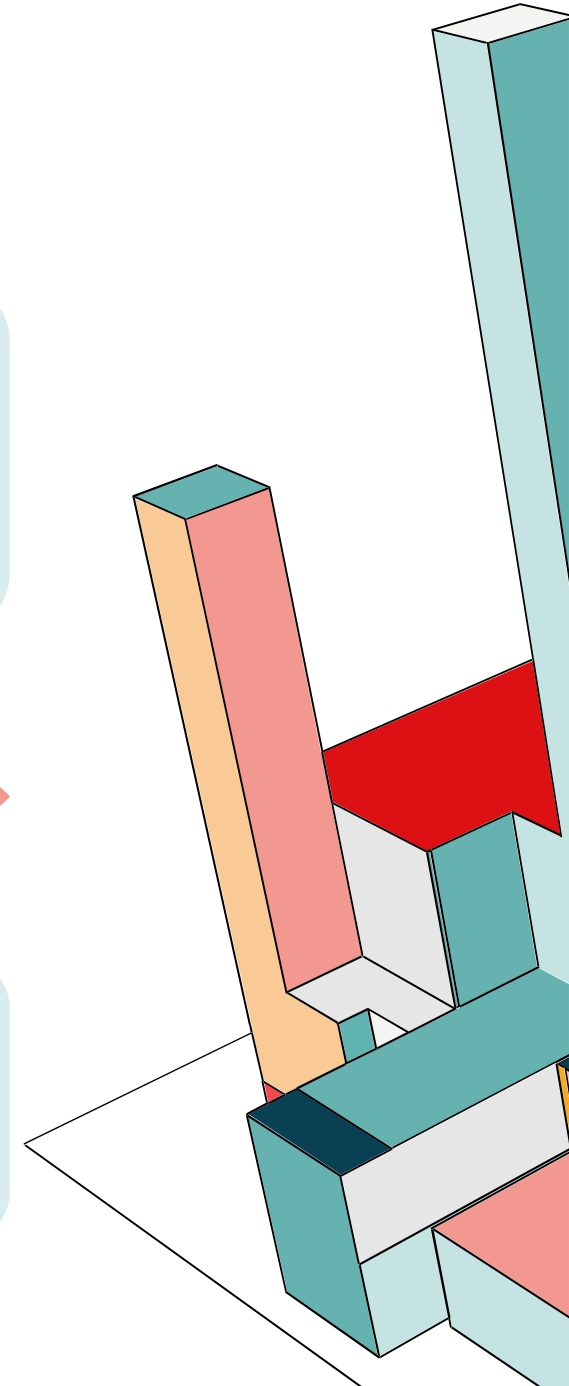


The first male service recipient is known by police, judges, and emergency departments across the State. He has been in and out of inpatient psychiatric placements since the age of three and was in out-of-state institutional placements from ages 8 years-18 years. In June 2024, he was given the game ball for Special Olympics baseball for his contributions to his team.

A second male service recipient is working toward moving into a less intensive residential home, with his direct care staff planning to transition with him.



The last male service recipient moved into the pilot program in March 2024. In June 2025, he moved into an apartment with his direct care staff from the pilot to ensure his successful transition, as he no longer needs the intensive supports that Enhanced Behavioral Residential services provides.



FINAL TIPS AND TAKEAWAYS

Talk to your existing provider network

Pilot if you can, as there may be unexpected outcomes

Yes, it is expensive, but no more than the patchwork of emergency and first responder services

Collect data from the onset



Optimal Continuum of Supports

← PROACTIVE

REACTIVE →



BASIC NEEDS



UNIVERSAL SUPPORTS



TARGETED SUPPORTS



CRISIS SERVICES →

QUESTIONS?

Thank You

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Optimal Continuum of Supports

← **PROACTIVE**

REACTIVE →



BASIC NEEDS



UNIVERSAL SUPPORTS



TARGETED SUPPORTS



CRISIS SERVICES →

ENHANCING SUICIDE PREVENTION FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

Leveraging 988 and Risk Assessment Tools

MATT BAVLNKA, COMPLEX NEEDS MANAGER

DOUG JACKSON, 988 ADMINISTRATOR



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Agenda Items

- Introduction/Overview
- Partnership with the LINK Center
- Trends in Suicidality in Ohio
- Overview of 988 Services
- Mobile Response and Stabilization Services (MRSS)
- Development of a New Screening Assessment
- Training for Clinicians and Direct Care Staff
- Future Directions and Goals



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Overview of Crisis Services for Developmental Disabilities

- **Role of Crisis Services**
 - Essential in addressing emergencies for people with developmental disabilities, providing immediate assistance.
- **Immediate Support and Stabilization**
 - Focus on delivering prompt support and stabilization to people during a crisis to ensure safety.
- **Resources for Crisis Management**
 - Help people and their families manage the situation effectively.



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Introduction to the LINK Center

- **Support for People Served**
 - Focuses on providing vital support for people with developmental disabilities, enhancing their quality of life.
- **Crisis Services Access**
 - Aims to improve access to essential crisis services, ensuring people receive timely help when needed.
- **Collaboration for Improvement**
 - By working together, we can create a more inclusive environment and better resources for those in need.



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Key Initiatives and Outcomes

1. Targeted Training Programs

- The partnership has established focused training programs that strengthen cross-agency collaboration and reduce operational silos.

2. Community Outreach Initiatives

- Community outreach initiatives aim to raise awareness and provide support to those in need, enhancing the overall effectiveness of crisis intervention.

3. Development of New Resources

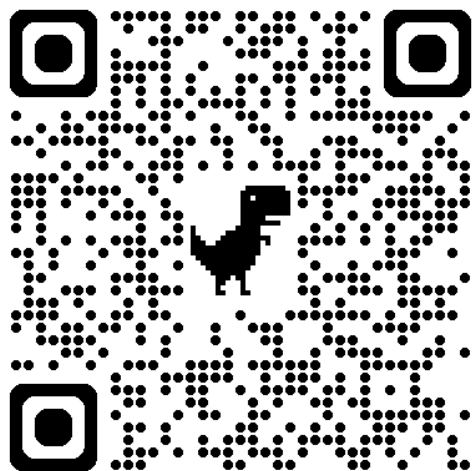
- The development of new resources has facilitated better access to information and support, improving outcomes in crisis situations.



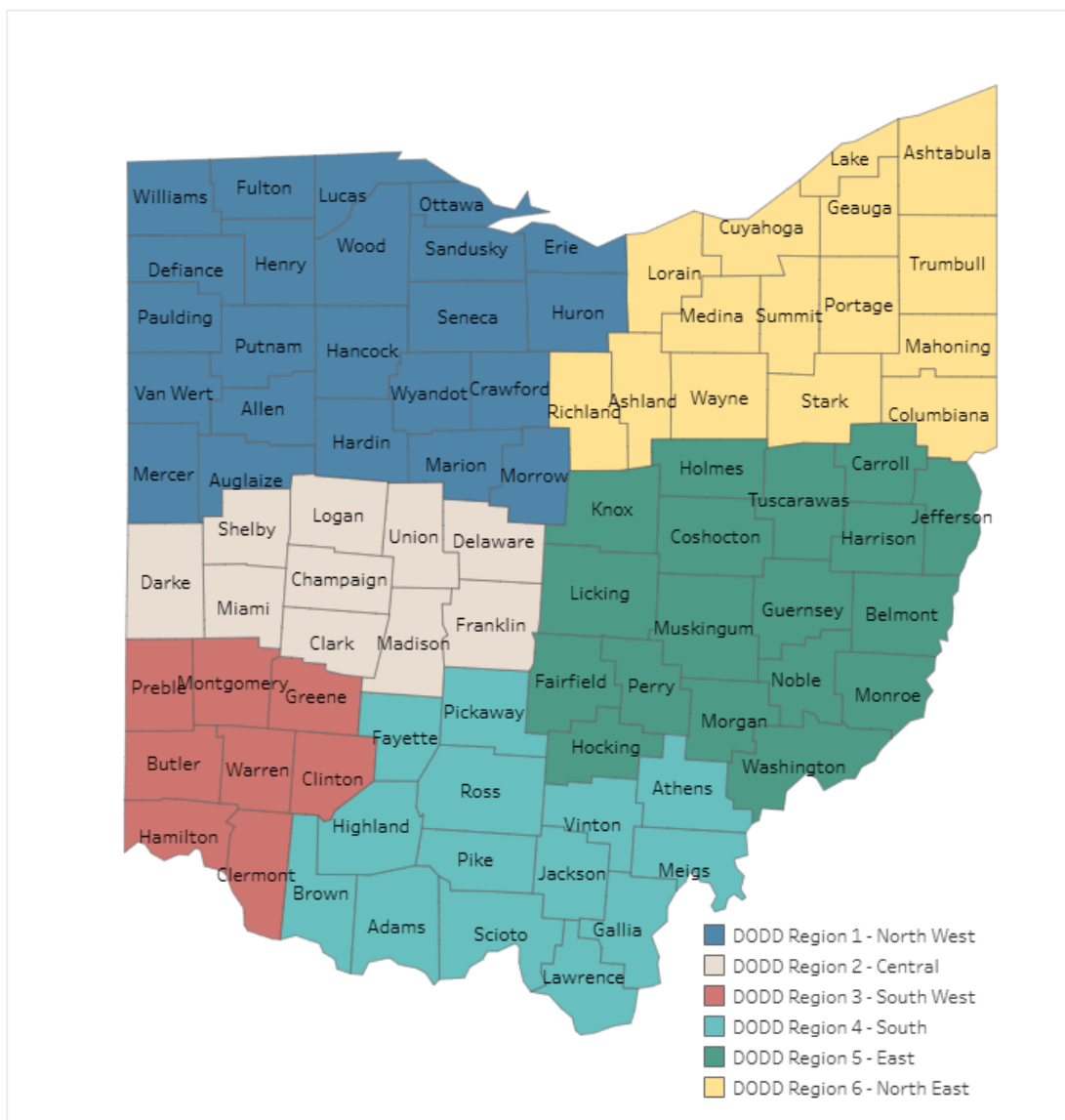
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DODD Support Teams



DODD Regional Team - County Map



Hover over each icon to get more information about each program area:

Regional Coordination



Community Life Engagement & Day Services



Compliance & Quality



Cross-Systems Behavioral Health (Multi-System Youth)



Early Intervention



Individual Technical Assistance



Major Unusual Incidents



Medicaid Development & Administration



Ohio Individual Service SSA/QIDP Support



Provider Resources & Support

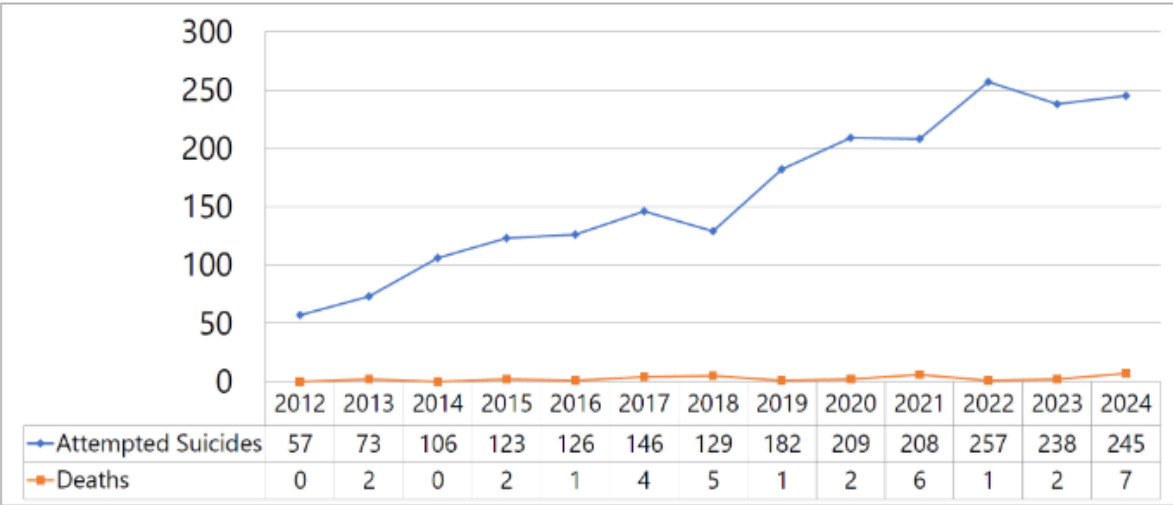


Technical Assistance and Consultation

- Generally, the team includes individual technical assistance (TA) consultants, policy liaisons, nurses, and mental health clinicians.
- The goal of TA and consultation is to keep the person at home, with their family, and in their community whenever possible.

Current Statistics on Suicidality

Suicide Rates 2012-2024



dodd.ohio.gov

- In Ohio, the overall age-adjusted suicide death rate in 2022 was **15.0 deaths per 100,000 people**.
- A study of adult Medicaid enrollees in Ohio (ages 19-65, years 2008-2013) found a suicide rate of **18.9 deaths per 100,000** for that group.
- In 2024, **Psychiatric Hospitalizations** accounted for **14%** of unscheduled hospitalizations.



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National Findings

- An [article from The Pew Charitable Trusts](#) notes that more than 70 million U.S. adults live with some disability, and that **people with disabilities are "more than twice as likely" as other adults to report suicidality** (thinking about / planning / attempting).



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Mental Health is as Important as Physical Health

- 988 for mental health crisis should become a resource that is as familiar to all people as 9-1-1 is for physical health emergencies.
- Ohio ISP developed assessment and planning questions to consider every persons' mental health.



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988 for People with Disabilities Receiving Services from County Boards and Providers

- A person with a disability may choose to contact 988 on their own, without assistance.
 - 988 staff are trained to interact with people of all abilities.
- Direct support professionals (DSPs) can also help a person contact 988 and communicate with 988 staff.



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988 is for Everyone

- 988 is a resource for anyone, including:
 - Provider agencies – administration and DSPs
 - Family members of those receiving services
 - County board staff

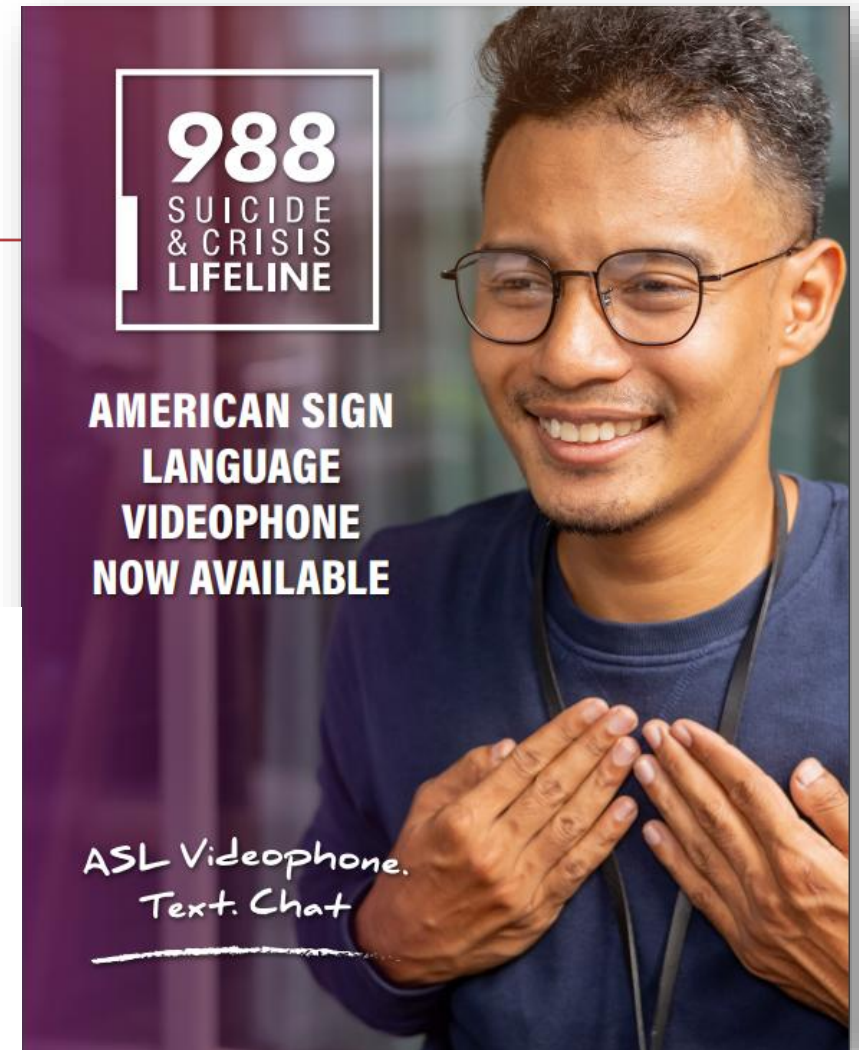


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988 Options

- For people who are Deaf or hard of hearing, American Sign Language (ASL) users, access 988 by video phone using the QR Code or visiting 988lifeline.org



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Awareness of 988 for People with Disabilities





MENTAL HEALTH COMMUNICATION BOARD

 MENTAL HEALTH	 FIRST AID	 I	 YOU	 HELP	 I NEED A BREAK	 DEEP BREATHS	 GO ON A WALK
 YES/LIKE	 NO/DISLIKE	 HAPPY	 SAD	 NERVOUS	 STOP	 LAY DOWN	 SIT DOWN
 FINE	 MAD	 DEPRESSED	 TIRED	 SCARED	 MAKE A PHONE CALL	 TALK TO A FRIEND	 TALK TO A COUNSELOR
 I FEEL WORSE	 ANXIOUS	 HURT/HARM	 RELAX	 READ A BOOK	 JOURNALING	 DRAWING	 CAN WE TALK?
 I FEEL BETTER	 IT IS SOMETHING ELSE	 I AM GRATEFUL FOR...	 SELF-CARE	 FIDGET TOY	 OUTSIDE	 WORKOUT	 VISIT A FRIEND/FAMILY MEMBER
 SCAN FOR MORE	 HOT	 COLD	 FOOD/WATER	 SUNGLASSES	 HEADPHONES	 LISTEN TO MUSIC	 HOME

Integration with Existing Crisis Services

- **Enhanced Support System**
 - Integrating 988 with crisis interventions strengthens support for people with developmental disabilities, ensuring they receive the help they need.
- **Comprehensive Safety Net**
 - A comprehensive safety net improves outcomes for people in crisis, providing timely and effective interventions through integrated services.



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Crisis support **anytime, anywhere.**

Now available statewide for youth age 20 and under



MRSS

Mobile Response &
Stabilization Services

988 SUICIDE & CRISIS
LIFELINE



Crisis Intervention

MRSS focuses on providing immediate assistance to youth (up to age 21) facing crises, ensuring they receive timely support.

Trained Mobile Teams

The teams are specially trained to handle various crisis situations, ensuring effective and professional responses.

MRSS is now available statewide

Youth crisis support

**anytime,
anywhere.**



Successful Implementation

MRSS has been successfully implemented across Ohio, demonstrating its effectiveness in crisis management.

Support for Families

The program focuses on providing support and resources for families of people with developmental disabilities.

Addressing Crises

MRSS aims to effectively address crises faced by people with developmental disabilities, ensuring their needs are met, and provides follow-along services for 42 days.

Case Studies and Success Stories

- **Successful Crisis Stabilization**
 - Real-life case studies showcase how MRSS has effectively stabilized people facing crises through timely interventions.
- **Tailored Interventions**
 - The importance of customized interventions is evident in case studies, showcasing diverse approaches to stabilization.



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Of the youth who received MRSS,

95%

had no admissions to inpatient hospitals.

 **MRSS**
Mobile Response & Stabilization Services

988 SUICIDE & CRISIS LIFELINE 

*Based on the SFY 2024
Ohio MRSS Annual Report*

A young man with dark, curly hair, wearing an orange long-sleeved shirt, standing against a light blue background.

Need for a Specialized Screening Tool

- **Importance of Specialized Tools**
 - A specialized screening tool helps accurately identify the unique needs of people with developmental disabilities during crises.
- **Targeted Interventions**
 - Using a specialized tool allows for better-targeted interventions that can effectively address the specific challenges faced by people in crisis.



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Process of Developing the Assessment

- **Collaboration with Experts**

Engaging experts in the field is crucial for creating a robust assessment tool tailored to a person's needs.

- **Stakeholder Involvement**

Involving stakeholders ensures that all perspectives are considered, leading to a more comprehensive assessment process.

- **Input from People Served**

Gathering input from people with developmental disabilities is vital for developing an effective and user-friendly assessment tool.



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Normed Assessment Tools for Developmental Disabilities

- **Understanding Individual Needs**
Normed assessment tools help clinicians gain insights into the unique needs of people with intellectual disabilities.
- **Effective Interventions**
Using these tools ensures that interventions are tailored to the specific challenges faced by people served.

Improving Access, Awareness, and Inclusivity

- **Enhancing Accessibility**

We aim to improve access to crisis services for everyone, ensuring that everyone can receive the help they need during difficult times.

- **Increasing Public Awareness**

Raising public awareness about crisis services is crucial for encouraging people to seek help when needed and reducing stigma.

- **Fostering Inclusivity**

We are committed to creating an inclusive approach that supports people with developmental disabilities in crisis situations, ensuring they receive appropriate care.



Department of
Developmental
Disabilities

Department of
Behavioral Health

Optimal Continuum of Supports

← **PROACTIVE**

REACTIVE →



BASIC NEEDS



UNIVERSAL SUPPORTS



TARGETED SUPPORTS



CRISIS SERVICES



QUESTIONS?

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**Department of
Developmental
Disabilities**

A wide-angle photograph of the Chicago skyline at sunset. The sky is a mix of orange, yellow, and blue. The city's skyscrapers are silhouetted against the bright sky, with some reflecting the golden light. The Chicago River flows through the lower part of the image, with bridges visible. A large, modern glass building on the left reflects the sky and other buildings. A decorative blue and red wavy line separates the image from the text below.

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Renaissance Arlington Capital View