

People with IDD Wait To Be Served!

Caseload Forecast DDA Services!



Prevent Inappropriate Hospitalization of Children and Adults with DD

Problem: Hospitals are being used as crisis placements for children and adults with intellectual/developmental disabilities (IDD) across the state. Since July 2018, the DD Ombuds has worked with over 135 children and adults with developmental disabilities who were or are stuck waiting in a hospital without any medical need because Developmental Disabilities Administration (DDA) cannot provide them with an appropriate residential placement in the community.

For more information The DD Ombuds released a report about this issue [our Youth report “I Want to Go Home”](#)- and our [Adult report “Stuck in the Hospital”](#)

Proposals:

- a. Require DDA to expand the data collected to include all people with developmental disabilities who are taken to the hospital to find out why people are stuck there. This includes people coming out of residential service settings and private homes.
- b. To prevent further or extended hospitalization, ensure that people currently waiting for placement have assessments and person-centered service plans meet all state and federal requirements to meet their medical and behavioral support needs.
- c. Expand the number and types of specialized providers. DDA should analyze the number and type of specialized providers needed to meet the current demands for service in each Region. Using this data, DDA employ or contract directly with specialists who can provide the following services throughout the state: Psychological assessments; Consultation on behavior supports for family caregivers, staff, and medical providers; Behavior supports for people with developmental disabilities living in hospitals; Specialized habilitation services.
- d. Direct DDA to identify and remove barriers to utilization of behavioral support, such as in-home consultation, for children and adults who reside with parents.
- e. Fund increased diversion beds, emergency respite or other bed capacity so individuals with IDD have an appropriate placement available if they experience a crisis and need immediate residential services.
- f. Fund complex transition care coordinators or teams, mobile diversion rapid response, Intensive Habilitation Services, youth peer mentors, provider development, 24 hour personal care and state operated personal care, smaller caseloads, and enhanced support to providers to prevent unnecessary hospitalization and out of state placement.
- g. Ensure services such as WiSE are trained and equipped to serve youth with developmental disabilities.



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