



COLORADO
Department of Health Care
Policy & Financing

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

July 1, 2018

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 Interim Legislative Liaison, David DeNovellis, at David.DeNovellis@state.co.us or 303.866.6912.

Sincerely,

A handwritten signature in black ink, appearing to read 'KB' followed by a stylized name.

Kim Bimestefer
Executive Director

KB/cgh

Enclosure(s): 2018 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 Edie Hooton, 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
Representative Lois Landgraf, Health, Insurance and Environment Committee
Representative Susan Lontine, Health, Insurance and Environment Committee
Representative Kim Ransom, Health, Insurance and Environment Committee
Representative James Wilson, Health, Insurance and Environment Committee
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John Bartholomew, Finance Office Director, HCPF
Gretchen Hammer, Health Programs Office Director & Office of Community Living Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Chris Underwood, Health Information Office Director, HCPF
Dr. Judy Zerzan, Client and Clinical Care Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
David DeNovellis, Interim Legislative Liaison, HCPF





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Department of Health Care
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1570 Grant Street
Denver, CO 80203

July 1, 2018

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 Interim Legislative Liaison, David DeNovellis, at David.DeNovellis@state.co.us or 303.866.6912.

Sincerely,

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Kim Bimestefer
Executive Director

KB/cgh

Enclosure(s): 2018 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 Joanne Ginal, Public Health Care and Human Services Committee
Representative Edie Hooton, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
Representative Susan Lontine, Public Health Care and Human Services Committee
Representative Dafna Michaelson Jenet, 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
Representative Alexander Winkler, Public Health Care and Human Services Committee
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Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

July 1, 2018

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 Interim Legislative Liaison, David DeNovellis, at David.DeNovellis@state.co.us or 303.866.6912.

Sincerely,

A handwritten signature in black ink, appearing to read 'K Bimestefer'.

Kim Bimestefer
Executive Director

KB/cgh

Enclosure(s): 2018 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
Legislative Council Library
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David DeNovellis, Interim Legislative Liaison, HCPF



House Bill 15-1368 – Cross System Response to Behavioral Health Crises Pilot Program (CSCR Pilot) 2018 Report

Date: July 1, 2018



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Department of Health Care
Policy & Financing

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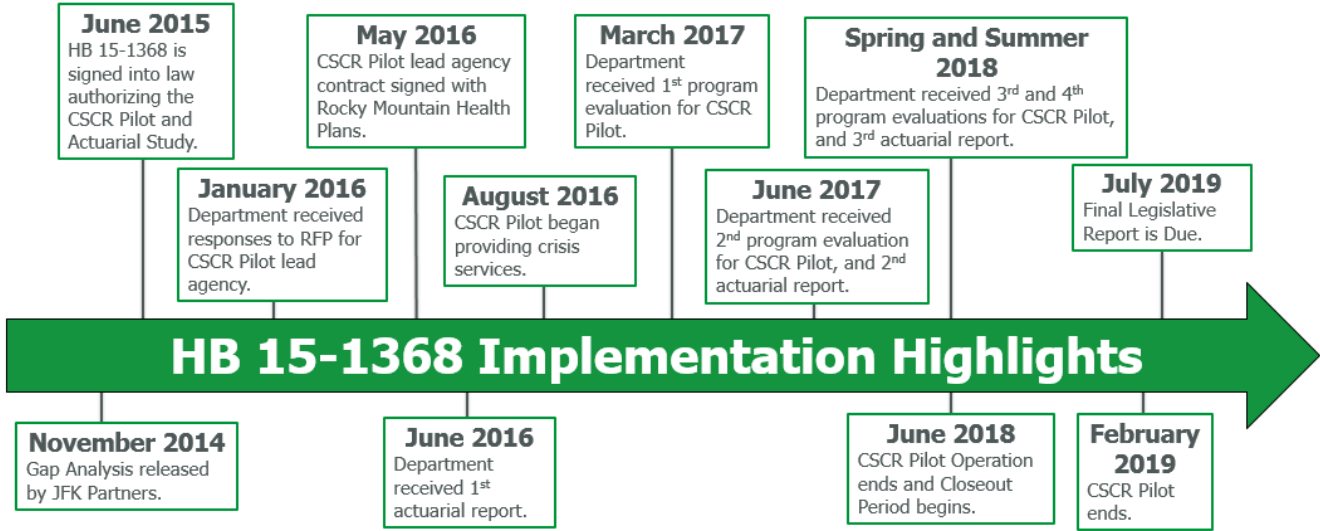
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Introduction

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 (C.R.S.) 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 C.R.S. 25.5-6-412 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 Closeout



*The above timeline includes updated closeout milestones.

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 C.R.S. 25.5-6-412, the CSCR Pilot must "compliment and expand..." Senate Bill 13-266, incorporated into C.R.S. 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.



Pursuant to C.R.S. 25.5-6-412, the CSCR Pilot will end on February 28, 2019. The operational contract with RMHP, and subcontracts between RMHP and the service providers in the geographic CSCR Pilot regions, are scheduled to end on June 30, 2018. The period from July 1, 2018, until February 28, 2019 is a closeout period set aside for the Department to analyze collected CSCR Pilot data, collect any additional data, and compile everything into the final legislative report, which will include identified best practices, and recommendations for overcoming barriers that individuals with co-occurring mental or behavioral health needs and I/DD face when accessing the Colorado Crisis System.

The Department is finalizing an amendment to the contract with Rocky Mountain Health Plans that will extend and modify its original operational contract. This amendment will allow RMHP to continue as the Contractor until March 1, 2019, when the CSCR Pilot officially ends. Through this amended contract, RMHP will compile data that had been collected during the operational phase of the CSCR Pilot and help prepare the recommendations that are to be included in the final legislative report. It is of note that the Department will have an added benefit in working with RMHP related to its emerging status as a Regional Accountable Entity (RAE), because it will allow the Department to better understand the RAE's work integration of individuals with I/DD into behavioral health, and the interaction with the Colorado Crisis System. The Department will continue to explore ways to integrate best practices into the current systems in an ongoing basis.

CSCR Pilot Services

During SFY 2017-18, the CSCR Pilot continued to provide four core services to assess outcomes for individuals with I/DD experiencing a mental or behavioral health crises: community-based mobile supports; in-home therapeutic supports; site-based therapeutic supports; and follow-up supports.

In August 2017, the Department held an innovation meeting with the CSCR Pilot contractor, and representatives from the provider/subcontractors, to determine ways to maximize the above four core services. A common theme that continued to emerge in this meeting was the need for more focused and enhanced coordination of these four core services, in a way that would move beyond stabilization, and focus on a more cohesive and collaborative continuum of care for the CSCR Pilot members. In the weeks following the August meeting, the partners worked with the Contractor to develop, and implement innovations to the CSCR Pilot services, and successfully integrated them into their operation.



The data from this work will continue to be collected until the end of the operational period of the CSCR Pilot, on June 30, 2018, and will be analyzed for inclusion into the final legislative report, due July 1, 2019. Below are brief descriptions of a few key innovations in services being used in the CSCR Pilot this past year, in advance of the final report:

- **Enhanced Case Management:** an approach to assisting individuals who enter the CSCR Pilot that focuses on person-centered and trauma-informed care plans, and holistically integrates the individuals support needs from all aspects of his/her life. Although this service is referred to as “case management” within the CSCR Pilot, this service is distinct from standard resource case management, and may be more easily identified as care coordination. This approach includes:
 - A thorough and holistic assessment process, and customization of a support plan based on the individual’s support needs;
 - Assistance from a Crisis Case Manager, or a START Coordinator,⁴ for individuals who have more complex support needs;
 - Focused collaboration with other service providers, and assistance in knitting together services into a continuum of care. This approach examines the individual’s baseline, and modifies supports, which helps prevent crisis. In addition, it includes a person-centered and trauma informed follow-up support plan that reflects the importance of a collaboration among the various support providers who contribute to that individual’s continuum of care.

 - **Expanded and Targeted use of Stabilization Sites:** the stabilization sites shifted from standard 24-hour operation, to providing overnight stabilization as needed, to explore more sustainable best practices. In addition, the sites expanded their services to include structured day activities that help reduce the likelihood of future crisis events.
- Earlier Intervention:** in addition to the preventative practices discussed above, the CSCR Pilot began taking referrals for individuals who were identified (either by themselves, family, or care givers) to be heading toward a crisis event. These interventions reinforce the importance of a fluid continuum of care capable of being examined and modified as needed, and supports individuals without waiting for, and often preventing, a crisis event.

⁴ The START Coordinators use the Systemic, Therapeutic, Assessment, Resources & Treatment (START) Model to develop and manage a START Plan for the individuals they serve.



CSCR Pilot Best Practices

The fluid nature of the CSCR Pilot has been ideal for identifying, and implementing best practices. As with prior years, the CSCR Pilot used this flexibility to focus on particular areas for improving access to, and delivery of, necessary mental or behavioral health crisis services for individuals with I/DD. These include:

- Enhanced case management/care coordination;
- Preventative services;
- Collaboration;
- Community engagement and training;
- Uniform definitions for policies, practices, and procedures;
- Identified need for additional behavioral assessment units for individuals receiving benefits under the Home and Community Based Services- Supported Living Services (HCBS SLS or DD waivers; and
- Identified need for additional, or alternative, Targeted Case Management units.

In addition to identification, and adoption, of best practices, the CSCR Pilot continued to identify opportunities for improved access to mental or behavioral health services. These include:

- Understanding and use of existing systems, services, and benefits;
- Diagnosis of mental health disorders for individuals with I/DD, and navigating eligibility requirements for mental health services;
- Capacity and training within Crisis Stabilizations Units (CSUs) to overcome barriers in providing support and stabilization for individuals with co-occurring mental or behavioral health needs and I/DD; and
- Availability of stabilization environments, and trained staff, for individuals with higher or acuity of needs.

The CSCR Pilot has identified the continued need for an individual to act as a subject matter expert and quality innovator who will continue to connect the various systems necessary for ensuring behavioral and mental health services are available and accessible for individuals with I/DD. This role is still being examined and developed and will be more thoroughly defined during the final year of the CSCR Pilot.



CSCR Pilot Data

Pilot Data August 2016 – March 2018

CSCR Pilot Participation

Number of Crisis Events	970
Total Individuals Served	279
Male	165
Female	114
Adult	166
Child	113

Actuarial and Cost Analyses

The SFY 2017-18 Actuarial Study examined best practices in assessments, training, and innovations in providing behavioral health services to individuals with I/DD, both nationally, and locally. This work included:

- Survey of various Community Mental Health Clinics (CMHCs) in Colorado;
- Survey of Professionals who have been identified as knowledgeable in providing mental or behavioral health services to individuals with I/DD;
- Interviews with mental and behavioral health agencies from select states;
- Examination of Colorado’s behavioral health system in comparison to other states’ systems, as well as recognized national innovations; and
- Coordination and consultation with individuals and organizations connected to Colorado’s behavioral health system to ensure an accurate focus on the perspectives of mental and behavioral health service providers.

The data from this work are being reviewed and analyzed to better understand the interconnectedness of Colorado’s Crisis System, and access to behavioral health services systemically. The preliminary results are already helping shape the direction of the remaining work related to C.R.S. 25.5-6-412, including the CSCR Pilot, and further Actuarial studies. Findings from this SFY’s work will be included in the final C.R.S. 25.5-6-412 legislative report, due July 1, 2019.



Conclusion

Continuing the momentum of the prior years, the CSCR Pilot has remained effective in addressing the behavioral and mental health service gaps that individuals with I/DD face when seeking crisis services. The Department will continue to identify innovations that will overcome barriers in access to mental and behavioral health services for individuals with I/DD in creative and sustainable ways. In the final year, the CSCR Pilot will work closely with RMHP to compile the lessons learned from the CSCR Pilot, and to stay current with the changes brought about through the emerging crisis services and RAE landscape.

