**Category 1 Project Narrative – Pass 2**

**Bluebonnet Trails Community Services – 126844305.1.5**

**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:** 126844305.1.5

**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 responsible for an array of public behavioral health services as well as for behavioral health planning and coordination throughout our local service area.
* **Intervention:** BTCS will establish outpatient substance abuse treatment sites in Georgetown, Round Rock and Marble Falls to meet the needs of a growing population, especially the poor, under or uninsured. The sites will be in our current facilities and will be licensed for supportive outpatient and intensive outpatient services.
* **Project Status:** BTCS currently does not provide direct substance abuse treatment services, only assessment and referral. There are no intensive outpatient substance abuse programs in Williamson and Burnet County.
* **Project Need:** This project addresses RHP 8 Community Need CN. 2.5: Limited access to behavioral health services, primarily substance abuse services for adults and youth who are poor and under and uninsured populations in need of outpatient and intensive outpatient care in Burnet and Williamson Counties. Those without resources cannot travel into Austin for services to achieve and maintain sobriety.
* **Target Population:** Target population is community referrals, and those referred from ED’s in need of outpatient substance abuse services. BTCS served over 7,769 individuals with behavioral health disorders in FY 2012. An average of 43% of adults were Medicaid‐eligible; 76% of youth were eligible for CHIP or Medicaid and 73% of BTCS clients were below the federal poverty level. Approximately 70% of those benefitting from this project will be poor, under or uninsured. We expect to serve 700 a year by DY5.
* **Category 1 or 2 Expected Project Benefit for Patients:** The project reduces inappropriate use of EDs by this population which improves their lives through stable services in a medical home; and improves community health by opening access for those who truly need ED services. The project seeks to provide services to 350 people in DY4 and 700 in DY5 at these new sites in Williamson and Burnet Counties. Providing services locally reduces ED utilization by reducing crises that stem from service gaps. Local services also improve treatment adherence and therefore satisfaction with access. Improvement Milestone I‐X is the number of patient interventions in these new community based settings.
* **Category 3 Outcomes:** IT‐11.8: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment. The goal of this project is to increase access to treatment and to provide treatment services for those who are identified as both needing and wanting Substance Use services.
* **Collaboration:** There was not a TAMHSC allocation in Pass 2 and, therefore, was not used for a Pass 2 project.

**Project** **Description:**

*Outpatient Substance Addiction Services for Adult and Youth*

BTCS is the LMHA for Burnet and Williamson Counties in RHP 8 and for six adjacent Counties in three other RHPs. In that capacity, we are responsible for an array of public behavioral health services as well as for behavioral health planning and coordination throughout our local service area. That responsibility includes identifying gaps in service or barriers to access for persons residing in the area. BTCS proposes to establish outpatient substance abuse treatment sites in Georgetown, Round Rock and Marble Falls to meet the needs of a growing population, especially the poor, uninsured and/or underinsured. The services will be located in our current facilities in those cities and those sites will be licensed for both supportive outpatient counseling and intensive outpatient services. To accomplish this expansion of services we will renovate the spaces to prepare them for Facility Licensure, recruit and hire licensed counselors and prepare policies procedures and treatment protocols.

The goal of this project is to allow people who have limited resources to access intensive outpatient and supportive counseling substance abuse services in their home county. Many of these individuals will need this access following a detoxification stay in Travis County or after an Emergency Department (ED) visit in their home county or Travis County. Access to outpatient treatment following detoxification is essential to recovery. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Office of Applied Studies, “Admissions to detoxification treatment represent a special category of admissions. They are generally initiated because of an acute need for medical care. Detoxification is ideally followed by a transfer to outpatient or rehabilitation/residential treatment” (SAMHSA, Office of Applied Studies. *Treatment Episode Data Set (TEDS): 1997‐2007. National Admissions to Substance Abuse Treatment Services*, DASIS Series: S‐47, DHHS Publication No. (SMA) 09‐4379, Rockville, MD, 2009). The relapse rate for those in treatment for substance use disorder is 40% to 60% and the variation in rate depends largely on the length of time sobriety is maintained following detoxification. The intensive outpatient substance abuse program and the supportive counseling services are well known in the industry and follow specific licensure and curriculum requirements. An intensive outpatient program will be provided four to six hours a day five days a week in group settings. Supportive outpatient services will be provided in group and individual sessions based on the stage of recovery and needs of the clients. We will provide psycho‐education, peer support groups, solution-focused and multi‐faceted approach to care to include motivational interviewing, co‐occurring psychiatric and substance use disorder services. We expect the variety of services available, responsiveness of the design, staffing and locations to improve behavioral health functioning outcomes and significantly improve satisfaction. This project builds on the expertise and resources of BTCS related to services for the individuals with substance use disorders. When these sites are fully operational, they will serve a total of 700 a year. Individual progress and treatment outcomes will be documented in the electronic health record, Anasazi, and available for summary reporting as required.

**Goals and Relationship to Regional Goals:**

The goal of the expansion is to add intensive and supportive outpatient substance abuse services in Burnet and Williamson County. With this expansion, we expect to improve health outcomes for persons in this area who now have limited access to behavioral health services. A challenge facing individuals in Williamson and Burnet County is that there are no intensive outpatient substance abuse programs in the area. To receive services people must travel into 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 Department of State Health Services (DSHS) programs. Substance abuse treatment is limited and frequently unavailable even though the disorder is prevalent among those requesting services.

**Project Goals:**

* Establish intensive outpatient and supportive outpatient substance abuse services in Williamson and Burnet County.
* Provide behavioral health care that is multi‐disciplinary, recovery oriented and comprehensive.
* Provide behavioral health care, specific to substance use disorders, 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 substance abuse and mental health care for residents.

**Challenges:**

The primary challenges for this project are to gain community acceptance as a provider of comprehensive substance abuse treatment services and to receive referrals from a broad range of community sources. Currently BTCS is known as the authority for substance abuse services and provides referrals for state‐funded treatment. BTCS must become accepted as a comprehensive treatment provider by the community and by referring providers. The ‘Treatment Episode Data Set’ cited above indicates that nationally 37% of the referrals to treatment are from criminal justice agencies and 33% are self‐referrals. We can license and offer a comprehensive range of services for adults and youth and a behavioral health team that is accessible, responsive and integrated into the community. This program will be successful only if referrals are forthcoming. We believe that establishing the services in our current locations will help with acceptance. Also, we have excellent relationships with justice entities and will use those relationships to achieve referrals. We will continue to participate in community task force meetings and forums to promote treatment and recovery as well as promote the success of treatment to the public.

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

BTCS’ goals are to establish outpatient substance abuse treatment sites in the two Counties and for a greater diversity of people with substance use disorders to be served in Williamson and Burnet County. We expect the outcome to be a greater acceptance of these treatment options as the sites are established in the community. We expect to see a growing level of satisfaction related to getting care quickly; integrated behavioral health care, cultural competency and perceived improvement in functioning. We believe that a successful program will reduce disparity in treatment for the poor and uninsured/underinsured and lead to a healthier more productive community. Over the next five years we expect the increase in the number of people accessing outpatient substance use disorder treatment to reach a capacity of 700 people served a year for Williamson and Burnet County residents. The goals stated above related to establishing this new service and educating the community about the need for intervention and treatment will directly affect achievement of the outcomes. The outcome expected is an increase in the quality of life for citizens of these Counties who access services.

**Starting Point/Baseline:**

This is a new project for BTCS in Burnet and Williamson County. There is no program for substance abuse treatment that targets the poor and uninsured in Williamson or Burnet County and therefore the baseline for DY2 is 0. We do not have current data to identify those from Burnet and Williamson County who are accessing detoxification and ED services due to substance abuse disorders, but an important first step in this project will be to identify a means of gathering and tracking that data. We are also aware that we must secure licensure for intensive outpatient substance abuse services.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.2 ‐Limited Access to Mental Health/Behavioral Health Services
* Specific Community Need: CN.2.5 ‐ Limited access to behavioral health services, primarily substance abuse services for adults and youth who are poor and under & un‐uninsured populations in need of outpatient and intensive outpatient care in Burnet and Williamson Counties.

The primary intent of this project is to establish new substance abuse service locations in underserved areas. There are no substance abuse providers in Williamson or Burnet County that focus on providing services to the poor and uninsured. Locating services locally will increase utilization, eliminating the barrier of travel into Travis County that prevents the economically disadvantaged from accessing care. Through meetings with community stakeholders and participation in the Williamson County Mental Health Task Force and the Burnet County Mental Health Task Force, BTCS has identified that there is a lack of access to behavioral health care services in those Counties resulting in part from provider shortages and lack of insurance coverage. One of the most pressing deficiencies identified is lack of access to outpatient substance abuse treatment especially for the poor and uninsured or underinsured. By establishing intensive outpatient and supportive outpatient substance abuse treatment services in Williamson and Burnet County we will provide access for persons who have been diagnosed with and require treatment for substance use disorders. According to the Williamson and Burnet County Community Needs Assessment (<http://www.wbco.net/pdf/2011%20Community%20Needs%20Assessment.pdf>), Williamson County is one of the fastest growing counties in the state. It grew by 69% from 2000 to 2010. Both Burnet and Williamson Counties have a gap between segments of the population that leads to health care disparity. Areas of Williamson County have a population percentage below poverty of only 5.5% while other areas have a rate of 19.5% which is above the state average of 16.5%. Burnet County only grew by 22.5% during the same period but is picking up pace now. That county also shows a disparity in income, with the percentage below poverty being around 8% but in the segment of the population, female heads of household with children, it is 15%-- slightly below the state average. According to the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Survey on Drug Use and Health, 23.5 million persons aged 12 or older needed treatment for an illicit drug or alcohol abuse problem in 2009 (9.3% of persons aged 12 or older); of these, only 2.6 million—11.2% of those who needed treatment—received it at a specialty facility: <http://www.drugabuse.gov/publications/drugfacts/treatment>‐statistics

When access is problematic, the difficult decision to seek treatment is deferred or the problem denied. 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 of these are identified needs in this area. One critical disparity identified for RHP 8 is scarcity of behavioral health services throughout the region and 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 Medicaid‐ eligible 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. 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.

**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:

a*) 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.* We know that our current locations do not offer substance abuse services and that there are none in these counties for the poor and uninsured/underinsured. As we open for services, we will use satisfaction surveys and information from patients and families to determine how to eliminate barriers to service access.

b) *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 EDs and inpatient psychiatric care. We will assess the results and make improvements in the operation of this intensive outpatient service option as well as the supportive counseling service. We will hold community planning meetings with providers, patient advocates and community leaders in a number of communities to assess expansion opportunities.

We choose Milestones and Metrics for DY2 and 3 that represent the developmental nature of this new service. We will measure and report the development of policies and procedures, hiring staff and establishing the service. We know that achieving referrals and community acceptance is important to be able to serve the target population. Once the service is established and the referral base secure, we will measure reduction in use of ED and detoxification facilities as the Milestone and Metric for DY5.

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:** BTCS receives funds from U.S. Department of Health and Human Services (DHHS) including Substance Abuse Prevention and Treatment Block Grant used to operate substance abuse Outreach Screening and Referral services in Williamson, Burnet and several other counties; and Community Mental Health services block grant used for outpatient mental health services. These DHHS funds will not be used for direct services in this project; however, participants could be referred and treated in those other programs ongoing or upon discharge. This project enhances and extends those services in the community. Many persons with a mental health diagnosis also have a co‐ occurring substance use disorder and as indicated, there are no substance abuse services that are primarily for the poor and uninsured/underinsured. This project would continue the current direction of BTCS and provide integrated care; and to improve access in rural areas, for low income individuals and for everyone who requests and needs services.

**Related Category 3 Outcome Measure:**

OD‐ 11 Behavioral Health/Substance Abuse Care

IT‐11.8 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Reasons/rationale for selecting the outcome measure:

This is a stand‐alone measure. We selected this measure because the goal of this project is to help people with substance use disorders. We aim to increase access to treatment and to provide treatment services for those who are identified as both needing and wanting Substance Use services. Our goal is to achieve this metric in accordance with the improvement measure specifications and calculation methodology set forth for P4P measures, by a gap reduction of 10% compared to baseline in DY4 and by a gap reduction of 20% compared to baseline in DY5.

Baseline Information: The baseline rate established in DY3 rate 1 was 84.71% and for rate 2 was 71.76%. Our baseline measurement period established in DY3 was 10/01/2013-07/15/2014. This baseline has been identified as above HPL and has therefore been flagged for TA with HHSC. We anticipate further discussion on future Category 3 metrics.

**Relationship to Other Projects:**

This enhances additional projects that BTCS is pursuing including: Crisis Stabilization 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 offering the option of housing within the home community if needed.

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

While this project shares a number of things in common with other LMHA’s, the project Hill Country MHDD is planning regarding Co‐occurring Psychiatric and Substance Use Disorders (#133340307.2.1) is the most similar.

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. In an effort to ensure the exchange of ideas, the Williamson County Mental Health Task Force will be the primary conduit for our planning discussions.

**Project Valuation:**

The project reduces inappropriate use of ED by this population which improves their lives through stable services in a medical home; and improves community health by opening access for those who truly need ED. The project seeks to provide services to 350 people in DY4 and 700 in DY5 at these new sites in Williamson and Burnet County. 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.