The Journey Through The Maze
The Center of the Maze

The Elijah Glen Center's mission is to serve adolescents with an autism spectrum disorder and individuals with an intellectual or developmental disability who do not warrant intensive psychiatric or acute care but who need a less restrictive short term inpatient or step down care program to stabilize and to reunify back into their family's life. The Elijah Glen Center offers two unique programs to help support adolescents at time of crisis:
The Family & Care Coordination

Mazes

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- Normal Escalation
- Stabilization
- Crisis
- Transition to Normal
The Normal Maze

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- Understanding the Disorder
- Behavioral Healthcare
- Medical Care
- Public Funding
- School Funding
- Managing the Family Unit
- Insurance Benefits
Normal Maze & Public Policy

Health
• No autism insurance parity in employer plans
• Medicaid Managed Care Plans sometimes unresponsive to needs and need more care managers supporting families.
• No one tells families/care managers about mental health benefits with our Medicaid state plan
• Access to appropriately trained medical and behavioral professionals to support the individual

Supports
• Long waitlist for Medicaid Waivers, expected decrease in HHS
• Uneven funding for non-waiver services from county to county board of developmental disabilities (CBDD)
• Supporting caregiver’s needs
• Lack of getting linked to other supports
• Linking those who do not qualify for CBDD services

Education
• Suspensions/Expulsions/Called to pick up children
• Not recognizing the medical diagnosis or getting the right IEP
• Appropriate summer programs/ESY

There are positives
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1. Data & Patterns
2. New interventions & strategies
3. Need more home support
4. Embarrassment & Stress
5. Pins & Needles
6. Why is he escalated?
7. What has changed?

The Escalation Maze
Our Family Experience - April through July 2011
- Eli was 15 and seemed to have a hormonal shift
- Development of a crisis plan/aversive behavior plan
- Asking for more in-home supports from CBDD
- Explained current level of care and supports not meeting needs.
- Restricted community outings for safety
- Challenging behaviors when arriving at school

Public Policy Barriers
- CBDD case management expertise varies, delayed responses, truly understanding and waiting for the escalation to end.
- Accessing Developmental Centers for technical assistance
- Utilizing waiver emergency funding, requesting a waiver or funding to help support the higher level of care
  - Including 2:1 staffing
- Getting access to effective self-regulation and de-escalation strategies as preventative measures.
- Pulling system of care to help stop the movement into a crisis.
- Getting families comfortable for asking for support from children services. Family in Need Case.
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- Stress, aggression, PTSD
- Caregiver losses confidence
- Fear of calling police, losing custody
- Psychiatric Hospitalization
- Accessing in-home & residential
- How to keep everyone safe
- Ineffective de-escalation
- System of Care

The Crisis Maze
Our Family Experience - July 1st to Late-September 2011

- Eli was not himself, aggressive, property destruction, and SIB. He would no longer leave the home or bathe, feared bathtub.
- We had to be careful placing demands or requests due to inability to maintain safety and concerns from professionals.
- Formal temporary leaves from our work.
- I was no longer a natural support, case management only, my statement that I could not provide the level of care he needed.
- Licensed professional recommended I not be left alone with Eli.
- Built a crisis plan for our home/escape plans/ER decisions.
- Psychiatric Hospital-discharge recommendations to a step down.

Public Policy Barriers

- Public/Insurance recognition of signs of crisis and parental stress.
- Need to build a community network of care for ASD/ID/DD.
- Knowledgeable intensive case management support.
- Need in-home/tele-health psychiatry services.
- Lack of appropriate residential treatment placement options.
- Understanding families experience and need treatment for PTSD.
- Emergency Rooms not prepared to support crisis care.
The Stabilization Maze

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- Finding a Placement
- Placement fear and hopes
- Healing the Family
- Building Confidence
- Transition to Home
- Treatment
- Family Counseling

The Stabilization Maze
Our Family
- Admitted Late-September 2011, Discharged in January 2012
- Re-admitted May 2012, Discharged July 2012
- The stressful drive home (family confidence/PTSD)
- Stress and worry that he is going to escalate as you move back into life’s routine
- Building confidence in our de-escalation procedures
- Request for more supports for the first two months home.

Public Policy Barriers
- Having enough in-home supports to assure a smooth transition to home. Need the system of care to continue providing in-home support for at least a month or two.
- Coming home with a risk assessment. Where is the training for community service providers and schools?
- Depending on location of home, are there community professionals, services and support to meet the family needs.
- Tele-health for counseling, behavior management, and case management.
Public Policy Concerns

- Lack of access to behavioral interventions at a young age.
- Lack of functional communication skills, when the individual has the ability just not system has been taught.
- Lack of adequate, frequent knowledgeable psychiatric care.
- Emergency Rooms not prepared to support crisis care.
- Lack of professionals with knowledge to pull together services and funding for treatments.
- Lack of counseling and family supports.
- Psychiatric hospital services, despite growth, remain limited.
- ODODD and Mental Health providers see spike in cases.
- The State of Ohio has deemed adolescents with autism in crisis a priority population they need to serve.
- Lack/delayed responses from the system of care.
- Making Medicaid/private health insurance aware of mixing mental health supports with skill development & respite services.
- Placements far from home, struggles of building the family confidence.
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- Travel expenditure
- Employer support for employee time off work
- Accessing licensed professionals on weekends
- Structured parent and child treatment sessions
- Not knowing if your private insurance will pay for the treatment placement.
- Need to building staff training and capacity to meet the needs of individuals with DD/MH.

**How I have been working through the public policy maze**

- Passion that families don’t linger in crisis my family did.
- Using my knowledge of current service providers to create a behavioral program where there is not an IQ minimum and due to health and safety offers a 1:1 ratio.
- Reading our state rules and certification procedures.
- Speaking to legislatures about the need, build awareness.
The Elijah Glen Center will provide short-term residential treatment including partial hospitalization and crisis management services for youth with ASD/ID/DD ages 12 through 18 that will:

- reduce the number of Ohio adolescents sent out of state for crisis stabilization services
- reduce the number of youth who receive unnecessary level of care such as an inpatient psychiatric stay
- offer a continuum of care that supports appropriately needed treatment for the disorder.
- provide strong intensive case management from point of contact on through to admission and discharge.
  - We have already received 80 referrals
  - I have been asked to replicate the program
- Supporting professionals, service providers, and agencies
The Elijah Glen Center will offer two unique programs to help support adolescents at time of crisis:

Stabilization Unit
Intensive Behavioral Treatment Program

Serving adolescents ages 12 through 18 years of age

Serving individuals with an autism spectrum and intellectual and developmental disorders.

Certifications: Ohio Department of Job & Family Services licensure as a Child Residential Center (pending), CARF preliminary certification for partial hospitalization, and Step By Step is a certified and accredited for outpatient behavioral health services such as counseling, psychiatry, psychological assessment, and case management.
Brief demographic description of population served:

A. Youth ages 12 through 18 who;
   A. have ASD/ID/DD;
   B. have demonstrated aggression, violent behavior and other behavioral challenges that are dangerous to themselves and others;
   C. may have co-morbid mental health disorders such as bipolar disorder or PTSD and;
   D. are at-risk for hospitalization, abuse, neglect or incarceration.

B. Families and caretakers of these youth;
C. Family & Children First Councils and others responsible for identifying service resources and supports for youths and their families;
D. Educational, therapeutic, medical and support organizations in the youths’ communities;
E. Other community members (first-responders, clergy, and courts etc.).
Our Continuum of Care shows the progression through our services that will lead to our mission’s outcome of unifying the individual back into their family’s lives.

Room, Board & Supervision  
Stabilization  
Assessments & Person Centered Plan Development  
Behavioral Treatment Interventions  
Skill Development & Portfolio  
Maintenance & Generalization of Skills  
Family Training & Pre-Discharge Planning  
Training for educational and community support team.  
Discharge from residential placement.  
Outpatient services.
Our Services for the Family

**Family & Individual Counseling Services** including treatment for stress, PTSD, and building confidence.

**Intensive Case Management Services** with linkages to services and funding to support the individual in home and community.

**Transition To Home Preparedness** Planning including:
- Training on behavioral principles
- Youth specific reports based on the Person Centered Plan utilized during stay.
- Youth specific de-escalation and self-regulation strategies in the developed behavior support plan.
- Skill assessment and skill acquisition portfolio

**Collaborate with community professionals** – provide same trainings and documentations to prepare them to serve

**Ongoing behavior management services** offered in the home.
Targeted outcomes to recapture the adolescent’s well-being: We strive to stabilize, increase or sustain the highest level of functioning for an individual with autism and/or development or intellectual disability by:

- Reducing challenging and dangerous behaviors by 80% from baseline assessment
- Increasing adaptive behaviors/new skills by 50% from baseline assessment
- Reducing self-injurious behaviors by 80% from baseline assessment
- Adhering to effective discharge/transition planning is a priority from start of service
- Treat symptoms of trauma of the adolescent and parent/caregiver.
The Stabilization Unit

- Provides a safe environment to stabilize the individual in a residential placement to ready them for more intensive behavioral interventions.
- Offers a Highly Structured Environment
- Intensive Psychiatrist Services
- Crisis intervention services
  - Level of support provided will be 1:1
  - Extra supports provided for health and safety of the individual and others
- Partial Hospitalization
- Educational Services
- Intensive family counseling and supports
- Length of stay in unit: 30 days
The Intensive Treatment Program

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• Stabilized adolescents in need of behaviorally focused residential treatment interventions and/or step-down residential level of care.
  • Level of support provided will be group or 1:1.
  • Intensive behavioral assessments and treatment sessions
  • Skill building intervention sessions.
  • Group Interventions and leisure activities.
  • Constant assessment to allow for fading of intensive level of supports.
  • Increased demands, transitions and group activities.
• Psychiatrist Services
• Partial Hospitalization
• Educational Services
• Length of stay in program: 45 days to one year
The Elijah Glen Center is a program under development with Step By Step Academy, Inc.

Step By Step.......

- Started providing services in 2002.
- Is nationally accredited by CARF or Community Accredited Rehabilitation Facility as a behavioral health organization.
- Is a certified community mental health center by the Ohio Department of Mental Health currently serving 750 open cases.
- Employs professionals who are leaders in psychiatric, mental health and behavioral health care services.
- Educational services are certified by Ohio Department of Education. Currently educates 250 students with autism in Ohio.
- Certified by Ohio Department of Developmental Disabilities to provide Medicaid waiver services.
- Is now the proud owner of the former Harding Hospital 45-acre campus in Worthington, Ohio.
- Members of NAMI, OACCA, The Ohio Council, OPRA, Ohio Association for Non-Profit Organizations.
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