**Category 2 Project Narrative – Pass 2**

**Bluebonnet Trails Community Services – 126844305.2.4**

**Project Area, Option and Title:** 2.13.1 – Design, implement, and evaluate research‐supported and evidence‐based interventions tailored towards individuals in the target population.

**RHP Project Identification Number:** 126844305.2.4

**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 only public behavioral health provider in these Counties.
* **Intervention:** BTCS proposes to expand the clinical capacity and eligibility criteria for youth and adults arrested or incarcerated in these two Counties. We will provide screening, assessment and diversion recommendations prior to long‐term incarceration. We will ensure linkage to community behavioral health care.
* **Project Status:** This expands current services in Burnet and Williamson. We will add staff and open eligibility beyond current limitations.
* **Project Need:** This addresses RHP 8 Community Needs: CN.2.1 ‐ Limited access to behavioral health services to rural, poor and under & un‐uninsured populations (meds, case management, counseling, diagnoses) in Williamson County; CN.2.13 – Limited access to adult behavioral health services in Williamson County; 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 includes those in contact with law enforcement, arrested or in the process of booking and those on probation, parole or otherwise released from detention in these Counties who are also diagnosed with behavioral health disorders. Jail match records indicate 17% of those jailed in Burnet County and 15% of those in Williamson County in 2012 had prior treatment in the state mental health system. BTCS served 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 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 75 individuals a year.
* **Category 1 or 2 Expected Project Benefit for Patients:** We expect to serve an additional 50 people in DY4 and 75 in DY5 achieving our Improvement Milestone I‐X for Target Population Reached. Behavioral health treatment stabilizes thinking, mood and behavior and thereby improves the functioning of these individuals. We will measure that improvement by administration of standardized instruments, ANSA for adults and CANS for youth on admission and at intervals during treatment. We expect 30% receiving specialized interventions will demonstrate improved functional status in DY4 and 40% in DY5 (Improvement Milestone I‐5.1).
* **Category 3 Outcomes:** IT‐ 9.1: Our goal is to decrease in mental health admissions and readmissions to criminal justice settings such as jails or prisons. Behavioral health treatment improves the lives of those who are diverted from incarceration and when treatment is provided upon release from detention it allows the opportunity to participate fully in community life.
* **Collaboration:** There was not a TAMHSC allocation in Pass 2 and, therefore, was not used for a Pass 2 project.

**Project** **Description:**

*Services to Justice‐Involved Youth and Adults – Burnet and Williamson Counties*

BTCS is the LMHA for Burnet and Williamson Counties in RHP 8 and for six adjacent Counties in three other RHPs. The LMHA has responsibility to identify gaps in service or barriers to access for persons with behavioral health issues residing in the area. We also provide direct treatment services under contracts with a variety of payers, including the Department of State Health Services (DSHS) and the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) to provide specialty behavioral health services to the “priority population.” BTCS proposes to enhance its current services in Burnet and Williamson Counties for justice‐involved youth and adults by expanding the clinical capacity of those programs, expanding the eligibility criteria to include a broader range of mental illnesses including substance use disorders and to serve those who are charged, adjudicated and proposed for release within the County justice systems.

The goal of the program is to provide screening, assessment and diversion recommendations prior to long‐term incarceration. To carry out this project, we will hire and train licensed professional staff and additional case management support staff. The services will be located in our current offices in Burnet and Williamson Counties. These staff will work toward enhancing and expanding treatment services provided to current TCOOMMI patients and to a new broader range of eligible program participants.

The ‘priority population’ includes children and adolescents with Serious Emotional Disturbance (SED) and adults, who are primarily diagnosed with Serious Mental Illnesses (SMI), (Federal Definition for SED and SMI can be found at: [http://www.healthcare.uiowa.edu/icmh/documents/FederalDefinitionsofSMIandSED.doc).](http://www.healthcare.uiowa.edu/icmh/documents/FederalDefinitionsofSMIandSED.doc%29.%20) These groups of patients need services and are in serious jeopardy when placed in prison and juvenile probation facilities; however, there are a large number of individuals who also need services and could benefit from treatment and potentially be diverted from incarceration. BTCS operates a service funded by TCOOMMI in Williamson County that serves this ‘priority population’ and provided care in FY 2012 to 38 adolescents. The *Texas Criminal Justice Coalition‐ Williamson County Juvenile Justice Data Sheet* reveals that of the 869 youth between the age 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.’” There is no youth program in Burnet County, which reports that 95% of the children in court Appointed Special Advocates program needed mental health services. They also report that only 10% of the youth in Juvenile Probation received needed mental health services (*FY 2011‐2013 Burnet, Blanco and Llano Counties Community Plan for Coordination of Criminal Justice* *and Related Activities*, February 2011). Regarding adults, DSHS data regarding those arrested who have been treated in the state mental health system shows that for the four month period during the beginning of 2011, 383 individuals jailed in Burnet and Williamson Counties had been treated prior to incarceration. That represents 17% of those jailed in Burnet County and 15% of those in Williamson County.

There are 2 aspects to improving services for justice‐involved youth and adults. First is the assessment, treatment planning and referral combined with linkage through the court of probation and parole system. The second is the treatment services required to meet the needs identified by the assessment and treatment planning. This project addresses the later by adding professional licensed staff to the current program and by increasing the case management staff, i.e. linkage and court liaison staff. The treatment availability issue is addressed through several other DSRIP projects BTCS has proposed. The project staff will provide a critical assessment, evaluation and linkage function to those new programs and services. BTCS has made excellent progress over the last several years in obtaining permission and installing telemedicine connections and equipment at County jails which will allow for screening and diversion prior to incarceration. When clinically appropriate and depending on the nature of the charges, recommendations may be made for community based services based on the condition that the appropriate judicial authority drops criminal charges. This recommendation will give judges alternatives to incarceration. If the judge agrees to release the person, a BTCS case manager will arrange transportation, temporary housing and necessary services. Services and client functioning improvement are documented in court orders and in

Anasazitm, the EHR for BTCS.

**Goals and Relationship to Regional Goals:**

The vision or overarching goal for RHP8 is to “… transform the local and regional health care delivery systems to improve access to care, efficiency, and effectiveness.” Reducing inappropriate use of justice systems by adults with SMI and youth with SED will not only improve the lives of those individuals, but improve overall health and well‐being in the Region. Making resources available to provide effective and efficient health care in lieu of incarceration improves quality of life, community health outcomes and criminal justice outcomes. The goals for the program are to provide early intervention and treatment to individuals in custody but **not yet incarcerated** for the long‐term in county jails or in prisons and to reduce multiple arrests by providing behavioral health treatment that stabilizes behavior, improves functioning and reduces social deficits. This intervention will reduce potential psychiatric hospitalizations as well. We expect to be able to reduce the percentage of those who are incarcerated and have an exact behavioral health system match by 25% over the five years of the project.

**Project Goals:**

* Expand the scope of the services for justice‐involved adults and youth by adding licensed staff;
* Expand the range of eligible participants in the services for justice‐involved youth and adults; and
* Implement the project in collaboration with juvenile and adult Court systems and other components of the justice system.

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

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

**Challenges**:

A major challenge will be working with the Courts and other components of the criminal justice systems to identify opportunities for early intervention and diversion. Even though someone might be eligible for diversion to treatment, the judicial system must act on that recommendation by dropping charges or taking other legal steps. Judges, prosecutors and defense attorneys must feel confident that treatment will be provided and that it has a reasonable chance of success. This challenge will be addressed by providing ongoing training and continuing education for jail staff and law enforcement. Communication between BTCS and jail staff, local law enforcement, prosecutors and judges is currently part of the justice‐ involved intervention program, but is limited to the specialty interventions and special populations or long‐range planning. BTCS will strengthen an ongoing dialogue with judges, prosecutors, attorneys, adult and juvenile probation by focusing on new services and access for new populations. We will engage in joint implementation planning, joint treatment planning and presentation of outcome data available so they can achieve confidence and fully utilize the services.

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

The expected outcome over five years is that fewer adults and youth with behavioral health diagnoses and who commit minor crimes stemming from the deteriorated mental state will need to be incarcerated and instead can receive needed services in a community setting where they have a greater opportunity to lead a stable life. Early intervention and diversion will reduce the number initially incarcerated and ongoing services will reduce recidivism. As a result, we expect to reduce the number of matches in the behavioral health data system to 25% of the level as determined in data extracted for DY2, during the discovery and assessment period of the project for adult jail matches and assessed youth in the juvenile probation system.

**Starting Point/Baseline:**

Currently, some services for the ‘priority population’ who are also justice‐involved are provided in Williamson County and some jail diversion screening, assessment and referral services are provided in Burnet County. However, the eligibility criteria have not been expanded, nor have clinical services and oversight been added to the program.

Therefore, the baseline census for the new project is 0 in DY2. Additionally, we have not begun the uniform administration of functional assessments and do not have a baseline for changes in functioning as a result of the programs. We will use the remainder of DY2 to initiate needed processes. We will enroll and serve individuals in DY3; therefore, the baseline for census and the baseline for Functional Improvement will be established during DY3 as those assessments are completed.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.2 ‐ Limited access to mental health/behavioral health services
* Specific Community Needs:
	+ CN.2.1 – Limited access to behavioral health services to rural, poor and under & un‐ uninsured populations (meds, case management, counseling, diagnoses) in Williamson County.
	+ CN.2.13 – Limited access to adult behavioral health services in Williamson County.
	+ 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.

Texas has historically utilized the criminal justice system as the default provider of mental health services for adults. As a consequence, many individuals with serious and persistent mental illness spend months and years incarcerated for misdemeanors. Texas spends even less on services for youth in need of behavioral health services and in recent years juvenile probation departments have had to increase mental health services to meet the growing demand. According to the Williamson County Juvenile Services 2011 Annual Report, they conducted 1202 follow up assessments for mental health issues based on initial screenings and “…(t)he department conducted a total of 368 psychiatric appointments for youth in the Academy, Juvenile Justice Alternative Education Program (JJAEP), TRIAD, Detention, and Field Probation;” (page 45). These statistics and the jail match data presented above indicate the consequences of limited access to behavioral health services in Williamson and Burnet Counties.

A second consequence is demonstrated in the absence of referral and follow‐up treatment as individuals are released in the same condition or more deteriorated condition than the one that probably lead to their incarceration. The next time they are detained they are once more mentally ill and/or substance abusing and in jail. An approach based on early identification and treatment will provide more opportunity for successful assimilation into a community setting with ongoing community supports. We selected the process milestones P‐1 for DY2 because we need to understand the new population and the demand of that population. We selected P‐3 because there is clearly a great need to enroll individuals and initiate services. We will conduct a Plan, Do, Study, Act (PDSA) cycle as indicated by process milestone for DY3 and utilize the information concerning enrollment and demand and as we begin to track increase in service volume to this special population. Improvement milestone selected for DY4 and 5 is to measure improvement in functioning. We will measure and report reduction in criminal justice involvement for Category 3. We selected improvement in functioning because we are certain that outcome improves community tenure, reduces recidivism and will lead to a reduction in criminal justice involvement.

**Core Project Components:**

This project to provide Services to Justice‐Involved Youth and Adults – Burnet and Williamson

Counties will address all of the required core project components:

a*) Assess size, characteristics and needs of target populations (e.g., people with forensic involvement).* There is a current program and this project expands that to a broader group of eligible participants. We have experience and anecdotal information about them but more precise assessment is needed concerning the size, characteristics and needs.

*b) Review literature / experience with populations similar to target population to determine community‐based interventions that are effective in averting negative outcomes such as forensic encounters and in promoting correspondingly positive health and social outcomes*

*/quality of life.* We have familiarity with the literature concerning this program and interventions. We are adding clinical services and oversight and will conduct additional reviews. This is also an opportunity to engage community stakeholders in the justice systems to participate in the review, planning and design of the project.

*c) Develop project evaluation plan using qualitative and quantitative metrics to determine* *outcomes.* We will use BTCS, hospital business intelligence and quality management staff to facilitate the development and documentation of our evaluation plan. Oversight will be provided by the community stakeholders who will ensure qualitative and quantitative metrics will be used to measure outcomes relevant to the justice systems.

*d) Design models which include an appropriate range of community‐based services and residential supports.* Using the information from stakeholders, evaluation metrics, patient assessments and reports, we will evaluate available interventions to determine if they are sufficient in capacity and scope. We will adjust our model accordingly.

*e) Assess the impact of interventions based on standardized quantitative measures and qualitative analysis relevant to the target population.* The impact of interventions will be assessed on an individual patient level by using the ANSA for adults, the CANS for youth and the SF-36. Aggregated data from those assessments along with number of juvenile referrals or adult incarcerations will be used to assess community impact and identify and respond to lessons learned.

**Continuous Quality Improvement:**

The 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**: 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 that will be needed as these individuals are diverted from incarceration and provided behavioral health care in the community.

**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.

Reasons/rationale for selecting the outcome measure: It is our goal to provide community care at the right time and in the right setting and reduce inappropriate arrest and incarceration for adults and youth. We believe that achieving the project goal and providing early intervention and treatment leads directly to the outcome of right care, right setting. Allowing people to languish in jail due to mental illness or substance abuse is wrong and counterproductive for them and for our society.

Baseline Information: The baseline rate established in DY3 was 11.76%. Our baseline measurement period established in DY3 was 10/01/2013-09/30/2014.

**Relationship to Other Projects:**

This project enhances or supports additional projects below that BTCS has proposed by improving access to community based aftercare and outpatient services.

* The Transitional Housing initiative (#126844305.2.1) will solidify success in remaining in the community and offer expertise, support and experience through a Peer Support Specialist;
* The Crisis Stabilization plan (#126844305.1.2) for persons in behavioral health crisis will provide a safety net for those individuals who may be in need for more intensive care without requiring the restrictive level of care provided by a psychiatric hospital;
* Crisis Assessment for Persons in Behavioral Health Crisis (Burnet County) (#126844305.1.4) to support and enhance the ACT for persons with IDD responses in this County; and
* Outpatient Substance Addiction Services for Adult and Youth ‐ Burnet and Williamson Counties (#126844305.1.5) for persons needing routine outpatient counseling and intensive outpatient services.

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

While this project shares a number of things in common with other LMHA’s, the project Central Counties is planning regarding Temple Day Services is most similar (#081771001.2.3). 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:**

We expect to serve an additional 50 people in DY4 and 75 in DY5. 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.