



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

Commissioner's Court Workshop

May 26.2015

Agenda



- Overview- M. desVignes-Kendrick, MD
- Report from 1115 Waiver Focus Areas
 - ▣ Behavioral Health – Connie Almeida, PhD
 - ▣ Primary Care – Kaye Reynolds, DrPH
- 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

Upcoming Stakeholder Meetings

- August 13, 2015
- November 12, 2015

Health Care Providers

- Houston Methodist
- Memorial Hermann
- OakBend Medical Center
- AccessHealth
- Texana Center

Foundations

- The George Foundation
- The Henderson-Wessendorff Foundation

Fort Bend County Internal 1115 Waiver Partners



County Judge's Office

County Commissioners

Behavioral Health Services

County Attorney's Office

County Auditor's Office

Information Technology

Juvenile Probation

Risk Management

Sheriff's Office

HHS Departments:

- ▣ Clinical Health Services

- ▣ EMS

- ▣ Indigent Health Care

- ▣ Social Services

- ▣ Veterans' Service Office

Fort Bend County External 1115 Waiver Partners

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

Regional 1115 Waiver Activity



Region 3 Anchor

- Cohort Participation
 - Behavioral Health
 - Best Practices
 - Primary Care-Specialty Care
 - Navigation
 - EC Utilization
 - Data Advisory Group
 - Readmissions
- Learning Collaborative Steering Committee



Learning Collaborative

- June 17, 2015
 - University of Houston Hilton

Statewide 1115 Waiver Activity



- Clinical Champions Workgroup

- ▣ Met January 2015 – Dr. Connie Almeida
- ▣ The workgroup will review and highlight projects that are collaborative and transformative
- ▣ Will provide input for the waiver renewal process

- Learning Collaborative

- ▣ Convened September 2014 with more than 460 in attendance and many others participating via webinar – Dr. Kaye Reynolds
- ▣ A key takeaway from the summit was that DSRIP and the RHP structure have encouraged collaboration across the continuum of care among providers who previously had not worked together

1115 Waiver Extension Activity

- The waiver Special Terms and Conditions (STC) requires 2 submissions to CMS related to waiver extension/renewal
 - Transition plan was submitted to CMS in March 2015
 - Addressed the state's experience with DSRIP
 - Addressed the statewide continuation needs
 - Waiver renewal plan
 - Draft will be available in June 2015
 - Public Hearings are tentatively scheduled for July 13-24
 - Dallas/Fort Worth metroplex, Tyler, Amarillo, El Paso, Austin, Houston, McAllen and San Antonio
 - HHSC revisions based on feedback
 - Texas will submit the extension plan request to CMS in September 2015

Eight 1115 DSRIP Projects

- Eight projects are approved for implementation through DY5 (through September 30, 2016)
- Deliverables carried forward from DY3 and early achievement of DY4 deliverables were reported during mid-year reporting
 - ▣ Reporting submitted April 30th, 2015
 - ▣ Progress updates on all projects provided
 - ▣ Initial approval will be June 2015
- The remaining deliverables will be reported in October 2015

Access to Care: Behavioral Health



Crisis Response and Intervention:

- Enhancement of 911 dispatch system to identify and respond to behavioral health crisis
- Development of specialized crisis intervention team (CIT) within Fort Bend County Sheriff's Office, and
- Implementation of cross systems training and linkages to appropriate services and supports

Goals: To provide CIT to 1600 unique individuals in 2015 and 2016. 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 (2 Sergeants and 8 Deputies)
 - ▣ CIT unit launched April 1, 2014
 - 1,847 individuals (1,251 unique) served by CIT between October 2014 and April 2015
 - ▣ Training
 - Developed MH Peace officer curriculum and implemented pre/post evaluation
 - Commitment for training of all law enforcement in Fort Bend County (to date over 500 first responders have been trained)
 - ▣ Data Collection and Protocols
 - Developed CIT contact, referral procedures, documentation, data collection forms and data management processes
 - Developed Fort Bend County Sheriff's Office Standard Operating Procedures for Mental Illness

Access to Care: Behavioral Health



Juvenile Diversion: 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.

Goals: Enroll and serve 20 youth in 2015 and 25 in 2016. Improve functioning and decrease readmissions to 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
 - ▣ 17 youth and families served in DY4
 - ▣ Extensive networking with other agencies has improved families ability to navigate health care and social services systems
 - ▣ Addressing critical needs and building strengths and resiliency

Access to Care: Behavioral Health



Recovery and Reintegration: Develop a continuum of care that is founded on evidence-based practices 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.

Goals: Enroll and serve 20 adults in 2015 and 30 in 2016. Improve functioning and decrease readmissions to the criminal justice system.

Access to Care: Behavioral Health



- Completed to Date:
 - ▣ Hiring of staff – Recovery & Reintegration Specialist (12/1/14)
 - ▣ Developed processes, forms, and data collection/tracking procedures
 - ▣ 18 admitted clients between January and April 2015
 - ▣ Development of network of services including housing, substance abuse treatment, domestic violence services, social services, to assist with recovery
 - ▣ Extensive coordination with detention and criminal justice system to coordinate care and transition services

Access to Care: Primary Care



Care Coordination: Decrease the number of uninsured/low income population and Medicaid patients who are frequent and/or inappropriate users of the County EMS or hospital EDs or who have repeat admissions to the hospital within a short period of time. Identified patients will be referred into a Care Coordination (patient navigation) system based in the local Federally Qualified Health Center (FQHC).

Goal: 75, 125 and 169 patients referred to Care Coordination in 2013-2016.

Access to Care: Primary Care



- Completed to Date:
 - Project implementation plan written
 - 79 enrolled between October 2014 and April 2015
 - 44 currently enrolled
 - Appointment protocol written
 - Development of a diabetes self management course
 - Patients who have historically missed medical appointments are keeping all scheduled appointments now and are being more compliant with their medication regimen
 - CHW completed 20 week training course

Access to Care: Primary Care



Community Paramedic: To provide primary care in the community setting and divert patients from costly emergency transport and emergency room visit while also referring patients to the FQHC as a medical home.

Goal: 50, 75 and 100 patients treated and referred in 2013-2016.

Access to Care: Primary Care



- Completed to Date:
 - Needs assessment completed
 - Hiring of staff
 - One Community Paramedic Coordinator
 - Two Community Paramedics
 - Medical Direction - Collaborating with AccessHealth
 - 34 enrolled between December 2014 and March 2015
 - All three Community Paramedics completed the Community Health Workers course
- In Process:
 - Developing protocols to match the types of patients in the program

Access to Care: Primary Care



Colonoscopy Screening Program: 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. The project includes 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.

Goal: 50, 75 and 75 colonoscopy screenings in 2013-2016.

Access to Care: Primary Care



- Completed to Date:
 - Referral protocol completed
 - Two physicians, OakBend Medical Center and a surgical center are performing procedures
 - 37 screening colonoscopies have been performed between September 2014 and April 2015
 - Collaborated with Rose B Johnson Foundation to educate the patients of AccessHealth during March 2015– Colorectal Awareness Month

Access to Care: Primary Care

Expanded 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/ low income and Medicaid patients who are referred into the clinic from the 1115 Waiver projects within Fort Bend County.

This project enhances 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.

Access to Care: Primary Care



- Completed to Date:
 - ▣ Open 7am-7om Monday - Friday, 8am - 12pm Saturdays
 - ▣ Weekend appointment spots
 - Open to fill on the Friday prior to Saturday
 - Ensures Saturday appointments are available to patients who are sick and would otherwise go to the ED
 - ▣ Provided 3,079 additional appointments between January 2014 and September 2014
 - 1,552 unduplicated patients
 - ▣ Provided 1,945 additional appointments between October 2014 and March 2015
 - 1,290 unduplicated patients

Access to Care: Primary Care



Screening, Brief Intervention, Referral to Treatment (SBIRT):

Enhance the integration of behavioral health services into a primary care setting for the underinsured/low income and Medicaid population. This approach is designated to detect at-risk alcohol and substance use habits, that impact the patient's ability to comply with a medical program or that adversely affect their health status.

Goal is to intervene with 150, 225 and 300 patients in 2013-2016.

Access to Care: Primary Care



- Completed to date:
 - Hiring of staff - SBIRT counselor (November 2014)
 - Referral Protocol complete
 - Provider feedback regarding their referrals
 - Survey of providers showed high satisfaction with integration of behavioral health services in this setting
 - A bilingual translator on Fort Bend County Regional Council staff has been identified as a resource to support the SBIRT Counselor when necessary
 - SBIRT Counselor has been in contact with 76 unique individuals between November 2014 and April 2015

Barriers



- 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
- Transportation
- Housing

Ongoing Need for Transportation Services in Fort Bend County

- The Need:
 - ▣ 77% of Juvenile Diversion and Recovery & Integration clients
 - ▣ 50+% of Community Paramedic patients
 - ▣ 15% of AccessHealth Patients
- Potential solutions through FY16:
 - ▣ Implement circulator route in Richmond/Rosenberg
 - Projected for July 1, 2015
 - ▣ Fort Bend County Transportation projected FY16 budget
 - Additional demand response bus service (roughly 20 hours per week dedicated to 1115 Waiver program needs)
 - Funding for taxi vouchers
 - ▣ Contract with private transportation services
 - Boyd Transportation
 - First Med Care EMS

Collaboration to Address Barriers to Healthcare



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

Next Steps



- Continuation of project implementation
- Continuation of feedback to the community, to include quarterly Stakeholder meetings
- Gathering data to ensure milestones are met
- Implementation of continuous quality improvement
- 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 30,2015

Description	Budget	Actual	Encumbered	Balance
Administration	469,806	309,860	748	159,198
CIT	2,355,865	1,757,678	47,786	550,402
Juvenile	182,957	101,181	2,264	79,512
Recovery & Reintegration	159,937	47,118	1,501	111,317
Care Coordination	789,349	274,953	79,949	434,447
Community Paramedic	475,856	327,849	2,083	145,924
Colonoscopy Screening	192,500	41,269	36,475	114,756
Expand Primary Care	963,417	533,422	0	429,995
SBIRT	95,188	33,081	62,106	1
DY 5 & Contingency	5,597,050			5,597,050
Balance	\$11,281,925	\$3,426,411	\$232,913	\$7,622,602

IGT/Incentive Payments Update

as of April 30, 2015

- The County has sent in IGT amounts totaling \$3,398,155 and has received \$8,164,377 in incentive payments. The net amount is \$4,766,222. Since we have spent \$3,426,411 to date, the County has a current positive cash flow of \$1,339,811.
- The next achievements will be reported in October 2015.
- The IGT due to HHSC and DSRIP payments from HHSC depends on the percent completion reported on each achievement.
- The last achievements were reported in April 2015 with notification of approved DSRIP and IGT amounts expected in June with settlement dates in July.



Questions?