



HEALTH & HUMAN SERVICES

TRANSFORMING HEALTH CARE
Right Care, Right Place, Right Time



FORT BEND COUNTY

Health & Human Services and Behavioral Health Services: 1115 Waiver Projects

Commissioners Court Workshop
5/27/2014

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, Ann Werlein

Local Collaboration in Fort Bend County

- Fort Bend County Stakeholder meetings
 - ▣ Three meetings have been held in DY3 (Oct. 1, 2013 – Sept. 30, 2014)
- Fort Bend County Foundation meetings
 - ▣ The George Foundation
 - ▣ The Henderson-Wessendorff Foundation
- Local Hospitals
 - ▣ Houston Methodist Sugar Land
 - ▣ Memorial Hermann
 - ▣ St. Luke's Sugar Land
 - ▣ OakBend Medical Center
- Fort Bend County Health Care Providers
 - ▣ Dr. Gregory Shannon (Gastroenterologist)
 - ▣ Dr. Nitesh Vachhani (Gastroenterologist)

Fort Bend County Internal 1115 Waiver Partners

County Judge's Office

FBC Commissioners

Sheriff's Office

County Auditor's Office

Information Technology

Juvenile Probation

Behavioral Health Services

HHS Departments:

- ▣ EMS
- ▣ Social Services
- ▣ Clinical Health Services
- ▣ Veterans' Service Office

Fort Bend County External 1115 Waiver Partners

- ▣ AccessHealth – the local Federally Qualified Health Center
- ▣ OakBend Medical Center
- ▣ Memorial Hermann Hospital System
- ▣ Houston Methodist Sugar Land Hospital
- ▣ St. Luke's Sugar Land Hospital
- ▣ MD Anderson Cancer Center
- ▣ Texana Center
- ▣ Fort Bend Regional Council on Substance Abuse, Inc.
- ▣ NAMI – National Alliance on Mental Illness
- ▣ Mental Health America - Fort Bend
- ▣ The George Foundation
- ▣ Rose B. Johnson Colon Cancer Awareness Foundation

Regional 1115 Waiver Activity

- Region 3 Anchor
 - ▣ Monthly status update calls
 - ▣ Cohort participation
 - Behavioral Health
 - Primary Care-Specialty Care
 - Navigation
 - EC Utilization
 - Data Advisory Group
 - Learning Collaborative Steering Committee

- Regional Learning Collaborative
 - ▣ June 5, 2014
 - All day
 - University of Houston Hilton
 - Registration requested

1115 Waiver Activity in Texas

- House County Affairs Committee Hearing
 - ▣ May 15, 2014
 - ▣ Behavioral Health testimony was well received
 - Presented by Dr. Connie Almeida and Sgt. Scott Soland
 - ▣ Lisa Kirsch, HHSC, suggested that the presentation be made at the statewide collaborative meeting in the Fall
 - ▣ Health and Human Services Commissioner Kyle Janek told the House County Affairs Committee that he has full intent to apply for an extension of the 1115 Transformation Waiver to the Federal Government for the program to continue past 2016

Eight 1115 DSRIP Projects

- Six projects are approved for implementation through DY5 (through September 30, 2016)
- Activities and deliverables for these projects were reported in April 2014 for DY3 (Oct. 1, 2013 - Sep. 30, 2014)
 - ▣ 100% completion of deliverables carried forward from DY2
 - Colonoscopy Screening and Community Paramedic
 - ▣ Completion of deliverables met early in DY3 was reported
 - ▣ The remaining deliverables will be reported in October 2014
- Two new three-year projects have been submitted
 - ▣ Projects approved May 23, 2014
- Draw down of awarded funds for completed metrics occurred in January 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

Goals: (1) to provide CIT to 1600 individuals in 2015 and 2016

(2) Decrease the number of admissions/readmissions to the criminal justice system and emergency room utilization.

Access to Care: Behavioral Health

□ **Completed to Date:**

- Mapping and gap analysis of current crisis system
- Implementation plan for needed crisis services
- Hiring of staff
 - Hired all CIT staff (1 Sergeant and 9 Deputies)
- CIT unit launched April 1, 2014
 - 170 Individuals served by CIT within first 48 days
- Training
 - Worked collaboratively with police departments in Fort Bend County to develop a Mental Health Police Officer Training curriculum
 - Commitment for training of all law enforcement in Fort Bend County (to date 190 officers trained including 13 FBCSO dispatchers)
- Data Collection and Protocols
 - Developed CIT contact, referral procedures and documentation
 - CIT call data (321 CIT coded calls since 4/1/14)
- Collaborative workgroups

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.

- ▣ Goal is to enroll and serve 10 youth in 2013, 20 in 2014 and 25 in 2016. Improve functioning and decrease readmissions to the juvenile detention.

Access to Care: Behavioral Health

■ Completed to Date:

- Needs assessment of youth with complex behavioral health needs with Fort Bend County
- Hiring of staff - Clinical Care Coordinator (5/19/14)
- Program Design and Implementation
 - Researched evidenced-based interventions for our target population to guide in program implementation
 - Collaboration with community service organization to enhance the array of services (emergency respite)
 - Referral and Service Planning Processes

Access to Care: Behavioral Health

Recovery and Reintegration: Develop of a continuum of care that is founded on evidence-based practices for persons with severe mental illness and/or mental illness and physical health conditions and identified as high risk for recidivism due to homelessness/lack of stable housing, prior history of non-compliance, lack of access to services, complex trauma, lack of family supports and/or lack of integrated care to address complex needs.

- Goal is to enroll and serve 20 adults in 2015 and 30 in 2016. Improve functioning and decrease readmissions to the criminal justice system.
- Project approved 5/23/14

Access to Care: Primary Care

Care Coordination Program: Decrease the number of Uninsured/ under-insured population (Indigent Health Care), Medicaid patients who are frequent and/or inappropriate use the County EMS and ED or who have repeat admissions to the hospital within a short period of time, will be referred into a Care Coordination (patient navigation) system based in the local Federally Qualified Health Center (FQHC).

- Goal of 75, 125 and 169 patients referred to care coordination in 2013 – 2016
- Completed to Date:
 - ▣ Project implementation plan written
 - ▣ Hiring of staff
 - Two full time LVNs and One Community Health Worker
 - CHW is completing a 20 week training course offered at HHS

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.

- ▣ Project received approval in November 2013
- ▣ Goal of 50, 75 and 100 patients treated and referred in 2013 – 2016
- ▣ Completed to Date:
 - ▣ Project planning is underway:
 - Protocols
 - Equipment and Supplies
 - Medical Direction - Collaborating with AccessHealth
 - ▣ Community Paramedic Program Coordinator position has been posted

Access to Care: Primary Care

Colonoscopy Screening Program: the project will include education about the importance and benefits of screening for colorectal cancer to the target population and the community at large through a variety of sources, including AccessHealth. Patients who meet guidelines for screening or diagnostic colonoscopies and have no health care coverage will be referred to a local medical provider for this procedure.

- ▣ Goal of 50, 75 and 75 colonoscopy screenings in 2013 – 2016
- ▣ Completed to Date:
 - Two physicians, OakBend Medical Center and a surgical center have agreed to perform the procedure, agreements and purchase orders are in process and referrals will begin in June
 - AccessHealth staff has been educated on the referral process

Access to Care: Primary Care

Expand Hours of Service at the FQHC (AccessHealth): Expand the hours of operation of AccessHealth, the local Federally Qualified Health Center (FQHC) to accommodate the expected increase in use by uninsured/ under-insured population (Indigent Health Care), Medicaid patients who are referred into the clinic from the 1115 Waiver projects within Fort Bend County.

This project will enhance the capacity of the FQHC to respond to the number of clients by hiring a new provider team increasing the hours of the clinic to a consistent 7am-7pm Mon. - Fri. schedule and 8am-12pm each Saturday.

- Goal of 3,000, 3,750 and 4,500 additional patient visits in 2013 – 2016.
- Completed to Date:
 - ▣ As of Jan. 2014, the Richmond location is open 7am-7pm Mon. – Fri.
 - ▣ As of Feb. 2014, the clinic is open 8am-noon every Saturday
 - 8-10 patients are being seen every Saturday

Access to Care: Primary Care

Screening, Brief Intervention & Referral to Treatment:

- Enhance the integration of behavioral health services into a primary care setting for the Medicaid, under-insured and uninsured population.
- The proposed project will enhance the current health care delivery system by adding a Screening, Brief Intervention and Referral to Treatment model (SBIRT) in the AccessHealth FQHC clinic. SBIRT's early intervention approach targets those with non-dependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment.
- This approach is designed to detect current health problems related to at-risk alcohol and substance use at an early stage, before they result in more serious disease or other health problems.
 - ▣ Goal is to intervene with 150, 225, 300 patients in 2013 - 2016
 - ▣ Approved May 23, 2014

Barriers

- ❑ Transportation
- ❑ Complexity of patients who have not had consistent medical care in several years
- ❑ Complexity of co-occurring disorders and need for integrated services
- ❑ General lack of knowledge and utilization of colonoscopy screening
- ❑ Cultural & communication factors
- ❑ Data Integration and communication among systems

Collaboration

To Address Barriers To Healthcare

- AccessHealth
- Texana Center
- OakBend Medical Center
- NAMI - National Alliance on Mental Illness
- Fort Bend MHA
- Fort Bend County Information Technology
- Fort Bend County Sheriff's Office
- City Police Departments
- Fort Bend County EMS
- Fort Bend County Social Services
- Fort Bend County Indigent Health Care

Next Steps

- Continuation of project implementation
- Continuation of feedback to the community, to include quarterly Stakeholder meetings
- Gathering data to ensure milestones are met
- Participation in Learning Collaborative sessions and project specific cohort groups with the regional anchor and other DSRIP providers

IGT/Incentive Payments Update

as of April 30, 2014

	Description	Budget	Actual	Encumbered	Balance
	Administration	\$312,120	\$74,640	\$3,426	\$234,054
	CIT	\$1,927,357	\$729,001	\$14,876	\$1,183,480
	Juvenile	\$181,232	\$3,940	\$0	\$177,292
	Recovery & Reintegration	\$0	\$0	\$0	\$0
	Care Coordination	\$394,538	\$22,244	\$372,090	\$204
	Community Paramedic	\$0	\$0	\$0	\$0
	Colonoscopy Screening	\$78,000	\$0	\$76,608	\$1,392
	Expand Primary Care	\$493,931	\$119,506	\$374,421	\$4
	SBIRT	\$0	\$0	\$0	\$0
	Contingency	\$1,047,549			\$1,047,549
	Balance	\$4,434,727	\$949,331	\$841,421	\$2,643,975

IGT/Incentive Payments Update

as of April 30, 2014

- The County has sent in IGT amounts totaling \$1,664,758 and has received \$4,039,179 in incentive payments. The net amount is \$2,374,421. Since we have spent \$949,331 to date, the County has a current positive cash flow of \$1,425,090.
- The next achievement reports were submitted April 30, 2014 with the related IGT due July 9, 2014 and an expected DSRIP payment date of July 31, 2014.
- The IGT due and DSRIP from HHS will depend on the percent completion reported on each achievement. The maximum IGT payment will be \$1,590,803 and the maximum DSRIP received will be \$3,850,891.



Questions?