**Category 1 Project Narrative – Pass 2**

**Bluebonnet Trails Community Services – 126844305.1.4**

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

**RHP Project Identification Number:** 126844305.1.4

**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 in RHP 8 and for 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 is the sole public behavioral health provider in these Counties.
* **Intervention:** BTCS proposes to collaborate with Burnet County Sheriff’s Office and Seton Highland Lakes Medical Center to provide crisis assessment, referral and short‐term stabilization in Burnet County. To establish this service, a space near the Emergency Department (ED) of the Seton Highland Lakes Medical Center in Burnet, Texas will be renovated so that it is suitable for law enforcement and members of the community to bring individuals in need of crisis screening, assessment and stabilization. The space in Burnet, Texas extends the reach of crisis services within Burnet County. The service will be available 24-hours a day 7 days a week. The service will include the partnering with a specially-trained Mental Health Deputy within the Burnet County Sherriff’s Office.
* **Project Status:** This is a new project, no facility or service now exists in any of the Counties served by BTCS that accepts and evaluates adults on emergency detention orders.
* **Project Need:** There is no facility in the counties served by BTCS that accepts persons on Emergency Detention for assessment and stabilization and therefore people have to be transported to hospitals in Austin, Texas. This project addresses RHP 8 Community Need CN.2.4 – Limited access for children, adolescents and adults with serious mental illness to crisis services in Burnet County.
* **Target Population:** The target population is children, adolescents, and adults presenting a significant threat to the safety of self or others and exhibiting behaviors consistent with an acute psychiatric disorder. Of those served by BTCS in FY 2012, an average of 43% of adults were Medicaid‐eligible; 73% of BTCS clients were below the federal poverty level. We estimate that approximately 70% of those benefitting from this project will be poor, uninsured or underinsured. We expect to serve 200 people in DY4 and 300 in DY5.
* **Category 1 or 2 Expected Project Benefit for Patients:** The project provides access to behavioral health crisis services that are local and specific to these disorders. That access results in fewer hospitalizations for individuals, quicker recovery and stability in community living. Both the health and quality of life that individuals experience is improved when they can remain in the community and return quickly to productive community life. This directly addresses Improvement Milestone I‐12.1 utilization of appropriate crisis alternatives, even though the baseline for the number used to calculate the percentage increase is TBD in DY3. The project seeks to provide assessment and stabilization services to 200 people in DY4 and 300 people in DY5.
* **Category 3 Outcomes:** IT‐3.14: Our goal is to reduce the behavioral health 30-day readmission rate to hospital by a percentage TBD based on baseline established DY3. What the achievement of this goal means is to provide services to the target population of people who have experienced a crisis event and assist them in accessing community- based crisis services, as opposed to utilizing inpatient psychiatric facilities out of County or inappropriate Emergency Detentions. Community-based alternatives provide immediate intervention and symptom management, thereby providing improvement in functioning that is critical to individual outcomes. When the goals are achieved, program participants should experience a reduction in symptoms and a reduction in crisis events. We expect to serve 200 people in this community-based crisis alternative in DY4 and 300 people in DY5. Our goal is to serve people in the community. This not only represents a substantial savings over utilizing hospital and ED services, but more importantly improves the lives of those who otherwise would have go to a hospital out of County or spend wasted time in inappropriate ED settings. Currently hospital and EDs are the only options and re‐hospitalization occurs because care is remote, not timely and discharge and referral is difficult and often inadequate.
* **Collaboration:** There was not a TAMHSC allocation in Pass 2 and, therefore, was not used for a Pass 2 project.

**Project** **Description:**

*Crisis Assessment for Persons in Behavioral Health Crisis – Burnet County*

BTCS is the LMHA for Burnet and Williamson Counties in RHP 8 and for six adjacent Counties in three other RHPs. BTCS proposes to collaborate with Burnet County Sheriff’s Office and Seton Highland Lakes Medical Center to provide crisis assessment, referral and short-term stabilization in Burnet County. To establish this service, a space near the Emergency Department (ED) of the Medical Center in Burnet, Texas will be renovated so that it is suitable for law enforcement and crisis staff to provide services to individuals experiencing a crisis episode. Frequently, law enforcement will use this facility for persons who are being held under Emergency Detention and require evaluation to determine the best options for treatment and stabilization. The facility will be staffed by caseworkers, nursing and licensed professionals linked to psychiatric services via telemedicine. The project includes adding one Sherriff’s Deputy to serve as part of the Mobile Crisis Outreach Team working with the behavioral health professionals for BTCS and the health care staff of the Medical Center.

The facility will operate as an extended location within Burnet County where an individual’s urgent or emergent crisis care can be screened, assessed clinically, staffed and psychiatrically-supervised for immediate access to urgent or emergent medical evaluation and treatment 24- hours a day, 7 days a week. Individuals in crisis will be assessed and may receive medication and intensive and short‐term care, respite care and assisted transition into outpatient services and community resources. An advantage to locating this crisis assessment facility in the Medical Center is that it provides access to emergency care at all times and improves the capacity to safely and appropriately manage individuals with the serious psychiatric symptoms. Another advantage to the location is that it provides the opportunity to provide urgent care interventions for those who have come to the ED due to a behavioral health crisis but do not need the services of an ED. The facility space will be used to provide a safe environment for assessment of those in the custody of law enforcement and those who have come to the facility voluntarily or with family members or friends.

The proposal builds on the current crisis system established by BTCS and on the relationships with the Sherriff’s Office and the Medical Center. Over the last several years, BTCS has developed a crisis response system that includes: a 24-hour crisis line, crisis screening and assessment in every county and a 16-bed voluntary crisis respite facility in Georgetown, Texas. We have proposed DSRIP projects that add to that continuum including 48‐hour involuntary crisis observation unit in Georgetown, transitional housing guided by peer support in Round Rock and Crisis Respite for youth. The current and proposed elements of the continuum will be available for those assessed in this Crisis Assessment facility. Having these options will reduce the shorten lengths of stay in EDs, reduce utilization of psychiatric inpatient facilities and reduce the number of mentally ill who are taken to jail. This project reduces preventable readmissions to hospitals by providing a community alternative for assessment and referral to appropriate residential options. This behavioral assessment unit should be capable of addressing the needs of around 5 to 7 people at a time. That number will need to be assessed based on practice, number of step‐down alternatives and acuity of the individuals being assessed. The total number to be served will depend on the rate of crisis referrals and assessment request from the Medical Center ED.

BTCS reviewed data related to admissions to the State Hospital and to the voluntary Crisis Respite facility. We found a large percentage of the 218 year to date admissions to the State Hospital‐‐17% accounting for 37 of the 218 admissions‐‐were made without prior screening and authorization by BTCS, the LMHA. The Sheriff’s Office in Burnet County reports that they spend a great deal of time transporting individuals out of County for assessment and disposition. Also based on the electronic health record (EHR) for BTCS, there were 211 crisis screenings at the ED at the Medical Center. At times, the Deputies have no alternative but to transport for direct admission to the Austin State Hospital when, in their judgment, the individual needs further detention and thorough assessment. No suitable facility exists in Burnet County; therefore, the ED is being used, placing an undue burden on that facility.

Further analysis of those State Hospital admissions reveals a substantial number with very short lengths of stay, indicating that they were inappropriately admitted and might have been prevented with a community alternative for crisis assessment and referral. The number of individuals with lengths of stay less than 3 days reflects that 61 persons may have been inappropriately admitted year‐to‐date. When we reviewed the admission data for the voluntary Crisis Respite facility, it revealed that there were 252 admissions in FY 2012. Of those admissions, 13% were from EDs and local Hospitals; 8% were from the State Hospital; and 13% were from jail. Clearly, all of these individuals were candidates for thorough crisis assessment to determine the best referral option rather than expending valuable time and resources in the wrong setting. This project creates a local crisis assessment option that directly addresses the problems of wasted time for law enforcement to drive out of county for crisis assessment, long stays in the ED for those with behavioral health diagnoses and inappropriate referral and admission. It creates an option for law enforcement in lieu of jail, ED or State Hospital.

**Goals and Relationship to Regional Goals**:

The goals of this project are to improve the current crisis response system for behavioral health by developing a crisis assessment and referral facility to improve access to behavioral healthcare in the most appropriate and cost‐effective setting and to reduce unnecessary inpatient admissions, costly law enforcement trips and inappropriate incarceration or use of EDs.

**Project Goals:**

* Establish a crisis assessment and referral unit in Burnet County in partnership with the Sherriff’s Office and the Medical Center.
* Develop a professional team and a mobile team including a Mental Health Deputy to provide assessment and disposition.
* Provide this crisis service in a safe environment that allows for individuals in custody and under an Emergency Detention order to be detained and assessed.
* Reduce or eliminate the inappropriate utilization, by individuals with mental illness, of ED’s, jails, private hospitals and the State Hospital for short stays.

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

* Increasing coordination of prevention and care for residents, including those with behavioral or mental health needs.
* Reducing inappropriate utilization of services.

We are proposing this project in Burnet County because there are no specially-designated and trained Mental Health Deputies in this County and over 50% of the crisis screenings are now done at the ED. There is a sufficient volume of crisis events in Burnet County for the Sheriff to request a specially-trained officer to respond and transport. This project is an important part of the crisis services continuum in RHP 8, for BTCS and especially for the people of Burnet County.

**Challenges:**

The primary challenge for this project will be to create a seamless system of communication and collaboration among the partner entities: BTCS, Burnet County Sheriff’s Office and Seton Highland Lakes Medical Center. Each entity has its own set of rules and guidelines to work within, but each will need to find ways to meet current requirements and to achieve the objective of safely and efficiently assessing, referring and finding adequate placement for those in crisis or diverted from the ED. We will address this challenge by jointly designing the processes and protocols for the assessment facility and then holding operational meetings very frequently at first, to identify and eliminate problems with the processes. A second challenge is to engage other local law enforcement agencies, especially in the Cities of Burnet and Marble Falls, and other healthcare providers so that they are informed and comfortable referring or bringing individuals in crisis to this unit. We plan to continue current community outreach and education and to add additional communication and education meetings for the first year of the project to foster acceptance and use of the services.

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

Over the next 5 years, we expect the outcomes to include reduction of hospitalizations for persons who are currently admitted for very short stays, reduction of the length of stay in the ED for those presenting with a primary or secondary behavioral health diagnosis (including substance abuse diagnoses) and reduction in inappropriate incarceration of the mentally ill.

**Starting Point/Baseline:**

Currently, no crisis assessment unit exists in Burnet County; therefore, the baseline is 0 in DY2. We do not have the data to estimate the number of people who were admitted to jail inappropriately and who were admitted to private psychiatric facilities in adjacent Counties. We do know the number assessed in EDs but do not have length of stay or wait time data. A major effort is needed during DY2 to identify the extent of the resources needed and ensure that the intervention is appropriate and adequate. We will use the number of admissions into the State Hospital System and Psychiatric Inpatient Units during FY 2012, screenings at the ED and length of stay in the Medical Center ED as our baseline for the performance indicators.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.2 – Limited access to mental health/behavioral health services
* Specific Community Need: CN.2.4 – Limited access for serious mentally ill adults to crisis services in Burnet County

A safe community based crisis assessment alternative will give law enforcement officers and crisis responder’s new tools to provide a thorough assessment and resolve issues locally. It also supports better assessment and diversion of individuals from the ED thereby decongesting and improving access to emergency care for those who truly need that service. Internal reports from the BTCS medical record, Anasazi, indicate that there were 418 crisis screenings performed in Burnet County over the last 12 months. Over half of those, 211, were performed at an ED. The second largest number of screenings, 77, was performed at the jail. This indicates the need to locate a robust crisis screening and assessment unit in this County. BTCS participates in the Mental Health Task force for Williamson County and this group of leaders and health care professionals report that individuals with mental illness are taken inappropriately to EDs, jail and the State Hospital. Other than the data reported above related to admissions to the voluntary Crisis Respite facility, the community need being expressed is, to a certain extent, anecdotal. However, it is clear that we need to begin offering a community based crisis stabilization option even as we address the core components of this Project Option.

**Project Components:**

This project is to provide Crisis Assessment services for children, adolescents, and adults and will address all of the required core project components:

a*) 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.* We will work in cooperation with Burnet County Sheriff’s Office and the Medical Center staff to convene other healthcare and law enforcement stakeholders to identify gaps that lead to inappropriate admission to jail, EDs and short term stays in psychiatric hospitals. We will convene these community stakeholders during the remainder of FY 2013 to identify information needed to assess the gap in crisis services and assess root causes of inappropriate resource utilization.

*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 will work closely with the Burnet County Sheriff’s Office to review and analyze records from the prior year concerning law enforcement transports to and from EDs in their own community and in Austin. In partnership with the Sherriff’s Office and the Medical Center, we will engage other healthcare providers, law enforcement and emergency responders to assess the elements of the current crisis system.

*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 BTCS staff to assess admissions and dispositions to voluntary Crisis Respite and to all psychiatric facilities in the area. We will focus on those detained and transported during the last year.

*d) Explore potential crisis alternative service models and determine acceptable and feasible* *models for implementation.* Using the information gathered concerning client needs and current crisis response patterns, we will redesign the communication and transport flow with the Sherriff’s Office and the Medical Center. We will then identify tools and agreements needed to expand the use of the unit by all stakeholders in the County. We will use that information to recommend next steps for RHP 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.*

We will review the impact of the Crisis Assessment facility in relation to the other elements of the crisis response continuum, identify lessons learned and adjust the model with respect to area, intensity and population.

**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 provides crisis assessment services to enhance the initiatives currently funded by the U.S. Department of Health and Human Services (DHHS). BTCS receives funds to operate substance abuse Outreach Screening Assessment and Referral (OSAR) services in Burnet and Williamson Counties 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 in this project; however, this project enhances and extends the care currently provided with those Federal funds by providing a local option to address crisis needs. We believe this crisis service will improve the healthcare outcomes for the entire community, relieve pressure on law enforcement and local EDs and promote stable community tenure for individuals receiving services.

**Related Category 3 Outcome Measure:**

* OD‐3 Potentially Preventable Re‐Admissions‐ 30 day Readmission Rates (PPRs)
	+ IT‐3.14 Behavioral Health /Substance Abuse 30 day readmission rate

Reasons/rationale for selecting the outcome measure: Readmissions to psychiatric facilities are driven by a number of circumstances surrounding the initial hospital stay. Those include the accuracy of the assessment of acuity, early release, poor or hurried discharge planning, inadequate knowledge of community resources and inadequate resources to accommodate a sound community placement. Creating the option to provide a thorough screening and evaluation in the community provides the opportunity to address several of these drivers. We can provide timely evaluations and quick stabilization linked to community follow-up. We know the community resources, including housing and treatment options. It also gives us the chance to intervene with those who otherwise would be readmitted rather than getting community help. Admissions to inpatient settings should be more appropriate and readmissions reduced. This rate will be coupled with Stretch Activity CMHC.1, which is a best practice targeted to those who are admitted to inpatient settings. Our activities will improve timely and effective follow up after discharge to engage the person in community services. This metric focuses on a 7-day follow up for individuals discharging from the hospital and we expect it to further reduce readmissions.

Baseline Information: The baseline rate established for IT-3.14 in DY3 was 6.04%. Our baseline measurement period established in DY3 was 09/01/2013-08/31/2014. The baseline rate established for the CMHC.1 metric was 87%.

**Relationship to Other Projects:**

This enhances additional projects that BTCS is pursuing related to Child Crisis Respite (#126844305.1.2) and Emergency Services Diversion (#126844305.2.2) in that it provides a site for thorough screening and assessment. We expect the other projects will demonstrate improved outcomes due to availability of crisis screening provided in the communities in which people live. It both supports and relies on Crisis Stabilization (#126844305.1.2) and the Transitional Housing (#126844305.2.1) projects which provide a place for people to stabilize and/or continue recovery in the community after stabilization is achieved. This option relies on expansion of Substance Abuse Services Adult and Youth in Williamson and especially Burnet County (#126844305.1.5) since some will need referral for that service.

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

This project is somewhat related to Central Counties crisis respite project (#081771001.1.4), Hill Country MHDD’s Co‐occurring Psychiatric and Substance Abuse Disorder project (#133340307.2.1) and Trauma-Informed Care (#1333403007.2.2).

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. The exchange of ideas through both developing and existing relationships will keep the line of communication open and will help us adjust and refine our programs and approaches to behavioral health care.

**Project Valuation:**

We expect to serve 200 people in this community-based crisis alternative in DY4 and 300 people in DY5. Our goal is to increase utilization by 10% in DY4 and 15% in DY5. Serving people in the community is a substantial savings over using hospital and ED, which are now the only options.

It also clearly provides benefit to the individual by timely access to care to help achieve symptom relief and improved functioning. 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.