

## **Mill Levy Advisory Council, BCHS**

Monday, March 11, 2024

4:00 p.m. to 7:30 p.m.

Meeting Minutes

### **ADA statement**

This document contains materials from external parties that may not be fully accessible. To request an Americans with Disability Act (ADA) accommodation, please email [ada@bouldercounty.gov](mailto:ada@bouldercounty.gov), or call 303-441-1386. [View the county's accessibility statement.](#)

**Advisory Council Members in Attendance:** Annette Treufeldt-Frank, Jolie Bernstein, Miranda Fisher, Robert Enderson, Teresa Greene, Heidi Que

**Absent:** Deana Cairo, Julie Marshall, Niccole Mascarenas

**Boulder County Employees:** Rebecca Seiden, IDD Mill Levy Program Coordinator

### **Meeting**

Meeting was held through Microsoft Teams and in person at !1333 Iris Norton Conference Room No Public Comments were scheduled.

### **Introduction of New Council Member**

Julie Marshall is our newest member of the Council. Julie was on our first Council and served as the Chair until her resignation due to employment.

### **Vote on Chair and Vice-Chair**

Annette Treufeldt-Franck will serve as Chair and Miranda Fisher will serve as interim Vice-Chair. Voting took place via text and was 6 yes and 3 absent.

### **Approval of Minutes**

Annette motioned to accept February minutes as written. Miranda seconded. Voting was 6 yes and 3 absent. Minutes approved.

**Reminder:** Minutes are in Teams Files.

## **Imagine! Updates**

**Kathryn Arbour**

**Barb Wilkins-Crowder**

Kathryn from Imagine! and Barb from ACMI attended as representatives of new Case Management Agency, A & I Avenues. Imagine!'s name will stay with Direct Services PASA. A & I Avenues will be new case management entity. Jodi Walters from Parker Personal Care Homes has been chosen as Executive Director of the Imagine! PASA and will start at the end of May. Stephen Shaunessy will stay as Chief Service Officer. ACMI has moved into the Imagine! building. Combined number of clients on waivers will be 3,000. There has been no decision on case managers caseload size. After July 1 it will be 1:65. There is an initiative (Super Waiver Colorado) that is working on getting waivers to be the same across the board. Phase 2 began last week. They currently have 3 to 4 openings. Other places have a lot of turnovers. HCPF software is still not working correctly which is causing delays. ½ million has not been paid out yet in past billing to Medicaid. Kathryn explained that as long as there has been billing and tracked, it will be paid. There is advancing payment to PASAs which should help.

## **Denver START Program**

Jodi Litfin and Brian Tallant presented on the Denver START Program and provided a PowerPoint presentation.

# Denver START Clinical Program

*for individuals with intellectual & developmental disabilities (IDD)*

Denver Human Services  
Rocky Mountain Human Services  
The Center for START Services



# START Program Certification Options



Clinical Team: A program certified in clinical team services only, serving adults, children, or lifespan



Clinical Team Plus: A program certified in both clinical team services and therapeutic supports (resource center, therapeutic coaching, or both) to either adults (18+), children (6-21), or lifespan (6+)



Denver START is pursuing certification as a Clinical Team Plus (clinical team plus therapeutic supports for lifespan, but no resource center at this time)

Director

- Full time supervision and 24/7 support to clinical team
  - Ensures team members align with mission and practices of the START model
  - Administrative supervision for Clinical Team Leads, Clinical Director, and Medical Director
  - Works with NCSS to develop program and maintain fidelity to the model
  - Serves as liaison to community providers and develops community linkages
  - Chairs advisory council

## Current Team



Leadership: Program Director (AD), Clinical Director, Medical Director, Clinical Team Lead (PM), Therapeutic Coaching Team Lead (PM)



START Coordinators (Currently 6)



Therapeutic Coaches (Currently 2 with one vacancy)

### Clinical Director

- Oversight of all clinical aspects of the program
  - Prepares START coordinators for certification
  - Facilitates clinical consultation and peer review
  - Reviews and approves START tools
  - Provides clinical supervision to Clinical Team Lead
  - Provides trainings/education to clinical team
  - Provides consultation to community providers/psychologists
  - Clinical Education Team preparation and presentation/facilitation
  - Maintain up-to-date assessments and forms

## Clinical Team Lead

- Operational and clinical support to START Coordinators
  - Live supervision
  - Coaching on START coordination
  - Review/approve START tools
  - Regular supervision with each coordinator
  - Referral assignment/enrollment
  - Scheduling
  - Productivity monitoring

## Medical Director

- .25 position
- Provides consultation and training to team
- Collaborates with primary treating physicians of person supported by START
- Consultation to psychiatric hospitals
- Participate in team meetings and provide recommendations
- Participate in monthly CETs
- Assist with the collection of meds assessment data and analyze data with team

## Therapeutic Coaching Team Leader

- Provides oversight and supervision of therapeutic coaches
  - Ensure training requirements are met
  - Work with coordinators and clinical director in planning and scheduling coaching
  - Facilitate admission and discharge planning
  - Assist therapeutic coaches in identifying strategies to meet the goals
  - Ensure all coaching activities are entered in SIRS
  - Communicate with caregivers and support systems regarding care
  - Communicate with clinical team regarding responses to therapeutic coaching

## Data-Driven Program



SIRS data ensures fidelity to the model and allows NCSS oversight (compliance)



Demonstrates the outcomes and value to the community



Identifies gaps and areas for improvement and allows for continuous improvement, for each person supported and for program as a whole

## START Assessments

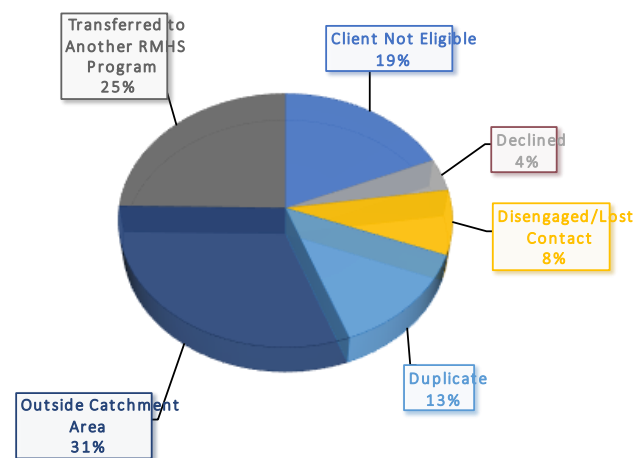
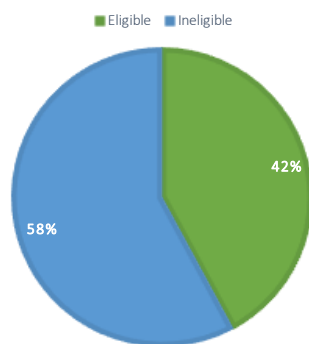
- **START Intake Form**
- **Aberrant Behavior Checklist**
- **Family Experience Interview Schedule (FEIS)**
- **Personal Experience Interview Schedule**
- **Matson Evaluation of Drug Side Effects (MEDS)**
- **Recent Stressors Questionnaire**
- **Happiness Assessment**
- **Caregiver Perception of Stress Survey**
- **Emergency Assessment**



## Referrals

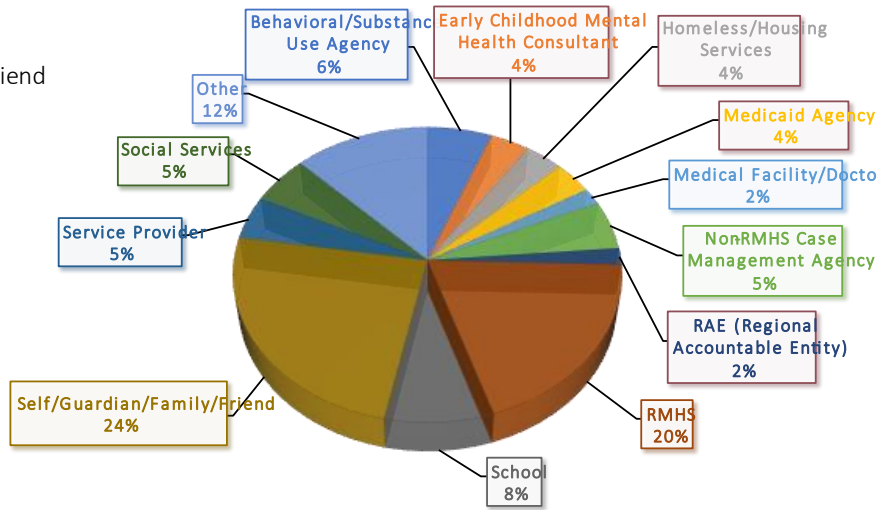
- The program has received a total amount of 166 referrals
- Of those referrals, 70 were eligible and 96 were ineligible

ELIGIBLE VS. INELIGIBLE REFERRALS

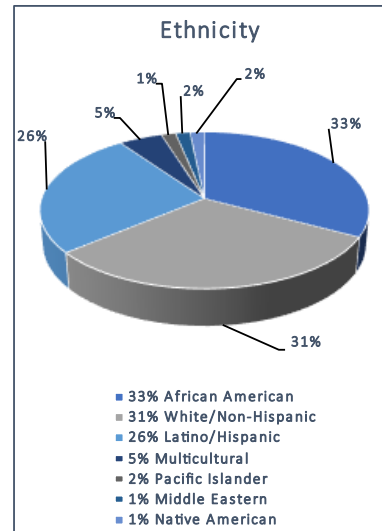
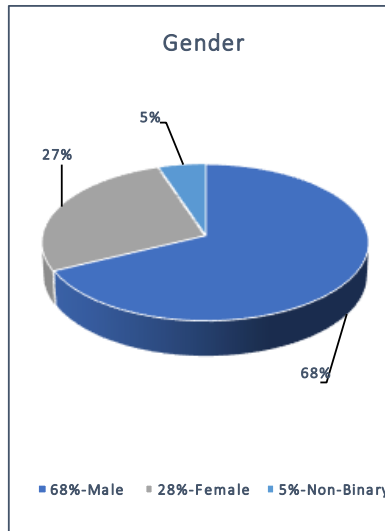
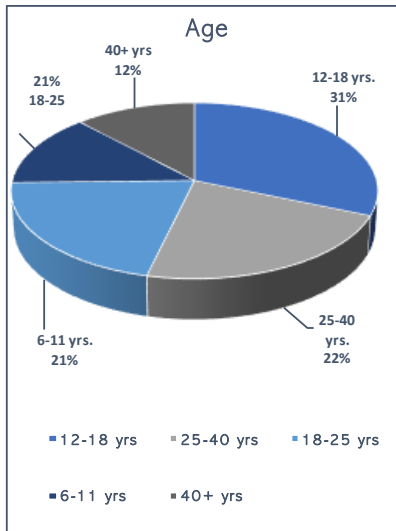


# Referral Sources

- Self/Guardian/Family Friend (24%)
- RMHS (20%)
- Other (12%)
- Schools (8%)
- Behavioral Health (6%)
- Social Service
- Service Provider
- Non-RMHS CCB (5%)
- Medicaid
- Homeless/Housing
- Early Childhood (4%)
- RAE (2%)
- Medical (2%)

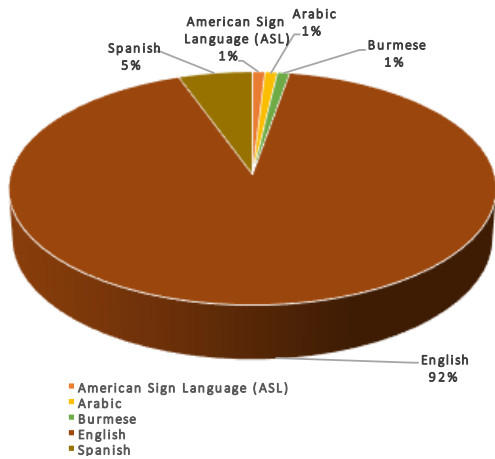


# Demographics





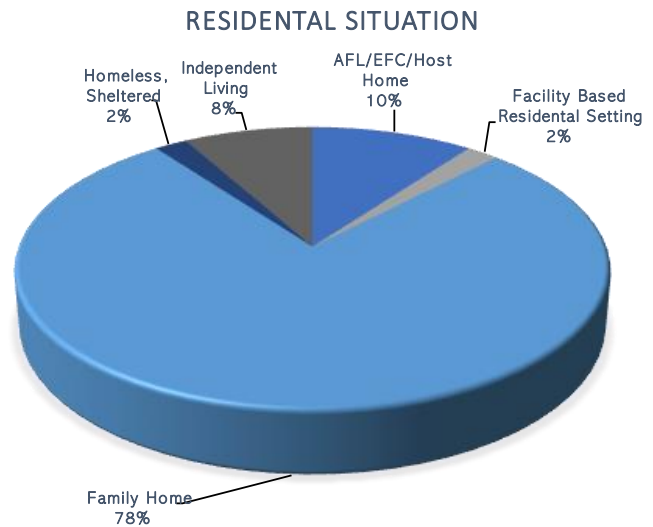
## Demographics (continued)



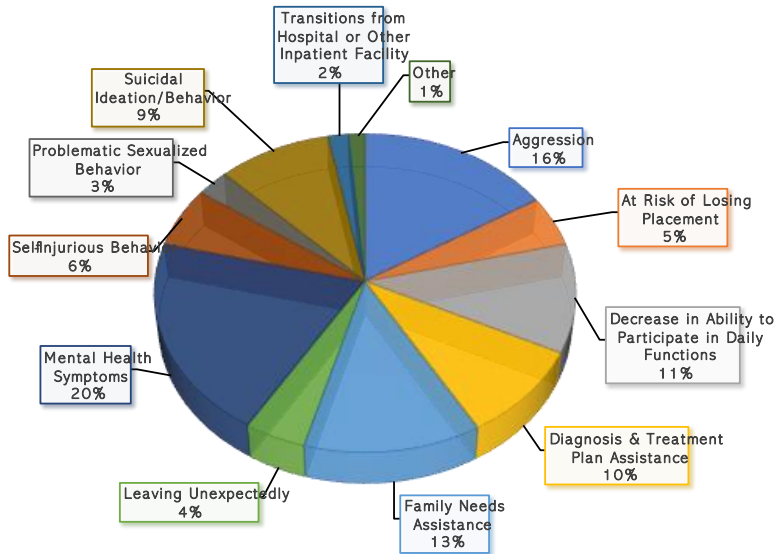
Level of Intellectual Disability (%)		
No ID/Borderline	20%	22%
Mild	55%	56%
Moderate	15%	20%
Severe-Profound	-	-
Not specified	10%	2%

## Demographics: Residential Situation

- o The most common residential situation for the Denver START Program is the Family/Relative home at 78%
- o The next top residential settings are:
  - o AFL/EFC/Host Home (10%)
  - o Independent Living (8%)
- o It is likely that many host homes exist outside of the Denver City limits.
  - The Denver START Program has experienced several clients moving to new host homes that are in Arapahoe County.



## Presenting Problems At Enrollment



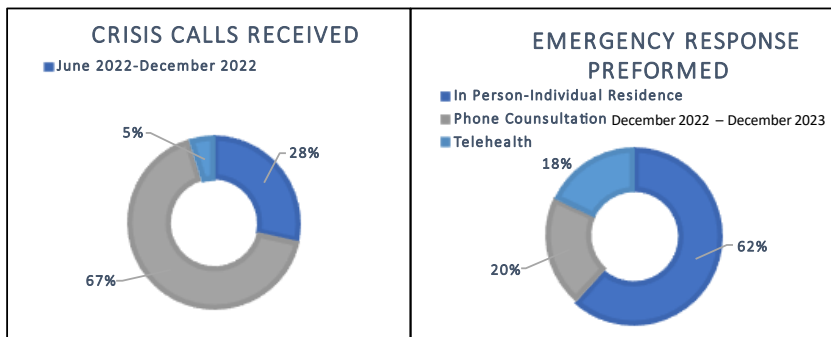
The main presenting problems at the time of enrollment are:

- Mental Health Symptoms (20%)
- Aggression (16%)
- Family needs assistance (13%)
- Decrease in ability to participate in daily functions (11%)

16

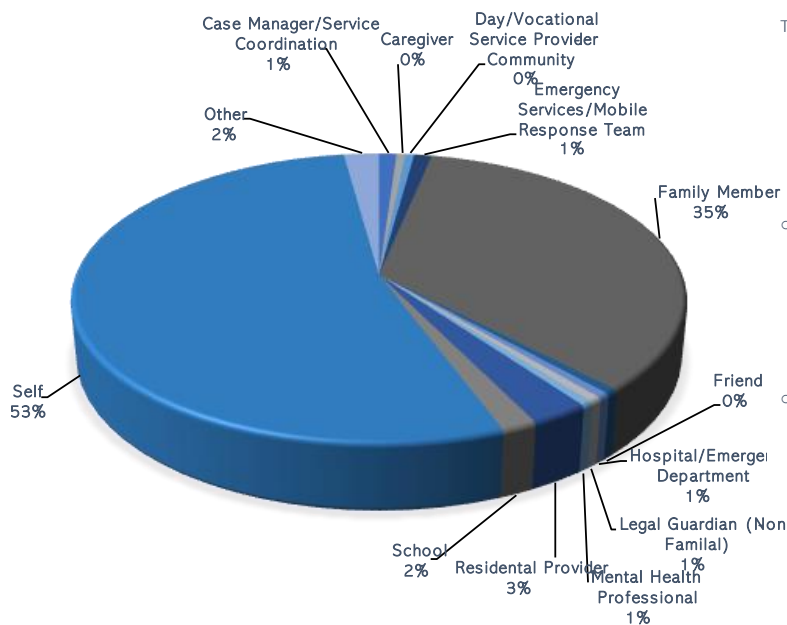
## Crisis Response

- The data reflects that there has been an increase in crisis calls.
  - 2023 reflects the most amount of crisis calls due to the amount of data available
- Our in-person crisis responses are increasing significantly.
- Our crisis response is mainly inperson unless:
  - It is specifically in their crisis plan that a phone consultation and/or telehealth call is to take place prior to an in-person response
  - The client/provider/family member etc. has requested for the team to not come out.
- We are one of the START teams participating in a study conducted by NCCSS, to understand the impact of care received via telehealth versus in-person.



17

## Source of Crisis Call(s)



The data reflects the source of crisis call(s) are:

- **Self 53%**
  - This means that the majority of crisis calls come from the person in crisis themselves. This is often because they are feeling overwhelmed and don't know where else to turn.
- **Family member 35%**
  - This means that a significant number of crisis calls come from family members who are concerned about someone who is in crisis. They may be calling to get help for the person in crisis, or to get support for themselves.
- **Other 12%**
  - This includes calls from Host Home providers, friends, coworkers, neighbors, and other community members who are concerned about someone who is in crisis.

## Diagnoses

### Neurodevelopmental and Mental Health Diagnoses

Trends in recorded psychiatric diagnoses are similar to START programs overall

Rates of those diagnosed with ADHD are higher in Denver than national averages

Rates of autism spectrum disorder are lower for Denver compared to national averages

### Medical Diagnoses

No children or adults were reported to have any immunology/allergy (e.g., asthma, seasonal allergies, specific food allergies) conditions.

Only 2% of adults enrolled had recognized endocrine conditions (e.g., diabetes, thyroid disorders, hormonal imbalances), while nationally, over 15% of those served are reported to have an endocrine condition

## Outreach Activities & Time



The team has performed 2132 outreach activities



1,046 hours conducting outreach activities



## Coaching Strategies



2837 Coaching activities strategies year-to-date

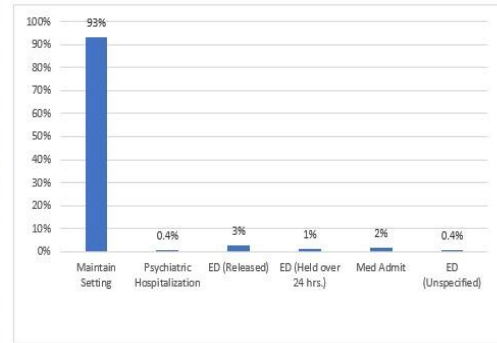


# Crisis Response

Crisis Response (Program Inception through October 2023)

Denver START		
Variable	Children	Adults
<b>Crisis Contacts</b>		
Number of Individuals with a contact	16	18
Number of Crisis Contacts	69	155
Range of Contacts	1-12	1-53
<b>Frequency of calls with each type of Intervention N (%)</b>		
In-Person	58 (84%)	84 (54%)
Telehealth	11 (16%)	71 (46%)
Average Response Time (In-person contacts)	44 minutes	59 minutes
<b>Crisis Disposition for each crisis contact N (%)</b>		
Maintain Setting	64 (93%)	145 (94%)
Psychiatric Hospital Admission	1 (1%)	-
Emergency Department (released)	2 (3%)	4 (3%)
Emergency Department (held over 24-hours)	1 (1%)	2 (1%)
ED (outcome not specified)	1 (1%)	-
Medical Hospital Admission	-	4 (3%)
Crisis Stabilization	-	-
Other (jail/detention)	-	-

Disposition of Denver START Crisis Contacts

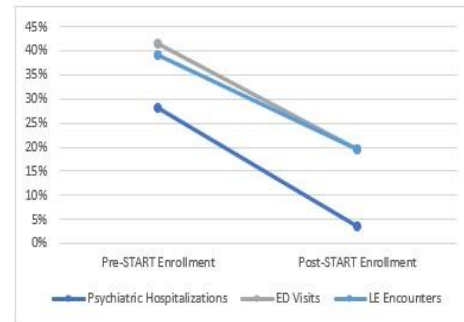


# Emergency Services Utilization

Change in Frequency of Pre- and Post-START Emergency Service Utilization (Program Inception through October 2023)

Denver START (n=82)		
Variable	Children	Adults
N	26	56
<b>Psychiatric Hospitalization</b>		
Prior to enrollment, N (%)	12 (46%)	11 (20%)
Mean Admissions (range)	1.3 (1-3)	1.6 (1-3)
During START, N (%)	2 (5%)	1 (2%)
Mean (range)	1.0 (1)	1.0 (1)
Average length of stay (days)	11 days	5 days
<b>Emergency Department Visits</b>		
Prior to enrollment, N (%)	17 (65%)	17 (30%)
Mean Visits (range)	2.1 (1-6)	6.1 (1-30)
During START, N (%)	7 (27%)	9 (16%)
Mean (range)	1.4 (1-2)	1.6 (1-4)
<b>Law Enforcement Involvement</b>		
Prior to enrollment, N (%)	13 (50%)	19 (34%)
Mean Visits* excludes outlier (range)	2.4 (1-5)	4.8 (1-50)
During START, N (%)	7 (27%)	9 (16%)
Mean (range)	1.3 (1-2)	2.0 (1-3)

Change in Frequency of Pre- and Post-START Enrollment Emergency Service Utilization



## Areas of Focus



The above presentation did not copy clearly. If you want a copy sent to you, please let [rseiden@bouldercounty.gov](mailto:rseiden@bouldercounty.gov) know.

### **Boulder County Needs Assessment Review Working Session**

Rebecca will send out an email after each meeting to sum up what decisions have been made and items to work on for the next meeting. Council Members will work on the following items for next time:

- Website Ideas-take a look at our website and come up with ideas for additions and changes <https://bouldercounty.gov/departments/housing-and-human-services/intellectual-and-developmental-disabilities-advisory-council/>
- Housing-what other housing options should we be looking at? A suggestion of increasing HHPs in Boulder County and how to do that and Home Ownership perhaps a mentoring program so people with IDD/Autism/BI could take the Workforce Home Ownership Program.
- Community Education-What would you like to see presented to increase knowledge and understanding of IDD/Autism/BI? What programs do you think would be valuable for the community such as DVR, Advocacy?
- Housing-what agencies, stakeholders, politicians should be included in a regional summit?

- Housing-what stakeholders should be a part of forums and community outreach to determine support needs for Willoughby Corners?

It was also decided that 10 to 15 minutes of each council meeting will be devoted to discussing the upcoming agenda for council members to provide input on presentations including community partners to come give a report out.

Meeting Adjourned at 7:30 p.m.

Minutes Submitted by Rebecca Seiden

-