

FORT BEND COUNTY
Health & Human Services and
Behavioral Health Services:
1115 Waiver Projects

Commissioners Court Workshop
12/3/2013

Agenda

- Overview – M. desVignes-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. desVignes-Kendrick, Connie 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 Long-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 \$4,027,962
- 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 Medicaid or Uninsured

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 Medicaid 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**

* Children at Risk **SAMSHA - NSDUH

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 and respond 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 needs

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:**
 1. Implementation plan written
 2. Contract in place and hiring of staff underway

Fort Bend County			
1115 Waiver Funding Analysis			
Through September 30, 2016			
Year	Total	IGT*	Funding
2012	\$ 627,345	\$ 255,329	\$ 372,016
2013	3,671,784	1,494,416	2,177,368
2014	4,065,351	1,653,168	2,412,183
2015	4,490,800	1,817,478	2,673,322
2016	4,869,979	1,970,913	2,899,066
Totals	\$ 17,725,259	\$ 7,191,304	10,533,955
Commissioners Court Approved Budget			2,809,839
1115 Waiver Funding Balance			\$ 7,724,116

*IGT - Intergovernmental Transfer by FBC

Evaluation and Collaboration

- 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.

Next Steps

- 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

Partnerships include...

Internal Partners

- Sheriff's Office
- County Auditor's Office
- Information Technology
- Indigent Health Care
- Juvenile Probation
- County Judge's Office
- FBC Commissioners
- HHS: EMS
- Social Services
- Clinical Health Services
- Veterans Service Office
- Public Health Preparedness

External Partners

- Access Health
- Texana
- OakBend Medical Center
- The George Foundation
- Fort Bend Regional Council
- MHA
- NAMI
- MDA
- Hope through Grace

Fort Bend County

1115 Waiver Budget Analysis

As of December 3, 2013

Description	Detail		Summary	
	Expended	Committed	Budget	Balance
<u>1115 Waiver Administration</u>				
Salaries & Fringe			\$ 146,244	\$ 146,244
Project Specialist				
Other			8,000	3,372
Office Expansion - Behavioral Health	\$ 1,739	\$ 2,889		
Totals	1,739	2,889	154,244	149,616
<u>Behavioral Health Crisis Response & Intervention</u>				
Salaries & Fringe			1,399,597	1,356,370
CIT Payroll (2013-1 Officer)	19,930			
CIT Payroll (2014 - 5 Officers)	23,297			
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		
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			
Totals	338,404	25,825	1,762,476	1,398,247
<u>Behavioral Health Juvenile Diversion</u>				
Contract Services			5,000	10
Technical Assistance	2,490	2,500		
Totals	2,490	2,500	5,000	10
<u>Primary Care - Expand Hours of Service</u>				
Contract Services			493,856	-
AccessHealth		493,856		
Totals	-	493,856	493,856	-
<u>Primary Care - Care Coordination</u>				
Contract Services			394,263	-
AccessHealth		394,263		
Totals	-	394,263	394,263	-
Grand Totals	\$ 342,633	\$ 919,334	\$ 2,809,839	\$ 1,547,873