Therapeutic Respite for Crisis Prevention/Stabilization for People with IDD and Behavioral Disorders

Elevate Respite NATIONAL LIFESPAN RESPITE CONFERENCE

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- Understand importance of collaboration/ relationships to make change in public policy;
- Understand importance of research and data gathering to affect change
- Understand therapeutic respite- what it is and why it needs to be part of system

Gap Analysis background

- 2010--CO Autism Commission identified increased access to MH services for people with Autism and other neuro-developmental disabilities as a critical goal.
- 2012-Medical-MH committee of CANDO (successor to Autism Commission) identified START model as a possible model to emulate.

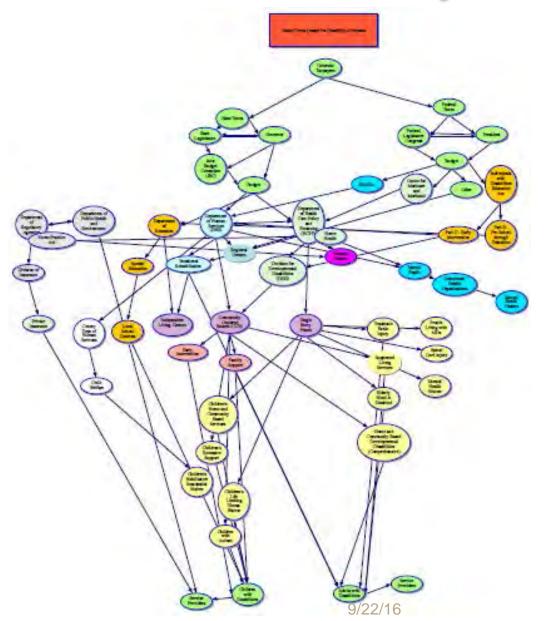
Gap Analysis background

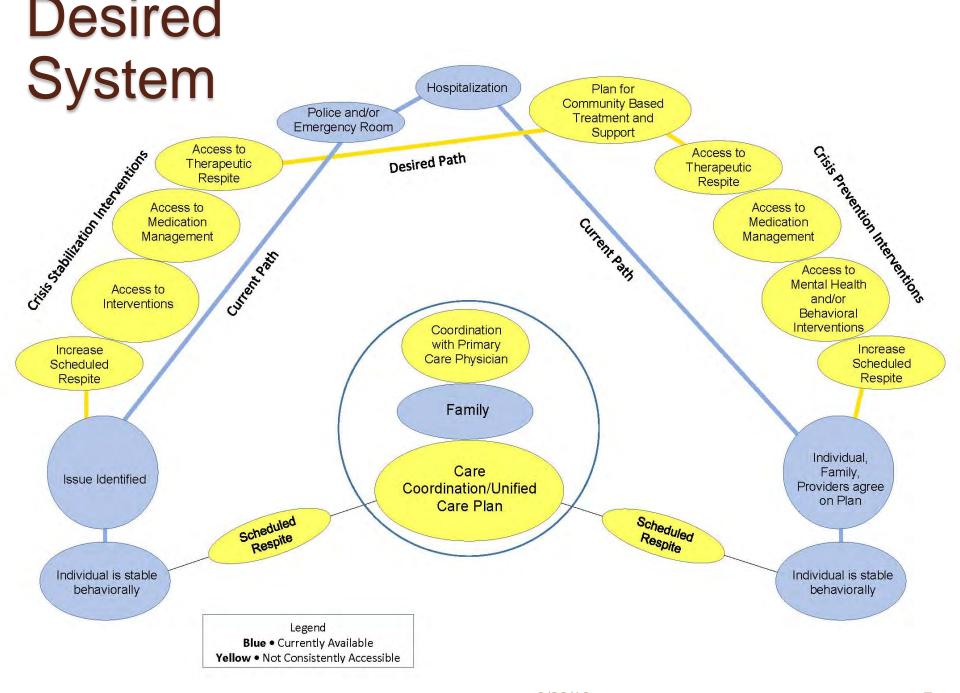
- START (Systematic, Therapeutic Assessment, Respite and Treatment) evidenced based practice model for crisis intervention for individuals with dual diagnosis—neurodevelopmental/mental health
- CO Legislature authorized \$50k through a contract with JFK/CU-SOM (UCEED) to explore development of a Colorado crisis intervention program

Gap Analysis background

- Held 11 Regional Meetings co-hosted by CCB's, Mental Health Centers, and BHO's; attended by a total of 289 individuals.
- Established a webportal with surveys completed by interested stakeholder groups we heard from 104 families; 123 providers
- Analyze relevant statutes, policy and regulation documents.
- Policy and Funding Barriers and Recommendations report developed.

Visual of Current System





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

- NCI Core Indicator 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

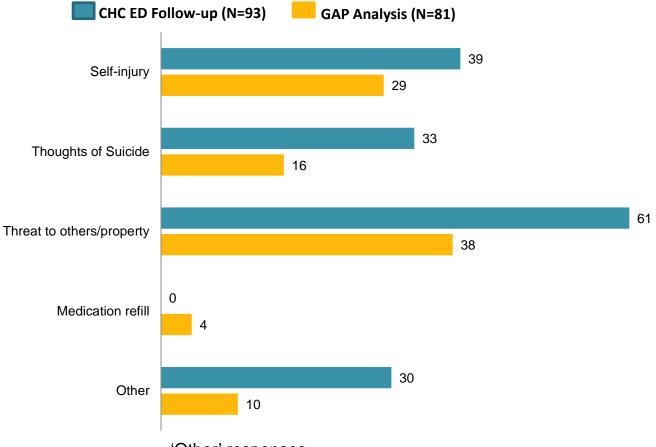
Estimate of Number of Individuals in Colorado with Dual Diagnosis - Children

 Colorado Department of Education Data 2013 Total Student Population 90,388 with disabilities

Autism	5,280
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- Emotional 6,039 disability
- Intellectual 2,832
- disability
 30-35% expected to have co-accurring diagnosis 4,250-4,950

Main Reason for ER visits



'Other' responses

- Medical needs
- "We needed a break"
- "Needed medical evaluation and surveillance"
- "My child has medical problems that sometimes cannot be managed at home due to behavior – i.e. refusing to allow treatment ..."

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
- Day Camp; longer term camps
- Respite care with trained staff
- Family therapy/classes
- Living options for transitioning adults
- Living/other supports for higher-functioning 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
- Function/need vs diagnosis should be the framework

The state should develop a reimbursement system that fully includes people with co-occurring diagnoses.

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 or her community-based support system.



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



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.

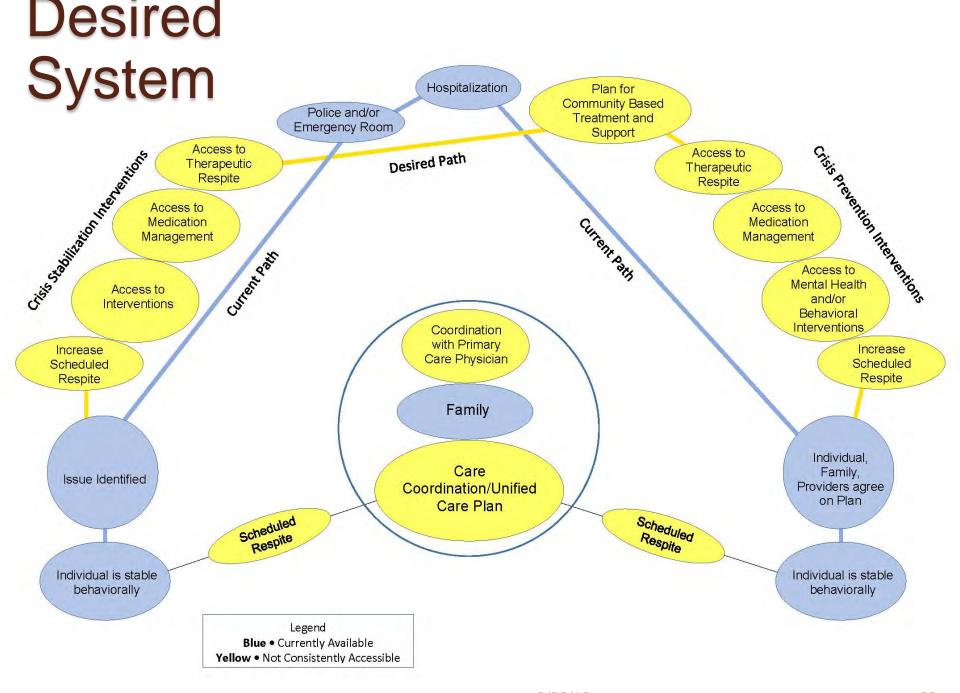
Pilot Cross System Care Coordination

- 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.

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Follow-up Services

- Pilot 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



Pilot 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

Pilot Training

Cross-System Collaboration and Training for all program staff

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

- ✓ 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 respite
 - Site-based therapeutic respite
 - Follow up services

- Pilot requirements (cont'd)
 - Must complement and expand on the Colorado Behavioral Health Crisis Response System
 - Access to intensive psychiatric, behavioral, and 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

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

Site-Based Therapeutic Respite

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

Knitting Services

- Medicaid Home and Community
 Based Services Waivers
- Medicaid State Plan
- Behavioral Health Organizations
- Colorado Crisis Services
- Private Insurers
- Other Respite Dollars

A Partnership Among Experts











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MIND SPRINGS health

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COLORADO

Department of Health Care Policy & Financing

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- Dual Diagnosis Gap Analysis Website: http://tinyurl.com/coloradoGAP
- CANDO Website: http://co-cando.org/