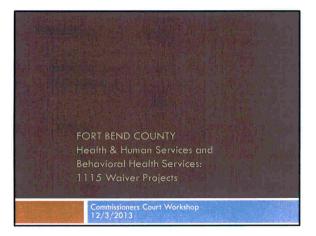
12/3/2013



Agenda Overview — M. des Vignes-Kendrick, MD Report from 1115 Waiver Focus Areas Behavioral Health - Connie Almeida, PhD Primary Care — Kaye Reynolds, MPH Cost/Valuation — Ed Sturdivant, CPA 1115 Waiver Steering Committee: M. det Vignes-Kendrick, Cornie Almeida, Kaye Reynolds, Ed Sturdivant, Am Werlein

Where we are in Fort Bend County 24% of the adult population has no health insurance coverage** 23,768 uninsured children in 2010* 24,000 Emergency Department visits in 2010 were primary-care related at a cost of \$21.5M per year Non-urgent Treatable in primary-care facilities, and/or Preventable or avoidable with prior, continuous or timely primary care *Children at Risk **University of Wisconsin Population Health Institute

Where we are in Fort Bend County Adult Potentially Preventable Hospitalizations* in 4 zip codes, 2006-2011 Hospitalization Causes and Charges 108 COPD Hospitalizations totaling \$2,489,607 301 Diabetes Short-term Complication Hospitalizations totaling \$7,134,796 381 Diabetes Short-term Complication Hospitalizations totaling \$12,982,078 117 Dehydration Hospitalizations totaling \$2,022,922 266 Urinary Tract Infection Hospitalizations totaling \$4,704,858 520 Congestive Heart Failure Hospitalizations totaling \$14,768,211 180 Hypertension Hospitalizations totaling \$4,927,962 239 Asthma Hospitalizations totaling \$3,924,431 382 Bacterial Pneumonia Hospitalizations \$10,581,602 *Texas Department of State Health Services. For Population that reported first estimated pay source as Medicial of Uninaved

Cost of Preventable Admissions* Grand Total 2,494 Adult Potentially Preventable Hospitalizations \$62,636,467 in potentially preventable hospital costs *In 4 FBC zip codes, 2006-2011 (DSHS: For Population that reported first estimated pay source as Medicald or Uninsured)

Mental Health / Behavioral Health There are ~118,000 adults with a diagnosable mental illness and of those, ~27,000 have a serious mental illness* 3,500 children suffer from an emotional disturbance severe enough to affect their daily behaviors and interactions* ~30% of the Fort Bend County jail population has a mental health diagnosis (many have a co-occurring substance abuse disorder) ~21% of the adult Fort Bend County population abuse or are dependent on alcohol and ~5% abuse or are dependent on illicit drugs***

Ongoing Transformational Activities

- The Fort Bend Criminal Justice Mental Health Initiative has worked to improve the interaction of the CJ system with people with MH/BH issues through:
 - Mental health courts
 - Mental health Public Defenders Office
 - Early identification of mental health offenders in jail
 - Provision of mental health services as needed immediately after arrest
 - Discharge planning
 - Weekly case staffing
 - Increased attention to processing of cases

HHS Transformational activities:

- Communicable Disease outreach to physicians
- □ Tobacco prevention and control coalition
- Disaster preparedness with vulnerable populations
- □ Food safety
- Consumer education and Public Information using Websites, Facebook, Twitter

Six 1115 DSRIP Projects Submitted

- Five projects are approved for implementation through DY3
 Oct 1, 2013 to September 30, 2014.
- One project was not initially approved but was modified and resubmitted; approval is pending and expected soon.
- Activities and deliverables for each of the six projects were reported for DY2. For two projects, certain metrics were deferred to DY3.
- Draw down of funds for completed metrics will occur in early 2014.

DSRIP: Delivery System Reform Incentive Payments

Access to Care

BEHAVIORAL HEALTH:

- □ Crisis Response and Intervention (1) enhancement of 911 dispatch system to identify andrespond to behavioral health crisis (2) development of a specialized crisis intervention team (CIT) within Fort Bend County Sheriff's Office, and (3) implementation of cross systems training and linkages to appropriate services and supports
- Achievements:
- ■Mapping and gap analysis of current crisis system
 ■Implementation plan for needed crisis services

Access to Care

BEHAVIORAL HEALTH:

- Summary of Major Gaps in current system of crisis stabilization services (based on 273 surveys):
 - Lack of training among personnel responding to mental/behavioral health crises
 - □ Lack of a crisis stabilization team (mental health unit)
 - Lack of a local psychiatric treatment facility
 - Limited availability of affordable services
 - □ Limited range of resources, programs, and options

Access to Care

BEHAVIORAL HEALTH:

- □ The top 5 priorities identified in order to develop a more effective system:
 - □ Develop a Crisis Intervention Team (CIT)
 - □ Provide 24-hour access (on-call) to therapists or doctors
 - Network and increase awareness of resources currently available in community
 - Develop a greater range of available services and options
 - Provide training for personnel (first responders) coming into contact with individuals with mental illness

Access to Care

BEHAVIORAL HEALTH:

- □ Juvenile Diversion Project diverts youth with complex behavioral health needs such as serious mental illness or a combination of mental illness and intellectual developmental disabilities, substance abuse and physical health issues from initial or further involvement with juvenile justice system.
- Achievements:
 - Needs assessment of youth with complex behavioral health

Access to Care

BEHAVIORAL HEALTH - Juvenile

- ~70% of juvenile justice-involved youth have a mental illness; with mood disorders, anxiety disorders, and disruptive behavior disorders among the most common. A co-occurring substance abuse disorder is often present
- The major gaps in current crisis services include: inadequate psychiatric facilities/resources, a need for greater family involvement, a need for a broader range of alternative community placements, stabilization services and follow-up
- The majority of these youth have multiple diagnoses (including substance abuse, learning disabilities, trauma) and multiple stressors. The most commonly cited functional problems include: problems related to the legal system, educational problems, parent/child relationship problems and problems with primary support group

Access to Care

PRIMARY CARE:

- □ Care Coordination Program: Increase capacity of the care coordination program at the FQHC, AccessHealth, to encourage a medical home for primary care and chronic disease management. Referrals from Emergency Departments and EMS for frequent or inappropriate use of the high cost resources
- Achievements:
 - Report completed on the needs of the population
 - Project implementation plan written
 - Contract executed and hiring of staff underway

Access to Care

PRIMARY CARE:

- Community Paramedic Program: providing primary care in the community setting and avoiding costly transport and emergency room visits while also referring patients to the FQHC as a medical home.
 - Waiting for approval from CMS
 - Beginning discussions regarding implementation of the project have been held

Access to Care

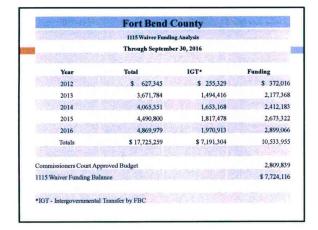
Evidence-based Preventive Care:

- Colonoscopy Screening Program: Outreach and education to the target population and the community regarding the potential cancer prevention benefits of the procedure, and provision of colonoscopy exams for patients at the FQHC who meet the criteria of the American Cancer Society but cannot afford the procedure.
 - Outreach to physicians and facilities for colonoscopy screening contracts underway
 - Discussion with various providers about treatment options for those diagnosed with cancer as a result of the colonoscopy.

Access to Care

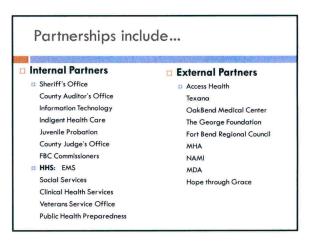
PRIMARY CARE:

- Expand Hours of Service at the FQHC (AccessHealth): all of the 1115 Waiver projects submitted by Fort Bend County may involve referral for treatment and ongoing care at AccessHealth. To support these projects, a new provider team (one physician and six supporting staff) will be hired to increase the number of clients that can be seen. Goal of 3,000, 3,750 and 4,500 additional patient visits in the 2013 2016 demonstration years.
- ☐ Achievements:
 - Implementation plan written
 - 2. Contract in place and hiring of staff underway



Each project has milestones and metrics that must be reported on each year. Funds will only be drawn down at the level of completion of the metrics. All performing providers are part of the Regional Learning Collaborative to share best practices, lessons learned. Regional evaluation will be based on like projects with like objectives, and on measures and metrics to show improvement in 1115 Waiver outcomes across the nine county region.

Continuation of project implementation, to include quarterly Stakeholder meetings Gathering data to ensure milestones are met Preparation of project descriptions for Pass 4 submissions Participation in Learning Collaborative sessions and project specific cohort groups with the regional anchor and other DSRIP providers



Fort Bend County

1115 Waiver Budget Analysis As of December 3, 2013

		Detail				Summary			
Description	Expended		Committed		Budget		Balance		
1115 Waiver Administration									
Salaries & Fringe					\$	146,244	\$	146,244	
Project Specialist									
Other						8,000		3,372	
Office Expansion - Behavioral Health	\$ 1	l,739	\$	2,889					
Totals	1	L,739		2,889		154,244		149,616	
Behavioral Health Crisis Response & Intervention									
Salaries & Fringe						1,399,597		1,356,370	
CIT Payroll (2013-1 Officer)	19	9,930							
CIT Payroll (2014 - 5 Officers)	23	3,297							
Vehicles						290,202		14,446	
Chevrolet Tahoe (6 police pkg)	275	,756							
Conferences & Training						8,267		(1,102)	
CIT Conference (6 attendees)	9	,369							
Contract Services						22,362		11,903	
Technical Assistance	2	,490		5,461				1966) San 🗸 1961 1960 196	
Air Card service (Tahoes-11 mos)				2,508					
Other						25,048		-	
6 PC's, 1 printer (at Texana)	7	,192				,			
LAN/WAN, Network, Phones (at Texana)				17,856					
Materials & Supplies						17,000		16,630	
Toner		370				10-04-20 Part 20-05-05-05-05-05-05-05-05-05-05-05-05-05		30000 F 00000 - 000	
Totals	338	3,404		25,825		1,762,476		1,398,247	
Behavioral Health Juvenile Diversion						· · · · · · · · · · · · · · · · · · ·		•	
Contract Services						5,000		10	
Technical Assistance	2	,490		2,500					
Totals	2	,490		2,500		5,000		10	
Primary Care - Expand Hours of Service	V								
Contract Services						493,856		-	
AccessHealth				493,856					
Totals	30			493,856		493,856		-	
Primary Care - Care Coordination	0								
Contract Services						394,263		-	
AccessHealth				394,263					
Totals		-		394,263		394,263		-	
Grand Totals	\$ 342	,633	\$	919,334	\$	2,809,839	\$ 1	L,547,873	