**Category 1 Project Narrative**

**Bluebonnet Trails Community Services ‐ 126844305.1.3**

**Project Area, Option and Title:** 1.13.1 Develop and implement crisis stabilization services to address the identified gaps in the current community crisis system.

**RHP Project Identification Number:** 126844305.1.3

**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 Local Mental Health Authority (LMHA) for Burnet and Williamson Counties located within RHP 8 and for 6 other counties in adjacent Regions. They comprise 25% of the land mass but 54% of the population. Williamson County has nearly 50% of the population at 422,679. BTCS is the sole public behavioral health provider for all the counties it serves including those for youth.
* **Intervention:** BTCS will develop specialized Child Crisis Respite (CCR) to intervene with youth in crisis, diverting them from admission to hospitals or juvenile justice facilities. Our Child Crisis Respite project will foster children in need of intensive short‐term behavioral health services, but not in need of protection. Children receiving or eligible for Department of Family and Protective Services (DFPS) Foster Care are not in the target population for this project and, therefore, DFPS funding is not available for use for this project. No funding is available for children who are not in the CPS system but in need of crisis respite due to behavioral health crisis. We will establish placement resources to include foster homes, respite homes and emergency shelters in Williamson County and provide services to youth and families to stabilize the crisis and initiate ongoing services.
* **Project Status:** This is a new project. Not only are there not any CCR facilities, there are not any psychiatric stabilization facilities for youth in this region.
* **Project Need:** This project addresses RHP 8 Community Needs Assessment: CN. 2.3 ‐ Limited access for youth with severe emotional disturbances to behavioral health community crisis services in Williamson and Burnet Counties; and CN. 2.15 ‐ limited access to behavioral health services for adults and youth in Williamson and Burnet Counties who are involved in the adult and youth justice system.
* **Target Population:** The target population is high risk youth in behavioral health crisis the majority of them involved in Juvenile Justice; however, no incarcerated children will be admitted to the program. 39% of those admitted to Williamson County Juvenile Probation were diagnosed with behavioral health disorders. We will provide crisis respite for 30 youth annually based on the number of homes. BTCS served 1,292 youth in its 8 County region in FY 2012, 76% of the youth were eligible for CHIP or Medicaid. We expect over 80% of those benefitting from these services will be uninsured or enrolled in CHIP or Medicaid.
* **Category 1 or 2 Expected Project Benefit for Patients:** The project seeks to provide 730 crisis respite bed days in DY4 serving 16 youth; and to provide 1,460 crisis respite bed days in DY5 serving 30 youth. Our improvement measure is increasing the utilization of appropriate crisis alternatives and the metric is Target Population Reached; that will be 16 youth in DY4 and 30 youth in DY5. Local care that promotes family preservation is clearly a benefit to youth and families. The most appropriate crisis services are those that are local and responsive. Creating this option allows us to reduce out of county placement into residential and inpatient care in order to promote family participation and return to home for the youth. Improvement Milestone I‐12.1, increasing the utilization of appropriate crisis alternatives creates the opportunity to provide these patient benefits.
* **Category 3 Outcomes:** IT‐9.1: Our goal is to decrease in mental health admissions and readmissions to criminal justice settings; residential treatment out of County and detention services operated by Williamson County Juvenile Probation by a percentage TBD based on baseline established in DY3.
* **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 broader, transformative, 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. We consider this project to be transformative because it will create a local system of services that supports youth who experience behavioral health crises to stay connected to community and family. Currently the only option is for youth to be removed from their home region and any proximity to their families. This crisis option will allow families to work on therapeutic issues while the youth is safe and working on those issues as well. It promotes family preservation.

**Project** **Description:**

*Child Crisis Respite*

BTCS is the LMHA for Burnet and Williamson Counties located within RHP 8 and for 6 other counties in adjacent Regions. As the LMHA, we contract with the Department of State Health Services (DSHS) to provide specialty behavioral health services to children and adolescents with Serious Emotional Disturbance (SED) that DSHS identifies as the “priority population”. The Federal Definition for youth diagnosed with SED can be found at: [http://www.healthcare.uiowa.edu/icmh/documents/FederalDefinitionsofSMIandSED.doc.](http://www.healthcare.uiowa.edu/icmh/documents/FederalDefinitionsofSMIandSED.doc) Youth diagnosed with SED are generally having adjustment or functioning difficulties in more than one life domain and therefore experience crisis episodes that disrupt schools and families alike. BTCS proposes to develop a specialized Child Crisis Respite project that will be used to intervene with youth in crisis and divert them from admission to a psychiatric hospital or juvenile justice facility. The *Texas Criminal Justice Coalition ‐ Williamson County Juvenile Justice Data Sheet*, reveals that of the 869 youth between the ages of 10 and 17 who were referred to Texas Juvenile Justice Department, 39% or 335 of them were diagnosed with mental illness: [http://tcjc.redglue.com/sites/default/files/youth\_county\_data\_sheets/Williamson%20County%](http://tcjc.redglue.com/sites/default/files/youth_county_data_sheets/Williamson%20County%25)

20Data%20Sheet%20(Sep%202012).pdf.

The conclusion is that “Reducing the number of youth adjudicated to residential facilities can only be achieved if stakeholders strongly invest in ‘a consistent, county‐based continuum of effective interventions, supports, and services’.” BTCS and leadership in the County agree that a part of the continuum that is missing is a community based alternative for crisis stabilization for these youth. The placement resources in this project will be used to provide safe environments to begin reintegration and family reunification as an alternative to detention or hospitalization at the point of crisis, thereby diverting the youth from those higher levels of care. The placement resources will also be available for transition care upon discharge from hospital or residential facility, thereby shortening lengths of stay. In CCR, the positive aspects of the nurturing and a therapeutic environment are combined with active and structured treatment. Our CCR program provides, in a clinically effective and cost‐effective way, individualized and intensive treatment for children and adolescents who would otherwise be placed in institutional settings. BTCS is a member of the Mental Health Task Forces for Williamson County and they have identified a need for crisis services for youth from this area. Currently there are no behavioral health crisis options available in Williamson County.

**Goals and Relationship to Regional Goals:**

The goal of this proposal is to use CCR to provide crisis respite for youth in lieu of referral to a juvenile justice detention facility or a psychiatric hospital and to provide services that allow families and youth to remain together once the crisis is resolved. This community based respite alternative will be the foundation to successfully reintegrate youth with emotional and/or behavioral needs into their families—families who are trained to have the skills to meet those needs—and their communities.

**Project Goals:**

* Establish the Child Crisis Respite Program including identifying facilities and placement resources;
* Improve Clinical Resources to support services for families and youth; and
* Develop protocols to use to divert from residential care and to reunify after residential care.

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

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

The CCR program will safely reduce the number of children in out‐of‐home care and expedite permanency for children currently in out‐of‐home placements; effectively maintaining a child with emotional and/or behavioral needs in a family setting. Supporting effective growth and relationships of the child through an intensive support and treatment program, this program is designed to assist children transitioning to a less restrictive environment—and, ultimately, into a healthy family situation. We are committed to preserving families and support the following nationally recognized definition of permanency: an enduring family relationship that is safe and meant to last a lifetime; offers the legal right and social status of full family membership; provides for physical, emotional, social, cognitive, and spiritual well‐being; and assures lifelong connections to extended family, siblings, other significant adults, family history, traditions, race and ethnic heritage, culture, religion, and language. We believe that these family relationships help produce healthy and well‐adjusted adults which strengthens the safety and security of our communities.

**Challenges:**

A major challenge for this program will involve the regulation and infrastructure needed to operate Foster Care services and to develop the philosophy of care to carry it out. Another major challenge is the identification of suitable homes or facilities, suitable candidates for foster/respite parents and enhanced clinical expertise at the local clinic to carry out needed supports. We can address the challenge related to regulation and infrastructure because BTCS has reached agreement to collaborate with STARRY, a licensed Child Placing Agency that has been developing foster homes for several years. We will address the philosophy of care challenge by using resources related to the variety of evidenced based practices (EBP) that have been implemented in treatment foster care settings, as noted in *Evidenced Based Practices in Treatment Foster Care‐ a Resource Guide* produced by the Foster Family Based Treatment Association ([http://www.ffta.org/)](http://www.ffta.org/%29). Using the excellent reputation of BTCS we will initiate a strategy to provide enhanced community education and communication to recruit families and additional homes. We will provide specialized clinical training for foster/respite parents as specified in the licensure standards and will add licensed and certified clinical staff at the local BTCS clinics to provide professional support. The Community Needs Assessment for RHP 8 identifies poor access to mental/behavioral health services as a key health challenge for the region (see Section II of this Plan). We will need to make extra effort to resolve the provider shortage issues. We will use the innovative nature of this program as an inducement to recruit providers. We are confident that qualified professionals will want to participate in such a project.

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

Over the next 5 years, we expect the outcomes for the youth and families to be: higher success rate for reintegration from residential treatment facilities as evidenced by longer average tenure than currently recorded with their natural family after discharge; a reduction in removals and placements out of the Region by Juvenile Probation; and a reduction in inpatient psychiatric placements. Our improvement measure is increasing the utilization of appropriate crisis alternatives and the Metric is Target Population Reached; that will be 16 youth in DY4 and 30 youth in DY5. Local care that promotes family preservation is clearly a benefit to youth and families.

**Starting Point/Baseline**:

Currently no Child Crisis Respite program exists in Burnet of Williamson County; therefore, the baseline is 0 in DY2. We have some data related to the number of youth referred to juvenile justice and hospitalized in State Hospitals, but do not have comprehensive data on ED episodes, private hospital admissions. We will undertake to identify resources and methods to capture and share information across these various child serving agencies.

**Rationale:**

**Community Need Addressed:**

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

o CN.2.3 ‐ Limited access for youth with severe emotional disturbances to behavioral health community crisis services in Williamson and Burnet Counties; and

o CN.2.15 ‐ Limited access to behavioral health services for adults and youth in Williamson and Burnet Counties who are involved in the adult and youth justice system.

The CCR model involves placement of children experiencing emotional or behavioral disorders with specially trained respite providers who may be either foster parents, respite caregivers, or shelter staff. BTCS will develop sites in Williamson County and consider establishing sites in later years in Burnet County. All homes will have trained respite providers recruited from within the communities and professional support provided by licensed and certified staff currently working for BTCS outpatient sites in those counties. As mentioned earlier, CCR is not a part of the foster care program administered by the Department of Family and Protective Services. Our project is not designed for children in protective care and therefore, not eligible for DFPS foster care funding. Our target populations are frequently placed in residential care through juvenile probation but almost never placed in therapeutic home settings. We are proposing to use specially trained respite providers who are willing and able to work with youth who have intense behavioral health needs, and to wrap additional services around those youth using staff and resources available from our current operations. There is no foster care funding for this use of foster care. The respite providers offer a stable environment and safe, secure supervision. The respite provider and the professional service providers work together as a team with both youth and family. This team will provide a therapeutic environment that will enable children in the area to stay connected to their families and community while learning the skills and coping mechanisms needed to be successful. Professional support will also be provided to the parents and key family members to develop skills strengthening the family unit, supporting successful reunification. We selected this Project Area and Project Option because our goal is to implement a crisis response for youth that addresses identified community need. Caregivers and agencies involved with these children and adolescents have heretofore been left with few options other than to assess and transport to Austin or even farther outside of RHP 8 for admission to a hospital or secure residential facility for stabilization.

**Project Components:**

The Child Crisis Respite project will address all of the required core project components:

1. *Convene community stakeholders who can support the development of crisis stabilization services to conduct a gap analysis of the current community crisis system and develop a specific action plan that identifies specific crisis stabilization services to address identified gaps.* Our focus will be to work with stakeholders who are child serving agencies and to identify gaps that lead to referral to juvenile justice. We will convene community stakeholders during the remainder of FY 2013 to identify information needed to assess the gap in crisis services; the numbers of people removed by Juvenile Probation, taken to ED’s and admitted to private facilities.

*b) Analyze the current system of crisis stabilization services available in the community including capacity of each service, current utilization patterns, eligibility criteria and discharge criteria for each service.* We know that families transport their child to an Emergency Department in their own community or in Austin rather than contacting the LMHA because of the limited crisis response services and/or concern for the safety and security of their child and family. This creates a complex issue related to data identification and access. Working with community stakeholders and child serving agencies, we will identify tools to provide data to analyze the capacity for service, current utilization patterns and to identify the key characteristics of the people to be served.

*c) Assess the behavioral health needs of patients currently receiving crisis services.*

*Determine the types and volume of services needed to resolve crises in community‐based settings. Then conduct a gap analysis that will result in a data‐driven plan to develop specific community‐based crisis stabilization alternatives that will meet the behavioral health needs of the patients.* We will use the current staff to assess current needs of those who are now and have been detained in the last year.

*d) Explore potential crisis alternative service models and determine acceptable and feasible models for implementation.* Using the information from stakeholders, from capacity and utilization tools and from assessment of those detained, we will assess the intervention we are providing as to acceptability and feasibility to scale into other adjacent counties or to increase capacity in Region 8.

*e) Review the intervention(s) impact on access to and quality of behavioral health crisis stabilization services and identify “lessons learned,” opportunities to scale all or part of the intervention(s) to a broader patient population, and identify key challenges associated* *with expansion of the intervention(s), including special considerations for safety‐net* *populations.* Finally, we will review the intervention and the changes to identify lessons learned and adjust the model with respect to area, intensity and population. There is guidance available and we plan to take care that the evidenced based practice (EBP) approach will evolve from a thorough needs assessment process that considers how well it fits with the clients, the staff and the organization.

**Continuous Quality Improvement:**

BTCS is committed to continuous quality improvement and learning related to this project. We will establish quality improvement activities such as rapid cycle improvement and will perform other activities such as “lessons learned” and identifying project impacts. In addition, we are participating in a regional learning collaborative which shares information such as challenges, lessons learned and considerations for safety net populations.

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:** This project significantly enhances delivery system reform by enhancing the holistic health care approach of BTCS and its partners in Williamson and Burnet Counties. BTCS currently receives funds from U.S. Department of Health and Human Services (DHHS) to operate substance abuse Outreach Screening and Referral services in Williamson and several other counties, and Mental Health block grant funds for outpatient mental health services. Those DHHS funds will not be used for direct services; however, this project enhances and extends the care currently provided with Federal funds by a new and innovative approach to behavioral health crisis services. We are certain this intervention will improve the healthcare outcomes for entire community and improve the ability of these young people to become contributing members.

**Related Category 3 Outcome Measure:**

OD‐9 Right Care, Right Setting

IT‐ 9.1 Decrease in mental health admissions and readmissions to criminal justice settings such as jails or prisons.

Reason/Rationale for selecting the Outcome Measure:

Achieving the goal to establish a crisis stabilization alternative in the community will reduce the number of youth who are removed at the point of crisis due to having no other options. Although the Improvement Target references criminal justice it is understood that most youth are not admitted to criminal justice settings but to the various levels of the juvenile justice system to include residential treatment in a secure facility. Youth in crisis cause damage and are disruptive; frequently they are referred to juvenile justice for safety even though the problem is a mental health problem. Crisis stabilization available in the community will reduce those referrals and achieve this Outcome.

Baseline Information: The baseline rate established in DY3 was 0. Our baseline measurement period established in DY3 was 06/05/2014-09/30/2014. This baseline is currently flagged for a TA for clarification.

**Relationship to Other Projects:**

This enhances the Emergency Services Diversion project (#126844305.2.2) that BTCS is proposing. That project is focused on diversion of persons with behavioral health issues from EDs and inpatient care. This project adds a community resource which can be used as a tool by those persons involved in ED diversion. BTCS is also proposing to provide an expanded clinic in East Williamson County (#126844305.1.1) and this project will act as a crisis alternative when needed for those patients. We also anticipate that some high functioning individuals with Intellectual and Developmental Disabilities, especially youth with Autism, might require and access crisis respite services. Our IDD Assertive Community Treatment project (#126844305.2.3) is proposed in Pass 2 along with services to adults and youth in justice system and outpatient substance abuse services for adults and youth. These all fit together to continue building a continuum of care for youth with behavioral health needs in RHP 8.

**Relationship to Other Performing Provider 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 improving and adjusting 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.

**Project Valuation:**

The project seeks to provide crisis respite to 16 youth in DY4 and to provide crisis respite to 30 youth in DY5. These are very high intensity youth who otherwise would be removed from home and placed in a psychiatric hospital or residential treatment facility. Both of these options are expensive and separate the family from the treatment process and seriously reducing the chances for reunification with the family. 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 at performing provider site.