**Category 1 Project Narrative**

**Central Counties Services – 081771001.1.1**

**Project Area, Option and Title:** 1.1.1. Establish more primary care clinics

**RHP Project Identification Number:** 081771001.1.1

**Performing Provider Name:** Central Counties Services

**Performing Provider TPI #:** 081771001

**Project Summary:**

* **Provider Description:** Central Counties Services (Center) is an agency of the state providing publicly-funded adult/child mental health, intellectual and developmental disability (IDD), and early childhood intervention services for 3 RHP 8 Counties (Bell, Lampasas, Milam = 2,789 square miles/352,218 population) and 2 RHP 16 Counties (Coryell, Hamilton = 1,8878 square miles/91,250 population). The Center as the Single Portal Authority authorizes state psychiatric hospital and IDD state living Center admissions. In FY2012, the Center helped 8,000 people with 240,000+ units of service. The Texas Department of State Health Services (DSHS) deemed all Center clinics as serving Medically Underserved Populations (MUP).
* **Intervention:** This project will provide school-based mental health services for children (K-5th grade) who have difficulty adjusting to the classroom environment due to emotional/behavioral problems. Counseling services may include the child’s family. Services will be provided in Temple Independent School District (TISD) elementary schools.
* **Project Status:** This is a new project.
* **Project Need:** In FY2012, TISD had a grade retention rate for children K-5 of 4%, almost twice the state average retention rate (2.4%). The TISD staff identified 222 children in K-5(excluding special education children) who adjusted poorly to the classroom setting due to emotional/behavioral problems. See also CN2.7: Lack of school-based behavioral health services in Temple.
* **Target Population:** 222 children were identified in school year 2011-2012 as needing this service. The exact number of children who have Medicaid in this new project is unknown. Kids Counts from 2010 indicated that 24.2% of Bell County children were Medicaid clients in 2010. In addition, 80% of the children in K-3 at TISD participate in the subsidized/free meals program. It is anticipated the children the program serves will be at least similar to the Kids Counts figures, if not higher.
* **Category 1 or 2 Expected Project Benefit for Patients:** This project will help children address emotional/behavioral problems experienced in the classroom with the goal of moving children from being poorly-adjusted to being evaluated as moderately or well-adjusted to the classroom setting. Patient satisfaction with school-based mental health services is expected to improve each year the service is offered (see Improvement Milestone I-11.1). The goal will equate to a satisfaction survey that is 20 questions scored on a 100 point scale with the average score of 1-3 = poorly satisfied; 4 = moderately satisfied; & 5 = highly satisfied. The Center would expect the number of children who score in the moderate to high satisfaction range to increase from DY3-DY5 (50%, 60%, and 70% respectively), with satisfied children meaning there is positive value in the services.) This project is expected to provide 2,500 service encounters in DY-3, 3,000 service encounters in DY-4, and 3,500 services encounters in DY-5 for a cumulative (DY-3: 2500 encounters: + DY-4: 3,000 encounters: + DY-5: +3,500 encounters = 9,000) QPI of 9,000 encounters for this project.
* **Category 3 Outcomes:** IT-11.26.d: Improve quality of life functioning/level of adaptation to their school learning environment – DY4 to be 15% improvement above the baseline, and DY5 to be 25% above the baseline scores. The impact of behavioral changes for many children will make a higher quality of life, social and vocational difference in the 70 plus years for each child (14,700 person-years) that follow these effective interventions and skill development activities.
* **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. This new service for the region will be truly transformational for these children in that those children served will have increased academic achievement and vocational achievement for 70+ years for each child whose school-setting adjustment improves in these first years of school. The program intends to document this new service in a manner that it can be duplicated in other schools in the area, and throughout the state.

**Project Description:**

*School-based behavioral health services*

The Center will work with TISD to develop a behavioral health adjustment evaluation tool based on each child's behavior, attendance, and academic performance. This tool will then be applied to all kindergarten through fifth grade students (total of 4,228 children last school year) in TISD and will reflect a) those students who are well adjusted to scholastic achievement, b) those students who are moderately well adjusted to scholastic achievement, and c) those students who are poorly adjusted to scholastic achievement (222 K-5th grade children identified as such in school year 2010-2011).

For this project, the Center will employ 6 properly trained and credentialed clinical staff who will be housed within the different elementary schools of TISD to work with the TISD children identified as poorly adjusted to the scholastic environment/scholastic achievement goals. The staff will connect with the Center’s health record system or custom forms created by the project, which will document each child’s assessment, improvement plans and progress towards individual improvement goals. The children will be referred to this in-school clinic by TISD staff and will be jointly staffed with the assigned school counselor, the child’s teacher, and the attendance officer of that school (child’s guidance team). The Center staff will observe the children in the classroom setting and meet with the parent(s) to discuss the child’s adaptation difficulties. The child’s quality of life inventory will be completed by the appropriate parties upon enrollment to establish a base-line measure by which to measure improvement in the child’s quality of life. This will give the clinical staff another perspective on the child’s adaptive skills and deficits and will serve as a core element in shaping the clinical/social interventions chosen for each child. An individualized improvement plan will be developed and reviewed with the child’s guidance team, the child’s parent(s), and the child. The improvement plan will include such elements as: individual/group skill building activities to improve coping skills, attention to tasks, etc., role playing, social situation rehearsing, focused interventions to extinguish certain behaviors, while teaching alternate, more appropriate behaviors, family counseling, parent education, and other efforts to improve, when possible, the child's support in the home environment as well, etc. The child’s parent(s) and teacher will be advised of the child’s improvement plan content and goals and will be advised how parents and teachers can support the child’s improvement efforts in the classroom and at home. Each child’s progress towards improving his/her quality of life will be assessed upon enrollment and at the time of clinical discharge or at the end of the school year, whichever comes first. (Clinical discharge occurs when the child has demonstrated improved classroom behavioral functioning as determined by the teacher or parent or on the basis of the child’s quality of life scores. If the child moves abruptly from the area, is non-compliant, or is referred elsewhere within the school system, this is not considered a clinical discharge.) It is expected that each child served by this project will steadily improve level of school adjustment/functioning each time that it is measured (See Category 3 Outcomes section below) with an age-appropriate quality of life inventory. These assessments will be shared with the child’s guidance team and the child’s personal improvement plan will be adjusted accordingly to guide the child’s continued improvement.

The school-based behavioral health services will be designed to work with the children identified by the TISD staff as poorly adjusted to scholastic achievement, with the goal of moving 20% of the children evaluated as poorly adjusted up to the moderately adjusted category during the first full school year (2013-2014). It is expected that children with the poorest personal adjustment to the school setting/scholastic learning environment will stay enrolled in these services until an improvement in scores moves the child to the moderately well-adjusted group of children. This project should also have an impact of reducing the number of children held back in their grade due to behavioral/mental adjustment-related problems (TISD held back 4% of its K-5th grade students in the 2010-2011 school year compared to the state average of 2.95% being held back for these same grades). The 6 credentialed behavioral health staff who are trained in child mental health and behavioral counseling would work with the children identified as poorly adjusted scholastically to improve each identified.

**Continuous Quality Improvement**:

The Center is committed to continuous quality improvement and learning related to this project. The Center 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, the center is participating in a regional learning collaborative which shares information such as challenges, lessons learned and considerations for safety net populations. This project will also seek frequent satisfaction feedback from the students, family and other third party stakeholders regarding ways to improve the service engagement of the child and the family. The patient satisfaction survey will be administered 30 days after enrollment and by time of clinical discharge (see above) or at the end of the school year, whichever comes first. Initial resistance to these services is seen as a potential challenge/ barrier to children using these services, and this “plan, do, study, act” rapid assessment and process improvement efforts.

**Goals and Relationship to Regional Goals:**

**Project Goals:**

Expand the capacity of/access to behavioral health services for children K-5th in TISD setting who are poorly adjusted to scholastic achievement due to personal or familial behavioral health problems in order to assist these children to improve the ability to successfully function in the school environment. Provide early intervention for behavioral health problems of young children which is often more successful than a later intervention, and is accomplished at less personal quality of life costs for the individual, as well as less financial cost to successfully intervene/reduce/resolve the behavioral health problem.

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

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

**Challenges**:

The project may see some initial resistance on the part of parent(s) to allow the child to participate in services, and some reluctance on the part of the parent(s) to participate in these services due to the stigma associated with behavioral health problems/services. The clinical staff plan to put together a simply-worded brochure for the use of teachers and to be sent to parents. It will describe the benefits of this behavioral health school-based project and how to access these services. The clinical staff plan to closely monitor the patient/parent(s) satisfaction/dissatisfaction with service aspects to increase this project’s ability to engage both children and parents in addressing these behavioral health problems that affect each child’s ability to perform well in school.

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

Progressively assist those children served by this school-based project to increase personal quality of life functioning in the school environment and ability to successfully move up to the next grade level along with the children of same age group. By having this school-based behavioral health clinic in place for four consecutive years, a dramatic reduction of the number of children experiencing school adjustment-type behavioral problems as they enter the sixth grade should be seen. This school-based behavioral health clinic should have a dramatic effect on lowering the number of children who do not pass to the next grade. By DY5 the number children retained in grade 5 should be significantly below the state average (2.4%) for children being retained in grade5.

**Starting Point/Baseline:**

Within the first several months of this project,TISD staff and staff hired by this project will develop an evaluation tool/process to assess how well children are adapting to the school environment. This evaluation tool/process will be applied to all children in TISD grade K-5 (approximately 4,200) to determine level of functioning in the school environment. This process will establish the number of children assessed as poorly adjusted to scholastic achievement, and will establish a scholastic adjustment score. Those children with the lowest scholastic adjustment scores will be the first children to be referred to the school-based behavioral health clinic staff. The children selected for referral to this project will then have an age-appropriate quality-of-life survey completed. The child’s score/rating on this quality-of-life survey will serve as that child’s baseline score/ranking for measuring future progress.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.2 - Limited access to mental health/behavioral health services
* Specific Community Need: CN.2.7 - Lack of school-based behavioral health services in the TISD

The Center has a child/adolescent behavioral health clinic in Temple. The Temple clinic serves about 180 children and has a waiting list for children/families seeking our services. The majority of our patients at this clinic are 10 years old and above. The Center finds that many families bring the child who has behavioral adjustment problems to the clinic almost as a last resort. The parents have exhausted the family’s network resources in attempts to cope with the multi-problem child. At this time, unfortunately, the project identifies that these children with severe problems often have very young parents who lack mature adult coping skills. The Center has long desired to find a way to intervene with these children and families of the children at earlier stages of the problems, before the child and parents adopt such oppositional ways of relating around the problem behaviors.

When the 1115 Waiver was approved for Texas, Central Counties Services approached the TISD Superintendent to determine if there were any ways that the center could implement school-based child behavioral health services for the youngest children in TISD and that discussion led to the development of this project which will focus on the youngest children in the TISD system. 4,228 K- 5th students were in the TISD system in school year 2011-2012, and 5.2% of these children were retained in the current grade, compared with the state of Texas average rate of 2.9% retention for children in these same grades. The TISD staff informally identified 222 students in these 6 grades who were poorly adjusted to the school environment and the scholastic expectations for learning achievement. The TISD staff informally evaluated all of these 222 students of having personal or family behavioral health problems that were affecting the child’s ability to function well in the school environment. These young children are just developing social-relational skills, behavior patterns and school attitudes and have the most potential to benefit from behavioral health intervention, skill building activities and their parents can be the most motivated to make changes to increase appropriate family support. School-based behavioral health services have “been shown to be effective because the health care is located conveniently for patients and is in a setting that is familiar and may feel ‘safe’ (see RHP Planning Protocol, p. 11, P-2.1.c.).” Such school-based services are viewed with less stigma than community-based behavioral health services. Effective early behavioral health intervention with these young children can have a very profound positive impact on educational experience and vocational success as young adults.

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

This project does not supplant any services or funds currently provided to Central Counties Services through the U.S. Department of Health and Human Services or the Texas Department of State Health Services. These services proposed to be provided under this project serve to enhance, but not duplicate, the services provided by our Center to persons with severe and persistent behavioral health problems.

**Related Category 3 Outcome Measures:**

IT-11.26.d Quality of Life functioning/level of adaptation to their school learning environment

IT-11.26.d: Quality of Life; functioning for children enrolled in school-based behavioral health services.Quality of Life functioning scores would improve by 5% in DY4 and 10% in DY5. Showing improvement in the quality-of-life functioning of the children enrolled in these services will serve as the basis for demonstrating the positive impact of this school-based behavioral health clinic. The children’s quality of life functioning/level of adaptation to the scholastic environment will be measured through the use of an evaluation tool when the children are first referred to the clinic, and then again upon clinical discharge (see above) or the end of the school year, whichever comes first in order to demonstrate quality of life/level of adaptation to the scholastic environment improvement. The percentage of quality of life functioning/ adaptation to the scholastic environment improvement is expected to be 5% and 10% at the respective reassessment intervals. For many of the children served in this project these improvement levels will make possible their passing from one grade to the next due to increased behavioral and social adaptation to the school group-learning environment. The child will learn how to adapt and thrive in the socio-learning environment so that the child can successfully prepare for life as independent functioning adults. The long-term view of these children should show a lower than average school dropout rate, higher than average graduation rate and good educational/ vocational readiness for the next life stage as young adults.

It is expected that a very small number of children will have neurologically complicated behavioral adjustment problems will not thrive as significantly as most children are expected to do in this project. Early identification of children who are in this circumstance can lead to early referral to more sophisticated diagnostic evaluations and more intensely structured services that will be beyond the scope of this project. Even these children will be well served by the early identification of complex bio-neurological condition and an early referral to services qualified to care for these children’s complicated developmental needs.

**Relationship to Other Projects:**

This project is focused on increasing access to behavioral health services and is similar to the Center’s telemedicine (#081771001.1.2) and clinical efficiency improvement projects (#081771001.1.5) which have a similar goal of increasing patient access to behavioral health services. This project will rely heavily on wireless access to the Center’s electronic health record clinical system, (#081771001.1.5) and will require continuity of access to this record system throughout this project. The early identification and intervention with these young children are expected to reduce the likelihood of needing further behavioral health services as teenagers and young adults. By having these services school-based, the project aims to reduce the stigma attached to being involved with behavioral health services among the children served and the child’s classroom peers.

Other Center projects include:

* 081771001.1.3 Expand the number of community based setting where behavioral health services may be delivered in underserved areas
* 081771001.1.4 Develop and implement crisis stabilization services to address the identified gaps in the current community
* 081771001.2.1 Apply evidenced-based care management model to patients identified as having high-risk care needs
* 081771001.2.2 Implement innovative, evidence-based strategies to increase appropriate use of technology and testing for targeted populations
* 081771001.2.3 Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals in the target population

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

Central CountiesServices is committed to improvement of services and broad-level delivery system transformation. To the Centers knowledge, no other provider is addressing the behavioral health needs of children. Therefore, the Center is willing to participate in learning collaboratives with providers in RHP 8 to share successes, challenges, and lessons learned in order to better serve the target population and meet the community needs. Sharing information on at least a yearly basis will allow providers to strengthen partnerships and to continue providing services efficiently so, there is maximum positive impact on the healthcare delivery system in RHP 8.

**Project Valuation:**

This project is expected to provide 2,500 service encounters in DY3, 3,000 service encounters in DY4, and 3,500 service encounters in DY5 – most children’s services will be quite complex and will include family counseling as well as individual and group counseling. An encounter occurs when staff meets with the child, parent, and/or teacher face to face to provide skills training services and documents the visit. Just observing a child is not considered as an encounter. The valuation of this project includes: the development of a student assessment system that identifies children who are poorly adjusted to scholastic achievement; hiring 6 properly credentialed mental health/behavioral intervention staff; cost of on-going clinical training of direct-care staff on early childhood behavioral health issues; cost of equipment/ supplies that will be needed to perform the staffs work and to insure the confidentiality of the staffs work with TISD children and to remotely connect to the Center's clinical data system and/or use paper forms spreadsheets or custom forms; cost of satisfaction surveys and training to properly administer them; cost of formulating and delivering reports at the learning collaborative sessions; cost of clinical activity and teaching materials, and consumable activity supplies; design and printing of brochures/pamphlets describing the services provided by this project for distribution among teachers and parents; clinical supervisory time to insure clinical quality of services; communication devices to efficiently interact and receive clinical support/guidance from staff supervisor; the offsetting cost of children repeating a year of school; the value of early intervention and its positive impact on children's academic achievement in future school years and in the child’s beginning vocational years; valuation also includes program indirect costs and administration overhead costs; valuation for DYs 3-5 include provisions to cover staff compensation increases and inflation. Valuation includes the impact of significant behavioral change expected for at least 210 children that will make a quality of life, social and vocational difference in the 70 plus years for each child (14,700 person-years) that follow these effective interventions and skill development activities.