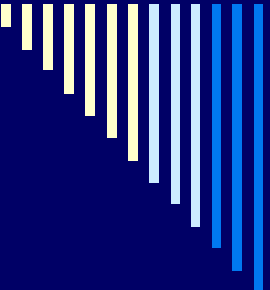


Towards a Texas Health Risk Assessment Tool (HRAT)

**A Mental Health Transformation Activity
Consistent with the Texas Comprehensive
Mental Health Plan**

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Fitting in with the Texas Comprehensive Mental Health Plan

- Plan goals
 - The integration of health and mental health
 - Increase mental health screening
 - Increase coordination with federally qualified health centers (FQHCs)
 - Use screening tools to improve veterans' services
 - Implementing a “no wrong door” approach to service delivery.
- Utilizing an HRAT may help remove barriers about finding appropriate avenues for service



Health Risk Assessment Tool (HRAT) Concept

- A comprehensive tool that gathers appropriate self-reported information to determine the need for additional services
- The implementation of this tool is based on US Preventive Services Task Force
- Aggregate reports (no personal health information) are to be generated using a web-based reports portal that allows managers (without a need to know personal health information) to monitor the process
- Local service providers can view aggregate and identified information using the reports



Purposes and Objectives

- ❑ To demonstrate the feasibility of utilizing computer-assisted screening tools to identify individuals at risk for mental and physical health conditions
- ❑ To demonstrate the coordination and integration of service delivery at the local level, based on the risk factors identified by the screening tool
- ❑ To measure co-morbidity incidences across populations;
- ❑ To improve care for individuals with some permutation of physical and mental health issues
- ❑ To demonstrate local and state collaboration as a means to continuously monitor and improve physical and behavioral health services



Implementation Model (State)

- ❑ Tool questions identified in collaboration between state and local partners
- ❑ State contracts for provision of tool in a broad framework
- ❑ Central office reports on aggregate data and system utilization
- ❑ Central office identifies additional partners and coordinates system expansion
- ❑ Central office facilitates training



Implementation Model (Local)

- ❑ Local communities contribute information in developing screening tool
- ❑ Each community can identify one or more clinic(s) and/or other health care location(s) that can be used to address community members' health care needs
- ❑ Identified entities will, where appropriate and feasible, coordinate service delivery and serve as primary referral points for individuals needing appropriate community-based care
- ❑ Training is implemented in partnership with central office and other local entities



Scope of Project Activity

- ❑ The scope of the project is intended to be a small number of communities and is being sponsored by the Mental Health Transformation Project
- ❑ The age of individuals screened may vary based on contractor response
- ❑ It is expected, at a minimum, that HRAT screening will be provided for adults
- ❑ If resources permit, a screening tool for children will also be implemented



Training Plan

- To support the use of the HRAT, appropriate training will be needed to facilitate appropriate follow-up assessment and management of needs detected by the HRAT
- The degree of integration will drive the amount and scope of the training. The location of training (centralized vs. local) will be determined based on the training objectives identified by pilot sites, in conjunction with MHT staff



Project Deliverables

- ❑ Selection, implementation, and use of an HRAT for common use across Texas
- ❑ Compiling, tracking and reporting of data that identifies the frequency of co-morbidity occurrences
- ❑ Collection of data as appropriate for project oversight
- ❑ Service utilization reports to include frequency of tool usage, mitigating factors, and service issues
- ❑ Evaluation of usefulness and ease of use of an HRAT by clients and staff



Project Assumptions

- ❑ Procurement procedures can be implemented effectively
- ❑ Staff is available for project implementation and management
- ❑ Access to agency leadership is available as required
- ❑ Project schedule can be maintained
- ❑ Consensus on additional, if needed, screening tool questions can be developed rapidly
- ❑ Appropriate training can be provided



Constraints-Funding

- State level
 - The project's core funding is from the MHT grant (SAMHSA).
 - The grant is in the 3rd year (Year 4 to begin October 2008). The federal budget (FY09) may not include funding.
 - There has been \$50,000 allocated in FY08 and \$75,000 requested in FY09.
 - Local funding may support any aspect of the project.
- Tool administration
 - There is not sufficient federal funding to administer an unlimited number of assessments at the local level. Some allocation of resources or additional funding may be required.
- Costs associated with interpreting results
 - Currently, interpreting assessment results for adults is not a current CPT code for Medicaid reimbursement. These costs must be funded separately.
- Other costs



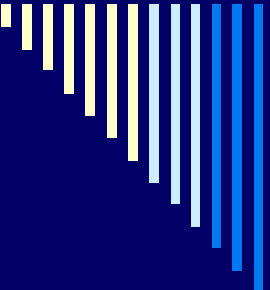
Other Constraints

- Project schedule
 - There are federal target dates that impact project implementation
- Staffing
 - State-level data analysis
 - Administrative support
 - The role of evaluator has to be assigned
- Space
- Technology
 - Appropriate technological resources can be implemented to support the project.
- Procurement Procedures



Contextual Issues in HRAT Functional Requirements

- ❑ Multilingual. The tool must be available in, at a minimum, English and Spanish.
- ❑ Reading level. The reading comprehension level required for completion should be at or below the 8th grade.
- ❑ Accessible to the disabled. The tool must be meet Texas and Federal requirements for accessibility.
- ❑ The tool should be accessible via the world wide web using, at a minimum, either Microsoft Internet Explorer or Firefox.
- ❑ The contractor should identify specific versions and/or other environmental requirements.



Technological Issues in HRAT Functional Requirements

- ❑ The service is the provision of an online health risk assessment tool, to be accessed via the World Wide Web
- ❑ Web hosting for both the tool and associated material (such as any resultant data set) will be a shared resource
- ❑ Local equipment and network connectivity will not be centrally managed
- ❑ The assessment tool should support the use of kiosk-type computers using touch screen technology. It should not require
- ❑ System availability must be established. Uptime (operational hours) must be determined
- ❑ Regularly scheduled maintenance times must be identified.
- ❑ the use of a mouse or trackball
- ❑ The content collected from the client (respondent) should be analyzed by the tool and provided to the clinical staff



Technological Issues (Reporting) in HRAT Functional Requirements

- Available standardized reports should include
 - Trend reports
 - Sedentary, overweight/obesity, and smoking
 - Snapshot reports:
 - Sedentary, overweight/obesity, and smoking; clinical preventive service needs; disease management chronic conditions
- Each group below (clinic, community, agency, and state) should be able to generate reports that select assessments by:
 - Time frame (start day/month/year to ending date/month/year)
 - Subpopulation (demographic grouping- gender, age group, etc.)
 - Topics (lifestyle, disease management, clinical preventive services)
- Multiple criteria should be able to be selected
 - (e.g. date range: 1/1/07-2/15/07, Males, aged 18-25)
- The reporting requirements identified are minimum requirements



Client-level Technological Issues in HRAT Functional Requirements

- ❑ Client can select language for using the tool
- ❑ Client can (but is not required to) generate user ID and password for login
- ❑ If a client generates an ID:
 - Client can retrieve lost user ID and/or password using email
 - Client can login and complete an uncompleted assessment without starting over
 - Client can retrieve previously completed assessments from a secure website
- ❑ Client can review responses before submitting completed assessment
- ❑ *Client can view only one question per screen
- ❑ *Client can navigate back and forward without using browser controls
- ❑ Client can print individual reports



Clinic-level Technological Issues in HRAT Functional Requirements

- Clinics are to have a portal for printing reports on individuals taking the assessment at the clinic (if the individual has granted consent to view information)
- Clinics can design and print aggregate reports on individuals taking the assessment at the clinic
- Clinics can design and print aggregate reports by identifying ZIP codes of interest



Community-level Technological Issues in HRAT Functional Requirements

- Community-level organizations can design and print aggregate reports on clients from clinics within their community by using a select list identifying clinics within their community.
- A designated community-level organization can design and print aggregate reports by selecting ZIP codes of interest



Agency- and State-level Technological Issues in HRAT Functional Requirements

□ Agency

- A participating state agency can design and print aggregate reports on clients from within any community or clinic associated with that agency.
- A participating state agency can design and print aggregate reports by selecting ZIP codes of interest

□ State-level

- The managing agency (DSHS) can design and print aggregate reports by clinic, community, agency, and ZIP code



Data Usage

- Only aggregate, statewide data may be disseminated directly by the unless specifically authorized or consented to by the individual who provided the data, by the state agency holding the master contract, by court order, or regulatory requirement.
- Data will be destroyed if program discontinued.
- Exporting assessment results to PHRs and EHRs will be addressed.
- The tool may fit into the National Health Information Network.



Assessment Basics

- The assessment must address both physical and behavioral health issues
- The assessment will be developed in collaboration with a team from the Texas Mental Health Transformation project, including representatives from local community collaboratives.
- The assessment tool should not *require* the client to provide detailed information about vital statistics such as specific cholesterol levels or specific blood pressure.
- The target age range for the assessment tool needs to be identified and the issue of assessing children must be addressed



Assessment Scope

See handout



Points for Discussion

- Technological requirements
- Physical requirements
- Training needs
- Local funding



Technological Requirements

- Client Computers
 - Tablet PC or kiosk
 - Internet Explorer and/or Firefox browser
 - Internet access
 - Firewall
- Client network
 - Printer access
 - Security plan
 - Virus protection
 - System access
 - Assistive software (screen reader)
- Administrative computers
 - Internet Explorer and/or Firefox browser
 - Internet access
 - Firewall settings
- Data usage agreements
- Consent



Physical Requirements

- Quiet environment to complete tool
- Accessible for people with disabilities
- Method of securing equipment



Training Needs

- ❑ What services are already available onsite?
- ❑ What relationships for referrals with other providers are already in place?
- ❑ Are there any easily identifiable partners?
- ❑ What assistive services are you already providing?
- ❑ What training resources are available?
- ❑ What technology support needs exist?



Funding

- Focus of state funding from Mental Health Transformation on seed funding, tool development, and technology acquisition
- Reimbursement strategies
- What, if any, local funds might be leveraged?



Other Topics

- Connectedness with other programs
- Project expansion