IDD Crisis Services Learning Collaborative

Texas Council of Community Centers 29th Annual Conference

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Goals for Today

The goals of today’s presentation are:

- To make participants aware of the IDD crisis Medicaid waiver projects
- To become knowledgeable of the Learning Collaborative process
- To discover how participants share resources and information in order to help all projects achieve their milestones and metrics
Definition of Learning Collaborative

- Group of people work on and learn about something together.
- Capitalize on one another’s resources and skills.
- Members actively interact by sharing experiences.
- Learners engage in a common task where each individual depends on and is accountable to each other.
- Includes both face-to-face conversations and other methods such as email and conference call.
- Combine subject matter experts in specific clinical areas with operations experts to assist organizations to implement changes.
- Work together toward a common end.
- Share data and measure improvements toward goals/objectives.
Description of Various Projects

- Improved crisis response to individuals with co-occurring IDD and MH conditions. Provide IDD MCOT, provision of contracted Behavioral Analysis and crisis respite.
- Crisis Respite Services provides for short-term 24 hour care in a least restrictive residential environment to persons who are vulnerable for hospitalization because they are a risk to self and/or others.
- Implement an IDD Behavioral Health Crisis Response System to provide community-based crisis intervention services to individuals with IDD and mental illness in order to prevent hospitalization and inappropriate utilization of local emergency departments. This crisis response system includes an IDD BH: Mobile Crisis Outreach Team (MCOT), crisis respite program, and outpatient clinic (OPC) wraparound services.
- Crisis Stabilization using the START Model from the University of New Hampshire.
- The project seeks to expand specialty services for children and adults with co-occurring psychiatric/behavioral and IDD/ASD by increasing staffing at MHMRA’s Specialized Treatment and Rehabilitative Services (STARS) clinic.
- Develop wrap-around and in-home services for high risk consumers with Intellectual and developmental Disabilities and Autism Spectrum Disorders and their families to avoid utilization of intensive, costlier services.
Description of IDD Crisis Services

- **Ages Served**: All ages, Ages 3, 6, 10, 12, 16 to senior adult, 2-12 years, Over 18
- **Geographic area served**: 20 Local Authorities covering 96 Counties.
- **Diagnoses served or excluded**:
  - Served: Dual DX of IDD & Mental Illness, IDD &/or ASD with severe behaviors, typically with co-occurring MI (although not required to have MI).
  - Excluded: None excluded within the above included population.
- **Facility type/licensure**: Several projects do not offer respite services; focusing on an outpatient clinic and MCOT. Many projects offer respite services without a license, but follow the HCS guidelines & principles for respite and/or residential. Others provide inpatient care and are certified by JCAHO. One program classifies their project as an Assisted Living Facility and has a license through DADS. Some projects operate their respite internally, while others contract for this service.
- **Facility Bed number**: Four beds are the norm.
- **Is the facility locked**: Projects offering respite services do so utilizing an unlocked facility that employee trained awake staff 24 hours a day, 7 days a week.
- **On-call team that responds to crises in home settings**: The majority of projects are developing an MCOT to respond to crisis calls. Some projects are planning to utilize the existing MH team, while others are developing a separate IDD team. A central crisis hotline is used to activate the MCOT. This crisis line is either contracted and operated in conjunction with the MH crisis line, while some projects utilize an independent line specific for IDD crisis'.
IDD Crisis Services Cont.

- **Expected length of treatment**: Some projects do not have a limit for treatment provision, while others have created a 90 - 180 day limit with availability of re-enrollment.

- **Expected length of residential treatment**: As previously stated, not all projects offer residential treatment (respite). Those who do offer between 14 to 30 calendar days with availability of re-enrollment.

- **General description of place of treatment (family homes, group homes, inpatient facility, respite facility)**: Services are being offered in the community, inpatient, and on an outpatient basis. Services in the community are offered in the patient/family home and residential provider homes. These usually consist of caregiver training. Inpatient services is offered as crisis respite/residential. Outpatient services include pharmacological management, nursing, counseling, and service coordination.

- **General description of treatment modalities (group therapy, play therapy, behavior analysis, cognitive therapy)**: Pharmacological management, behavior analysis, nursing, counseling, crisis management, skills training (individual, family/caregiver), and Clinical Respite Care.

- **Disciplines included in their team**: Psychiatrist, Board Certified Behavior Analyst, RN, LPC/LPA, Social Work, LPHA, QIDP/QMHP, Skills Trainer (with enhanced experience/education).
Participating Providers

- Concho Valley MHMRA
- Tropical Texas BH
- Austin Travis Co Integral Care
- Metro Care
- Helen Farabee
- Behavior Health Center of Nueces
- Alamo Area Council of Governments
- Gulf Coast Center
- Bluebonnet Trails
- Heart of Texas MHMRA
- Lakes Region MHMRA
- Emergence Health El Paso
- Andrews Center
- Lifepath Systems
- Spindletop Center
- Tricounty Services
- Tarrant County MHMRA
- Harris County MHMRA
- Hill Country MHMRA
- Texana Center
Coverage Areas within the State
Inception

- Crisis LC began in April of 2013. It has been led by Greg Rowe Director of IDD Community Services for MHMRA for the Concho Valley
Format

- Formal agenda/minutes
- Bi-weekly meetings via conference calls
  - Typically one hour in duration
- Face to face meetings:
  - Crisis—quarterly face to face at IDD Directors’ Consortia
Agenda and Minutes

- Roll call for provider participation
- Formal minutes reflecting individual provider participation and contributions
- Based on Appendix 1 of the Regional Healthcare Partnership Planning Protocol
## Learning Collaborative

### Agenda

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<th>Share</th>
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<td>• Results of testing new ideas</td>
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<td>• Breakthrough ideas</td>
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<td>• Challenges</td>
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<td>• Website activity</td>
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| Minutes |

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<th>New idea to test (with measurable goal)</th>
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<th>Innovator Agent Activities</th>
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<th>Measurement system development (to share data)</th>
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<th>Celebrate successes</th>
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| Attendees: |

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Summary of Learning Collaborative elements from Appendix 1 of the RHP plan:

- Every week—review data, respond, new solutions/ideas tested
  - Share results weekly or bi-weekly. Commit to new test each time.
  - Set one or two quantifiable, measurable goals and manage toward it.
  - Learn more than teach. Get out in field. Go to the front lines.
  - Support small project to share ideas/data.
  - Set up and share simple measurement systems to measure improvement.
  - Employ “innovator agents” to travel around answering questions, harvest ideas.
  - Hold face to face meetings 2x per year.
  - Celebrate success every week.
  - Mandate some simple improvements. “Unleash vanguard sites to pursue previously unseen levels of performance.”
  - Use metrics to measure for example: rate of testing, rate of spread, latency from idea to implementation, commitment rate, questions asked, network affinity
Examples of Content Exchanged in LC Meetings

• Share
  ◦ Documents
    • Exchange of draft policies, tracking tools, assessments, etc.
  ◦ Processes
    • Comparison of models for providing crisis respite
    • Ways to measure consumer satisfaction
  ◦ Problem-solving
    • Conversation with Mark Blockus about delivering crisis services to waiver consumers
    • Understanding of how DSRIP services relate to Encounter data
    • Discussion of the use of professionals and paraprofessionals on crisis teams, using paraprofessionals under the supervision of a master’s level staff with intense training.
Examples of Content Exchanged in LC Meetings

- **New ideas to test**
  - Concho Valley developed a watch list to identify which consumers are at high risk, prevent crises and see how they are responding to medication changes

- **Innovator agent activities**
  - Spindletop presented on a program for individuals with IDD and Co-Occurring issues of alcohol and substance abuse

- **Field reports**
  - Harris County formally establish a committee of Stakeholders
  - Gulf Coast started seeing clients in February
  - Texana developed a discharge policy
  - Metrocare developed a Family Service Agreement
Examples of Content Exchanged in LC Meetings

- Measurement system development
  - Discussions of Category 3 metrics and assessment tools
  - Exchange of information about baselines

- Celebrate success
  - Spindletop received approval for an IDD wellness program
  - Lakes hired an intensive services director
  - Using Career Builder to advertise positions, Lifepath successfully hired PT/OT and RN.
  - Programs submitted mid-year and October reports on time!
  - Alamo had their three-year projects approved
  - Programs have begun delivering services and collecting data

- Other
  - Guest speakers: Dr. Joan Beasley from the START model
IDD Crisis Website

- As prescribed in the RHP elements of a learning collaborative, Crisis LC has a website where minutes, contact information, documents, and weblinks can be shared.
IDD Crisis Services

Participating Centers and Projects

Learning Collaborative Minutes
IDD Crisis Programs Standing Agenda
LC Minutes 4-10-2013
LC Minutes 3-9-2013
LC Minutes 2-28-2013
LC Minutes 2-18-2013
LC Minutes 2-25-2013
LC Minutes 1-18-13
LC minutes 1-8-13
LC minutes 1-3-13
LC minutes 2-14

Documents
Flowchart pages
Brief Crisis Risk Assessment_final draft
BCBA Level 1 2 3 (2)
Provider Needs Assessment Survey
Medicaid provider needs assessment (2)
Learning Collaborative
Project grid with findings
Signature Sheet - 6-26-2013 Meeting
Goal

- The IDD Crisis Services Learning Collaborative overall goal is to share, support, and learn to improve our services and to maximize the usefulness of the learning collaborative requirement in our project plans.
Summary – Meeting the 11 Key Elements for LC

- Review data & respond to it
- Bring all sites together by phone bi-weekly
- Set 1-2 quantifiable, project level goals with deadlines
- Invest more in learning than teaching
- Support a small, lightweight web site to share ideas & data
- Set up simple interim self-report measurement systems
- Innovator agents to travel from site to site
- Include face-to-face learning at least 2x per year
- Celebrate success each meeting
- Should mandate improvements to “raise the bar”
- Use metrics to measure success
Outcomes

- **Project**: shared training material, policies and procedures, resources, hiring information
- **1115/DSRIP**: reporting clarifications, milestone and metric measurement, Performance Logic, templates, stretch activity collaboration
- **Overall**: It has informed discussions on pros and cons of different types of facilities, hiring resources, shaping policies, clinical support, program development, navigating DSRIP, etc.
- **Challenges**: Continue to share higher level data and measure improvements toward 1115 Waiver goals/objectives.
Questions?

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