**Category 1 Project Narrative**

**Bluebonnet Trails Community Services – 126844305.1.1**

**Project Area, Option and Title:** 1.12.2 – Expand the number of community based settings where behavioral health services may be delivered in underserved areas

**RHP Project Identification Number:** 126844305.1.1

**Performing Provider Name:** Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/ Bluebonnet Trails Community Services

**Performing Provider TPI #:** 126844305

**Project Summary:**

* **Provider Description:** Bluebonnet Trails Community Services (BTCS) is the state designated Local Mental Health Authority (LMHA) for Burnet and Williamson Counties in RHP 8 and six adjacent Counties in three other RHPs. Burnet and Williamson Counties comprise 25% of the land mass but 54% of the population. Williamson County has nearly 50% of the population at
* 422,679. BTCS provides behavioral health, intellectual and developmental disabilities and early childhood services to over 10,000 poor, under and uninsured individuals in multiple locations throughout these two counties.
* **Intervention:** BTCS proposes to provide outpatient behavioral health services to low income and rural areas in Williamson and surrounding rural counties through a program internally known to BTCS as Expanded Access in order to provide services to a group of patients that are currently ineligible for services. BTCS will provide services to all behavioral health diagnostic groups including substance use disorders.
* **Project Status:** This is a new project opening during DY2 in a new location and in an area of Williamson County that does not have a clinic for behavioral health services.
* **Project Need:** This project addresses RHP 8 Community Needs Assessment needs: CN.2.1 Limited access to behavioral health services to rural, poor and under and uninsured populations (meds, case management, counseling, diagnoses) in Williamson County; and CN.2.13 – Limited access to adult behavioral health services in Williamson County.
* **Target Population:** The target population is all diagnostic categories of behavioral health disorders in this rural area. We anticipate serving 1,000 new patients. Of those served by BTCS in FY 2012, an average of 43% of the adults were Medicaid‐eligible; 76% of youth were eligible for CHIP or Medicaid and 73% of BTCS clients are below the federal poverty level. We estimate that approximately 70% of those benefitting from this project will be poor, under or uninsured.
* **Category 1 or 2 Expected Project Benefit for Patients:** The project will seek to serve 1,500 adults and youth in DY4 and 2,000 in DY5 and to do so closer to their home communities. We expect this location will reduce barriers to access, improve adherence to appointments and satisfaction with access.
* **Category 3 Outcomes:** IT‐10.1.b.ii RAND Short Form 12 (SF-12v2) Health Survey

**Rationale**: Our goal is to improve the overall scores on the RAND Short Form 12 (SF-12v2) Health Survey and demonstrate a 5% improvement over baseline in DY4 and a 10% improvement over baseline in DY5. We selected this particular outcome because the SF-12 is an overall health survey and want to show improvement in overall health.

* **Baseline Information**: The baseline rate established in DY3 was 33.12. Our baseline measurement period established in DY3 was 03/01/2014-08/31/2014.
* **Collaboration:** Texas A&M Health Science Center (TAMHSC) had a Pass 1 allocation it could not use, since TAMHSC did not have providers in RHP 8. TAMHSC allowed its allocation to be used by local health departments and local mental health authorities (public entities) which had much smaller provider allocations in Pass 1, so these entities could have more broad, transformative and regional projects. TAMHSC has not played a role in these projects, other than the role of anchor. There are no impermissible provider‐related donations involved. This usage of the TAMHSC allocation ensured these providers, who could self‐fund the required IGT, could participate in the waiver. BTCS and community leaders in eastern Williamson County consider this to be a transformative project because there are no behavioral health services in this area or in this community.

The residents have lower incomes and higher Medicaid percentages than the western part of the County but currently have no access.

**Project** **Description:**

*Expansion of Services*

BTCS is the LMHA for Burnet and Williamson Counties in RHP 8 and for six adjacent Counties in three other RHPs. BTCS proposes to expand outpatient behavioral health services to low income and rural areas in eastern Williamson County and beyond as there are no residency restrictions in this project; and to expand services to a larger group of patients than are currently eligible for BTCS services. Expanded Access services, anchored at the Taylor Clinic, will be comprised of a behavioral health team including psychiatrists, Advanced Practice Nurses (APNs), Case Managers (CMs), Substance Abuse Counselors, Behavioral Analysts (to support care for Autistic and other IDD patients), Peer Support Specialists, Registered Nurses and business support staff. The team will be responsible for diagnosis and medication management, counseling, psychosocial rehabilitation, case management and benefits assistance provided to adults and youth seeking treatment. This team will be primarily located in a clinic in Taylor, Texas established and renovated through a grant from the St. David’s Foundation.

This behavioral health team has the potential to serve an additional 1,000 people a year. The team will provide a full range of behavioral health services based on a philosophy of wellness and recovery and will be supported with a certified Peer Support Specialist to help with personal recovery efforts. The location of the clinic addresses transportation and socio‐economic limitations and challenges by establishing a full service behavioral health clinic in the city of Taylor. It addresses eligibility limitations by providing care to all persons, regardless of diagnosis and by adopting the practice of open access for intake and scheduling. For persons requiring higher levels of medical expertise, and to ensure easy access to medical services, the clinic will be linked by telemedicine to our locations with additional physicians.

“Mental disorders are common in the United States, and in a given year approximately one quarter of adults are diagnosable for one or more disorders” (Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve‐month DSM‐IV disorders in the National Comorbidity Survey Replication (NCS‐R). Archives of General Psychiatry, 2005 Jun; 62(6):617‐27). Only 36% of those with a disorder are receiving treatment and only 13% of them are receiving minimally adequate treatment (NIMH Statistics; <http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml>) (Wang PS, Lane M, Olfson M, Pincus HA, Wells KB, Kessler RC. Twelve month use of mental health services in the United States. Archives of General Psychiatry. 2005 Jun; 62(6):629‐640). BTCS contracts with the Department of State Health Services (DSHS) to provide specialty behavioral health services to adults with Serious Mental Illnesses (SMI) and children with Severe Emotional Disturbance (SED), which DSHS identifies as the “priority population”. The DSHS contract with BTCS restricts the use of general revenue for ongoing services to individuals within limited diagnostic groups. The contract does not restrict BTCS from using non‐general revenue sources of funds (such as those available through this waiver) to serve other individuals. However, these contract restrictions, effectively limit our ability to care for all those in need in our communities. DSRIP allows us to broaden our scope of service beyond the restrictive “priority population” without violating our ability to perform under the contract with the State of Texas. These individuals who do not qualify for services funded through the DSHS contract are referred out. Unfortunately, those in poverty and those who are uninsured or underinsured cannot access care despite being referred to it, especially since all care is outside their local area. We will expand access to care by establishing this behavioral health clinic in a low income, rural area and opening access to all. The team is committed to providing care to this area and to the broader population of persons with behavioral health needs.

We propose to serve the area around Taylor, Texas and to open the clinic to all behavioral health diagnoses. According to 2010 Census data, eastern Williamson County has a poverty rate of 19.5% which is higher than the state average of 16.5%. By contrast western Williamson County, the Round Rock and Georgetown area, have poverty rates of only 5.5%. Services have tended to be aligned around the more affluent part of the County. This full service clinic with a responsive team integrated into the community will address this disparity.

**Goals and Relationship to Regional Goals:**

The goal of the expansion is to add a new clinic location in an underserved area of Williamson County, Taylor, Texas and to offer services to a broader population than the one served under contract with DSHS. With this expansion we expect to improve behavioral health outcomes for persons in this area who now have limited access to behavioral health services. The challenges facing individuals in the more rural area of Williamson County are that there are no behavioral health practitioners in the area. To receive services people must travel into Round Rock or Austin and Travis County. For those who are poor and uninsured, the dilemma is exacerbated because there is no public transportation and even if transportation can be acquired and paid for, they could be treated only if they are eligible for DSHS services. Substance abuse treatment is limited and frequently unavailable even though the disorder is prevalent among those requesting services. This project allows us to open access to persons outside the narrow scope of eligible youth and adults through a clinic easily accessible to these individuals.

**Project Goals:**

(1) Establish a behavioral health clinic in eastern Williamson County; (2) develop a robust behavioral health team on site and supported by telemedicine; (3) provide behavioral health care that is multi‐disciplinary, recovery oriented and comprehensive; and (4) provide behavioral health care to all those in need regardless of income, insurance status or diagnosis.

**This Project meets the following Regional Goals:**

* Improving access to timely, high quality care for residents, including those with multiple needs; and
* Increasing coordination of prevention and care for residents, including those with behavioral or mental health needs.

Expanded Access will offer a solution focused, multi‐faceted approach of care to include wraparound services and transition planning for effective functioning in their home communities and care that is local. We expect the variety of services available, responsiveness of the design, staffing, location, timely access, clear communication with providers and culturally competent providers to improve behavioral health functioning outcomes and significantly improve satisfaction. This project builds on the expertise and resources of BTCS related services for the patients with SMI. Patients utilizing Expanded Access will also have access to crisis intervention and respite if needed as well as housing and employment supports.

**Challenges:**

The primary challenges for this project are to establish a location that serves all persons in need of behavioral health services rather than just those in the priority population and for BTCS to be accepted in that role by the community and referring providers. Currently BTCS is known as the provider of care for those with SMI diagnoses and we have not accepted patients with other diagnoses. As a result, many people in need routinely access other providers as a first option when seeking behavioral health assessment and treatment. We can be successful with a comprehensive range of services for youth and adults with a behavioral health team that is accessible, responsive and integrated into the community.

**5‐Year Expected Outcome for Provider and Patients:**

BTCS expects to see a greater number of people served in Williamson County and surrounding rural counties with a broader range of diagnoses and conditions. We expect to see a growing level of satisfaction related to accessing care quickly, improved communication with clinicians, information provided to patients on treatment and self‐help resources, increased cultural competency and perceived improvement in functioning. The expected outcomes are a result of and related to project goals stated above, including the ability to serve an additional 1,000 persons more per year.

**Starting Point/Baseline:**

Currently no clinic exists in eastern Williamson County and services are not provided outside the DSHS guidelines for priority population at any BTCS location. Therefore, the baseline for the number of patients at that location and the number of patients not in the priority population is 0 in DY2. From December 2011 through August 2012, we served approximately 175 persons from eastern Williamson County at the BTCS location in Round Rock. All of those served had diagnoses within the priority population guidelines and all others were precluded from service and referred elsewhere.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.2 ‐ Limited access to primary care
* Specific Community Need:

o CN.2.1 ‐ Limited access to behavioral health services to rural, poor and under & un‐uninsured populations (meds, case management, counseling, diagnoses) in Williamson County.

o CN.2.13 – Limited access to adult behavioral health services in Williamson County.

A project to expand the capacity to provide behavioral health services to adults with SMI and children/youth with SED in this rural underserved area as well as to individuals with diagnoses outside the priority population of DSHS is vital to improved behavioral health outcomes in Williamson County. A full service behavioral health clinic integrated into this rural community will provide a wide range of care and serve as a hub for community involvement undertaken by an accessible and responsive team of professionals. The team will provide physician and physician extender diagnosis, assessment and treatment, medication services, brief, solution focused counseling services, outpatient substance abuse services and community education and provider consultation.

As stated above, BTCS does not currently provide behavioral health care to all persons, only to those in the priority population. We also do not provide substance abuse treatment as part of the behavioral health service array. Both services are identified needs in this area. One critical disparity identified for RHP 8 is scarcity of behavioral health services throughout the region, especially in rural areas. As stated in the RHP Planning Protocol document, Texas ranks 50th in per capita funding for state mental health authority (DSHS) services and supports for people with serious and persistent mental illness and substance use disorders. Medically indigent individuals who are not eligible for Medicaid have no guarantee of access to needed services and may face extended waiting periods. Additionally, Texas ranks highest among states in the number of uninsured individuals per capita. One in four Texans lack health insurance. People with behavioral health disorders are disproportionately affected. Positive healthcare outcomes are contingent on the ability of the patient to obtain both routine examinations and healthcare services as soon as possible after a specific need for care has been identified. However, many residents are unable to access either routine services or needed care in a timely manner because they lack transportation, are in poverty, lack insurance coverage or because they are unable to schedule an appointment due to work scheduling conflicts.

BTCS assessed the patient data in its Anasazi EHR and found that 175 people accessed services by traveling to the BTCS clinic in Round Rock. This is far lower than prevalence statistics indicate individuals in the area have a need for services. Community leaders in Taylor identified this as a need and assisted BTCS to apply for a grant to plan and initiate such a clinic. This clinic increases capacity and access to these specialty services. We expect to decrease the number of cancellations and no shows as compared to our current operations in other clinics. In DY5, we expect to demonstrate improved satisfaction with access as a result of this local, integrated service. With the assistance of Peer Support Specialists, we expect to improve functional status by assisting individuals to use transitional housing and employment supports which are currently only available in the larger urban areas or metropolitan area of Round Rock and Georgetown. Certified Peer Support Specialists will provide the training and supports in coordination with Qualified Mental Health Professionals. We expect to create an expanded model of care that goes beyond the DSHS priority population and meets the comprehensive needs of individuals in their own communities.

**Core Project Components:**

Although 1.12.2 does not have required core components listed with it, it is in the same Project Option as 1.12.1 and those required core components were used as a guide for our own components. We have reviewed the components, modified them and will address them as below:

1. *Evaluate existing locations of behavioral health clinics and to identify barriers to access including, transportation, operating hours, admission criteria and acceptable payment. If any of these barriers is a significant issue in care access, develop and implement improvements.* Patients currently accessing care at the Round Rock clinic in west Williamson County will be offered the opportunity to use the clinic in Taylor. Persons requesting services from BTCS but who are not in the priority population established by DSHS will be offered services at the Taylor clinic regardless of residency or home address. Operating hours outside the usual business hours will be available through Expanded Access.
2. *Review the interventions impact on access to behavioral health services and identify “lessons learned,” opportunities to scale all or part of the interventions to a broader patient population, and identify key challenges associated with expansion of the interventions, including special considerations for safety‐net populations.* We will establish a Plan, Do, Study, Act (PDSA) cycle improvement process through the Quality Management department of BTCS to collect and analyze data related to these interventions. That data will include ECHOTM Satisfaction Survey results and Electronic Health Record (EHR) data related to functioning scales and frequency in the use of higher levels of care such as Emergency Departments (EDs) and inpatient psychiatric care. We will assess the results, make improvements in the operation of this Clinic, and develop plans to expand services to “non‐priority population” patients. We will hold community planning meetings with providers, patient advocates and community leaders in a number of communities to assess expansion opportunities.

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:**

BTCS uses the mental health block grant for routine mental health services on an outpatient basis. We will provide outpatient services in this expansion project for the Taylor, Texas clinic but those services are not for the same populations.

**Related Category 3 Outcome Measure:**

IT‐10.1.b.ii RAND Short Form 12 (SF-12v2) Health Survey

Rationale: Our goal is to improve the overall scores on the RAND Short Form 12 (SF-12v2) Health Survey and demonstrate a 5% improvement over baseline in DY4 and a 10% improvement over baseline in DY5. We selected this particular outcome because the SF-12 is an overall health survey and want to show improvement in overall health.

Baseline Information: The baseline rate established in DY3 was 33.12. Our baseline measurement period established in DY3 was 03/01/2014-08/31/2014.

**Relationship to Other Projects:**

This enhances additional projects that BTCS is pursuing including: related to Crisis Respite for Persons in Behavioral Health Crisis (#126844305.1.2); and Emergency Services Diversion (#126844305.2.2); in that it provides access to care following those emergency interventions. We expect the other projects will demonstrate improved outcomes due to availability of outpatient and aftercare services in the communities in which people live. It also supports the Transitional Housing Guided by Peer Support (#126844305.2.1), by supporting peer specialists in this rural area and therefore offering the option of housing within the home community.

**Relationship to Other Performing Providers’ Projects and Plan for Learning Collaborative:**

BTCS will participate in all learning collaboratives organized or sponsored by Texas A&M Health Science Center that are relevant to our projects. We believe it is important to improve and adjust the care provided. We will also participate with other community centers and behavioral health care providers as we continue to do through the Texas Council of Community Centers. This exchange of ideas is important and helps us adjust and refine our programs and approaches to behavioral health care. The Williamson County Mental Health Task Force will be the primary conduit for our planning discussions.

**Project Valuation:**

We expect to serve 1,500 adults and youth in DY4 and 2,000 patients in DY5 and to do so in or closer to their home communities. The valuation calculated for this project used cost‐utility analysis which measures program cost in dollars and the health consequences in utility‐weighted units that were applied to the factors existing in this underserved area, including: limited access to primary care and to behavioral health care, poverty and the link between chronic health conditions and chronic behavioral health conditions. The valuation study was prepared by professors H. Shelton Brown, Ph.D. and A. Hasanat Alamgir, Ph.D. both of the UT Houston School of Public Health and Thomas Bohman, Ph.D. of the UT Austin Center for Social Work Research based on a model that included quality‐adjusted life‐years (QALYs) and an extensive literature of similar interventions and cost savings and health outcomes related to those interventions. The QALY index incorporates costs averted when known (e.g., emergency room visits that are avoided).

A description of the method used, titled *Valuing Transformation Projects*, has been posted on the performing provider website which will be linked to [www.bbtrrails.org](http://www.bbtrrails.org/) under the Medicaid 1115 Transformation Waiver tab. A complete write‐up of the project will be available online.