

Cross-System Crisis Response Pilot Program: Behavioral Health and I/DD Professionals working together

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Our Mission

Improving health care access and outcomes for people we serve while demonstrating sound stewardship of financial resources

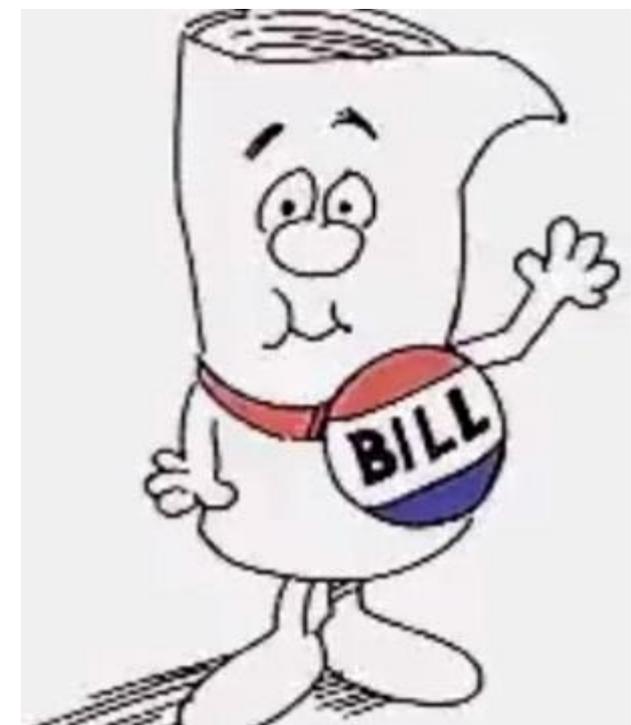


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House Bill (HB)15-1368 Cross-System Crisis Response Pilot Program

Establish a Cross-System Response for Behavioral Health Crisis Pilot Program to serve individuals with Intellectual or Developmental Disabilities



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HB15-1368 Cross-System Crisis Response Pilot Program: Background

- ✓ A statewide analysis of “Access to Mental Health Services for Individuals who have Dual Diagnoses of Intellectual and/or Developmental Disabilities and Mental and/or Behavioral Health Disorders” was completed in 2014 by the University of Excellence on Developmental Disabilities at the University of Colorado School of Medicine, JFK Partners

- ✓ Recommendations from analysis include:
 - People with Intellectual and Developmental Disabilities (I/DD) should have access to mental/behavioral health services in parity with the general population
 - The capitated mental health system should fully include coverage for behavioral supports and mental health services for people with I/DD
 - Integrated system of monitoring and reporting
 - Specialized cross-training to increase effectiveness of assessment, prevention, intervention, and crisis response



HB15-1368- Cross-System Crisis Response Pilot Program

✓ Pilot reimbursement—multiple sites across different geographic regions for cross system response for behavioral health crises for people with I/DD and a mental health or behavioral disorder

✓ Pilot requirements

- Written cooperative agreements among state plan providers, Medicaid school based health services, I/DD service providers, I/DD case management agencies and Behavioral Health Organizations (BHOs)
- Timely crisis intervention
- Stabilization
- Evaluation
- Treatment
- In-home therapeutic Support
- Site-based therapeutic Support
- Follow up services



HB 15-1368- Cross-System Crisis Response Pilot Program

✓ Pilot requirements (cont'd)

- Must complement and expand on the Colorado Behavioral Health Crisis Response System
- Access to intensive psychiatric, behavioral, and mental health (MH) services
- Offer community based mobile support to persons with I/DD and families
- Offer education/training and follow up supports to individuals with I/DD and families and caregivers



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A Partnership Among Experts



“With the new program we have developed strong relationships within our partner programs. I now am able to call and connect with leaders at all of the I/DD agencies in the area. This makes crisis work more streamlined and person centered.”

- Michelle Hoy, Vice President, Mind Springs, Community Mental Health Center, Grand Junction and Glenwood Springs, Colorado



Knitting Services

- Medicaid Home and Community Based Services waivers
- Medicaid State Plan
- Behavioral Health Organizations
- Colorado Crisis Services
- Private Insurers
- Cross System Crisis Pilot Program

State Partners

- State Departments- Health Care Policy and Financing (HCPF) and the Department of Human Services (DHS)-Office of Behavioral Health (OBH) are working collaboratively to ensure the Colorado Crisis Services and the CSCR Pilot are aligned
 - *Commitment to and buy-in for **START** training*
 - ***Person-centeredness** is well integrated into all aspects of programming*
 - *New clients with I/DD are identified*
 - *The **crisis stabilization unit (CSU)** staff prioritize physical health assessments*
 - *CSU staff have learned to modify expectations and group activities based on the specific **needs and abilities** of the current clients*



CSCR Pilot Best Practices

- **Professional Learning Communities (PLC)** have been established
 - 6-month cycle to provide a **train-the-trainer** model for the partners
 - Creation of a **library of trainings** to be used across the CSCR Pilot
- A new **assessment** was developed and specifically tailored for individuals with co-occurring conditions
 - This assessment has **streamlined the process for admissions** into the CSCR Pilot
- **Respite services and education for caregivers** has been identified as a need to more specifically target support to families
- Addresses the need for an **expedited eligibility process** for individuals utilizing the CSCR Pilot to identify whether participants were eligible for an **HCBS waiver**



CSCR Pilot Best Practices

- Cross-system interagency meetings have been established between I/DD specialists and mental health professionals, that occur every two weeks to:
 - Share training
 - Identify areas of process improvements to be revised or implemented
 - Discuss complex cases and treatment options agreed upon

The opportunity to meet with our CMHC partners on a regular basis to discuss ‘What’s Working and What’s Not Working?’ so that processes are continually reviewed and updated. The frequency of these meetings also helps solidify our relationships and ability to work together. This collaboration has allowed us to ‘think outside the box’ when designing crisis management supports that best support the person with IDD.” - Erin Eulenfeld, COO: Services, Foothills Gateway Inc., Community Centered Board, Fort Collins, Colorado

OUR PARTNERSHIP



CSCR Pilot Participation

August '16 - May '17

CSCR Pilot Participation

Number of Events	238
New to CSCR Pilot	163
Prior Entry	0
Adult	95
Child	68

Outcomes of Crises

August '16 - May '17

Level of Treatment and Site

Assessment	100%
Care Plan	47%
CSU/ATU	15%
Community-Based	23%
In-Home	1%
Mobile Crisis Response	3%

Diverted From

Regional Center	0%
Hospital	2%
Jail/Prison	0%
Out-of-State Placement	0%
Other	0%

Follow Up Plan

Follow Up CM	64%
No Follow-up Plan	9%
Unknown	50%

Still Need High Level of Care

Regional Center	1%
Hospital	30%
Jail/Prison	0%
Out-of-State Placement	0%
Other	1%

Participant Chose Alternative to CSCR Pilot 13%



Training



The Center for START Services

- On-site 2-day training for supervisory program staff and community first responders
 - Person-centered care
 - Evidence-based practices related to working with an individual in crisis
 - Addressing cross-system barriers
- Monthly case conference calls and consulting services

Training

Cross-System Collaboration and Training for all program staff

- Mental Health First Aid for Adults and Youth
- Orientation to Crisis Services
- Intellectual and/or Developmental Disability Overview
- **Person-Centered Care/Trauma-Informed Care**
- Orientation to Operational Policies and Procedures



HB 15-1368 Implementation Highlights

June 2015

HB 15-1368 is signed into law authorizing the CSCR Pilot and Actuarial Study.

May 2016

CSCR Pilot lead agency contract signed with Rocky Mountain Health Plans.

March 2017

Department received 1st program evaluation for CSCR Pilot.

Spring and Summer 2018

Department to receive 3rd and 4th program evaluations for CSCR Pilot.

January 2016

Department received responses to RFP for CSCR Pilot lead agency.

August 2016

CSCR Pilot began providing crisis services.

June 2017

Department received 2nd program evaluation for CSCR Pilot.

June 2019

CSCR Pilot ends.

November 2014

Gap Analysis released by JFK Partners.

June 2016

Department received 1st actuarial report.

June 2017

Department received 2nd actuarial report.

Summer 2018

Department to receive 3rd actuarial report.



Timely Crisis Intervention



- Colorado Crisis Services Hotline
- Community-Based Mobile Support team
 - Stabilization
 - Evaluation
 - Treatment plan development

Follow-up Services

- Pilot Case Manager
 - **Locate, coordinate, facilitate** enrollment in community services
 - **Monitor ongoing community services**
 - A person may continue to utilize Pilot services until **follow-up services** are established

“My daughter continuously blew up at home. She took a knife to my throat. My daughter stayed at the Strive Therapeutic home. We did attempt to move her to the ATU but she became suicidal and was placed on a M1 hold. Strive helped advocate for her to get residential placement to get her stabilized. We were able to get her sent to El Pueblo. She recently returned. Strive has helped provide in home support. We have slowly been able to continue to have her remain stable at the home. Strive is available for help when I call them and ask. This has been a wonderful program to help support my family.”



KEEP
CALM
AND
Call the
Case Manager

In-Home Therapeutic Support

- Assist people who are in crisis within their natural living environment
- **Coordinate** with and train the person's current service providers and natural supports
- Coordinate with the assessment team



Site-Based Therapeutic Support

- 24 hour therapeutically-planned and professionally staffed environment
- Provide support for those who need a higher level of care but do not require in-patient hospital based services
- Crisis Management
- Stabilization
- Transition

“Before this program, I didn’t understand how to calm myself down. I would just blow up. I had to have the police called on me multiple times. I was able to go to 181* and learn new ways to calm myself down. I have been more successful in my current setting. When I do get upset, I am able to have staff call one of the staff from 181 and they help calm me down.” - CSCR Pilot participant

* "181" is the name of one of the Site-Based Therapeutic Stabilization Homes.



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Site Based Therapeutic Support Home

Grand Junction



Interior



Toilets Tank Lids Bolted down



Every Hand Rail has a Solid Core



Showers equipped with ligature preventative heads and controls



Bathroom Sinks also have ligature resistant faucets and plumbing covers



Mirrors are Polished Metal



Interior doors are equipped with ligature resistant door-knobs and locks



Interior doors are equipped with door hinges which allow doors to open either way to prevent blocking



Electrical outlets prevent insertion of objects



All lighting is in the ceiling and is recessed and made of non glass material including the bulbs



This dining room table and seating design is bolted to the flooring



All windows including bathroom and doors are Lexan safety glass



Where necessary blinds are inside the window panes of the glass.

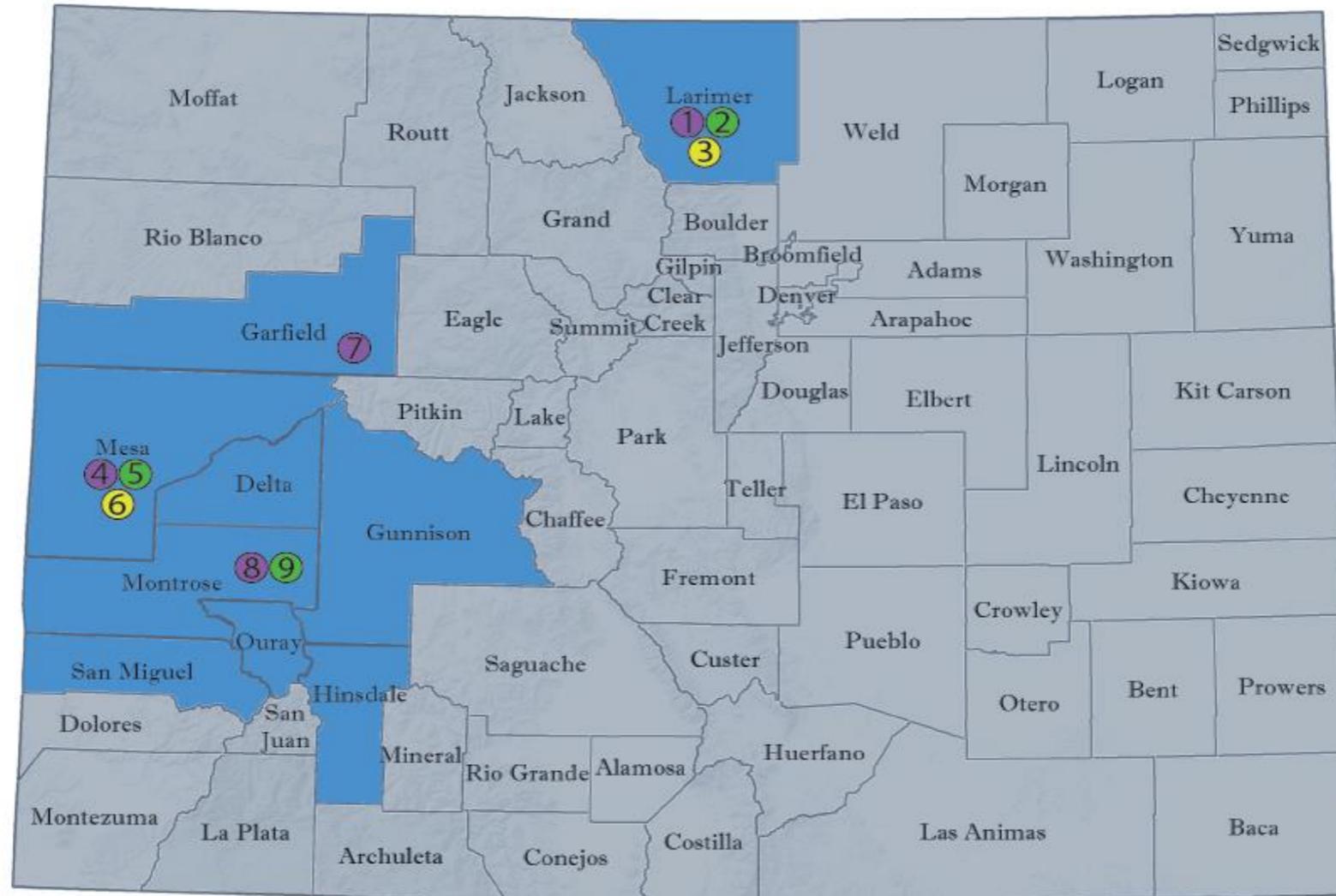


Pilot Project's Regions

- **Western Slope**
 - Mesa County
 - Garfield County
 - Montrose County
 - Delta County
- **Front Range**
 - Larimer County



Cross-System Crisis Response (CSCR) Pilot Partners



- 1- Foothills Gateway, Inc.
- 2 - SummitStone Health Partners
- 3 - Community Crisis Services Center
- 4 - STRIVE
- 5 - Mind Springs Health
- 6 - Transitions at West Springs
- 7 - Mountain Valley Developmental Services
- 8 - Community Options, Inc.
- 9 - The Center for Mental Health

- I/DD Services
- Mental and Behavioral Health Services
- Front Range - walk-in center
- I/DD Services
- Mental and Behavioral Health Services
- Western Slope - walk-in center
- I/DD Services
- I/DD Services
- Mental and Behavioral Health Services

- Mental and Behavioral Health Services
- I/DD Services
- Walk-in Center



Western Slope

Pilot Partners:

- **Rocky Mountain Health Plans**
- **Mind Springs-Community Crisis Center/Crisis Stabilization Unit**
- **Strive- Behavioral Line Staff and Case Management**
- **Strive- In-Home Therapeutic Support, Site-Based Therapeutic Support**
- **Mountain Valley- Behavioral Line Staff and Case Management**
- **Community Options-Behavioral Line Staff and Case Management**



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Local Collaboration

- Community Crisis Team
- Bi-monthly meetings with mental health and I/DD staff to continue to develop protocols and discuss issues and concerns
- Continued Cross training of staff to include **Person-Centered Thinking**
- Strive developed two **Site-Based Therapeutic Support homes** (children and adults), acquired vehicles, supplies and equipment
- Developed protocols/work flow charts to identify individuals with I/DD and how I/DD professionals and services are accessed
- Memorandums of Understanding (MOU) between local community service providers



Front Range

Pilot Participants:

- **Rocky Mountain Health Plans**
- **SummitStone Health Partners - Community Crisis Center/Crisis Stabilization Unit**
- **Foothills Gateway Inc. (FGI) - Behavioral Line Staff and Case Management**
- **Behavioral Consultant**
- **FGI and SummitStone** have a history of collaborative work for over twenty years.



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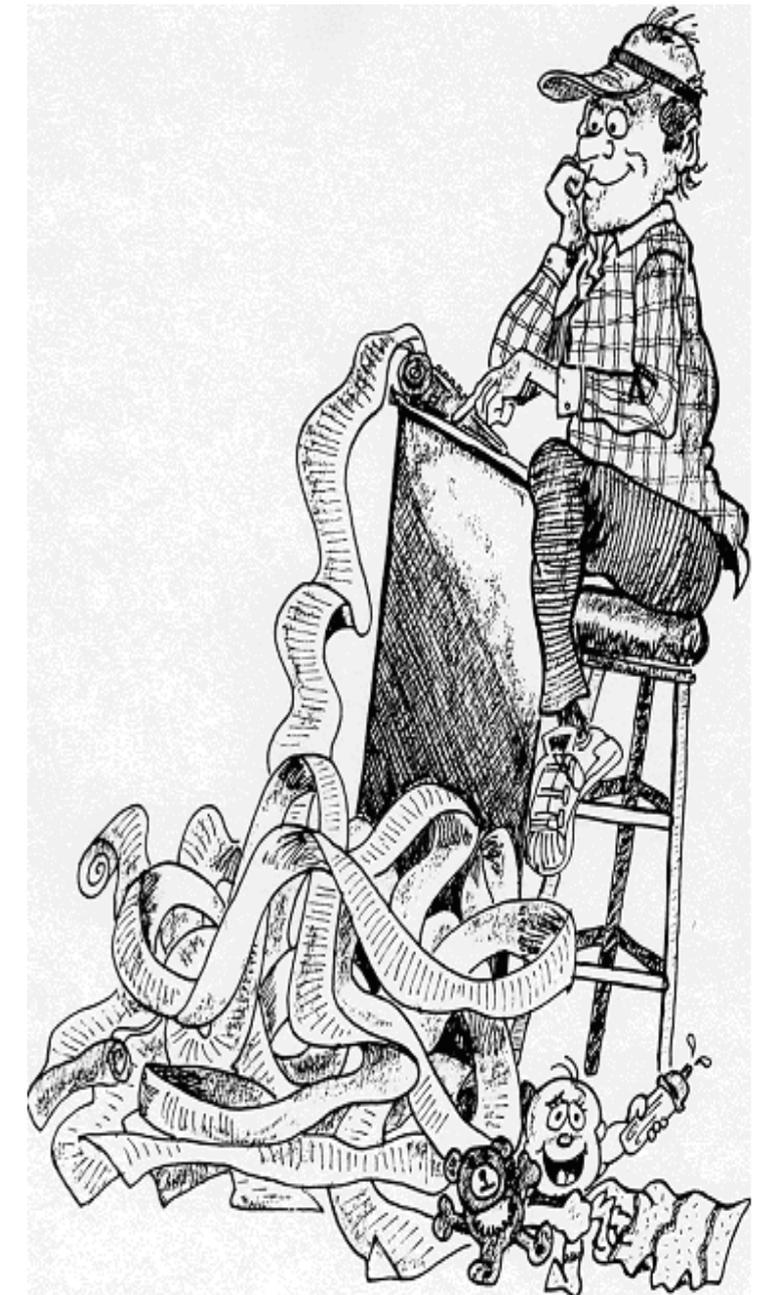
Actuarial Study and Cost Analysis

What is an Actuarial Study?

The examination of risk by a highly educated and certified professional statistician. Cost analysis uses statistical models to manage financial uncertainty by making educated predictions about future events.

How will it be used?

As set forth in HB 15-1368, a cost analysis with accompanying Actuarial Study will complement the Pilot Program to ensure that individuals with Intellectual and Developmental Disabilities are fully included in the Colorado Behavioral Health System and are supported in the Colorado Behavioral Health Crises Response System.



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Actuarial Study and Cost Analysis Goals

- The costs of **eliminating** service gaps for individuals with **co-occurring conditions**
- To understand the gaps that **diagnostic overshadowing** creates
- The **barriers** in the mental health service delivery system that may contribute to **diagnostic overshadowing**
- Inform service delivery **system improvements** to ensure that individuals with I/DD are **fully included** in Colorado's Medicaid mental health system
- Identifying **national best practices** which will inform **training opportunities** to improve the proficiency of services.



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Data Sets



- Colorado Crisis Services Data
- Medicaid claims
- Data gathered from Pilot Program

Thank you!

Questions?



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