



Division of
Health Care
Finance & Administration

STATE OF TENNESSEE

Behavioral Health Crisis Prevention, Intervention and Stabilization Services:

*Building "Systems of Support" (SOS)
for Individuals with Intellectual or
Developmental Disabilities (I/DD)
who Experience Challenging Behavior*

January 2016

Why?

- **Input from stakeholder meetings**

- *“[F]or all three groups (including HCBS providers), the importance of an integrated and coordinated approach to services and supports, focusing on the whole person and all of their physical and behavioral (i.e., mental) health and functional support needs is among the most critical needs.*
- *“Providers identified clinical services including Physical and **Mental Health** and Dental services as the **third** ranked service needed most by individuals with intellectual and developmental disabilities, highlighting the need for a more integrated and coordinated approach to service delivery.*
- *“For **people receiving waiver services** and their family members and conservators, the need for high quality, coordinated clinical services, including Physical and **Mental Health** and Dental services was the **most important need** with 25% of the total points awarded by this group for responses to this question, nearly twice as many points as any other response in the top quartile.”*

Why?

- Concerns of parties in Clover Bottom case; part of court-approved Exit Plan
- Opportunity to serve people with I/DD who are not enrolled in an HCBS program
- Increased cost of providing services to individuals with challenging behaviors, but without expected quality outcomes

What?

- Behavioral health **services** for individuals with I/DD and co-occurring mental health and/or behavior disorders that will be delivered through TennCare MCOs, including:
 - Person-centered assessment and **crisis prevention** planning, including identification of the needs of the individual in order to avoid potential triggers and to provide positive behavior supports
 - Comprehensive face-to-face person-centered assessment
 - Discussions with caregivers (paid or unpaid), family members/conservators, etc., who may help inform the planning process
 - Includes comprehensive review of health care issues/needs including physical and mental health diagnoses and emotional concerns that could trigger need for behavior intervention
 - Identification of medications which could impact behaviors and/or prescribed to address behavioral needs

What?

- Development of individualized Crisis Prevention and Intervention Plan (CPIP)
 - Must be easily understood by those who provide supports, e.g., family members and direct support staff (person-centered and practical)
 - Individualized and speak specifically to known vulnerabilities and potential triggers and the most effective calming/de-escalation techniques, as well as actions the person's system of support can take when needed—who they will call, what they will do
 - Updated on an ongoing basis, and as needed following any crisis requiring intervention and/or stabilization services
 - For individuals enrolled in an HCBS waiver or ECF CHOICES, integrated into the ISP or PCSP in order to ensure integration/coordination of behavior support needs across services and settings

What?

- The provision of **training** by the SOS provider for paid and unpaid caregivers to equip them:
 - to provide positive behavior supports to effectively manage day-to-day situations and environments in positive ways that do not result in behavioral health crises
 - to quickly identify and address potential behavioral health crisis situations, intervening immediately to de-escalate a potential behavioral health crisis situation whenever possible

What?

- Development of **community linkages and cross-system supports** based on the individualized needs of each member and in accordance with the member's CPIP
- **24/7 crisis intervention and stabilization response**
 - Assist and support the person or agency who is primarily responsible for supporting an individual with I/DD who is experiencing a behavioral crisis that presents a threat to the individual's health and safety or community living arrangement, or the health and safety of others
 - Goal is to work in partnership/collaboration with the provider or family caregiver to stabilize in place, divert from unnecessary/inappropriate inpatient, and support sustained integrated community living whenever possible/appropriate
 - Expectation is that over time, the SOS team gains ability to anticipate and prevent behavioral escalations, reducing the need for crisis intervention by the SOS provider

What?

- **24/7 crisis intervention and stabilization response**
 - Generally one hour; no more than two
 - Generally expected to be face-to-face in the home
 - Teleconsultation permitted on a case-by-case basis if actively engaged in the SOS, assessment completed, CPIP developed and implemented
 - Tele-consultation must be documented in the CPIS plan, including specific circumstances in which it can be provided
 - If tele-intervention not successful in stabilizing the crisis, SOS provider remains responsible for ensuring a face-to-face response within the prescribed timeframe
- Ongoing review and revision by the SOS provider as needed of the CPIP, including any time there is a crisis event resulting in the need for intervention and stabilization services or upon request of the paid or unpaid caregivers

What?

- Referral to therapeutic respite or inpatient services, when necessary
- Coordination with therapeutic respite or inpatient provider to plan and prepare for transition back to community living arrangement as soon as appropriate
 - Coordination with the residential provider, ISC, and family caregivers
 - Training for paid and unpaid caregivers on any adjustments to the CPIP prior to transition, and training updates on the System of Support as needed
 - Working with the PCP or Psychiatrist (or other prescribing practitioner) to reconcile psychotropic and other medications upon discharge
- Data collection, analysis, and reporting

What?

- More than behavioral health **services**
- A **model of service delivery** that is intended to *build the capacity of the system* to better support individuals with I/DD who experience challenging behavior—creating more effective *Systems of Support*

Mission Statement:

“Building integrated systems of support through innovative partnerships and collaboration to empower Tennesseans with I/DD to live the lives they want in their communities”

What?

- **Who is “the system”?**
 - *Everyone* who has a role in supporting the individual with I/DD
 - family members and unpaid caregivers
 - **HCBS providers (paid caregivers, ISCs, etc.)**
 - health care (including primary and acute care) providers
 - behavioral health providers
 - MCO
 - school/teachers
 - law enforcement
 - etc.
- *Everyone* who has a role in supporting the individual is needed/expected to engage in “partnerships and collaboration”
- Lack of engagement of family members and unpaid caregivers, service providers, or the ISC is one of the reasons a person can be discharged from the services

What?

The SOS provider is expected to:

- Engage the member and those who provide support in developing and implementing a personalized, person-centered crisis prevention and intervention plan
- Empower the person and those who provide support to effectively manage day-to-day situations and environments in positive ways that do not result in behavioral crises
- Develop capacity and expertise within SOS Team Members who will continue to be engaged in planning and providing supports once the individual's participation in the SOS has concluded

What?

Expected outcomes for System of Support include:

- Member and/or caregiver ability to coordinate service independently
- Member and/or caregiver ability to recognize symptoms and utilize appropriate preventive interventions
- Decreased member and/or caregiver dependence on high-intensity services (e.g., ER and inpatient care)
- Decreased use of psychotropic medications for the purpose of restraint

What?

- Implementation training and assistance provided by the Center for START Services (CSS), based on the START model—Systemic, Therapeutic, Assessment, Resources and Treatment
 - University of New Hampshire, Institute on Disability (UCED)
 - National initiative that works to strengthen efficiencies and service outcomes for individuals with IDD and behavioral health needs in the community
 - START program model implemented in 1988
 - Comprehensive model that optimizes independence, treatment, and community living for individuals with IDD and behavioral health needs
 - Evidence-informed; becoming evidence based-practice
 - Cited as a model program in the 2002 U.S. Surgeon General's Report on mental health disparities for persons with I/DD
 - TNSTART (2003-2007)
 - Noted as a best practice by NASDDS (2012)
 - National/regional/local "Learning Communities " build system capacity

What?

Behavioral Health Crisis Prevention, Intervention and Stabilization Services are:

- Comprehensive, holistic
- Proactive—designed to improve quality of life by promoting behavioral crisis planning and prevention
- Individualized, person-centered
- Team-based
 - Every person receiving these services has a SOS team

What?

SOS Team Members include:

- SOS Champion (expert on the individual)
 - Identified as the member's advocate and an expert on the person's needs and preferences
 - Could be a family member, Independent Support Coordinator (ISC), direct support professional, or other person most knowledgeable about the individual's needs and preferences and available to engage in crisis planning, prevention and stabilization activities
 - Will sign a SOS Agreement, confirming his or her agreement to function as the person's SOS Champion and to fulfill the responsibilities of the SOS Champion on the person's behalf

What?

SOS Team Members include:

- SOS Coordinator
 - START Certified
 - Responsible for providing Behavioral Health Crisis Prevention, Intervention and Stabilization Services and helping each person and their caregivers (paid or unpaid) build a System of Support (SOS) to address behavioral health and other support needs
 - Works with the SOS Liaison to access needed behavioral services and other TennCare benefits
 - Works with the ISC (for persons enrolled in a waiver) to access needed HCBS
 - SOS provider is Project Transition

What?

SOS Team Members include:

- SOS Liaison
 - Expert on the SOS, the MCO, and TennCare benefits
 - Works with the SOS Coordinator to assist in navigating through the managed care system, especially when a crisis arises for the person
 - Able to facilitate access to needed behavioral services and supports

What?

SOS Team Members include:

- Other individuals important and instrumental in planning and implementing behavior supports
 - family members and friends
 - service providers, ISCs
 - For individuals enrolled in an ID waiver, builds on the Circle of Support, brings behavioral expertise to the planning process
 - For individuals requiring mental health treatment services (including medication management), includes the Psychiatrist (or prescribing practitioner, e.g., Physician Assistant or Nurse Practitioner) and/or the Primary Care Provider (PCP), who may consult with SOS Psychiatric Consultants, as needed
 - One of the primary responsibilities of the PCP or Psychiatrist (or prescribing practitioner), as applicable, will be to assist the team in reviewing the appropriateness of currently prescribed psychotropic medications and to explore other potential non-pharmaceutical behavioral interventions

What?

Behavioral Health Crisis Prevention, Intervention and Stabilization Services are also:

- Time-limited; authorized based on medical necessity and individualized need
- Provided in the individual's community living arrangement with active participation of the SOS team
- Include documented collateral contacts and collaboration with other service providers (e.g., PCP, psychiatrist and/or family members)
- Outcome-driven

What?

- **Purpose is to empower people with I/DD to live the lives *they* want in their communities**
 - Assist the person in achieving greater independence and improved quality of life, free of challenging behavior, and a higher degree of stability and community tenure
 - Develop and/or support the person's support system by demonstrating positive, effective and proactive behavior support
 - Decrease crisis events
 - Decrease need for out-of-home placement to stabilize crises
 - Decrease ER visits and unnecessary/inappropriate inpatient psychiatric hospitalizations (utilization and cost)
 - Decrease inappropriate use of psychotropic medications (i.e., for behavior management)
 - Decrease intensity/cost of HCBS (more cost-effective services/more integrated settings)
 - Increase sustained community living
 - Improve quality of life
- Once sufficient data/experience is available to establish appropriate benchmarks, the reimbursement methodology will include a value-based component

Who?

- **Who can receive the service?**
 - Targeted specifically to persons with I/DD who experience challenging behavior that place themselves and others at significant risk of harm
 - Not limited to persons enrolled in HCBS waivers
 - Initial participants will be selected by TennCare and MCOs, using criteria that include data pertaining to crisis events, ER/inpatient utilization, service utilization, etc.

Prior Authorization

- Diagnosis of I/DD
- Consent from member or member's conservator
- Severe psychiatric or behavioral symptoms that place the person or others at imminent and significant risk of harm or that threaten the sustainability of the current community placement
- Multiple crisis events within a specified period, with each event requiring at least one of the following: a call to mobile crisis or law enforcement, crisis stabilization services (i.e., behavioral respite), hospitalization in an acute psychiatric setting and/or ER intervention
- Services, supports and treatment interventions (e.g., medication management, outpatient psychotherapy, behavior services) have been provided, but have not been effective in preventing or stabilizing crises
- Comprehensive coordination of services and supports across environments is needed and reasonably expected to achieve measurable improvements in specified outcomes
- During statewide rollout of the SOS, selected by TennCare based on prior authorization criteria, health plan enrollment, and in accordance with development of system capacity

Continued Review

- Active engagement of family members and unpaid caregivers, service providers, and the ISC, as applicable, as evidenced by the following:
 - Active participation in SOS team meetings
 - Active participation in training activities pertaining to the person-centered Crisis Prevention and Intervention Plan (CPIP)
 - Implementation of the CPIP by paid and unpaid caregivers
 - Coordination and integration of the CPIP with the person's ISP
- For individuals requiring mental health treatment services (including medication management), engagement of the Psychiatrist (or prescribing practitioner, e.g., Physician Assistant or Nurse Practitioner) and/or Primary Care Provider (PCP), as evidenced by communication with the SOS Provider and/or SOS team regarding treatment needs.

Continued Review

- Cross-systems person-centered Crisis Prevention and Intervention Plan (CPIP) that is being implemented by caregivers across environments
- Treatment goals must be individualized and person-centered, and demonstrate collaboration and coordination with all providers providing support or treatment
- Evidence of coordination of services and supports, improved linkages, and increased capacity of paid and unpaid caregivers to utilize such services and supports and to prevent, stabilize, and manage crisis events
- Evidence of member's and caregiver's ability to benefit from continued services per treatment goals and progress notes
- Documented discharge plan with targeted discharge date

Discharge

- Services and supports are in place and coordinated, and paid and unpaid caregivers are able to effectively utilize such services and supports and to prevent, stabilize, and manage crisis events in the environment
- Other less intensive/more cost effective services and supports are sufficient to meet the member's behavioral health needs
- After a reasonable period, measurable improvement has not been achieved
- Member or member conservator withdraws consent
- Lack of engagement of family members and unpaid caregivers, service providers, or the ISC
- For individuals requiring mental health treatment services (including medication management), lack of engagement of the Psychiatrist (or prescribing practitioner, e.g., Physician Assistant or Nurse Practitioner) and/or the Primary Care Provider (PCP)
- One or more continued review criteria are not met

Criteria for (Therapeutic) Behavioral Respite

- **The person:**
 - Is receiving Behavioral Health Crisis Prevention, Intervention, and Stabilization Services in the System of Support (SOS); **AND**
 - Is experiencing a behavioral crisis that necessitates temporary removal from the current residential setting in order to resolve the behavioral crisis; **AND**
 - Will require inpatient psychiatric care unless behavioral respite services are provided, as determined by the SOS Team; **OR**

Criteria for (Therapeutic) Behavioral Respite

- The person currently is currently experiencing a behavioral crisis which:
 - Meets at least **one** of the following:
 - Places the person or others at imminent and significant risk of harm; **OR**
 - Threatens the sustainability of the current community living arrangement;
 - **AND** all of the following are met:
 - Efforts to stabilize the person's behavioral symptoms during the crisis in the current community living arrangement have not been effective; **AND**
 - Temporary removal from the current community living arrangement is required in order to stabilize the behavioral crisis; **AND**
 - The person will require inpatient psychiatric care unless behavioral respite services are provided.

Criteria for (Therapeutic) Behavioral Respite

- Removal from the current living arrangement for behavioral respite services must be for as limited a time as possible—only for as many hours or days needed to resolve the behavioral crisis and facilitate the service recipient’s safe return to the current living arrangement placement.
- The (Therapeutic) Behavioral Respite provider is responsible for engaging with the SOS provider and the SOS team to plan, prepare and coordinate the person’s timely transition back to the community placement.

When?

- CSS Training for SOS provider kick-off Jan 13-14th
- “Mentoring” approach; START Certified national experts train and work alongside SOS Coordinators
- More people will be brought into the model as Coordinators are ready to serve them
- Implementation will begin in major urban areas – Memphis, Nashville, Knoxville and Chattanooga, and expand to contiguous areas and more rural areas as we move forward



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THANK YOU