Building "Systems of Support" for People with I/DD:

Innovations in Behavioral Crisis Prevention, Intervention, and Stabilization

Patti Killingsworth

Chief of LTSS

TennCare

Service delivery system in Tennessee

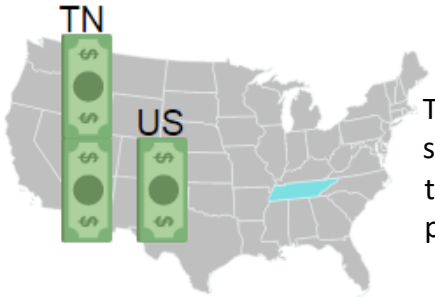
- TennCare managed care demonstration began in 1994
- Operates under the authority of an 1115 demonstration
- *Entire* Medicaid population (1.4 million) in managed care since 1994 (including individuals with I/DD)
- Three health plans (MCOs) operating statewide
- Physical/behavioral health integrated beginning in 2007
- Managed LTSS began with the CHOICES program in 2010
  - Older adults and adults with physical disabilities *only*
  - LTSS (3 Section 1915(c) waivers and ICF/IID services) for individuals with I/DD have been carved out
    (people are carved in for physical and behavioral health services)
  - New MLTSS program for individuals with I/DD began July 1, 2016: *Employment and Community First CHOICES*

Opportunities to improve delivery of I/DD services

3% of TennCare members (includes 75% of people with I/DD receiving LTSS)

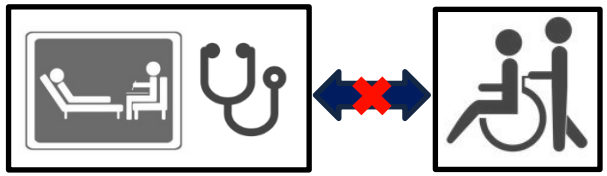
Account for **50%** of total program costs

Cost



Tennessee spends nearly **2x** the national average per person for this population

Little coordination between physical and behavioral health services and long term services and supports (LTSS)



Coordination and Quality

Leveraged settlement agreement in longstanding litigation to improve the delivery system for people with I/DD

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- Behavioral health **services** for individuals with I/DD and co-occurring mental health and/or behavior disorders delivered through TennCare MCOs, including:
  - Person-centered assessment and **crisis prevention** planning, including identification of the needs of the individual in order to avoid potential triggers and to provide positive behavior supports
    - Comprehensive face-to-face person-centered assessment
    - Discussions with caregivers (paid or unpaid), family members/conservators, etc., who may help inform the planning process
    - Includes comprehensive review of health care issues/needs including physical and mental health diagnoses and emotional concerns that could trigger need for behavior intervention
    - Identification of medications which could impact behaviors and/or prescribed to address behavioral needs

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- Development of individualized Crisis Prevention and Intervention Plan (CPIP)
  - Must be easily understood by those who provide supports, e.g., family members and direct support staff (person-centered and practical)
  - Individualized and speak specifically to known vulnerabilities and potential triggers and the most effective calming/de-escalation techniques, as well as actions the person's system of support can take when needed—who they will call, what they will do
  - Updated on an ongoing basis, and as needed following any crisis requiring intervention and/or stabilization services
  - For individuals enrolled in an HCBS program (1915(c) or MLTSS), integrated into the person-centered support plan to ensure integration/coordination of behavior support needs across services and settings

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- The provision of **training** by the SOS provider for paid and unpaid caregivers to equip them to:
  - Provide positive behavior supports to effectively manage day-to-day situations and environments in positive ways that do not result in behavioral health crises
  - Quickly identify and address potential behavioral health crisis situations, intervening immediately to de-escalate a potential behavioral health crisis situation whenever possible

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- Development of **community linkages and cross-system supports** based on the individualized needs of each member and in accordance with the member's CPIP
- **24/7 crisis intervention and stabilization response**
  - Assist and support the person or agency who is primarily responsible for supporting an individual with I/DD who is experiencing a behavioral crisis that presents a threat to the individual's health and safety or community living arrangement, or the health and safety of others
  - Goal is to work in partnership/collaboration with the provider or family caregiver to stabilize in place, divert from unnecessary/inappropriate inpatient, and support sustained integrated community living whenever possible/appropriate
  - Expectation is that over time, the SOS team gains ability to anticipate and prevent behavioral escalations, reducing the need for crisis intervention by the SOS provider

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- **24/7 crisis intervention and stabilization response**
  - Generally one hour; no more than two
  - Generally expected to be face-to-face in the home
  - Teleconsultation permitted on a case-by-case basis if actively engaged in the SOS, assessment completed, CPIP developed and implemented
  - Tele-consultation must be documented in the CPIS plan, including specific circumstances in which it can be provided
  - If tele-intervention not successful in stabilizing the crisis, SOS provider remains responsible for ensuring a face-to-face response within the prescribed timeframe
- Ongoing review and revision by the SOS provider as needed of the CPIP, including any time there is a crisis event resulting in the need for intervention and stabilization services or upon request of the paid or unpaid caregivers

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- Referral to therapeutic respite or inpatient services, when necessary
- Coordination with therapeutic respite or inpatient provider to plan and prepare for transition back to community living arrangement as soon as appropriate
  - Coordination with the residential provider, ISC, and family caregivers
  - Training for paid and unpaid caregivers on any adjustments to the CPIP prior to transition, and training updates on the System of Support as needed
  - Working with the PCP or Psychiatrist (or other prescribing practitioner) to reconcile psychotropic and other medications upon discharge
- Data collection, analysis, and reporting

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- More than behavioral health **services**
- A **model of service delivery** that is intended to *build the capacity of the system* to better support individuals with I/DD who experience challenging behavior—creating more effective *Systems of Support*
- Assist the person in achieving greater independence and improved quality of life, free of challenging behavior, and a higher degree of stability and community tenure

Mission Statement:

"Building integrated systems of support through innovative partnerships and collaboration to empower Tennesseans with I/DD to live the lives they want in their communities"

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- **Who is "*the system*"?**
  - *Everyone* who has a role in supporting the individual with I/DD
  - family members and unpaid caregivers
  - **HCBS providers (paid caregivers, ISCs, etc.)**
  - health care (including primary and acute care) providers
  - behavioral health providers
  - MCO
  - school/teachers
  - law enforcement
  - etc.

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

The SOS provider is expected to:

- Engage the member and those who provide support in developing and implementing a personalized, person-centered crisis prevention and intervention plan
- Empower the person and those who provide support to effectively manage day-to-day situations and environments in positive ways that do not result in behavioral crises
- Develop capacity and expertise within SOS Team Members who will continue to be engaged in planning and providing supports once the individual's participation in the SOS has concluded

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

Expected outcomes for System of Support include:

- Member and/or caregiver ability to coordinate service independently
- Member and/or caregiver ability to recognize symptoms and utilize appropriate preventive interventions
- Decreased member and/or caregiver dependence on high-intensity services (e.g., ER and inpatient care)
- Decreased use of psychotropic medications for the purpose of restraint

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- Reimbursement aligned to support improvement and independence
- Technology platform tracks outcome measures to establish a value-based purchasing component (incentive or shared savings) for reimbursement
  - Decrease crisis events
  - Decrease need for out-of-home placement to stabilize crises
  - Decrease ER visits and unnecessary/inappropriate inpatient psychiatric hospitalizations (utilization and cost)
  - Decrease inappropriate use of psychotropic medications (i.e., for behavior management)
  - Decrease intensity/cost of HCBS (more cost-effective services/more integrated settings)
  - Increase sustained community living
  - Improve quality of life

Dr. Jana Dreyzehner

Behavioral Health Director

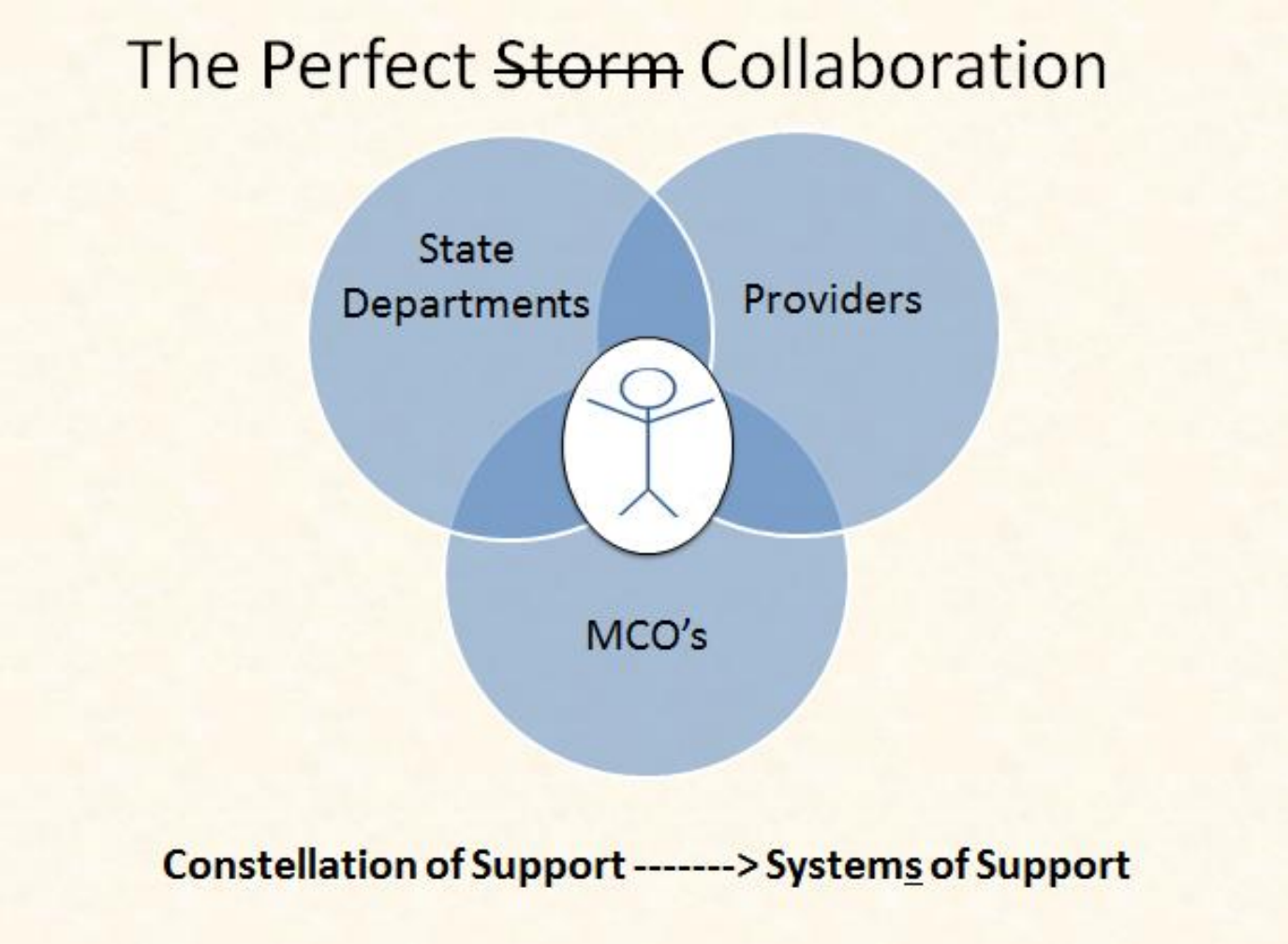
Amerigroup

Silos to SOS

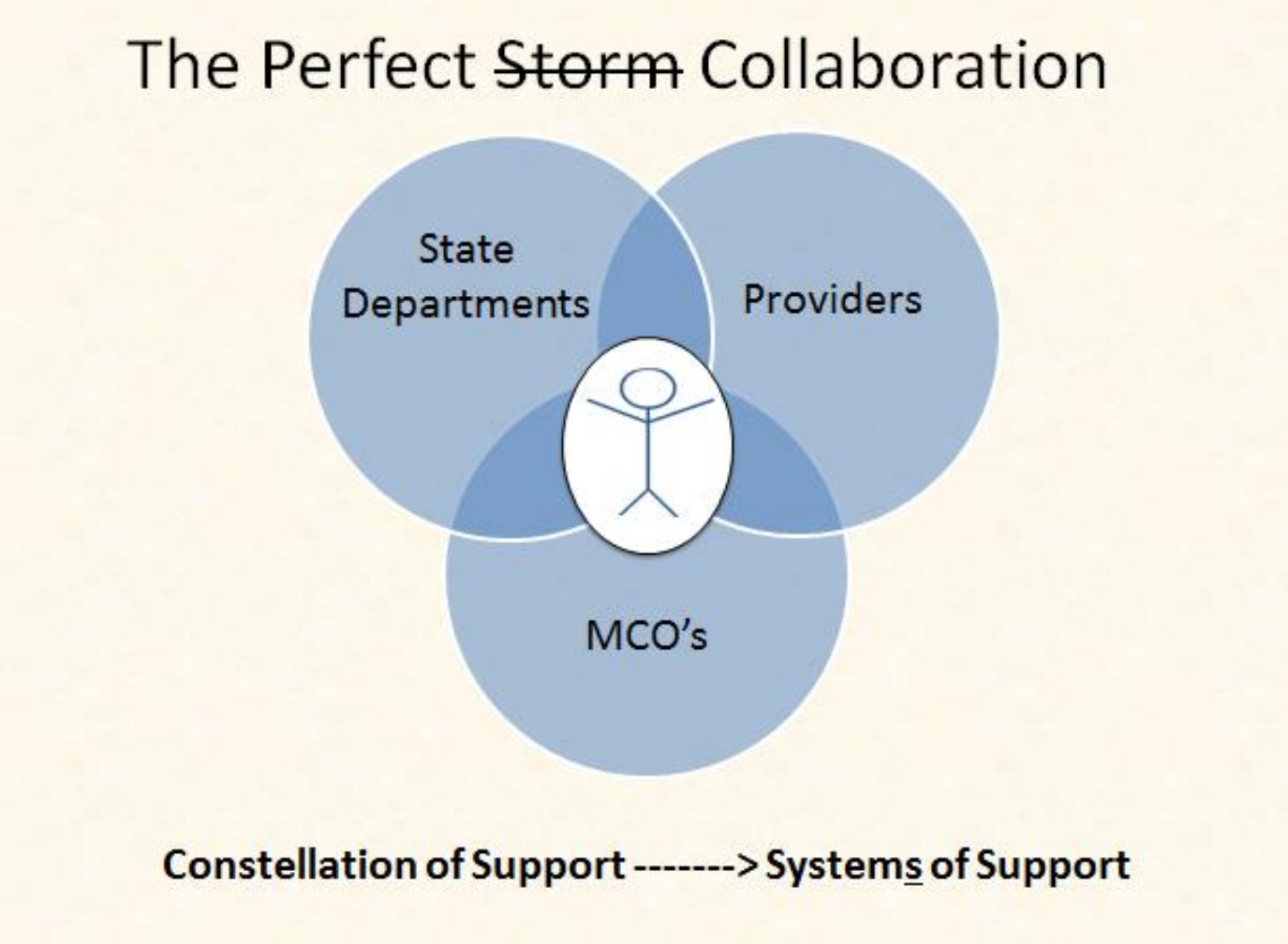

PCP
ER
Hospital /ER
Psychiatry
Behavioral Therapy
ISC
Supported Living

Constellations of Support

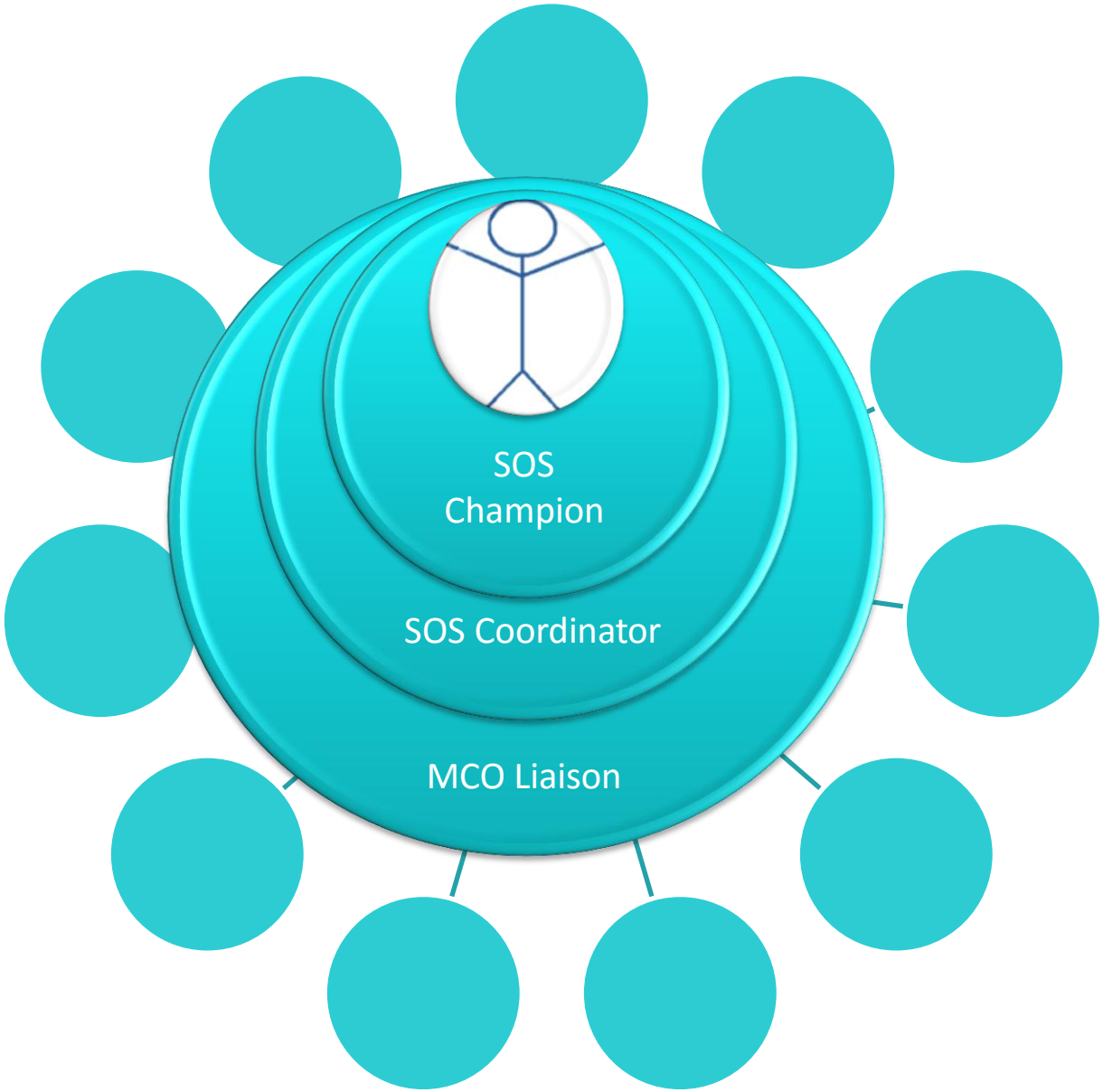
The Perfect ~~Storm~~ Collaboration



The Perfect ~~Storm~~ Collaboration



The SOS Team



Luke Crabtree
Project Transition

Project Transition Mission:

"To enable each person who has Serious Mental Illness, Co-Occurring Substance Use Disorder or I/DD and Behavioral Health conditions to live a life that is meaningful to him/her in the community on terms he/she defines."

Who We Are

- Project Transition has over 35 years experience working exclusively with some of society's most vulnerable Members - Adults who struggle with Serious Mental Illness, co-occurring Substance Use Disorder and/or a Dual Diagnosis of Intellectual/Developmental disABILITIES (IDD) and Behavioral Health challenges

- We are an outcomes-driven organization, committed to enabling each individual Member, to live a life that is meaningful to her or him, in the Community, on terms she or he defines

- We are in our 2nd generation, founded on the fundamental belief that our Members can and will thrive in the community if properly and energetically supported

- All of our services are delivered by coordinated teams of mental health, substance use disorder, and IDD professionals

- Demonstrated results partnering with payors and diverse stakeholders across multiple regions and markets, to create programmatic and financial solutions to address populations with complex needs

Alignment: What We Want

POLL THE AUDIENCE

Alignment: What We Want

CMMS Administrators

Alignment: What We Want

State Administrators

Alignment: What We Want

County Administrators

Alignment: What We Want

Health Plans

Alignment: What We Want

Providers

Alignment: Key Partnerships

TennCare

TN Department of Intellectual & Developmental Disabilities

Amerigroup
An Anthem Company

of Tennessee

UnitedHealthcare

LEE SPECIALTY CLINIC

mozzaz
care everywhere

PROJECT TRANSITION
Hope and Healing Through Community

Alignment: What We Want

Some simple questions:

- *PERSON-CENTERED?*
- *OUTCOMES-DRIVEN?*
- *EVIDENCE-BASED?*
- *APPROPRIATE SUPPORTS*

We all agree, so what's all the fuss about?

Alignment: What We Don't Want

Alignment: The Team

We all know what we want, and we all know what we don't want.

Now let's go do it.

The SOS Team: Integrated, coordinated, operationalized

SOS Coordinator	Member's Conservator	SOS Psychiatrist	I.C.M	Behavior Analysts
SOS MCO Liaison		SOS Clinical Lead	D.I.D.D Providers	
Member's Champion				

Alignment: The SOS Platform

The SOS Platform:

- We need a common foundation of understanding and belief -

- We can all point to -

- Guides us and keep us grounded in sound principles of person-centered planning and delivery, Recovery and Resiliency -

- Transparent and available 24/7 - 365 through an easy-to-use portal -

- Validating AND Accountable -

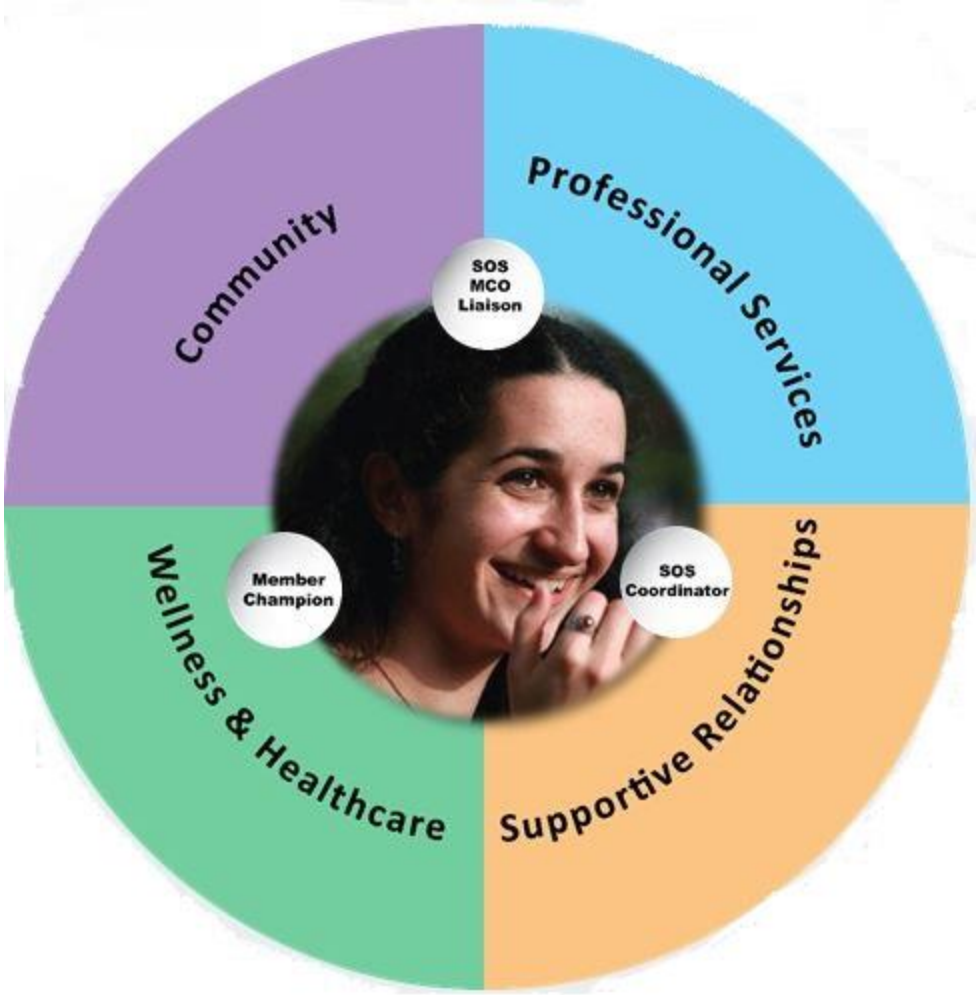
Alignment: Concepts & Tools We Can All Point To

Core Platform	Tool
Social Reality: Operationalizing the relational model	Project Transition **Relationship Map℠**
Experiential Reality: Understanding our member's journey	Project Transition **Member's Lifeline℠**
Situation Reality: Holistic approach to assessing member's strengths and needs	Project Transition **Comprehensive Assessment℠**
Hopes and Dreams: Understanding a life that is meaningful to each member in the way he or she defines	Project Transition **Blue Sky℠**
Approach Strategy: Supporting forward movement by setting achievable milestones to reach the Blue Sky	Project Transition **Goals Prioritization Tool℠**
How we are doing along the way: Ongoing evaluation of progress towards outcomes	Project Transition **Milestone Assessment℠**
Using Data to Get Better: Outcome driven care	Project Transition **PT 360° Closing The Loop Methodology℠**

Person Centered Planning

Requires a Rigorous Process

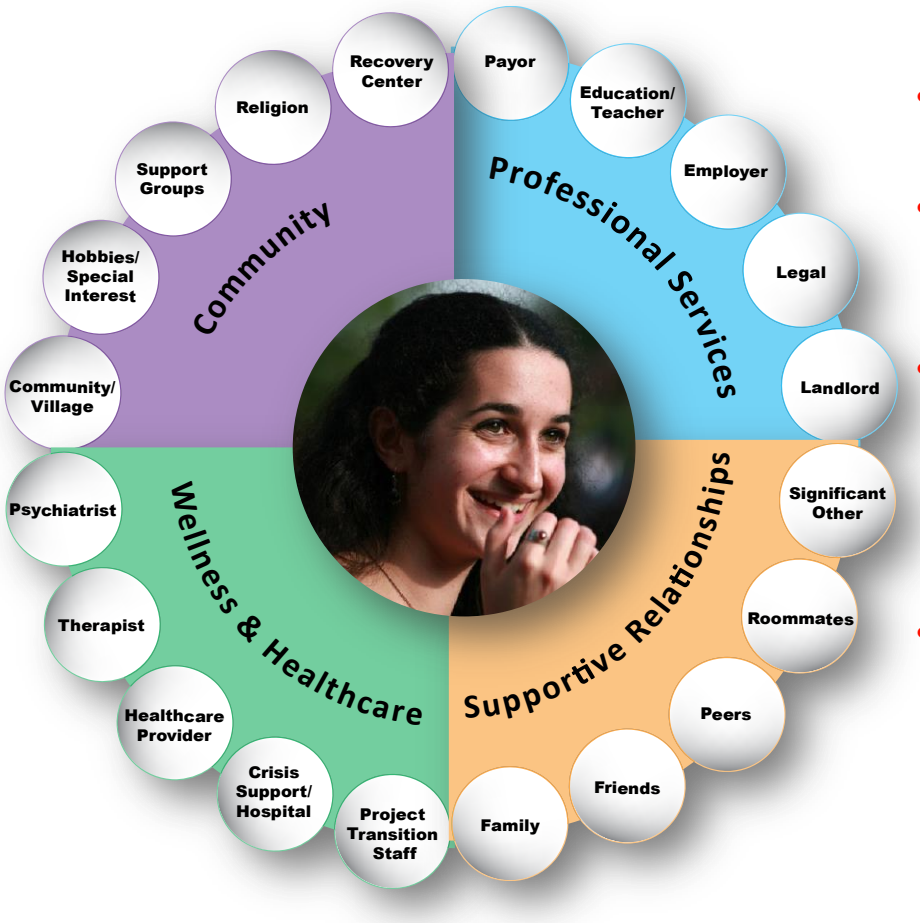
Alignment: The Model In Action



Alignment: The Model In Action

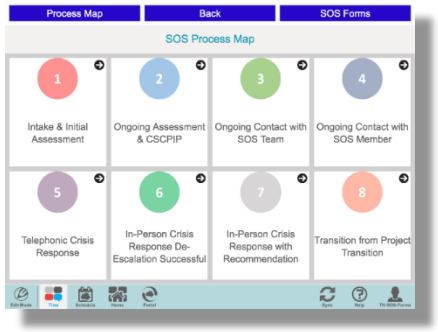
Toolset

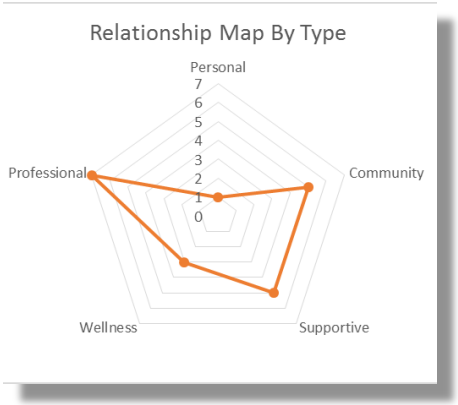
Core Tool: The Relationship Map

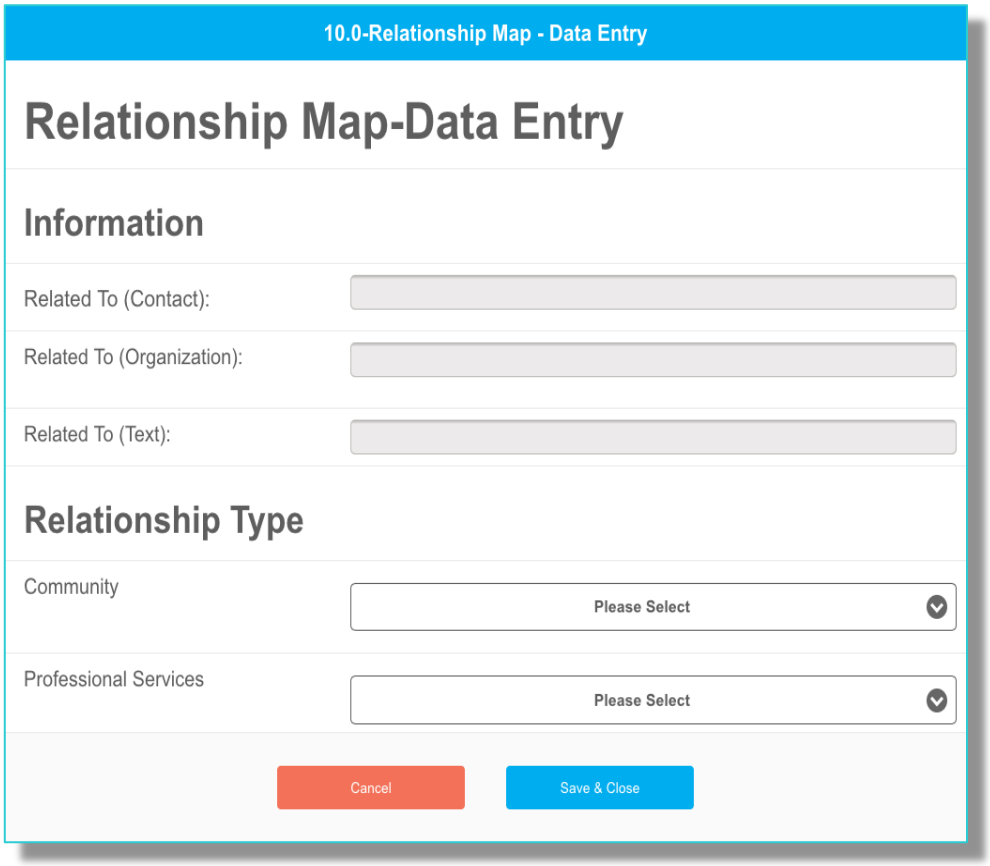


- Ensures we are Member-Centered
- Establishes relationship context for Individual's Blue Sky
- Defines specific Outcomes and Success Metrics that (when achieved by Member) represent a healthy relationship with individual
- Outcomes Reporting & Trend Analysis of relationships that are critical to a Member's ability to sustain in the community

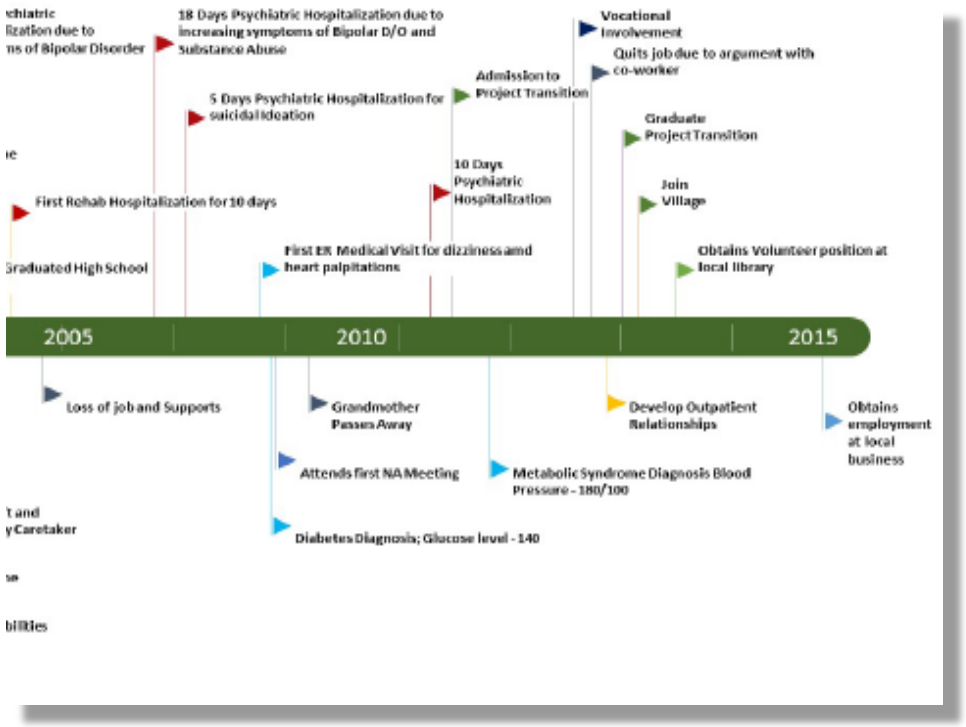
Core Tool: Relationship Map





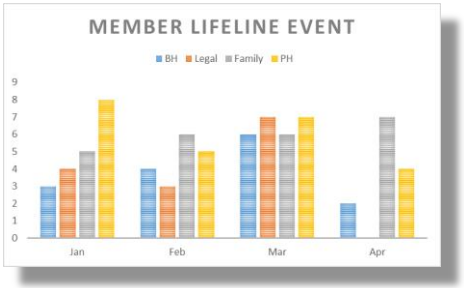


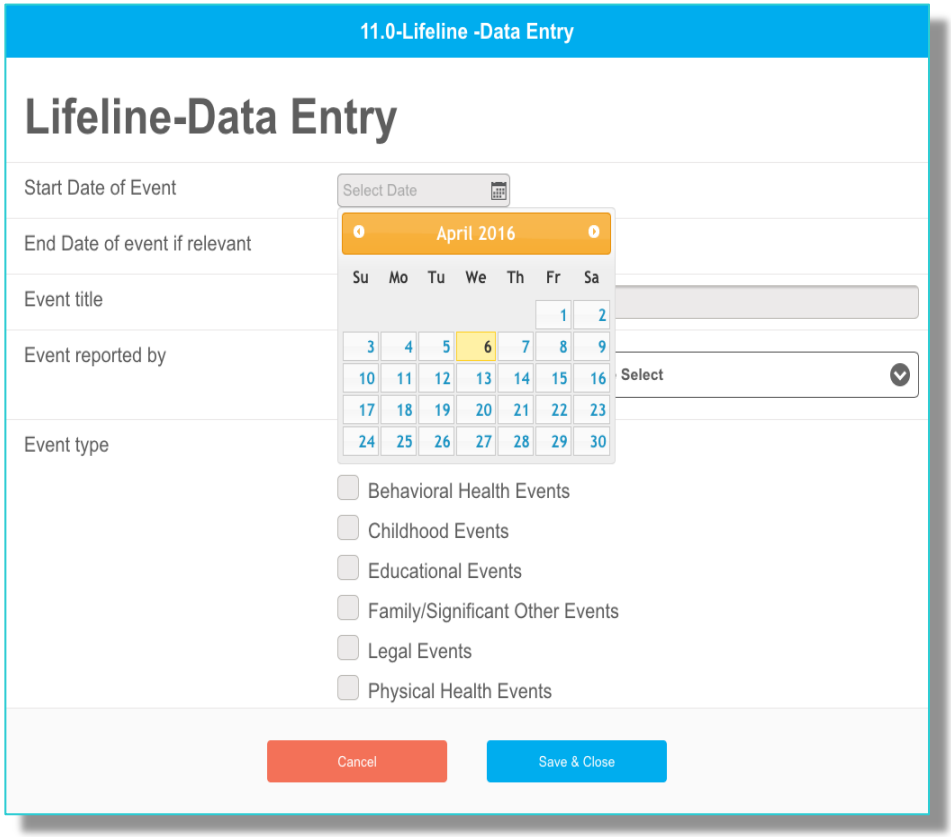
Core Tool: Member Lifeline



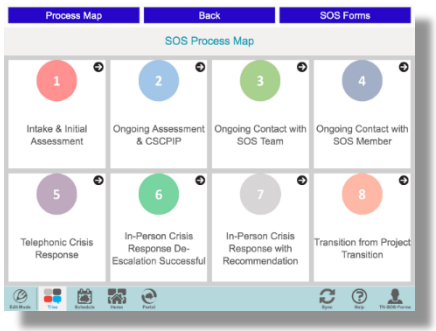
- Identify trends, anticipate challenging events, and celebrate good events
- Continues to develop throughout a Member's Journey of Recovery
- Segmented into ten categories including:
  - Physical Health Events
  - Positive Life Events
  - Substance Use
  - Behavioral Health Events
  - Family Events

Core Tool: Member Lifeline

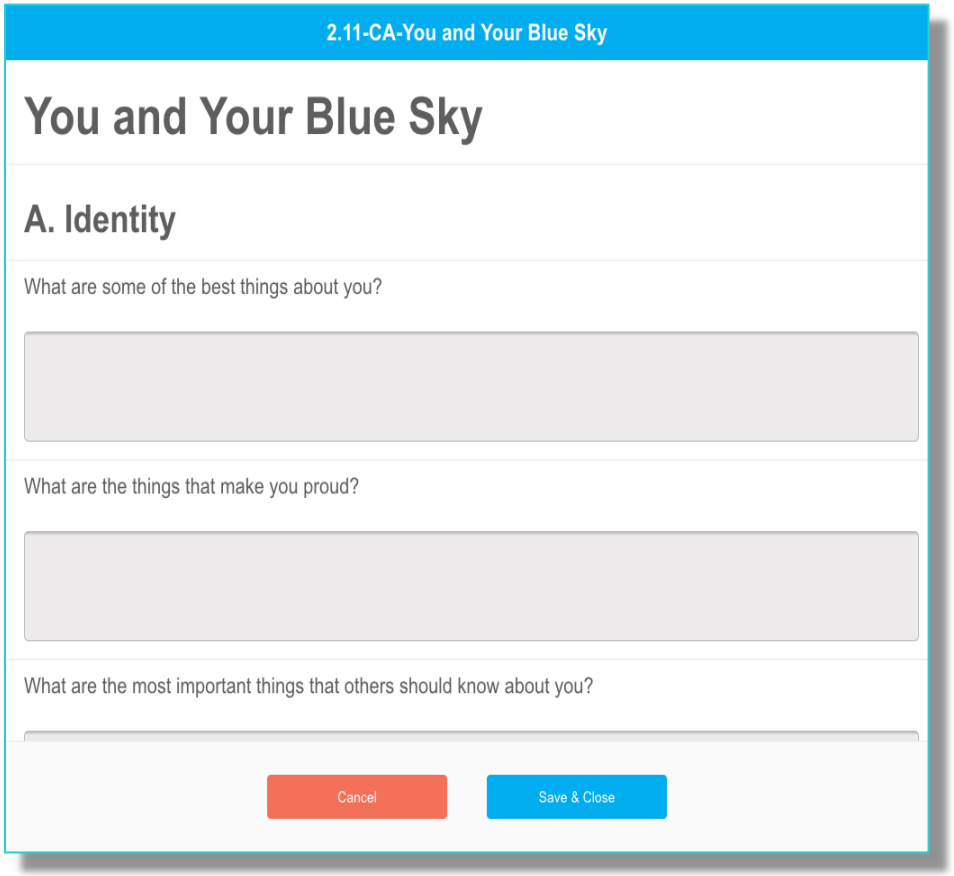




Core Tool: Comprehensive Assessment



Core Tool: Blue Sky



Outcomes Demo

Crisis Outcomes

CRISIS OUTCOMES

An overview of key crisis outcome measures showing how Project Transition manages, de-escalates, and prevents crisis.

DEFINITIONS

Crisis Plans in Development
Number of crisis plans that are in development.
Crisis Plans Completed
Number of crisis plans that are completed.
Average Time for Crisis Event
Measures the average in minutes of how long it takes to de-escalate a crisis.
Crisis Outcomes with SOS Team Notified Before Emergency Involvement
Measures the % of crisis events and their outcomes with SOS team notified during crisis.
Crisis Outcomes with SOS Team Notified After Emergency Involvement
Measures the % of crisis events and their outcomes with SOS team notified after crisis.
Use of PRN for Behavior Management
Measures the average # of BH PRN's used.
Unique Members with PRN Usage for Behavior Management
Measures the # of unique members using BH PRN's.

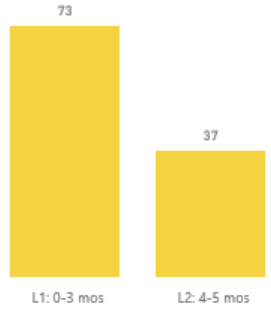
Crisis Plans in Development

70

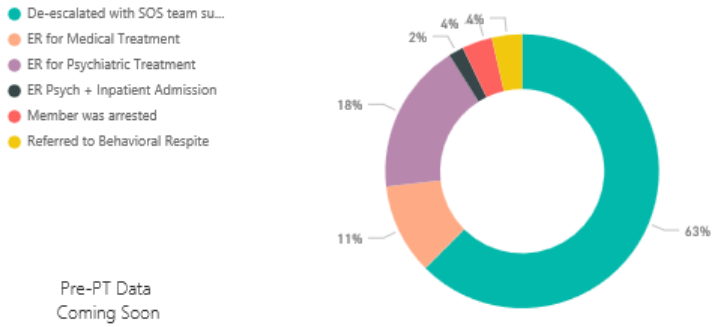
Crisis Plans Completed

13

Average Time for Crisis Event (Minutes)

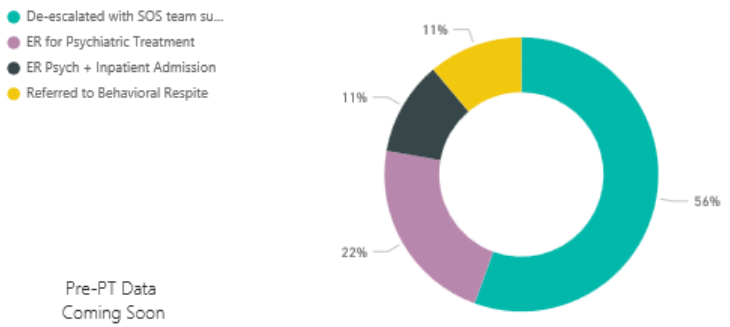


Crisis Outcomes with SOS Team Notified Before Emergency Involvement



Pre-PT Data
Coming Soon

Crisis Outcomes with SOS Team Notified After Emergency Involvement



Pre-PT Data
Coming Soon

Crisis Contacts & Responses

CRISIS CONTACTS AND RESPONSES

An overview of key measures showing how Project Transition manages, de-escalates, and prevents crisis.

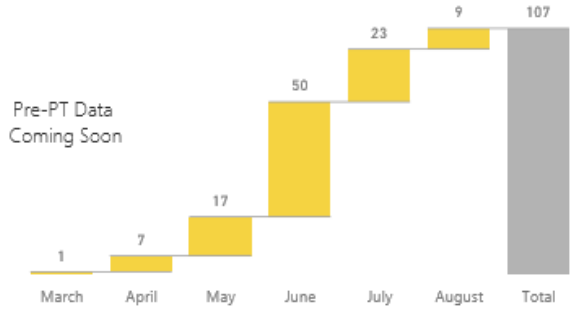
DEFINITIONS

Crisis Contacts
Counts the raw number of crisis events per month.
Post Crisis Meetings
Counts the number of post crisis meetings per month.
Crisis Contacts by Level
Counts the raw number of crisis events by Member level.
Crisis by Unique Member
Counts the number of unique Members that made crisis calls by Member level.
In-Person Crisis Response
Measures the % of In Person responses vs telephonic responses

Census

March	1
April	12
May	48
June	25
July	15
Augu...	5
Total	**106**

Crisis Contacts



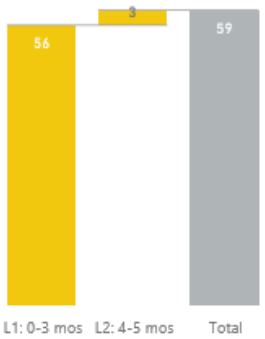
PROGRAM

- Select All
- (Blank)
- TN-SOS-Central
- TN-SOS-East
- TN-SOS-West

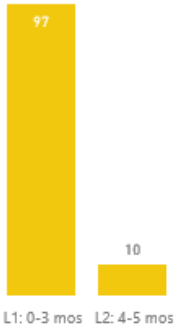
MCO

- Select All
- (Blank)
- AmeriGroup TN MCO
- BCBST Behavioral Health
- United Behavioral Health

Post Crisis Meetings



Crisis Contacts By Level



Crisis By Unique Member

In-Person Crisis Response