



Welcome to the Individual and Family Support Program's March 2024 Coordinated Regional Council Meeting!

Mental Health Supports for People with DD

Featuring a presentation from V.J. Petillo of REACH



If you need closed captioning, please check the chat box for the link!





- **Welcome & Ground Rules**
- **What is the IFSP?**
- **Mental Health Supports for People with Developmental Disabilities** – V.J. Petillo, REACH Region 4
- **Questions and Answers** – REACH regional team members
- **Council Business and Adjourn**

** If you need closed captioning, please check the chat box for the link! **

** If you need technical assistance, email IFSPCommunity@dbhds.virginia.gov! **





- **Tonight's main session is being recorded and will be posted to YouTube.**
- **Please be respectful of our presenter, panelists, and other attendees.**
- **Please place your questions in the chat!**
 - The chat is not private.
 - Please identify your region when you are asking your question.
 - If you cannot use the chat box, please raise your hand or unmute yourself to speak.
 - If you have a question that is not related to this topic, you can email IFSPSupport@dbhds.virginia.gov.
- **This meeting is hosted by IFSP's Regional Councils.** If you have questions about IFSP-Funding, please visit the My Life, My Community website's Funding page: <https://tinyurl.com/mlmc-funding>
- **Remember that tonight's meeting is public, so please refrain from sharing personal information.**

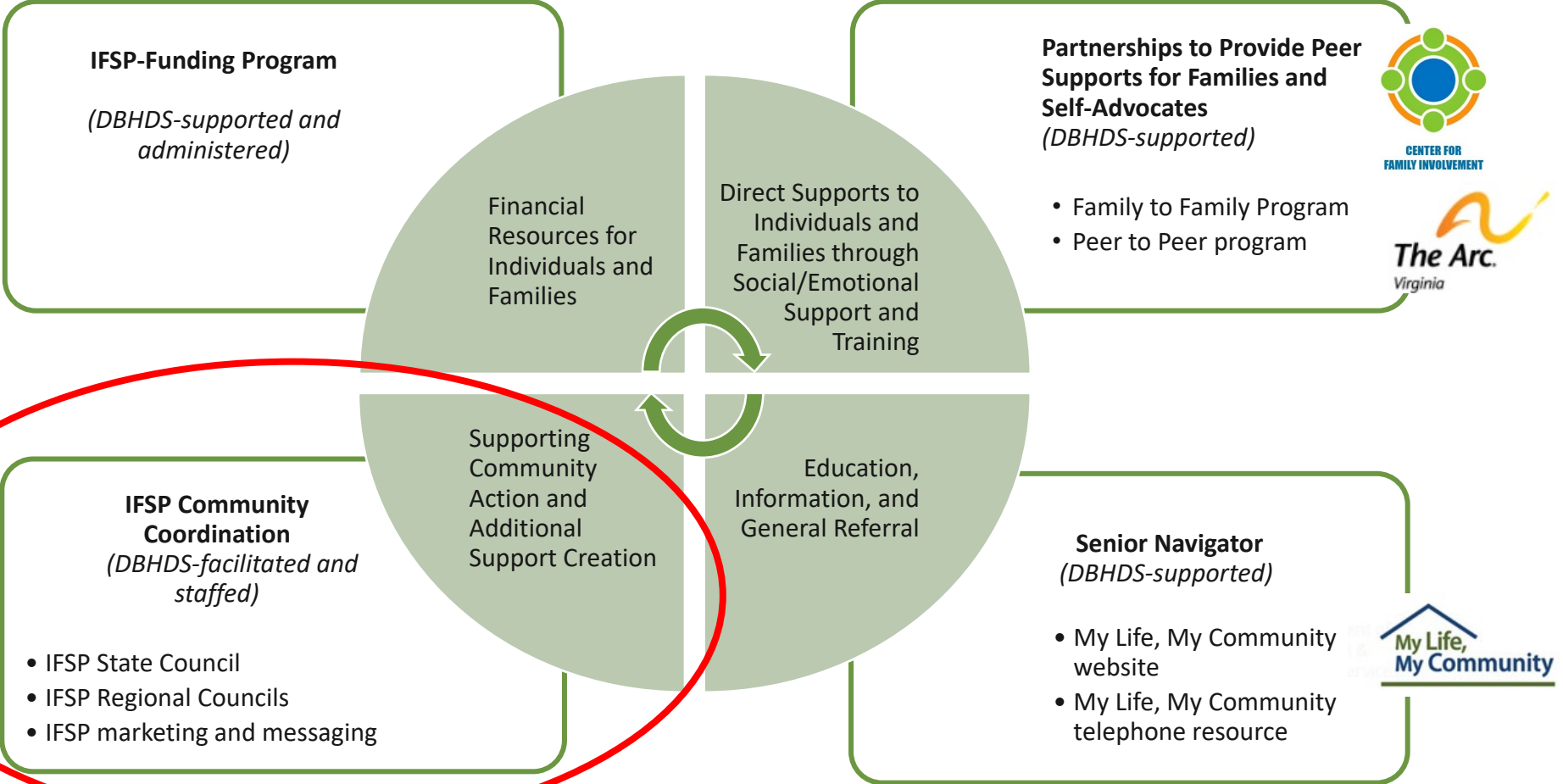
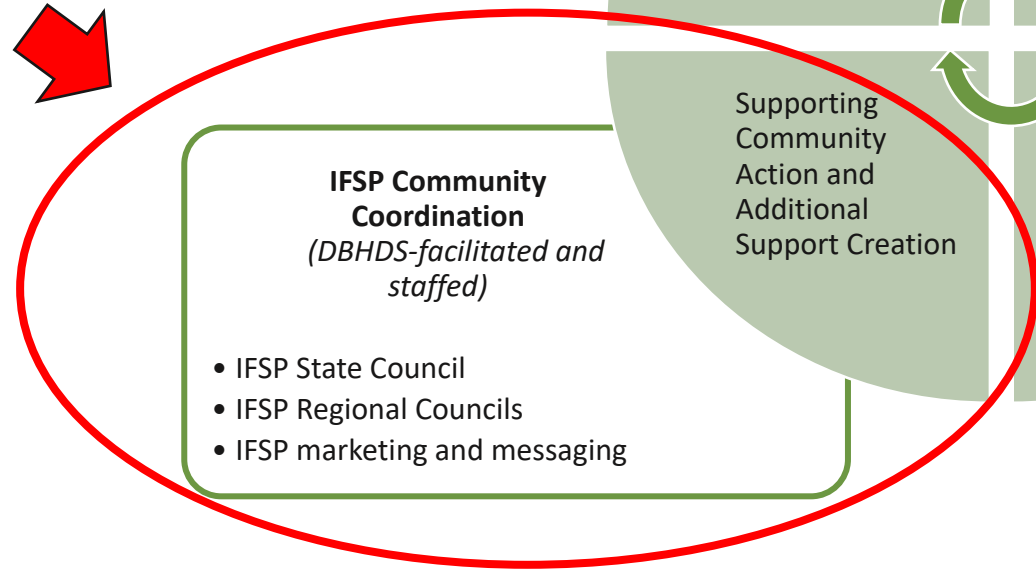
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You are here!



Tonight's speaker: **V.J. Petillo**

V. J. Petillo is an endorsed Positive Behavior Support Facilitator who is currently the System Trainer for Region 4 REACH. Since starting in the field of IDD in 1991, he has worked in a wide-variety of service settings, including: residential services, supported employment, exceptional education, case management, private practice as a behavioral consultant, and crisis supports. A significant part of V. J.'s work throughout his career has involved directly providing and/or developing behavioral supports. V. J. has Master's Degrees in Rehabilitation Counseling and Theology. He was endorsed as a Positive Behavior Support Facilitator in Virginia in 2006.

V. J. also has a clinical certification from NADD (one of the leading organizations for education, consultation, and training related to IDD and mental health conditions). Outside of REACH, V. J. consults with IDD organizations and on individual cases.





Corie Nixon

Jennifer Runion

Adrienne Randall

Karen Adams

Tammy Becoat-Eclou

Joseph Jones

Sheila Reaves

REACH Director
Region 1

**Quality Assurance
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**REACH Program
Director**
Region 2

REACH Director
Region 3

**REACH Clinical
Manager**
Region 4

**REACH Adult
Prevention
Supervisor**
Region 4

Director
Regional Recovery
and Crisis
Stabilization Services,
WTCSB



1. What is the difference between a crisis event and a non-crisis event?

Each situation is different and will require different supports! A rule of thumb is to consider if the supporting system has any enough resources (knowledge, skill, and/or people) who can assist in the particular behavioral event or mental health presentation. If the system can safely and effectively support the individual, it might not be a crisis.

However, if the system can't manage the situation safely and effectively, or the system has used up its resources, or the supporters are at a breaking point, this could be when REACH supports could be necessary. Clear symptoms of a mental health decompensation could also warrant a psychiatric crisis that needs immediate attention. REACH recommends contacting them early in the escalation cycle or when initial symptoms appear, rather than waiting until the situation escalates to a point of being an immediate risk to health and safety.

2. Can people without health insurance access REACH services?

Yes! An individual with IDD does not need any kind of payment source to access REACH services. REACH will address billing of insurance or the waiver at a later time, as appropriate. REACH will provide services regardless of ability to pay; services are subsidized by other funding sources.

3. What supports are available if REACH cannot connect a person to a mental health provider?

The REACH team does not provide direct mental health or behavioral services beyond crisis stabilization. After assessing the individual's behavioral and mental health status, REACH helps to link them with the appropriate mental health professionals. If the individual has a case manager (CM) or support coordinator (SC), the REACH team can advocate for and advise the CM/SC about necessary services to which the CM/SC can link the individual. Many times, the individual will have a REACH coordinator for a limited amount of time who tracks this process.



4. **What should be considered before requesting a mental health assessment from REACH? Are there any contributing risk factors that need to be considered (e.g., medical concerns, environmental factors, trauma triggers, communication challenges)?**

REACH assessments are conducted based on the situation. Assessments can be done over the phone or in-person. The person supporting the individual should be prepared to answer questions about the individual, including: demographics, behavior, diagnoses, mental health and physical health conditions, services received, etc. Multiple factors are involved and will need to be addressed throughout the initial assessment, and during any additional assessment that occurs during services. All of the factors mentioned, including trauma, are relevant and important!

5. **What does a stabilization service look like?**

Crisis stabilization services can occur in community settings (mobile crisis stabilization services) or in the Child or Adult Crisis Therapeutic House (CTH). Every treatment plan for these services is individualized/person-centered. However, the services generally involve a variety of therapeutic activities that focus on skills that the individual can learn and use, with a primary goal being the prevention of a future crisis. Examples of goals include: developing and/or practicing coping skills, and improved communication techniques.

6. **How can a parent or other caregiver proceed if a child is already hospitalized?**

When an individual (child or adult) with IDD is hospitalized, REACH is involved and collaborates with the hospital and the other members of the individual's team to create the best possible transition back to the community. Hospital emergency departments and psychiatric units contact REACH if no other person involved in the crisis has done so. Each region has a staff person called a Hospital Liaison whose job is to coordinate the transition back to the community, which could include step-down services (to mobile supports or admission to the CTH for further assessment). If a parent or caregiver is not sure if REACH is involved with their family member during a hospitalization, the parent/caregiver should ask.



- 7. How does REACH work with local CSBs? Does REACH provide training for case managers, or assistance with finding resources?**
REACH collaborates with CSBs in multiple ways during crisis response, stabilization, and follow-along. REACH team members will always keep IDD Support Coordinators (SC) and/or Mental Health Case Managers (CM) well-informed about the processes taking place and will coordinate with them to assure the SC/CM is involved in treatment- and transition-planning, if the individual is using REACH crisis stabilization services. REACH team members can assist (to the extent that they are able/knowledgeable) with linking to necessary services and supports. The REACH team provides community-based trainings and presentations frequently, and CSB staff are invited to these. CSB teams/departments can also request training from REACH about specific topics.
- 8. Does REACH take referrals from school staff? Would parents need to consent to help before help is given?**
Yes to both questions, if the individual is a minor. REACH will take referrals from school staff for an individual if they are over 18 years old, still in school, and do not have an appointed legal guardian. Individuals over 18 can provide the consent, which can also be given with the assistance of a parent.
- 9. I was informed that the 988 took place of Reach. Does 988 take the place of REACH in any form? How is 988 different from REACH?**
No, 988 does not take the place of REACH. The 988 service is available as an overall way to access immediate support in the event of a mental health crisis, but the REACH crisis numbers are the quickest manner of reaching the REACH team. It is likely that 988 staff would connect an individual with IDD to REACH.





Before we wrap up ...

Don't forget to let us know what you think!

- Please scan the QR code to fill out the Satisfaction Survey!
- You can also click the link that is being shared in the chat.

THANK YOU!





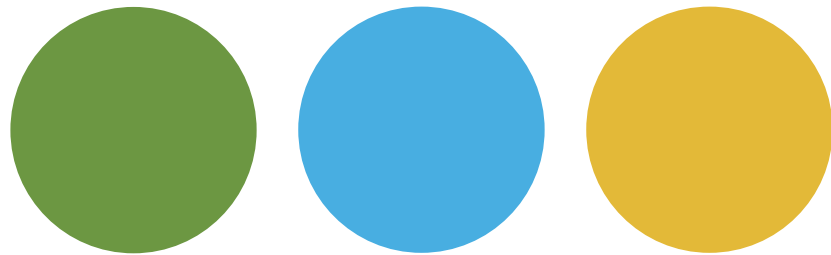
- The recording and PowerPoint slides will be shared on the My Life, My Community website and on the IFSPCommunity Facebook page:
 - <https://mylifemycommunityvirginia.org>
 - <https://www.facebook.com/IFSPCommunity>
- **Northern Regional Council recruitment:** We are still looking for people with DD to join our Northern Council! The application closes on March 31: <https://surveymonkey.com/r/IFSPNorthern2024>
- Save the date!
 - **IFSP State Council meeting:** April 19, 2024
 - **Our next Coordinated Regional Council meeting:** May 16, 2024
- To receive the latest updates from the IFSP, please make sure you are subscribed to our email list at <https://tinyurl.com/IFSP-List>





To our Hamilton Relay captioner:

Jenelle Kulla



To our main session speaker
and REACH panelists:

V.J. Petillo

Corie Nixon

Jennifer Runion

Adrienne Randall

Karen Adams

Tammy Becoat-Eclou

Joseph Jones

Sheila Reaves



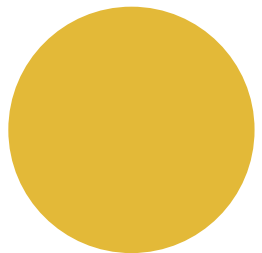
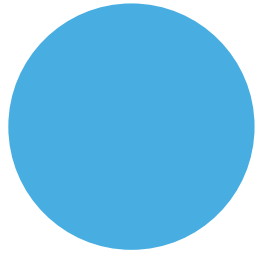
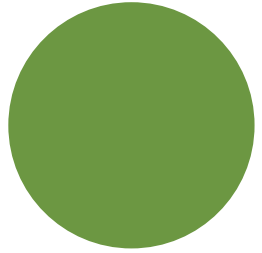


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Thank you!

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