**Category 2 Project Narrative – Pass 2**

**Hill Country MHDD – 133340307.2.4**

**Title of Project Area, Option and Title:** 2.18.1 Recruit, train and support consumers of mental health services to provide peer support services

**RHP Project Identification Number:** 133340307.2.4

**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 RHP8 with a population of approximately 30,582 in 2012.
* **Intervention:** This project will implement Whole Health Peer Support services within the 2 counties served by Hill Country in RHP 8 to meet the overall health needs of individuals who have behavioral health issues. The project will identify and train behavioral health peers on whole health risk assessments and working with peers to address overall health issues to treat symptoms prior to the need for utilization of emergency departments (EDs) or inpatient hospitalization.
* **Project Status:** This is a new project for Blanco and Llano counties*.*
* **Project Need:** According to SAMHSA, individuals with severe and persistent mental illness die 25 years earlier than the general population. Identifying and addressing overall health symptoms, such as hypertension, diabetes, obesity, tobacco use and physical inactivity, of individuals with severe and persistent mental illness helps address this issue while reducing emergency department utilization and potentially preventable admissions to hospitals.
* **Target Population:** The target population is individuals within Blanco and Llano counties who have severe and persistent mental illness and other health risk factors. There are currently 283 individuals identified that meet target population. Based on the population served in Hill Country’s behavioral health program in RHP 8, it is anticipated that approximately 26% of our behavioral health patients within RHP8 have Medicaid and an additional 60% who have income below 200% of the Federal Poverty Level and do not have insurance.
* **Category 1 or 2 Expected Project Benefit for Patients:** The project seeks to provide services to a minimum of 60 individuals from the 2 counties served by Hill Country in RHP 8 by the end of DY5 (10 in DY3; 20 in DY4 and 30 in 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 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.
* **Collaboration:** There was not a TAMHSC allocation in Pass 2 and, therefore, was not used for a Pass 2 project.

**Project** **Description:**

*Whole Health Peer Support*

Peers are one of the most valuable assets in helping consumers with mental illness gain hope and begin to progress on their road to recovery. The services they provide are supportive in nature. By expanding peer services as an integral portion of the seven mental health clinics operated by Hill Country and including whole health risk assessments and supported services targeted to individuals with hypertension, diabetes, and health risks such as obesity, tobacco use and physical inactivity, improved Daily Living Activities and improved health outcomes can be achieved, helping address the disparate life expectancy and poor health outcomes and ultimately decreasing utilization of emergency departments (EDs). Hill Country’s is planning to utilize consumers of mental health services who have made substantial progress in managing their own illness and recovering a successful life in the community to provide behavioral health services. Through Via Hope, a state wide organization established under the State’s Mental Health Transformation grant, consumers are being trained to serve as whole health peer support specialists. Upon completion of training, peers are working with consumers to set achievable goals to prevent chronic diseases such as diabetes or to address when they exist. While Hill Country has begun the process of incorporating peer support services, there have been challenges with maintaining peer support specialists and fully incorporating peer services throughout the treatment process. The advancement to Whole Health Peer Support is needed along with increased emphasis on peer services in order to help individuals advance in their recovery.

In implementing this project, Hill Country will continue to train and educate clinicians on the importance of peer services, recruit and train peer specialists in the provision of Whole Health Peer Support, and utilize peer services to identify health risks and provide appropriate education and referrals regarding the health risks identified. Peer services will be tracked in Hill Country’s information technology system (Anasazi) by location and consumer in order to monitor services delivered and outcomes of the services. In addition, Hill Country will conduct consumer satisfaction surveys for individuals receiving peer support services.

**Goals and Relationship to Regional Goals**:

**Project Goals:**

The goal of this project is to establish Whole Health Peer Support throughout the two counties served by Hill Country in RHP 8. The project will consist of identifying and training peers of mental health services in the delivery of Whole Health Peer Support and integrating their work into the recovery oriented treatment plan of the individual being served. The primary challenge of the project will be recruitment, training and retention of peers for implementation of Whole Health Peer Support.

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

The goal of this project is to use Whole Health Peer Support to provide guidance and support for the consumer’s journey of recovery 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 challenges Hill Country has faced in establishing a robust peer support program have been in relation to retaining individuals in the positions for extended periods of time. Hill Country plans to address this challenge by shifting the focus of peer support to a whole health model that becomes more fully integrated into the regular practice of the mental health clinics. In addition, Hill Country intends to increase the percentage of full time equivalent for peer support specialists in order to increase retention.

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

By the end of five years, Hill Country’s goal is to have peer support specialists at each mental health clinic with a minimum full time equivalency of 1.0. Currently, Hill Country has 0.07 full time equivalency for peer support services at the Llano Mental Health Clinic within RHP 8.

**Starting Point/Baseline:**

Hill Country MHDD Centers has utilized Peer Specialists in a limited capacity over the past seven years as a means to help support individuals with behavioral health issues deal with their symptoms and advance in their recovery. Currently, Hill Country has ten peer specialists with only four having certifications through the state training program. The Llano Mental Health Clinic within RHP 8 currently has 0.07 full‐time equivalency for provision of peer support services. In order to reemphasize the importance of peer support services, to fully integrate peer support services into the network of services provided through the Llano Mental Health Clinic operated by Hill Country within RHP 8 and to expand the peer support services offered to include whole health interventions including health risk assessments, Hill Country will recruit additional peer specialists, arrange for appropriate training, and emphasis the peer specialists roles regarding whole health and serving as navigator for consumers.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.2 – Limited access to mental health/behavioral health services
* Specific Community Need: CN.2.22 – Limited access to whole health peer behavioral health services for individuals in Llano and Blanco counties

Peers are one of the most valuable assets in helping consumers with mental illness gain hope and begin to progress on their road to recovery. The services they provide are supportive in nature. By expanding peer services as an integral portion of the Llano Mental Health Clinic operated by Hill Country and including whole health risk assessments and supported services targeted to individuals with hypertension, diabetes, and health risks such as obesity, tobacco use and physical inactivity, improved Daily Living Activities and improved health outcomes can be achieved, helping address the disparate life expectancy and poor health outcomes and ultimately decreasing utilization of Emergency Departments. Through this project Hill Country will acquire and maintain Whole Health Peer Support Specialists equivalent to a minimum of

1.0 full time equivalency at the Llano Mental Health Clinic operated by Hill Country.

**Project Components:**

Through the Whole Health Peer Support, Hill Country proposes to meet all required project components.

1. *Train administrators and key clinical staff in the use of peer specialists as an essential component of a comprehensive health system*. Hill Country is currently participating in the Person Centered Recovery Initiative through Via Hope. The initiative is designed to promote mental health system transformation by 1) helping organizations develop culture and practices that support and expect recovery, and 2) promoting consumer voice in the transformation process and the future, transformed mental health system. On October 24, 2012, the clinical leadership of Hill Country completed a one day training on integrating peer support and incorporating the patient in developing and implementing their treatment plan.
2. *Conduct readiness assessments of organization that will integrate peer specialists into* *their network*. Hill Country will review readiness at each of the seven mental health clinics within RHP 8 and address any potential barriers to full integration of Whole Health Peer Support.
3. *Identify peer specialists interested in this type of work.* Hill Country will recruit peer specialists who have interest, first and foremost, in helping other on their journey of recovery and who also wish to receive training in providing whole health peer services and are interested in employment with Hill Country MHDD to provide whole health peer services.
4. *Train identified peer specialists in whole health interventions, including conducting health risk assessments, setting SMART goals, providing educational and supportive services to targeted individuals with specific disorders (e.g. hypertension, diabetes, or health risks (e.g. obesity, tobacco use, physical inactivity).* Hill Country will make arrangements for interested peer specialists to attend Whole Health Peer Support trainings and certifications available through the state of Texas Via Hope program. If training space becomes restrictive, Hill Country will find or develop similar training to bring peer specialists on board until such time as the certification training is available.
5. *Implement health risk assessments to identify existing and potential health risks for behavioral health consumers.* Hill Country will have trained peer specialists utilize the health risk assessment tool to determine potential or current health risks, will track the completion of health risk assessments in the information technology system, and will address potential health risks with the patient.
6. *Identify patients with serious mental illness who have health risk factors that can be modified.* Patients identified through the health risk assessment tool will receive education and information regarding potential health risks and, if appropriate, referred to primary care and preventive resources.
7. *Implement whole health peer support.* Hill Country will track the occurrence of health risk assessments by location and patient in order to determine the project is fully implemented.
8. *Connect patient to primary care and preventive services.* If risk factors or medical conditions are identified that require more than basic education, individuals will be referred to the appropriate primary care and preventive services.
9. *Track patient outcomes. Review the intervention(s) impact on participants and identify* *“lessons learned,” opportunities to scale all or part of the interventions(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 Daily Living Activities assessment to determine progression of individuals receiving Whole Health Peer Support services. In addition, Hill Country will do follow up surveys with individuals who receive Whole Health Peer Support 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 has utilized Peer Specialists in a limited capacity over the past seven years as a means to help support individuals with behavioral health issues deal with their symptoms and advance in their recovery. The Llano Mental Health Clinic currently has 0.07 full‐ time equivalency of peer support services. In order to reemphasize the importance of peer support services, to fully integrate peer support services into the network of services provided through the Llano Mental Health Clinic operated by Hill Country MHDD Centers with RHP 8 and to expand the peer support services offered to include whole health interventions including health risk assessments, Hill Country will recruit additional peer specialists, arrange for appropriate training, and emphasis the peer specialists roles regarding whole health and serving as navigator for consumers.

Hill Country receives funding from the U.S. Department of Health and Human Services; however, none of the funds will be used for this project.

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

The following Category 3 measures have been proposed in 2014 to describe improvements to the patient population.

IT11.25 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 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: Whole Health Peer Support services impact an individual’s mental and physical 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 (DLA‐20) will be utilized to provide an overview of functional status, determine activity limitations, establish a baseline for treatment, and provide a guide for intervention planning, to evaluate interventions and monitor progress and to 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.

**Relationship to Other Projects:**

Provision of Whole Health Peer Support services as an alternative to inpatient and ED services reinforces objectives for all other behavioral health services provided by Hill Country through RHP 8 (#133340307.2.1 Co‐occurring Psychiatric and Substance Use Disorder, #1333340307.2.2 Trauma Informed Care, and #133340307.2.3 Virtual Psychiatric and Clinical Guidance, and #133340307.2.5 Veteran Services) by providing specialized services addressing Whole Health Peer Support for an individual that if not addressed in the community may result in needing inpatient psychiatric services or inpatient medical 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 ED utilization and potentially preventable hospital admissions (RD‐1‐3).

**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. However, some of the projects proposed by these authorities are similar in nature. One such project (#081771001.2.1) is proposed by Central Counties, which addresses chronic diseases that result from prolonged use of psychotropic medications.

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 a learning collaborative that meets 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 for this project was based on an economic evaluation model and extensive literature review conducted by professors at the University of Houston School of Public Health and University of Texas at Austin Center for Social Work Research. 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 the average of benefit‐cost studies from Sari et al. 2008 and Kuyken et al. (2008) with an average benefit cost ratio of $23.36 for every dollar invested, resulting in an average cost of $15,573 per patient served.