

Co-Existence, Collaboration and Better Outcomes

**Precedents and Prospects
for Service Providers**



Learning Objectives:

- **Identify three potential contributions of inter-organization co-existence to service delivery innovation.**
- **List four clinical outcome areas likely to be enhanced by multi-disciplinary collaboration of behavioral health service partners.**
- **Identify five evidence-based resources for achievement of sustainable integrated healthcare practices among multi-disciplinary agency partners.**



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How Did the Consortium Come About?

- Snapshot of History
- Dynamic and Uncertain Environment
- Integrated Care
- Emerging Resources for Complex Behavioral Needs
- Developing Alliances
- Innovative Collegial Spirit

Integrated Care

“...in essence integrated health care is the systematic coordination of physical and behavioral health care. The idea is that physical and behavioral health problems often occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served.”

- Hogg Foundation for Mental Health, *Connecting Body & Mind: A Resource Guide to Integrated Health Care in Texas and the U.S.*, www.hogg.utexas.edu



Sustainable Integrated Healthcare Practices

Literature within:

- 1) Clinical specialty disciplines
 - 2) Integrated healthcare systems
 - 3) Organizational development
- Charting more than one path to more efficient and effective outcomes for youth and families involved in I/DD/ASD and Child Welfare services
 - Challenges and Benefits of Collaboration
 - Audience Participation.



Healthcare & Individuals with Intellectual & Developmental Disabilities

- **Roughly 35% of individuals with I/DD have a co-occurring mental illness.**
- **Over 30% of children and adults with autism have a co-occurring mental illness.**
- **The behavioral health system is underfunded and lacking skilled clinicians to serve this population.**



Special Populations/ Complex Behavioral Concerns

➤ Traditionally

- Parsed out to numerous providers and/or agencies along contrasting funding lines
- Health, mental health, and behavioral providers are
 - Housed separately
 - Regulated by different governmental entities
 - Funded by different governmental entities
 - Regulations and funding are often based on diagnoses not actual need for or a particular service and intervention



Case Example- Don

- Don a 12 yr.old male living in a group home
- Diagnosed with
 - Autism Spectrum Disorder (ASD)
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Obsessive Compulsive Disorder (OCD)
- Behavioral concerns:
 - Physical aggression
 - Self-injurious behavior
 - Hoarding & stealing food
 - Hyperactivity



Case Example- Don Systems of Service

- **Group home**
 - **Public school**
 - Provides in-school treatment supports inline with special education services
 - **Habilitation & Respite services**
 - HCBS Medicaid Waiver program for children with ASD
 - **Pediatrician**
 - Treating ADHD with medication
- **Mental health system provider**
 - Treating the OCD with therapy
 - Receive Medicaid payment for treatment of mental health
 - Cannot receive Medicaid payment if treating issues related to ASD or IDD
- **Behavior Analytic services**
 - Treating physical aggression and self-injurious behaviors
 - Private insurance

Case Example- Kirby

- Kirby is a 14-year old boy residing at an inpatient treatment facility
 - Placed by DCS and funded by Behavioral Health
 - Aftercare plan will include an HCTC referral to re-enter the foster care system
 - Past 6 months
 - Prior placement Canyon State Academy by DCS
 - He has had two foster care placement disruptions during the two years prior to being placed at Canyon State
- Diagnosis:
 - Bipolar Disorder
 - ADHD
 - Conduct Disorder
 - ASD suspected (not diagnosed)
- Behavioral Concerns:
 - Impulsivity
 - Physical aggression



Case Example- Kirby

Systems of Service

- Inpatient Facility
- Treatment groups to address impulsive behaviors and anger management
- EMDR to address trauma
- Individual counseling sessions
- Private School
- Providing education services in line with Kirby's IEP
- Psychiatric Services
- Treating Bipolar Disorder and ADHD with medication
- Medical or Psychological
- ASD screening
- Behavior Analyst
 - Focused assessment, treatment and consultation
- HCTC Services
 - Training prospective foster placement on managing Kirby's behaviors and meeting his unique needs
- Department of Child Safety
 - Providing referrals and authorizing placements

Impact on Youth and Families

Cases highlight the issues:

- ▶ **Multiple providers and locations**
- ▶ **Multiple systems to navigate**
- ▶ **Systems designed around diagnoses instead of need**
- ▶ **No common electronic health record (EHR)**
 - ▶ **To communicate approaches to treatment and outcomes**
 - ▶ **To exchange information or collaborate**

▶ Differing approaches and objectives:

- ▶ **Mental Health System = Rehabilitation**
 - ▶ **Restore them to some baseline**
 - ▶ **Assist them in regaining lost skills**
 - ▶ **This implies an end point at which the person has regained what was lost**
- ▶ **Developmental Disability System = Habilitation**
 - ▶ **Maintain skills**
 - ▶ **Teach new or more functional skills**



Children in Foster Care and Their Families

- **The foster care population is unique**
- **Children in foster care experience**
 - **A higher rate of trauma**
 - **A significant amount of transiency**
 - **Higher rates of psychotropic medication use**



Incidence of Behavioral Health Concerns- Foster Care

- **Nearly ½ (47.9%) of youth in foster care have clinically significant emotional/behavioral problems.**

(Casey Family Program Data)

- **Over 50% of children in foster care exhibit lifetime incidence of behavioral or social competency problems that warrant behavioral health services.**



Innovation in Child Welfare Service Delivery

- **“Given the unique characteristics of children in foster care, with the overlay of health care reform, funding and regulatory agencies are shaping a new model for best practices in the field.”**

These practices will require:



Needs Assessment and Resource Development

- ▶ **Prevention Services**
- ▶ **Crisis Line**
- ▶ **Medication Management**
- ▶ **Hospitalization**
- ▶ **Housing**
- ▶ **Employment**
- ▶ **Transportation**
- ▶ **Court-Ordered Treatment**



ASD/IDD and Child Welfare Best Practices

Delivery System Reform Incentive Payment (DSRIP)

- Milestone Achievements
- Performance measures
- Incentive Payments

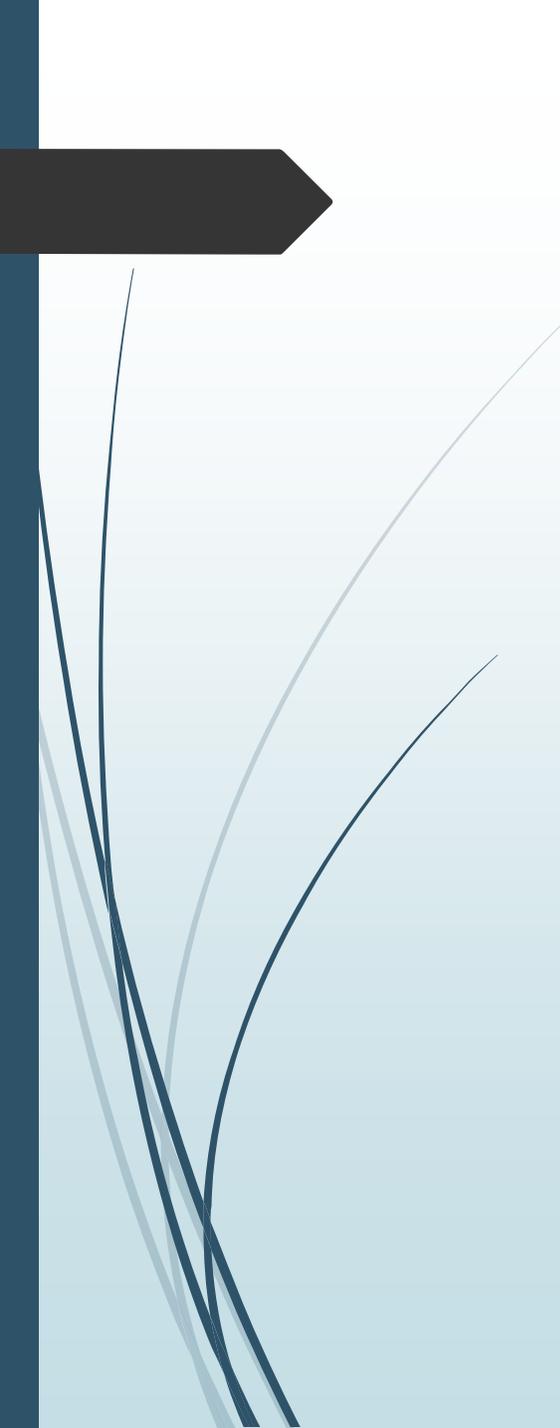
Pediatric Projects Milestones and Measures

- Steps Toward Integration
- Provider Relationships
- Coordinated Records
- Community Resources
- Management of High Risk Members



Prescribed Best Practices Re. Care Models

- ❖ **Consistent assessment and development of best practices across multi-disciplinary healthcare partners for:**
 - **Behavioral Health Integration**
 - **Family-Centered Care**
- ❖ **Development and use of integrated care plans managed by one clinical care manager for all multi-disciplinary healthcare partners**
- ❖ **Immediate and ongoing coordination of multi-disciplinary input to problem identification, risk drivers, social determinants, barriers to care, indicated assessment and treatment modalities, etc.**



Clinical Outcomes Targeted By Integrated Healthcare Best Practices

- ❖ **Decrease in Frequency of ED and Inpatient Use**
- ❖ **Decrease in Out of Home Placement**
- ❖ **Decrease in Length of Stay for Out of Home Placement**
- ❖ **Decrease in Disciplinary Action in Schools**
- ❖ **Decrease in Law Enforcement Contact**
- ❖ **Decrease in Aggression To Others**
- ❖ **Decrease in Self-Injury**
- ❖ **Decrease in Elopement**
- ❖ **Decrease in Medical Problems**
- ❖ **Decrease in Incidents of Child Abuse and Neglect.**



Resources for Achievement of Integrated Healthcare Practices Among Multi-Disciplinary Provider Partners

- **Family Involvement**
- **Care Coordination/Management is centralized**
- **Multi-disciplinary integrated team guided by a dynamic integrated care plan**
- **Responsive referral pathways to child welfare and ASD treatment specialists, programs or providers who are trained to evaluate children for autism and provide early intensive behavioral therapy for families and children.**
- **Shared data sets and analysis with primary care, behavioral health, specialty service providers, auxiliary health providers (OT/PT/ST/Audiology...), schools...others.**



Final Thoughts

“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.”

Charles Darwin