

NTBHA Executive Director Report

February 2010

1. **SPN Contracts**

It has been reported that all SPN contracts are now complete.

2. **Collin County**

A meeting with the Collin County NTBHA board members, County Administrator and VO has been set. The purpose of the meeting is to determine if the after hour clinic is still the best place to put NorthSTAR resources now, or if there are other services that should take precedent.

3. **Supportive Housing**

We (Liam Mulvaney, VO and I) took a field trip to the Terrell State Hospital to look at cottage facilities that may be available. It was promising, with LifeNet to work up a pro forma based on what we saw.

4. **Physicians Advisory Panel**

Dr. Patrick Young of the Childrens and Family Guidance Center, has been elected as Chair [Dr. Judith Hunter of MetroCare will co-Chair] of the PAP, though Dr. Bennett will provide a report for today's meeting. It is anticipated that "reporters" will alternate months, to accommodate schedules. Dr. McDonald, from VO, met with the PAP to discuss why the Physicians profiles were not yet available.

5. **Strategic Plan**

We have initiated the process of reviewing our Strategic Plan and reconstructing it for future years. The University of North Texas is summarizing the data from our Needs Assessment at the present time. We are also, with the help of VO and MHA scheduling "Town Hall" meetings in each of the counties to gather first hand information from Stakeholders regarding their vision of system needs. These meetings will be assisted by the University of Dallas in this effort. It is our objective to have a plan ready by April 15, 2010.

6. **Legal Counsel**

Per the Board's approval, we engage Brown/McCarroll, L.L.P. Law Firm of Austin/Dallas, for the purpose of reviewing the relevant State statutes governing "Authorities" in Texas. A comparative review of NorthSTAR vs. other Authorities in the State will be forthcoming.

Meetings attended since the January Board Meeting:

1. Terrell State Hospital
2. Texas Council of Community MHMR's-Austin
3. Ellis County Substance Abuse Committee
4. COMI
5. Dallas County Redesign Task Force
6. SPN Contract review-VO
7. Green Oaks Hospital/Front Door discussions
8. Physicians Advisory Panel (PAP)
9. Brown/McCarroll, L.L.P.-Legal Counsel
10. DSHS-Formation of a Continuity of Care Task Force-Austin
11. South Dallas Afterhours clinic/Duncanville
12. Miscellaneous system issues meetings:
 - a) VO
 - b) PAC

SUMMARY OF ANY COMMUNITY BASED MEETINGS ATTENDED BY NTBHA

Ombudsman Meeting Activities

Data: The following meetings were attended by the Clinical Department in the month of January

January Meetings Attended:

- Contract Review Committee Meeting at ValueOptions
- Board Meeting at NTBHA
- Provider Advisory Council
- Consumer Family Advisory Council
- Self-Directed Care
- Physicians Advisory Council
- VO SPN Meeting

- Provider Review Committee
- Dallas County Steering Committee Meeting
- Dallas County Behavioral Redesign Task Force
- TIERS Training
- Meeting with Marci Ellis at VO to go over issues and concerns
- Ellis County Task Force
- TIMA Teleconference
- Medical Directors Teleconference
- RDM Redesign Oversight Committee in Austin
- Boarding Home Meeting
- Meeting and tour of LifeNet housing in Duncanville
- HCCC Legislative Panel discussion regarding mental healthcare at the Collin County Jail
- Data Warehouse Training at DSHS
- CIT Police Training
- HCCC Grant Writing Team Meeting
- Webinar: Grant Writing Checklist
- MDHA Meeting
- Medical Directors Conference Call
- DSHS Proposals for Contract Amendment for Funding Incentive or Competitive Projects – Teleconference

**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 4,375 total calls in December with 536 resulting in face to face encounters. This is an increase of 100 phone calls over last month and a decrease in F2F encounters by 53 encounters over last month. December has shown the largest volume of incoming calls thus far in 2009 while December has shown the lowest face to face encounters.

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

March		Totals
Collin	total calls	483
	F2F	70
Dallas	total calls	2448
	F2F	332
Ellis	total calls	442
	F2F	50
Hunt	total calls	217
	F2F	32
Kaufman	total calls	132
	F2F	23
Navarro	total calls	112
	F2F	19
Rockwall	total calls	43
	F2F	4
Other	total calls	498
	F2F	6
Law	total calls	55
Enforcem	F2F	13

ACS began tracking response times for emergent/urgent calls by county. Values in **RED** denote response times not within the desired timeframes of one (1) hour for emergent calls and eight (8) hours for urgent calls. This month all emergent calls were addressed within the one (1) hour timeframe. In the month of November one (1) emergent call fell outside the one (1) hour timeframe by six (6) minutes. This is an improvement over last month in which four (4) calls fell outside the one (1) hour timeframe (14, 15, 19, and 25 minutes over the 1 hour timeframe).

		Total	0-60	61-90	91-120	121-180	181-240	240 plus
Collin	Emergent	3	3	0	0	0	0	0
	Urgent	47	14	10	6	5	7	5
Dallas	Emergent	36	36	0	0	0	0	0
	Urgent	227	70	54	35	41	13	14
Ellis	Emergent	5	5	0	0	0	0	0
	Urgent	29	10	4	2	6	2	5
Hunt	Emergent	4	4	0	0	0	0	0
	Urgent	33	7	3	5	3	3	5
Kaufman	Emergent	1	1	0	0	0	0	0
	Urgent	20	7	4	3	1	2	3
Navarro	Emergent	0	0	0	0	0	0	0
	Urgent	15	3	3	2	3	1	3
Rockwall	Emergent	0	0	0	0	0	0	0
	Urgent	3	2	0	1	0	0	0

Recommendations:

NTBHA continues to recommend and advocate that ACS Mobile Crisis receive additional funding, when available, to allow them to respond to all appropriate calls in the appropriate amount of time. It is concerning that incoming calls continue to grow while face to face encounters continue to drop, which has now translated into face to face encounters falling outside the allowable response time guidelines.

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

The month of January started off with a bang as we now have 75 participants in the SDC program which puts us over the half-way mark to our goal of 150 participants. We increased from 62 at the end of December to 75 by the end of January. Also, the control group now has 69 consumers. Person-Centered planning and developing budgets continues to be a focus of the program. Of course, this helps to develop the foundation for the participant's recovery process. We all need to make a plan when we want to make major changes in our lives.

The advisors continue to input their data every week into a spreadsheet in which our lead advisor, **Luis Moreno**, sends to the University of Illinois at Chicago. Out of this spreadsheet (**Participant Milestone Report**) comes measurement information by which the program is gauged. The statistics that are produced from this measurement tool give a good picture of the progress of the program. One interesting statistic is that there were three participants who have completed three quarterly reviews. It seems like yesterday that this program was initiated instead of realizing that there have been participants in the program since May.

Hard work characterizes the daily schedule of the advisors. I am very proud of all that they accomplish each week. They work in the field every day except for a half day that they spend in the office on Thursdays. We convene a meeting each week at noon on that particular day. We discuss any problems related to the program along with staffing concerns. Also, it is at this time that we are all involved in a weekly conference call with the university along with the Texas Department of State Health Services. Also, the advisors are able to catch up on any administrative duties.

The program has just recently changed some the duties of one of the advisors. **Jamie Cook** will work as an advisor for several days a week along with doing administrative work in the office on the other days. It was clear that the program needed some administrative assistance so we considered Jamie to fill this role due to her past and present administrative skills. She has now been in this position for a couple of weeks.

Program participants continue to purchase traditional and non-traditional services. One overarching service that is being accessed through the SDC program is that the participants are applying for services through the Department of Assistive and Rehabilitative Services. The focus of DARS is to help those with disabilities to go back to work along with helping them access appropriate training which will help them be marketable for employment. Two of the local representatives of DARS serve on our Interim Advisory Committee.

As for our interim advisory committee, we continue to have monthly conference calls. The conference call in January provided an opportunity for three of our participants to participate in the call. As the program grows, more and more participants will rotate onto this committee to help guide the program as this committee is to be a consumer led group. Eventually, most of the interim participants will rotate off the committee with the exception of a few. There are several consumers from the community that serve on the committee as well.

Recruitment has continued throughout the month of January. Recruitment continues on a daily basis at the different MetroCare clinics. **Malinda Hicks**, the research coordinator for the SDC program, has a group of well qualified recruiters that meet each day at one of the different clinics. All recruitment during the month of January was done at MetroCare except for one recruitment day at Adapt in Dallas. The SDC staff wants Malinda and her recruiters to know how much their effort are appreciated. Also, Malinda continues to help us keep our computers in order.

The SDC program did not host a SDC Participant Learning Community meeting during the month of January due to coming off all the holidays in December. However, there is a meeting scheduled on the ninth of February at the Urban League Headquarters in Oak Cliff. We are very excited about our upcoming meeting as we expect to draw about 45 to 50 of our participants to the meeting. Also, we are happy to have scheduled Sarah Smith, wife of Alex Smith, to come from the VA Hospital to present issues related to diabetes, mental illness, and wellness. Pizza Hut is scheduled to provide the lunch.

Overall, the month of January has brought many new challenges and opportunities. One new challenge and opportunity that has arisen for one of the advisors, **Cheryl Hunter**, is that she recently tied the knot. We are all excited for her new life. As we continue to work through issues in the program, we are all reminded of how we are excited and committed to serve the population represented in the SDC program. The change we see in their lives makes all the difference.

Snapshot of January:

# of recruiter interviews	7
# of participants enrolled in the research	7
# of traditional NS providers in network	0
# of traditional non-NS providers in network	5
# of non-traditional providers in network	3
# of program participants (cumulative)	75 (some have since withdrawn)
# of life plans completed	3
Amount spent on traditional services	\$6,119.20 (\$18,915.99 cumulative)

Amount spent on non-traditional services

\$8,144.50 (\$14,973.05 cumulative)

Progress Report – as of February 4th 2010

- 167 are currently enrolled in the study (72 control group, 89 experimental)
- 69 are currently in the SDC Program (20/89 have withdrawn from the SDC Program, but remain in the research study).

RDM Oversight Workgroup Meeting:

Data: The RDM Oversight Workgroup Meeting was held at the Austin State Hospital campus in Austin Texas on January 26th.

Issues and Concerns:

- The overall focus on the January meeting was service package 1.
- A high percentage of people are being underserved in package one and the group focused on reasons this may be occurring. The two primary reasons discussed were patient choice (clients are being told that there is a significant time commitment on their part and refusing) and lack of space in other service packages (Lubbock made the comment that where there is no room on their ACT team – SP4 - they are serving them at the SP1 level of care.)
- Case managers across the state are carrying an average of about 450 clients on a caseload when serving this level of care and in some cases the ration is as high as 900 clients to one case manager. The group questioned what, if any, services are able to be delivered at this level of care with case loads so high. This led to a discussion on what the minimal care for an individual would be when defined for the legislature. The question was discussed briefly but ultimately tabled for a later date.

DSHS Proposals for Contract Amendment for Funding Incentive or Competitive Projects

NTBHA has submitted a proposal for the incentive project, which funds \$70,000 to enhance peer to peer services and service coordination regarding veterans. NTBHA has an MOU with Grace After Fire to fulfill the requirements of the grant. More information regarding Grace can be found at, <http://www.graceafterfire.org>

Jail/State Hospital Liaison: In January the NTBHA Jail/State Hospital Liaison resigned abruptly from her position. NTBHA Clinical Director has posted the position and has begun the interview process. It is anticipated that second interviews will happen in early February with the position being filled by late February.

Clearinghouse List-TSH

- Dallas has fifty-four (54) inmates awaiting a bed at TSH, with the longest one waiting since September 9, 2009.
- Collin has three (3) inmates awaiting a bed at TSH, with the longest one waiting since January 6, 2010.
- Hunt has two (2) inmates awaiting a bed at TSH, with the longest one waiting since November 16, 2009. TSH was contacted and it is anticipated it would be another month before this inmate could be moved. It was reported that TSH were moving inmates placed on the list in late August and early September at this time.
- Navarro has one (1) inmate awaiting a bed at TSH and was placed on the list on January 20, 2010.

Clearinghouse List-Vernon

- Dallas has six (6) inmates awaiting a bed at Vernon State Hospital
- Collin has three (3) inmates awaiting a bed at Vernon State Hospital
- Hunt has one (1) inmate awaiting a bed at Vernon State Hospital

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.

- Collin County has fully implemented the TLETS system and using it successfully.
- Hunt County has fully implemented the TLETS system, but still is awaiting some additional training.
- Ellis County is still working on getting the system implemented
- Dallas County has been non-responsive in attempts to implement the TLETS system; no status available.

- Kaufman County is still working on getting the system implemented and will try to send folks to the next TLETS training on 2/9/10 to be held in Fort Worth.
- Rockwall County is awaiting staff access to be cleared, but the system has been implemented.
- Navarro County has been non-responsive in attempts to implement the TLETS system; no status available.

Steering Committee:

Data: Dallas County Mental Health Steering Committee meetings are held on Thursday mornings. I attended the meetings on January 14th and January 21st. No meeting was held on January 28th.

Issues and Concerns:

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

- January 14
 - Efficacy of chemical dependency treatment at SAFPF following extended stays in the county jail as a result of the wait list for SAFPF was discussed. It was theorized that inmates have little motivation to succeed at treatment when they have already served nine months of a twelve month sentence before being able to get into SAFPF.
 - Community resources are not meeting the needs of inmates.
 - Suggestions to start programs in the jail for treatment instead of focusing on improving community resources.
 - Announcement: New Life received additional funds in the form of a donation.
- January 21
 - The Dallas County Public Defender's Office – Mental Health Division did a presentation on their services. The presentation included information on the jail diversion programs, competency, and civil commitment.

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

QM Initiatives

- Completed Needs Assessment Forms have been handed over to UNT Health Sciences Center Researches for data entry and statistical analysis.

- NTBHA continues to partner with the Dallas Police Department to participate in Crisis Intervention Training classes.
- Various quality-related meetings at VO and with SPN personnel continue to focus on:
 - Crisis audit tool to track responses of ACS and SPNs
 - TAC Training and Competency Requirements
 - Complaint trends
 - Treatment access issues under the case rate model.
 - 7-day/30-day follow-up by SPNs following consumer hospitalization
- Data Warehouse training to obtain reports useful for audits and QM initiatives.

Planned Quality Projects:

- Local Strategic Plan
- NTBHA to monitor VO’s SOP/IOP denials to CD services.
- NTBHA to monitor government websites for grants that could provide supplemental funding to the NorthSTAR system.
- SPN HR file audits to verify training events and employee competencies
- Outcome measures to track in 2010

Complaints

Calls taken in by NTBHA staff in December. The numbers were quite low this month.

*December	Number of Complaint Calls Processed
Quality of Care or Service	4
Accessibility/Availability	3
Utilization Review	1
TOTAL	8

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

Provider Advisory Council:

Data: PAC Meeting hosted by NTBHA on January 22, 2010

Issues and Concerns:

The following issues and concerns were discussed during the January 22nd meeting.

- **Contracts:** It was reported that 7 out of 10 SPN's have signed their contracts, which represents 95% of the consumers in NorthSTAR.
 - The question was raised on how we are doing financially thus far, but nobody knows this answer which is concerning.
 - What is the impact of the overall budget? Not just at the SPN level, but GOH, VO, and everyone.
 - It was reported that the NorthSTAR revenue has shot up by the millions from 2008 to 2009 so where is all the money going?
 - Parkland Contract Talks – What is going on? Nobody had an answer to this.
 - It was suggested several times throughout the meeting that the money is going to crisis services such as 23 hour observation and being taken away from the mental health outpatient facilities.
 - How are the funds allocated? Who makes the decisions? It was suggested that NTBHA create a community planning board to determine where the money should be allocated. This would be synonymous with PNAC's across the State.

- **Case Rates:** Some Providers expressed frustration that the administrative overhead is not being saved due to having to submit UA's to VO and RDM package information. VO did reiterate that Providers do not need to be submitting outliers or work on getting a package authorized, which should be freeing up some administrative time. VO also reported that per unit authorizations should be discontinued sometime in March. Providers also reiterated that the amount of administrative work has not gone down, but in some cases up.

- 6 month financials. Several Providers voiced frustration with having to do 6 month financials and the administrative burden this has caused. Some Providers also reported that it has seemed to have caused an administrative burden on VO that they also can't handle because problems are occurring.
 - The question came up if this is really saving the system any money. It was reported that the dis-enrollments have been:
 - Nov 750
 - Dec 766
 - Through Jan 20th 973
- **Rider 65:** This topic came up briefly to make a point that the money was supposed to be used at the outpatient Provider level, which it is not. It has just been rolled into VO's overhead. VO clarified that the money went into the same pot as everything else to be used for all services; including outpatient services.
- **Data:** Several data questions came up during the meeting.
 - Inpatient trends over the past year; is it going up, down, stable?
 - What percentage of folks presenting in crisis are brand new to the system and what percentage are already involved with a NS Provider?
 - How much money has been spent thus far in NS? Are we on track?
- **Budget:** A discussion came up around the NorthSTAR budget and whether there is a document that tracks all funding streams and expenditures to ensure the money is going where it is intended to go?
- **Local Plan:** There was a discussion on the local plan and who has input into the plan. NTBHA reported it is being worked on and the needs assessments are being analyzed. Providers reported they would like more community involvement and pointed to the last local plan when past NTBHA employee conducted several town hall meetings to illicit community input.
 - PAC again suggested urging NTBHA BOD to form a planning committee for this purpose.
- **Parkland Studies/Task Force:** A report of the task force activities was attempted, but it was a shared opinion that they are all over the map and trying to figure out what it is they exactly want to do and accomplish. There is still frustration that there is not consumer attendance at this meeting.
- **Eligibility/Enrollment:** It was reported by almost every Provider present that there are problems with this process at VO.
- **CHIP:** Most Providers reported moving forward with their contracting and reimbursement issues. It is far from perfect, but improvements seem to be happening.
- **Physician Advisory Panel:** A brief update was given on what the PAP was working on. It was reported that a chair will be elected and during next month's NTBHA BOD meeting the NTSP report will be replaced by the PAP. It was also reported that 7 SPN's are represented at the PAP meetings.

- **SPN ED Meetings:** Providers requested that Jack begin having the SPN ED meetings again since the last one was in August.
- **Open discussion:** There was an open discussion on consumers calling VO and getting information that they are authorized for X amount of units and get off the phone with VO with the impression that they should be getting all those units they are authorized for. Providers reported this puts them in the tough position of explaining to consumers what is “really” going on in the system and the case rates, which can take considerable amount of time to do that Providers do not have. VO agreed to go back and speak to care managers about their sensitivity to the changes, the case rate, and the impact on Providers.

CFAC Meeting:

Data: The CFAC meeting was held at NTBHA on January 5th.

Issues and Concerns:

The following issues and concerns were discussed during the January 5th meeting:

- Meeting Chair Mike Katz provided an update on Plan and their resale shop.
- The Dallas County Behavioral Health Redesign Taskforce was the primary topic for discussion. Concern was presented that there are no true patient advocates on the taskforce and several suggestions for advocates to participate were discussed. The comment was made that too much of the mental health dollars in this area are spent on taskforces and studies and not enough spent on services to consumers.
- The Collin County study was discussed and the comment that the county has a low NorthSTAR eligibility population was made.

SUMMARY OF CRCG ACTIVITY, BY COUNTY

January

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

Collin County CRCG-

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, VO, Region 10 ESC, DSHS, McKinney ISD, University Behavioral Health, North Fork Education Service Center, Life Path, CPS, Phoenix House, Cal Farley, ECI, Juvenile Probation, and Medicaid Case Management. Five cases were staffed. The first involved a 17 year old male who needs education assistance because he will not attend public school. Referrals were given for Child and Family Guidance or Avenues for counseling services, to NAMI for family education and support, and 2 independent psychiatrist names were provided. It was also recommended that the family contact their insurance carrier and discuss psychiatric care options. As alternative education options referrals were made to North Point Hospital with UBH, Collin County Community College and Texas Can Charter School. The second case involved a 17 year old female high school student with two small children who needed general assistance and guidance. Referrals were given for McKinney ISD special education services so that additional testing for special education services can be done, to DARS Special Care Career Services for employment training and assistance, Life Path for MR services, Catholic Charities. In addition Medicaid Case Management will reopen the child's case and ECI will reevaluate the individual's youngest child for services. The third case was a re-staffing for a 13 year old female. The CRCG followed up with the child's mother on progress since the previous staffing in December. Mom stated that she is in the process of applying for SSI for the child, has arranged after school care with MISD, is working with the child's BAU system to implement a points system at home, and has found a therapist specializing in RAD. The fourth case involved a 13 year old male whose family was requesting a priority letter to WCY. The letter was provided by the CRCG. The fifth case involved a 15 year old female needing community support following discharge from TSH. Referrals were provided for Advocates for Children of Trauma, NAMI for family education and support, North Central Texas Federation of Families for family support, and Lutheran Services to research available residential placements. The CRCG also encouraged the family to work closely with the discharge planning team at TSH.

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 represented included ABC Behavioral Health, NTBHA, The Bridge, Metrocare Services, Dallas Crisis Intervention, Dallas County Adult Probation, LifeNet, VO, Adapt of Texas, Turtle Creek, Aids Arms, Timberlawn, Green Oaks Hospital, MDHA, DARS, and the VA. Once case was staffed. The case involved an 82 year old male. The Bridge believes this individual needed housing assistance as well as wellness medical services. At the time of the staffing the

individual was present and refused any assistance offered by CRCG members above and beyond the services he is currently receiving through Crisis Intervention and the Bridge.

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. Agencies represented included NTBHA, Metrocare Services, TYC, CPS, Letot Center, University Behavioral Health, and Region 10 ESC, Texas Health Steps, Cal Farley's, Phoenix House, Duncanville ISD, and DSHS. One case was staffed. The case involved a 16 year old male diagnosed with Mental Retardation and Autism. Referrals were provided for DADS for respite care and DART Para-Transit for transportation assistance.

Dallas County Emergency CRCG – C&A

The Dallas CRCG met on January 27 at Dallas Letot Center for an emergency CRCG meeting. Cathy Brock is the chair person; Kristen Cathey is the coordinator. Agencies represented included NTBHA, Letot Center, Region 10 ESC, Dallas County Juvenile Department, Timberlawn, CPS, and the child's attorney. One case was staffed. The case involved a 15 year old female in the custody of CPS. The child has been in 36 placements and multiple psychiatric hospitals in the last 4 years and is currently at Timberlawn. The purpose of the CRCG was to discuss placement options for this child upon discharge from Timberlawn. The group's recommendation is placement at the North Texas State Hospital Vernon Campus' Adolescent Forensic Program. During her stay at NTSH it is hoped the child will develop the maturity and coping skills to transition into the community and reside with her aunt. During the stay the aunt will acquire community support and education through NAMI and DCJD as well as be connected to a therapist to prepare for the child's return to the community.

Hunt County CRCG-

The Hunt County CRCG meets the 3rd Tuesday of the month at Glenn Oaks Hospital. The Coordinator is Evelyn Hare and the Chair is Laura Sadler. Agencies represented included Region 10 Educational Service Center, NTBHA, Providence, Glen Oaks Hospital, Tri Co Coop, Hunt County Sheriff's Office, Hunt County Juvenile Probation, DSHS, CPS, Lakes Regional, STAR – North Texas Youth Connection, and Texas STAR. The group did meet in January but the scheduled cases did not attend so no cases were staffed.

Rockwall County

The Rockwall County CRCG meets the 2nd Monday of each month at Helping Hands in Rockwall. Rebecca Hallmark is the chair and coordinator. Agencies represented included NTBHA, Rockwall County Indigent Health Care, VO, DARS, Forney ISD, DSHS, CPS, Royce City Police Department, Royce City ISD, Rockwall Helping Hands, and Rockwall County Juvenile Services. One case was staffed. The case involved a 15 year old male who demonstrates aggression in the home. The CRCG recommended that the mother involve the police when the child becomes aggressive so that he can become involved with Juvenile Services. At the point that happens the CRCG recommends placement at North Texas State Hospital – Vernon for their adolescent forensic program.

OTHER REFERRALS AND ADMISSIONS

North Texas State Hospital—Vernon Campus

There was one (1) case received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus from Dallas County. After a review of the case and several conversations with Dallas County Juvenile Department it was determined that Vernon would not be able to meet the needs of this child and therefore a placement at TYC was recommended, which was the only other option available.

Referrals from TCOOMMI

There was one (1) referral made from TCOOMMI this month to Collin County. The appropriate aftercare appointments were scheduled and the caseworkers were notified.

SUMMARY OF COUNTY OF RESIDENCE CHANGES

December 2009 County of Residence Changes

NTBHA processed 57 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs: 43
- Requests from NorthSTAR: 31
- Three (3) COR changes were denied by NTBHA to other LMHAs and none (0) were denied to us.
- Eight (8) 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.
- Five (5) have completed COR changes and discharges, but dis-enrollments are pending a Medicaid update to a non-NorthSTAR county. These consumers have left our service delivery area.

December 2009 WebCARE Discharges

NTBHA processed 31 TRAG discharge requests. The breakdown on these requests is:

Requests from other Mental Health Authorities: 20

- Texas Panhandle MHMR-020 1
- Austin Travis MHMR-030 1
- Andrews Center-190 3
- MHMR of Tarrant County-200 1
- Community Healthcore-240 1
- MHMR Authority of Harris County-280 1
- MHMR Services of Texoma-290 1
- Pecan Valley MHMR Region-350 1
- Denton County MHMR-400 4
- West Texas Centers for MHMR-450 1
- Bluebonnet Trails Community MHMR Center-460 1

- Lakes Regional MHMR Center-480 2
- Camino Real community MHMR Center-490 1
- Life Path Systems LMRA-410 1
- Requests from NorthSTAR: 11
- El Paso MHMR-090 1
- Andrews Center-190 1
- MHMR of Tarrant County-200 1
- Heart of Texas Region MHMR Center-220 1
- MHMR Authority of Harris County-280 2
- MHMR Services of Texoma-290 1
- Denton County MHMR-400 3
- Coastal Plains Community MHMR Center-475 1