

## **NTBHA Executive Director Report**

**March 2011**

### **1. Bridge Implementation Plan**

Subsequent to last month's board meeting, the "12/9" committee reconvened on February 25th for the purpose of evaluating how VO proposed to monitor and report the progress of the implementation of the Bridge Redesign phase. A report and conclusion of the committee has been sent out to you with the committee's recommendation for approval.

### **2. Legislative Budget/NorthSTAR**

NTBHA/MHA/NAMI sponsored a Legislative breakfast in the Capitol Grill. While few Legislators attended, Chairman Pitts did attend, along with staff from most of our area Legislators. Judge Chitty was able to attend and acted as emcee for our presentation. Presenting for NorthSTAR was Tom Collins, Craig Nuckles, Jack Szczepanowski, and Doug Denton. Information packets were distributed to each of the offices representing North STAR as well.

### **3. Senator Deuell**

Judge Chitty and I were able to spend a few minutes with the Senator (after the breakfast). We addressed issues surrounding the board's decision on the Southern Area Behavioral Healthcare clinic, as well as pitched our need for his support in mitigating the proposed cuts to our system.

### **4. "Transfer of Authority" Contract**

We are expecting a call from DSHS to discuss the content of this contract. This will be our first feedback from DSHS on this contract.

### **5. DSHS/NTBHA Contract**

DSHS distributed a draft of a proposed new contract to engage NTBHA for the next two year cycle. DSHS scheduled a call-in meeting with me for Thursday morning, March 3rd to discuss the content of the contract. I invited Dr. Andrew Keller to join in on this call, as NTBHA's consultant. The draft contract has been forwarded to the members of our board committee charged with our contract reviews. As yet we have not set a meeting of that committee to begin our review.

## 6. TCOOMMI

The latest out of Austin is a proposal from TCOOMMI to cut funding by 75%. This could have a significant impact on Dallas and Ellis County. To my knowledge, it is not a certainty, but is being seriously considered.

## 7. BHLT's

The Dallas BHLT and the Collin County BHLT have met since our last meeting. I have attached minutes and reports from each for your review. The Ellis County committee did not meet this last month.

## 8. Dallas Crisis Team now known as the Functional Improvement Recovery Services Team (FIRST)

This committee has met in February. Again, they are considering the question of a crisis Hub for the system. I have attached an Agenda and the February Minutes will be sent to you as soon as they are available for your review. It would be helpful if the Collin and Ellis County Teams reviewed the work of the Dallas team in order to determine how this Hub might work for them.

### Meetings Attended:

- Board Meeting at NTBHA
- Legislative Breakfast – Austin
- Senator Deuell Meeting - Austin
- Collin County Behavioral Healthcare
- Dallas County BHLT
- Ellis County Taskforce
- Self-Directed Care
- Dallas County Steering Committee Meeting
- Bi-Weekly DSHS/VO NetOps Call
- Clinical Operations Groups Meetings
- Provider Advisory Council
- 12/9 Committee Meeting
- PASRR Tele-Conference
- Personality Disorder Conference
- SPN Quality Meeting
- Care Coordination Meeting

- Quality Management Committee Meeting
- Provider Advisory Council
- Consumer and Family Advisory Council
- MDHA Homeless Census Project
- Webinar: Housing, Homelessness, and Social Inclusion
- Rockwall Steering Committee Meeting

## NTBHA OMBUDSMAN/CLINICAL OPERATIONS REPORT

**February 2011**

### **Adapt Mobile Crisis (January):**

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 3,076 incoming phone calls (total of 5,571 incoming and outbound calls) in January with 427 resulting in face to face encounters. This is an increase of 164 incoming phone calls over last month and a decrease in F2F encounters by 36 over last month. Of the 427 face to face encounters, 397 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.

\*From February 2010 to January 2011 the total number of phone calls has risen by 834 or 15.47% (incoming calls has risen by 91 or 3.05%), however, face to face encounters has decreased by 71 or 14.27%.

The percentage of increase in phone calls can be seen as a direct result in the percentage of decrease in face to face encounters.

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

January		Totals
Collin	total calls	313
	F2F	62
Dallas	total calls	2087
	F2F	274
Ellis	total calls	105
	F2F	30
Hunt	total calls	110
	F2F	27
Kaufman	total calls	123
	F2F	35
Navarro	total calls	33
	F2F	28
Rockwall	total calls	32
	F2F	7
Law	total calls	178
Enforceme	F2F	12
Out of	total calls	22
State	F2F	0
OTHER	total calls	251
	F2F	0

**Recommendations:**

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 number of participants in the Self-Directed Care program is still holding at 81. This number should be consistent throughout the remainder of the program until participants start exiting the program upon completion of their two years. There is an ongoing effort to re-engage a few participants that exited the program early on due to personal conflicts.

There was a focus on training during the month of February. Our main training focus took place on February 15 and 16 as we hosted a mental health professional from New Hampshire to lead a seminar, just for the SDC staff. The first day focused on motivational interviewing and the second day

concentrated on personality disorders, the role of SDC advisors, along with advisor stress. The individual that led the seminar was **Harry Cunningham**, who is the Director of Consultation, Training and Research for the Mental Health Center of Greater Manchester. Another training that the advisors participated in was the CIT Training Seminar on personality disorders at Medical City Dallas. One of our advisors attended a seminar on suicide prevention as well.

The monthly SDC Participant Learning Community meeting took place on February the 1<sup>st</sup> at the Urban League. This meeting was in collaboration with the monthly Consumer and Family Advisory Committee meeting. The first part of the meeting was focused on SDC participants. Our first presentation was handled by a physical fitness trainer who is joined our network. Incidentally, she will be back for the March meeting. She really engaged the participants and they were very excited about everyone getting up and doing exercises together. Following that presentation, Mike Katz and the CFAC group led the meeting. The combined attendance was around 40 people.

During the monthly North Texas Behavioral Health Authority board meeting, I presented an update on the SDC program. As for updating the board on SDC figures, we received a snapshot of some outcomes that we have been tracking. Those numbers are:

Employed –	23% (12% at time of SDC intake)
Living Independently –	76%
Taking classes –	19% (6% at intake)
Hospitalized –	2%
Incarcerated –	4 %

We feel as these are good numbers which illustrates recovery. Hopefully, these numbers will even improve more as people continue to focus on their own recovery.

**SUMMARY OF MEETINGS FOR JAIL AND STATE HOSPITAL REALTED 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 49 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.

### **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 is 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 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. 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 educate 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.

### **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. 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 Northstar 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 and Transicare met and with Chief Beavers 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. NTBHA spoke with Chief Beavers about inmates currently waiting for hospitalization. NTBHA explained the wait period on the clearinghouse list. A Transicare representative spoke with Kaufman County regarding the services that they offer in the jail. Transicare explained the crisis screening and assessments that are provide for mentally ill consumer while in jail. NTBHA also discussed the criteria for an inmate being expedited on the wait list. Kaufman County reported understanding the services that Transicare can provide for inmates that are in a mental health crisis. NTBHA will continue to offer any assistance that may be needed with mental health issues in jail.

### **Navarro County Activity**

NTBHA Jail State Hospital Liaison and Transicare representative 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 individuals waiting for transfer to a State Hospital. Transicare representative spoke with Navarro County regarding the services that are offered in the jail. Transicare explained the crisis screening and assessments that are provide for mentally ill consumer while in jail. NTBHA also discussed the criteria for an inmate being expedited on the wait list.

Navarro County reported understanding the services that Transicare can provide for inmates that

are in a mental health crisis. Navarro County reported that are calling Adapt for their mental health crisis screenings. NTBHA explained that Transicare is providing crisis screenings for the jail. NTBHA will continue to visit with Navarro County Jail to offer any assistance that may be needed with mental health issues.

### **Rockwall County Activity**

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 Transicare, Adult Probation, Juvenile Probation, Rockwall County Judge, and Rockwall Helping Hand was invited to attend the meeting on February 25<sup>th</sup>.

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 in jail. Rockwall agreed that education regarding treatment is needed. Rockwall continue the search for a part-time psychiatrist. A student intern from Argosy University is providing substance abuse classes for inmates in jail

Rockwall has continued encouraging other smaller sheriff department to agree to send officers for CIT training in August. Rockwall County wants to expand participation of neighboring law enforcement for the CIT class

Captain Guzik invited Rockwall County Judge to this meeting in order to give an update on the mental health group agenda and progress in hopes of him sharing it with the other Commissioners. He would like for the committee members to present a workshop to the commissioners in the near future. 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 allows 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 North Star Counties are currently utilizing TLETS to identify mental ill inmates. NTBHA representative is currently sharing the spreadsheet with Value Option.

#### **Clearinghouse List-TSH as of February 8th**

- Dallas has seventy five (75) inmates awaiting a bed at TSH, with the longest one waiting since August 4, 2010.
- Collin has two (2) inmates awaiting a bed at TSH and was placed on the list on January 25, 2011.
- Kaufman has one (1) inmate awaiting a bed at TSH, with the longest one waiting since November 12, 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 February 8<sup>th</sup>**

- Dallas County has twenty five (25) inmates awaiting a bed at Vernon State Hospital

#### **Steering Committee:**

Data: Dallas County Mental Health Steering Committee meetings are held on Thursday morning. There were no meetings for February due to the inclement weather.

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

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**QM Initiatives:**

- Housing Initiatives
  - Teresa Handel attended Texas Health Institute’s Urban Permanent Supportive Housing Workshop with a representative from MDHA in Austin in January 2011.
  - She has been invited to join the Dallas County BHLT Housing Subcommittee.
  - She will also be the NTBHA representative attending the City of Dallas Boarding Home Committee once it resumes.
- CMBHS issues are being identified by NTBHA, VO, and CD providers and are being worked with DSHS.
- Monitoring complaint trends
- TAC training and competency requirements – review criteria of current and proposed SPN staff
- 2011 NorthSTAR Member Satisfaction Survey by VO is scheduled for April 2011
- NTBHA is monitoring several aspects of the NorthSTAR service delivery
  1. Utilization management of CD treatment – denials and authorizations
  2. Treatment access issues under the case rate model
  3. New enrollee time to get a doctor’s appointment
  4. SPN afterhours greetings and menu options audit
  5. SPN enrollment access audits

**Complaints**

<b><u>*January</u></b>	<b><u>Number of Complaint Calls Processed</u></b>
Accessibility/Availability	4
Utilization Management	4
Miscellaneous	3
<b>TOTAL</b>	<b>11</b>

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

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### **Provider Advisory Council:**

Data: PAC Meeting hosted by Green Oaks Hospital on February 25, 2011

- **PAC Officer Elections** – This was pended until next month, but a few questions did arise.
  - Who are the “official” PAC member that could act as Chair and Co-Chair?
  - It was decided that it was time to review the PAC by-laws and possibly update them to reflect the PAC meeting today. NTBHA agreed to scan and email out a copy of the by-laws.
  - It was reported that in the past the CFAC and PAC Chairs used to have a seat at the NTBHA board table; although they were not voting members. It was discussed whether the NTBHA board should be approached to once again reinstate this practice, which would allow the CFAC and PAC to be more informed.
- **VO Auth Process**
  - It was reported by some SPN's that the authorization process seemed to be better, while other SPN's reported that the same issues remain.
  - NTBHA reported that they recently reviewed UA's authorized by VO for timeliness of notifying SPN's of the auth via the daily auth files. NTBHA did not find any auth's that were not included in the daily auth files sent to Providers more than 2-days out. NTBHA further reported gearing up to check for “lost UA's. NTBHA will request SPN's send their UA's to NTBHA that are sent to VO over a few days, which NTBHA will track through the system specifically monitoring for UA's that get lost.
  - A SPN requested that an email notification be sent out confirming the receipt of an admin denial as are received when UA's are sent over via email.

- Homeward Bound reported having authorization issues over President's Day. HB reported that on President's Day they received a 1-day auth for detox and residential, which they were aware of ahead of time would be the procedure, however, the following day those same authorizations were denied. NTBHA agreed to look into this matter and requested HB forward the authorizations in question.
- **CMBHS**
  - It was reported that when a financial is sent in via CMBHS enrollment will not be received until the person has completed and discharged from detox. The lag time is causing a lot of issues.
  - There was a lot of discussion around the issues being experienced by CMBHS. Holly Brock at VO agreed to further address these issues.
    1. The CMBHS issues discussed at the PAC meeting were discussed with DSHS the following Monday and will again be discussed on Tuesday.
  - CMBHS for mental health is slated to roll out this Fall at the very earliest, but won't roll out until CD issues in CMBHS are resolved.
- **Impending TRAG Changes**
  - Major Depressive is the largest change on the TRAG.
  - Another change is an extended review period for SP1, which states a Provider can have a year-long auth for SP1, but with a caseload caveat that does not work for NS. Independent of this new TRAG change, VO/NTBHA have requested DSHS allow year-long auth's for SP1-SP3.
  - SPN's that use a TRAG calculator will have to reprogram their systems to account for the changes, which could be costly. Those SPN's that manually enter their TRAG scores would not be as affected.
  - CANS – it does appear to be a good assessment tool, but currently there are data entry issues. The tool is informative and detailed, but longer than the estimated 15 minutes to fill out. Initially, the CANS was taking about 30-45 minutes to complete and after much practice the time is down to about 25 minutes.
- **Admin Burden**
  - VO/NTBHA is awaiting DSHS approval to allow year-long auth's for SP1-SP3.
  - VO reported the legislative breakfast in Austin going quite well with one result being VO lobbyist, Randy Cain, crafting a rider relieving Providers of RDM and TIMA.
  - There are 2 initiatives going on currently:
    1. Relief from administrative burdens for the Adult Indigent MH population and relief from TIMA
    2. Globally – relief from all admin (not just adult indigent).
- **PASRR**
  - NTBHA reported there would be a call the following week to further discuss PASRR and now this will be rolled out in NorthSTAR.
  - DSHS is still discussing the rates that would be used to reimburse for this service.
  - DSHS is discussing and creating the assessment form to be used.

**Psychiatrists Leadership and Advocacy Group:**

Data: PLAG Meeting was hosted at Child and Family Guidance Center on March 2, 2011

### **OLD BUSINESS**

- Physician's Prescribing Report – Dr. Webster reported that he has been in communication with the current PBM to obtain this report. Furthermore, VO is working with a consultant to continue exploring the possibility of obtaining an alternate PBM.
- Authorization Requests via email – no report

### **NEW BUSINESS**

- Meeting Updates –
  - BHLT –
    - This continues to be a very large group that struggles. There are conflicts of interests and several members with several stakes in the game. There is also a sense of paranoia from some members concerning what alliance, if any; the Tri-West Zia Consultants have with Parkland for a larger agenda. Currently, the BHLT is consumed by Clinical Operations and Sub-Committee reports.
  - Adult Clinical Ops –
    - The last meeting revolved finishing up the Charter and discussing the format of the group. The group also discussed the top 2 utilizers in NorthSTAR taken from the top 200 list.
  - C&A Clinical Ops –
    - There is no report as the C&A group did not meet due to the weather.
  - Primary Care Sub-Committee –
    - Dr. Bennett was asked by VO to sit on this committee, which he brought back to the PLAG for discussion.
    - Dr. Sadler agreed to sit on this committee, which the PLAG supported.
    - Dr. Bennett will follow-up with VO and Dr. Sadler with details.
  - Housing and Homeless Sub-Committee –
    - This group looked at their Charter
    - The group discussed what areas they would like to focus on:
      - Supported Housing
      - Housing First Programs
      - How to track the homeless in NorthSTAR – maybe the TRAG?
        - NTBHA reported the TRAG would be going away and replaced with the CANS and ANSA created by Dr. Lyons and agreed to send Dr. Graves the information.
  - 12/9 Committee –
    - The 12/9 committee met to further discuss the proposal of redesigning services at The Bridge, which equates to:
      - VO funding 3 ICM Case Manager positions at The Bridge

- Locating IOP on site, most likely to be done by Homeward Bound, which will eliminate transportation costs to IOP off site.
    - Integrating AA/NA on site and redefining the role of APAA.
    - The proposal by VO suggests a savings by reducing 23/hour obs visits and CD residential due to on site IOP and ICM Case Manager, but those savings remain to be seen and there is some dispute whether those savings will be realized.
    - The 12/9 group, however, is agreeing to allow this to move forward
- Dr .Webster came to talk about his new role as Medical Director of VO –
  - Updates –
    - \$15M in proposed cuts for Sept 1<sup>st</sup>
    - Jack has been promoted and will be focusing on pharmacy related activities and political activities.
    - Eric Hunter is the new CEO
    - Clozaril no longer requires a prior authorization.
    - TIMA - There will not be an audit in 2011.
  - Q – what is your vision –
    - Currently, it is survival with the looming cuts. Although the assumption is that NorthSTAR will not see the proposed \$15M, NS will definitely see a cut.
    - Currently, VO along with other stakeholders and with the assistance of a couple of legislatures is attempting to get relief from RDM and TIMA to allow NS to better handle the cuts.
    - There is also a desire for Denton County to join NorthSTAR, which the LBB would have to assist with.
    - There are talks that the State is considering disbanding MHMR’s and moving more towards a NorthSTAR – “like” system of care.
      - External Vision
        - Look at efficiencies.
          - Transition for Provider to Provider and improve linking.
        - Add Denton County to NorthSTAR
        - Allow some flexibility with the State Hospital dollars
        - Implement a verification of income to ensure those that are receiving NS services truly qualify.
      - Internal Vision
        - VO must look towards the future when problem solving and not simply react to a crisis in a knee jerk fashion.
  - Q – Atypical Expenditures – where are we at?
    - Dr. Webster reported he had not seen that, but agreed to get that information.
    - NTBHA will send out what they have
    - Q – What does VO want from Frank –
      - ½ of his time with NorthSTAR and ½ of his time on the employer side
      - Frank is to be at GOH twice a day to discuss cases
      - Frank is to offer Clinical leadership in the community

- Frank is to manage inpatient costs
- Q – How can the PLAG be more effective?
  - Problem Solve and bring those resolution to the NTBHA BOD
  - Come up with ideas!

**Consumer and Family Advisory Council Meeting:**

Data: The CFAC meeting was held at in the NTBHA board room on March 1.

**Issues and Concerns:**

The topic of discussion for this meeting was the future of the Consumer and Family Advisory committee. A brief history of the group was provided. It was noted that the NTBHA Board and Executive Director have not utilized or included CFAC but instead accessed other advocacy organizations such as NAMI and MHA. The group reviewed a handout from the NTBHA Board that outlines the structure of an advisory committee. The group acknowledged that it did not fill with the items outlined and moved into discussion of how to increase participation by consumers and family members in the CFAC meeting.

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**SUMMARY OF CRCG ACTIVITY, BY COUNTY**

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**February**

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

**Collin County CRCG-**

The Collin County CRCG meets the 2<sup>nd</sup> Tuesday of the month at the Collin County Children’s Advocacy Center. The Chair is Glenda Schaffer and the Coordinator is Pat Garrett. The Collin County CRCG did not meet in February due to bad weather.

### **Dallas County CRCG - Adult/Homeless**

The Dallas County CRCG meets the 4<sup>th</sup> Wednesday of the month at The Bridge. The Chair is Myrl Humphrey and NTBHA representative, Kristen Cathey, is the Coordinator. Agencies represented included NTBHA, Turtle Creek Recovery Center, ABC Behavioral Health, Aids Arms, Inc., ValueOptions, VA, Stewpot, Green Oaks, Timberlawn, Parkland, Crisis Intervention, APAA, Transicare, and Metrocare Services. Two cases were staffed. The first case involved a 55 year old female with a mental illness who is resistant to treatment at the Bridge. The CRCG recommended improving communication between The Bridge and partner agencies (Metrocare and Transicare) working with this individual. Metrocare and Transicare are working with client to engage her in mental health treatment. The second case involved a 37 year old woman with substance use issues needing treatment. The CRCG recommended connecting the individual with the Turtle Creek Recovery Center chronically homeless program for chemical dependency treatment.

### **Dallas County CRCG – C&A**

The Dallas CRCG meets the 2<sup>nd</sup> Monday of each month at Dallas Letot Center. Cathy Brock is the chair person; Kristen Cathey is the coordinator. This CRCG did not meet in the month of February due to having no cases to staff.

### **Ellis County**

Ellis Co. CRCG meets the 1<sup>st</sup> 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 was canceled due to the inclement weather.

### **Hunt County CRCG-**

The Hunt County CRCG meets the 3<sup>rd</sup> Tuesday of the month at Glenn Oaks Hospital; however the group met on the 2<sup>nd</sup> 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 were four (4) case staffed and several followed up were reported.

The first case involved a 17 year old male student with Down syndrome whose grandmother is requesting an HCS diversion slot. The diversion slots will allow the student to be diverted from the state school to the community. The grandmother is taking care of the child alone with no help. The child requires on going supervision and care on a regular base. There is currently no one else to help care for him and grandmother has several health issues herself. The CRCG agreed to write the recommendation letter for the family to receive the diversion slot.

The second case involved a 17 year old male who needs funds to pay for his GED testing. The CRCG has petty cash and agreed to assist the student in paying for the GED testing.

The third case involved a 15 year old male student with Autism and IDD whose mother is requesting an HCS diversion slot. The diversion slots will allow the student to be diverted from the state school to the community. The mother is taking care of the child alone and the child requires on going help because of his disability. The CRCG agreed to write the recommendation letter for the family to receive the diversion slot.

The fourth case involved a 17 year old female. The referral was from Hunt County Juvenile Probation Department 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.

### **Navarro County**

The Navarro County CRCG meets the 1<sup>st</sup> Thursday of the month at the Westminster Presbyterian Church in Corsicana. The chair is Kathi Perez. The Navarro County CRCG meeting was canceled due to the inclement weather.

### **Rockwall County**

The Rockwall County CRCG meets the 2<sup>nd</sup> 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 were two (2) cases staffed.

The first case involved a 13 year adopted female who has consistently been aggressive toward other peers and adults. She is oppositional at home and at school. She constantly acts out sexually and allegedly molested a 5 year old but the parents of the child didn't want to file charges. She steals fights and makes

verbal threats to others. The grandmother requested help from the CRCG. A referral to Child and Family Guidance was given for evaluation, medication and rehab skills training. A referral for counseling was given to address abuse and trauma issues. A safety plan for the home was discussed and recommended. The CRCG also recommended that the grandmother inform the school about the emotional issues to involve them in completing psychological evaluation to determine if other services may be needed.

The second case involved a 9 year old male having behavioral problems at home and at school. The school has suspended him several times for threaten other peers and teachers and for disruptive behavior. The family is currently receiving behavioral health services from Lake Regional. Lake Regional agreed to appoint a new caseworker to do some rehab skills training with the child and the parents, since the parents has a history of not following through with their present caseworker recommendations. A referral to YMCA was recommended in order to get the child involved in some outside activities. Parenting Classes and a counseling referral was given to the parents. The parents were recommended to contact the school to request additional services to help the child with behavioral issues while at school.

### **Ellis County CRCG**

Ellis County CRCG meets the 1<sup>st</sup> 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 3<sup>rd</sup> Tuesday of the month at Glenn Oaks Hospital; however the group met on the 2<sup>nd</sup> 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 1<sup>st</sup> 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 2<sup>nd</sup> 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.

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### **OTHER REFERRALS AND ADMISSIONS**

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#### **North Texas State Hospital—Vernon Campus**

There were two cases received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus from Dallas County. After a review of each case it was determined that placement at Vernon was the most appropriate treatment option and a priority letter was provided.

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#### **Referrals from TCOOMMI**

There was one (1) referral made this month to Ellis County. The Provider was notified and the appropriate aftercare appointment was scheduled.

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### **SUMMARY OF COUNTY OF RESIDENCE CHANGES**

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#### **February 2011 County of Residence Changes**

NTBHA processed 344 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs:
  - Identified from a report as having last been served outside NorthSTAR 280
  - Requested by ValueOptions to other LMHAs 60
  - Requested by LMRAs within the NorthSTAR area 1
  - Resulting from discharge request of other LMHA 3
- Two (2) denials were made by NTBHA to other LMHAs. NorthSTAR received no denials.
- One (1) disenrollment was made as a result of TRAG discharge requests.

**February 2011 WebCARE Discharges**

NTBHA processed 17 TRAG discharge requests

13 TRAG discharge requests were from other LMHAs:

- Central Counties Center for MHMR Services-040 1
- Central Plains Center-070 1
- Andrews Center-190 1
- MHMR of Tarrant County-200 1
- Community HealthCORE-240 2
- MHMR Services of Texoma-290 2
- Denton County MHMR-400 2
- ACCESS-440 1
- Coastal Plains Community MHMR Center-475 2

NTBHA processed 4 TRAG discharge requests from ValueOptions to other LMHAs.