**Category 2 Project Narrative**

**Central Counties Services – 081771001.2.2**

**Project Area, Option, and Title**: 2.7.1Implement innovative, evidence-based strategies to increase appropriate use of technology and testing for targeted populations

**RHP Project Identification Number**: 081771001.2.2

**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 we 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.
* **Intervention:** This project provides persons (adults and adolescents) with severe and persistent mental illness (SPMI) easy access to STD education, testing and treatment by a registered nurse within the Center’s mental health clinics in Temple and Killeen (Bell County) where the patients are already accustomed to attending.
* **Project Status:** This is a new project.
* **Project Need:** CN 3.2 Limited coordinated care exists in Bell County for disparity groups having co-occurring behavioral health needs and sexually transmitted diseases. For the latest statistical year Bell County had the highest Chlamydia and Gonorrhea case rates in the State of Texas. Studies show that people with SPMI die 25 years earlier, on average, than non-mentally ill peers. Several factors that influence the pre-mature death of people with SPMI include unsafe sexual behavior (p.16) “Morbidity and Mortality in People with Serious Mental Illness” (<http://usatoday30.usatoday.com/news/health/2007-05-03-mental-illness_N.htm>).
* **Target Population:** 97% of the Center’s patients are Medicaid (41.89%), uninsured, or indigent. We expect the same percentages of Medicaid, uninsured and indigent patients will benefit from this project. We expect this project to serve 100+ patients per year, but the actual number of patients who will use this service is not known.
* **Category 1 or 2 Expected Project Benefit for Patients:** This project will increase access of approximately 1,000 behavioral health patients (combined census of the Center’s Killeen and Temple Clinics) to STD education, assessments and treatment in the familiar setting of our Killeen and Temple TX Clinics (Improvement Milestone I-7.1) which they already arrange to attend. Expected encounters for this project are: DY3 = 40, +DY4 =60, + DY5 = 80 for a total QPI of 180 persons served.
* **Category 3 Outcomes:**
	+ IT-15.6 Assesses the percentage of men & women 16 and older who were identified as sexually active and who had at least one test for chlamydia during the measurement year. The opening year will be considered the baseline period for the project. The following years of DY4 and DY5 will be the periods of expanding the projects established baseline numbers. In DY4 the expansion will include the baseline that was established plus 5% of growth over this baseline. In DY5 the expansion will include the baseline that was established plus 10% of growth over the baseline.
	+ IT-15.9 Assesses the percentage of patients 16 years of age and older who were identified as sexually active and who had at least one test for syphilis during the measurement year. This information will then be turned in at the reporting periods for the semi annul reporting time (April, October).
	+ IT-15.12 Assesses the percentage of patients 16 years of age and older who were identified as sexually active and who had at least one test for gonorrhea during the measurement year. This information will then be turned in at the reporting periods for the semi annul reporting time (April, October).

Bell County had the highest Chlamydia and Gonorrhea case rates in the State of Texas. Several factors that influence the pre-mature death of people with SPMI include unsafe sexual behavior. Early detection and treatment avoids the personal health risks and costs of treating these same diseases at their advanced stages and avoids passing STDs on to their newborn infants, thus avoiding personal and financial costs of coping with potential birth defects and physical condition complications for their newborn children. An improvement in patient health conditions could add 5-10 years to each patient’s life span.

* **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. There are several reasons why this project is truly a transformational project and they are: 1) this is the first project to bring physical medicine resources into our behavioral health service delivery system; 2) this is the Center’s first focused effort to address our patient’s physical health problems that are known to shorten the life expectancy of persons with SPMI; 3) this project strongly reinforces the recovery model of psychiatric services promoted by our Center by empowering our patients to take charge of, treating an STD and to take charge of their lifestyle choices to avoid future STD infections; 4) this project is forward looking in helping our patients avoid STD complications for their newborn children.; and, 5) the successful treatment of persons with one or multiple STDs reduces the personal and financial costs of treating advanced disease symptoms and helps avoid the personal and financial costs of treating future potential STDs.

**Project Description:**

*Provide increased access to STD screenings for behavioral health patients in their behavioral health clinic settings.*

Persons with severe and persistent mental illness have shorter life expectancy due to many factors. Studies have shown that people with severe and persistent mental illness (SMI) die 25 years earlier, on average, than their non-mentally ill peers as shown in *Morbidity and Mortality in People with Serious Mental Illness* (Parks, Svendsen, Singer and Foti authors). On page 16 of this research document, the authors identify Patient, Provider and System Factors Contributing to Morbidity and Mortality to Persons with SMI – “unsafe sexual behavior”. *Morbidity and Mortality in People with Serious Mental Illness*, (<http://usatoday30.usatoday.com/news/health/2007-05-03-mental-illness_N.htm>).

This project will provide nursing staff from Bell County Public Health District (Health District), under contract arrangements with the Center to conduct Sexually Transmitted Disease (STD) testing, treatment and educational counseling at Central Counties Services offices in Killeen, TX and Temple, TX. Both clinics are designated by the Texas Dept. of State Health Services as serving Medically Underserved Populations (MUP). Bell County has one of the highest Chlamydia and Gonorrhea rates in the State of Texas. This project will partner nursing staff from the Health District and Center clients to increase availability of STD services in an effort to increase testing for Chlamydia, Gonorrhea, and Syphilis. The Health District nursing staff will be available at the Center’s offices in Temple and Killeen to provide STD testing, treatment, and education. One day of these services will be offered each week in each clinic.

Clients with chronic and persistent mental illness may not otherwise seek out STD testing and treatment services due to the disorganizing effects of their mental illness. Persons with severe and persistent mental illness most often do not have a medical home, and consequently obtain most of their physical health services from local hospital emergency departments (EDs). When receiving medical care in the ED, medical attention is usually given only to the patient’s presenting health crisis, and not to the patients’ general health status. This project intends to bring the STD testing, treatment and educational counseling services to the behavioral health patients when they are in the Centers’ clinics for their mental health visit. The outcome of these screening, educational, treatment services, and condition improvement/ progress made by each patient will be recorded in each patient’s health record and aggregated into monthly and quarterly reports to both document the activity of this project, but also to serve as the basis for continual process improvement of this service. Patients participating in this service will be randomly surveyed regarding their satisfaction level with the services they received and how these services might be improved.

**Goals and Relationship to Regional Goals**

**Project Goal:**

The goal of this project is to decrease the incidence, prevalence and long term health effects of sexually transmitted diseases among persons with severe and persistent mental illness served in our Temple, TX and Killeen, TX clinics. This goal will be accomplished through increasing behavioral health patients’ access to sexually transmitted disease education, testing and treatment services in the same clinic that each patient receives his/her behavioral health services.

**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 prevention and care for residents, including those with behavioral or mental health needs.

**Challenges**:

* Overcoming the stigma associated with potentially having a sexually transmitted disease;
* Incorporation of a new service into the clinic patient flow;
* Increasing patient awareness regarding the availability of STD services; and
* Maintaining the discreetness of this service in the clinic setting so that other patients will not be made aware that a particular patient is seeking/receiving these services.

Our Center will thoroughly plan the initiation of these services with the Bell County Health District nurse to resolve any potential logistic issues that might impact on the above. Educational information about these services will be placed in our waiting areas and in our staff offices. We will make this information available in the various languages of our patient group. Our Center has Spanish-speaking staff in both the Killeen and Temple clinics to assist the nurse, if needed.

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

* Increased screening for Chlamydia, Gonorrhea, and Syphilis among adolescent and adult behavioral health patients;
* Decreased Chlamydia and Gonorrhea case rates among the behavioral health patients served in the Temple, TX and Killeen, TX clinics, and in general, among the citizens of Bell County;
* Increased knowledge of STD risk factors and reduction strategies among adolescent and adult behavioral health patients; and
* Avoidance or minimalizing the occurrence of the newly identified drug-resistance strains of gonorrhea and the potential threat of an untreatable strain of gonorrhea emerging.

**Starting Point/Baseline:**

This type of service has not been offered at the Center in the past, so baseline numbers for this project in DY1 and the beginning of DY2 is zero. The baseline for the number of behavioral health patients seeking STD education and testing will be set by the level of such sessions during the month of September 2013. In subsequent years, the project will strive to increase the numbers of patients tested for STDs over the previous year.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.3 - Lack of coordinated care for those with multiple needs
* Specific Community Need: CN 3.2 - Limited coordinated care exists in Bell County for disparity groups having co-occurring behavioral health needs and sexually transmitted diseases.

See also p. 16 of Patient, *Provider and System Factors Contributing to Morbidity and Mortality to Persons with SMI – “unsafe” sexual behavior* (*Morbidity and Mortality in People with Serious Mental Illness*, Parks, Svendsen, Singer and Foti authors) (<http://usatoday30.usatoday.com/news/health/2007-05-03-mental-illness_N.htm>).

This project addresses the high Chlamydia and Gonorrhea rates in Bell County for the latest statistic year available 2010. Bell County had the highest Chlamydia and Gonorrhea case rates in the entire state in 2010 (DSHS, Texas 2010 STD Surveillance Report). Bell County also had the 6th highest Gonorrhea case numbers and 7th highest Chlamydia numbers in the state in 2010. In an October 18, 2012 Houston Chronicle newspaper article (Falkenberg: *Sex-Ed Program is Effective* by Lisa Falkenberg) statistics were given that 11% of sixth graders are sexually active, 35% of ninth graders are sexually active, and nearly 70% of twelfth-graders were sexually active. These startling statistics are probably even higher among adolescents with behavioral health problems who engage in risk-taking behaviors.

According to the Centers for Disease Control (CDC), the number of reported cases of Chlamydia and Gonorrhea is lower than the estimated total number because infected people are often unaware of, and do not seek treatment for, their infections and because screening for Chlamydia is still not routine in many clinical settings (CDC, 2012). Undetected and/or untreated Chlamydia infections are one of the leading causes of sterility, ectopic pregnancy, poor pregnancy outcomes, neonatal infection and chronic pain (DSHS, Infertility Prevention Project, 2012).

The Center’s behavioral health patients are both medically underserved and have a higher than normal likelihood of engaging in risk-taking behaviors, such as sexual promiscuity, etc. This project brings a needed service to a group of people who likely have higher than average need for this service.

**Core Components:**

1. Continuous Quality Improvement: The Center 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 share information such as challenges, lessons learned and considerations for safety net populations. CQI efforts will be directed at lowering the stigma associated with STDs and developing methods to increase the number of the Center’s patients who avail themselves of these educational, testing and treatment services.

**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 Service through the U.S. Department of Health and Human Services. The 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 Measure(s):**

OD-11 Addressing Health Disparities in Minority Populations

IT-15.6, IT-15.12, and IT- 15.9: Improvement in Clinical Indicator in identified disparity group – increase the percentage of those patients who test positive for an STD and follow up to receive treatment for that STD. Our Center realizes that, unfortunately, society often sees a stigma attached to pursuing STD education and testing services, similar to the stigma attached to seeking behavioral health services. By offering STD education/testing services within our clinics, we are both seeking to diminish the stigma attached to seeking these services and to increase access to these services by a medically underserved and disparate population. We therefore chose to measure/monitor the number of patients served by this project within the two days per week that they are offered and the number of persons testing positive for STD who follow up with treatment of that STD. We have every expectation that through the ease of access to these services, general education among our behavioral health patients about sexually transmitted diseases, informal support for these services among the patient group by patients who have had positive results from treatments for sexually transmitted diseases, and the supportive encouragement of our behavioral health staff, that the number of behavioral health patients seeking these services will increase over time to fill the nurses service schedule. We are also hopeful of achieving over time a much lower incidence rate of sexually transmitted diseases among our patient population than the average rate in Bell County.

**Relationship to Other Projects:**

This project is focused on increasing access to health and behavioral health services and is similar to our telemedicine (#081771001.1.2) and performance improvement and reporting capacity (#081771001.1.5) project which have a similar goal of increasing patient access to behavioral health services. Therefore we judge that increasing the number of patients participating in STD education/testing sessions will be a strong indicator that this project is successful. The number of education sessions leading to STD testing; the number of tests which identify the presence of a sexually transmitted disease; and the number of patients with confirmed sexually transmitted disease who receive successful treatment will also be monitored. These statistics will be aggregated on a monthly and quarterly basis to demonstrate the progress and success of this most beneficial project.

Other Center projects include:

* 081771001.1.1 Establish more primary care clinics
* 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
* 081771001.2.3 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:**

This project also correlates with two Health District projects: STD Testing (#088334001.2.1) and Prevent Potentially Preventable Conditions for Women of Child bearing age (#088334001.2.2). There are several projects in Region 8 that seek to integrate behavioral health services with general health, or primary care services. There also are projects that seek to encourage persons to establish a medical home so that their care can be better coordinated and that health conditions can be identified in their earlier and more treatable stages. This project is in harmony with these regional efforts and is seen as one of the first steps to ultimately achieve integrated health and behavioral health services in our area.

**Project Valuation:**

The valuation of the project takes into consideration the salaries and travel costs, and fringe benefits of the nursing staff performing services, the educational and consumable supplies needed for this project, as well as the administrative overhead and indirect costs to run the project. The valuation of this project also takes into account the monetary and personal quality of life costs saved by early detection and treatment of STDs.

The valuation of this project also takes into account the quality of life gains and medical cost savings achieved by successful early treatment of sexually transmitted diseases and the prevention/education services which assist the patients in avoiding future sexually transmitted diseases. Part of this project’s valuation is based on how it strongly reinforces the recovery model of psychiatric services promoted by our Center by empowering our patients to take charge of, treating an STD(s) and to take charge of their lifestyle choices to avoid future STD infections. Early detection and treatment avoids the personal health risks and costs of treating these same diseases at their advanced stages and avoids passing these STDs on to their newborn infants, thus avoiding personal and financial costs of coping with potential birth defects and physical condition complications for their newborn child. If such improvement in patient health conditions could add 5-10 years to each patient’s life span, that would result in a net gain of 500 - 1,000 person years for each of the 3 full years of this project.The successful treatment of STDs and avoidance of future STD episodes by improved management of their life styles through these extra years of life would also reflect a significant health services cost savings by limiting or avoiding the more extreme health complications that come with the advance stages of STD infections.