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

Behavioral Health and Intellectual and Developmental Disabilities Professionals (I/DD) working together to support children and adults with I/DD and Behavioral Health Needs

CANDO Presentation
March 10, 2017
HB15-1368 Cross-System Crises Response Pilot Program

- Why Pilot is Needed
- Background of Pilot
- Pilot Requirements
- Description of Pilot Program
- Training
- Contact Information
Estimate of number of adults with dual diagnosis

- Estimate is consistently 30 to 35 percent nationally
  - 3,362-3,923 adults in Colorado on waivers likely in need of mental health services

- National Core Indicator (NCI) data shows:
  - 43% of individuals with I/DD need some extensive support to manage self-injurious, disruptive and/or destructive behavior
  - Higher use of psychotropic medication
Estimate of Number of Individuals in Colorado with Dual Diagnosis - Children

- 2013 Colorado Department of Education Total Student Population with disabilities: 90,388
- Autism 5,280
- Emotional disability 6,039
- Intellectual disability 2,832
- Total 14,151
- 30-35% expected to have co-occurring diagnosis- 4,250-4,950
HB15-1368 Cross-System Crises Response Pilot Program Background

- Culmination of work beginning 2010 by the Colorado Autism Commission and their successor The Collaborative for Autism and Neurodevelopmental Disabilities Options (CANDO)
- Identified the Systemic, Therapeutic, Assessment, Resources and Treatment (START) Model as one to emulate
- 2012 Legislature authorized $50,000 to explore development of crisis intervention program. Conducted by JFK Partners of the University of Colorado School of Medicine designated as Colorado’s University Center of Excellent in Developmental Disabilities (UCEDD)
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 JFK Partners.

Commonly called “The GAP Analysis”
GAP Analysis
Recurring Comments for Needed Services

• Wrap-around care/support
• Many families receiving services/therapies state that any one service meets their child’s needs “a little” or “somewhat”
• Access to needed care - regardless of diagnoses or lack thereof
• Support for the entire family unit
• Need out of home placement options
GAP Analysis
Recurring Comments for Needed Services Continued

• Respite care with trained staff
• Family therapy/classes
• Living/other supports for individuals
• Need for provider training/more options for crises
Gap Analysis Barriers Identified

- Limited access to appropriate treatment, especially inpatient psychiatry for individuals with concurrent physical health issues
- Lack of utility of diagnosis as etiology
  - Conflicts within existing requirements
  - Adequacy of funding
  - Workforce capacity
People with neurodevelopmental disabilities should have access to appropriate mental health services within the mental health system.

- No exclusions based upon diagnosis
- Need vs diagnosis should be the framework
Gap Analysis Policy and Funding Recommendations

• **Care Coordination** should have the authority to operate across systems for neurodevelopmental disabilities services, mental health services, primary care services, and long-term care services and supports.

• **Specialized cross-training** should be provided to increase the effectiveness of assessment, prevention, intervention and crisis response.

• **Supports and services** should consider the holistic needs of the individual and his/her community based service system.
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
- Provides Stabilization, Evaluation, Treatment
- Mobile Crisis Response Teams
- In-Home Therapeutic Services and Supports
- Site-Based Therapeutic Services and Supports
- Follow-Up Services
HB15-1368 Cross-System Crises Response Pilot Program

- **Pilot Requirements** (continued)
  - Must complement and expand on the Colorado Behavioral Health Crisis Response System
  - Access to intensive psychiatric, behavioral, and mental health 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 guardians
HB15-1368 Cross-System Crises Response Pilot Program

- In 2015 Legislature authorized project for 3 years for a total of $3.385 million for:
  - Pilot Operational costs
  - Program Evaluation
  - Actuarial Study
- Rocky Mountain Health Plans (RMHP) was awarded the contract
- RMHP serves as the Regional Care Collaborative Organization (RCCO) for Region 1, which covers 21 counties on the Western Slope, plus Larimer County
A Partnership Among Experts
HB15-1368 Cross-System Crises Response Pilot Program

Pilot Regions

• Western Slope
  ▪ Mesa County
  ▪ Garfield County
  ▪ Montrose County
  ▪ Delta County

• Front Range
  ▪ Larimer County
The Pilot Was Live As Of August 1, 2016
Design

- Community-Based Mobile Support team
  - Stabilization
  - Evaluation
  - Treatment plan development
HB15-1368 Cross-System Crises Response Pilot Program

✅ Crisis Assessment

- Mental Health assessment completed jointly by Mental Health clinician and Developmental Disabilities professional

- Safety Plan
- Mental Health Transitions facility
- Psychiatric Hospitalization
- In-home peer support
- Site-Based Facility Support
- In-Home Therapeutic Support
HB15-1368 Cross-System Crises Response Pilot Program

✓ In-Home Therapeutic Respite
  • Assist people who are in crisis within their natural living environment
  • Coordinate with and train the person's current service providers and/or family members
  • Coordinate with the assessment team
HB15-1368 Cross-System Crises Response Pilot Program

✓ Site-Based Therapeutic Services and Supports

• 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 --- step-down unit

• Long-Term Treatment Planning and Implementation

• Transition to Community
HB 15-1368 Cross-System Crises Response Pilot Program

✓ Care Coordination

• The Developmental Disabilities Case Manager coordinates the team of professionals, family members and others supporting the person

• Team members from a variety of systems (MH, DD, physician) participate in planning and implementing the care plan

• The care plan developed will include a plan for return to community with identified supports from MH and DD systems
HB 15-1368 Cross-System Crises Response Pilot Program

✓ Follow-Up Services by Case Manager

- Locate, coordinate, facilitate enrollment in community services
- Monitor on going community services
- A person will continue to utilize Pilot services until follow up services are established
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 Professional Learning Communities
• 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
Knitting Services

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

• The Pilot partners have worked together to assess clients in crisis for an intellectual or developmental disabilities, manage the crisis, and create follow up plans.
• The partners collaborate in professional learning communities that teach them how to manage crisis for clients with I/DD and track and share data on the clients.
• Through weekly operations meetings, the partners discuss cases and work to improve processes and communication.
People Served Through Pilot

- From August 2016 through January 2017, the partners in the Pilot managed crises for 133 individuals.
- 81 were adults and 52 were children
- 37 of the clients were in Larimer County and 96 were on the Western Slope.
Contact Information

Call Anytime Day or Night

- 1-844-493-TALK (8255) or TEXT TALK to 38255
- [www.COLORADOCRISISSERVICES.ORG](http://www.COLORADOCRISISSERVICES.ORG)

Walk-In Assistance at
Transitions at West Springs
515 28 ¾ Road, Grand Junction

OR

SummitStone Health Partners
Community Crisis Center
1217 Riverside Avenue Fort Collins, CO
Website

• Dual Diagnosis Gap Analysis Website:
  http://tinyurl.com/coloradoGAP
Questions?