



Action Request

Individuals and families need a range of available behavioral health supports. The response to the growing behavioral health crisis must include intellectual and developmental disabilities (I/DD) informed comprehensive and accessible options in addition to out-of-home services.

Growing behavioral health crisis highlights I/DD community needs

People with I/DD are part of the growing behavioral health crisis. The crisis has highlighted the lack of I/DD informed and responsive behavioral health services in the community. Providers report that staff lack the training to support the complex physical and behavioral health needs of I/DD clients, resulting in clients with I/DD continuing to be hospitalized even when medically cleared for discharge.¹

Ensure therapies designed for people with I/DD

People with I/DD experience barriers in accessing the prevention, intervention, treatment, and follow-up services and supports that are available in the community. Behavioral healthcare providers often lack the experience and training in treating people with I/DD and report a lack of educational and practicum experiences.² Treatment, prevention and intervention therapies that are developed to effectively engage people with I/DD need to be expanded and integrated into the larger behavioral health system to ensure the system is responsive to people with I/DD.

Fund alternatives to long-term hospitalizations

Current gaps in the availability of I/DD-responsive services are putting individuals and families with I/DD at risk of falling into crisis. Once in crisis, an individual's behavior can escalate to where hospitalization becomes the only immediate and available option to ensure safety. Hospitalization is not meant to be a long-term solution to a behavioral health crisis. It is costly and the lack of access to community-based crisis stabilization and other housing supports including Developmental Disabilities Administration's Supported Living services, which helps individuals live in their own homes, may lead to lengthy stays. Additionally, the lack of I/DD informed crisis stabilization services may lead caregivers to consider out-of-home placement at facilities in other states. These services are also costly and put a great distance between the person in crisis and their family members. When discharged, the coordination of follow-up services to restore stability and health can be difficult to coordinate, if they are available at all.³

Invest in a continuum of integrated behavioral health services for people with I/DD

Investing in a continuum of prevention, intervention, and follow-up behavioral health supports that are responsive to the needs of people with I/DD will contribute to both individual and community health. Best practices such as ensuring that hospitals have subject matter experts in I/DD to provide person-centered treatment services are needed to improve treatment and service delivery.⁴ The integration of I/DD services and behavioral health services that are responsive to people with I/DD will help to bridge the gaps in services and support people with I/DD. Expanding crisis stabilization services that are responsive to people with I/DD will help to address the need for hospitalizations.

¹ [Washington State Healthcare Authority Report to Legislature, Continuum of Care for Youth and Adults with Developmental Disabilities, July 2020](#)

² [Ibid.](#)

³ [Office of Developmental Disabilities Ombuds, Diverting Crisis Maintaining Housing and Supports for People with Developmental Disabilities](#)

⁴ [Washington State Department of Social and Health Services Report to Legislature, Best Practices for Co-Occurring Conditions: Serving People with Intellectual and Developmental Disabilities and Mental Health Conditions, October 1, 2022](#)