

**North Texas Behavioral Health Authority  
Minutes of the Board of Directors Meeting**

**Date of Meeting:**

**January 12, 2011 at 12:00 PM**

<b>2011 Attendance</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Judge Michael Chitty, <u>Chair</u> <b>Kaufman County</b>	X											
Susan Miles, <u>Vice-Chair</u> <b>Collin County</b>	X											
Ryan Brown, <u>Treasurer</u> <b>Dallas County</b>	X											
Richard Scotch, PhD, <u>Secretary</u> <b>Dallas County</b>	X											
Pat Lawson <b>Collin County</b>	X											
Ron Stretcher <b>Dallas County</b>	X											
Zachary Thompson <b>Dallas County</b>												
Janis Burdett <b>Ellis County</b>	X											
Matt Wolff <b>Hunt County</b>	X											
Commissioner Kit Herrington <b>Navarro County</b>												
Andrew Dillard, M.D. <b>Rockwall County</b>	X											

Attendance Legend:

X = Attended monthly BOD meeting

L = Late arrival, missed votes to approve minutes and financial reports

L2 = Late arrival, missed vote to approve minutes

**Item #1**

**Call to Order and Declaration of Quorum**

**Judge Michael Chitty, Chair, called the meeting to order:**

Judge Michael Chitty brought the meeting to order at 12:04 p.m. and a quorum was declared.

Attendance included:

- Board members as noted above.
- NTBHA staff: Alex Smith, Alice Watson, Brandy Ruckdeschel, Teresa Handel and Brittony McNaughton.
- Approximately 35 visitors and speakers.

**Item #2**

**Secretary's Report**

**Dr. Richard Scotch, Secretary, reported:**

- Richard Scotch reported that the minutes of the December board meeting have been circulated and there was one correction.

- Dr. Scotch moved to approve the minutes of the December 8, 2010 regular meeting of the board of directors as revised. This was seconded by Ron Stretcher and the motion carried.

### **Item #3**

#### **Finance Committee Report**

##### **Ryan Brown, Treasurer, reported:**

- The statement of income and expenditures for the period ending November 30, 2010 was not received in time to circulate to the board prior to today's meeting. Ryan Brown stated the November 30<sup>th</sup> financial report will be circulated for review to board members in advance of the next regularly scheduled board meeting.

### **Item #4**

#### **Public Commentary**

- None.

### **Item #5**

#### **Executive Director's Report**

##### **Alex B. Smith, NTBHA's Executive Director, reported.**

The Executive Director's report was circulated to the board in advance of the meeting. Highlights of the report are as follows:

1. NTBHA Authority Transfer/Contract Review. The draft contract which has been distributed to the board for review is the result of extensive scrutiny and review. The body of the document is designed and intended to make NTBHA a partner – as opposed to a third party - with DSHS in the relationship with VO. The actionable utility items of the contract are found at Appendix section 4B, and include 20 indicators to VO for designing and managing the system under the contract. The board may wish to include additional items or eliminate some items. Outside consultants were brought in to provide a broader perspective on national trends in health care such as blending primary care with behavioral care.
2. Memorandum of Understanding ("MOU") to TriWest. Executive Director Alex Smith drafted a MOU addressed to TriWest to clearly differentiate the relationship between TriWest and Parkland and the relationship between TriWest and NTBHA. The draft MOU is being reviewed by legal counsel and a final document is expected soon.
3. Annual Audit. PMB, Helin Donovan, CPA firm has been engaged as NTBHA's auditor for this year's annual audit.
4. Executive Director Taskforce. The Executive Director task force has been reconvened and a meeting was held on January 11<sup>th</sup>. The focus of the meeting was discussion of the tiered service array approach to contracting, and another meeting is scheduled to focus

on constructing a contract template and to consider changes in delivery of services via a tiered services approach if the indigent population in our system continues to grow. Advanced planning for a tiered service array would provide a workable means of managing compressed financials if performances start to suffer and if VO is unable to maintain its margins. Additionally, the 12/9 Taskforce will review and advise on The Bridges project, the Southern Area Clinics project and ACS Mobile Crisis. It is important to note the timeline for the DSHS contract: by mid-February, the document will be ready to send to DSHS for their legal counsel review over the following two months (March/April), then it will be sent to VO for the same process (May/June), with an expectation of reaching agreement on a contract for execution by late June, and ready for implementation on September 1.

5. DSHS – Listening Session. On December 10<sup>th</sup>, Executive Director Alex Smith participated in a “Listening” session sponsored by Dr. David Lakey to gather input from all the constituents in the Dallas/Tarrant County area regarding changes taking place in Austin and the impact of Health Care Reform. The key for NTBHA is to address specific changes needed at The Bridge, at ACS Mobile Crisis, at the Southern and Central Area Clinics, and move forward with those changes in conjunction with VO and the 20 indicators.

**Discussion**. Ron Stretcher commended Executive Director Alex Smith and Brandy Ruckdeschel for the tremendous amount of time and energy they have devoted to this project. Details about a tiered-service array have not been available, and the concern is making a commitment before gaining a clear understanding of the implications vis-a vis a long-term solution which integrates with our objectives and obligations. The board has traditionally sought review and consensus from large constituencies for its contracts and the 12/9 Taskforce is able to provide valuable input; however, responsibility and authority for the final decision lies with the board.

## **Item #6**

### **Behavioral Health Organization Report**

**In the absence of Jack Szczepanowski, Executive Director of VO, Felicia Spalding, clinical director of VO/NorthSTAR, reported.** The BHO report and a packet containing additional detail was circulated to the board. Highlights of the report are as follows:

1. Review of the Past Six Months. In brief, over the past six months VO has been working on a number of initiatives and many of them were taken to multiple groups within the community and much of their feedback has been incorporated. At the last NTBHA board meeting, a decision was made to move forward with several of

these items and a directive to come back to today's meeting with additional information for the board to consider.

2. Adapt Community Solutions. In VO's original proposal, several alternatives were considered for the mobile crisis centers in the community. Feedback from the community was a strong desire to maintain coordination of care. The board's directive was to work directly with ACS in re-contracting and address some of the issues. Although there is not a negotiated contract at this point, a draft contract is expected in the VO office today. VO is working closely with ACS on a draft contract redlined by both sides which is budget neutral and recognizes peak and non-peak coverage obligations to assist ACS in being able to staff over the 5,000 square miles. ACS has amassed data of peak and non-peak hours and VO has developed algorithms for implementation and incorporation of performance measures for the volume of face-to-face encounters which are critical in crisis intervention.
3. NorthSTAR Clinical/Operational Changes. VO started the after-hours clinic in Dallas under the Crisis Re-Design, followed by establishing the Southern Area Behavioral Health Clinic. The Southern Area clinic has not had a utilization volume to match the reimbursement level which posed the question of whether there truly is a need for two urgent care clinics. Due to input from the community and the board, VO is working on a proposal to maintain both clinics in a financially viable manner and which match the volume and the needs of the various communities. Draft contracts with payment methodology and other details are in the packet distributed to the board at today's meeting. Specific issues addressed in the contracts are:
  - a. Southern Area Clinic Contract. VO's proposal is to tie reimbursement more closely to volume of services actually provided and establishing utilization targets with an associated fee schedule up to the reimbursement amount. The proposed Southern Area contract provides a six-month period to achieve expected utilization.
  - b. MetroCare Urgent Care Clinic Contract. VO's proposal is to recognize the number of case-rated members currently being served and to adjust the capitation to members who are assigned to MetroCare, resulting in projected savings through reimbursement for clients who are existing members on case rate versus clients who are strangers.
4. The Bridge Redesign Implementation Plan. The focus of The Bridge redesign is to address overall needs of clients at The Bridge and to integrate those services in a way that will move people toward good outcomes, assisting recovery, connection with healthcare and with

the VA services if eligible. The packet contains details about members at The Bridge, the services they receive and the dollars associated with those members. The recommendation is for some consolidation of services at The Bridge and a more fully integrated service plan, a team working on the same integrated plan for each member at The Bridge. Through ongoing meetings with members and providers at The Bridge, VO's goal is to have a plan for The Bridge redesign in place by March 1st.

5. NorthSTAR Utilization Management Plan. The Utilization Management Plan and attached Executive Summary is a large document which Ms. Spalding offered to speak to today or schedule other meetings in order to go over specific aspects of the plan.
6. Case Rate Reconciliation Summary. Jack intended to speak to the Case Rate Reconciliation Summary which is included in the packet. If the board is interested, the case rate summary can be discussed in closed session later in the meeting.
7. NorthSTAR Financial Trend Summary. This is included in the packet, though not intended as part of today's presentation.

#### **Discussion.**

- Ron Stretcher thanked Ms. Spalding for the update and acknowledged the tremendous work produced in a short time especially in view of the holidays. Ron asked for clarification and confirmation on several points.
- A draft contract is in negotiation with Adapt Community Solutions, and VO has achieved some consensus.
- Meetings and contract discussions with MetroCare and Southern Area clinics have occurred although draft contracts have not been reviewed with all parties at this time. The primary focus in these contracts is quality care and ensuring that accessibility is maintained rather than cost savings. VO is moving forward with negotiations and will begin to execute contracts with each clinic with a goal of having these programs in place by March 1<sup>st</sup>.
- Alex Smith stated as VO is moving forward to meet its objectives, the 12/9 Committee also is evaluating the proposed contract elements with constituents so they will be aware of the contract changes. Further discussions are needed prior to the board meeting in February. Additionally, VO documents marked "proprietary" in the packet may be considered in the closed Executive Session later in the meeting at which time VO can provide a more detailed explanation.
- Dr. Frank Webster commented that outpatient services and benefit redesign is very complicated. The objective is to draft a well thought-out plan in a rational and well constructed format in which all options have been considered and "open door and a fixed amount of money" reconciled for consideration by the board.

- Executive Director Alex Smith. Independently, the board is doing its fiduciary responsibilities to monitor many of these issues. At issue is MLR which is reported quarterly (not monthly), meaning the first quarter data is available only after the completion of the second quarter which means mid-year. This is being addressed internally to get data in real time. Alex is looking at the VO reports in 2009 comparing their projected MLR with the actual MLR each month to determine the discrepancy, accuracy and consistency. This year MLR looks to be 88.9%, allowing for certain retroactive adjustments. The MLR of 88.9% was achieved due to changes made in the system early on; otherwise it likely would have been higher at 92-93%.
- Felicia Spalding introduced:
  - a. Eric Hunter with the VO national team, who is Jack's counterpart in the Illinois area;
  - b. Dr. Hal Levine, VO's chief medical officer, who may be familiar to many in the area already; and
  - c. Dr. Frank Webster, who now serves in an official capacity at VO.

#### **Item #7**

##### **Consumer and Family Advisory Council Report**

###### **Mike Katz, Chair, reported:**

- There is no CFAC meeting being held in January.
- The February meeting will be held in conjunction with the Self-Directed Care group on February 2, 2011 at the Urban Institute location in Oak Cliff.
- Mike Katz also reported CFAC is in the process of revamping its meeting format in an effort to attract larger participation from consumers and family members. Educational topics and guest speakers are being developed that would be of interest to this group.

#### **Item #8**

##### **Provider Advisory Council Report**

**Liam Mulvaney, CEO of LifeNet, reported.** The PAC report and minutes of the meeting held December 10, 2010 were circulated to the board in advance of the meeting. This was the traditional combined meeting for the months of November and December with attendance of 19 representatives from provider agencies. Important points from the meeting PAC wishes to bring before the board for action are:

- Comments on items discussed today. While time availability is a factor, providers sincerely appreciate the opportunity for input afforded to all stakeholders on the myriad of issues such as the 9 Orders, cost cutting efforts and the transfer of authority.

- VO Authorization Process and ACT Step-Downs. The provider group recognizes the authorization process associated with the case rate model is a DSHS requirement. It is upsetting to providers when the process is cumbersome and does not work well.
- Tiered Benefit Structure. Over the next month, providers will be looking closely at the proposed provisions of this system in light of their concerns about potential reduction of services to clients.
- Reconciliation Process. Although slow, progress is being made. PAC appreciates VO's openness to working with the provider system and providers beginning to have a better feeling about the process.
- Discussion (Alex Smith, Ron Stretcher, Liam Mulvaney). The trend is a steady erosion of funding and dilution of services and we need relief in some areas. Working with Janie Metzinger, a list could be drawn up of the most important programs which, at a minimum, must be maintained at current levels, and the elimination of other requirements such as TIMA that are an administrative burden at provider expense and offer no benefit. Another suggestion was having a presentation on the 340B Patient Assistance Program for drugs and exploring the potential to get help for clients in covering some their medication costs through the pharmaceutical companies. Awareness at the state and national level is at a high just when funding for mental health and many other programs are being cut and dropped from some private plans, so it is imperative to find community based resources to supplement existing funding.

### **Item #9**

#### **Psychiatrists Leadership and Advocacy Group Report (PLAG) [formerly Physicians Advisory Panel (PAP)]**

**Dr. Ed Nace reported.** The PLAG report and minutes of the meeting held January 5, 2011 were circulated to the board in advance of the meeting.

1. Lab Services. There has been some improvement regarding computer access and recent problems with lab services.
2. BHLT (Behavioral Health Leadership Team). Several psychiatrists are participating in the BHLT at different levels.
3. Tiered Benefit System. Tiered Benefit is viewed as putting caps on SP-2/3/4 and a reduction of services to medication management only. Generally this is not a good idea since this population has an on-going need for a number of psycho-social services. Initially viewed favorably by the psychiatrist and provider groups, the proposal submitted by VO for a tiered benefit structure was not well received by either group.
4. Comments on VO Spending FY2009 Compared To FY2010.

- In 2009 VO spent \$840 per patient per year and in 2010, it spent \$740 per patient per year. This is a \$100 per patient decrease. VO instituted many cuts due to a perceived loss of revenues, yet its admin/profit figure was a record high in FY10.
  - In actuality, VO's income was \$5.8M more in FY10 than in FY09, of which \$3.6M was allocated to services and \$2.2M to admin/profit. Essentially, enrollment increased by 10% while clinical expenditures increased by only 3% and admin/profit increased by 13%. In view of the fiscal crisis in Texas and in NorthSTAR region, and considering VO's profits, PLAG wishes NTBHA would formally request that cuts in services be stopped, and reestablished when possible. As good corporate citizens all the cuts should not be put on the backs of the sick and on the providers who are struggling to keep their clinics open.
5. PLAG strongly objects to bureaucratic interference with patient care. PLAG strongly urges elimination of bureaucratic interference in treatment of patients (TIMA, for example), and allow physicians and the clinical staff to determine an optimal treatment plan which in some instances may be outside of specific packages when clinically indicated. This may result in fewer appointments in some cases. It is for physicians and patients together to decide the optimal medication regimen without intrusion by the insurance company. The same applies to determining psycho-social services for a client. PLAG's recommendation for the new contract under negotiation is to allow the clinical team to determine the optimal medication regiment without intrusion by an insurance company, and the same applies to psycho-social services, and allow trained medical providers do their work.
6. After-Hours Clinic and MetroCare. These clinics serve an important function in continuity of care which is as critical as crisis intervention. Some of the clients are indeed case-rate patients, but diminished continuity of care correlates to crisis increase and there is ample documentation to support this correlation.

Discussion. Ron Stretcher requested PLAG to be more focused and report back to the board with a specific request. Dr. Nace will take the request for more focus back and ask PLAG to identify its top concerns.

## **Item #10**

### **Discussions and possible approvals.**

- **Legislative Report.** Janie Metzinger of MHA
  - The legislature convened on Tuesday and MHA will be hard at work until the end of May. The State Comptroller estimates the budgetary shortfall will be \$15 billion; however, to keep services

level and adjusting for projected increases in demand, the shortfall may reach \$27 billion.

- The Legislative Steering Committee is closely following the 25-30 bills currently filed relating to mental health and substance abuse, and this number could triple by the end of the legislative session.
- Janie will continue to research new bills and status updates and will send a weekly legislative alert so that all the advocates may write to their state senator and representative on relevant issues.
- Letters to legislators have been prepared and are available for signatures from individuals and organizations. These letters will be presented in the packets which MHA will provide to legislators during the legislative session. To date, more than 100 signatures have been gathered.
- Janie anticipates going to Austin two to three times per month. MHA is working with NAMI on a bus trip to Austin on February 17 for Legislative Advocacy Day.

#### **Item #11**

##### **Executive Session**

At 1:04pm approximately, Judge Chitty recessed the open meeting to allow the board to go into Executive Session pursuant to chapter 551, subchapter D, Texas Govt. Code to consider the following matters:

- Legal matters
- Proprietary issues pertaining to contracts

#### **Item #12**

##### **Discussion and possible vote in open session on matters considered in Executive Session**

- None.

#### **Item #13**

##### **Next Board of Directors Meeting**

- February 9, 2011 at 12:00 Noon

#### **Item #14**

##### **Adjournment**

- There being no further business to discuss, Richard Scotch moved that the January 12, 2011 meeting of the board of directors be adjourned. This was seconded and the motion carried.
- The Executive Session adjourned at 2:55 approximately and the board meeting was formally adjourned at 2:56 p.m.

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Dr. Richard Scotch, Secretary

**Acronyms & Terminology**

340B	A federal drug pricing program
ACS	Adapt Community Solutions (Mobile Crisis Provider for NorthSTAR, see MCOT)
ACT	Assertive Community Treatment
APAA	Association of Persons Affected by Addiction
APOWW	Apprehension by a Police Officer Without a Warrant
BH	Behavioral Health (includes MH and CD)
BHLT	Behavioral Health Leadership Team
BHO	Behavioral Health Organization (ValueOptions)
BOD	Board of Directors
BPD	Bipolar Disorder
The Bridge	Homeless Assistance Center in Dallas
C&A	Child and Adolescent
CAP	Corrective Action Plan
CBT	Cognitive Behavioral Therapy
CD	Chemical Dependency
CFAC	Consumer and Family Advisory Council
CHIP	Children's Health Insurance Program (aka SCHIP)
CIT	Crisis Intervention Training (40 hour event sponsored by the City of Dallas Police Dept.)
CMBHS	Clinical Management of Behavioral Health Services
COMI	Coalition on Mental Illness
CRCG	Consumer Resource Coordination Group
DARS	Texas Department of Assistive and Rehabilitative Services
DBSA	Depression and Bipolar Support Alliance
DDC	Dual Diagnosis Court
DPS	Department of Public Safety
DSCT	Direct Services Cost Target
DSHS	Texas Department of State Health Services
ED	Executive Director
ER	Emergency Roomy
FMAP	Federal Medical Assistance Percentage for Medicaid
FPL	Federal Poverty Level
FTE	Full-time Employee
GOH	Green Oaks Hospital
GR	General Revenue
HHSC	Health and Human Services Commission
HUD	Housing and Urban Development
IOP	Intensive Outpatient Treatment
LAR	Legislative Appropriations Request
LBB	Legislative Budget Board

LOC	Level of Care
LOC-A	Level of Care - Authorized (as specified by Service Packages approved by VO for a client)
LOC-R	Level of Care – Requested (by the SPN to VO)
LPHA	Licensed Professional of the Healing Arts (Graduate degrees with specific licenses)
MAC	Medical Advisory Council
MCOT	Mobile Crisis Outreach Team (In NorthSTAR, ACS is the MCOT, providing phone and face-to-face intervention.)
MDD	Major Depressive Disorder
MH	Mental Health
MHA	Mental Health America
MLR	Medical Loss Ratio
MOU	Memorandum Of Understanding
NAMI	National Alliance for the Mentally Ill
NARSAD	National Alliance for Research on Schizophrenia and Depression
NTBHA	North Texas Behavioral Health Authority
NTSPP	North Texas Society of Psychiatric Physicians
OCR	Outpatient Competency Restoration
OPC	Order of Protective Custody
P&Ps	Policies and Procedures
PA	Pre-authorization
PAC	Provider Advisory Council
PAP	NTBHA Physician Advisory Panel (PAP); now known as Psychiatrists Leadership and Advocacy Group (PLAG)
PBM	Pharmacy Benefit Manager
PESC	Psychiatric Emergency Service Centers
PLAG	Psychiatrists Leadership and Advocacy Group [formerly known as NTBHA Physician Advisory Panel (PAP)]
PMPM	Per Member Per Month
QMHP	Qualified Mental Health Professional (Bachelor's degree in specific helping field majors)
RDM	Resiliency and Disease Management
RFI	Request For Information
RFP	Request For Proposal
RR	Recidivism Rate
SA	Substance Abuse
SABH	Southern Area Behavioral Healthcare
SCHIP	State Children's Health Insurance Program
SDC	Self-Directed Care

SED	Severe Emotional Disturbances
SFY07, SFY08, SFY09, SFY10, SFY11	State Fiscal Years. SFY10 began September 1, 2009 and will end August 31, 2010.
SGA	Second Generation Atypicals (medication)
SME	Subject Matter Expert
SNRI	Selective Norepinephrine Reuptake Inhibitor
SOP	Supportive Outpatient Treatment
SP-1, SP-1S, SP-2 SP-3, SP-4 (ACT)	Adult Service Packages associated with LOCs in RDM—the higher the number, the more intensive the services provided. Similarly, children have RDM service packages.
SPA	Single Portal Authority
SPN	Specialty Provider Network
SSRI	Selective Serotonin Reuptake Inhibitor
TCADA	Texas Commission on Alcohol and Drug Abuse
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDI	Texas Department of Insurance
TIMA	Texas Implementation of Medication Algorithms
TLETS	Texas Law Enforcement Telecommunications System
TP 55	Type of Medicaid for medically needy clients whose increased medical bills make them eligible for Medicaid (not currently eligible for NorthSTAR)
TRAG	Texas Recommended Assessment Guidelines
TSH	Terrell State Hospital
UA	Uniform Assessment
UM	Utilization Management
UTMB	University of Texas Medical Branch
UTSW	University of Texas Southwestern
VA	Veterans Administration
VO	ValueOptions (the NorthSTAR BHO)
WRAP	Wellness Recovery Action Plan