

C³ Initiative Pilot Project One Pager

The Network of Behavioral Health Providers convened over 60 community organizations as part of the Community Coordination of Care (C³) Initiative to create the blueprint for a coordinated, system-wide, person-centered continuum of care that integrates medical, behavioral health and social services while addressing the social determinants of health. After one year of planning, the group also developed the framework for a coordinated care pilot project with the aim improving client and community outcomes, reducing service duplication, maximizing resource efficiency and generating cost savings.

The C³ Initiative Pilot Project target population will be children and adults who:

- have a diagnosed mental health disorder
- have a social service need
- have a household income at or below 200% of the Federal Poverty Level
- reside in Spring Branch/Northwest Houston (77055, 77080) or and Fifth Ward/Northeast Houston (77020,77026, 77028); and
- consent to sharing their medical, behavioral health and social service data with participating organizations.

The key elements of the pilot project include:

- A network of 12 primary care, mental health, substance use disorder and social service providers that will provide needed services to pilot project participants:
 - Catholic Charities
 - Houston Food Bank
 - Main Street Ministries
 - Memorial Assistance Ministries
 - NAMI Greater Houston
 - Santa Maria Hostel
 - Spring Branch Community Health Center
 - The Council on Recovery
 - The Harris Center for Mental Health & IDD
 - The Women's Home
 - Vecino Health Centers
 - Wesley Community Center
- 3 Care Coordinators who will help remove barriers that prevent participants from accessing needed services; and
- ClientTrack, an electronic platform, that allows participating organizations to share participant data, develop joint care plans and communicate regarding participant progress; and

The pilot project will be based upon the Pathways Community HUB Model and use the “No Wrong Door” approach to ensure that participants can enter the program through any of the participating organizations. Participants will be required to consent to share their health (including behavioral health) and social service data with other pilot organizations. All participant data will be entered into the shared ClientTrack platform.

Identified front line staff within each participating organizations will be responsible for:

- Determining client eligibility for C³
- Obtaining consent
- Entering client data into ClientTrack database

Front line staff may include but are not limited to Intake Specialists, Eligibility Specialists, and/or Case Management Specialists.

Once a client has been enrolled into C³, the Project Manager assign a Care Coordinator to the client. Each client will have only one care coordinator.

A Care Coordinator will be responsible for:

- Establishing contact with a client
- Conducting client needs assessments
- Opening and closing relative Pathways based upon client’s needs
- Completing Daily Living Assessment-20 (DLA-20) if not already completed by Harris Center Mental Health & IDD
- Ensuring clients are accessing partner organization services
- Monitoring client outcomes
- Proactively serving as a resource for clients to remove barriers

Participating organizations will have the ability to refer clients to participate in C³, as well as to use ClientTrack to refer clients to other organizations participating in the pilot.

A fuller C³ Policy Handbook will be developed and distributed to participating pilot organizations in early September.