**Regional Healthcare Partnership 8**

 **Monthly Conference Call**

 **Tuesday, August 11, 2015 • 10:00 a.m. – 11:00 a.m.**

 Phone Number: 877-931-8150 **•** Participant Passcode: 1624814

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**ATTENDANCE**

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| **Organization** | **Name(s)** |
| Bell County Public Health District | Renee Stewart |
| Bluebonnet Trails | Meghan NadolskiMorgan StarrBeth McClaryJen Bourquin |
| Center for Life | Ranita Oliver |
| Central Counties Services | Donna FlanneryTia MaysRobert WalkerCarlos Sanchez |
| Hill Country MHMR | Kristie JacobyJason Johnson |
| Little River Healthcare | N/A |
| Baylor Scott & White | Bill Galinsky |
| Seton Harker Heights | N/A |
| Seton Highland Lakes | N/A |
| St. David’s Round Rock Medical Center | N/A |
| Williamson County and Cities Health District | Victoria LippmanMarjie Riggio |
| RHP 8 Anchor Team | Jennifer LoGalboGina Lawson |
| Other Stakeholders | Jeremy Saenz – TAMHSC Telehealth Counseling ClinicPauline VanMeurs – Williamson County EMSMichelle Covarrubias – Williamson County EMSAnnie Burwell – Williamson County MOT |

**MINUTES**

1. **Welcome and Introductions**
2. **HHSC Anchor Call Notes Highlights**

The Anchor sent out an RHP 8 Regional Update on Monday, August 10 including HHSC’s Anchor Call notes. The following are noted highlights on today’s call:

* + HHSC posted a DSRIP Tableau Dashboard searchable statewide DSRIP database on [HHSC's Regional Healthcare Partnership (RHP) Plans page](http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml). The DSRIP Tableau Dashboard presents Cat 1-3 data in summaries and graphs.
	+ Cat 3 baseline correction process: send an email to the HHSC Waiver mailbox indicating the Cat 3 project ID of any baselines that need correction, and a brief description of the baseline issue. HHSC will send the provider a Cat 3 Baseline Correction Form specific to their outcome that should be completed by the provider and returned to the HHSC Waiver mailbox.
	+ ICD-10 implementation: notify HHSC and copy the RHP 8 Anchor team if you identify a specific instance where the transition may make comparison between measurement periods invalid.
	+ QPI: send QPI questions well ahead of October reporting to the HHSC Waiver mailbox.
	+ HHSC Waiver Renewal Project Review: providers should notify HHSC by Friday, August 28 if they do not plan to continue any of the projects under review after DY5 or do not plan to use the funds for a replacement (RHP 8 providers were notified of projects under review on Friday, July 31).
	+ **Reminder: please copy the RHP 8 Anchor team on communications sent to HHSC.**
1. **RHP 8 Interactive Tool**
Providers are encouraged to download the [RHP 8 Interactive Tool](http://www.tamhsc.edu/1115-waiver/rhp8/index.html) to understand more about the 40 DSRIP projects underway in RHP 8.
2. **RHP 8 Learning Collaborative Updates and Upcoming Events**
3. [**Recap: RHP 8 Second, DY4, Face-to-Face Learning Collaborative**](http://us8.campaign-archive1.com/?u=085e5ace42badb60a4dba747d&id=d0c1f159ec)
* Over 50 people representing more than 25 organizations attended the event hosted at and sponsored by the Georgetown Health Foundation.
* The Anchor team sent out meeting materials to attendees on Thursday, August 6, including the agenda, sign-in sheet, and PowerPoint presentations.
* If you were unable to complete an evaluation and/or Raise the Floor card for DY5 and would like to, please email Gina at glawson@tamhsc.edu and she will send you the forms.
1. **Reminder: HHSC Statewide Learning Collaborative Summit**
August 27-28, AT&T Executive Conference Center, Austin
* Three RHP 8 providers will be spotlighted at the Summit:
	+ Bluebonnet Trails and Central Counties Services were both selected to present posters.
	+ Williamson County and Cities Health District’s Matt Richardson will speak at the Strategies for Collecting and Using Data More Effectively breakout session.
* Contact the Anchor team if you would like to share what you learned at the Summit on the September monthly learning collaborative conference call.
1. **Future Opportunity: RHP 17 Second, DY4, Face-to-Face Learning Collaborative**September 16, College Station, RHP 17 Anchor Team
2. **“Raise the Floor” – Focus Areas and Open Discussion**
3. **Behavioral Health DSRIP Projects: Impacting the Healthcare Delivery System**

More than half of DSRIP projects in RHP 8 are being implemented by local mental health authorities (LMHAs). The RHP 8 Anchor team welcomes the four LMHAs participating in RHP 8 to share an overview of one DSRIP project including project: goals, impact, successes, challenges, best practices, and lessons learned.

**Presenters:**

**Jennifer Bourquin, Clinical Lead for Burnet County, Bluebonnet Trails Community Services (BTCS),** Jennifer.bourquin@bbtrails.org

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| Project Title and Short Overview | Extended Observations Unit (EOU) – The EOU offers 24/7 emergency detention and voluntary admission since September 2013. It is a 4-bed, locked unit for individuals at risk to themselves or others. It also serves as a step-down facility for voluntary admission. The Cat 3 measurement is 30-day readmissions. |
| Goals | Offer needed services so patients do not have to leave their home community. EOU aims to reduce inpatient psychiatric/state hospital, jail, and emergency department (ED) use. EOU has served 230 in DY4 with a goal of 250. |
| Target Population | 18 and over patients needing stabilization. |
| Impact on Community/QPI | There was no such service prior. Community collaborations have led to BTCS staff receiving emails from local psychiatric hospitals to engage with discharged patients within 7 days to coordinate mental health (MH) services. The crisis respite program and others are promoted as options for patients. |
| Challenges | Being a 24/7 facility, the EOU must have a registered nurse (RN) on duty at all times. This has been difficult and BTCS has been working with staffing agencies to help address the staffing problem when a BTCS RN is not available. However, the temporary RN may not show up. Also, when a patient needs a higher level of care or care beyond the 48 hours, BTCS may process an Order of Protective Custody (OPC). However, finding a hospital bed before filing the OPC is a challenge. |

**Jason Johnson, Director of Peer Services, Hill Country MHDD Centers (HCMHDD),** jmjohnson@hillcountry.org

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|  Project Title and Short Overview | Whole Health Peer Support Program – Mental and physical health education and support for persons with severe and persistent mental illness (SPMI). |
| Goals | Decrease ED and psychiatric hospital use. The focus is on whole-health, linking patients to healthcare providers (medical homes). Especially for those with chronic health conditions to reduce impact on overall health. |
| Target Population | Discussed project from RHP 13 in Kimble County; (very rural) patients with SPMI |
| Impact on Community/QPI | HCMHDD offers whole health peer support groups and works with other community agencies and free clinics to help link patients to MH services. |
| Best Practices | HCMHDD uses the DLA-20 assessment and have seen a 69% improvement in scores. DLA-20 is easy to use and score. In the beginning, staff were not comfortable with some of the questions. With practice, staff are comfortable with using the DLA-20. It is performed every 30 days and staff sees the value in that DLA-20 evaluates the services and how they are matched to the patients’ needs. BTCS shared a curriculum called Getting in the Driver Seat of Your Recovery Plan. HCMHDD staff have received great feedback from recovery coaches, patients are more proactive, and it takes less time to create a recovery plan.  |
| Successes | One patient stopped receiving services because the patient secured employment. Two patients have become full-time peer specialists. One women would barely get out of the house. Staff progressively helped her eventually come to support groups at the clinic after meeting first at her home, then the library. Services helped her acquire a job. The program had 11 peer specialists and now has 17. HCMHDD is now offering the services at satellite clinics. |
| Challenges | Due to transportation and patient location, HCMHDD staff have offered in-home services. In one area with three patients near each other, HCMHDD established a social group to be more fiscally responsible which later established a peer-guided group. HCMHDD staff find it difficult to stay caught up with person-centered recovery plans.  |

**Ranita Oliver, 1115 Waiver Program Specialist, Center for Life Resources (CFLR),** ranita.oliver@cflr.us

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| Project Title and Short Overview | Telehealth Project – Implement telemedicine to provide clinically appropriate treatment as indicated by a psychiatrist or other qualified provider throughout Mills and San Saba counties. Available in RHPs 8, 11, and 13.  |
| Goals | Reduce unnecessary ED use, and improve consumer satisfaction and access where previously limited or unavailable. |
| Target Population | Medicaid/indigent with mental illness in Mills and San Saba counties. |
| Impact on Community/QPI | The communities now have access to one adult and two child psychiatrists, as well as counseling professionals via telehealth. |
| Lessons Learned | CLFR analyzed the PHQ-9 scores and felt they were not getting honest responses from patients due to fear of losing services. They changed how the assessment was administered by having a professional administer the test instead of the conducting a self-assessment. PHQ-9 monitor depression and is done at every encounter. It takes 5-8 minutes, has 9 depression-related questions, and a scale of 0-3. |
| Successes | Now patients go to CFLR in their hometown and they access the telemed services to connect with their provider. Two state representatives visited the program in DY3 & DY4. Providers can now use E-scribe to prescribed medications. |
| Challenges | Initial challenges centered on setting up the broadband network connection and equipment installation and use. Now, the network is rarely down. Data collection – Using Excel for collecting data. |

**Carlos Sanchez, Crisis Respite Coordinator, Central Counties Services (CCS)**, carlos.sanchez@cccmhmr.org

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| Project Title and Short Overview | Bell County Mental Health Deputy – 3-year project - Provide trained law enforcement officers to assess the behavioral health (BH) of someone involved in a minor criminal event, and to direct that person to BH services instead of the criminal justice system. A sister project serves Coryell County. Total Bell County residents: 330,000. The project has 5 MH trained deputies.  |
| Goals | Keep 20% a clients served in MH services 90-days later. Divert 100 clients away from jails. Use PDSA to improve and help provide the best care in the right setting. |
| Target Population | Low-income, insured, Medicaid, youth and adult |
| Impact on Community/QPI | The Crisis Intervention Team (CIT) has 5 MH deputy member whose sole responsibility is to focus on crisis events. Prior to the project implementation, the MH deputies were mainly transporting clients to jails/ERs/hospitals (average monthly transport: 50 people). Currently, the project has diverted 50 people from jail, meaning they were enrolled in MH services instead of going to jail. |
| Best Practices | Community collaborations to get the support needed to be successful include: hospitals, county attorney, justice system, Sherriff’s office, CIT and others. |
| Successes | Sargent Reinhard has been instrumental in the project’s success by collaborating with community hospitals, Bell County Indigent Health Program and other organizations. He has also helped establish task forces to address Bell County’s ability to respond to MH needs and transport patients (hospitals are now able to transport their own patients). By diverting people from jails, taxpayer money is saved.  |
| Challenges | Initially, it was difficult getting agreements with the Sheriff’s office. CCS is in the beginning process of sustainability and hopes the justice-involved money saved will be helpful to raise support for the project.  |

1. **Open Discussion**
2. **Next Steps/Adjourn**

Next Conference Call: **Tuesday, September 8, 10:00-11:00 a.m.**