



March 17, 2021

TO: Senator Billinger and Members of the Senate Committee on Ways and Means
FR: Nick Wood, Associate Director, InterHab
RE: Budget Hearing for Senate Bill 154

Chair Billinger, and members of the committee, thank you for the opportunity to share information on behalf of the member organizations of InterHab. Our members serve Kansans with intellectual and developmental disabilities in every part of the state.

I am here today to ask for the committee's support for addressing unmet complex care needs of Kansans with IDD. As the IDD population in Kansas grows older, we see more and more chronic care conditions that are age-related, like dementia and physical disabilities that grow more severe with age. Nationally, the population of adults age 60 and older with IDD is growing dramatically and is estimated to increase from 850,600 in the community, based on the 2010 US census, to an estimated 1.4 million by 2030. Added to this, the medical care needs of people with IDD are getting more complicated. Many Home and Community Based service providers must essentially maintain their own health clinics so that nurses and other medical staff are on-hand to provide services that direct care professionals (personal care attendants) do not have the training to perform.

Community-Based Care Management

Community-based care management is an alternative to traditional Targeted Case Management under Medicaid that would help our system meet the complex care needs of Kansans with IDD. Models like this integrate all services for physical, behavioral and age-related conditions into one service plan. We have been working with technical experts who have national experience to develop a model that will work well in Kansas.

Intensive Community Support for Kansans with IDD caught in the Criminal Justice System

The supervision and positive reinforcement available through an Intensive Community Support model is a good alternative to any correctional facility. These models feature reduced caseloads and specialized training for case management and direct service staff. They are also a less costly alternative when all expenses related to prosecuting an individual with IDD are considered (court proceedings, competency education, etc). We have been engaged with KDADS and other stakeholders during discussion of a bill that will close a loophole in our civil commitment statutes about alternatives to institutionalization for this small but challenging to serve population.

Statewide Mobile Crisis Support Program

Kansas should adopt a statewide mobile crisis services program. In the past decade, many states (24 and increasing) have developed these specialized models of behavioral supports for people with IDD & Autism that focus on prevention.

1. **System-wide clinical training.** Training for clinicians, crisis responders, and front-line staff should be competency-based and adaptable to differing levels of practice experience and formal education.

2. **Develop specialized service delivery programs modeled after evidence-based practices from other states.**

- Prevention Services - provide wellness checks and identify ways to help people work through potential crisis.
- Crisis Telephone Services - available 24/7 to provide information, referral, and action plan development.
- Mobile Crisis Outreach Services - provided on-site wherever needed.
- In-Home Crisis Services - assist people to become stabilized in their home.
- Crisis Residential Services - provide very short-term, highly supportive and supervised residential settings.

3. **Ongoing system-level Coordination, Research and Training.** Establishment of this state-wide resource would help to close gaps and address barriers to services for Kansans with IDD through the study of 'system needs' in real-time and would improve coordination of direct services to ensure people can get the services they need when and where they need it.