COLORADO
Department of Health Care Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

July 1, 2017

The Honorable Jim Smallwood, Chair
Health and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Smallwood:

Enclosed please find the Department of Health Care Policy and Financing's legislative report on the Cross-system Response Pilot Program for persons with Intellectual and Developmental Disabilities to the Senate Health and Human Services Committee.

*Section 25.5-6-412, C.R.S. requires the Department to conduct a cost analysis of the services that would need to be added to eliminate gaps and 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 crisis response system. The Department shall provide the results of the cost analyses in an annual written report on the pilot program, as well as recommendations related to closing service gaps, on or before July 1, 2017 and each July 1 thereafter.*

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/jkn

Enclosure(s): 2017 Cross-system Response Pilot Program Report

Cc: Senator Beth Martinez Humenik, Vice-Chair, Health and Human Services Committee
Senator Irene Aguilar, Health and Human Services Committee
Senator Larry Crowder, Health and Human Services Committee
Senator John Kefalas, Health and Human Services Committee
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Chris Underwood, Health Information Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Zach Lynkiewicz, Legislative Liaison, HCPF

COLORADO
Department of Health Care Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

July 1, 2017

The Honorable Jonathan Singer, Chair
Public Health Care and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Singer:

Enclosed please find the Department of Health Care Policy and Financing's legislative report on the Cross-system Response Pilot Program for persons with Intellectual and Developmental Disabilities to the House Public Health Care and Human Services Committee.

*Section 25.5-6-412, C.R.S. requires the Department to conduct a cost analysis of the services that would need to be added to eliminate gaps and 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 crisis response system. The Department shall provide the results of the cost analyses in an annual written report on the pilot program, as well as recommendations related to closing service gaps, on or before July 1, 2017 and each July 1 thereafter.*

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/jkn

Enclosure(s): 2017 Cross-system Response Pilot Program Report

Cc: Representative Jessie Danielson, Vice-Chair, Public Health Care and Human Services Committee
Representative Marcus Catlin, Public Health Care and Human Services Committee
Representative Justin Everett, Public Health Care and Human Services Committee
Representative Edie Hooton, Public Health Care and Human Services Committee
Representative Joanne Ginal, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
Representative Kimmi Lewis, Public Health Care and Human Services Committee
Representative Larry Liston, Public Health Care and Human Services Committee
Representative Dafna Michaelson Jenet, Public Health Care and Human Services Committee
Representative Dan Pabon, Public Health Care and Human Services Committee
Representative Brittany Pettersen, Public Health Care and Human Services Committee
Representative Kim Ransom, Public Health Care and Human Services Committee
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COLORADO
Department of Health Care Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

July 1, 2017

The Honorable Joann Ginal, Chair
Health, Insurance, and Environment Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Ginal:

Enclosed please find the Department of Health Care Policy and Financing's legislative report on the Cross-system Response Pilot Program for persons with Intellectual and Developmental Disabilities to the House Health, Insurance, and Environment Committee.

*Section 25.5-6-412, C.R.S. requires the Department to conduct a cost analysis of the services that would need to be added to eliminate gaps and 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 crisis response system. The Department shall provide the results of the cost analyses in an annual written report on the pilot program, as well as recommendations related to closing service gaps, on or before July 1, 2017 and each July 1 thereafter.*

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/jkn

Enclosure(s): 2017 Cross-system Response Pilot Program Report

Cc: Representative Daneya Esgar, Vice Chair, Health, Insurance and Environment Committee
Representative Susan Beckman, Health, Insurance and Environment Committee
Representative Janet Buckner, Health, Insurance and Environment Committee
Representative Phil Covarrubias, Health, Insurance and Environment Committee
Representative Stephen Humphrey, Health, Insurance and Environment Committee
Representative Dominique Jackson, Health, Insurance and Environment Committee
Representative Chris Kennedy, Health, Insurance and Environment Committee
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COLORADO
Department of Health Care Policy & Financing

# House Bill 15-1368 – Cross System Response to Behavioral Health Crises Pilot Program (CSCR Pilot)

**Date: July 1, 2017**



1570 Grant Street, Denver, CO 80203-1818 P 303.866.2993 F 303.866.4411
www.colorado.gov/hcpf

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## Introduction

In 2014, the University Center of Excellence on Developmental Disabilities at the University Of Colorado School Of Medicine, known as JFK Partners, completed a statewide study that identified gaps in services for individuals with an intellectual or developmental disability (I/DD) who experience a behavioral health issue (Gap Analysis).[1] House Bill (HB) 15-1368 was passed into law, per section of the Colorado Revised Statutes 25.5-6-412, which established the Cross-System Response for Behavioral Health Crises Pilot Program (CSCR Pilot) to help address the gaps in services identified in the Gap Analysis and serve people with an I/DD and a mental health disorder experiencing a behavioral health crisis.[2] HB 15-1368 also directs the Department of Health Care Policy and Financing (the Department) to conduct a series of cost analyses, including an actuarial study of the services that would need to be added to Medicaid to eliminate service gaps and ensure that individuals with I/DD are fully included in the Colorado behavioral health system and are supported in the Colorado Crisis Services.[3]

## CSCR Pilot Overview

The Department, in partnership with the Colorado Department of Human Services (CDHS), is conducting the CSCR Pilot to address gaps in behavioral and mental health crisis services for individuals with I/DD. The goal of the CSCR Pilot is to establish a sustainable model for providing crisis intervention, stabilization, and follow-up services to individuals who have both an I/DD and a mental health or behavioral health condition, and who require services not available within the current Colorado Medicaid system.

The CSCR Pilot is a collaborative effort between the Department, CDHS-Office of Behavioral Health (OBH), who manages the Colorado Crisis Services, Community Mental Health Centers (CMHCs), and community-based I/DD service providers. Through the state procurement process, the Department selected Rocky Mountain Health Plans (RMHP) to serve as the lead agency and coordinate the core services in the CSCR Pilot. As a Regional Care Collaborative Organization (RCCO) who specializes in cross-system

[1] Robinson Rosenberg, Cordelia. "Analysis of Access to Mental Health Services for Individuals who have Dual Diagnoses of Intellectual and/or Developmental Disabilities (I/DD) and Mental and/or Behavioral Health Disorders." ucdenver.edu. http://www.ucdenver.edu/academics/colleges/medicalschool/programs/JFKPartners/projects/Documents/Gap%20report%2012-3-14%20Revised.pdf (accessed May 11, 2017).

[2] HB 15-1368, 70th G.A., 1st Sess. (2015); *incorporated into* Colo. Rev. Stat. 25.5-6-412.

[3] Pursuant to HB 15-1368(3), the CSCR Pilot must "compliment and expand…" Senate Bill 13-266, incorporated into Colo. Rev. Stat. 27-60-103, concerning a request for proposals process to create a coordinated Behavioral Health Crisis Response System for communities throughout the State, and, in connection therewith, making appropriation.



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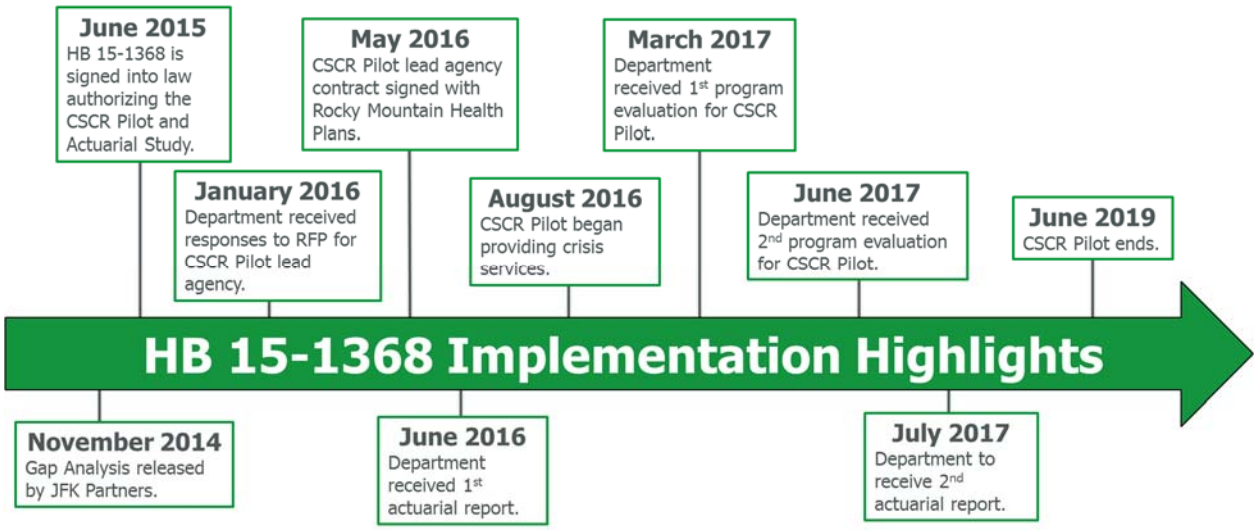
approaches through care coordination, RMHP brings a unique perspective and experience to the CSCR Pilot.




During the first year, the CSCR Pilot partners in each region – Larimer County and Western Slope – demonstrated that the services provided within the CSCR Pilot are integral in supporting people with co-occurring conditions access additional interventions and supports not currently available through Medicaid State Plan or Home and Community-Based Services (HCBS) waivers.[4] From August 2016 to May 2017, the CSCR Pilot served over 160 individuals across the two CSCR Pilot regions. Some individuals were served by the CSCR Pilot on more than one occasion, with 238 separate events during that same period. The CSCR Pilot has been able to provide needed services immediately to a person experiencing a mental or behavioral health crisis without having to first identify a potential payer source. Through the CSCR Pilot, the Department is working to develop resources and training opportunities for mental health providers to understand the emerging best practices being identified in the CSCR Pilot. These resources are, and will continue to, enable providers to more effectively offer supports and services to individuals with co-occurring conditions.

[4] *See* Section 2.2 Progress to Date, *infra*.



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"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.

## CSCR Pilot Services

The CSCR Pilot is testing four core services to assess outcomes for individuals with I/DD experiencing a mental or behavioral health crises. The outcomes will help identify best practices for integrating these services into the Colorado Crisis Services. The services include:

1.) **Community Based Mobile Supports**, triaged through Colorado Crisis Services, perform screening over the phone, or, if a higher level of care is needed, provide an in-person assessment.

2.) **In-Home Therapeutic Supports** offer in-home assessment, training, and crisis stabilization, and allow highly-trained professionals to relieve primary caretakers.

3.) **Site-Based Therapeutic Supports** are crisis stabilization sites where an individual can receive support until the crisis is stabilized and the needed follow-up services are established, including training for staff and caretakers.

4.) **Follow-Up Supports** are services coordinated across provider agencies to help the individual navigate any aftercare, once the crisis has subsided, as well as seek out those follow-up services that will help diminish the chance of future crises.

To provide these coordinated services, community organizations and other provides have put in place contractual agreements to ensure coordinated responses to crises. The CSCR's Pilot lead agency, RMHP, has worked with their partners to put in place Memorandums of Understanding (MOU) with the Colorado Crisis Services, home and community-based service providers, community behavioral health service providers, and other community service providers, health care professionals, and organizations identified by the CSCR Pilot.



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"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

## CSCR Pilot Best Practices

The CSCR Pilot is a testing ground for innovating new ideas and establishing areas of evidence-based practices that have been successful in other parts of the nation, like the Systematic, Therapeutic, Assessment, Resources, and Treatment (START) model.[5] This approach has been recognized by the National Academy of Sciences as influencing best practices such as:

- Developing consistent measures of quality that are nationally recognized;
- Developing data driven systems; and
- Supporting caregivers through empowerment and service models.[6]

A driving principal behind models like START is overcoming the gap that is created by diagnostic-overshadowing, which occurs when individuals who have an I/DD diagnosis are unable to receive mental or behavioral health services due to a perceived overshadowing from an I/DD diagnoses. With the identification of diagnostic overshadowing, the CSCR Pilot is developing best practices for system changes needed in treating individuals with co-occurring conditions in crisis, as well as ensuring the services are part of an individual's continuum of care. This work allows for better cost analyses and estimates, along with informing better administrative practices to ensure continued development and improvement of these services.

While the CSCR Pilot is still in the first year of operation, many best practices have already been identified and incorporated into the overall operations by the partners.

- Two Professional Learning Communities (PLC)[7] have been established for a 6-month cycle to provide a train-the-trainer model for the partners. Once this initial

[5] The START program model was implemented in 1988 by Dr. Joan Beasley to provide community-based crisis intervention for individuals with intellectual or developmental disabilities and mental health needs. It is a person-centered, solutions-focused approach that employs positive psychology and other evidence-based practices.
[6] *START Model Identified as Best Practice by National Academy of Sciences*, Center for START Services, http://www.centerforstartservices.org/start-model-identified-best-practice-national-academy-sciences (visited May 17, 2017).
[7] Professional Learning Community (PLC) is a method, facilitated by START within the CSCR Pilot, to foster collaborative learning among colleagues within a particular work environment or field.



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set of communities have concluded, they will have 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.
- A need for cross-system interagency meetings was identified between I/DD provider specialists and mental health professionals to ensure that training is shared, process improvements are identified and implemented, complex cases are discussed and treatment options agreed upon. In the CSCR Pilot, these activities are occurring every two weeks.
- Scheduled respite services and education for caregivers was identified as a need to broaden the scope of CSCR Pilot services to more specifically target support to families.
- Development of an expedited eligibility process for individuals utilizing the CSCR Pilot was developed to identify whether participants were eligible for an HCBS waiver.

The CSCR Pilot is using these best practices to define the standards of care for services, and focusing on developing provider qualifications.

> "The best part of this program is that we are able to integrate our systems and provide holistic services for those in our area. Rather than sending those who are in crisis away to eastern slope facilities, we are able to establish streamlined systems within our own community. We are able to allow individuals from the crisis center at the mental health center, hospitals, the therapeutic stabilization home, and those who are supported in the home to organically flow and access the appropriate services while maintaining connections with their natural supports (parents, school, counselors, etc.). In the past there were times when we would have had to wait for multiple weeks for regional center supports or other placements. It is great to have our support easily accessible and right here in our community!" - Sarah Bonnell, Vice President, Mesa Developmental Services, Community Centered Board, Grand Junction, Colorado

The Department and the CDHS-Office of Behavioral Health (OBH) are working collaboratively to ensure the Colorado Crisis Services and the CSCR Pilot are aligned. The Department and CDHS-OBH meet monthly, and have built collaborative relationships with Colorado Crisis Services providers. These meetings help the Department and CDHS-OBH find innovative ways to build on the best practices still emerging from the work being done through the CSCR Pilot program. Through its many inter-agency collaborations, the CSCR Pilot has identified a gap in data-collection and sharing among agencies. The CSCR Pilot and its partners are developing a data-dictionary that will be used to ensure data collection is uniform across these agencies.



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The Department contracted with TriWest Group to complete program evaluations of service delivery within each CSCR Pilot region in FY 2016-17. The program evaluations included a site review, focus groups of professionals involved in the CSCR Pilot, interviews of individuals in services and case managers providing follow-up supports. A report was generated for each program evaluation and was used to ensure best practices are being developed and incorporated throughout the CSCR Pilot.

Below are some findings of the program evaluation reports:

- *Commitment to and buy-in for START training.* Without exception, each conversation included specific mention of the value of START training. A few examples include an elevated focus on physical health care; implementation of a daily schedule that provides structure, limits access to electronics, and prioritizes movement and exercise; and training and preparedness for all staff to calmly manage potentially violent behaviors.
- *Person-centeredness is well integrated into all aspects of programming*. "It depends on the needs of the individual" was a frequent response among staff at all levels. Behavioral support plans, safety plans, transition plans, daily schedules, etc. were all designed around the specific interests, skills, strengths, and goals of the individual. In addition, plans were never static, and they changed as staff got to better know each individual. Plans also changed based on progress made by each individual.
- *New clients with I/DD are identified.* As a result of the CSCR Pilot, several new individuals with I/DD who were previously not receiving services have been identified and became eligible for services. This is a clear benefit of the CSCR Pilot and a somewhat unexpected outcome. At the time of the site visit, 13–15 people were at various stages of the eligibility process.
- *The crisis stabilization unit (CSU) staff prioritize physical health assessments.* A full history and physical is completed within 24 hours of admission to the CSU. These assessments are performed by residents in training from a local clinic. As emphasized in the START training, physical health conditions are automatically considered for clients in crisis who have mental illness and I/DD. Previously, this was not necessarily the case. It is obvious in speaking with staff that this increased focus on physical health is already a well-established change that will outlive the life of the CSCR Pilot.
- *CSU staff have learned to modify expectations and group activities based on the specific needs and abilities of the current clients.* Initially, it seemed challenging to modify activities for people with limited intellectual capacities, but clear advances have been observed. One specific example was provided by a Foothills Gateway staff member, who attended a group meeting at the CSU as a support person for a CSCR Pilot participant. This person observed that one group



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participant that day was a woman with no functional vision, and the CSU staff member successfully modified the activity to meet the needs of all participants.

## Cost Analysis

In conjunction with establishing the CSCR Pilot to develop services and identify best practices for individuals in crisis, HB 15-1368 also directs the Department to conduct a series of cost analyses, including actuarial studies. These studies will be used to:

- Understand the gaps that diagnostic overshadowing creates in Medicaid mental health coverage for individuals with co-occurring conditions.
- Identify the costs of services needed to eliminate service gaps for individuals with co-occurring I/DD and behavioral or mental health needs.
- Identify the current barriers in the mental health service delivery system that lead 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 by identifying national best practices which will inform training opportunities to improve the proficiency of services.
- Identify improvements to administrative practices to ensure these systems are responsive to individual's needs, and that these services are fully part of an individual's continuum of care.

In FY 2015-16, the Department contracted with Optumas Health to assist in identifying potential gaps in behavioral health services and analyze the total cost of care for individuals enrolled in the following Home and Community-Based Services (HCBS) waivers: Developmental Disability (HCBS-DD), Supported Living Services (HCBS-SLS) and Children's Extensive Supports (HCBS-CES). Optumas used detailed, historical claims experience (utilization, cost, and recipient data) from both Fee for Service (FFS) and Behavioral Health Organization (BHO) capitated payment delivery systems. The data summaries reflect utilization and unit cost from the Fiscal Year 2014 (July 2013 – June, 2014) and Fiscal Year 2015 (July 2014 – June 2015) time periods.

**Table 1. Utilization and Unit Costs of Fee for Service Behavioral Health Services in HCBS Waivers**

| Waiver | % of Fee for Service Total Cost of Care Attributed to Behavioral Health Services | Equivalent Per Member Per Month (PMPM) Calculation for Behavioral Health Services |
|---|---|---|
| HCBS-DD | 1% | $67.21 |
| HCBS-SLS | 1% | $9.35 |
| HCBS-CES | 7% | $269.67 |

NOTE: The CES FFS behavioral health services may be skewed, due to the data showing a larger increase in utilization over time than the other waivers used in the study, and will need to be further vetted before using the estimate in any projections. This further vetting is part of FY 2016-17's cost analysis.



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For FY 2016-17, the Department again contracted with Optumas Health to conduct additional analyses. Optumas used the information collected last year to:

- Identify additional costs for current BHO services for people with I/DD with co-occurring conditions.
- Identify additional costs due to Diagnostic List Changes and waiver coverage shifts for people with I/DD with co-occurring conditions.
- Identify barriers to services for people with I/DD with co-occurring conditions.

This new cost analysis is being analyzed by the Department. In addition, the Department is gathering costs associated with providing CSCR Pilot services during the first year of the CSCR Pilot. The Department will provide an update to this report by October 1, 2017 with the finding from this year's cost analyses.

## Conclusion

In its first year, the CSCR Pilot has been effective in addressing the behavioral and mental health service gaps that individuals with I/DD face when seeking crisis services. This success stems from a focus on in-home, site-based, and mobile crisis response services, as well as providing follow-up case management, keeping in line with the expectations of HB 15-1368. In addition, information gathered through the actuarial study and program evaluation articulated gaps in delivery, while providing guidelines for filling those gaps through best practices and greater collaboration. In the next year, the CSCR Pilot will further refine processes to allow the Department, and its partners, to better serve the communities, as well as gain greater insight into how the CSCR Pilot model might be implemented across Colorado and incorporated into the Colorado Crisis Services.



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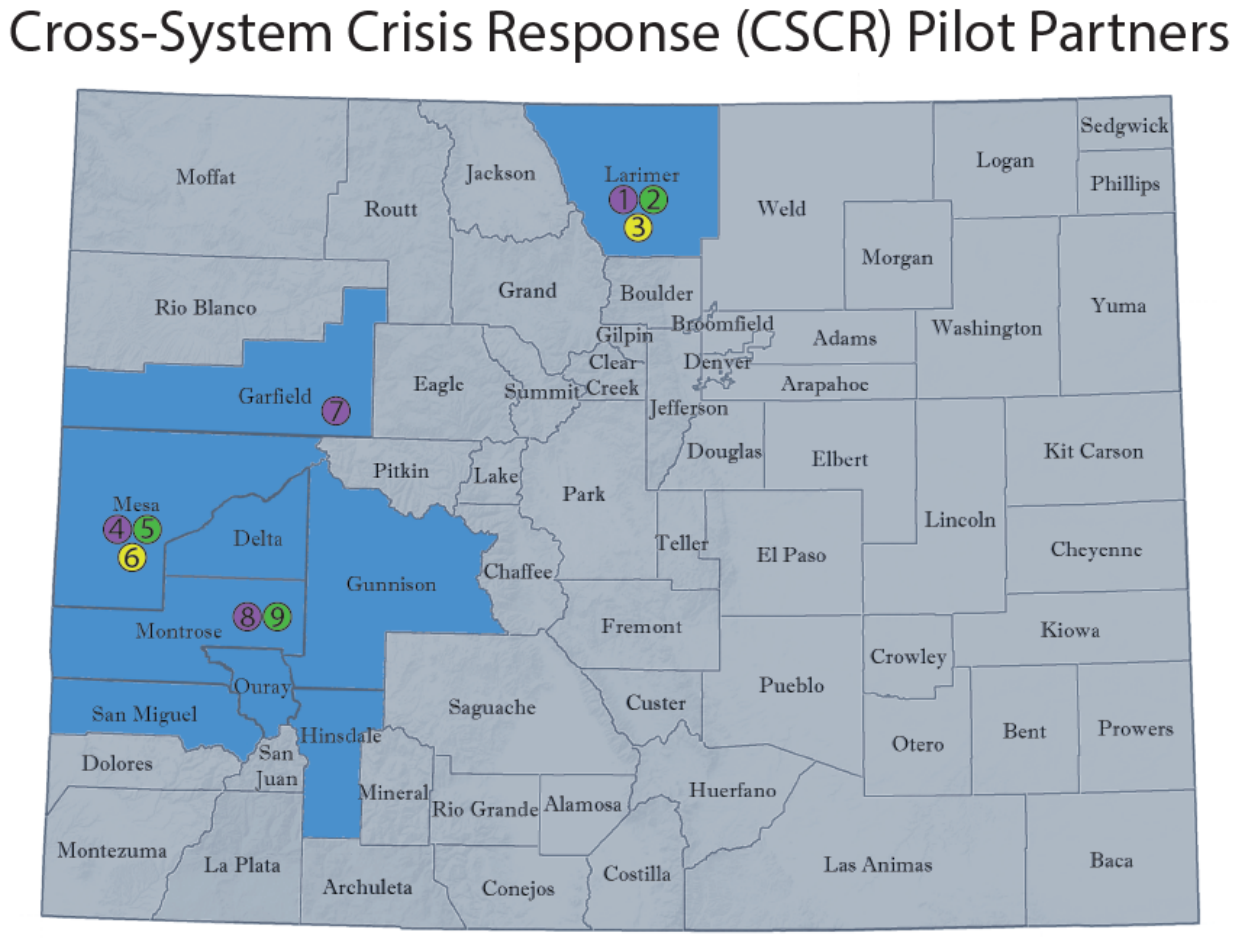
## Appendix 1: Map of CSCR Pilot Regions and Partners




| | |
|---|---|
| 1- Foothills Gateway, Inc. | I/DD Services |
| 2 - SummitStone Health Partners | Mental and Behavioral Health Services |
| 3 - Community Crisis Services Center | Front Range - walk-in center |
| 4 - STRiVE | I/DD Services |
| 5 - Mind Springs Health | Mental and Behavioral Health Services |
| 6 - Transitions at West Springs | Western Slope - walk-in center |
| 7 - Mountain Valley Developmental Services | I/DD Services |
| 8 - Community Options, Inc. | I/DD Services |
| 9 - The Center for Mental Health | Mental and Behavioral Health Services |

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



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# Appendix 2: CSCR Pilot Data

## Pilot Data August 2016 – May 2017[8]

(See data definitions below.)

| CSCR Pilot Participation | |
|---|---|
| Number of Events | 238 |
| New to CSCR Pilot | 163 |
| Prior Entry | 0 |
| Adult | 95 |
| Child | 68 |
| **Outcomes of Crisis Events** | |
| 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% |
| Still Need High Level of Care | |
| Regional Center | 1% |
| Hospital | 30% |
| Jail/Prison | 0% |
| Out-of-State Placement | 0% |
| Other | 1% |
| Client Chose Alternative to CSCR Pilot | 13% |
| Follow Up Plan | |
| Follow Up CM | 64% |
| No Follow-up Plan | 9% |
| Unknown | 50% |

[8] This table combines the reported data from both CSCR Pilot regions as an effort to preserve the anonymity of individuals who have received crises stabilization services. The percentages represent the percentage of these data categories from the total number of individuals who participated in the CSCR Pilot.



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## Definitions for CSCR Pilot Data

| | | |
|---|---|---|
| CSCR Pilot Participation | | |
| | Number of Events | The number of crisis events that required CSCR Pilot participation; individuals can have multiple events |
| | New to CSCR Pilot | Reflects the number of individuals who have participated in the CSCR Pilot; an individual is only new to the CSCR Pilot once a year, and is only counted again within a year if discharged and then re-admitted |
| | Prior Entry | An individual who has been discharged and re-admitted into the CSCR Pilot within a year of being served. |
| Outcome of Crisis Events | | |
| Level of Treatment and Site | | Reflects the various levels of treatment an individual has received, as well as the location of service |
| | Assessment | The process of assessing an individual upon initial contact with the CSCR Pilot, in advance of triage of care |
| | Care Plan | Also referred to as Safety Contract, these are instances when an individual has been assessed and deemed able to return home with a Care Plan or Safety Contract |
| | CSU/ATU | Crisis Support Unit or Alternate Treatment Unit |
| | Community-Based | Services that are provided on-site |
| | In-Home | Services that are provided in the home |
| | Mobile Crisis Response | Instances when a Mobile Crisis Response unit has been called to meet the individual where they are located, which can be in the community or at home |
| Diverted From | | The methods of crisis even management that the CSCR Pilot has diverted an individual away from |
| | Regional Center | One of the three Colorado Regional Centers |
| | Hospital | Any Hospital, Emergency Room, Psychiatric Facility; this set includes any reference to an M1 hold |
| | Jail/Prison | Instances when an individual is incarcerated or detained as a means of managing the crisis event, and is not tied to criminal acts |
| | Out-of-State Placement | Instances when an individual is required to seek services out-of-state due to lack of capacity among providers in Colorado |
| | Other | Any diversion that cannot be assigned into the above categories |



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| | | |
|---|---|---|
| Still Need High Level of Care | | Instances when an individual requires a level of care that the CSCR Pilot cannot satisfy, due to capacity by the CSCR Pilot, its partners, or the philosophy of care delivery for a partner |
| | Regional Center | One of the three Colorado Regional Centers |
| | Hospital | Any Hospital, Emergency Room, Psychiatric Facility; this set includes any reference to an M1 hold |
| | Jail/Prison | Instances when an individual is incarcerated or detained as a means of managing the crisis event, and is not tied to criminal acts |
| | Out-of-State Placement | Instances when an individual is required to seek services out-of-state due to lack of capacity among providers in Colorado |
| | Other | Any diversion that cannot be assigned into the above categories |
| Client Chose Alternative to Pilot | | Instances when the CSCR Pilot could meet the needs of an individual, yet the individual chose not to participate |
| Follow Up Plan | | A description of the follow-up procedure that outlines the follow-up processes and services. |
| | Follow Up CM | Clearly articulated steps for follow up with an individual |
| | No Follow-up Plan | Specific instances when there will be no follow up, such as a person moving out of state. |
| | Unknown | Unclear language in reporting |

## Quotes from Partners

"We would definitely say that the Pilot has provided increased support to folks in our area. We typically do a pretty good job of handling crisis situations. But for the two people who have ended up in crisis placement in GJ, we have not had access to this type of facility and treatment in the past, and it has definitely been of benefit. It is also especially important for people who are in our Supported Living program where there is not a residential component to help handle the situation." - *Tom Turner, CEO, Community Options, Community Centered Board, Montrose, Colorado*

"The guidance we have received from the START training has been crucial to the successful management of the therapeutic stabilization homes. We now have a clear understanding of home management practices and the necessity of therapeutic activities which has enabled us to create an environment where the staff and guests at the home are working congruently to meet goals and successfully support our guests towards increased independence." - *Sarah Bonnell, Vice President, Operations, Strive Community Centered Board, Grand Junction, Colorado*

"Thanks to the Pilot and our cooperate relationship with our CMHC's, individuals with IDD in crisis now have the opportunity to stay at the CMHC's Crisis Stabilization Unit (CSU) for up to 5 days under the care and supervision of CMHC clinicians, medical staff and psychiatrists before stepping down to additional crisis stabilization services or returning home.



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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*

"When I first started working with IDD case management, our individuals would go into crisis and we would not be involved until they exited the hospital. We worked very separately. Now, our IDD response team and the MindSprings crisis workers meet at the crisis center and work together for the initial evaluation and follow up planning. We are able to support each other with our different knowledge (historical and academic) and plan for what is not only best practice but also feasible within residential services or community based care." - *Laura Russell, Residential Supervisor, Strive, Community Centered Board, Grand Junction, CO*

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"We had an individual who came to us from Delta. He had attempted suicide by taking a bunch of pills. He was placed in the hospital for several days. He came to Strive Therapeutic home. The individual came very escalated. The family/guardians requested to have the individual stay in Strive services. He did move into a Strive home. He became very escalated while at the home. He was placed on a M1 hold. After his hold, he returned back to 181. We started to implement the START schedule. The individual started to stabilize. He learned new coping skills. We trained residential staff with him. We also had our staff return to his residential setting with him. Our staff worked with the residential staff in the home. The individual has remained stable. If he gets escalated, staff will call our staff and we will go visit the individual. He will calm down. He has not had to be placed on any holds since his last visit to the Therapeutic home." – *STRiVE staff, Community Centered Board, Grand Junction, CO*

## Quotes from Participants

"I used to have to go have long stays at the hospital when I was upset, I am now able to go to 181 until I am calm."

"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



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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."



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# Appendix 3: Professional Learning Community (PLC) Training Topics

The Cross-System Response for Behavioral Health Crises Pilot Program (CSCR Pilot) lead agency, Rocky Mountain Health Plans (RMHP), has selected the Systematic, Therapeutic, Assessment, Resources, and Treatment (START) organization and its model as the vendor to support the CSCR Pilot in developing best practices and trainings. The START organization is a national research-based organization that has developed a model to support individuals with co-occurring intellectual or developmental disabilities and mental or behavioral health conditions. As part of the collaboration, the START organization provides training through their Professional Learning Communities (PLCs), which the CSCR Pilot partners are using to further develop Colorado specific trainings and best practices. Below is a list of topics covered as part of the PLCs that START has provided.

1. **Introduction to Positive Psychology**
    a. Introduction to Positive Psychology Training Module (119 minutes)
2. **Systemic Consultation**
    a. How to Use Ecomaps as Part of Systemic Analysis Training Module (55 minutes)
    b. A Structural/Systemic Approach to START Coordination Training Module (68 minutes)
    c. Family-Professional Collaboration Training Module (73 minutes)
3. **Mental Health Diagnosis in Persons with an Intellectual or Developmental Disability (IDD)**
    a. Anxiety Disorders Training Module (74 minutes)
    b. Trauma and Stressor-Related Disorders Training Module (63 minutes)
    c. Psychosis in People with IDD Training Module (59 minutes)
4. **Mental Health & IDD: Assessment and Disorders**
    a. Psychiatric Assessment of People with IDD I Training Module (76 minutes)
    b. Psychiatric Assessment of People with IDD II Training Module (65 minutes)
5. **Children's Curriculum**
    a. Bridging the Gap for Individuals with Communication Disorders Training Module (102 minutes)
    b. Trauma During Childhood Training Module (45 minutes)
    c. Pediatric Polypharmacy in Children with IDD Training Module (81 minutes)
6. **Health and Wellness**
    a. Health, Wellness, and Challenging Medical Conditions Training Module (81 minutes)
7. **Electives**
    a. Individualized Educational Plans (IEPs) and 504 Plans Training Module
    b. Autism Spectrum Disorders (ASD) in Childhood Module (71 minutes)
    c. Obsessive Compulsive Disorder Training Module (30 minutes)
    d. Depressive Disorders- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) and IDD Training Module (53 minutes)
    e. Bipolar Disorder Training Module (87 minutes)



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