



PLANNING & OPERATIONS COMMITTEE MEETING

To improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

DATE: Tuesday, January 22, 2019
TIME: 5:30 PM
PLACE: 1430 Collier Street – Board Room, Austin, Texas 78704

AGENDA

- I. Citizens' Comments** (Presentations are limited to 3 minutes)
- II. Approval of Minutes from December 6, 2018 Planning & Operations Meeting** (pgs. 2-3)
- III. Recommendation to Approve, if Awarded, Downtown Austin Community Court (DACC) Housing Focused Supportive Services (Goal 2)** (Amador, Stiffler, pgs. 5-8)
- IV. Information Item: Children's Mental Health Crisis Task Force (Goal 3)** (Dodd, pgs. 9-19)
- V. Information Item: A Pilot Program of Foster Care Intensive Services and Supports for Youth with Complex Behavioral Needs (Goal 2)** (Simmons, Palmer-Arizola, pgs. 20-26)
- VI. Discussion Item: Chief Operations Officer Report – (Goals 2&3)** (Handley, pgs. 26-28)
 - Clinical Service Delivery
 - Program Support
- VII. New Business**
 - Identify Consent/Non-Consent Agenda Items
- VIII. Citizens' Comments**

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PLANNING & OPERATIONS COMMITTEE MINUTES

DATE: Thursday, December 6, 2018
TIME: 5:30 PM
PLACE: 1430 Collier Street – Board Room
Austin, TX 78704

MEMBERS PRESENT: Dr. Guadalupe Zamora, Emmit Hayes and Ed Calahan

MEMBERS ABSENT: Dr. David Springer

OTHER BOARD MEMBERS PRESENT: None

Integral Care staff were present

The Chair, Dr. Guadalupe Zamora, called the meeting to order at 5:31 p.m.

CITIZENS' COMMENTS

None.

APPROVAL OF MINUTES

The minutes of the October 18, 2018 meeting stand approved as submitted.

RECOMMENDATION TO APPROVE, IF AWARDED, GRANT FROM IMPACT AUSTIN (GOAL 2)

Ken Winston provided the Committee with background information regarding the Impact Austin grant which will provide \$100k for 2 years for the IDD Division and will add one QMHP FTE. Discussion ensued. Ed Calahan called for a motion to recommend to the Board the approval of proposed recommendation. Emmit Hayes second. All in favor. Motion carried. *This item will be added to the consent agenda.*

RECOMMENDATION TO APPROVE, IF AWARDED, GRANT FROM EXPRESS SCRIPTS FOUNDATION (GOAL 2)

Tracy Abzug provided the Committee with background information regarding the Express Scripts grant which will provide \$124k for 12 months for the Crisis Division and add one RN FTE. Discussion ensued. Ed Calahan called for a motion to recommend to the Board the approval of proposed recommendation. Emmit Hayes second. All in favor. Motion carried. *This item will be added to the consent agenda.*

RECOMMENDATION TO APPROVE, IF AWARDED, GRANT FROM MACQUARIE GROUP FOUNDATION (GOAL 2)

Darilynn Cardona-Beiler provided the Committee with background information regarding the Macquarie Group Foundation grant which will provide over \$6 million over 5 years for the ABH Division and will add nine new staff in partnership with Life Works Discussion ensued. Ed Calahan called for a motion to recommend to the Board the approval of proposed recommendation. Emmit Hayes second. All in favor. Motion carried. *This item will be added to the consent agenda.*

RECOMMENDATION TO APPROVE, IF AWARDED, FUNDING FROM CENTRAL HEALTH AND AUSTIN INDEPENDENT SCHOOL DISTRICT (AISD) FOR SCHOOL BASED SERVICES (GOAL 2)

Stacy Spencer and Hugh Simmons provided the Committee with background information regarding funding from Central Health and AISD which will provide \$420k for one year from Central Health and \$683k from AISD for the CFS Division. Discussion ensued. Ed Calahan called for a motion to recommend to the Board the approval of proposed recommendation. Emmit Hayes second. All in favor. Motion carried. *This item will be added to the consent agenda.*

INFORMATION ITEM: AUTHORITY SERVICES REPORT: HHSC PERFORMANCE MEASURES FY 2018 (GOAL 2) Melody Moscal provided the Committee with an update on HHSC Performance Measures for FY 2018. Discussion ensued.

DISCUSSION ITEM: CHIEF OPERATIONS OFFICER (COO) REPORT Dawn Handley provided the Committee with a brief verbal report regarding clinical service delivery and program support. Discussion ensued.

The items listed below were decided for Consent/Non-Consent Agenda:

Consent:

Recommendation to Approve, if Awarded, Grant from Impact Austin (Goal 2)

Recommendation to Approve, if Awarded, Grant from Express Scripts Foundation (Goal 2)

Recommendation to Approve, if Awarded, Grant from Macquarie Group Foundation (Goal 2)

Recommendation to Approve, if Awarded, Funding from Central Health and Austin Independent School District (AISD) for School Based Services (Goal 2)

Non-Consent:

None

CITIZENS' COMMENTS

None.

ADJOURNED

The meeting adjourned at 6:21 p.m.

Guadalupe Zamora

Kendra Green, Recording Secretary

Date



Board of Trustees

Planning and Operations Committee

January 22, 2019



I. Citizens' Comments



II. Approval of Minutes from
December 6, 2018
Planning & Operations Meeting



III. Recommendation to Approve, if Awarded,
Downtown Austin Community Court (DACC)
Housing Focused Supportive Services
(Goal 2)

Aurora Amador, Assistant Manager
Sheryl Stiffler, Practice Administrator



Award Information

- Fundor: City of Austin
- Division: Crisis
- Total Funds per year: \$400,000 requested
- Match Requirement: None
- Initial Contract: 4/1/19 - 3/31/20
- Renewal Possible: up to 4 12-month extension options
- Location: Alameda House
- Existing Staff: No impact

Service Gaps

City of Austin has requested proposal for housing-focused support services to clients of the Downtown Austin Community Court (DACC) Intensive Case Management (ICM) program.

Staff will provide community outreach and engagement with individuals at their level of readiness, particularly females who are:

- experiencing homelessness and are in need of a safe, sober and secured environment for housing-focused supportive services
- considering substance use and mental health treatment in pre-contemplative and contemplative stages of change
- in need of women's health care, including prenatal and OB/GYN services
- victims of trauma seeking treatment, including therapy, to address the frequent victimization and exploitation of homeless women

Alameda House and DACC Partnership

- Continue to build on existing, successful collaborative efforts with Downtown Austin Community Court (DACC) clients, established in 1999
- Alameda House (AH) is a 15-bed facility located on Manchaca near Ben White
- Minimizes use of more expensive options (jail, court, hospitalizations, EMS, ERs, etc.)

Client Access and Assistance

- 5 beds with 24/7 staff care
- Residential length of stay of one day up to 90 days
- Mental health, substance use and medical treatment
- Housing and criminal assistance will be available for individuals with criminal backgrounds that include arson, sex offenses, felonies, tickets, warrants, etc.
- Financial advocacy and application help for MAP, food stamps, SSI benefits, ID, government free phone, mailing address, etc.

Impact of Supportive Services

- Meet goals of direct access, increasing scope of services, and improving customer service
- Fills gaps within the service array
- Provide direct, one-stop assessments and care coordination
- Provide additional treatment options and referrals coordination and collaboration, to meet client needs
- Create stable and secure structure in a nurturing, residential environment for mental health and substance use treatment services to allow for future growth and successes

Questions/Comments?

IV. Information Item: Children's Mental Health Crisis Task Force (Goal 3)

Mary Dodd
Senior Planner



Children's Mental Health Crisis Services Task Force (Goal 3)

How do we improve the way our community responds when children and families are in crisis?



Travis County Children's Mental Health Plan

- Plan was released in February 2015
- Work Groups have been implementing the Plan under leadership of Kids Living Well
- October 27th Leadership Summit resulted in creation of a new Children's Mental Health Crisis Services Task Force

Travis County Plan for Children's Mental Health



A coordinated five-year plan to improve the wellness of children and youth in Travis County



Children's Mental Health Leadership Summit

- Travis County Children's Mental Health Plan Update
- **Panel discussion about children's mental health crisis care**
 - NAMI Austin
 - Austin ISD and Del Valle ISD
 - APD
 - Dell Children's ED and Shoal Creek Hospital



Children's Mental Health Crisis Task Force

Co-Chairs: Sally Hernandez and Emmitt Hayes

Groups represented in the membership:

- Any Baby Can
- Austin Child Guidance Center
- Austin ISD
- Austin Police Department
- Austin Public Health
- Casey Family Programs
- Central Health
- Communities In Schools
- Community Advancement Network
- Dell Children's Medical Center Maxwell Unit
- Eanes ISD
- Integral Care
- LifeWorks
- Manor ISD
- Meadows Mental Health Policy Institute
- NAMI Austin
- Pflugerville ISD
- SAFE Alliance
- Texas Dept. of Family Protective Services
- Texas Dept. of Health and Human Services
- Travis County Health and Human Services
- Travis County Sheriff's Office
- United Way for Greater Austin



Task Force Goal

Create a system of care that empowers children and families experiencing a mental health crisis to live safe and healthy lives by offering the least restrictive, most appropriate level of care through a seamless, comprehensive and integrated continuum.



One-third of Texas High School students report feeling sad or hopeless

Texas High School Students	9 th Grade	10 th Grade	11 th Grade	12 th Grade
Felt Sad or Hopeless	34%	38%	33%	32%
Made a Plan to Attempt Suicide	15%	16%	13%	13%
Attempted Suicide	10%	12%	14%	13%

Source: Texas Youth Risk Behavior Survey, Center for Health Statistics, Texas Department of State Health Services, October 23, 2017



Children's crisis calls increased 47%

Integral Care Crisis HELpline	FY17	FY18	% Increase
Total Crisis Calls regarding Travis County children	4248	6226	47%
Unduplicated children served	1370	1947	42%
Calls resulting in MCOT dispatch	401	695	73%
Calls resulting in 911 dispatch	212	272	28%

Source: Integral Care



68% Increase in unduplicated children served through MCOT dispatches

Mobile Crisis Outreach Team	FY17	FY18	%
Total Crisis Dispatches to Children	556	655	
Unduplicated Children Served	303	509	68%
Total Number of Visits	1000	1592	59%

+ 199 EMCOT dispatches

Source: Integral Care



Almost half who report to Dell Children's ED do not require hospitalization.

Dell Children's ED	FY17	% of Total
Total flagged for mental health consult	1416	100%
Discharged home	662	47%
Transfer to psychiatric inpatient	603	43%
Medical admit	85	6%
Unspecified	66	5%
Left against medical advice	14	1%

Source: Dell Children's Medical Center Emergency Department



Psychiatric Inpatient Admissions of Travis County Children

Psychiatric Hospital	2015	2016
Austin Oaks	525	430
Austin State Hospital	<17	<14
Seton Shoal Creek	450	460
Texas Neuro Rehab Center	<6	-
Cross Creek Hospital	51	510
Austin Lakes	17	17

Source: Meadows Mental Health Policy Institute

- About 1,431 children were admitted for psychiatric hospitalization in 2016.
- This was a 31% increase from the previous year.
- The total financial cost for this level of hospitalized care was \$6,240,470 in 2016.



Challenges identified by the Task Force

- Stigma prevents early identification and contributes to delays in treatment.
- A lack of clarity for how to respond to a crisis results in children not being connected to the most appropriate level of care.
- Poor coordination across systems results in multiple assessments and delays in receiving care.
- Due to a lack of crisis intervention options, too many children end up in hospital emergency departments or psychiatric hospitals when less restrictive care would be more effective.



Recommendations

- Leadership Summit on November 28, 2018
- Keynote by Liz Manley, University of Maryland Institute for Innovation and Implementation
- Technical Assistance Training to help with implementation of recommendations



Improve coordination and communication across systems

- Identify a common psychiatric crisis assessment tool
- Agree on treatment protocol based on assessment results.
- Develop agreements to support improved communication between families, providers, schools, foster care and juvenile justice to allow for more seamless transitions between systems.
- Create a personal mental health medical history form for families to maintain, which they can share with providers as they choose.



Single point of entry

- Answer calls 24/7 with screening, triage and referral to most appropriate services.
- Direct transfer to 9-1-1 for emergency medical or law enforcement response.
- Dispatch MCOT when necessary.
- A central hub for providers who can call to report assessment outcomes and facilitate connections to the most appropriate level of care.
- Assess insurance status with the caller and the crisis care provider to facilitate faster connections to services.
- Access to real-time information on the availability of crisis intervention services for better referrals.
- Follow-up within 24 to 48 hours to ensure services were obtained and to assist with further referrals, if necessary.



Expand the scope of mobile crisis response

- Expand capacity of MCOT to ensure one hour response time and to provide crisis follow-up.
- Ensure the team includes staff certified for dual diagnosis of Intellectual and Developmental Disabilities (IDD) and mental illness.
- Develop written materials that provide information about MCOT crisis response and follow-up services for the family, providers, school counselors or nurses.
- Increase cross-training between MCOT and school counselors, emergency departments and psychiatric hospitals.
- Work with MCOT, hospitals, schools and school-based programs to identify strategies for better information sharing to improve continuity of care.



Intensive community-based crisis intervention

- Develop a pilot project to stabilize children and families recovering from a psychiatric crisis with intensive home and community-based services for up to 90 days
- Focus on areas of high frequency of MCOT dispatches and or referrals to emergency departments
- Multi-disciplinary team could include a licensed clinician, certified family partner, a near-aged peer specialist, and IDD clinicians
- Children connected to services within 72 hours of a crisis event
- Families connected to on-going community supports and services



Crisis Respite

- In-home and out-of-home crisis respite to help children avoid hospitalization or other out-of-home placement
- Children have a safe environment and services to de-escalate their crisis.
- Includes therapy, skills training, and crisis planning for the family and child



Expand wraparound intensive case management services

- Increase capacity for wraparound services in our community
- Connect children and families to wraparound case management services more quickly, especially following a mental health crisis.
- Maximize State and Medicaid reimbursement for wraparound services, to draw down more state and federal funding to the local community.
- Increasing the use of youth and family peer support in the wraparound planning process.



Residential Crisis Stabilization

- Intensive short-term treatment and stabilization (up to 72 hours)
- 24-hour crisis admissions
- Medical team will address acute mental health needs and conduct a psychiatric assessment
- Includes medication management
- Provide individual and family counseling services
- Work with family to begin planning for children home upon admission
- Case management services



Next Steps

- Proposal for Intensive Community-Based Intervention to be presented to Psychiatric Services Stakeholders on 1/28/19
- Two new Task Groups will be launched at 1/31/19 Kids Living Well meeting
 - Improved Coordination and Communication, Chaired by Chelsea Garcia, Communities In Schools
 - Single Point of Entry, Chaired by Laura Peveto, Travis County HHS



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Questions?



V. Information Item: A Pilot Program of Foster Care Intensive Services and Supports for Youth with Complex Behavioral Needs (Goal 2)

Hugh Simmons, Director of Practice Management
Melody Palmer-Arizola, Practice Administrator



Context

- Travis County youth in CPS custody with complex behavioral needs do not always have Foster homes available for placement
- As a result, too many youth with complex behavioral health needs have had to temporarily reside in DFPS offices or hotels
- Children in these settings have been designated as Children Without Placement (CWOP) as CPS could not secure a licensed placement adequate to meet the needs of the child
- Additionally, CPS children with complex behavioral health challenges have experienced extended periods of stay in psychiatric hospitals due to the lack of adequate, appropriate placement options for these children



Travis County Stakeholder Collaboration

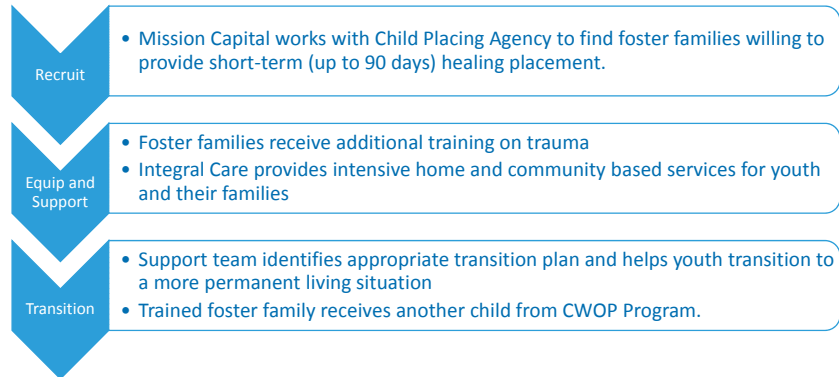


Travis County Stakeholder Collaboration

- The Stakeholders are collaborating to ensure children and youth with complex behavioral health needs have access to a diverse array of healing foster homes that are trauma-trained and supported by an array of intensive in-home and community-based services and supports.



Pilot Project Overview



Pilot Project Goals

The program is designed to ensure youth in DFPS with complex behavioral needs receive a foster home placement that is equipped to meet their needs so that youth can stabilize and transition to a more permanent placement.

The pilot project will:

- Provide skilled foster parents with increased training and the hands-on assistance they need to individualize the skills they have learned to successfully support each child in their care
- Provide children and youth with complex needs the supports and services they need in order to achieve and maintain permanency



Integral Care's Role

Integral Care will deliver intensive, in-home, wraparound support services for Foster families. Services will include:

- Support for foster parents in their training in evidence-based practices, such as Trust Based Relational Intervention.
- Intensive Case Management – Coordination of community resources utilizing the Wraparound Planning model to assist youth in accessing needed care and services to meet individual needs.
- In-Home Therapy - Home-based evidence-based practices that align with TBRI and other identified training. Provide support for crisis response
- 24-hour rapid response - Telephonic, home visits and/or psychiatric crisis response



Services (continued)

- Behavior analyst – Behavioral support in the home and community and support for crisis response
- Parent Partner – Peer family support
- School advocacy – Assistance to navigate school systems
- Psychiatric Gap Services – Psychiatric assessment and medication management



Anticipated Short-Term Outcomes

- Foster families increase capacity to deescalate behavior challenges
- Foster Families report decreased disruptions at home and in school
- Foster Families experience improved navigation of education and other systems
- Foster care families experience more appropriate use of Crisis Services



Anticipated Long-Term Outcomes

- Improved treatment for children and youth with complex behavioral health needs
- Elimination of CWOP
- Reduced unnecessary inpatient and residential services
- Reduced placement disruption
- Increased Placement Permanency
- Increased retention of foster families



Start-Up and Sustainability

Budget estimate: \$677,739 per year, covering the following positions:

- Program Manager
- Admin Tech
- QMHP Masters Level (2)
- Psychiatrist
- LPHA Therapist
- QMHP Behavioral Analyst
- Parent Partner



Start-Up and Sustainability

Stakeholders are now seeking initial funding to operate the pilot for these services. Stakeholders have met with the Medicaid STARHealth Managed Care Organization Superior to discuss alternative ways to support this program on-going. We are also in the process of contacting Private Funders.



Questions/Comments?



VI. Discussion Item:
Chief Operations Officer Report
(Goal 2 & 3)

Dawn Handley
Chief Operations Officer



Systems of Care Update

Dawn Handley, Chief Operating Officer



Program Highlights



- **DSRIP**
 - 21 measures met
 - Hats off to our teams
- **MHFA**
 - Trained 2,712 in 2018
 - 2,0143 under St. David's Foundation Grant
 - 7,723 since 2010



Systems of Care Update

- Access
- Quality
- Efficiency
- Expansion



Questions/Comments?



VII. New Business



VIII. Citizens' Comments



