Community Coordination of Care (C³) Initiative Meeting

October 29, 2019
12:00 - 1:30 p.m.
The Harris Center for Mental Health & IDD
C³ Initiative Goals

- 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; and

- To develop a pilot a project focused on improving client and community outcomes, reducing service duplication, maximizing resource efficiency and generating cost savings
# C³ Initiative Information Gathering Process

<table>
<thead>
<tr>
<th>Activity</th>
<th>Participants/Groups</th>
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<tbody>
<tr>
<td>Community Survey</td>
<td>126 Participants, 76 Organizations</td>
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<tr>
<td>Confidential Interviews</td>
<td>30 Health, Social Service, Government, Academic Executives</td>
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<tr>
<td>Focus Groups</td>
<td>5 Client/Consumer/Patient Groups, 50 individuals</td>
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<tr>
<td>Committee Meetings/Demos</td>
<td>39, engaging 100+ workgroup members</td>
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<td>Best Practice/Model Research</td>
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C³ Pilot Project

Key Goals:
• Improving client and community outcomes;
• Reducing service duplication;
• Maximizing resource efficiency; and
• Generating cost savings
C³ Pilot Eligibility Criteria

In order to be eligible to participate in the C³ Pilot, clients must:

• 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 Fifth Ward/Northeast Houston (77020, 77026, 77028); and
• Consent to sharing their medical, behavioral health and social service data with participating organizations.
C³ Pilot Key Elements: 
Partner Organizations

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/Area Pantry
• 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
C³ Pilot Key Elements: Care Coordinators

3 Care Coordinators who are responsible for:

- Establishing contact with a client;
- Conducting client needs assessments (including DLA-20);
- Opening and closing relative Pathways based upon client needs;
- Ensuring clients are accessing partner organization services; and
- Monitoring client outcomes; and
- Proactively working to remove barriers to clients receiving services
C³ Pilot Key Elements: Pathways Community HUB

The Pathways Community HUB (HUB) model is an evidence-based strategy to identify and address risk factors at the level of the individual. Care Coordinators track each pathway to completion with the hope that this comprehensive approach and heightened level of accountability will lead to improved outcomes and reduced costs.

The 20 potential pathways that can be opened for a client include:

- Adult Education
- Employment
- Health Insurance
- Housing
- Medical Home
- Medical Referral
- Medication Assessment
- Medication Management
- Smoking Cessation
- Social Service Referral
- Behavioral Referral
- Developmental Screening
- Developmental Referral
- Education
- Family Planning
- Immunization Screening
- Immunization Referral
- Lead Screening
- Pregnancy
- Postpartum
C³ Pilot Key Elements: Data Sharing Platform

ClientTrack allows participating organizations to share participant data and communicate with one another. Through the system, participating organizations are able to:

- Make Referrals
- Assess Client Needs/Goals
- Assign Client Care Teams
- Develop Care Plans & Opening/Closing Pathways
- Share Client Encounters & Services Received
- Track Client Progress
C³ Pilot Updates

• Launched September 30th
• # Agencies to Make Referrals: 3
• Current Program Enrollment: 7 clients total (5 Adults & 2 Children)
• Some Identified Client Issues: Housing, Transportation, Benefits eligibility, Dental, Medical, Food, Behavioral Health, & Social Services
• # Pathways Opened: About 17
• # Pathways Closed: About 4
• # Unduplicated Clients to Make Progress on Care Plan/Pathways: 2
C³ Pilot Early Learnings

• The process of identifying and enrolling new clients has started slowly as each partnering organization is working to customize this process into their current workflow.
• The shared electronic platform is improving the efficiency of connecting clients to services within their community (immediate referrals).
• The care coordinators are serving an important role in filling in the gaps of what partnering organizations are unable to do.
• The provider partnerships with the client at the center of care encourages growing relationships and better communication between partnering organizations.
• Partnering organizations have identified several clients living outside of the eligible zip codes who could greatly benefit from C³.
• Many uninsured clients cannot afford to pay the sliding scale fee required by some of the primary care and behavioral health providers.
Questions?
C³ Initiative Recommendations

• Key Goal:
  • 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

• 26 recommendations--3 categories:
  • For Organizational Impact
  • For Policy
  • For Finance
C³ Initiative Recommendations:

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C³ Initiative Recommendations:

Organizational Impact

Provider Organizations:
Incorporate into operations practices that include:

- providing transportation for clients to and from their location to other providers;
- holding resource fairs for consumers and including peer support specialists/recovery coaches as resources;
- holding classes for patients and/or developing a handbook that explains how to navigate the health care system locally;
- striving to hold flexible, non-traditional hours to meet the needs of working clients;
- providing a quarterly training for case managers and other frontline staff regarding available community resources; and
- educating staff and promoting inclusivity as it relates to programs and resources available based upon immigration status.
C³ Initiative Recommendations:

**Organizational Impact**

**Provider Organizations:**
- Integrate primary care, behavioral health and social services and, to the extent possible, make those services available on-site.
- Develop and adopt a universal client consent form for purposes of data sharing across agencies.
- Whether through formal screening or another appropriate method, assess both the social-environmental and health (including behavioral health) needs of patients.

**Medical & Clinical Schools:**
- Strengthen social determinant of health curriculum and education and ensure that all students receive this education, including through continuing education opportunities.

**Philanthropic Organizations:**
- Prioritize direct services grant funding for agencies that collaborate to provide patients with coordinated care.
# C³ Initiative Recommendations: Policy

**US Congress:**
- Provide funding and/or financial incentives for behavioral health providers to implement Electronic Health Records.
- Pass legislation requiring the provision of high-quality, affordable health care coverage to all U.S. residents.

**Texas Legislature:**
- Expand Medicaid as set forth under the Affordable Care Act or provide alternative high-quality, affordable health coverage options
- Require training and other provisions to ensure that state-funded health care services are trauma-informed.
- Increase funding to expand the number of psychiatric residency positions.
- Increase funding to expand the number of available inpatient psychiatric and detoxification beds.
- Fund the provision of behavioral health counseling services on all public school campuses.
### C³ Initiative Recommendations:

**Policy**

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<th>Texas Legislature &amp; Local Government:</th>
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<td>• Increase funding for services that promote prevention and early intervention related to physical health, behavioral health and socio-economic issues.</td>
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<tr>
<td>• Provide funding and other incentives for health care, behavioral health and social service agencies to coordinate care.</td>
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<tr>
<td>• Increase funding for community-based mental health and substance use disorder services.</td>
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<td>• Increase funding for public health services.</td>
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<th>US Department of Health &amp; Human Services:</th>
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<td>• Develop and issue a Health Insurance Portability and Accountability Act-compliant data sharing Memorandum of Understanding template to assist organizations seeking to share client data.</td>
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<th>Appropriate Federal &amp; State Regulatory Agencies:</th>
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<td>• Monitor and ensure compliance with the Mental Health Parity and Addiction Equity Act.</td>
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C³ Initiative Recommendations:

**Finance**

- Prioritize the widespread implementation of a global payment reimbursement model that is value-, outcomes- and risk-based.

- Reimburse for navigation and coordinated/treatment planning services under the current Fee-for-Service model.

- Reimburse for prevention-based activities—such as screenings— as well as the services that address socio-economic factors under the current Fee-for-Service model.

- Reimburse for services provided by non-clinical staff, such as peer support specialist, Community Health Workers and case managers.

- Work to expedite credentialing for providers to serve on insurance panels.

- Ensure full integration of physical and behavioral health services.
C³ Initiative Recommendations: Next Steps

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<th>C³ Initiative Recommendations Workgroup</th>
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<td>Set forward the strategic direction on building the blueprint for a system-wide continuum of care</td>
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<td>Year One: May 31, 2020</td>
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<td>Breakdown the workgroup into committees:</td>
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<td>Workgroup Quarterly Meetings</td>
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<td>Committee Group Every 6 Weeks</td>
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C³ Initiative Recommendations: Breakout Committees

**Step 1**
Select the committee you would like to join and break out into groups.
Select a scribe for the group.

**Step 2**
Review the recommendations and 1) prioritize them, 2) discuss ways to measure success, and 3) determine potential implementation activities for each recommendation.

**Step 3**
The team scribe will report to the full workgroup on the committee’s work and how to move forward.
C³ Initiative Recommendations: Next Steps

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C³ Initiative Recommendations:

*Breakout Discussions*