



Optimal Continuum Action
Collaborative
Universal Supports

www.nasdds.org

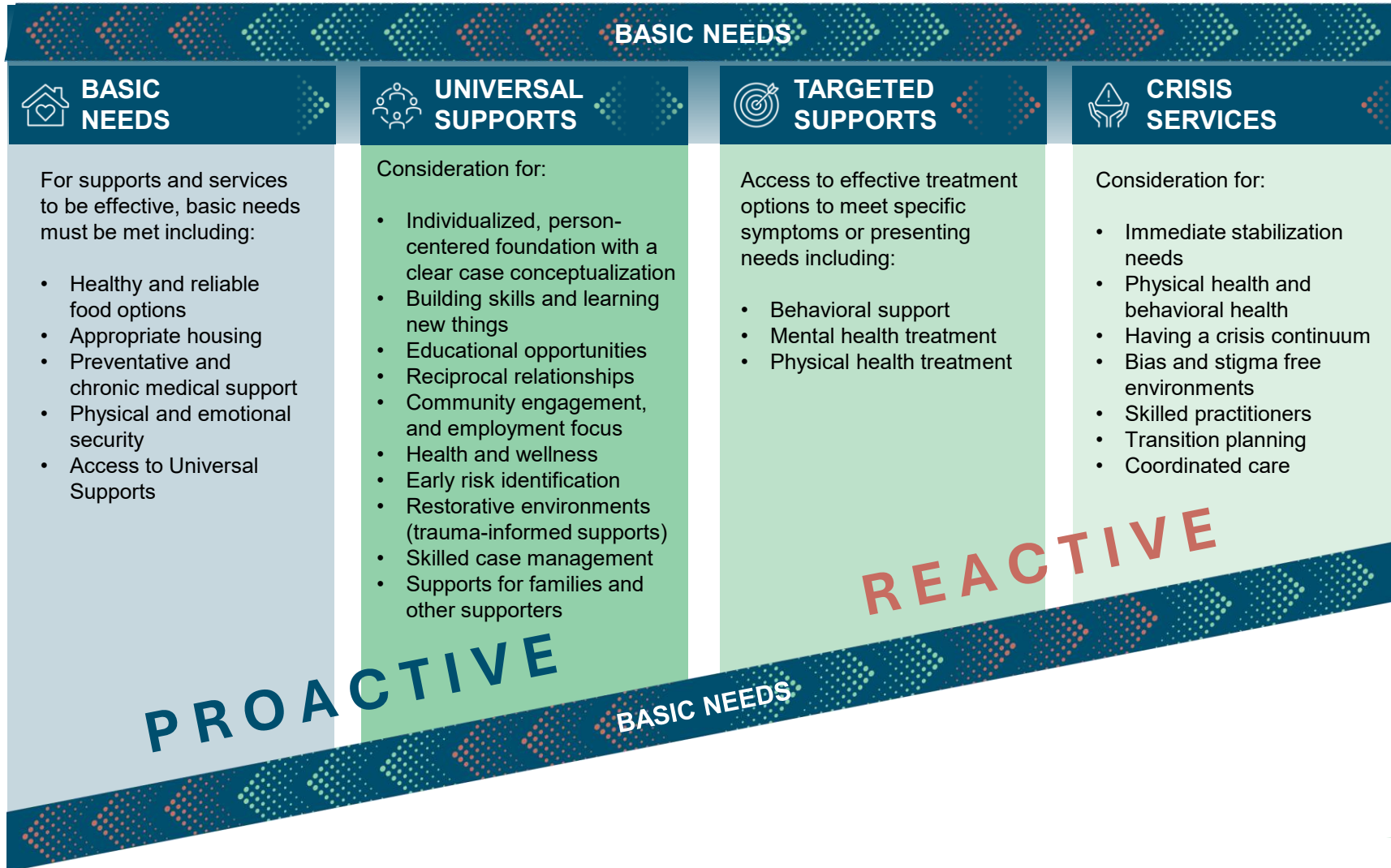




Agenda

- What is the **Optimal Continuum of Supports**?
- What is the **Compass**?
- Why and when should we use the **Compass**?
- A focus on **Universal Supports**:
 - Overview
 - Maine's experience
- Creating **Action Plans** with the Compass
- **NCI**: Tracking outcomes
- Discussion

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.



What is the Compass?



Why should I use the Compass?



IT CAN HELP SOLVE
FOR A SPECIFIC ISSUE



IT CAN HELP SOLVE
FOR A GENERAL ISSUE

What are you solving for?

MACRO

- Do you think you need enhanced residential services?
- Do you think you need more crisis response and stabilization services?
- Do you think that you need support and services for people who are forensically involved?
- Are you faced with budget challenges and you have to make changes?
- Do you have the opportunity to take funds and determine where to invest it in your system where it will benefit people the most?

The Compass may help you identify that you have policies and waiver services that endorse the importance of supporting people to engage in meaningful community activities; however, you are unsure if providers know how to implement (they haven't been trained) and you do not track data in this area.

MICRO

- Do you get pulled into situations where you have to decide how to support someone with complex support needs?

You are meeting with your state's behavioral health agency to discuss "placement" for someone who is being discharged from an acute hospitalization. The Compass may help you identify that he has appropriate community supports including necessary clinical supports, but his physical health needs have not been consistently met and his living environment and family life has been incredibly unstable.



If you use the Compass to figure out how to better support people with complex needs, it will benefit everyone.



Dimension: **Universal 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

<i>What systems and supports does your state have in place to consider:</i>	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)	Scoring: 1: <i>Low/Inactive</i> -Not at all or not functionally impactful 2: <i>Emerging</i> -Present but may not be fully conceptualized 3: <i>Optimal</i> -Present, fully conceptualized, and functionally impactful
An individualized, person-centered foundation with a clear case conceptualization (e.g., Functional Behavioral Assessment or Biographical Timeline)?					<div data-bbox="1732 335 1872 421" data-label="Image"></div> <p data-bbox="1719 435 1898 464">Action Items</p>
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.,					

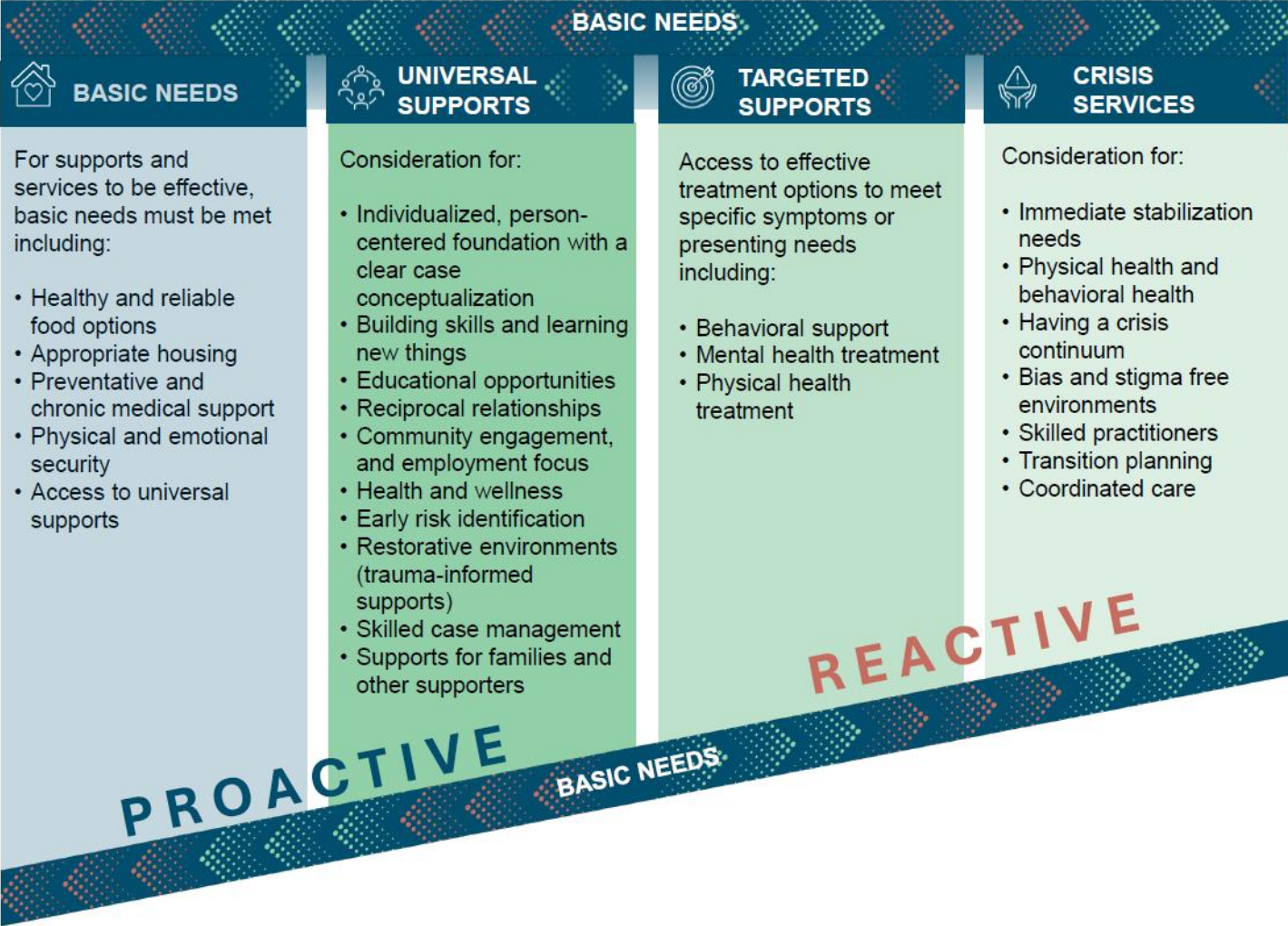


Dimension: Universal Supports *Page 2*

Scoring:
 1: *Low/Inactive*-Not at all or not functionally impactful
 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)	 Action Items
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)?					

Considering Universal Supports



Conceptualizing Universal Needs

Linked to Important Areas of Wellness

For people who experience IDD, supports to engage are likely needed

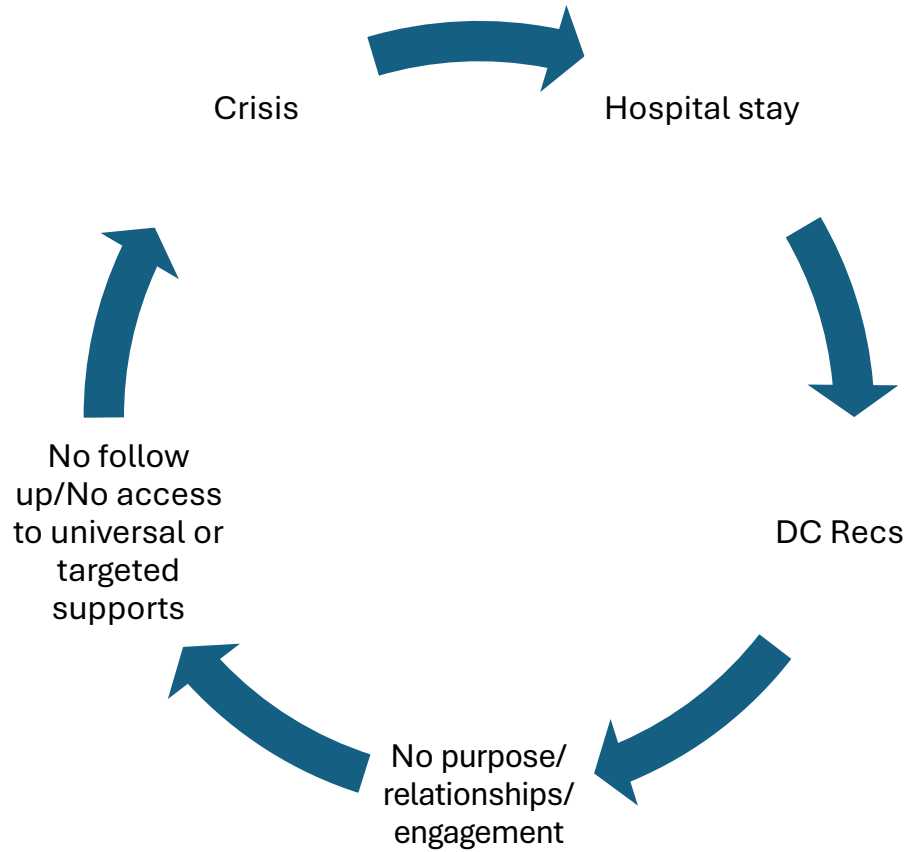
Considering these needs does NOT require a clinician or clinical assessment

Essential foundation for a Good Life

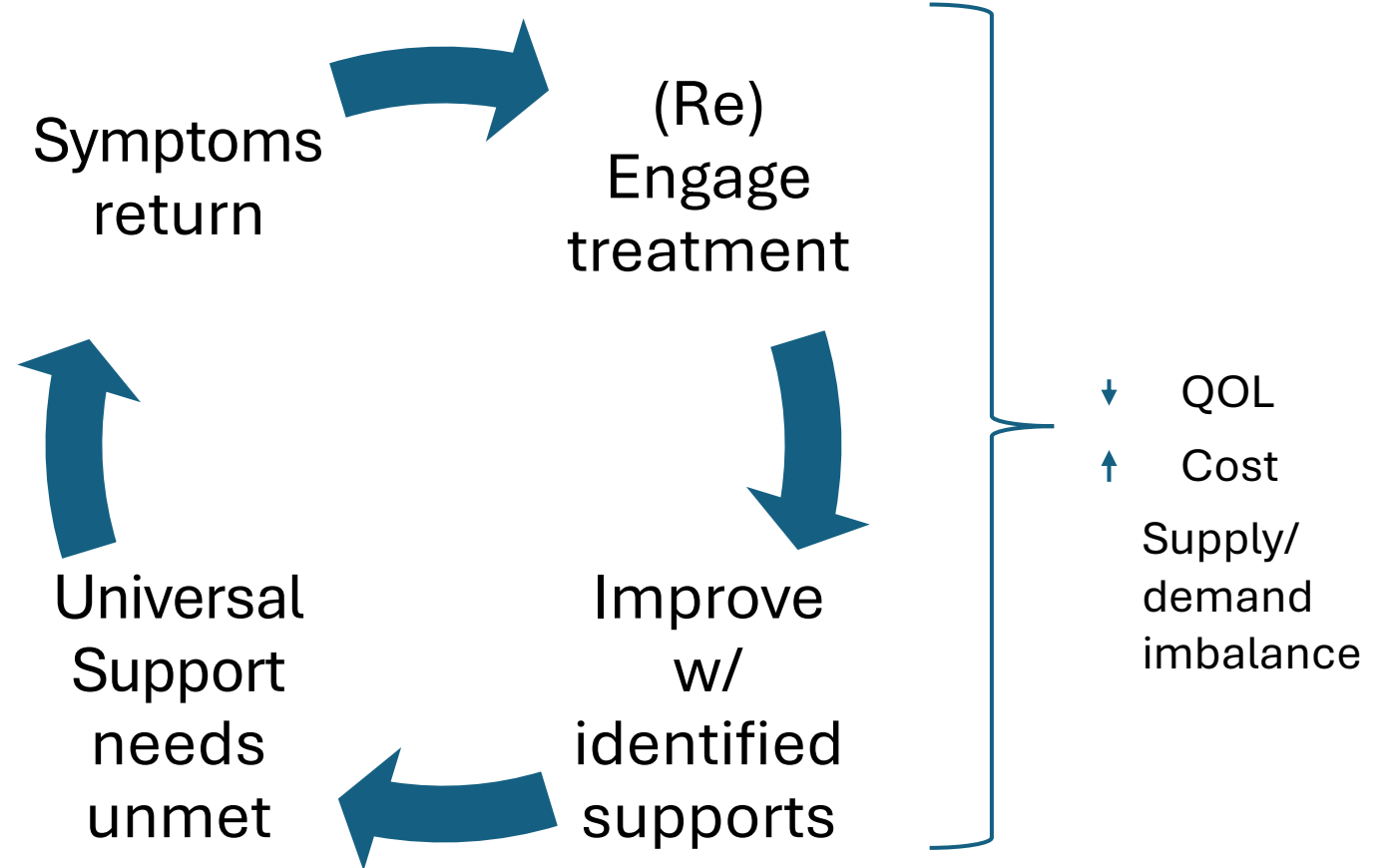
** MUST be present for other more targeted supports to be effective and sustain good outcomes [SDoH; Trauma Protective Factors]*

** Can help to AVOID some need for targeted and crisis supports*

Reactive Cycle



Treatment Cycle



Micro Example - Overview

- Presenting Referral Issue
 - History of significant aggression including threats with knife
 - Inappropriate relationships/sexual behavior [meeting people on the internet and inviting stranger over]
 - Aggression with staff
- Supports
 - 24/7 1:1 staff supervision
 - Behavior Support Strategies
- Unsure if could continue to support in community living
 - Frequency of incidents
 - Staff injuries & turnover
 - ER visits

Micro Example – Missing Universal Supports

- PC Focused Foundation & Case Formulation/Skilled Case Management
 - Significant history of abuse [sexual & physical]
 - Hearing impaired [could use ASL & Tech to communicate]
 - No relationships outside of staff
 - No work or other meaningful activities
- Building skills & learning new things
 - Wanted less support but no current focus on skills to build for independent living
- Engaging Reciprocal Relationships
 - No connection or means of engaging/meeting new people outside the internet
- Employment
 - No efforts to discuss employment due to focus on what appeared to be significant behavioral episodes
- Wellness Supports
 - No identification of important wellness supports
- Restorative environments
 - Staff were overprotecting and focusing on limits rather than supporting and building skills and relationships

Micro Example – Missing **Basic** **Supports**

- Physical & Emotional Stability
 - Limitations in understanding and interacting
 - No clear identification of what felt safe, connected, in control
- Access to Universal Supports
 - Transportation
 - Technology/Communication

Micro Example – Effective Supports & Outcomes

- Supports
 - Person centered discussion during which technology was used so the person could engage and lead
 - Updated PC information and plan/supports
 - Connected to local deaf community
 - Education/learning
 - Internet safety
 - Home skills
 - Built Wellness Guide
 - Staff training and improved match for supports AND preferences
- Outcomes
 - Fewer “behavioral” episodes/decreased staff injuries
 - Less staff support/hours
 - More stable staff support/less turnover
 - Engaging job seeking activities

MICRO Example

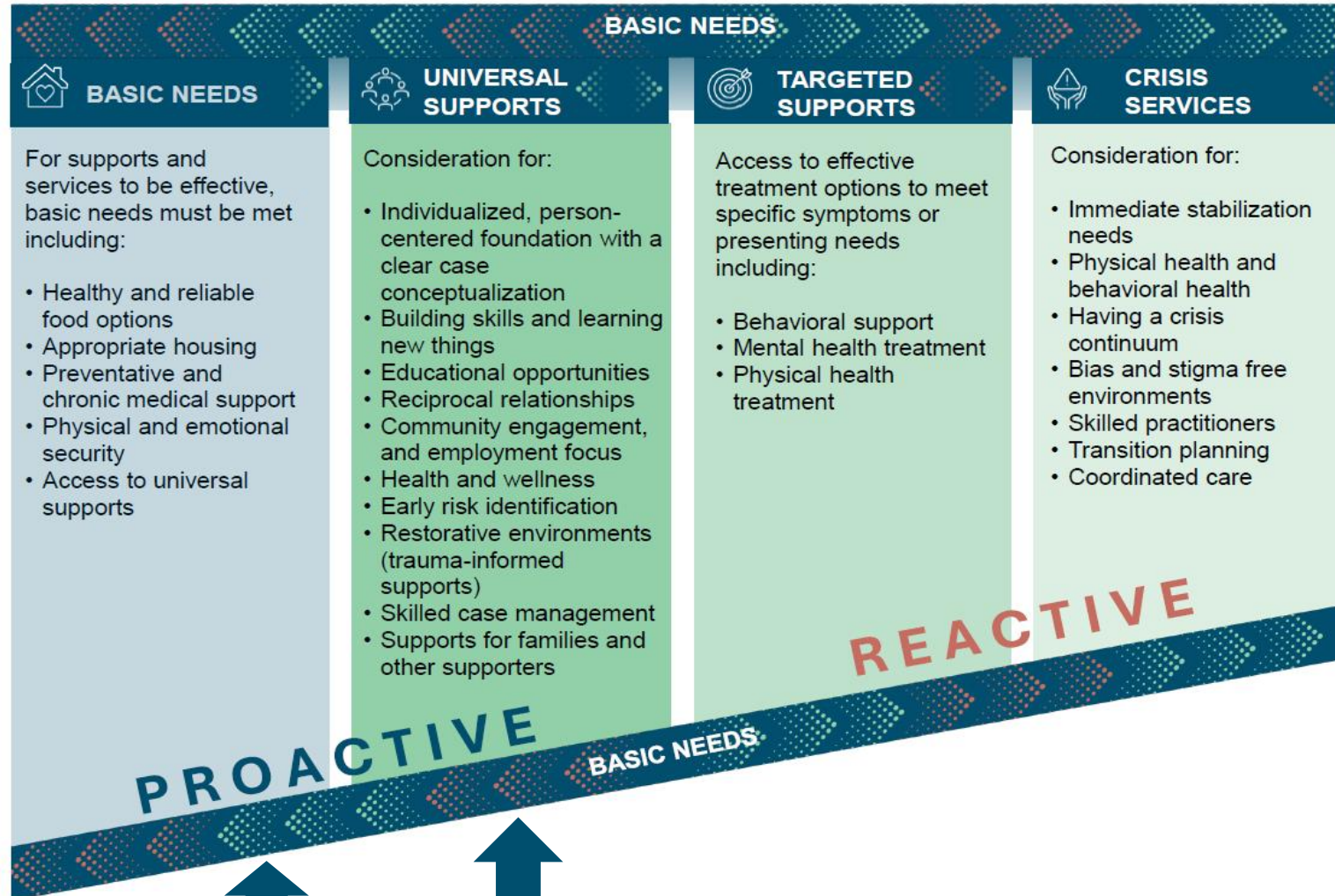
Areas of Support for Outcomes

Related Focus at time of referral:

- Behavior Supports
- Enhanced Supervision

Initial Ask/Focus:

- High # incidents & staff injuries "crises"
- Unsure of ability to continue to support





State Example: Maine

Maine's Behavioral Health Initiative

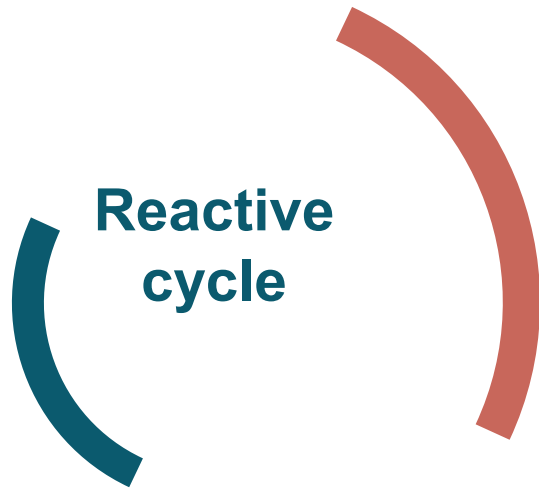
Moving from crisis response to a continuum of positive supports



proactive → preventive → responsive

Why Maine focused on behavioral health

The presenting issue often showed up as crisis, but the drivers were broader.



Support often escalated after incidents, injury, emergency department use, or provider instability. Restrictive plans became a proxy for unmet health, communication, staffing, and quality-of-life needs. The initiative reframes “behavior” as information about what the person and system need.

Core premise

Clinical services and skill-building are most effective when people first feel safe, healthy, stable, and understood.

Policy anchor: rights, safety, and Chapter 5

OADS behavioral regulation sits in a rights-protection frame.

What the rules govern

Emergency interventions and procedural steps before planned behavioral interventions. The rule protects rights when services are funded, licensed, or contracted through OADS.

What is changing

Movement toward Positive Behavioral Health Support Plans, clearer safety device processes, clinical oversight, and stronger person-centered expectations.

Why it matters

Behavioral health support is not just compliance. It is how a system protects dignity, safety, autonomy, and effective support.

From behavior management plans to positive behavioral health support

The shift is both a process change and a values change.

BEFORE

Quarterly review of provider-submitted Behavior Management Plans
Emphasis on approval, restriction, and incident response
Planned restraint could become normalized when systems were under stress

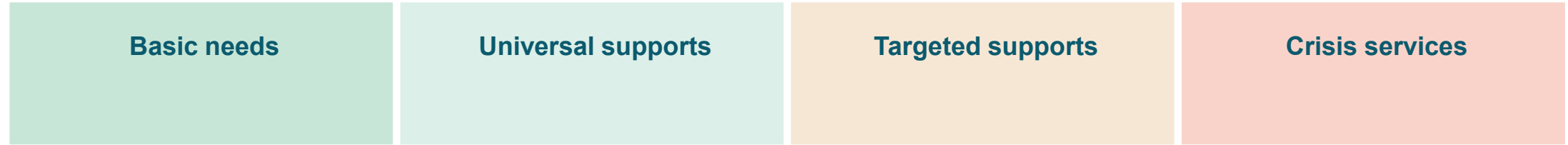


AFTER / DIRECTION

Positive Behavioral Health Support Plans
Clinical oversight and trend review
Planned restraints eliminated while emergency use remains for imminent harm
Support asks what the person needs to be well

Crisis prevention and intervention as part of the continuum

Crisis supports are essential, but they should not become the default service model.



proactive → preventive → responsive

24/7 crisis support

CPIS is available around the clock to assist people and providers with stabilization and support through a crisis.

Prevention services

Proactive, individualized planning helps people and supporters identify ways to avoid or work through emerging situations.

In-home and mobile response

Mobile outreach and in-home crisis supports stabilize people in their current setting whenever possible and build on existing supports.

Maine's behavioral health initiatives: connected pieces

The work is broader than one rule or one form.

START capacity

Training and systems work with the UNH National Center for START Services; Maine now has state staff certified as START Coordinators.

CCBHC alignment

Work with OBH and MaineCare so people with IDD and behavioral health diagnoses can access outpatient services.

Multidisciplinary supports

Becket IDD-Mental Health Multidisciplinary Evaluation Team supports people, families, guardians, and providers during and after crises.

Data and medication review

OADS is studying anti-psychotic prescribing and psychiatric ED/hospital use for people with IDD.

Provider roundtables: learning with the providers closest to the work

Implementation is stronger when it is shaped with people managing the most restrictive plans.

Roundtable focus

From “tell providers the rule” to “understand the barriers and design supports.”

Hear directly from agencies supporting people with the most restrictive plans, including planned restraint.

Identify what makes implementation difficult: workforce, clinical consultation, communication, training, and environmental stability. Use those insights to shape rule implementation, guidance, and technical assistance.

Practical test

Will this rule change actually help teams support people differently in real homes and communities?

How the Compass can help prioritize this initiative

The tool turns a broad behavioral health problem into an actionable system map.

Compass questions for Maine

Where are rights protections strong, and where do they depend on individual champions?

Are universal supports strong enough to prevent escalation?

Do providers have the skills, guidance, and clinical consultation needed to implement PBHSPs?

What quality data shows whether the system is becoming less restrictive and more proactive?

Policy & rule

Programs & services

Workforce & providers

Practice & quality

Action plans

What the Compass surfaced for the team

Honest system reflection is uncomfortable, useful, and necessary.

“It did not always feel good.”

The discussion made gaps visible rather than letting them stay abstract.

“Painstaking in a good way.”

The tool slowed the team down enough to test assumptions.

“We are better today than before.”

Progress is real, but sustainability requires intentional design.

“Crisis points back upstream.”

Crisis intervention and HCBS licensing concerns often reveal unmet basic needs and universal supports.

Implementation model: make the change universal

Sustainability means embedding the practice across rules, support, oversight, and data.

1 Rule clarity

Define expectations for PBHSPs, safety devices, emergency intervention, and rights protections.

2 Guidance & training

Translate rules into templates, examples, webinars, and technical assistance.

3 Provider practice

Support teams to replace restriction with skill-building, prevention, and whole-person supports.

4 Quality & trend review

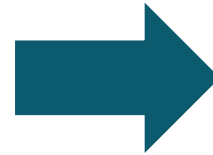
Use data to identify drift, risk, and where more support is needed.

What the future looks like

The system measures more than the absence of crisis.

Less reliance on

- planned restraints and restrictive plans
- emergency-only response
- provider instability and turnover
- incident counts as the primary signal



More investment in

- safety, health, communication, and wellness
- skill-building and meaningful day activities
- relationships and community connection
- clinical support that fits real life

Closing frame

The behavior is often the signal; the continuum helps us look upstream before crisis becomes the service model.



Creating Action Plans With the Compass

Compass - Excel Tool



Tracking Outcomes: National Core Indicators

National Core Indicators: People Driven Data

National Core Indicators **interviews people with intellectual disabilities** from their state Intellectual and Developmental Disabilities systems.

NCI surveys help us learn how people are doing. We share the information to people who oversee state systems. **This helps them to understand where things are going well and where things can go better.**



NCI-IDD In-Person Survey (IPS) and NCI-AD Adult Consumer Survey



Who can participate:

- AD: Person receiving one “active service” at least twice a week
- IDD: Person receiving at least one service in addition to case management

Survey features

- All surveyors complete standardized training.
- May be conducted in-person or remotely (or phone for NCI-AD)
- Includes detailed Background Information section that primarily comes from existing records
- Surveys are available in multiple languages
- Questions may be rephrased or reworded
- Allows for use of proxy for select questions

Indicators

- Outcomes
- System performance
- Health, wellness, and rights

NCI Data Elements

Background information

- *Demographic factors & residential info*
- *Service plan goals*
- *Funding sources and amount of supports*
- *Diagnoses and conditions noted in records*

Individual outcomes

- Employment
- Community inclusion and belonging
- Community participation
- Choice and decision-making
- Relationships
- Satisfaction
- Affordability

System performance

- Self-direction
- Service and care coordination
- Workforce
- Access to community, needed equipment, and technology

Health, wellness, and rights

- Safety
- Health and health care
- Medication
- Wellness
- Rights and respect



Using NCI data with Continuum

NCI-IDD In Person
Survey(IPS)
Indicators

List not exhaustive

Compass Considerations	NCI Indicators*
<i>Healthy and reliable food options</i>	None
<i>Appropriate housing (e.g., safe and affordable living situation)</i>	<ul style="list-style-type: none"> • Chose or had some input into choosing where they live if not living in family home • Chose or had some input into their housemates if not living in family home or lives alone • Type of residence – ICFs/ID, nursing homes or other specialized institutional settings, group residential setting, own home, parent or relative’s home, host or foster home, homeless crisis bed placement, other • Length of time at current residence • Residence owned or controlled by provider • Person is named on the lease or other legally enforceable rental agreement

Use NCI-IDD IPS Data to...

- Identify opportunities for improvement
- Benchmark over time
- Compare to NCI-IDD National Average
- Compare to other states



Table 1. Chose or had some input in choosing where they live if not living in the family home

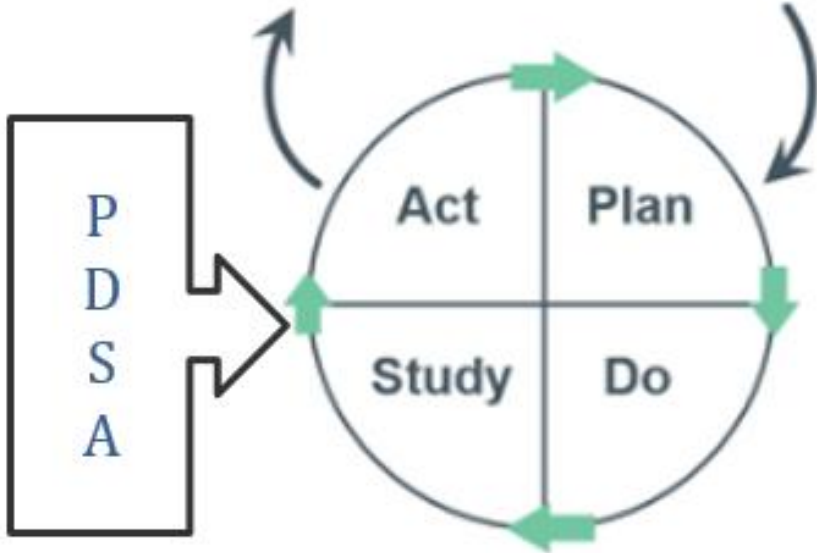
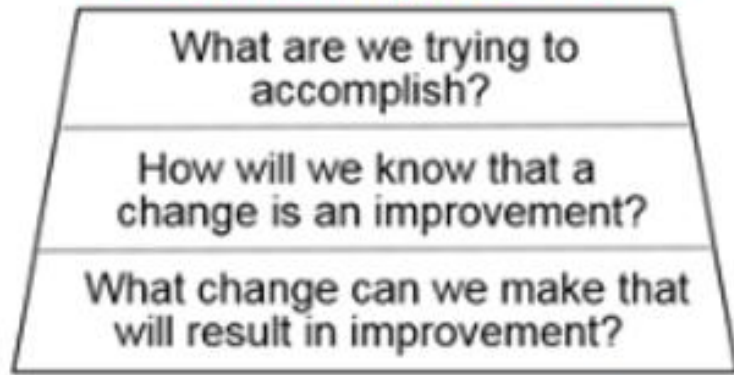
Proxy respondents were allowed for this question.

Key: Up arrow (↑) represents Significantly Above Average; down arrow (↓) represents Significantly Below Average

State	Average within State	N	Institutional Settings	Group Settings	Own Home or Apartment	Parent's or Relative's Home	Host Home, Shared Living or Foster Care
KY ↑	95%	247	n/a	92%	100%	n/a	97%
OH ↑	76%	301	n/a	68%	80%	n/a	n/a
AR ↑	73%	181	n/a	63%	78%	n/a	n/a
IL ↑	73%	183	n/a	73%	n/a	n/a	n/a
VA ↑	72%	406	n/a	65%	87%	n/a	83%
MO ↑	71%	261	n/a	75%	68%	n/a	n/a
IN ↑	69%	401	45%	73%	87%	n/a	n/a
CO ↑	69%	539	n/a	53%	83%	n/a	76%
GA ↑	67%	217	n/a	57%	92%	n/a	67%
NE ↑	66%	291	25%	55%	87%	n/a	73%
KS ↑	63%	484	n/a	56%	80%	n/a	n/a
OR	64%	162	n/a	51%	85%	n/a	62%
PA	61%	318	28%	58%	81%	n/a	n/a
OK	61%	216	n/a	56%	70%	n/a	n/a
NV	60%	265	n/a	56%	70%	n/a	n/a
ND	59%	197	31%	47%	73%	n/a	n/a
MI	58%	312	n/a	51%	75%	n/a	n/a
MA	57%	294	n/a	50%	83%	n/a	77%
NCI-IDD Average	57%	9349	34%	49%	76%	n/a	70%
WI	53%	368	n/a	43%	67%	n/a	41%

Quality Improvement Framework

Model for Improvement



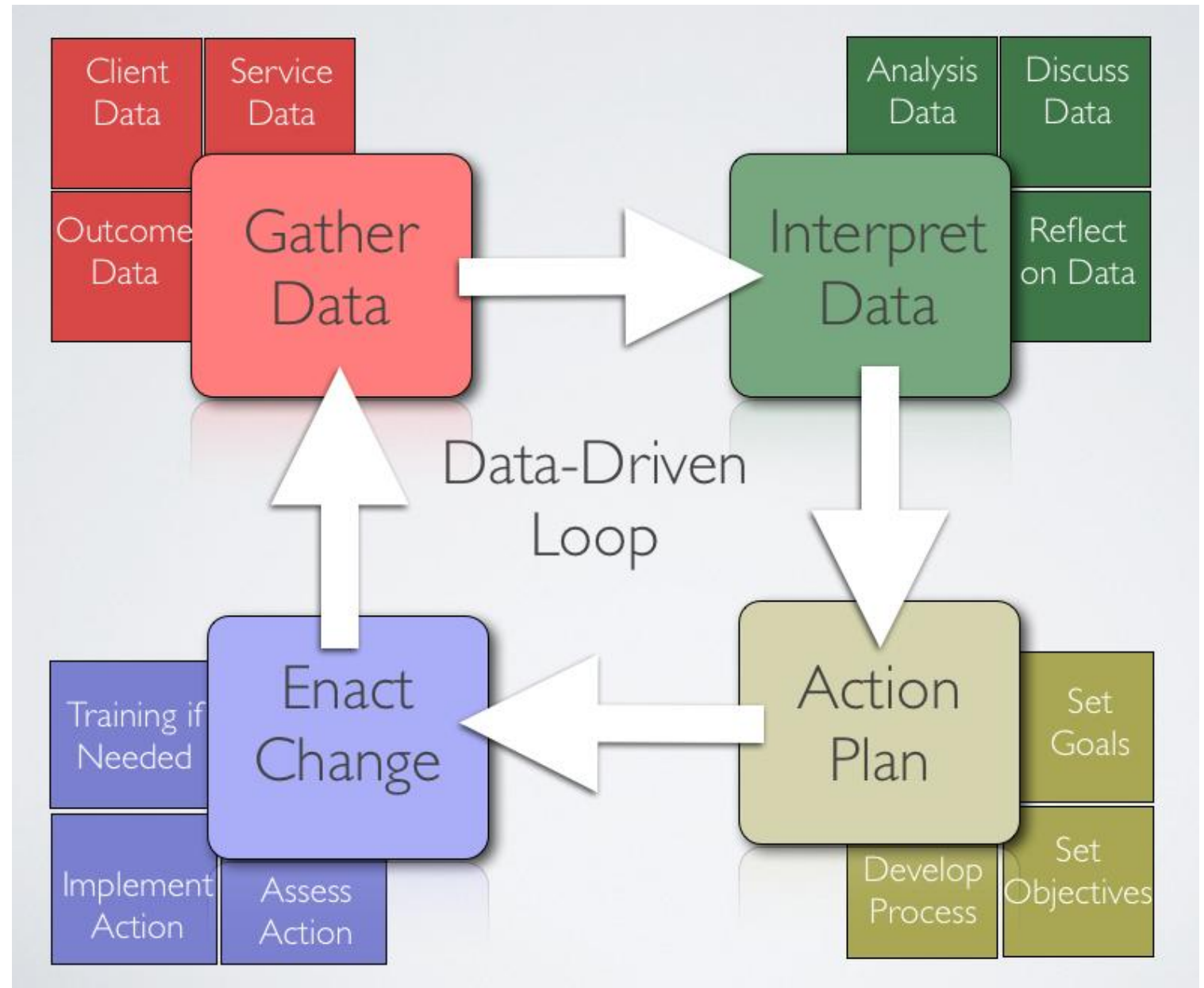
Set a clear AIM STATEMENT or Explicit OUTCOME STATEMENTS

Identify two data sources that inform both your starting point (how do we know it NEEDS to change?- Baseline) and your success- how do we know it DID change?

Set your action plan- what will you try? Use the PDSA cycle to know if the changes you select effectively meet your AIM?

Utilize Formal Quality Improvement Structures: PDSA and the 7 Quality Tools

Building data into QI planning



Contact Us

<https://idd.nationalcoreindicators.org/in-person-individual/>

Email: Lvegas@nasdds



Discussion



- Overall, do you find utility in thinking about an Optimal Continuum of Supports in your state?
- Do you see yourself using the Compass and how?

Specifically, what are your thoughts on the system components in the Compass?


PLAN	DO	ACT	CHECK
Policy & Regulatory Framework (e.g., regulations, guidance, and standards)	Programs & Services (e.g., Medicaid services, state funded supports and resources)	Workforce & Provider Development (e.g., training, technical assistance)	Practice & Quality Monitoring (e.g., service delivery, fidelity checks, outcomes)



We want to hear from you!



Considering **Universal Supports** Resources

- 
- [Maine's BH Initiatives](#)
 - Employment: [Facilitating Employment Conversations](#)
 - Trauma-informed strategies: [Helping to Heal Toolkit](#)
 - [Community of Practice for Supporting Families of Individuals with Intellectual and Developmental Disabilities](#)
 - [LifeCourse Framework - LifeCourse Nexus](#)
 - [Resource Center Wellness and Trauma Informed Support Resources | Louisiana Department of Health](#)
 - [Taking Care: Promoting Well-being for Recovery and Behavioral Health Care Providers](#)



If you want to talk more about
the Optimal Continuum of
Supports and/or Compass:

snonnemacher@nasdds.org

<https://www.nasdds.org/the-optimal-continuum-of-supports-compass/>