



Optimal Continuum Action *Collaborative* **Targeted Supports**

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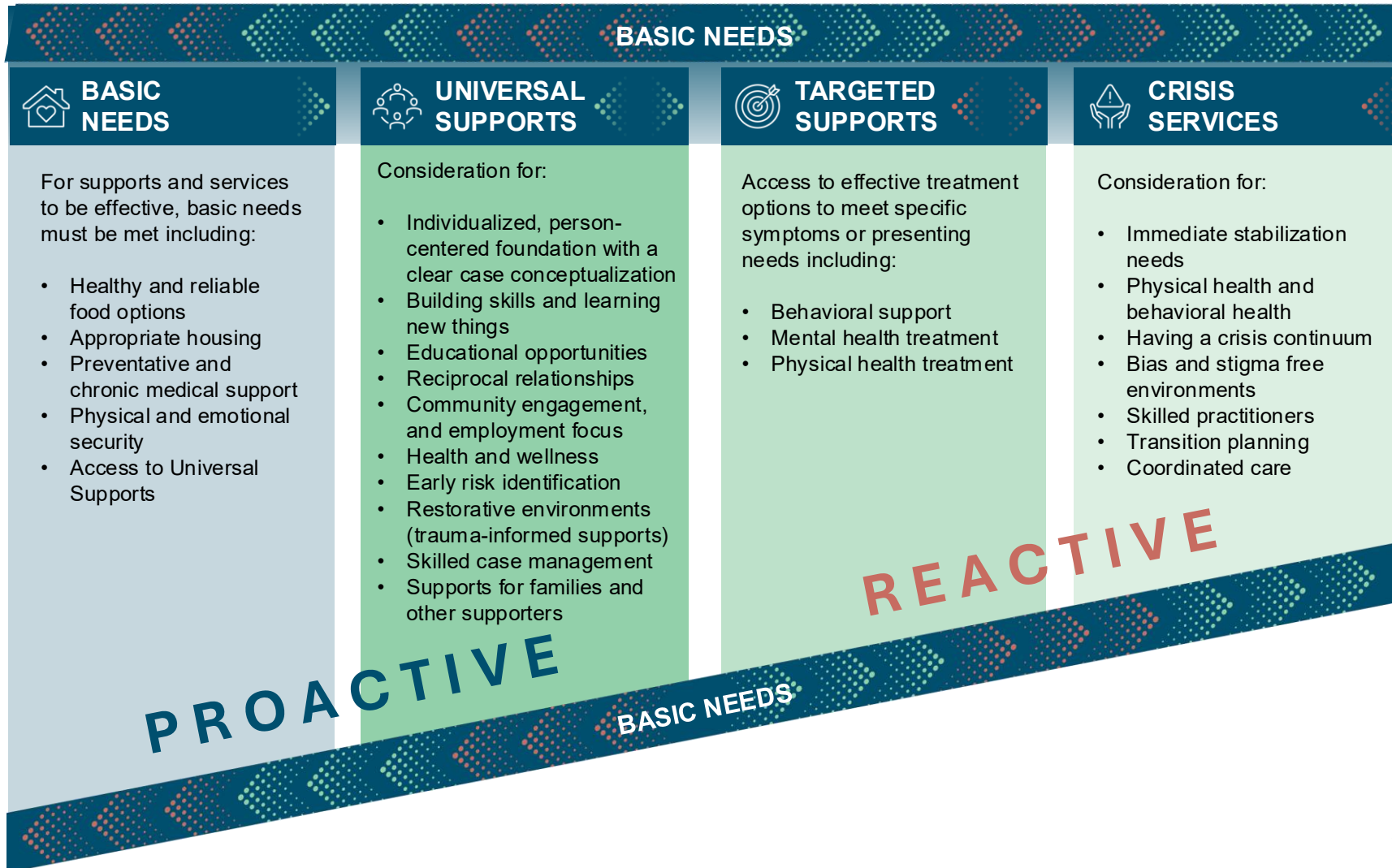




Agenda

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

Optimal Continuum of Supports



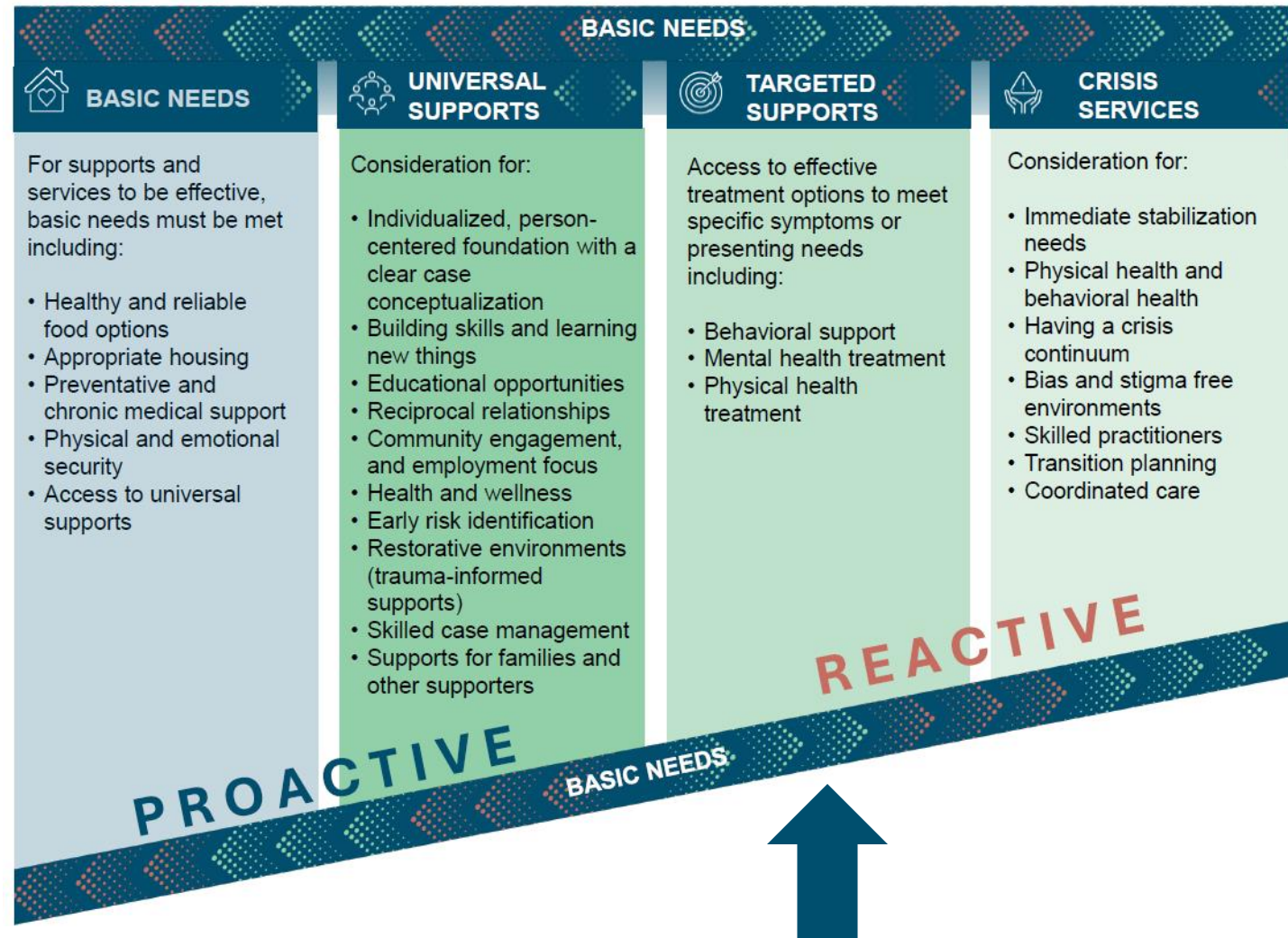
How is the Optimal Continuum of Supports used?

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.



Dimension: **Targeted Supports**

Considering Targeted Supports



Conceptualizing Targeted Supports

Not for everyone, only those who need professional support

Ideally occurs AFTER consideration of and addressing Basic AND Universal Supports

Requires awareness and understanding of IDD impacts and considerations such that determination of modifications needed can occur

Essential when clinical conditions and symptoms are present

** MUST be present for those needing clinical support to AVOID crises*

** Awareness of OTHER clinical support(er)s is critical*

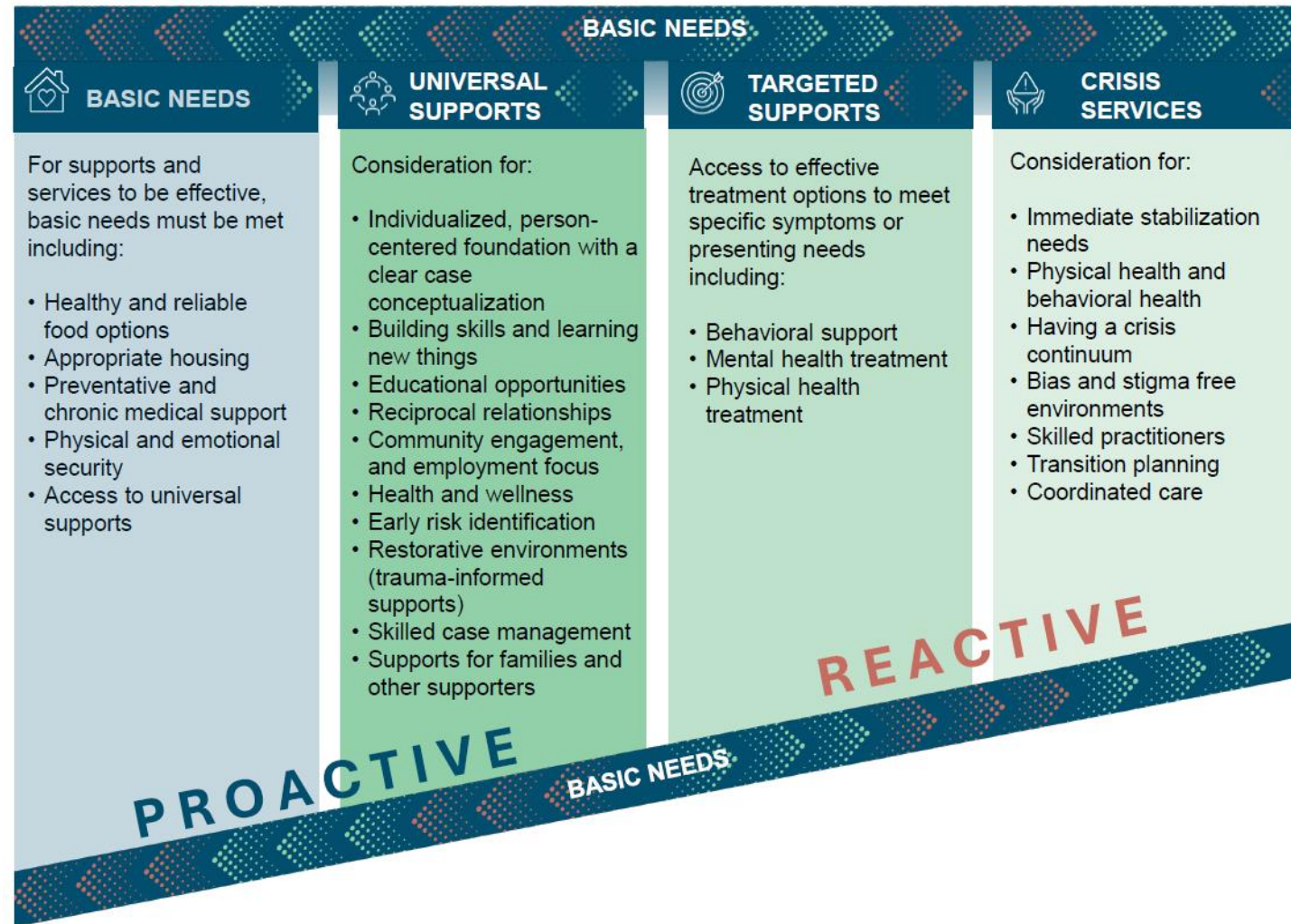
Important Connections

Is linked to effectiveness of other SDoH when clinical Tx is needed

Should consider important wellness needs/supports and work WITH them

MUST be trauma-informed

Considering Targeted Supports



Example - Think Optimal Continuum of Supports

- Are the person's basic needs being met?
 - Do they lack housing, food, and transportation and do they feel safe?
- Are there universal supports in place?
 - Do they have opportunities to engage, learn, and grow?
- Is it more than just policies, regulations, services, etc.?
 - Can you confidently say that the things in place are more than just words on paper?
- What does it look like in practice? Do you even know?
 - If you have policies, regs, and services in place, do you know what it looks like/are you checking?
- Do you have a competent workforce?
 - Are people available and trained to implement?
- Are targeted supports the only tool you have in the toolbox?

Case Example

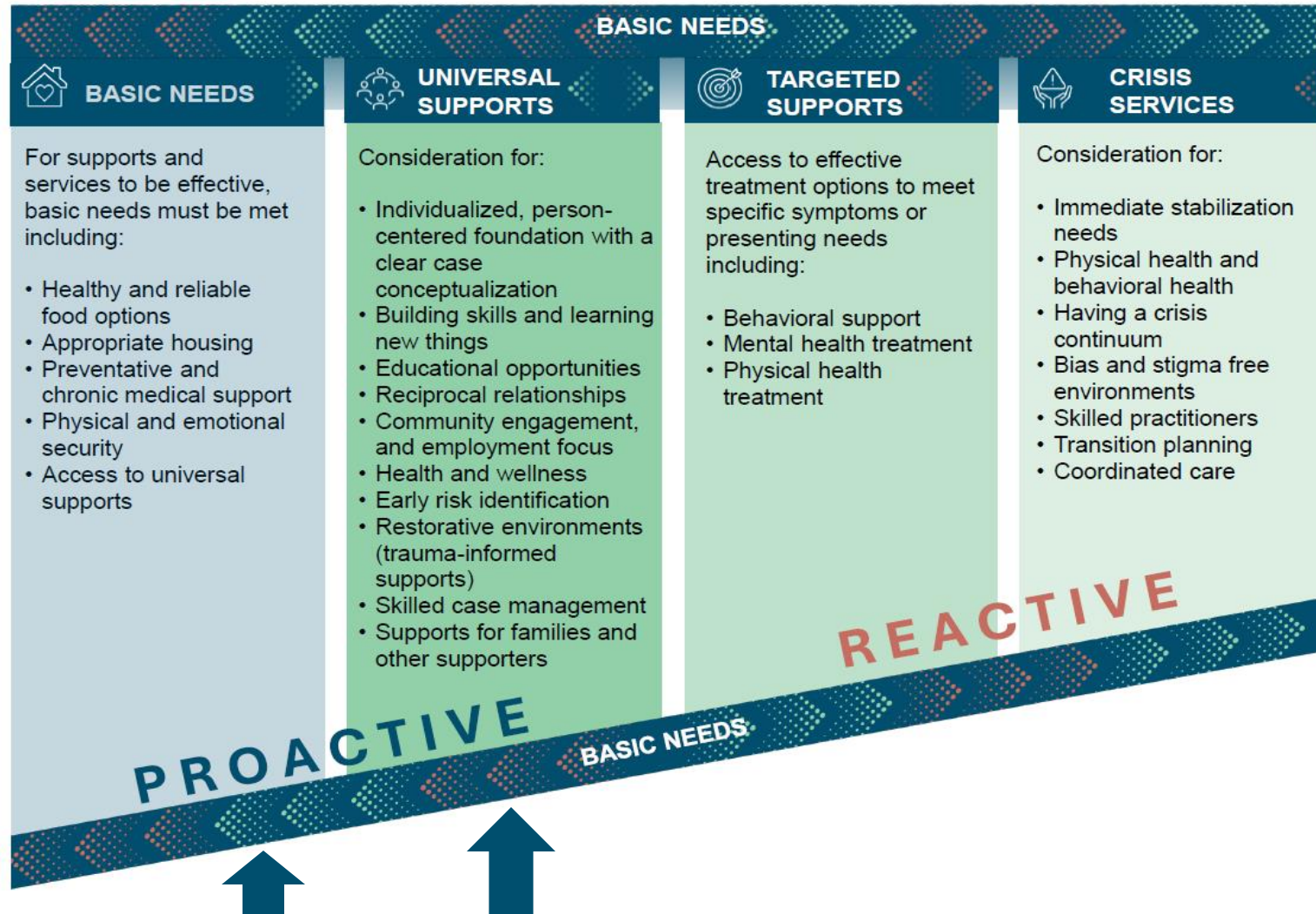
Areas of Support for Outcomes

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





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 endorses 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.



Creating Action Plans With the Compass

Compass - Excel Tool



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



State Example: Missouri



Tracking Outcomes: National Core Indicators



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 Targeted Supports Resources



- [Adaptive Strategies](#)
- [Supporting Children with Complex Support Needs](#)
- [Louisiana's Clinician's Guide](#)
- [NADD Clinical Certification](#)
- [NADD Accreditation Program](#)
- [CMS ABA Toolkit](#)



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

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