Public Meeting Notice

Please note this meeting is open to the public and is being recorded Anything said during this meeting may be part of the public record







Get Out & Stay Out!! Maintaining Care After Discharge







Agenda

- Current state of transitions
- Models in Practice
- Elements of success
- Innovation opportunities
- Change that can happen now





What You Will Learn Today

Attendees will be able to:

- Identify key considerations to compare and contrast their current practices with alternative, innovative models in use.
- Summarize emerging and evidence-based practices that support the transition from an institution and continuity of care in the community and identify key components that are similar across the models.
- Identify ways their organization may be able to put into practice the key components discussed during the training that will support successful transitions not already in use.
- Identify those practices which may be hindering their organization's ability to foster smooth transitions and support continuity of care.





Level Setting

People with Complex Needs who are Transitioning to Community Following Institutional Care



- For today, those who have
 - Spent a lengthy period of time(s) in a non-integrated residential setting either involuntarily or voluntarily
 - Have had minimal agency or decision-making opportunities
 - Little to no community ties
 - A degree of behavioral health stability
 - Frequently not been able to maintain connections socially as well as clinically
 - Many times, developed ways of interacting with the world that cause people to stay away
 - Deserve and need active support and care



Level Setting

Institutional Care Hospitals and State operated mental health hospitals, prison/jails, and residential treatment programs

- Longer stays
- More intensity of acuity and complex challenges
- Non-integrated
- Voluntary and involuntary status











Navigating Transitions

What Are the Challenges to Making All the Connections Happen?

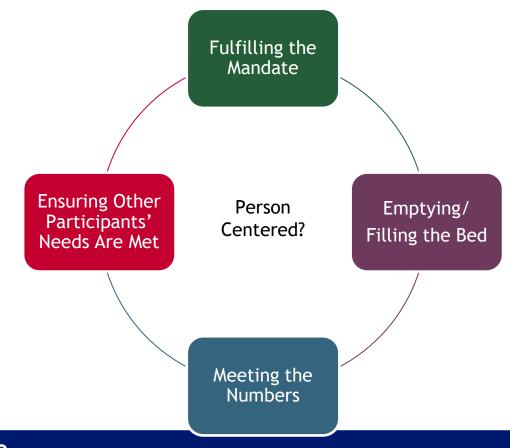
Getting From Here to There





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Getting From Here to There?







Getting From Here to There (continued)

82 percent of those released from state prisons were arrested at least once in 10 years

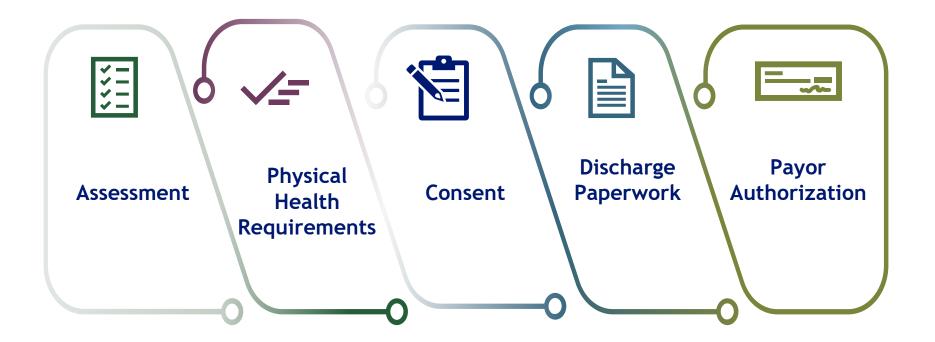
Estimates of 30-day psychiatric hospital readmission rates range from 5-43 percent!





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The Steps Along the Way







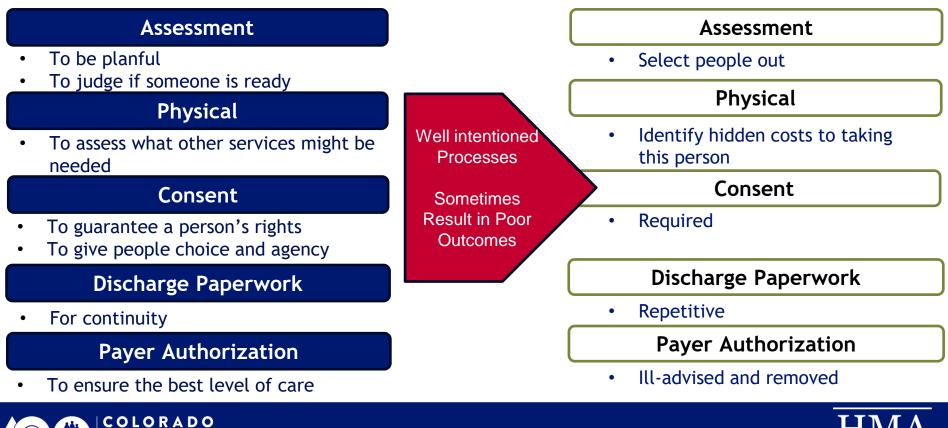
How Many Steps Is it (Really)





HMAA Health Management Associates

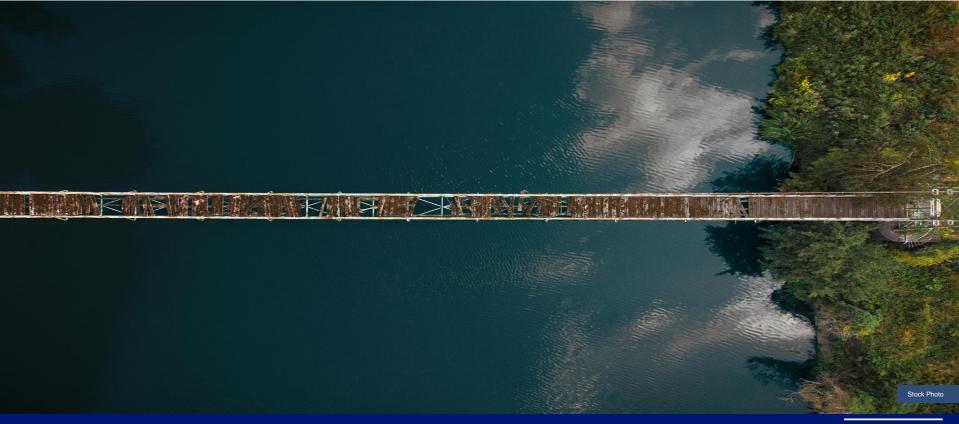
Why Are All These Planks Here and How they Can be Misused?



Health Management Associati

Department of Health Care Policy & Financing

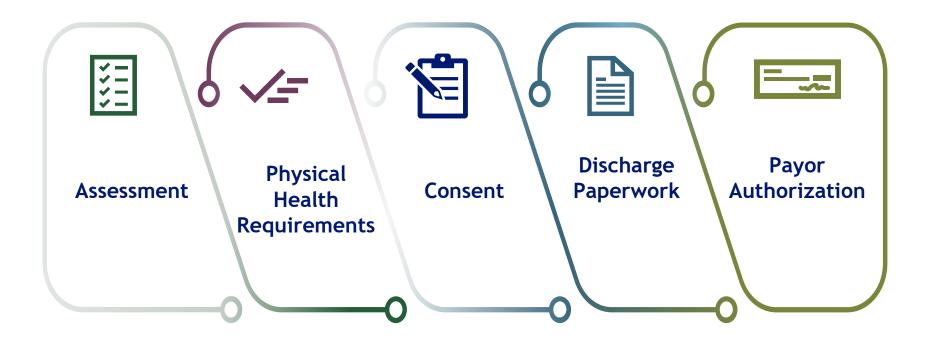
Engineering







The Steps Along the Way







Who Pays the Tolls

The regulatory and payor environment often can drive the process and steps required rather than the specific needs of the person in the transition. Successful transitions require steadfast commitment to the human and the trauma informed approach despite the administrative process.



Insurance/Managed Care Rules



Commercial or Other Payor



No Reimbursement







The Other Side Individual Experience?

What was the experience of transition to the community?

Are we attending to satisfaction and experience of care?

Do we ask?

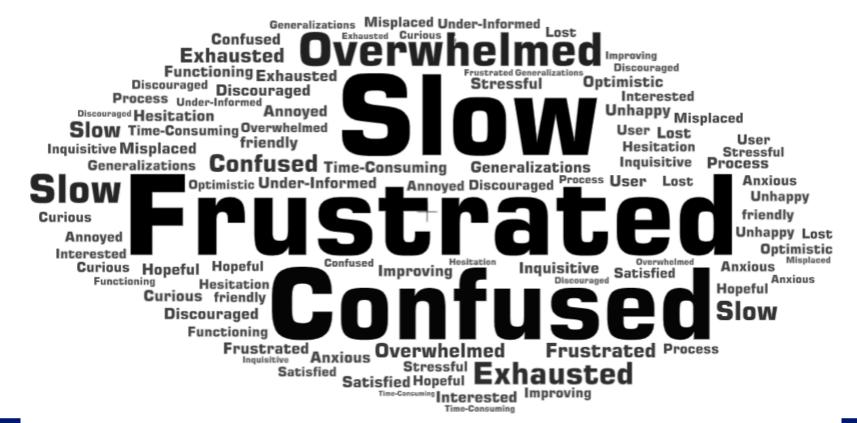
Do we know?



COLORADO Department of Health Care Policy & Financing



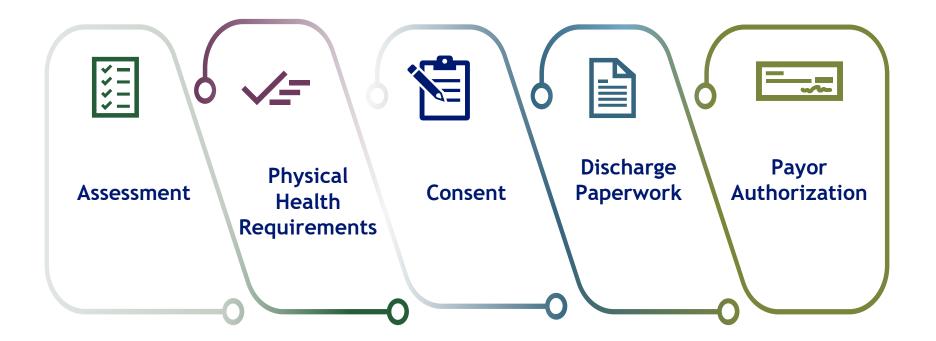
Thought Exercise - Provider Experience?







The Other Side - Consumer Edition







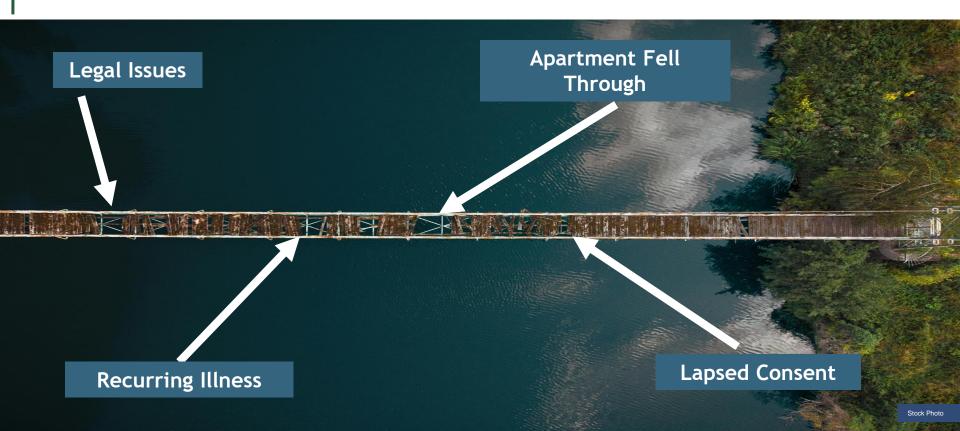
The Other Side of the Bridge

tired **S** drained X. powerless of fried detached disengaged desperate irritable hopeless fatigue





Engineering - Disruptions that get you Stuck on the Bridge and Present Risks







Alternate Models

Innovation in Practice

Getting From Here to There (cont.)







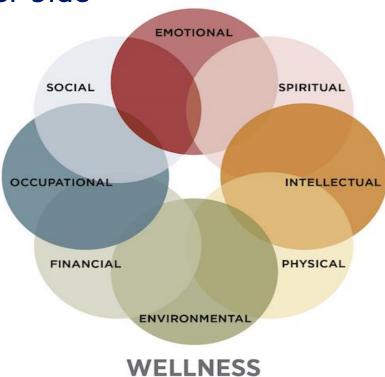
Wait, Where is "There" Again?







What's on the Other Side







Peer Bridgers

- Peer Support Professionals workforce
- Support in state hospitals
- Starts with Admission
- Daily In Reach/Community Meetings
- Funded by Block Grant/Medicaid
- Community Transition and Immersion

71 percent not readmitted to State hospital in year following discharge







Certified Community Behavioral Health Clinics (CCBHC)

- Faster Access
- Integrated care
- Measured Outcomes
- Crisis services
- Care Management
- Psych Rehab Services

87 percent see people within 10 days of referral

> 71 percent offer services within one week

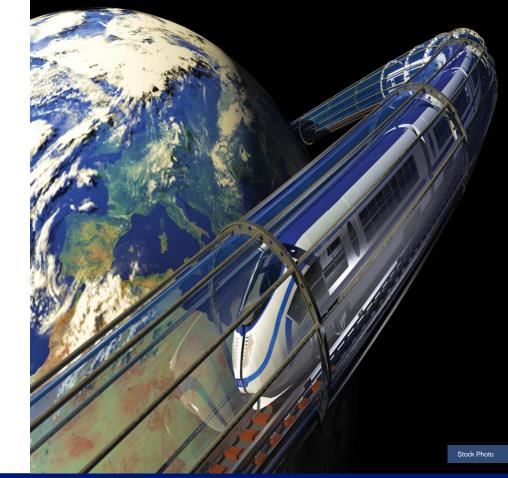




Critical Time Intervention

- Case Management model
- Highly focused
- Time Limited
- Three Phases
- Concentrated on key areas
- Travel accompaniment

5-10x REDUCTION in odds of homelessness



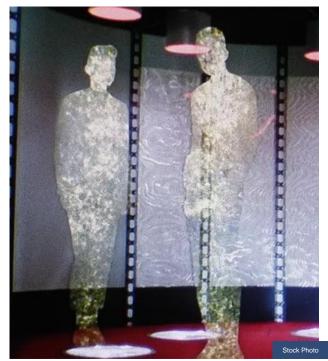




Pathway Home™

- Team approach
- Network Resource
- Skills-building and Advocacy
- Benefits and entitlements support
- Travel accompaniment
- Expedited housing placement and care management enrollment and engagement,
- Wrap-around enhancement funds

94 percent stayed out of the hospital during first 30 days back in the community







Shared Elements of Success



In-reach

- Starts early
- Follows the person
- Can be delivered people with or without lived experience



Peer Services

Increases

engagement

- Addresses stigma
- Inspires hope
- Exists in many settings



Community Connections

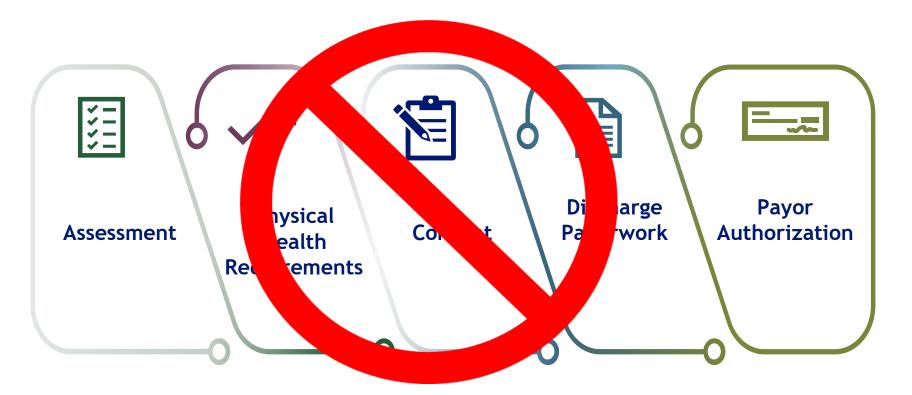
- Reduces isolation
- Increases confidence
- Builds comfort with treatment

Person Centered and Trauma Informed Approaches





Shared Elements of Success







Honorable Mention to Other Ways of Shortening the Bridge

Barrier Free/Presumptive Eligibility/Housing First

- Minimize Paperwork
- Reduce Time to Placement
- Employ Harm Reduction

Technology

- Virtual Interviews
- Shared Data
- Self-Populating Forms
- Automated Eligibility Determinations







How Do We Measure a Good Exit/Entrance?

Did they make it across?

Did they make it across in one piece?

Did they stay?





Stock Photo

Why Aren't We There Yet?

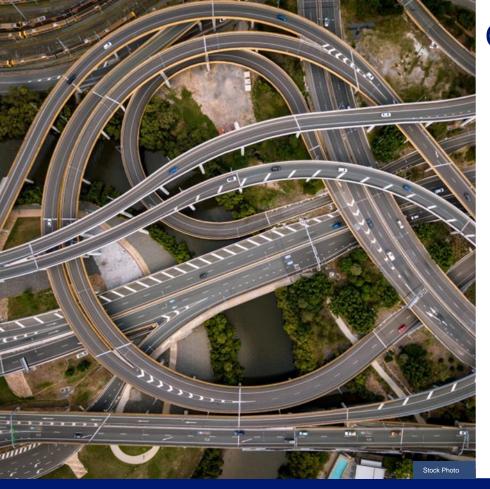
What Are the Opportunities to Do Our Best Work?











Ch-Ch-Ch-Ch-Ch-Changes

How would we make this happen?



Funding



Regulatory



Data

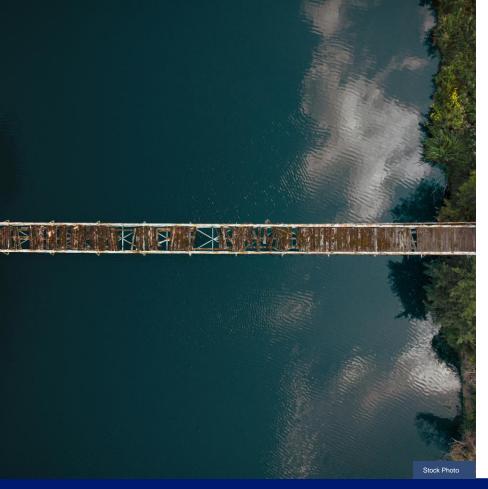


Cultural









What Can You Stop/Start Doing Now to Align with National Innovation

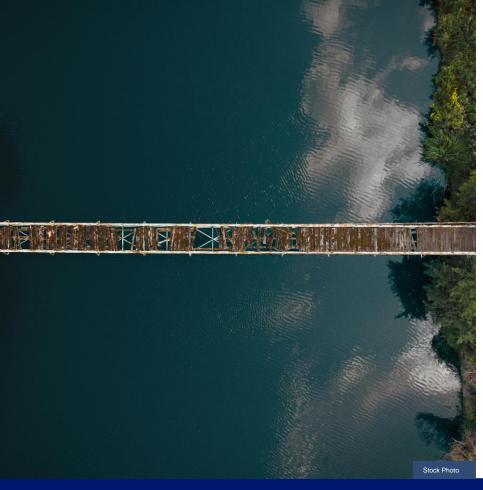
> Maximize Peer Support or Consider Peer Bridger Model

> > Consider CCBHC Opportunities

Practice CTI







What Can You Stop/Start Doing Now Within Colorado's Environment

Maximize Peer Support, QBHAs, Crisis Support Professionals

-Assess Staff Roles and Processes -Start Discharge at Admission -Warm handoffs and enhanced referral

Partner with Providers with Success Components (network, network, network)

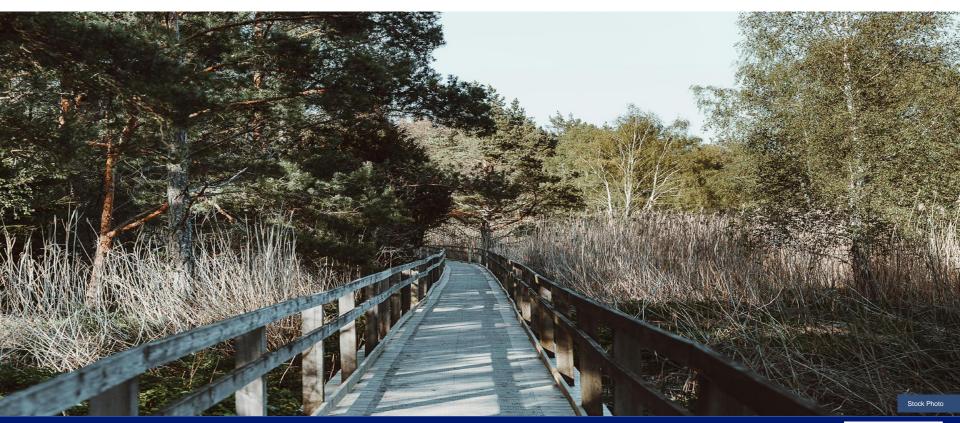
Review Admission and Discharge Documents and Requirements

Examine Bottle Necks













To better inform our future trainings as well as request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!

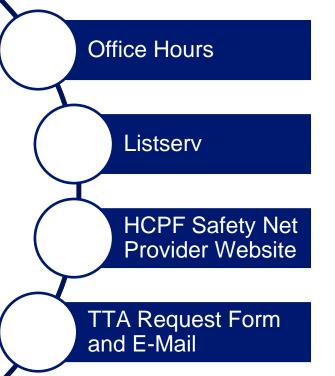


https://bit.ly/bhprovidertrainingsurvey





Appendix A: Additional Resources



Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the <u>HCPF Safety Net</u> <u>Landing Page</u> for details & registration information.

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: <u>Register Here</u>

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <u>https://hcpf.colorado.gov/safetynetproviders</u>

Request TTA support or share your ideas, questions and concerns about this effort using the <u>TTA Request Form</u> or e-mail questions and comments to: <u>info@safetynetproviders.com</u>







Appendix B: References

- Sweeney A, Davies J, McLaren S, Whittock M, Lemma F, Belling R, Clement S, Burns T, Catty J, Jones IR, Rose D, Wykes T. Defining continuity of care from the perspectives of mental health service users and professionals: an exploratory, comparative study. Health Expect. 2016 Aug;19(4):973-87. doi: 10.1111/hex.12435. Epub 2015 Dec 29. PMID: 26714263; PMCID: PMC5006915.
- Zhou, H., Ngune, I., Albrecht, M.A. and Della, P.R. (2023), Risk factors associated with 30-day unplanned hospital readmission for patients with mental illness. Int J Mental Health Nurs, 32: 30-53. <u>https://doi.org/10.1111/inm.13042</u>
- United States. Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. (2021, September) Recidivism of Prisoners Released in 24 States in 2008: A 10-Year Follow-Up Period (2008-2018) by L. Antenangeli, Ph.D., & M.R. Durose. (Special Report) Retrieved from the Department of Justice Web site: https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/rpr24s0810yfup081

8_sum.pdf





Appendix B: References (continued)

- Peer Bridgers: <u>https://smiadviser.org/knowledge_post_fp/what-is-the-peer-bridger-model-of-peer-support</u>
- CCBHC: https://www.samhsa.gov/certified-community-behavioral-health-clinics
- National Council for Mental Wellbeing. 2022 CCBHC Impact Report Retrieved from the National Council Web site: <u>https://www.thenationalcouncil.org/wp-</u> <u>content/uploads/2022/10/2022-CCBHC-Impact-Report.pdf</u>
- Critical Time Intervention: https://www.criticaltime.org/cti-model/
- Herman, D.B., D.S.W., M.S., Conover, S., M.P.H., Gorroochurn, P., Ph.D., Hinterland, K., M.P.H., Hoepner, L., M.P.H., & Susser, E.S., M.D., Dr.P.H. (2011) Randomized Trial of Critical Time Intervention to Prevent Homelessness After Hospital Discharge. Psychiatric Services, 62, 7:713-718.

https://ps.psychiatryonline.org/doi/full/10.1176/ps.62.7.pss6207_0713

Pathway Home: <u>https://cbcare.org/innovative-programs/pathway-home/</u>



