

NTBHA Executive Director Report

February 2011

1. NTBHA Authority Transfer/Contract Review.

We have submitted the body of the contract with revisions, to DSHS shortly after the last Board meeting. We are now prepared to forward Appendix 4b that contains the “Indicators” (“The 20”), that suggests the direction we want to see VO take the NorthSTAR system. We have had “The 20” circulated to our network partners for the past month and have incorporated suggestions to the extent that we heard broad support.

2. MOU/TriWest

Dallas County approved our advance on next years match to cover the cost of the TriWest MOU. We have executed the MOU and are working with the consultants on our “contracting” effort.

3. The SPN E.D. Group

The SPN E.D. group at the end of January to consider the “Bridge” implementation plan. As a result we are submitting a recommendation to the board.

4. Dallas County BHLT

Attached is a package of information covering the progress of the BHLT. A “Charter” for each of their Operations Teams have been approved and are attached as well.

The BHLT also considered “The 20” and submitted recommendations.

5. Collin County BHLT

Collin County has begun the preliminary effort at establishing a “Leadership Team” for the County. Their BHLT met on January 13, 2011.

6. Ellis County Behavioral Health

Ellis County, under a different name is beginning to organize its Behavioral Health community in an effort to help provide guidance to NTBHA regarding Ellis County Services. An Agenda of this effort is attached.

7. **The Dallas BHLT Crisis Team**

The Crisis Team met in January to discuss the development of the concept of a “Crisis Hub” with the idea of providing a more cost effective service to the crisis population. Once approved, they are looking in the director of a physical location that would support all facets of crisis management. i.e.: 25 hr. Ops, Emergency Dept., Detox Facilities, Pharmacy and Clinic Services, (providing primary medicine along with Behavioral Health Services). An alternate consideration was introduced under the term “Virtual Hub”.

8. **The Legislative Budget Board (LBB) Behavioral Health Budget**

Attached is a copy of the proposed budget for Behavioral Health, statewide, as well as NorthSTAR . As covered in the attached Dallas Morning News article, significant cuts to NorthSTAR are recommended. We have been looking for a source of comparison, which would allow us to see how other MHMR Counties were impacted by the proposed cuts.

NTBHA OMBUDSMAN/CLINICAL OPERATIONS REPORT

January 2011

Meetings Attended:

- Board Meeting at NTBHA
- Self-Directed Care
- Psychiatrist Leadership and Advocacy Group
- Dallas County Steering Committee Meeting
- Bi-Weekly DSHS/VO NetOps Call
- Clinical Operations Groups Meetings
- Provider Advisory Council
- Meeting with the Tri-West Consultants
- CIT Police Training in Dallas
- Homeward Bound Site Visit
- Texas Health Institute’s Advanced Urban Housing Policy Workshop
- Collin County Social Service Meeting
- Ellis County Task Force Meeting
- Rockwall Steering Committee Meeting
- ACS Teleconference with VO and Adapt (biweekly)
- Medicaid CHIP Regional Advisory Committee Meeting
- Residential Chemical Dependency Treatment Denial Audit of VO
- Bexar County crisis services site visit
- Veterans Grant meeting with Grace After Fire
- SPN ED meeting to discuss the possibility of a tiered benefit structure in NorthSTAR
- Behavioral Health Leadership Team
- Provider Review Committee

**SUMMARY OF MEETINGS WITH BHA QUALITY IMPROVEMENT COMMITTEE/QUALITY IMPROVEMENT
INITIATIVES/
RECOMMENDATIONS FOR CHANGE**

Adapt Mobile Crisis (December):

ADAPT Community Solutions (ACS) provides 24/7 **Crisis Hotline** services to any consumers third parties in the NorthSTAR service area from its call center in Dallas.

Mobile Crisis Outreach Team (MCOT) services, also provided 24/7, is provided by staff that are deployed and dispatched from multiple locations.

There were 2,912 incoming phone calls (total of 5,470 incoming and outbound calls) in December with 463 resulting in face to face encounters. This is an increase of 122 incoming phone calls over last month and an increase in F2F encounters by 10 over last month. Of the 463 face to face encounters, 400 were the result of an incoming crisis call. All other face to face encounters are a result of follow-ups, post hospitalization follow-ups, transport to a Provider, and critical labs notifications.

The breakdown by county is as follows (inbound calls/face to face encounters):

December		Totals
Collin	total calls	295
	F2F	62
Dallas	total calls	2008
	F2F	274
Ellis	total calls	118
	F2F	30
Hunt	total calls	118
	F2F	27
Kaufman	total calls	130
	F2F	35
Navarro	total calls	67
	F2F	28
Rockwall	total calls	29
	F2F	7
Law	total calls	171
Enforceme	F2F	12
Out of	total calls	19
State	F2F	0
OTHER	total calls	128
	F2F	0

ACS began tracking response times for emergent/urgent calls by county. Values in **RED** denote response times not within the required timeframes of one (1) hour for emergent calls and eight (8) hours for urgent calls. This month there were no calls that fell outside the required timeframes.

		Total	0-60	61-90	91-120	121-180	181-240	240 plus
Collin	Emergent	2	2	0	0	0	0	0
	Urgent	59	17	6	8	13	10	5
Dallas	Emergent	22	22	0	0	0	0	0
	Urgent	236	81	33	28	36	30	28
Ellis	Emergent	1	1	0	0	0	0	0
	Urgent	29	7	3	5	8	4	2
Hunt	Emergent	1	1	0	0	0	0	0
	Urgent	26	4	7	3	5	5	2
Kaufman	Emergent	2	2	0	0	0	0	0
	Urgent	32	4	8	3	6	4	7
Navarro	Emergent	0	0	0	0	0	0	0
	Urgent	27	9	4	2	5	3	4
Rockwall	Emergent	1	1	0	0	0	0	0
	Urgent	6	0	2	1	1	1	1

Recommendations:

The increasing hotline calls and decreasing face to face encounters is one of the nine orders ValueOptions has presented and has been reviewed by several stakeholders in the community through various workgroups. The majority consensus is to work with the current Provider, ACS, to increase the face to face encounters. It has also been recommended to look at the current crisis funding and look at where those funds are currently being spent and whether a reallocation of those funds would make more sense.

ValueOptions is currently working on constructing a current contract with ACS to reflect current funding with realistic performance measures attached.

Self Directed Care: Reported by the Program Director, Walter Norris

The new number of participants in the program is currently 81. We are presently trying to bring up the total number of participants by revisiting with former participants that pulled out early for various reasons. We have enlisted one to rejoin the program at this point and are scheduling to meet with other possible candidates.

The SDC program is emphasizing that participants concentrate on their recovery goals. As a result, the SDC Advisors have been working with participants to really focus on goals. Reaching their individual goals empowers the participants to move towards recovery.

After the successful turnout for WRAP training in November with around 14 participants, Ricardo Aguilar from mental Health America facilitated a new WRAP training class at the end of January. The goal for this class is to have approximately 10 participants.

We have had about three participants apply for a peer specialist training class that will commence at the end of February. This particular class will be held in Dallas instead of Austin. The last training class facilitated by Via Hope was held in Austin during the month of October. The SDC program had one participant who successfully completed the training. It is a great feeling to have a number of participants recover to the point that they can help empower other consumers.

The SDC staff presented an update at the January Coalition on Mental Illness meeting. Louis Moreno, Dong Tran, Brandy Ruckdeschel, Anna Salazar, and I delivered the presentation along with one of our participants, Eldridge Beamon, who spoke about his personal recovery during his time in SDC. We think it is remarkable that Eldridge went from not having a job when entering the program to now having two jobs, in which one is a self-employed job, with people working for him on that job.

The SDC program is excited with the progress of a number of our participants. The advisors and support work hard to help all of the participants to be successful in their desire to recover. Recovery is different for each individual, but many have show definite signs of recovery. We are very pleased with the ones who have either gone back to work along those who are taking various classes or training for the future.

Progress Report – as of January 20, 2011

Enrollment TOTAL: 217 - Final as of 9/21/2010.

Random Assignment: Control = 102, Experimental = 115

Officially withdrawn from research study: Control = 3, Experimental = 8

Status of Experimental assignees:

Active in SDC = 81

Incarcerated = 2

Out of jail but not yet in program = 2

Moved away = 2

Ineligible for SDC = 7

Chose to leave SDC = 8

Removed from SDC by program = 1

Dropped out of contact = 4

Medicaid and Children's Health Insurance Program (CHIP) Regional Advisory Committee Meeting

Data: The meeting was held on January 19 at the Center for Community Cooperation in Dallas.

Issues (the following information is from the MC RAC meeting update handout):

- Hospitalizations for 10 identified conditions are called “potentially preventable” because if the individual has access to and cooperated with appropriate outpatient healthcare, the hospitalizations would likely not have occurred. Statistical and demographic information for the conditions was provided and is available online. The purpose of the information is to assist in improving health care and reducing health care costs for Texas residents. The information is not an evaluation of hospitals or other healthcare providers.
- Texas HHSC's Legislative Appropriations Request contains several proposed initiatives.
 - Expand STAR and STAR+PLUS service delivery areas to include some adjacent counties. This effort is planned for a September 2011 implementation.
 - Adding inpatient hospital services as a managed care benefit paid through the STAR+PLUS health plans.
 - Carving pharmacy services into Medicaid and CHIP managed care.
 - Converting the current Primary Care Case Management delivery system to the STAR Medicare managed care program model; adding inpatient hospital services as a managed care benefit paid through the STAR+PLUS health plans; and implementing a dental care managed care program.
- The Patient Protection and Affordable CARE ACT (PPACA) enacted on March 23, 2010 and the Education Reconciliation Act of 2010 (HCERA) enacted on March 30, 2010 together are called the Affordable Care Act (ACA) and will make significant changes to the health insurance market.
- The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was signed into federal law on October 3, 2008. MHPAEA requires certain group health plans that offer behavioral health benefits (mental health and substance abuse disorder) to provide those services at parity (equal or similar) with medical and surgical benefits. The CHIP Reauthorization Act of 2009 (CHIPRA) was signed into federal law on February 4, 2009 and applied MHPAEA requirements to all state CHIP programs. MHPAEA does not apply to Medicaid fee for service programs however MHPAEA does apply to Medicaid Managed Care Organizations.
- Under the provisions of the Health Information Technology for Economic and Clinical Health Act (HITECH), which was enacted as a part of the American Recovery and Reinvestment Act of 2009 (federal stimulus bill), the Texas Medicaid Electronic Health Record (or EHR) Incentive Payment Program provides financial incentives to certain health care professionals and hospitals

that meet specific eligibility requirements when they adopt and meaningfully use certified EHR technology.

- The implementation of e-prescribing has been delayed pending the successful transition of the prescription claim and rebate administrator vendor contract. The new target date for implementation of e-prescribing is March 2011.
- Medicaid Eligibility and Health Information Exchange System (MEHIS provides infrastructure for Medicaid Health Information Exchange (HIE). The system will include access to health data from multiple data sources including fee-for-service claims, manages care encounters, claims-based prescription history, immunization data, and Texas Health Steps information alerts. The Texas Health Services Authority (THSA) is evaluating options for statewide HIE. MEHIS will enable HHSC to exchange data with the statewide HIE. Design elements include on demand options for providers. MEHIS will replace the current paper Medicaid identification for with a permanent plastic card. Other elements include a claims-based electronic health record for Medicaid clients, an e-prescribing tool, and establish a foundation for future health information exchange.
- The MEHIS vendor will offer providers several methods for accessing system data such as an internet portal, interactive voice response, MEHIS portlets, PC tethered magnetic card reader, integrated point-of-sale terminal and transaction exchange. Medicaid clients will be able to access their eligibility and claims based health information through the MEHIS client portal, MEHIS Interactive Voice Response (IVR) system, and live help desk operators. Training for the system will be provided by the MEHIS vendor and the anticipated operational date is June 2011 followed by card issuance over a 30 day period.
- HHSC will participate in a Health Information Exchange Pilot with HIE organizations in the electronic exchange of client medication history. Client communications were sent November 17th with general information about Medicaid's plan to share clients' health information with Medicaid providers over secure networks. Clients have two options to notify Medicaid that they do not want to electronically share their health information with Medicaid providers: an integrated voice response system that was activated on December 1st for recording consent decisions; a client web portal that will go online December 17th at tmhp.com. Data exchange with HIE organizations will begin in late December.

SUMMARY OF MEETINGS FOR JAIL AND STATE HOSPITAL RELATED ISSUES RECOMMENDATIONS FOR CHANGE

Jail/State Hospital Liaison: This month NTBHA Jail/State Hospital Liaison visited with Dallas, Hunt, Navarro, Ellis, Kaufman, Collin and Rockwall Counties to meet and offer assistance with mental health issues within the jail. NTBHA monitor the clearinghouse list monthly for all seven counties. NTBHA representative sends monthly spreadsheets to each county to inform them of those waiting for admission to the State Hospital. NTBHA Liaison checks the status of each inmate in jail waiting for hospitalization. NTBHA will coordinate with state hospitals to have inmates expedited as priority on the

clearinghouse list if inmate poses a danger to self or is desecrates rapidly while waiting in jail. NTBHA will continue to monitor the flow from jail to hospital and coordinate with county jail to offer education and/or assistance with aftercare for individuals once they are released in the community.

Outpatient Competency Restoration and Jail Diversion: Dallas County Outpatient Competency Restoration currently has 48 participates. Outpatient Competency allows patients to be treated and returned to competency in the community. This allows patients the unique opportunity to move toward more productive lives in the community while receiving treatment for mental illness. The goal is to increase the patients understanding and knowledge about mental illness in hopes of them remaining stable while living in the community and reducing recidivism. Patients receive education regarding the criminal justice system and how it applies to them. NTBHA meets with Kimberly Carson, coordinator for Dallas County OCR Program. Kimberly monitors the clearinghouse list for Dallas County inmate constantly to find those that are eligible for Outpatient Competency Restoration. The inmates that are appropriate for OCR are eligible for North Star. Once approved for OCR, inmates are immediately released to the referred provider to restore competency in the community. NTBH representatives met with members from Dallas County, Value Options, and Parkland to staff difficult cases waiting for the State Hospital. The meeting was very beneficial and helpful with understanding how to improve the process from jail to hospital and identify inmates that were inappropriate for the State Hospital.

Collin County Activity

NTBHA visited Collin County Jail this month. NTBHA spoke with Belinda Williamson to discuss mental health treatment for inmates. NTBHA discuss inmates that are on the clearinghouse list waiting for a hospital bed at the State Hospital. Collin County reported a steady flow of mental health inmates in jail. Collin County uses the TLETS system to identify mentally ill inmates while in jail. TLETS is used during the book-in process to help identify mental ill consumers. Collin County reported that once inmates are identified they are immediately referred to the appropriate medical staff and treatment is administrated. Collin County is also utilizing Transicare to provide Target Case Management Services for inmates who are mentally ill that will soon be discharged in the community. Target Case Management Services are provided to assist inmates once they are released from jail and in the community. The services that are provided include accessing and/or maintaining behavioral health services. The Target Case Management Services are short term services that are customized to each individual to maximize treatment benefits until a provider in the community has been identified. The services include mental health and substance use treatment, assistance setting up support services and therapeutic relationship with a case manager once released from jail. NTBHA sends monthly jail match reports to Value Options to help indentify inmates that may be appropriate for Target Case Management. NTBHA's Jail State Hospital Liaison continues to send monthly spread sheet to Collin County in order to monitor individuals that are

waiting for a bed at the State Hospital. NTBHA will continue meeting with Collin County to offer assistance and education for mental health.

Dallas County Activity

NTBHA sends monthly spreadsheets to Dallas Competency Coordinator in order to monitor Dallas County Individuals on the clearinghouse list for transport to a State Hospital. NTBHA monitors this list several times a month to assure the list is accurate. NTBHA Jail State/ Hospital Liaison and Dallas County Competency Coordinator Kimberly Carson communicate weekly and compare wait list in order to discuss the flow of inmates from jail to hospital. NTBHA will continue to monitor the clearinghouse list for Dallas County inmates and compare it with the list Dallas County creates to insure all inmates are actually on the wait list. If inmates are not on the clearinghouse wait list NTBHA representative reports the information to Kimberly Carson who will research the problem to find out the reason for the inmates not being added to the clearinghouse list. Dallas County Steering Committee meets weekly to discuss the flow from jail to hospital and mental health issues. The committee continues to discuss state hospital movement, competency issues and better treatment for inmates while in jail.

Ellis County Activity

Jail/State Hospital Liaison spoke with Ellis County concerning mental illness and jail/hospital issues. Ellis County reported that inmates with mental illness continue to be low and manageable. Ellis County reported using TLETS to identify inmates with mental illness. NTBHA monitor the clearinghouse list for Ellis County monthly and sends a monthly spreadsheet with each individual that is waiting for admission. Ellis County provided NTBHA Jail/State Hospital Liaison with their process once the person is identified. NTBHA discuss aftercare for inmates once discharged from jail. Ellis County reported that they have a mental health booth for inmates once released from jail. The pamphlets that are located in the booth area have information about the local mental health clinics in the area. Ellis County reported that they have no way of knowing if services are actually followed through. NTBHA encouraged the jail to education inmates about services in the community and how to follow up with Adapt of Texas which is the local mental health clinic in Ellis County. NTBHA will continue to reach out to Ellis County Jail and offer assistance with mental health. NTBHA attended Ellis County Task Force Meeting. Ellis County Task Force requested a meeting with key people from Value Options to discuss how to implement recommendations on the delivery of services. The meeting was beneficial with helping to identifying mental health services that are available in Ellis County. Providers that have contracts with Value Options that are located in Ellis County were identified. Information on after hour crisis evaluation and intervention through Southern Behavioral Healthcare Services were identified.

Hunt County Activity

NTBHA Jail State/Hospital Liaison met with Lt. Geninger at Hunt County Jail to discuss jail/hospital issues. Lt. Geninger reported to NTBHA that once a person who has a mental illness is identified and need immediate attention Transicare is utilized for the evaluation. Lt. Geninger reported using Green Oaks Hospital for medication stabilization on individuals who are suicidal and/or homicidal. Hunt County has expressed in interest in wanting referrals for aftercare services for individuals being discharged into the community. Lt. Geniger verbalized that Hunt County is seeing an increase of inmates with mental illness. He reported using the TLETS system which identifies mental illness during the book- in process. Lt. Geninger reported that the nursing staff immediately starts the screening process if there is an exact match with TLETS. Hunt County reported using Transicare if an inmate needs to be screened immediately or have attempted suicide. NTBHA will continue assisting and educating Hunt County about services for aftercare in the North Star area that individuals can utilize once discharged from jail. NTBHA will continue monitoring the clearinghouse list and discussing inmates progress while they wait for transportation to the state hospital. NTBHA submit monthly spreadsheets to Hunt County identifying these inmates.

Kaufman County Activity

NTBHA Jail State/Hospital Liaison spoke with Kaufman County concerning mental illness and jail/hospital issues. Kaufman County reported using TLETS systems to identify mentally ill inmates. NTBHA submit monthly spreadsheets to Kaufman County for individuals on the clearinghouse list waiting for transfer to the State Hospital. Kaufman County reported understanding the services that Transicare can provide for inmates that are in a mental health crisis. NTBHA will offer any assistance that may be needed with mental health issues and to check the progress of inmates on the clearinghouse list.

Navarro County Activity

NTBHA Jail State Hospital Liaison met with Lt. Phillips with Navarro County to discuss mental health. Navarro County reported that their numbers are low. Navarro County discussed the process of how individuals with mental illness are identified in the county jail. The TLETS system is used to identify inmates who need mental health treatment while in jail. NTBHA, Jail/State Hospital Liaison monitors the clearinghouse list for Navarro County and sends out a monthly spreadsheet of each individual who is waiting for transfer to a State Hospital. Currently, Navarro County has no one on the wait list. NTBHA Jail State/Hospital will help assist Navarro County with the process to have the inmate placed on the wait list. NTBHA will continue to visit with Navarro County Jail to offer any assistance that may be needed with mental health issues.

Rockwall County Activity

On January 14th and 28th NTBHA Jail State Hospital Liaison met with Rockwall County Jail Officials and Dr. Vincent Ramos for a discussion on mental health services. Other agencies present at the meetings were Green Oaks, Transicare, and Probation. Dr. Andy Dillard (NTBHA Board Member) was invited to attend the meeting on January 28th.

Rockwall County reported using TLETS to identify inmates in Rockwall County Jail with mental health needs. Rockwall has express interest in wanting to connect inmates with local mental health providers once they are released from jail if there is a CCQ match. NTBHA will help assist with this progress.

Rockwall has continued discussion on services that can be provided for their mentally ill inmates that are in jail. Rockwall agreed that education regarding treatment is needed since the population is growing tremendously and increases of mentally ill inmates are in the jail population. Rockwall will continue the search for a part-time psychiatrist. A student intern from Argosy University will provide substance abuse classes for inmates in jail

Rockwall has secured a location for the CIT class that will be hosted in August. Two jail staff will attend CIT in Kaufman County in May to prepare for Rockwall CIT in August. Rockwall County will continue encouraging other smaller sheriff department to agree to send officers for CIT training in August.

Rockwall County Steering committee would like to expand participation of neighboring law enforcement and other agencies. Captain Guzik agreed to contact the county Medical Director to invite him to the next meeting. The group discussed inviting a representative from Lakes Regional MHMR since they are a local provider in the Rockwall area.

Captain Guzik spoke with the County Judge and asked for an opportunity to update Commissioners on the group progress. He would like for the committee members to present a workshop to the commissioners.

Dr. Andy Dillard is the Rockwall representative on the NTBHA Board. Dr. Dillard spoke about his interest and his role on the NTBHA Board.

Angie Byrd reviewed progress of Dallas County Behavioral Health Leadership Team. Rockwall Committee agreed that their interests at these meetings are important. Lt. Calkins and Craig Stoddart will try to attend a couple of the meetings on a regular basis. Dr. Ramos will attend the subcommittee group FIRST and BHLT.

The committee agrees the vision for the Rockwall MH Steering Committee is to see the establishment of public MH services in Rockwall County. These services would integrate the needs and expertise of consumers, service providers and criminal justice institutions in the county.

TLETS Implementation: The TLETS system will allow jails to identify which inmates have a match or a partial match in the CARE system. This allows jails to know which inmates have a history of mental illness services as well as their diagnosis, but nothing related to chemical dependency.

- Currently all seven North Star Counties are currently utilizing TLETS to identify mentally ill inmates.

Clearinghouse List-TSH as of January 4th

- Dallas has eighty (86) inmates awaiting a bed at TSH, with the longest one waiting since July 28, 2010.
- Collin has one (1) inmate awaiting a bed at TSH and was placed on the list on November 12, 2010.
- Kaufman has two (2) inmates awaiting a bed at TSH, with the longest one waiting since October 15, 2010.
- Navarro has one (1) inmate awaiting a bed at TSH and was placed on the list on August 12, 2010.
- Ellis has one (1) inmate awaiting a bed at TSH and was placed on the list on December 3, 2010.

Clearinghouse List-Vernon as of January 1st

- Dallas County has twenty two (22) inmates awaiting a bed at Vernon State Hospital

Steering Committee:

Data: Dallas County Mental Health Steering Committee meetings are held on Thursday mornings. I attended the meetings on January 6th and 20th.

Issues and Concerns:

The following issues and concerns were discussed during the December Meetings.

- Ron Stretcher suggested the MHSC focus on key areas that were identified for The Behavioral Health Leadership Team. The MHSC will be represented at the BHLT by Lynn Richardson and Dr. Judith Hunter from Dallas Metrocare Services.
- Mr. Stretcher asked for suggestions on moving the first 20 cases on the waiting list. The group would like to expand the use of outpatient Competency Restoration.
- Mr. Stretcher discussed having a major meeting once a month as the Justice Sub-committee of the Dallas County Behavioral Leadership Team, which meets the third Thursday of the month. Meetings of the second and fourth Thursday will be held to discuss specific topics such as hospital movement, pregnant women, etc.
- The jail population continues to be a big problem due to cases not moving rapidly. The Commissioners Court is examining every potential way to decrease the population.
- Mr. Stretcher discusses pregnant women in jail and the need to have access to intensive substance abuse treatment services. Cases were presented and lists of options were developed.

Data: December/January Quality Improvement Meetings, Initiatives and Recommendations for Change

QM Initiatives:

- NTBHA applied for an RFA from the Texas Health Institute (THI) to participate in a Permanent Supportive Housing Policy Academy through September 2011. The NorthSTAR area was regarded as too advanced for the scope of the RFA. Alternately, THI offered a one-day advanced workshop on January 26, 2011 which was attended by a NTBHA employee and a representative Metro Dallas Homeless Alliance.
- CMBHS issues are being identified by NTBHA, VO, and CD providers and are being worked with DSHS.
- Complaint trends
- COR/discharge/disenrollment process improvements
- TAC training and competency requirements via SPN HR file audits to verify training events and employee competencies
- NTBHA is monitoring several aspects of the NorthSTAR service delivery
 1. ACT service authorizations
 2. ICM of the highest utilizers in the system that VO is overseeing
 3. Treatment access issues under the case rate model
 4. New enrollee time to get a doctor's appointment
 5. Utilization Management of CD services
- 2011 NorthSTAR Member Satisfaction Survey by VO
 1. NTBHA provided feedback regarding improvements to the survey tool
 2. Scheduled for April 2011

Residential Chemical Dependency Treatment Denial Audit of VO

On November 16, 2010 North Texas Behavioral Health Authority reviewed chemical dependency residential treatment denials (medical adverse determinations) at ValueOptions. There were nineteen denials reviewed. Of those, seven were set aside for further review and a response was requested of ValueOptions. Following dialogue with ValueOptions, NTBHA continues to have concerns with 3 of the cases.

There were two themes with the seven denials set aside for further review:

- The terms “recent use,” “minimal use,” “moderate use”, and “excessive use” use are used to describe usage patterns but no clear definition for the qualifiers is available. Based on the

documentation provided the terms as used by ValueOptions do not appear to appropriately categorize use.

- “Adequate social support” is used as part of the denial justification but there is no evidence in the provided documentation that adequate support exists. The term “adequate social support” is not clearly defined by ValueOptions.

The denial rationales for the denials that NTBHA agreed with are summarized below:

- This level of treatment could not be certified as essential for current symptoms, diagnosis, and treatment for patient’s condition.
 - Member has an adequate support system available.
 - Presence of sober support and this being member’s first treatment episode. Member appeared motivated, had many reasons to want to be motivated, was now sober following detox, and was able to live with parents once sober and in treatment.
 - There are appropriate outpatient chemical dependency facilities within 18 miles the person’s home and outpatient treatment is clinically indicated.
 - Member has minimal to moderate use.
 - Denial of continued inpatient stay based on
 - good progress in treatment indicating that treatment could be successful on outpatient basis
 - appropriate discharge plans in place
 - adequate social support
 - No prior treatment and the presence of a supportive living environment within four miles of IOP treatment programs on bus route.
 - Social support and stable housing.

Recommendations:

- Providers should review with their staff on the criteria for residential treatment which would assist in eliminating inappropriate residential treatment requests.
- It is my recommendation that ValueOptions more clearly defines the ambiguous terms surrounding severity of use (minimal, moderate, excessive, recent) and clearly define what constitutes an adequate support system.
- ValueOptions should be more cautious when issuing an adverse determination rational to avoid cases where the denial explanation does clearly correspond to the state guidelines for residential treatment.

Complaints

***December** _____ **Number of Complaint Calls Processed** _____

Quality of Care or Service	3
Accessibility/Availability	8
Utilization Management	1
TOTAL	12

SUMMARY OF MEETINGS OF NTBHA'S ADVISORY MEETINGS (PAC, PLAG, AND CFAC) AND PERTINENT ISSUES/ACTIVITIES

Provider Advisory Council:

Data: PAC Meeting hosted by NTBHA on January 28, 2011

- **PAC Officer Elections** – It is time to elect a new chair and vice-chair. The PAC chair can sit for two consecutive terms and Liam has currently served one term. Please email Brandy Ruckdeschel at NTBHA your nominations for chair and vice chair before the next PAC meeting in February.
- **Transfer of Authority**
 - NTBHA has sent the main body of the contract to DSHS. The appendix has been sent out to various stakeholders to prioritize the indicators and/or modify them. These should be voted on at the next board meeting and then forwarded to DSHS.
- **Reconciliation**
 - VO reports that roughly 50% of SPN's agree with the last round of reconciliations while the other 50% are still in dispute.
 - VO reports the disputes are smaller for the 2nd quarter.
 - Recoupments and payments should go out next week if you are a SPN that agrees with the reconciliation while the disputes estimated taking another week or so to resolve.
 - There has now been enough comparison data to begin offering the incentive payments in the 3rd quarter reconciliation.
- **TIMA**

- NTBHA reports talking to DSHS regarding TIMA, which has been characterized as dead, but not buried and still remains in the VO contract and therefore TIMA audits will continue for now. Audits do not result in financial penalties to SPN's, but if passed do result in a financial incentive for VO.
- **VO Auth Process**
 - It was reported that TSH discharges are coming out with an authorization in place for SP3, which was very welcomed.
 1. An issue was raised however that TSH discharges also come out with a pharmacy script, but when the consumer goes to fill the script it is being denied.
 - SPN reported no longer receiving faxes from VO on pharmacy related authorizations, which VO will follow-up on.
 - LOST UA'S seems to be a theme among Providers. Many Providers are reporting that although VO confirms "X" number of UA's were received there are always 4-6 UA's that don't receive an authorization for and VO reports never receiving it.
 1. NTBHA is following up and will be auditing this.
 2. Providers should send "lost UA's" that were not responded to timely to Holly Brock at VO to ensure they get authorized.
 - Assessments – It was reported that previously under fee for service assessments were paid for regardless of whether the member was or was not ultimately eligible for NorthSTAR, but under the case rate payment structure these assessments are not counted and therefore not reimbursed.
 1. NTBHA would like VO to look into this and take this into consideration during the next round of contract negotiations. NTBHA will continue to follow this.
 - OCR and ACT question – Do SPN's have to send a separate auth for ACT auth along with the OCR auth?
 1. NO – the auth's are bundled together and a treatment plan is not necessary.
- **Budget Cuts**
 - The first recommendation from the LBB is to cut \$15M from 2012 and an additional \$5M in 2013
 1. NTBHA was in Austin yesterday, but did not receive a favorable response from the Chair of Appropriations. The Senate seems to be lining up.
 2. The Senate Finance Committee meeting will be next week and will hear testimony from the community.
 3. There is also a trip to Austin planned on February 17th for the mental health rally at the Capital.
 - There was a lengthy discussion on how to get representatives from all seven counties in the room together to hear the importance of not cutting NorthSTAR funding. Sharon DeBlanc with VO and Sherry Cusumano with GOH/NAMI will begin working on pulling this together.
- **Retro-active denials and recoupments**
 - CD Providers and SPN's are concerned with claims being reversed and recouped well past 120 days.
 1. VO reports that VO has contracted with a 3rd party vendor to search out other payor sources (ie, insurance). When VO does receive payment from the other payor source VO must reprocess the claim to show the correct payor source, which may appear as a denial. VO, however, is not recouping any funds from the Providers. The EOB's have caused confusion, but Holly Brock at VO can assist in

this confusion if there are more questions. VO reiterated that no funds are actually being recouped in this process.

- **TRAG Changes**
 - Reminder that the Adult TRAG changes will go into effect April 1st. MDD will be eligible for ACT is one of the changes occurring. All the changes will be sent out to the Providers.

- **TIERS Migration**
 - VO reports that Medicaid is migrating from SAVVER to TIERS, which is causing a lot of issues with dual enrollments. This migration will probably take a better part of the rest of 2011. This is causing messy EOB's and a lot of confusion.

Psychiatrists Leadership and Advocacy Group:

Data: PLAG Meeting was not held in February due to the inclement weather conditions.

Consumer and Family Advisory Council Meeting:

Data: The CFAC meeting did not meet on February 1st as scheduled due to the inclement weather, but will reconvene on February 8th.

SUMMARY OF CRCG ACTIVITY, BY COUNTY

January

***Community Resource Coordination Group (CRCG):**

Collin County CRCG-

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The Collin County CRCG meets the 2nd Tuesday of the month at the Collin County Children's Advocacy Center. The Chair is Glenda Schaffer and the Coordinator is Pat Garrett. Agencies represented included NTBHA, Medicaid Case Management, North Fork, Life Path Systems, McKinney ISD, ValueOptions, Plano ISD, and Region 10 ESC, STAR program, Cal Farley's, Juvenile Probation, and Methodist Children's Home. Six cases were staffed. The first involved a 17 year old male with substance abuse issue and. The probation officer was requesting placement at Vernon. The request was approved by the CRCG. The second and third cases were non ed fund application from Plano ISD. The CRCG approved both applications. The fourth case involved a 14 year old male whose family was requesting placement at WCY and community assistance. The CRCG recommended NAMI, trauma resources, services for the younger sister, youth hotline, case management services through Medicaid, and long term life planning. The CRCG also approved the request for WCY and provided a priority letter. The fifth and sixth case were non ed applications from Lovejoy and McKinney ISD. Both application were approved.

Dallas County CRCG - Adult/Homeless

The Dallas County CRCG meets the 4th Wednesday of the month at The Bridge. The Chair is Myrl Humphrey and NTBHA representative, Kristen Cathey, is the Coordinator. Agencies in attendance included ABC Behavioral Health, NTBHA, City Square, Adapt of Texas, ValueOptions, The Bridge, Crisis Intervention, Turtle Creek Recovery center, and Timberlawn. One case was staffed. The case involved a male member of Adapt's ACT team needing housing assistance. Many options and barriers were discussed. The ACT team case manager is working on several housing options through various sources and working to encourage the client to accept housing. The CRCG recommended continue to work on the plan that is in progress and that the client be encouraged to accept housing whenever possible.

Dallas County CRCG – C&A

The Dallas CRCG meets the 2nd Monday of each month at Dallas Letot Center. Cathy Brock is the chair person; Kristen Cathey is the coordinator. The CRCG did not meet in January do to having no cases to staff.

Ellis County CRCG

Ellis County CRCG meets the 1st Tuesday of each month at the Presbyterian Home in Waxahachie, Texas. Janis Burdett is the Chair Person and Teresa Evans is the Co-Chair. The Ellis County CRCG meeting did not have cases to staff however the group presented updates on difficult cases that were staffed in 2010. The group also discusses ways to increase referrals and identifying key individuals that should be present at the meeting.

Hunt County CRCG-

The Hunt County CRCG meets the 3rd Tuesday of the month at Glenn Oaks Hospital; however the group met on the 2nd Tuesday due to the Christmas Holidays. The Coordinator is Evelyn Hare and the Chair is Laura Sadler. Agencies represented included Region 10 Educational Service Center, NTBHA, Value Options, Hunt County Sheriffs, Hunt County Juvenile, Tri County Co-Op, Glen Oaks Hospital, Greenville ISD, Quinlan ISD, Providence, Lakes Regional MHMR, Department of State Health Services, ECI and Hunt County Probation. There was four (4) case staffed and several followed up were reported.

The first case involved a 14 year old female student whose mother is requesting help for a long term treatment facility. The student has been in Terrell State Hospital and Waco Center for Youth in 2008. The CRCG recommended that the parent request an ARD from the school in order to request additional testing for possible Asbergers or Autism disorder. The parent agreed to follow up with CRCG once the testing is complete to discuss additional services that the student may qualify for if testing does determine an intellectual disability disorder.

The second case involved a 16 year old female whose parent is following up from Cedar Crest for recommendations. The CRCG group recommended counseling through the Star program and medication management from Lake Regional MHMR. The school agreed to follow up and is willing to provide services in school if the child meets eligibility.

The third case was a followed up case on a 15 year old student that has been staffed several times last year. The group members gave a brief update on the child's progress since the last staffing. The family has not followed any of the recommendations that were given during the last meeting. The family has not enrolled the student back in school due to them not wanting him to go to the alternative campus and CPS recently got involved after they received a referral for neglect. CPS attended the meeting and asked the CRCG for assistance with counseling serves. The CRCG recommended that the family enrolled the student back in school instead of home schooling. The CRCG explained that the student will have to start at the alternative campus before going back to regular educational classes due to the trouble he had gotten into before the parents withdraw him from school. The Star Program offered to continue counseling services. Lakes Regional will provide medication treatment services. The family agreed to follow all the recommendations given including enrolling student back in school. The family agreed to follow update group in a few months on their progress.

The fourth case was presented by Hunt County Juvenile Probation Department who is requesting a residential placement for an 11 year old student. The CRCG explained that the student is not old enough for

admission at Waco Center for Youth. The CRCG group identified several facilities to call and request information for placement. Hunt County agreed to give the committee group an update on this case. The student is receiving mental health services through Providence.

Navarro County

The Navarro County CRCG meets the 1st Thursday of the month at the Westminster Presbyterian Church in Corsicana. The chair is Kathi Perez. Agencies represented included NTBHA, PCHAS, B County Coop, Navarro County Probation, DSHS, FAC, Adapt, CPS, Lakes Regional MHMR, VO, Region 12 ESC, and Child and Family Guidance. Pre the CRCG chair no cases were staffed however planning on how the CRCG group could assist needed family in the community were discussed. There was one (1) case staffed in January.

The case involved a 9 year old male with behavioral issues who had been physical and sexually abused. The grandmother was present at the meeting to give information about the child and the services she is requesting. The 9 year old has been hospitalized for suicide. The grandmother reported that she had to fight another family member for custody since both parents are deceased and the child made an outcry stating that the family member was physically abusive. The CRCG recommended counseling for trauma issues, screening evaluation for MR services through Lakes Regional MHMR which could possibly offer more services if it is determine that qualifies and a support group for grandmother. The CRCG group will follow up with family in 2 months to evaluate the progress.

Rockwall County

The Rockwall County CRCG meets the 2nd Monday of each month. The Chair is Amy Poole and NTBHA representative, Peggy Alexandre, is the Coordinator. Agencies represented included Region 10 Educational Service Center, NTBHA, Value Options, Rockwall County Juvenile, Department of State Health Services, Lakes Regional MHMR and Rockwall County Probation. There was one (3) cases staffed.

The first case involved a 16 year female who has consistently ran away from home with her boyfriend who is older than her. She continues to be oppositional at home and at school and her mother has requested help

from the CRCG with services to help with these issues. The mother reported that she does not think it is in her child's best interest to return to school but instead attend an alternative campus. Rockwall ISD was present at the meeting and agreed to accept her in their alternative program on a trail base due to her risky behavior. A referral to Child and Family Guidance was given for evaluation, medication and counseling services. The CRCG also recommended follow up with a Family Planning Clinic since the mother reported that she is sexually active.

The second case involved a referral from Rockwall County Juvenile Probation requesting a letter of recommendation from CRCG for Vernon State Hospital. The female is current in detention for behavior and substance abuse issues. A letter of recommendation was provided to the Rockwall County Juvenile Probation Department.

The third case involved a 15 year old male returning to the community from Waco Center for Youth. The parents presented the case for staffing with Waco Center for Youth on Conference call. The family reported that they were requesting another residential placement. The family reported that they did not agree with the discharge since he continues to have daily outburst and rages. Waco recommended outpatient treatment in the community due to him learning minimal skills and making some progress in the program. The family verbalized that before being placed outside the home he struggle with anger, behavior issues and difficulties in school. Rockwall ISD was present at the meeting and agreed to conduct a screening for special education services. The group recommended medication and counseling services through Child and Family Guidance. Adapt mobile crisis number was given to family to utilize for emergency crisis treatment if needed. The family was referred to NAMI support group. Promise House is a shelter that was given as an alternative placement for the family to explore.

OTHER REFERRALS AND ADMISSIONS

North Texas State Hospital—Vernon Campus

There were no cases received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus from Dallas County.

Referrals from TCOOMMI

There were three (3) referrals made this month. Two (2) were referred to Hunt County and one (1) was referred to Collin County. The Provider was notified and the appropriate aftercare appointment was scheduled.

SUMMARY OF COUNTY OF RESIDENCE CHANGES

January 2011 County of Residence Changes

NTBHA processed 54 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs: 42
- Requests from NorthSTAR: 12
- There was one (1) denial made by NTBHA to another LMHA. NorthSTAR received no denials.
- 14 COR changes to other LMHAs were made as a result of their discharge requests to NTBHA indicating that they have accepted responsibility for consumer care.
- Four (4) disenrollments were made as a result of COR and TRAG discharge requests.

January 2011 WebCARE Discharges

NTBHA processed 43 TRAG discharge requests

28 TRAG discharge requests were from other LMHAs:

- Austin Travis County MHMR-030 1
- The Center For Healthcare Services (Bexar)—050 1
- The Gulf Coast Center-100 1
- Tropical Texas Behavioral Health-130 1
- Spindletop MHMR Services-140 1

- MHMR Services of Concho Valley-160 1
- Permian Basin Community Centers for MHMR-170 1
- Andrews Center-190 2
- MHMR of Tarrant County-200 4
- Heart of Texas Region MHMR Center-220 4
- Community HealthCORE-240 1
- MHMR Authority of Harris County-280 2
- Denton County MHMR-400 5
- ACCESS-440 1
- Bluebonnet Trails Community MHMR Center-460 1
- Lakes Regional MHMR Center-480 1

NTBHA processed 15 TRAG discharge requests from ValueOptions to other LMHAs.