The Consultation and Clinical Intervention (CCI) Program

COUNSELING & CONSULTING SERVICES
A division of Community Provider of Enrichment Services, Inc.

A Collaborative Approach To Serving Individuals
With Co–occurring Behavioral Health Diagnosis & Developmental Disabilities
A History of Collaboration

- Community Partnership of Southern Arizona (CPSA)
- Southern District of the DES/Division of Developmental Disabilities (DDD)
- Counseling & Consulting Services (CCS) of Community Provider of Enrichment Services (CPES)
CPSA and DDD developed a “joint venture” in 2000 to provide residential supports for people whose needs challenged both systems.

Challenges included:
- Complexities of long term disabilities and behavioral health issues
- Crisis interventions without integrated support
- Inappropriate use of Level One services
- Different philosophies of support and funding
- Rising costs of care

Assets included:
- Talented people in both systems
- Experiences of working across systems within an atmosphere of respect
- Strengths of people using the services
Developed to provide comprehensive assessments and specialized services to address individual needs through a coordinated effort of the developmental disabilities and behavioral health systems of care.
CCI Team Ingredients for Success:

- Individually tailored treatment plans
- Staffing resources appropriate to CCI participants needs
- Well organized coordination between CSP and DDD systems and the lead Provider ~ Counseling & Consulting Services (CCS – CPES)
- Regular and consistent communications for ongoing implementation success
A multidisciplinary, multiagency approach that incorporates positive behavioral interventions to address challenging behaviors in such a way that has a positive impact on both the short term and longer aspects of their lives.
CCI Program Goals

- To prevent the crises that have historically led to multiple disruptions in residential placement due to hospital admissions or incarcerations.
- To enhance member self-management skills.
- To develop more effective supports in all settings.
- To meet member needs through changes in strategies to address Antecedents– Behavior– Consequences as informed by a Functional Behavioral perspective.
CCI Measureable Goals

- Decrease frequency and length of psychiatric hospital stays
- Reduce law enforcement contact and incarceration
- Reduce behavioral incidents (e.g. harming self or others, property destruction)
Community Partnership of Southern Arizona (CPSA) contributes funding and collaboration with DDD to provide management and interagency coordination of the program.

Division of Developmental Disabilities (DDD) funds the CCI transition home and in-kind professionals (two BH Technicians and one Registered Nurse).
Comprehensive Service Providers (CSPs) in the CPSA system of Care – responsible for providing all services identified by each enrolled member’s Adult Recovery Team (ART). CSP’s attend monthly oversight meetings to prioritize referrals, review systems and programmatic issues, and develop creative clinical service options.
Counseling & Consulting Services – Community Provider of Enrichment Services (CCS – CPES) – provides behavioral consultation, behavioral assessments, support planning, and specialized counseling and staff training services.

CCS – CPES clinical staff have extensive experience providing services that focus on a wide range of assessment and treatment interventions to individuals who present extremely challenging behavioral problems.
CCI Agencies – continued

- Counseling & Consulting CCI Team (CCS) is funded by CPSA and works in collaboration with all members of the Adult Recovery Team and DDD professionals for each person.

The Team includes:

- Five consultants
- One Program Coordinator
- Data Collection tracking successes and limitations
Participants

- Started with 25 Individuals considered to be those that most challenged the resources of both systems
  - Year two – 31 people
  - Year three – 37 people
  - Year four – 33 people

- Once individual goals are met – they are considered transitioned and another individual is referred
Program Description

- Cornerstones
  - Positive behavioral supports
  - Consistent collaboration and communication among team members

- Monthly Adult Recovery Team meetings to review progress

- Quarterly Implementation Meetings for systems reviews of progress and problem solving
Outcomes

Psychiatric Hospitalizations:

**First Year:**
- Baseline of 50 admissions decreased to 24.
- Baseline of 1018 days reduced to 122 days.

**Second Year:**
- Baseline of 28 admissions decreased to 10.
- Baseline of 395 days reduced to 63 days.

**Third Year:**
- Baseline of 21 admissions decreased to 15.
- Baseline of 183 days reduced to 84 days.

Law Enforcement – July 2009 – June 2010:

- Non emergency 911 calls: (–61%)
- Police Interventions: (–50%)
- Arrests: (–72%)
- Incarcerations: (–69%)
- Days in Jail: (–78%)
Outcomes – Continued

BEHAVIORAL INCIDENTS

JULY 2009 – JUNE 2010:

- Harm to self: 37%
- Harm to others: 90%
- Destruction of Property: 10%
- Leaving Residence without Permission: 40%
- Crisis Call to Behavioral Health Providers: 30%
Juanita’s ART developed a plan with key strategies:

- Improving diet and making healthy food choices
- Positive supports for making choices areas that pose risk for creating power struggles
- Positive relationships and meaningful communication
- Activity development outside the home
- Positive ways of dealing with disappointment
# Juanita’s Success

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<th>Year 1</th>
<th>Year 2 1st 6 mo</th>
<th>Year 2 2nd 6 mo</th>
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Factors Leading to Juanita’s Success

- Properly facilitated monthly team meetings with committed team members
- Clear and consistent Team communication and collaboration
- Structured system of goals, visual supports and reinforcement for positive behaviors
- Individual and group therapy to gain self-awareness and build skills.