SOUTHERNTIERCONNECT

AN ID/DD CARE COLLABORATIVE

Innovative Interdisciplinary Clinical Team (ICT):

A Data-Driven Model for Improving Outcomes for People with I/DD and Complex Needs

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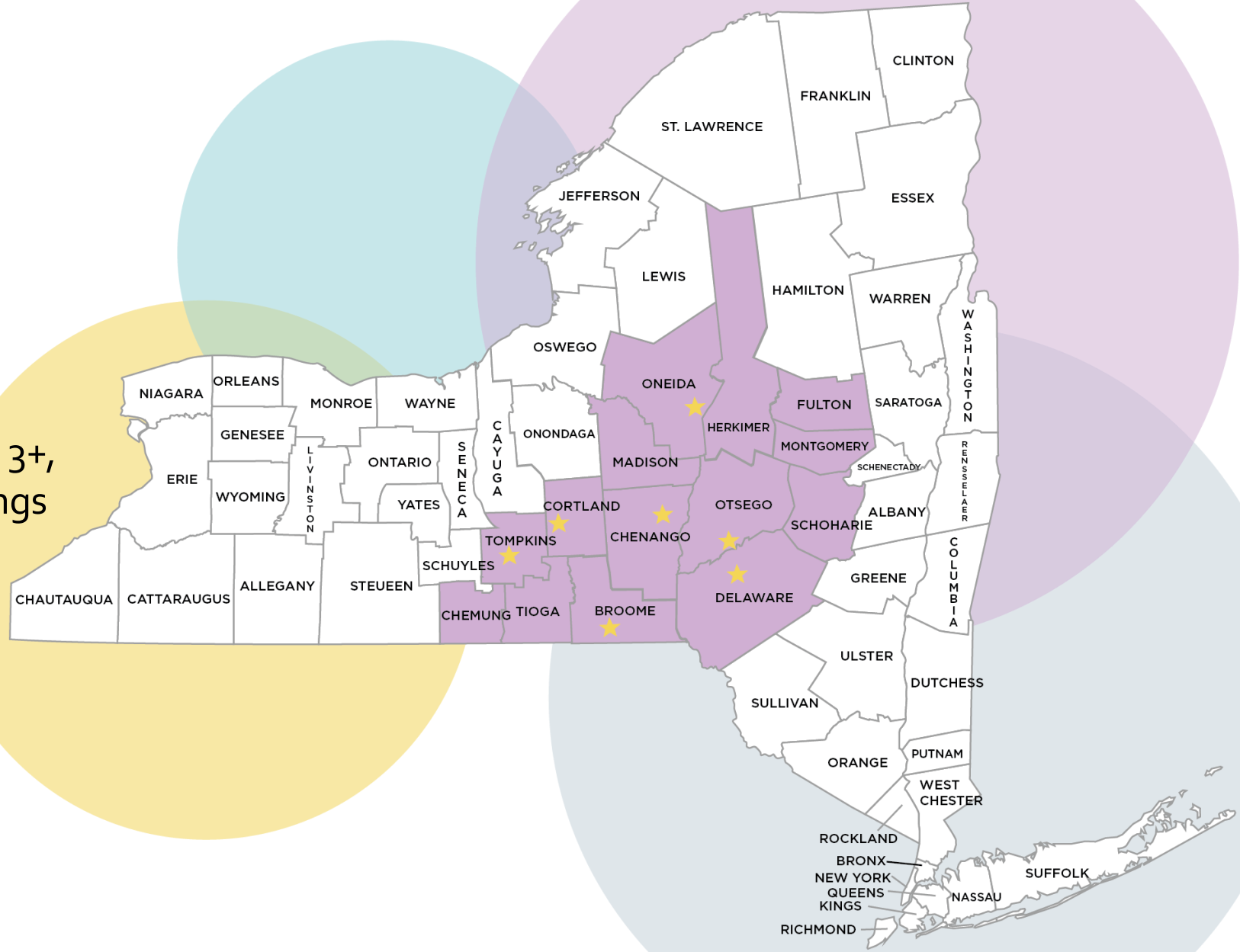
WHO WE ARE

- Smallest Care Coordination Organization by design
- 1,350 members
- Serve individuals with I/DD, ages 3+, in community and certified settings
- Territory primarily consisting of rural areas in the Southern Tier



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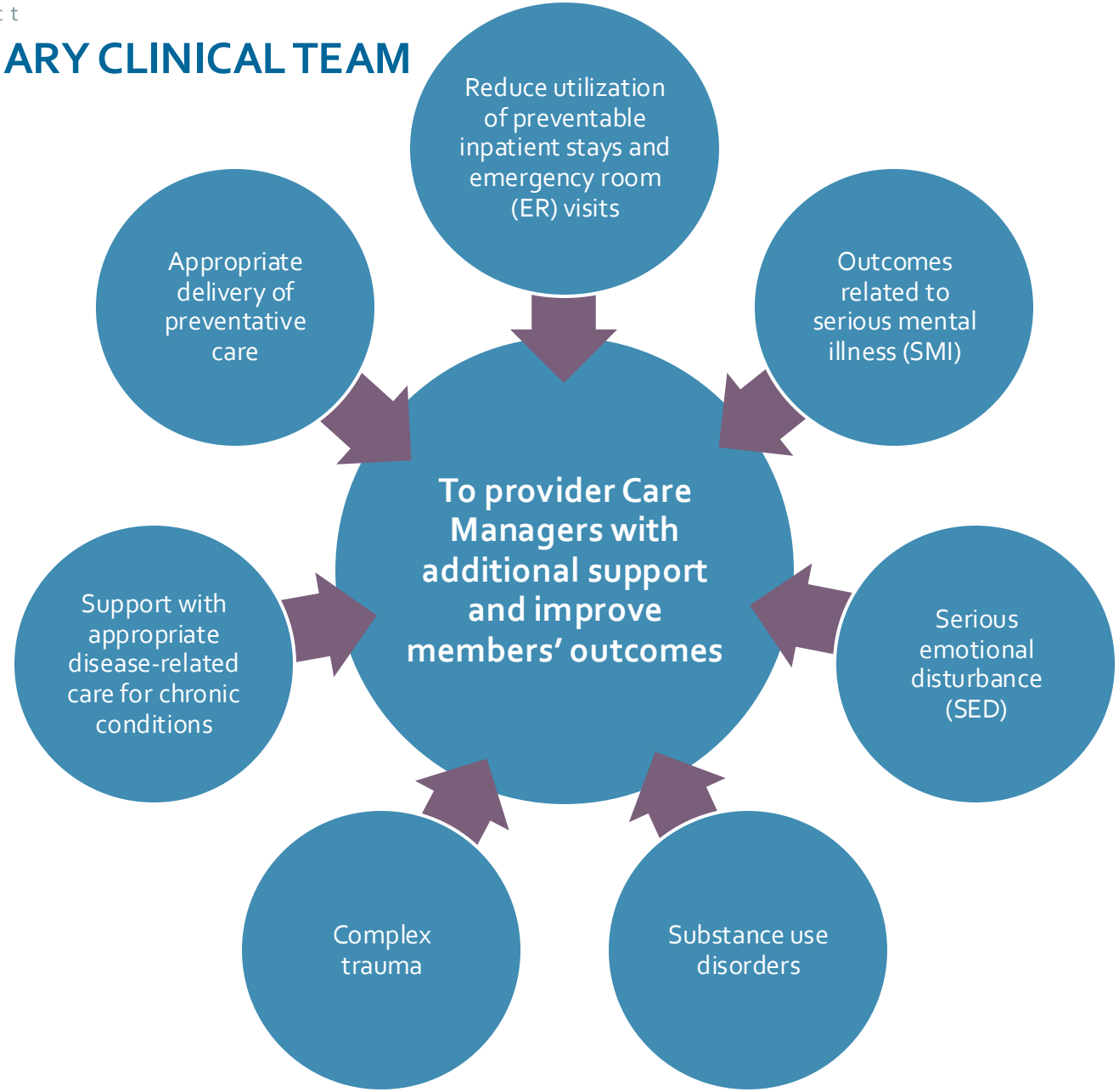
INTERDISCIPLINARY CLINICAL TEAM



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REASONS FOR REVIEW

Emergency Room Visits	Avoidable / Preventable Inpatient stay	Acts of harm to self or others
Mental Health Crisis	Complex Needs or Current Crisis	Change in baseline behavior
Inadequate Social Determinants of Health	Part 625 Event/Situations	Pregnancy

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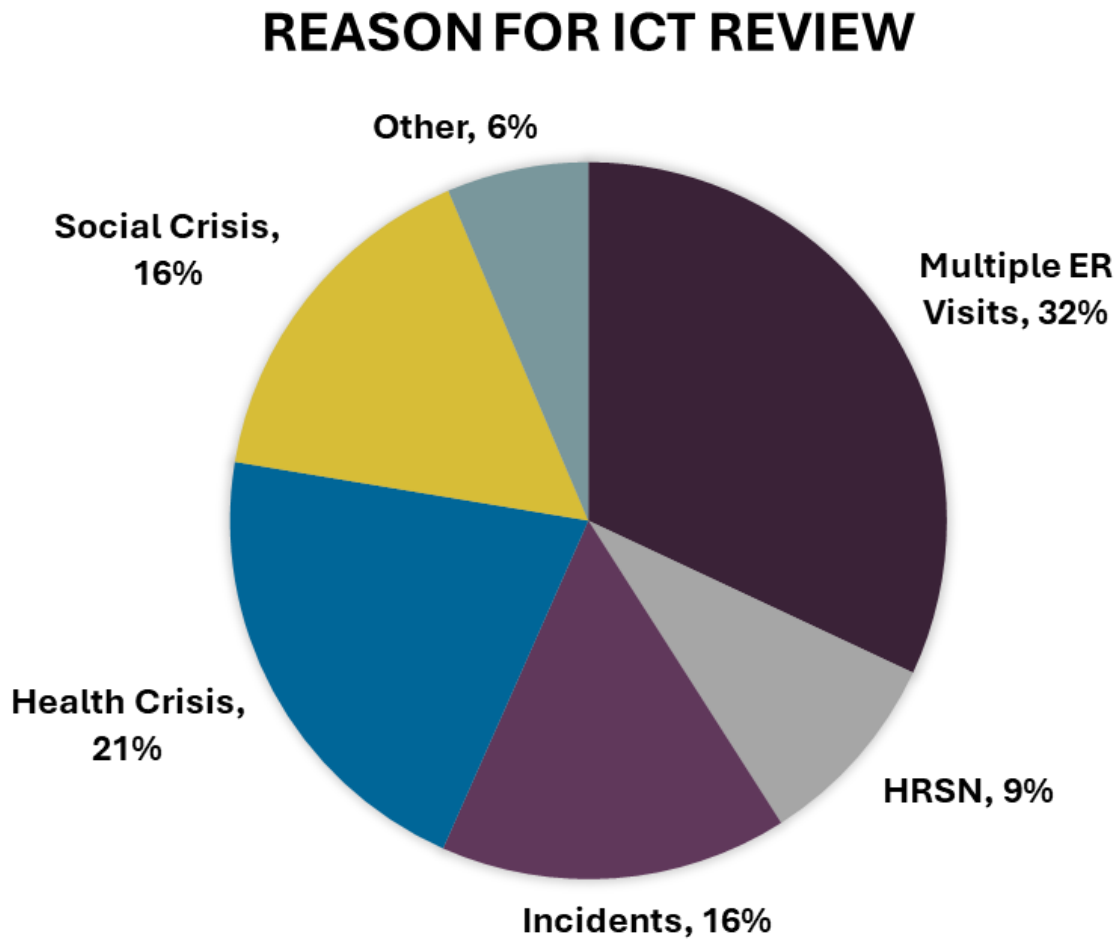
ICT CASE CONFERENCE

- 16% of STC population reviewed since implementation
- 80% of reviews are adults, 20% children



COLLABORATIVE DISCUSSION

- Focus on member's goals
- Ensure health and safety
- Cross-System Collaboration
- Communication with Inter-disciplinary Team (IDT)
  - Medical providers
  - Specialists
  - Mental Health Professionals
  - OPWDD
  - School
  - Family / Natural Supports
- Exploration of community resources
  - Support groups
  - Opportunities for socialization
  - Wellness/Religious groups
- Proactive Planning
  - Transition planning
  - End-of-life care
  - Anticipate needs
  - Self-Directed Services

Experience

SED

OMH

OASAS

OCFS

NYS Education

OPWDD Housing and Family Support Services Contracts

Applied Behavioral Analysis

Speech Therapist

Registered Nurse

Member of the I/DD population

Family member with I/DD

Experience as a Direct Support Professional

Respite

Comm Hab

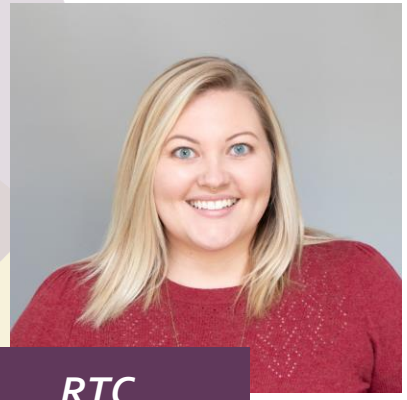
SDS

Res Hab

Employment

Clinical

DayHab



RTC Experience

Licensed Master Social Work

Credentialed Alcohol and Substance Abuse Counselor

Special Olympics coach

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3-MONTH RE-REVIEW

- Progress on ICT recommendations
- Are the concerns resolved?
- Are there any new concerns?
- Possible next steps and additional recommendations
- Are more intensive team meetings needed?

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CRISIS INTERVENTION TEAM

- What is CIT?
- When is it helpful?
- When is it necessary?
- Who is involved?
- Who takes the lead and coordinates?
- How often does it happen?
- How long is each meeting?

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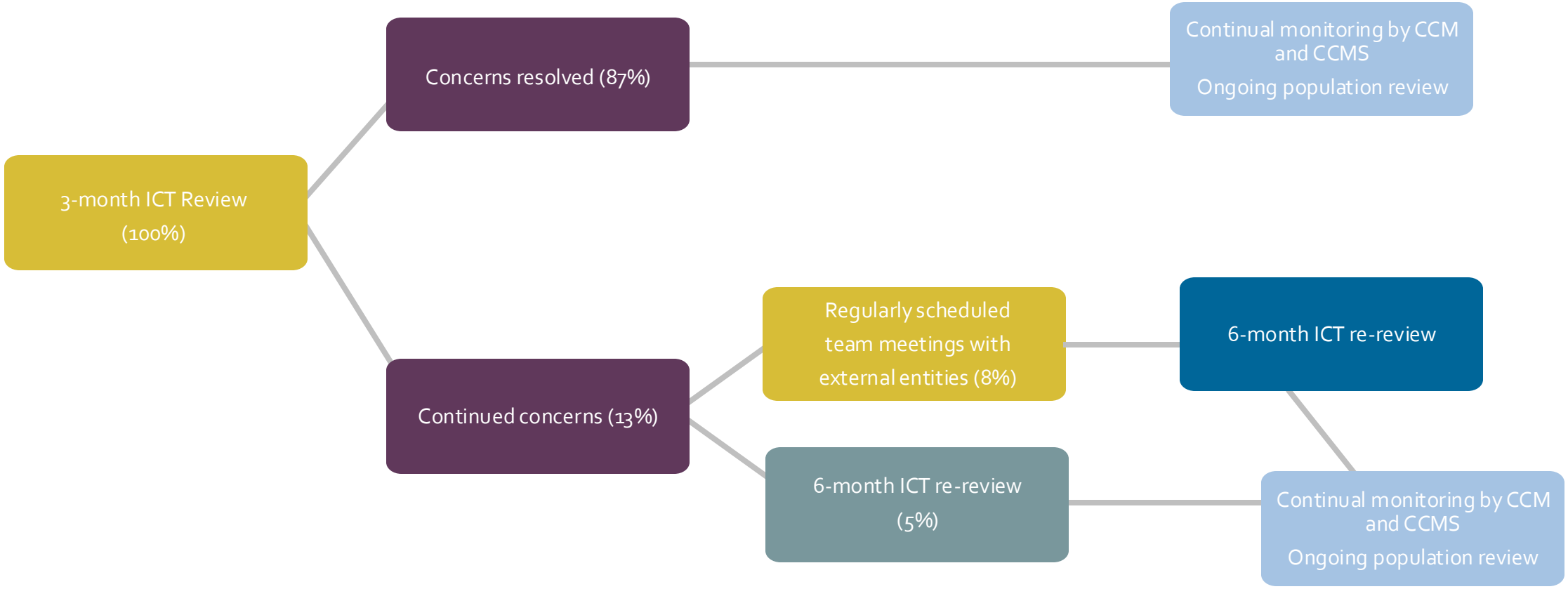
ICT TIMELINE



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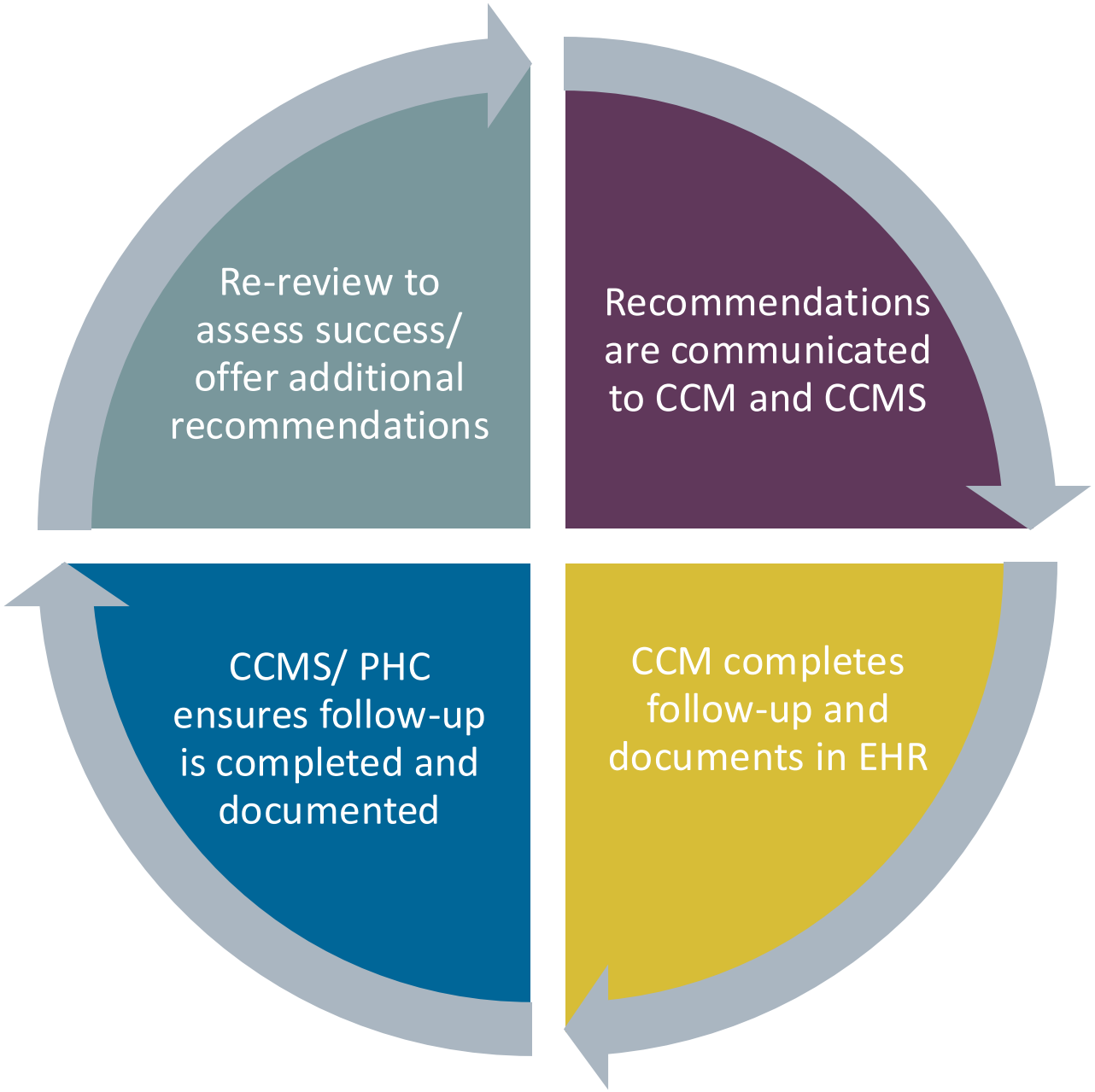
ICT PROCESS



34 Years Old

Probation

Forensic

Medication

Inconsistent follow through with services

MH Services

Mobile Crisis

Police Dept

Excessive use of emergency services

90+/ year

ER visits

Often not emergent needs

History of homelessness

Some family involvement

Limited supports

CSIDD

Comm Hab

DHWOW

Blindness in one eye

Cerebral Palsy

Multiple Diagnoses

ADHD

Anxiety

Social struggles

Mild ID

Suicidal ideation

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CASE EXAMPLE #1

ICT Recommendations

- Coordinate care with emergency services & medical providers
- Provide resources for temporary housing and meals
- Offer counseling & psychiatric services, submit referrals
- Submit referral for CSIDD services

Care Manager Action

- Medical consult form sent to PCP
- Connect with local PD, mobile crisis
- Assist with housing application and coordinate with DSS
  - Housing found
- CSIDD established

ICT Re-Review

- Continue to encourage appropriate use of emergency services
- Continue to educate on benefits of follow through with appointments
- Coordinate with providers for consistency in care

Crisis Intervention Team

- Monthly meetings to discuss concerns, delegate action, ensure consistent approach in providing care
- CCO, waiver providers, probation officer, mobile crisis, CSIDD
- Ongoing for 2 years

TODAY

- Maintaining own apartment
- Receiving mental health support
  - Compliant with injectable medications
- Completed probation
- Increased consistency with established services and supports
- CSIDD no longer needed
- Drastic decrease in inappropriate use of emergency services
- Discontinued CIT meetings

ER Usage, Enrollment - Current

	2022	2023	2024	2025	2026
Jan	-	1	9	3	2
Feb	-	5	11	4	2
Mar	-	3	14	2	0
Apr	0	2	2	6	
May	1	8	6	0	
June	2	10	4	4	
July	0	10	16	2	
Aug	1	16	7	0	
Sept	3	12	4	1	
Oct	2	11	3	0	
Nov	4	10	9	0	
Dec	1	7	6	3	
TOTAL	**14**	**95**	**91**	**25**	**4**

22 Years Old

Transfer from another CCO

Mild Intellectual Disability

ADHD

Mood Disorder

Wellness Court Resource Coordinator

Services

APS Rep Payee

Comm Hab

DHWOW

Left at DSS at 21

Adopted

Lack of Natural Supports

Inability to care for self and home

Needs prompting for personal hygiene

Struggles to maintain cleanliness in home

Prefers to stay at local warming shelter

Threats of eviction

Interested in residential opportunity

No training

Responds to local fire calls

~10/ month

ER Visits

Suicidal ideation

Safety Concerns

Struggles with social interactions

Inappropriate intimate actions and relationships

History of physical altercations

Needs are met in jail

On probation

Disorderly Conduct

Forensic Involvement

History of arrests and incarceration

Trespassing

CASE EXAMPLE #2

ICT Recommendations

- Offer Day Hab for support with social skills, hygiene, etc.
- Assist establishing primary care
- Recommend Family Planning for sex education
- Connect with previous CCO for historical information
- Complete CRO referral

Care Manager Action

- Conversation held with previous CCO
- Submitted CRO
- Continued coordination with waiver & community service providers
- PCP appointment scheduled

ICT Re-Review

- Increase in MH concerns
- CCM to connect with MH provider
- Code Blue Shelter opened – began spending time there
- Interest in Pre Voc, received service approval

Crisis Intervention Team

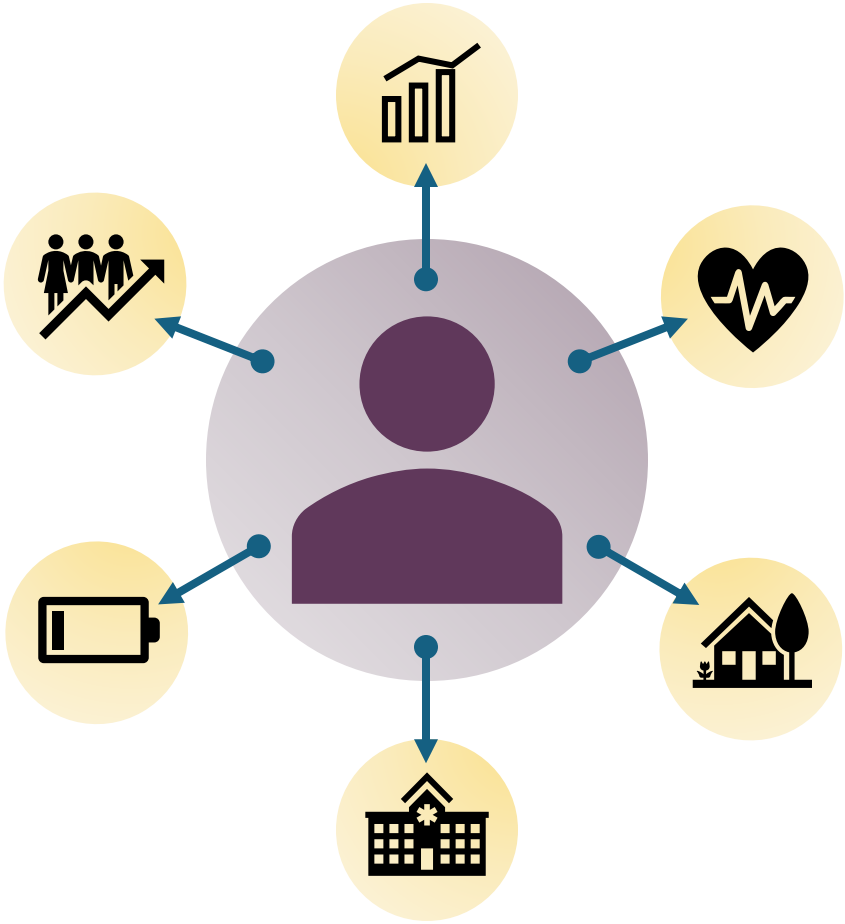
- Monthly meetings to discuss concerns, delegate action, ensure consistent approach in providing care
- CCO, waiver providers, PD, FD, court-appointed resource coordinator, local judge, primary & mental health providers
- Ongoing for 6 months

TODAY

- Ongoing concerns of involvement with fire calls, but continued communication with Fire Dept & Police Dept
- Decrease in ER visits
- Landlord has agreed not to evict due to team involvement and efforts to find alternative housing
- Has been accepted, and is planning to move, into a group home
- Housing intake scheduled for 4/16/2026

ANALYZING PATTERNS, TRENDS, AND RISK INDICATORS

- Utilization patterns
- Clinical and behavioral indicators
  - Social determinants of health
- Event situations
- Care gaps and service access
- Risk stratification
- Can we use the data to predict future support needs?



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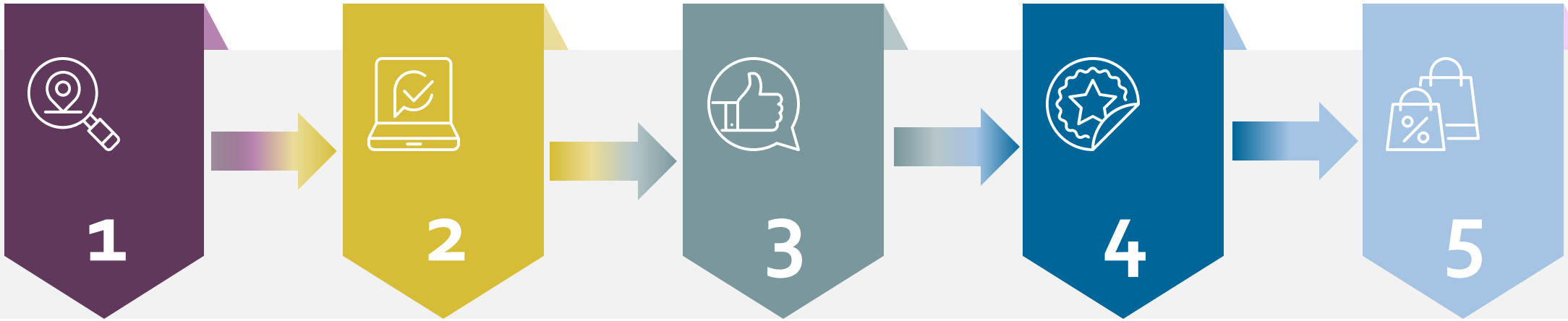
DATA ANALYSIS - METHODOLOGY



Obtain Data

Log E-HRSN responses into EHR.

Track ER visits & hospitalizations from RHIO alerts.

Compile Data

E-HRSN survey questions were separated in 6 categories: Mental Health, Physical Health, Alcohol and Substance Usage/Abuse, Support, Safety, and Living Security and Conditions.

Organize Data

E-HRSN responses were converted to a scoring system based on concerns.

Hospital Visits were grouped by category of ICD-10 code Intellectual Disabilities, Neurodevelopment Disorders, Nervous System Disorders, Cerebral Palsy, Epilepsy, and Unknown.

Identify Scoring System

Scoring System was used for groups of questions to determine severity of 1 or more "red flags" identified. Higher scores indicated either a greater frequency of occurrence for a specific red flag or a combination of several red flags combined.

Analyze Data

Analyzed each strata of population to hospitalizations.

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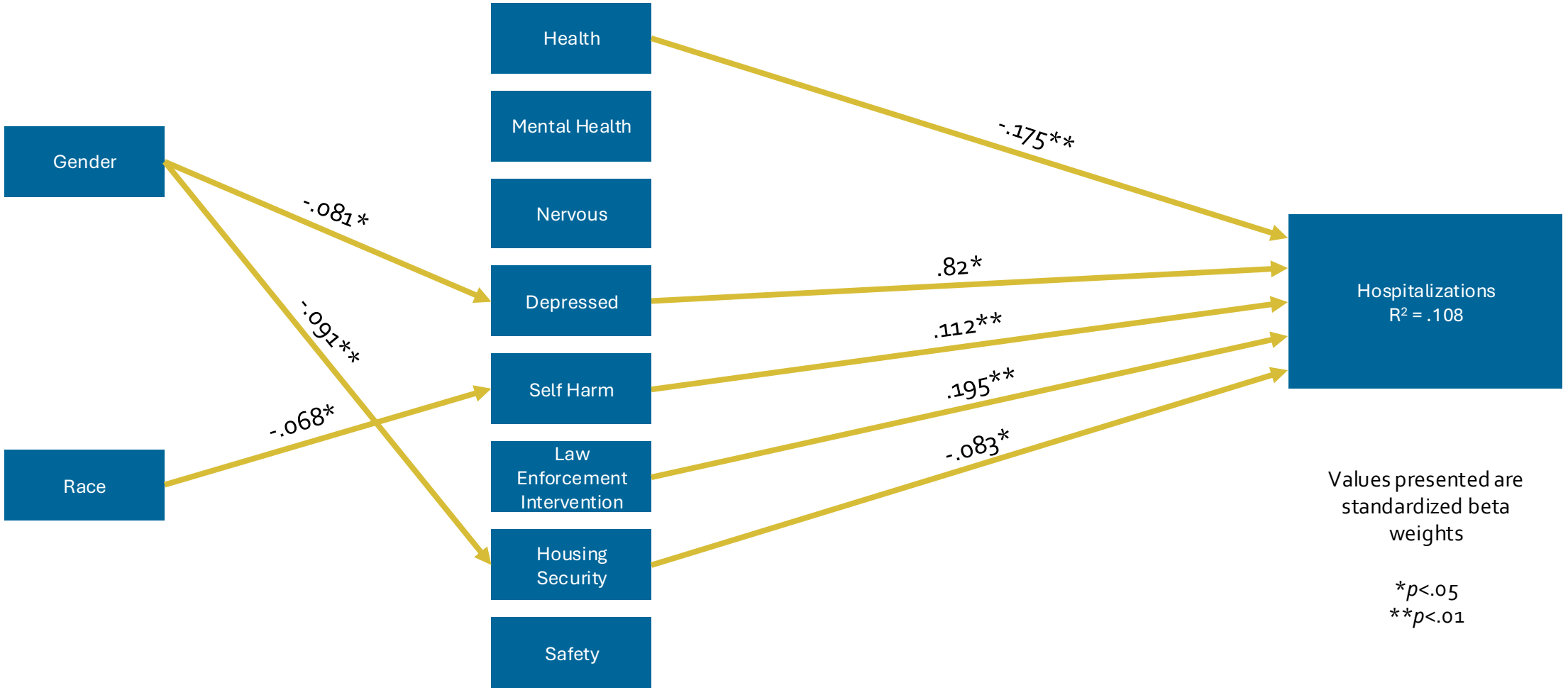
PREDICTIVE ANALYSIS



Values presented are standardized beta weights

*p<.05
**p<.01

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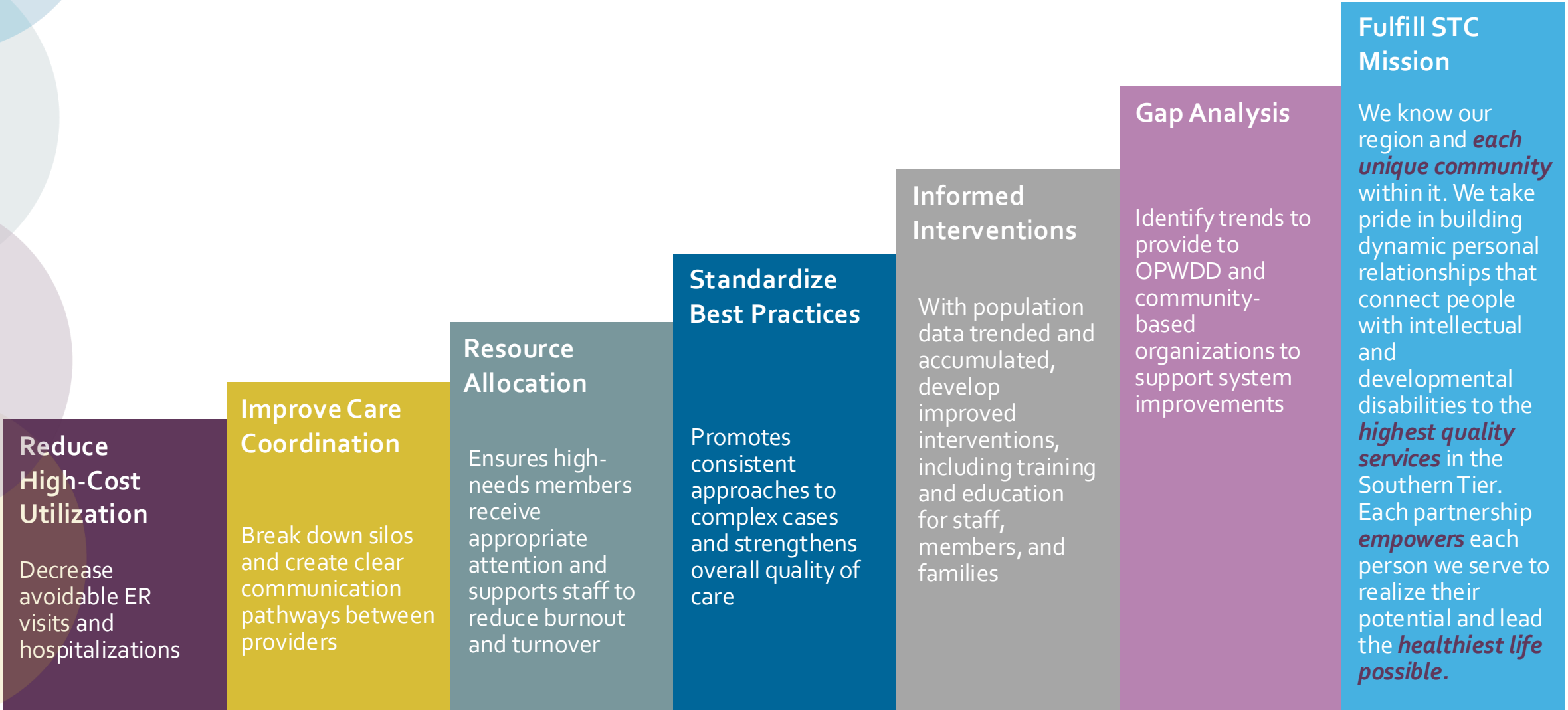
SYSTEM LEVEL IMPACTS



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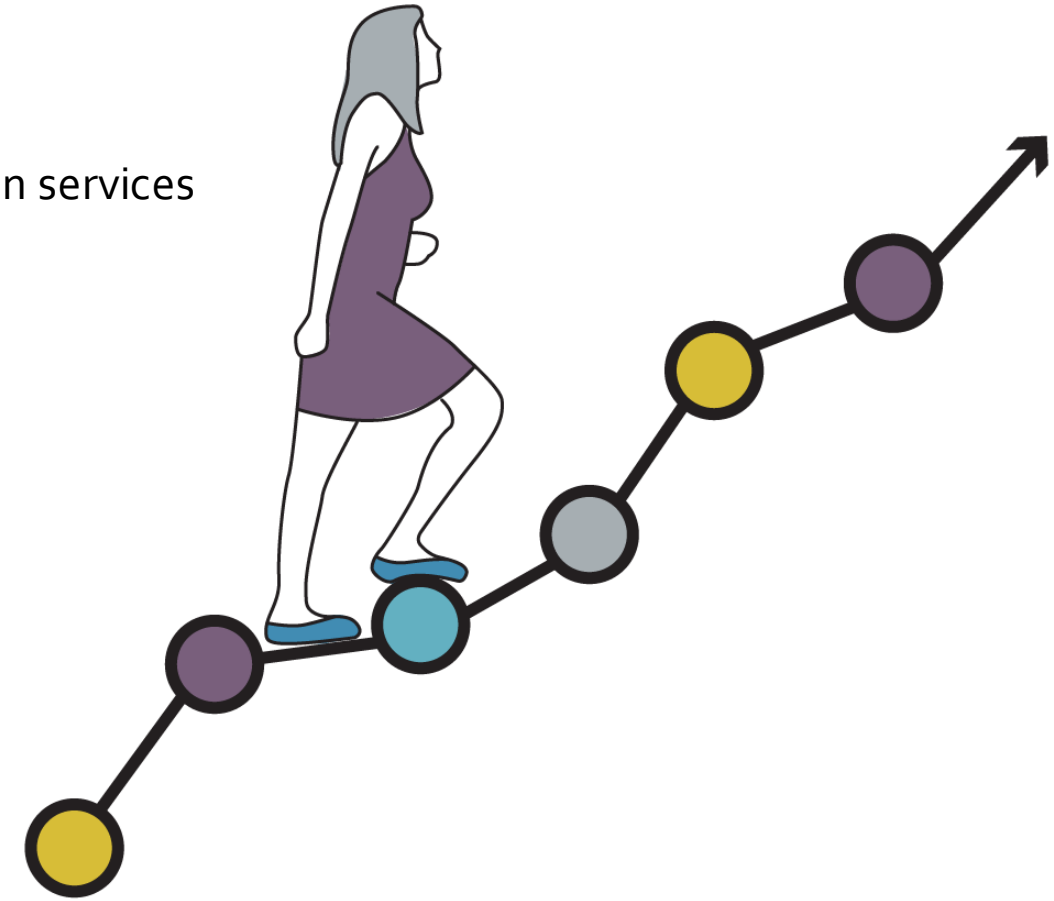
IMPLEMENTATION CHALLENGES

- Poor communication across providers – silos between services
- Lack of role clarity
- Inconsistent referrals to ICT
- Limited time & staff capacity
- Lack of follow-through on action items
- Data limitations or underuse
- Resistance to change
- Resource gaps in the system
- Maintaining a person-centered approach



WHY A CLINICAL TEAM APPROACH WORKS

- Move beyond basic service coordination to fully integrated supports
- Increase network and relationship building with community providers
- Improve resource allocation in staff shortages
- Stronger behavioral and clinical outcomes
- Crisis prevention and response systems
- Enhanced compliance and quality assurance
- Family & caregiver engagement
- Reduce burnout and staff turnover

Questions?