Member Advisory Council Minutes
Larimer County – 9/8/22

Larimer County Client Council Meeting

September 8, 2022

Present:

Corina Lane, Dave Hejde, Nicole Konkoly, Alison Dawson, Alison Sbrana, Pat Chamberlain, Kathy Hartman, Cris Matoush, Mary Michael Justice, Madison Johnson, Maureen Carney, Sheila Worth, Laurie Stolen, Sonny Pickowitz, Cassie Damato, Kim Jackson, Vedra Osborne, Ryan Templeton

We had decided to dedicate this meeting to discussing crisis.

Update on Larimer County Facility:

The new facility will have a crisis stabilization unit, mobile service, phone support, or a higher level of care. That will be a longer term, multi-disciplinary team. This will include people who have training in de-escalation which may be a peer specialist.

Question: Is there anything to support routine care to help healing?

Answer: This should be the main purpose of crisis stabilization. Riverside is the crisis stabilization unit.

Question: Are doctors on staff and could they care for someone with diabetes?

Answer: There is always an RN on staff so yes, they can care for someone with diabetes. They have other medical staff available. Our members explained that this question was asked because, in the past the crisis stabilization unit has denied people with type 1 diabetes.

Question: What is mental health support and how much are they seen in the 5 days they are in the facility?

Answer: Multiple disciplines, everyone is assessed and meets with a psychiatrist upon admission and is seen within 24 hours of admission. They get support throughout the stay. There are 5 groups or interventions per day.

Question: Do they tell people with IDD to go to Foothills Gateway and not get services through the mental health system?

Answer: They (Riverside) partnered with Foothills Gateway, to provide support on site at Riverside. This is not exclusionary, but they make a “team” decision based on what is appropriate.

Question: Do they have a lot of repeat customers?
Answer: They do not know the numbers because they serve anyone at any time.

Question: What happens next (after the crisis)?
Answer: Crisis is what happens when existing supports are not sufficient. There is safety planning with people in the current environment. There are 10 beds currently with a 24-hour observation room.

Question: How likely are beds to be full?
Answer: They are trying to also include treatment for withdrawal management and prescribe medication for this treatment. This added service has caused an increase of times when they are at capacity. When this happens, they will try to refer out elsewhere.

Question: What is the relationship with the police, co responder program? Answer: There are programs of some sort in Loveland, Estes Park and Larimer County Sheriff. They also have a steering committee. Overall, the co responder model is working really well.

Comment: There is good emergency response but for people with IDD where there is no placement, they just go through these situations over and over that are horrific. The cycle is crisis, to hospital, to jail. This is a huge cost. One person said a bill from the ER for 4-5 hours was over $10K. This person often goes to 3 ERs in 3 days. What this individual and many others with IDD needs is somewhere to go that is quiet, monitored, etc., to reestablish regulation.

Question: Are we looking at what we do for people with disabilities who do not fit the traditional model who need crisis response and other behavioral health services?
Answer: Poudre Valley Hospital (PVH) is opening 51 inpatient beds that they will be able to better manage.

Comment: It is important that people with IDD be kept safe and not left unsupervised in a general population. It is also important to find psychiatrists to work with people who have IDD AND behavioral health needs.

Laurie gave a brief update on the new facility. The goal is to be dried and in by winter. The framing and roofing are complete. Laurie said it is important for people to feel safe and included and welcome.

Question: What are we modeling after?
Answer: Lots of work on substance abuse, this is consistent with the move to behavioral health, not just substance abuse or mental health. The goal is to treat people and the whole person. When they were designing this program, they went around the country and looked at different systems and hospitals, private, state, FQHC, etc. They found there are a lot of good pieces but needed to bring those good pieces together. Laurie said they are a leading edge. Combining MH and SUD under one roof is challenging and not seen elsewhere. Unfortunately, medical professionals and payers do not work together well. Laurie said their goal is creating a center of excellence above what is being seen around the country. There are not many places proposing to do what they are doing, and this is pushing the envelope on licensure. They are modeling after a few different places in terms of treatment models and group members asked for literature on these models. Laurie said she would get it for us.

Comment: Alison D. said that peer support had great outcomes and that SummitStone has increased the use of peer support.

Comment: This should be different from an emergency room; better care, not a medical model.

Question: What is next, as a crisis unit is about getting someone stabilized, not curing the underlying problem?
Answer: Laurie said the goal is stabilization and then connection to the community. This does not solve the revolving door problem if there are not resources in the community to address the cause of the crisis.

Question: Has criteria for hospitalization changed? It used to be a danger to self or others and now hearing that it is only a danger to self.

Answer: No this is not accurate. Criteria has not changed.

Question: How can a three-day stay be justified when three days does not even allow time to see if a medication change works?

Answer: Crisis is not always just about medication issues and if there was a medication change and no supports to manage this in an outpatient setting, then a referral to a higher level of care would be needed.

Rocky Crisis Contract:

Cris Matoush from Rocky explained the Rocky role in managing the crisis contract: He said they manage two services:

1) Crisis stabilization unit
2) Mobile crisis response

He said that the walk-in center and co responder are not through Summit Stone and Rocky for crisis services.

Julie said that legislation was run last year to make sure people with IDD and other disabilities were not denied access to crisis services and wanted to know what language needed to be used to make sure that includes everything, not just the services under specific contracts. Cris said HB 22-1214 tried to ensure standardization of the crisis system. He said that the bigger conversation is the Behavioral Health Administration. HB 22-1278 will be foundational for licensing of Community Mental Health Centers (CMHC). He said there is a need to talk about systems overall across the state and make sure that they are standardized and accessible to all. There should not be barriers to anyone in the state.

Behavioral Health Administration:

The Behavioral Health Administration (BHA) is a new cabinet level agency like the state department. The BHA is a new cabinet member-led agency within the State of Colorado, housed within the Department of Human Services, and is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs. The BHA became operational on July 1, 2022 with the passage of Colorado House Bill 22-1278 which officially established the duties of the BHA. Because our constitution only allows a certain number of actual departments, this is not actually a

state department. Instead, it is housed in the Department of Human Services, DHS, but the commissioner, Dr. Morgan Medlock – who is a psychiatrist – is part of the Governor's cabinet and reports to the Governor. She is responsible for establishing a cohesive person-centered system, and oversight of the continuum of care, and access to care. We are trying to be a pinnacle state in this field. We will expand oversight and improve how the state works with providers to make sure it happens. The goal is to be operational by 7/1/24. There will be a new regulatory framework that will include how to license providers, setting safety net standards, identifying criteria for 14 specific services and additional ones that are needed. They will also address what it means to be approved as a provider.

Question: How does this integrate with Medicaid?
Answer: HCPF is a partner in all they do. The BHA must figure out how to make this work across agencies. They are looking at collaborative partnership.

Comment: There should be families and advocates and people who are clients of mental health working on this.

The BHA Advisory Council (BHAAC) is a group of people with lived experience who applied for and were selected to ensure there is public accountability and transparency across the activities of the BHA. (Website link: https://bha.colorado.gov/about-us/behavioral-health-administration-advisory-council)

Question: Finding MH providers when on Medicaid is a problem. We end up with specific options that do not fit our needs. Would it be better to farm out cases to private practitioners?
Answer: They constantly focus on how to expand networks. Part is standardizing what it means to receive state funds, and this should be the same for all contractors. This also includes figuring out different levels of reimbursement, so they pay a higher rate for complex populations.

Alison shared a resource called OwnPath, which is a new care directory launched by the BHA with the goal of providing an accessible, transparent experience for people in Colorado seeking behavioral health care and services. Link: https://ownpath.co/
The directory apparently does not include Medicaid currently.

The BHA also launched a workforce plan.

Julie also shared that not connected to BHA, but Rocky is offering providers a very detailed and comprehensive training to work with people with IDD and cognitive disabilities and will pay a higher rate to

providers willing to do this. They have had a very good response from providers and the training is underway.

Question: Will the BHA have influence on people who are on the Community Mental Health Supports CMHS waiver?
Answer: No, the BHA is not taking over anything but trying to create a more networked approach to delivery.

Question: How do we communicate to the BHA if we see specific problems especially with specific populations? Answer: There will be a feedback link and statewide grievance system. You can also reach out to ryan.templeton@state.co.us

The group thanked our guests from Rocky, Summit Stone and the BHA.

The next meeting will be Thursday, Nov 10th, 2022, from 11:30-1:00 PM and the focus will be pain management. If anyone would like to share their specific issues with the person from HCPF who is going to present, please let Julie know ASAP as she will make the connection.