

# Ten Years On: Lessons Learned from the Complex Behavior Collaborative

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Improving Lives  
Conference



The Alaska  
Mental Health  
Trust Authority

# Today's Presentation

- ▶ Brief history & overview of DBH's Complex Behavior Collaborative
  - ▶ Commonly referred to as the CBC
- ▶ Criteria for CBC
- ▶ CBC Cases - Then & Now
- ▶ Implications for moving forward

# Introductions

- ▶ Division of Behavioral Health's & CBC Program Officer
  - ▶ Eric Talbert, MPA
- ▶ CHD's Effective Behavioral Interventions & CBC Consultants
  - ▶ Chris Sturm, BCBA
  - ▶ Kelly Hild, BCBA

# Development of CBC

- ▶ The Complex Behavior Collaborative was created to fill a gap in services
  - ▶ This program serves a very specific population who exhibit hard-to-manage behaviors

2009 - Contracted by the Trust during [Bring The Kids Home](#), [WICHE](#) examined Medicaid clients with: 1) Complex needs and/or 2) Challenging behavior

2010 - The [WICHE Report](#) identified gaps & suggested a 3-component model

- 1) Specialized training support for service providers (CBC)
- 2) Short-term stabilization of clients
- 3) Medium-term intensive intervention

2010 - Alaska's Complex Behavior Workgroup provided its recommendations ([Executive Summary](#))

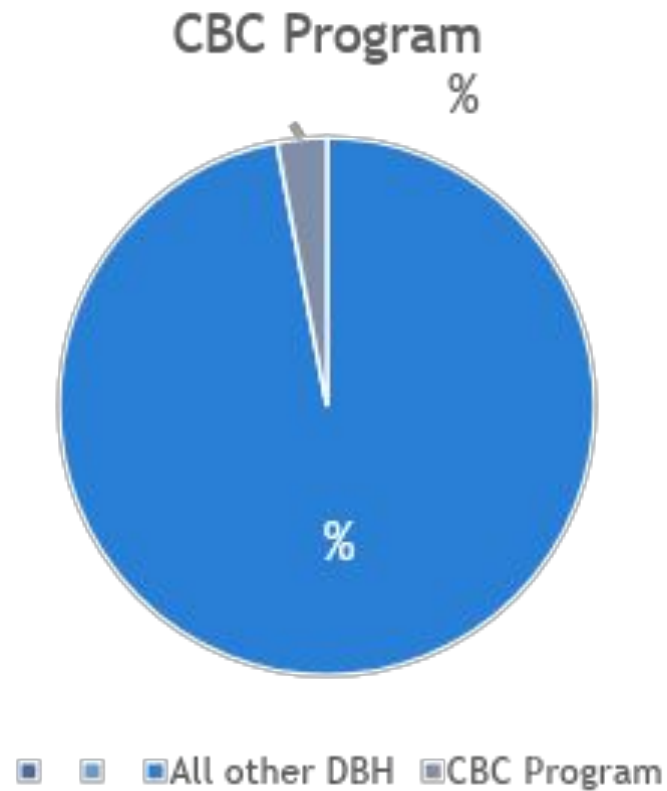
# CBC Goals & Objectives

- ▶ For Individuals
  - ▶ Help to live as independently as possible with their agencies' support
  - ▶ Avoid more restrictive environments (API, jail, ER, and/or out-of-state)
  - ▶ Be maintained in their home communities
  - ▶ Decrease intensive services needed to support them
- ▶ For Agencies & Families
  - ▶ Provide consultation to agencies & a client's natural supports, i.e., family members
  - ▶ Increase capacity of agencies to serve more challenging clients
  - ▶ Increase family training opportunities to better maintain their children at home

# Broad Benefits of CBC

- ▶ Improved Quality of Life for Alaskans with complex needs & behaviors
- ▶ Cost savings for the State of Alaska
- ▶ Development of a more robust, able workforce
- ▶ Development of infrastructure for collaborative interventions & continuity of care

# Percentage of DBH's Services & Supports



# Populations Served

- ▶ Children, Adolescent & Adult
- ▶ Complex behavior management issues
- ▶ Cognitive impairment with:
  - ▶ Serious Mental Illness
  - ▶ Intellectual and Developmental Disability
  - ▶ Alzheimer's Disease and Related Dementia
  - ▶ Traumatic Brain Injury
  - ▶ Chronic Alcoholism w/one of the above



# CBC Program Criteria

To be referred, an individual must have:

- ▶ Stable housing
- ▶ An Alaska Service Provider to work with
- ▶ Services supported by DOH or DFCS

and

- ▶ Be medically stable

# CBC Program Criteria - Meet 3 out of 5

- 1) Complex behaviors & is a high-risk of danger to self or others
- 2) Inability to function in the community or current living environment
- 3) Exhausted all other avenues of treatment & is at-risk (or may become at-risk) for:
  - ▶ Out-of-state placement
  - ▶ Psychiatric hospitalization or
  - ▶ Move to a higher level-of-care or institutional level-of-care
- 4) Utilizes multiple systems & are high-end users of resources
- 5) To ensure safety, requires support outside the skill set of current program staff

# CBC Referral Process

- ▶ Referral are made through an agency
  - ▶ Families cannot refer directly to the CBC
  - ▶ Schools cannot either since they have their own support system
    - ▶ CBC consultants do collaborate with school teams
- ▶ Referral form with instructions can be found online at the:
  - ▶ Public On-Line Notice site
  - ▶ DBH/CBC website - <https://health.alaska.gov/dbh/pages/complexbehavior/>
  - ▶ SDS Website

# CBC Referral Process (cont.)

- ▶ Complete the referral form noting:
  - ▶ All Participant Information
  - ▶ Must meet 3 of the 5 criteria
- ▶ **AND MUST**
  - ▶ Have housing
  - ▶ Have a community provider
  - ▶ Receive services supported through DOH or DFCS
  - ▶ Be Medically Stable

# CBC Referral Process (cont.)

- ▶ Send the referral form along with:
  - ▶ Signed Release of Information
  - ▶ Signed Memorandum of Agreement (MOA)
  - ▶ Completed Client Status Review Form (CSR)
  - ▶ Copy of Waiver Plan of Care (if applicable)
  - ▶ Copies of current assessments
  - ▶ Relevant clinical information from the last 90 days
  - ▶ Current medications
  - ▶ Recent History & Physical
  - ▶ Diagnostic History

# CBC Contact Information

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# Early CBC Cases

2012 - CBC Pilot began with two consulting agencies

- ▶ First cases
  - ▶ Discharges from API on the Autism Spectrum
  - ▶ Youth/Adolescents to Young Adults
- ▶ Other early cases
  - ▶ BTKH adults who had aged out & returned home
  - ▶ Young Adults up to 40s
  - ▶ Limited co-morbidity (BH, SUD, medical)

# Later CBC Cases

- ▶ Later cases
  - ▶ More high-resource users & complex behaviors related to I/DD and BH
  - ▶ Consistent number on the Autism Spectrum
  - ▶ Young Adults up to 40s
- ▶ Current cases
  - ▶ More complex issues because of I/DD, BH and/or Medical issues
  - ▶ Number on the Autism Spectrum maintaining
  - ▶ Wide age-range of individuals - Young children to Youth to Adults



# CBC Program Case Overview

- ▶ 48 active cases
  - ▶ 9 children (up to 11 years old)
  - ▶ 12 Adolescents (12-18 years old)
  - ▶ 27 Adults (19 and older)
- ▶ 7 currently on the Waitlist

# CBC Consultants

- ▶ We have 7 CBC consulting agencies
- ▶ 14 consultants
- ▶ 13 of the 14 consultants are BCBA's
- ▶ 1 is a Psychologist

# CBC Consulting Agencies

- ▶ UAA/CHD's Effective Behavioral Interventions
- ▶ Method Works, LLCC
- ▶ Lubitsh Counseling, LLC
- ▶ Behavior Interventions, LLC
- ▶ Thompson Consulting, LLC
- ▶ Aspire Behavioral Solutions, LLC
- ▶ Access Behaviors Services, LLC

# Case Study #1

- ▶ Youth with a cognitive impairment related to Autism
- ▶ Orthopedic, Arthritic, Sleep disturbance & other medical issues
  - ▶ Limited medical services
- ▶ Challenging behaviors in across settings - home, school, community
- ▶ History of explosive physical aggression leading to DJJ incarceration
- ▶ Sought residential, but didn't qualify due to medical issues
- ▶ Large, mixed family, but a small house

# Case Study #2

- ▶ Youth with a cognitive impairment related to Autism
- ▶ Hallucinations, Bipolar, Depression, Anxiety, Suicidal ideation, Homicidal ideation, Frequent drug use
- ▶ Experienced short- & long-term hospitalizations during adolescence
  - ▶ Run-ins with local law enforcement
- ▶ Medication non-compliance, Non-compliance/engagement with local behavior health supports and staff, Non-compliance with guardian
- ▶ Limited social opportunities, Unable to hold a job, Lives on own

# Case Study #3

- ▶ Adult with a cognitive impairment related to Autism
- ▶ Schizophrenia, Cerebral palsy, Seizures
- ▶ Experienced long-term hospitalizations
- ▶ Extensive medication list
- ▶ Limited social opportunities, Unable to work now, Lives near family

# Case Study #4

- ▶ Youth with a cognitive impairment, non-verbal
- ▶ Exposure to drugs, Autism, Sleep disturbances, Possible migraines/headaches
- ▶ Severe self-injury, aggression toward others/animals, property destruction, elopement
- ▶ Limited
  - ▶ Progress across therapies (OT, PT, Speech, ABA)
  - ▶ Success with language (including high and low tech assistive technology)
  - ▶ Success with medications
- ▶ Limited local resources

# The Next Ten Years?

- ▶ Complexity of cases
- ▶ Number of cases
- ▶ Growth of CBC
- ▶ Gaps identified



# Follow-Up

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