

THE OPTIMAL CONTINUUM OF SUPPORTS COMPASS



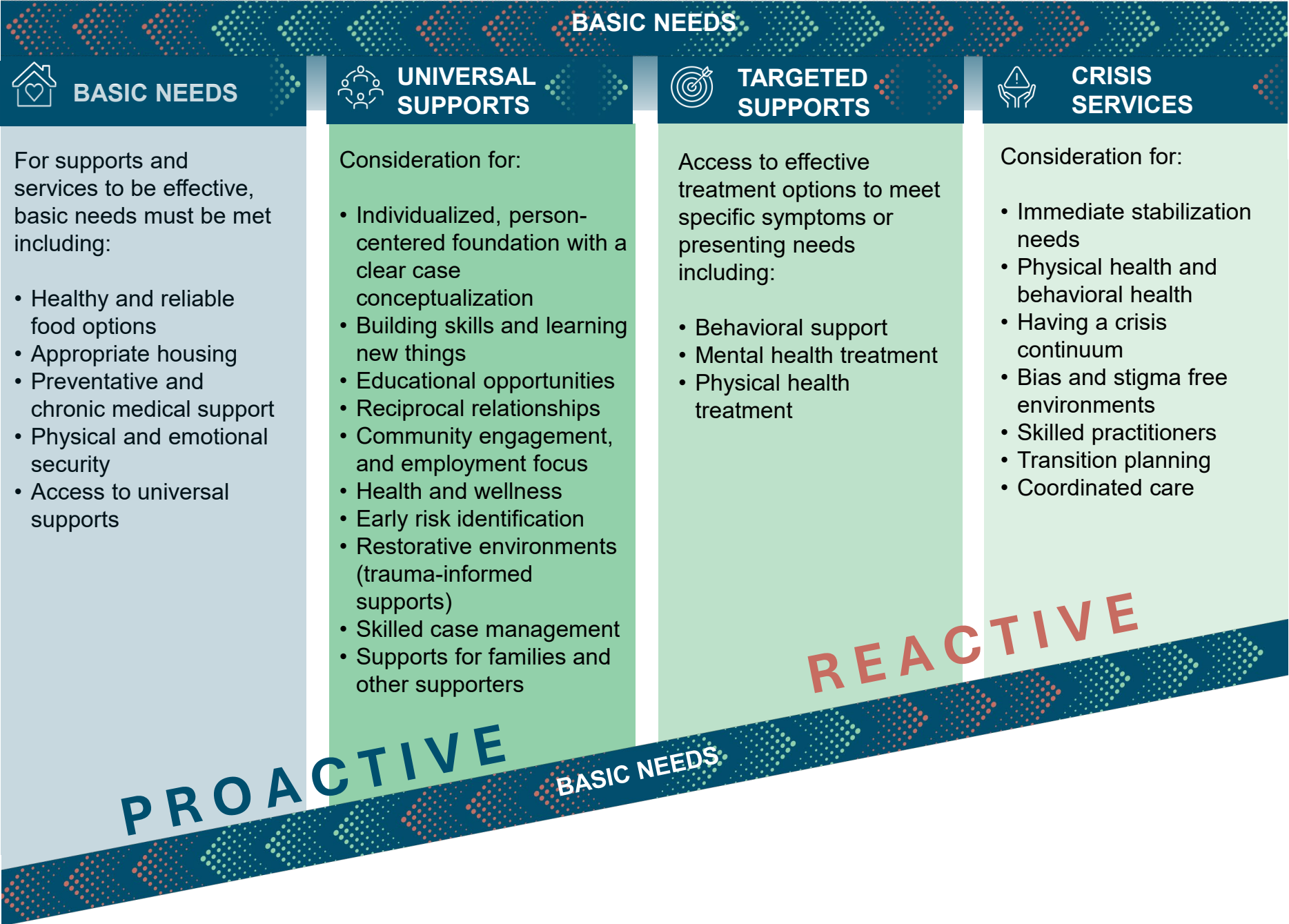
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Optimal Continuum of Supports



National Association of State Directors
of
Developmental Disabilities Services

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.

The Optimal Continuum of Supports Compass

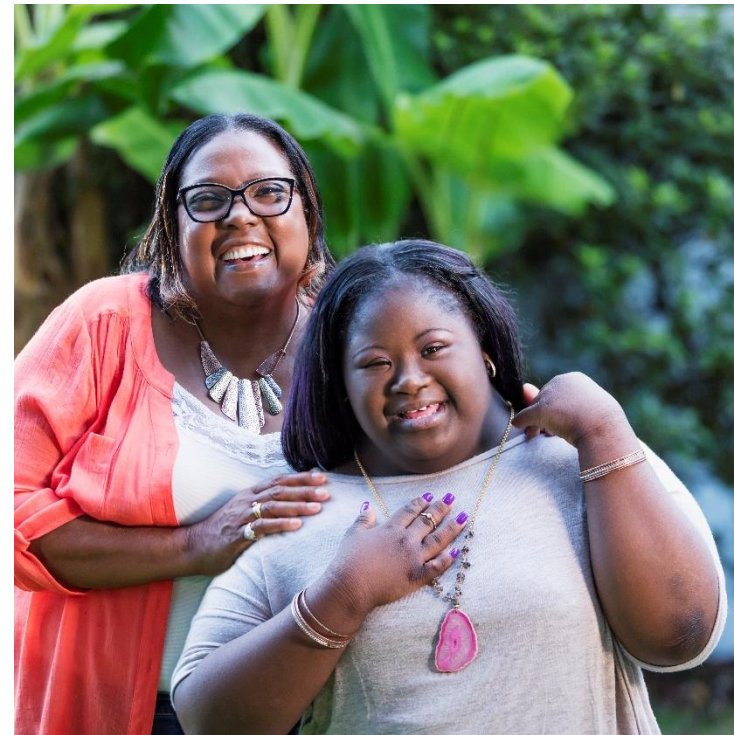
The Optimal Continuum of Supports is built on the idea that we first must assure the **basic health and wellbeing** of a person before services and therapeutic interventions can be successful. The Optimal Continuum recognizes that **proactive, upstream strategies** give the best opportunity for individuals 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.

The Optimal Continuum of Supports is a framework designed to help shift state disability systems toward a proactive, holistic, and personalized approach, emphasizing safety and wellness as prerequisites for successful therapeutic interventions. This guidance provides a model for state disability systems to analyze their current policies, programs, workforce, and monitoring.

It is recommended to use the following questions to analyze how closely your state's current operations align with the Optimal Continuum model in four critical domains: **Policy & Regulatory Framework, Program & Services, Workforce & Provider Development, and Practice & Quality Monitoring**. Identifying what systems and supports are in place within these domains across the continuum will highlight where states have strengths to bolster and needs to address in order to achieve a full continuum of care that is grounded in the three principles of:

- **Prioritization:** Basic health and wellbeing are assured first as therapeutic and skill-based interventions cannot succeed without this foundation.
- **Directionality:** Focus on proactive, upstream strategies for a good life, using targeted and crisis services only when necessary.
- **Flexibility:** Recognize that people move across the continuum as their needs change; supports should not be siloed.

Ideally, those areas of need within any given domain across the continuum should be further analyzed and targeted for future action.






Dimension: Basic Needs

Scoring:

- 1: *Low/Inactive*-Not at all or not functionally impactful
- 2: *Emerging*-Present but may not be fully conceptualized
- 3: *Optimal*-Present, fully conceptualized, and functionally impactful

What systems and supports does your state offer to ensure individuals and their families have access to:	Policy & Regulatory Framework (e.g., regulations, guidance, and standards)	Programs & Services (e.g., Medicaid services, state funded supports and resources, financing structures)	Workforce & Provider Development (e.g., training, technical assistance)	Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes, program integrity)	 Action Items
Healthy and reliable food options?					
Appropriate housing (e.g., safe and affordable living situation)?					
Preventative and chronic medical support (e.g., pap test, routine dental, seizure disorder)?					
Physical and emotional security (e.g., feels safe, has someone to confide in)?					
Financial security (e.g., employment, financial assistance)?					
Access to Universal Supports (e.g., technology, options, transportation)?					

MOVING FORWARD: As needed and planned, awareness and access to active and formal supports.



Dimension: Universal Supports

Scoring:

- 1: *Low/Inactive*-Not at all or not functionally impactful
- 2: *Emerging*-Present but may not be fully conceptualized
- 3: *Optimal*-Present, fully conceptualized, and functionally impactful

What systems and supports does your state have in place to consider:	Policy & Regulatory Framework (e.g., regulations, guidance, and standards)	Programs & Services (e.g., Medicaid services, state funded supports and resources, financing structures)	Workforce & Provider Development (e.g., training, technical assistance)	Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes, program integrity)
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Action Items

An individualized, person-centered foundation with a clear case conceptualization (e.g., Functional Behavioral Assessment or Biographical Timeline)?				
Building skills and learning new things (e.g., social or transportation skills)?				
Educational opportunities (e.g., secondary education and other lifelong learning opportunities)?				
Engaging in reciprocal relationships (e.g., friendships beyond staff)?				
Opportunities for community engagement (e.g., creative expression) with a focus on employment (e.g.,				



Dimension: Universal Supports *Page 2*

Scoring:
1: *Low/Inactive*-Not at all or not functionally impactful
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What systems and supports does your state have in place to consider:	Policy & Regulatory Framework (e.g., regulations, guidance, and standards)	Programs & Services (e.g., Medicaid services, state funded supports and resources, financing structures)	Workforce & Provider Development (e.g., training, technical assistance)	Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes, program integrity)	<div style="text-align: center;">  Action Items </div>
Health and wellness (e.g., exercise, nutrition)?					
Early risk identification (e.g., identifying high risk needs like mental health and unstable living environments)?					
Restorative environments (e.g., trauma-informed practices)?					
Skilled case management (e.g., knowledge of all available resources even beyond waivers)?					
Supports for families and other supporters (e.g., family peer networks)?					



Dimension: Targeted Supports

Scoring:
1: Low/Inactive-Not at all or not functionally impactful
2: Emerging-Present but may not be fully conceptualized
3: Optimal-Present, fully conceptualized, and functionally impactful

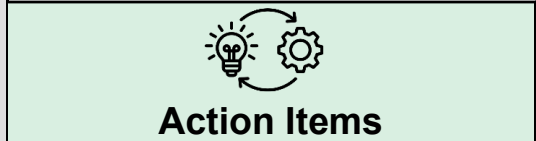
What systems and supports does your state have in place to ensure access to effective treatment options to meet specific symptoms or presenting needs including:	Policy & Regulatory Framework (e.g., regulations, guidance, and standards)	Programs & Services (e.g., Medicaid services, state funded supports and resources, financing structures)	Workforce & Provider Development (e.g., training, technical assistance)	Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes, program integrity)	<div data-bbox="1703 298 1864 406" data-label="Image"> </div> <p style="text-align: center;">Action Items</p>
Behavioral Supports (e.g., FBA or replacement skills interventions)?					
Mental health treatment (e.g., therapy, medication management, or crisis services)?					
Physical health treatment (e.g., routine dental care, diabetes management, adaptation/modifications/and other allied health equipment)?					



Dimension: Crisis Services

Scoring:
 1: *Low/Inactive*-Not at all or not functionally impactful
 2: *Emerging*-Present but may not be fully conceptualized
 3: *Optimal*-Present, fully conceptualized, and functionally impactful

What systems and supports does your state have in place for people to access:	Policy & Regulatory Framework (e.g., regulations, guidance, and standards)	Programs & Services (e.g., Medicaid services, state funded supports and resources, financing structures)	Workforce & Provider Development (e.g., training, technical assistance)	Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes, program integrity)
Immediate stabilization needs (e.g., de-escalation support or short-term crisis housing)?				
Physical health and behavioral health (e.g., ensure physical and behavioral needs are considered)?				
A crisis continuum (e.g., someone to call, someone to respond, somewhere to go)?				
Bias and stigma free environments (e.g., no diagnostic overshadowing or taking concerns seriously)?				
Skilled practitioners (e.g., understand sensory-friendly strategies or communication needs)?				
Transition planning (e.g., engaging with community and natural supports)?				
Coordinated care (e.g., family inclusive or cross-systems meetings)?				



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