Collaborative Work Pays Off

Multi-Systemic Innovation in Serving Adults and Youth in Transition with Dual Diagnoses and Complex Behavioral Concerns

August 7, 2017
Today’s presenters

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Purpose and mission

**IMPROVE**
- Health outcomes for dually enrolled members with complex needs

**DEVELOP**
- Specially designed expert team

**IDENTIFY**
- Systemic gaps in services and identify opportunities for growth
Learning objectives

CCCT

Key Components

Clinical Outcomes

Evidence-based Resources
Program development

Design

Standardization

Implementation
CCCT committees

Representation included all levels of administrative professionals, management, and community stakeholders at bi-weekly committee meetings, with sub-committee meetings alternating in between.
Data-driven decision making

**Process**
To ensure that the process was data driven and to measure outcomes, a standardized process was developed to determine a baseline and create specific action items.
## Cohort decision making

<table>
<thead>
<tr>
<th>Assigned DDD District</th>
<th>LTC Costs</th>
<th>Acute Costs</th>
<th>BH Costs</th>
<th>ED Admits</th>
<th>Psych Admits</th>
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<tbody>
<tr>
<td>District Central</td>
<td>$157,346</td>
<td>$3,978</td>
<td>$2,315,925</td>
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<td>$75,308</td>
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<td>$3,375</td>
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</tbody>
</table>
Cohort identification

“Juan”
- Male early 20s
- Dx: Autism, schizoaffective DO, ADHD
- History of institutionalization, multiple placements, severely aggressive behaviors
- Lack of providers to support his needs, lack of behavior plan

“Brittany”
- Female early 30s
- Schizoaffective DO, Borderline PDO, Mild ID
- One year inpatient, multiple placements, legal involvement, aggressive behavior
- Placement, guardian loss of confidence in the system

“Rhonda”
- Upper 40s
- Bipolar
- Aggressive behavior, mild ID
- Diabetes, asthma, shunt, anemia
- Compliance with treatment, local placement, relationships
- Multiple placements
- At risk of RBHA transfer
Case consultation
Member progress

“Juan”
• Residential community placement for 120 days
• One agency for both DDD and RBHA services
• 0 ED/IP admissions
• Part time job
• Socially active
• Managing money independently
• Visiting family after 3 years

“Brittany”
• DDD group home for four months
• Cross trained staff
• Enhanced behavior management
• Guardian is content
• Intense team engagement

“Rhonda”
• Transferred to local DDD group home
• Cross trained staff
• Nursing assessment and follow up through DDD
• DDD nursing coordination with BH treatment team
• RBHA transfer averted
• No psychiatric ED/IP utilization
Evaluation

Current Progress

Achievements

Barriers

Future of the project
Thank you