**Category 2 Project Narrative**

**Hill Country MHDD – 133340307.2.1**

**Project Area, Option, and Title**: 2.13.1 Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specific setting: Co-occurring Psychiatric and Substance Use Disorder

**RHP Project Identification Number:** 133340307.2.1

**Performing Provider Name:** Hill Country Community MHMR Center (dba Hill Country MHDD Centers

**Performing Provider TPI #:** 133340307

**Project Summary:**

* **Provider Description:** Hill Country Community MHMR Center (Hill Country) is a community mental health center providing mental health, substance use disorder, early childhood intervention and intellectual and developmental disability services to the following counties of RHP 8: Blanco and Llano. Hill Country serves a 2,607 square mile area of RHP 8 with a population of approximately 30,582 in 2012.
* **Intervention:** This project will implement Co-occurring Psychiatric and Substance Use Disorder Services (COPSD) within the 2 counties served by Hill Country in RHP 8 in order to meet the needs of individuals with psychiatric and substance use issues within the community setting. Our goal is to reduce emergency department (ED) utilization, inpatient utilization, and incarceration.
* **Project Status:** This is a new project for Blanco and Llano counties.
* **Project Need:** Of the 283 individuals receiving mental health services through Hill Country in RHP 8 in November 2012, 71.7% report substance use while 14.5% report substance use at a level that interferes with their daily lives and/or medications (CN.2.20). In meeting with area hospitals, they have indicated that individuals with psychiatric disorders who also abuse substances end up in their EDs.
* **Target Population:** The target population includes individuals within Blanco and Llano counties who have a psychiatric diagnosis and abuse substances. According to the SAMHSA’s National Survey on Drug Use and Health this is 1.84% of the population or 563 individuals for the two counties. Based on the population served in Hill Country’s existing behavioral health program in RHP 8, it is anticipated that approximately 26% of our patients within RHP 8 have Medicaid and an additional 60% have income below 200% of the Federal Poverty Level and do not have insurance. We expect the target population will be similar to this.
* **Category 1 or 2 Expected Project Benefit for Patients:**The project aims to establish COPSD services in a community setting within the 2 counties served by Hill Country in RHP 8 which will reduce inappropriate ED use and incarceration. The project seeks to provide services to a minimum of 30 individuals from the 2 counties served by Hill Country in RHP 8 by the end of DY5
* **Category 3 Outcomes:** IT-11.25: The following Category 3 measures have been proposed in 2014 to describe improvements to the patient population. IT-11.25 Daily Living Activities (DLA-20) In DY4 and DY5 we will report the sum of the average DLA score of all DLA-20 questionnaires completed during the measurement period for a denominator subset of all completed DLAs at Hill Country MHDD Centers for individuals with Co-Occurring Psychiatric and Substance Use Disorder divided by the total number of DLA-20 questionnaires completed during the measurement period for the same population. CMHC.5 Adherence to Antipsychotic Medications: In DY4 and DY5 will report adherence to antipsychotic medications in accordance with measure guidelines.

**Project Description:**

*Intervention for Co-occurring Psychiatric and Substance Use Disorders*

According to Substance Abuse and Mental Health Services Administration (SAMHSA) statistics on co-occurring disorders, 25.7% of all adults with serious mental illness also suffer from substance use dependence and 19.7% of adults with any mental illness also suffer from substance use dependence. Hill Country currently serves over 283 adults with Severe and Persistent Mental Illness on an annual basis within two counties of RHP 8 (Blanco and Llano). According to the Substance Use Dimension Rating Scale on the latest Texas Recommended Assessment Guidelines, of the 283 individuals served, 71.7% report substance use while 14.5% report substance use at a level that interferes with their daily lives and/or medication. Throughout the 22,000 square mile service delivery area of Hill Country, there is one individual dedicated to Co-occurring service delivery who serves Kerr and Gillespie counties in RHP 6. By expanding this service, Hill Country can better address the need of individuals with co-occurring psychiatric and substance use disorder.

Hill Country is planning to add Co-occurring Psychiatric and Substance Use Disorder services throughout the two county area served by Hill Country in RHP 8. In establishing the project, Hill Country will review literature and experiences regarding Co-occurring Psychiatric and Substance Use Disorder (COPSD) services to establish appropriate training for staff on the most effective interventions for COPSD services. Upon identifying needed training, Hill Country will recruit appropriate staff and provide targeted training for COPSD services. As a means to determine the success of the interventions, a functional assessment (DLA-20) determining what impact psychiatric illness and substance use have on the individuals daily lives will be completed upon entry into the program and at determined intervals during treatment. In order to track individuals receiving treatment in the program, Hill Country will establish specific units and subunits within its information technology system (Anasazi) that will enable reporting on COPSD services delivered within the program as well as by location within the program.

**Goals and Relationship to Regional Goals:**

**Project Goals:**

The goal of this project is to establish COPSD services throughout Llano and Blanco counties in order to reduce emergency department (ED) utilization, inpatient utilization, and incarceration by developing wrap around services within the community for the targeted population.

**Relationship to the Regional Goals:**

The goal of this project is to establish Co-occurring Psychiatric and Substance Use Disorder services based on each individual’s needs within the community setting. By providing these services in the community, Hill Country will be meeting the regional goals of:

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

**Challenges:**

The primary challenge for implementation of the project is recruiting licensed staff. Hill Country will address the challenge by offering incentives as necessary.

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

By the end of five years, Hill Country will have established Co-occurring Psychiatric and Substance Use Disorder specialists which will have provided services to a minimum of 20 consumers within the community over the life of the project.

**Starting Point/Baseline:**

Hill Country currently has one individual specializing in delivering COPSD services who serves forty individuals on an annual basis in RHP 6. This project will expand the service to the residents in the two counties served by Hill Country in RHP 8. The DLA-20 assessment will be performed on each individual entering the program as their baseline and the percentage of individuals who have improved DLA-20 scores on a subsequent assessment after treatment will be utilized to show improvement.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.2 - Limited access to mental health/behavioral health services
* Specific Community Need: CN.2.20 - Limited access to behavioral health services for individuals with both psychiatric issues and substance use disorders in Blanco and Llano counties

Based on the data provided in the project description, need for additional services for co-occurring psychiatric and substance use disorders is necessary in these areas. Hill Country will identify and train licensed chemical dependency counselors in the provision of co-occurring psychiatric and substance use disorder services such as substance abuse services, cognitive processing therapy, psychosocial rehabilitation and wrap around services to help the individual Project Components:

**Core Components:**

Through the COPSD services, Hill Country MHDD Centers proposes to meet all required project components:

1. *Assess size, characteristics and needs of target population*. Hill Country will collect and analyze information on individuals who have co-occurring psychiatric and substance use disorder and review contributing factors to episodes in order to determine appropriate staffing and skill sets necessary for service provision as well as specific locations.
2. *Review literature / experience with populations similar to target population to determine community‐based interventions that are effective in averting negative outcomes such as repeated or extended inpatient psychiatric hospitalization, decreased mental and physical functional status, nursing facility admission, forensic encounters and in promoting correspondingly positive health and social outcomes / quality of life.* Based on the size, characteristics and needs for the target population, Hill Country will review appropriate literature and experiences regarding serving individuals co-occurring psychiatric and substance use disorder in order to provide targeted training for staff. Primary concentration will be based on SAMSHA’s Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices Kit.
3. *Develop project evaluation plan using qualitative and quantitative metrics to determine outcomes*. Hill Country will develop a project evaluation plan that will review items such as the number of individuals served, the services received, the number of individuals receiving follow up services, the number of individuals with recurring issues, and progression on the Activities of Daily Living assessment (DLA-20).
4. *Design models which include an appropriate range of community-based services and residential supports.* Based on the size, characteristics and needs for the target population, Hill Country will train COPSD specialists in the most appropriate interventions to address the needs of the individuals and in connecting the individuals with other appropriate resources within the community.
5. *Assess the impact of interventions based on standardized quantitative measures and qualitative analysis relevant to the target population based on information from the Adult Needs and Strength Assessment and/or participant surveys, and identify opportunities to scale all or part of the intervention(s) to a broader patient population and identify key challenges associated with expansion of the intervention(s), including special considerations for safety-net populations.* Hill Country will utilize the Activities of Daily Living assessment (DLA-20) to determine progression of individuals receiving COPSD services. In addition, Hill Country will do follow up surveys with individuals who receive services to determine satisfaction with services and to help ensure stabilization of symptoms.

**Continuous Quality Improvement:**

Hill Country 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.

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

Hill Country MHDD Centers currently has one individual specializing in delivering Co-occurring Psychiatric and Substance Use Disorder services who serves forty individuals on an annual basis in Kerr and Gillespie counties. This individual is funded through the Texas Department of State Health Services contract which includes federal and state funds, including SAMHSA Block Grant funds. This project will expand the service beyond the two counties served in RHP 6 to the two counties served by Hill Country in RHP 8 (Llano and Blanco Counties).

Hill Country will ensure there is not duplicate payment through SAMHSA by having a designated position separate from the 1115 Waiver positions to deliver services under the Texas Department of State Health Services Co-occurring Psychiatric and Substance Use Disorder services contract. Individuals will be served by either the Texas Department of State Health Services Co-occurring Psychiatric or Substance Use Disorder contract or through the 1115 waiver but will not be served by both funding streams. Services for the Texas Department of State Health Services contract will be entered into the state database (CMBHS) showing the state contract as primary payor. Services through the 1115 waiver will be entered into the local Information Technology system (Anasazi) under a specific subunit for the individual project.

**Related Category 3 Outcome Measure(s):**

The following Category 3 measures have been proposed in 2014 to describe improvements to the patient population. IT-11.25 Daily Living Activities (DLA-20) In DY4 and DY5 we will report the sum of the average DLA score of all DLA-20 questionnaires completed during the measurement period for a denominator subset of all completed DLAs at Hill Country MHDD Centers for individuals with Co-Occurring Psychiatric and Substance Use Disorder divided by the total number of DLA-20 questionnaires completed during the measurement period for the same population. CMHC.5 Adherence to Antipsychotic Medications: In DY4 and DY5 will report adherence to antipsychotic medications in accordance with measure guidelines.

Reasons/rationale for selecting the outcome measure: COPSD impacts an individual’s mental health and thus their quality of life. It impacts the individual’s self-care as well as their ability to cope with their environment. When an individual is unable to properly care for themselves or to cope with their local environment, they are at greater risk of unemployment and poor health. The Activities of Daily Living will be utilized to provide an overview of functional status, determine activity limitations, establish a baseline for treatment, provide a guide for intervention planning, evaluate interventions and monitor progress and plan for future and for discharge. The Activities of Daily Living will be measured utilizing the DLA-20 Functional Assessment.

The DLA-20 Functional Assessment is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans. THE DLA-20 is intended to be used by all disabilities and ages. Developmental Disabilities and Alcohol/Drug Abuse forms are personalized for daily functional strengths and problems associated with those diagnoses.

THE DLA-20 utilizes the following 20 domains: Health Practices, Housing Stability and Maintenance, Communication, Safety, Managing Time, Nutrition, Problem Solving, Family Relationships, Alcohol/Drug Use, Leisure, Community Resources, Social Network, Sexuality, Productivity, Coping Skills, Behavior Norms, Personal Care/Hygiene, Grooming, and Dress. For the targeted population, individuals with Co-occurring Psychiatric and Substance Use Disorder, the DLA-20 will identify and address areas the disorders have impacted such as Alcohol/Drug Use, Social Network, Productivity, Housing Stability and Maintenance and Managing Money.

**Relationship to Other Projects:**

Provision of COPSD services as an alternative to inpatient and emergency department services reinforces objectives for all other behavioral health services provided by Hill Country through Regional Healthcare Partnership 8 by providing specialized services addressing COPSD for an individual that if not addressed in the community may result in needing inpatient psychiatric services. Providing the services in the community enables the individual to move forward with treatments and to be more successful in their recovery. In addition, by providing services in the community, exacerbation of symptoms are reduced resulting in a reduction of Emergency Department utilization and potentially preventable hospital admissions (RD-1-3).

Hill Country has several other projects in RHP 8. These include:

* 133340307.2.2 Trauma Informed Care
* 133340307.2.3 Virtual Psychiatric and Clinical Guidance
* 133340307.2.4 Whole Health Peer Support
* 133340307.2.5 Veteran Mental Health Services

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

Hill Country MHDD Centers is the local mental health authority that provides services within the following counties of RHP 8: Blanco and Llano. The other three local mental health authorities (Bluebonnet Trails, Center for Life Resources and Central Counties) provides mental health services to the remaining counties within RHP 8 and service areas do not overlap. Hill Country is committed to ongoing advancement of services for the individuals we serve and is willing to participate in learning collaboratives with other providers within the region to continually improve services and data collection and to identify how to address additional needs that may arise. Hill Country MHDD Centers will participate in learning collaboratives that meet at least annually to discuss local disparities in care and the ways they have successfully gathered relevant data and ultimately better served the populations in the projects.

**Project Valuation:**

Project valuation is based on a weighted average of Achieving Waiver Goals, Addressing Community Needs, Project Scope, and Project Investment. The valuation is supported by cost-utility analysis which measures program cost in dollars and the health consequences in utility-weighted units called quality-adjusted life-years (QALYs). QALYs incorporate costs averted when known (e.g., emergency room visits that area avoided). The proposed program’s value is based on a monetary value of $50,000 per QALY gained due to the intervention multiplied by number of participants. The valuation on this project is based on 230 consumers over the life of the project