

## **NTBHA Executive Director Report**

**April 2011**

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

Subsequent to last month's board meeting, a plan was approved to add case workers to the Bridge and to encourage better MOU's between the Bridge and those providing services to the Bridge patrons. The matter was also revisited by the Dallas BHLT. There is some interest in seeing how the approved changes affect the Bridge services, while leaving the door open to future enhancements if they become necessary.

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

By now, most of you are aware that there was an effort on the part of Representative McClendon, of Bexar County, to defund NorthSTAR completely. This was in addition to another Rider that would defund all substance abuse services, statewide.

After much work on the part of many people, the Riders were pulled. H.B.1. was passed through the House on 4-3-11. The version that we saw funded NorthSTAR to the amount of \$85 million for next year and \$95 million the following year. This amounts to a \$15 million and \$5 million cut respectively to NorthSTAR services. It is our understanding that the Senate will pass a companion bill that will be reconciled with the House Bill. We now must work the Senate to mitigate the cuts slated for NorthSTAR.

### **3. DSHS Contracts – ValueOptions, NTBHA**

Drafts of both contracts have been through several reviews. The DSHS/VO contract is in the hands of VO in order to determine their comfort level. The NTBHA contract is with our consultants and the Board Committee for further consideration.

K.J.-DSHS in Austin is trying to have final drafts for DSHS's review by May. NTBHA is looking for a date with our consultants to try and resolve the NTBHA/DSHS contract.

### **4. TCOOMMI**

The proposed 75% funding cut is still technically on the table. However, Adapt and MetroCare have made counter proposals that are under consideration at the state level.

## 5. BHLT's

Attached is the Dallas BHLT agenda and supporting documents. This information is being posted on their website and other counties have been encouraged to review it and use the information for their own county considerations. The Collin County version (Collin County Behavioral Health Planning Group) is scheduled to meet on April 7, 2011; attached is a copy of their Agenda. Ellis County did not meet this past month.

## 6. PAC

Attached is a copy of the most recent PAC agenda. Of note, was the considerable discussion as to how the PAC's role could be enhanced and become more effective in advising the NTBHA Board. A review of the attached minutes will help the Board understand the nature of their deliberations.

### **NTBHA OMBUDSMAN/CLINICAL OPERATIONS REPORT**

**March 2011**

#### **March Meetings Attended:**

- Board Meetings at NTBHA
- Meetings with VO CEO
- Meeting with LifeNet ED
- DSHS Site Visit Meeting
- Town Hall Meeting
- Audit Meeting
- Self-Directed Care
- Dallas County Steering Committee Meeting
- Rockwall Steering Committee Meeting
- Bi-Weekly DSHS/VO NetOps Call
- Clinical Operations Groups Meetings
- Provider Advisory Council
- PASRR Tele-Conference
- Veterans Grant Meeting
- Terrell State Hospital Late Arrivals Tele-Conference
- Collin County Behavioral Health Leadership Team Meeting
- Psychiatrist Leadership and Advocacy Group
- Dallas County Behavioral Health Leadership Team Meeting
- Adult Clinical Operations Sub-Committee to the Dallas BHLT
- Mental Health Code Meeting – discuss possible changes for next legislative session
- Provider Review Committee Meeting at VO
- Substance Use Disorder Conference Call with DSHS and VO to discuss denials rendered by VO
- Housing Sub-Committee to the BHLT

- CIT Scenario Training for the Dallas Police, offered at two locations
  - Frisco
  - Desoto
- CMBHS User Teleconference
- CFAC
- MDHA Meeting
- ACS/VO Biweekly Conference Call
- Administrative Relief Conference Call
- Residential Chemical Dependency Audit of VO Conference Call with DSHS
- Life Path SPN Audit with ValueOptions
- TCOOMMI Audit with ValueOptions

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

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**Adapt Mobile Crisis (February):**

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 2,928 incoming phone calls (total of 5,300 incoming and outbound calls) in February with 362 resulting in face to face encounters. This is a decrease of 148 incoming phone calls over last month and a decrease in F2F encounters by 65 over last month. Of the 362 face to face encounters, 324 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	192
	F2F	24
Dallas	total calls	2205
	F2F	265
Ellis	total calls	80
	F2F	14
Hunt	total calls	79
	F2F	17
Kaufman	total calls	111
	F2F	23
Navarro	total calls	41
	F2F	9
Rockwall	total calls	26
	F2F	10
Law Enforceme	total calls	35
	F2F	6
Out of State	total calls	36
	F2F	0
OTHER	total calls	158
	F2F	0

**Recommendations:**

ValueOptions and Adapt Community Solutions have finalized the MCOT/Hotline contract outlining clear outcome goals and expectations for face to face encounters in the community. The contract went in effect April 1<sup>st</sup>.

### **After-Hours Clinic Contract Updates –**

Southern Area Behavioral Healthcare contract has been signed and the terms of the contract went into effect April 1<sup>st</sup>. ValueOptions is in the process of scheduling a second meeting with Metrocare to continue negotiations on their contract.

### **The Bridge Redesign –**

Last month the NTBHA board voted to approve Bridge Redesign in terms of the hiring of ICM caseworkers, on site IOP services, inclusion of NA/AA on site, and the establishment of MOU's between The Bridge and those in which they are partnered with (ie, APAA, Homeward Bound, Transicare, and Metrocare). At this time The Bridge is constructing the MOU's and are working towards getting IOP on site.

### **Terrell State Hospital Late Arrivals –**

There has finally been a resolution put in place to begin addressing the late arrival issues Terrell State Hospital has brought to NTBHA's attention for years now. Recently, Terrell State Hospital has identified a way to notify VO a day in advance of how many beds will be available. This allows the transfer process to take place the day VO is notified of how many beds would be available the next day and have the patients ready for transport early in the afternoon.

One concern that was raised that will be tracked and possibly revisited is the cut-off for arrivals at TSH. Initially, when this issue was first raised by Terrell State Hospital a cut-off time of 6pm was requested (preferably 5pm), but this cut-off time has now moved down to 2pm in an effort to allow Terrell State Hospital to reduce the late afternoon into evening Psychiatrist staff down to one versus the previous two. Having an arrival cut-off time of 2pm could possibly have undesirable financial affects on the NorthSTAR system that will have to be tracked and the 2pm time possibly revisited. At this time, any transfers to occur after 2pm must be cleared by Joe Finch in advance.

Another issue that was raised during these discussions was the ability for Terrell State Hospital to discharge patients to the Targeted Case Management program located at The Bridge and ran by

Transicare. Due to State rules, a State Hospital is prohibited from discharging to a shelter, which The Bridge having a shelter component falls into this category. DSHS has agreed to waive this rule for the purpose of discharging to the specialized TCM program, but NTBHA (along with community support through the BHLT) will need to give approval to DSHS. This issue will be discussed at the next BHLT meeting.

### **Provider Review Committee:**

There were twelve (12) requests this month to become a NorthSTAR provider. Of the twelve (12) requests, nine (9) were approved, none (0) were denied, and three (3) are pending further information. The county breakdown is as follows:

- Collin County had two (2) requests.
  - One (1) was nominated to the NorthSTAR network.
  - One (1) was pended for further information and a presentation by the agency. Several members of the committee had questions about services to be provided.
- Dallas County had six (6) requests.
  - Four (4) requests were nominated to the NorthSTAR network.
  - Two (2) requests were pended for further information.
    - Request to provide CD IOP services in an area that is saturated with CD IOP Providers. Pended to request information whether they serve adolescents or just adults as well as any other specialty beneficial.
    - Request to provide individual services. Pended to educate on the administrative requirements to serve NorthSTAR consumers and use of State approved treatment modalities before approval.
- Ellis County had three (3) requests.
  - Three (3) requests were nominated to the NorthSTAR network.
    - Addition of two (2) LPC's
    - Addition of CD IOP
- Rockwall County had one (1) request.
  - One (1) request was nominated to the NorthSTAR network.
    - Addition of a LPC

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

The Self-Directed Care program has 80 participants in the program at present. We went from 81 to 80 due to the passing of one of our participants on March 15<sup>th</sup>. This participant died as a result of a heart attack. The passing of this individual reiterates the need to confront issues surrounding co-morbidity for the population that we serve. So many consumers of mental health treatment die earlier deaths than

the general population. We need to strive as a community to emphasize the health of the whole person and make sure there are resources in place to carry out this emphasis.

Several of us from the SDC staff (**Cheryl Gayles, Tommy Wornick, and I**) along with some participants toured the Goodwill Industries complex in Dallas during the month of March. Along with the tour, a Social Security representative and Goodwill Industries' staff member both presented information about the **Ticket to Work Program**. It would help empower participants to go back to work without losing their benefits.

Our peer support staff member, **Anna Salazar**, attended the Peer Specialist Training held during the first week of March at Mental Health America in Dallas. The training itself was presented by Via Hope out of Austin.

The monthly SDC Participant Learning Community meeting took place on March 8<sup>th</sup> at the Urban League in Dallas. We had approximately 25 participants in attendance. A representative from Social Security presented the Ticket to Work program. Ricardo Aguilar talked about WRAP training and how it affects recovery. The most popular part of the program seemed to be the exercise time that has been instituted into our monthly meeting. Everyone was up doing various exercises and learning about how physical fitness supports good mental health.

SDC and NTBHA will have one combined NAMIWalks' Team called **Revolutionizing Recovery: Own It**. We are hoping to have a large team for the Walk this year. The team captain is **Anna Salazar**.

Last month I provided a snapshot of some outcomes that the SDC program has been tracking. As you recall from last month's narrative, these numbers are a good illustration of recovery. Below is the update on those figures:

Employed –	24.4 %	(an increase of 1.4% over last month)
Living Independently –	78 %	(an increase of 2% over last month)
Taking Classes –	19.5 %	(an increase of .5% over last month)
Hospitalized –	1.2 %	(a decrease of .8% over last month)

Incarcerated – 4.9 % (an increase of .9% over last month)

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**

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**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 monitors 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 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 **52** 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 inmates constantly to find those that are eligible for Outpatient Competency Restoration. The inmates that are appropriate for OCR are eligible for NorthSTAR . 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 mentally 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 inmates 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. Dallas County recently was contacted by Montgomery County contacted Dallas County in an effort to coordinate services to send inmates from the clearinghouse to their privately owned facility. Dallas County has currently sent 15 forensic inmates over to the Montgomery County facility in an effort to restore competency. NTBHA, Value Options NorthSTAR and Dallas County representatives is planning a visit to the new Montgomery County facility within the next few weeks. The Dallas

County Mental Health Steering 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 monitors the clearinghouse list for Ellis County monthly and sends a monthly spreadsheet with each individual that is waiting for admission. 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 needs 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. Lt. Geninger 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 with Dr. Davis with Kaufman County concerning mental illness and jail/hospital issues. Kaufman County reported using TLETS systems to identify mentally ill inmates. NTBHA submits monthly spreadsheets to Kaufman County for individuals on the clearinghouse list waiting for transfer to the State Hospital. NTBHA spoke with Dr. Davis about inmates currently waiting for hospitalization. NTBHA explained the wait period on the clearinghouse list and how an inmate can be expedited on the wait list. NTBHA coordinated

with Dr. Davis and Terrell State Hospital to have an inmate moved up on the wait list that had attempted suicide a number of occasions while in jail and continued experiencing psychotic episodes on a daily basis. The inmate was transported to Terrell State Hospital within 10 days. Transicare representative spoke with Dr. Davis, Kaufman County forensic psychologist, regarding the services that they offer to the jail. Transicare explained the crisis screening and assessments that are provided for mentally ill consumers while in jail. NTBHA also discussed the criteria for an inmate being on the wait list. Dr. Davis reported understanding the services that Transicare can provide for inmates that are in a mental health crisis and looks forward to meeting with NTBHA monthly. 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. NTBHA continue to develop a rapport with Navarro County and will continue 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, Lakes Regional MHMR, Rockwall County Judge, Rockwall Sheriff Department, NTBHA and Rockwall Helping Hand was invited to attend the meeting on March 11<sup>th</sup> & 25<sup>th</sup>.

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 has continued to invite NorthSTAR providers and key stakeholders from Rockwall County to join the meetings twice a month in an effort to discuss better treatment for mental health consumers.

Rockwall County is making progress in an effort to develop a mental health plan for Rockwall County. Rockwall County met with County Judge Jerry Hogan and discussed the goals and objectives of our committee and the need to somehow be legitimized as a group working on behalf of Rockwall

County. He was supportive and has requested that Rockwall submit a proposal to establish an advisory relationship between the MH Committee and the commissioner's court. The process is being explored with the DA's office.

Angie Scalf, with Rockwall Juvenile Probation has agreed to lead the sub-committee to focus on community MH services. She is identifying grant resources that could support a diversion court.

Rockwall Jail Training officer, Mr. Hanley, will attend the CIT at Green Oaks Hospital.

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

#### **Clearinghouse List-TSH as of March 24th**

- Dallas has thirty one (31) inmates awaiting a bed at TSH, with the longest one waiting since October 13, 2010.
- Collin has two (2) inmates awaiting a bed at TSH and was placed on the list on January 25, 2011.
- Hunt has three (3) inmates awaiting a bed at TSH, with the longest one waiting since February 14, 2011.
- Navarro has one (1) inmate awaiting a bed at TSH and was placed on the list on August 12, 2010.

#### **Clearinghouse List-Vernon as of March 4<sup>th</sup>**

- Dallas County has twenty six (26) inmates awaiting a bed at Vernon State Hospital

#### **Steering Committee:**

Data: Dallas County Mental Health Steering Committee meetings are held monthly on Thursday morning.

## **Issues and Concerns:**

The following issues and concerns were discussed during the March Meeting.

- Reviewed the MHSC Charter for the Dallas County Behavioral Health Leadership Team. Ron Stretcher suggested the MHSC charter plan clearly reflect the committee members work in the area of substance abuse as well as mental health issues at the BHLT.
- Ron Stretcher nominated Patricia Scali to represent the MHSC at the BHLT Housing Subcommittee Meetings. Lynn Richardson and Dr. Judith Hunter from Dallas Metrocare Services represent the MHSC at the BHLT.
- Mr. Stretcher suggested changing MHSC names on the BHLT to ensure the focus on substance abuse. There were a number of suggestions made.
- Janie Metzinger's updated the group on legislative issues. A memorandum projecting impact of state funding reductions for Behavioral Health Services was sent to Dallas County Commissioners Court as a advocacy effort from the North Texas area attempting to restore the propose budget cuts to behavioral health related services by the State.
- Expanding the use of outpatient Competency Restoration was discussed. Balancing the overall best interest of a person- not just from the treatment aspect but also considering the legal status of pending charges.
- 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.

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

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### **QM Initiatives:**

- A NTBHA staff member was invited to join the BHLT Housing Subcommittee and attended the March meeting.
  - Reviewed the wording of the charter and modified it.

- Currently the state uses the TRAG tool to evaluate NorthSTAR consumers for functional stability, which includes housing status. A statewide RDM committee has chosen to replace it with the ANSA (adult tool) and CANS (child and adolescent) tools in the future. It is expected to produce more objective results due to the design of the tool and the comprehensive training to certify staff who will use it.
- Validity of statistics on behavioral health and homelessness were discussed. One indicator, extracted from TRAG results indicated improvement in housing stability for NorthSTAR consumers. Objective use of the TRAG tool and potential impact to statistics collected since the blended case rate were discussed.
- On the CMBHS teleconference, issues identified by NTBHA, VO, and various CD providers across the state are being worked with DSHS. Enhancements to assessment, end service, and discharge functions in CMBHS are planned for an April upgrade, and webinar training events have been scheduled for CD providers.
- TAC training and competency requirements – review criteria of current and proposed SPN staff
- 2011 NorthSTAR Member Satisfaction Survey by VO is forthcoming and will be discussed at a NTBHA / VO Quality Management planning meeting.
- NTBHA is monitoring several aspects of the NorthSTAR service delivery
  - Utilization management of CD treatment – denials and authorizations
  - Treatment access issues under the case rate model
  - New enrollee time to get a doctor’s appointment
  - SPN afterhours greetings and menu options audit
  - SPN enrollment access audits
  - LOCR versus LOCD on the Provider side and LOCR/LOCD versus LOCA on the BHO side
  - After-hours clinic utilization monitoring; especially at Southern Area Behavioral Healthcare
  - Complaint trends
- NTBHA continues to partner with the Dallas Police Department by participating in Crisis Intervention Team (CIT) scenario training. Dallas PD offers these free of charge to any law enforcement officer from anywhere in the world. Texas law enforcement officers are eligible to receive 40 TCLEOSE hours and sit for the exam to become mental health officers. In March, training events were held in Frisco and in Desoto. There will be two CIT training events offered in separate Dallas locations in April. CIT events scheduled for the remainder of 2011 include locations in Dallas (5 more events), Forney (Kaufman County), Plano (Collin County; 2 more events), Rockwall (Rockwall County), and Red Oak (Ellis County).

### **ACT Audit with ValueOptions**

NTBHA representative Kristen Cathey conducted a SPN audit with ValueOptions at Life Path Systems. The audit looked at ACT Fidelity, ACT Rapid Review, verification of Self-Report Treatment Record Review, SP1 through SP3 members Claims line, and SP1 through SP3 members HR & Credentialing. The audit results are below.

#### **(1) ACT Fidelity Toolkit**

Number of Unduplicated Charts Reviewed = 7

Number of Elements Reviewed Per Chart = 20

Number of Elements Meeting or Exceeding Target = 14

Five elements were not applicable (N/A) for this sample

Number of Elements Below Target = 1

**Total Aggregate RDM Fidelity Score for ACT = 4.54 Passing**

**(2) ACT Rapid Review, Provider Self Report**

<b>ACT Fidelity Toolkit, Provider Self-Report</b>	
Small Caseload	<b>Yes</b>
Team Meeting	<b>Yes</b>
Team Leader Qualifications	<b>Yes</b>
Staff Coverage	<b>Yes</b>
Registered Nurse on the Team	<b>Yes</b>
Psychiatrist on the Team	<b>Yes</b>
Supported Employment Specialist on the Team	<b>Yes</b>
Supported Housing Specialist on the Team	<b>Yes</b>
Critical Staff Training	<b>Yes</b>
In-vivo Services	<b>Yes</b>
Rehabilitation Curriculum	<b>Yes</b>

**(3) NorthSTAR Treatment Record Review**

Number of Unduplicated Charts Reviewed = 6

Number of Elements Reviewed Per Chart = 38

Target Overall Chart Score = 80%

Number of Charts Meeting or Exceeding Target = 6

Number of Charts Below Target = 0

**Total Overall Score = 94% Passing**

#### **(4) NorthSTAR Staff Qualifications and Credentials Review**

Number of Unduplicated Staff Files Reviewed = 8

Number of Staff Files with All Requirements Met = 1

Number of Staff Files Missing Some Requirements = 7

### **INFORMATION FOR ACTION**

Based on the above findings a **Corrective Action Plan** (CAP) response is being requested.

#### **(1) ACT Fidelity Toolkit**

Treatment Services Provided to Rural ACT Individuals: the individual's full range of needs were not all addressed in Treatment Plans

#### **(2) NorthSTAR Staff Roster and Credentials Review**

- TAC Required Training - Address missing training for specific individuals
- Demonstrate Individual Clinical Supervision at Least Monthly

#### **TCOOMMI Audit with ValueOptions**

NTBHA representative Kristen Cathey conducted a TCOOMMI audit with ValueOptions at ValueOptions' office. The purpose of the audit was to look at services provided to youth and adults participating in the TCOOMMI program and determine what additional services were provided as a result of the TCOOMMI

that would not have been provided under RDM. As such, ValueOptions requested 45 charts from Metrocare for adult and adolescent ICM services from January 2011 to March 2011. A line by line review in 18 cases was completed. The preliminary findings follow.

- 1) Services documented were 74% RDM and 26% ICM
- 2) The RDM services accounted for 88% of the logged time with the clients and 12% of logged time was on ICM (TCOOMMI) services
- 3) Time spent with clients ranged from .5 to 5.59 hours over the 3 month study period
- 4) Average time spent during 3 month period across all clients was 3.28 hours

Most of the non RDM services included the following:

- 1) writing progress notes/court reports
- 2) meeting with client's PO
- 3) court related meetings/staffings

### **Residential Chemical Dependency Treatment Denial Audit of VO**

On November 16, 2010 North Texas Behavioral Health Authority began a review of chemical dependency residential treatment denials (medical adverse determinations) at ValueOptions. There were nineteen denials reviewed. Of those, seven (7) were set aside for further review and a response was requested of ValueOptions. Following dialogue with ValueOptions, NTBHA continues to have concerns with three (3) of the cases.

Following the November review NTBHA consulted with DSHS who had also been reviewing chemical dependency residential treatment denials and had recently overturned three (3) of those denials. The outcome of the consultation was to have a conference call with VO to discuss the collective findings and to outline the expectations moving forward.

### **Recommendations:**

- Providers should review with their staff on the criteria for residential treatment which would assist in eliminating inappropriate residential treatment requests.

- VO is required to do internal training with VO staff and must send a timeline and plan of how the issues that were discussed would be addressed in the internal training. Following is a list of issues that were discussed that VO has been asked to retrain staff on for clarity:
  - Minimal use
  - Moderate use
  - Lack of excessive use when there appeared to be excessive use (NTBHA finding)
  - Lack of alternative Treatment option provided (NTBHA finding)
  - Adequate social support--this term is used in many of the cases with no documentation indicating such support (NTBHA finding)
  - Abuse versus dependence—documentation indicates withdrawal and/or tolerance yet diagnosis referred to as “abuse”
  - Client has had multiple episodes of treatment in past therefore client should be placed in Outpatient level of care
  - Presumptions about clients motivation

NTBHA and DSHS will continue to monitor residential treatment requests and denials for improvements and change.

**Complaints**

<b>*February</b>	<b>Number of Complaint Calls Processed</b>
Accessibility/Availability	1
Quality of Care or Service	2
<b>TOTAL</b>	<b>3</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 March 25, 2011

- **PAC By-Laws** – The PAC agreed to update and possibly modify the PAC by-laws to at the very least reflect NTBHA correctly in lieu of “DANSA”. NTBHA agreed to send out an electronic copy of the by-laws to a sub-committee of the PAC to review and update (Liam, Doug, Tom, and although James Williams was not present he was suggested). There was also a discussion surrounding the PAC and CFAC chairs to have a seat on the NTBHA BOD and whether this should be a voting member or not.
  - **Tri-West Consultant Q** – Does the PAC want to be more empowered? Should the PAC use their voice to inform the BHLT who in turn would carry that voice to the Dallas County NTBHA BOD member?
    1. NO – Some providers felt there is too much confusion around the role of BHLT in relation to NTBHA and almost an appearance that NTBHA should be subservient to the BHLT. PAC should continue to report directly to NTBHA and leave the BHLT out.
  - **Tri-West Consultant Q** – Does the PAC have current input into the DSHS/VO contract or the DSHS/NTBHA contract?
  - **NTBHA** – The PAC has structure and a place on the NTBHA BOD. NTBHA did request PAC feedback on the DSHS/VO contract. Stakeholder input continues to grow with the inception of the PLAG and the 12/9 NTBHA committee. The NTBHA BOD does seek input from the PAC, but there are legal issues allowing PAC to be a voting member of the NTBHA BOD.
  - **Provider** – How does the PAC use their opportunity and voice at the NTBHA BOD agenda? Proactive versus Reactive.

- **Provider** – PAC has not fully exercised the power they could have. Provider would like to see issues formally ran through PAC.
- **Provider** – Should the by-laws be revised or should PAC simply change their behavior to take a more empowered stance? **BOTH**
- **Provider** – This is not an environment where the wellness of the healer is taken into account. How are we (as a PAC) going to support one another to weather these budget cuts?
  1. **NTBHA** – To the credit of the NTBHA BOD, they have become more sensitive to the Providers and have stopped blindly accepting proposals from VO.
- **Provider** – Expectations need to be stated in the PAC by-laws clearly.
  1. **NTBHA** – If the NTBHA BOD goes to the PAC for feedback the PAC recommendation needs to be “THE Provider” position without the need to ask 3-4 other workgroups. Must speak with one voice!
- **Provider** – DSHS and HHSC do have final approval on making changes to NorthSTAR, which make being proactive much more important.
- **PAC Officer Elections** – This was pended until the PAC by-laws are updated and revised.
- **ACT Equalization** – The NTBHA BOD tabled the discussion and vote until VO had a chance to meet with Providers to go over the change in the ACT rates in detail before approaching the NTBHA BOD.
  - Providers feel rates are private and confidential so they find the discussion with the NTBHA BOD to be “odd”.
  - Providers are of the opinion that rate negotiations should be left to the Provider and VO to discuss. Separating ACT rates out makes the negotiation process difficult because there is a lot of give and take during a contract negotiation around rates. Providers do not agree with VO and NTBHA deciding rates for Providers.
  - Providers expressed confusion on which they should be negotiating with – NTBHA or VO?
    1. **NTBHA** – historically, contract negotiations have occurred between the Provider and NTBHA, but if there is an impasse NTBHA has gotten involved, typically at the Providers request which did occur a handful of times surrounding the case rate contracts.
      1. NTBHA also reminded Providers of the history behind the ACT equalization, which came from Providers in the past expressing frustrations around the vast differences in rates and that one Provider would be paid a higher rate for providing the exact same service. This was an initiative the previous NTBHA ED, Ed Miles, had taken on to push VO to equalize rates per the request of the Providers. Furthermore, when the original 9 orders were submitted by VO a committee convened by NTBHA did look at this proposal and the members of the committee approved this almost immediately; again agreeing that Providers should be paid equal for providing the same service (ie, ACT). There was discussion that there should be a higher rate for rural, which is part of the current VO proposal.
      2. **VO** – It should be noted, however, that this is not really ACT rate equalization, but a rate cut.
  - The PAC agreed to again request the NTBHA BOD to hold off on voting on this
- **Other Budget Cuts** – During the meeting Doug Denton did read off some latest budget news, which I couldn’t write down fast enough. I will get the info and pass it along.
- **VO Auth Process** – This was not discussed due to a lack of time.

- **CMBHS and TRAG changes** – This was not discussed due to a lack of time.
- **PASRR** – There is nothing new to report at this time. DSHS is still working out some of the NorthSTAR specific questions as well as the questions surrounding rates, which are currently set at \$13 unit. Once there is information to share NTBHA will convene a conference call with the affected Providers to discuss.
- **Admin Burden** – This was not discussed due to a lack of time.

### **Psychiatrists Leadership and Advocacy Group:**

Data: PLAG Meeting was hosted at Child and Family Guidance Center on April 6, 2011

### **OLD BUSINESS**

- **Physician’s Prescribing Report** –
  - VO has produced a first draft from CaptureRX, which the PLAG looked at and didn’t find very useful.
  - Dr. Margie Balfour met with PLAG to go over the data she has available to her through working with VO, share information about PharmaConnect and what reports that can produce, and gather information from the Psychiatrists regarding what they are hoping to get from the prescribing reports.
    - Psychiatrists would like to see a report of Atypical expenditures as compared to what VO is contractually obligated to expend.
    - Psychiatrists would like to see a breakdown of Atypical prescribing patterns.
    - At the Medical Director level, a report that shows the prescribing patterns of the Psychiatrists working in their SPN would be useful and then secondarily a report that would compare themselves to the rest of NorthSTAR as a whole.
- **Authorization Requests via email** – no report
- **Labs** -
  - Psychiatrists continue to express frustration with the current lab vendor due to a lot of inconsistencies, which are hard to nail down.
  - Historically, NorthSTAR did have a lab vendor that closed down abruptly in the middle of the night forcing GOH to step in until a new lab vendor could be found. Coincidentally, the man running this lab vendor is the Clinical Director of the current lab vendor. This lends to the credibility issue with the lab results.
    - Psychiatrists were again encouraged to send as many specific examples of issues to Holly Brock at VO and copy Brandy at NTBHA.
  - Recently, there were issues with CBC’s.

- There was a question regarding Leslie Cooke's affiliation, which NTBHA confirmed he is a UTMB employee, but a previous contracted employee of VO.
  - Would it be beneficial to request another rep other than Leslie for this account?
- Urine screen for Benzos was another issue raised concerning false negatives. This issue seems to be difficult to determine validity or whether the consumer is selling their Benzos?
- PLAG wondered if Dr. Webster would be willing to look at this issue again.
  - NTBHA spoke to VO about the lab issue continuing. VO reported Dr. Webster does seem quite interested and will fully investigate any complaint that comes in personally. The last complaint to come in did result in the termination of the lab vendor employee so results are occurring. VO seems committed to working through these issues with the current lab vendor and has expressed concern that if things don't work out with this lab vendor there are just not any more lab vendors to pursue. VO encouraged NTBHA to continue working with the PLAG to get specific examples of issues to be investigated. VO again suggested having staff attend the PLAG meeting to discuss concerns and we could insist someone other than Leslie attend?

## **NEW BUSINESS**

- **Meeting Updates** –
  - BHLT –
    - The last meeting had a very tense discussion around a proposal The Bridge has submitted numerous times previously requesting \$2.7M in funds from ValueOptions in an attempt to offer many on-site services at The Bridge.
    - BHLT sub-committee used to meet separately, but beginning in May many sub-committees will meet as break-out sessions of the ACOT and FACT meetings. A few sub-committees remain stand alone committee meetings.
  - Adult Clinical Ops –
    - The last meeting discussed looking at individual cases to find trends in what worked and where the gaps are. The ACOT did decide they want to be data driven and begin pulling data sets, but “what” data is still being explored. For now, ACOT will review cases to indentify above mentioned trends.
  - C&A Clinical Ops –
    - No report
  - Primary Care Sub-Committee –
    - Primary Care Physicians are interested, but can't seem to get away for a meeting. Referrals were given as possibilities to invite to the meeting.
      - Should Parkland be the only one at the table?
        - It was suggested to reach out to Baylor, MLK, Methodist, and the VA.
  - Housing and Homeless Sub-Committee –
    - Discussed The Bridge proposal before the BHLT.
  - Crisis Sub-Committee –



MHMRA Consumer Advisory Group as a model for how CFAC should look. The model was presented at the last COMI meeting by a representative from Harris County. Another suggestion is to partner with Joe Powell and his sub committee at the Dallas County BHLT to generate increased consumer and family participation in CFAC. Further, a survey, similar to NTBHA's consumer satisfaction survey, was proposed to collect input from consumers about what they want to see from the mental health system. Finally, changing the location of the CFAC meeting to a place accessible using public transportation was mentioned and a new location was suggested and is being looked into.

## **SUMMARY OF CRCG ACTIVITY, BY COUNTY**

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### **March**

#### **\*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. Agencies represented included NTBHA, McKinney ISD, Plano ISD, Life Path Systems, DSHS, Region 10 ESC, North Fork Residential Treatment, Juvenile Probation, Medicaid Case Management, and North Texas Youth Connection. The meeting began with a tour of Collin County's Juvenile Detention Center. Following the tour 4 cases were staffed. The first case involved a 16 year old male for whom probation was seeking NTSH – Vernon. The letter was provided by the CRCG. The second case involved a 15 year old male for whom probation was seeking Waco Center for Youth. The letter was provided by the CRCG. The third case involved a 14 year old male whose family was seeking Waco Center for Youth. The letter was provided and Life Path Systems was recommended for the interim until a place is available at WCY. The fourth case involved a 15 year old female whose family was seeking WCY and community resources. The WCY letter was provided. The CRCG also recommended considering having charges filed for assault and involving the juvenile system, continue services with the Child Advocacy Center, consider private psychiatrists for ongoing medications/treatment, Child and Family Guidance for in home services, NAMI for family support, Nelson Center as another residential placement, and MBIC Medicaid buy in for additional health care funding.

##### **Dallas County Family CRCG**

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. Agencies represented included NTBHA, Dallas ISD, NAMI, Metrocare Services, Methodist Children's Home, Timberlawn, CPS, TYC, Letot Center, Region 10 ESC, Providence of Texas, ValueOptions, DARS, Texas Health Steps/TX STAR, and Child and Family Guidance. Two cases were staffed. The first case involved a 13 year old male whose family was requesting placement at Waco Center for Youth and community supports. The CRCG recommended WCY and provided the priority letter. The CRCG also recommended counseling with someone who specializes in attachment disorders (2 names were provided), education and advocacy for mom in raising a child with special needs (Texas Parent to Parent and Advocacy Inc. were recommended), keeping a log of all school and home incidents as well as police calls and hospitalizations, counseling services for younger brother, and NAMI for support. The second case involved a 14 year old male with Autism for whom Metrocare and the family are seeking an HCS diversion slot via state school placement application. The CRCG provided the letter in support of state school placement to complete the application.

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

The Dallas County Adult/Homeless CRCG used to meet on the 4<sup>th</sup> Wednesday of the month at The Bridge. There have been many issues regarding this CRCG for more than a year, which led NTBHA to consult with State CRCG representatives on the possibility of disbanding this CRCG and moving any adult cases to the pre-existing child and adolescent CRCG. Some of the issues the adult/homeless CRCG had experienced since moving the meeting to The Bridge are as follows:

- No releases of information provided no allowing the case to be discussed or reported on.
- No historical data making data submission requirements to DSHS near impossible.
- Cases being staffed at CRCG were no longer in line with the spirit of CRCG, but more care coordination between agencies already serving a homeless consumer.

The adult/homeless CRCG was disbanded in March and adult cases will now be staffed at the newly formed Dallas "family" CRCG. The meeting at The Bridge will continue as it has been; offering care coordination to ensure homeless residents at The Bridge are not falling through the cracks.

#### **Ellis County**

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. Agencies represented included ECJS, Gingerbread House, PCHAS, Hickory Trails, ADAPT, Child and Family Guidance Center, Region 10 ESC, Value Options, DSHS, Lakes Regional MHMR, NTBHA, MISD, and Baptist Home. There were two (2) case staffed and several followed up were reported.

The case was presented by the child's mother, stepfather and CPS. The child is a white, female, 15 years of age. She has long history of mental health services including psychiatric services, medication mgt., counseling, Wraparound Ellis (WE) through ECJS, ADAPT and numerous psychiatric hospitalizations through private insurance (Millwood, Glen Oaks, Green Oaks). Parents reported that she is "out of control" and has threatened suicide on a number of occasions. The parents reported school problems, but she has never been evaluated for special education or other school based services. Parents expressed frustration that Psychiatric Hospitals only keep her for a few days and their insurance won't cover longer term residential treatment. Parents reported that they do not have the financial resources to pay for long term care. The CRCG recommendations included writing a letter to Waco Center for Youth, attending the Day Treatment Program at Hickory Trails Hospital. Melissa Wolfe (MISD Spec. Ed) offered to do a psychological evaluation for Jessica to receive support services if she remains in MISD. Parents report that Jessica has never been evaluated for Special Education services.

The case was presented by the child's father and Methodist Children's Home. MCH has been working with the family for some time. They admitted him into their residential program several weeks ago but he repeatedly left campus and was found on the interstate. He was discharged due to concerns for his safety and is currently living with a family member in Cedar Hill. Dad reports he has had problems since he was a small boy and has become more aggressive. He has been previously hospitalized at Hickory Trails Hospital. MCH is helping the family get a psychological evaluation and will continue to provide support services until he is able to be admitted into a residential treatment center. The CRCG recommendations included writing a letter to Waco Center for Youth; Methodist Children Home agreed to continue assisting family until the placement takes place.

### **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 three (3) case staffed and several followed up were reported.

The first case involved a 14 year old male student whose parent's reports aggression, mental health issues and a seizure disorder. The parents are requesting counseling due to him being aggressive at home. The parent's reported that he has an appointment for testing to follow up with the seizure disorder. The Star Program agreed to offer counseling to the family and the family agreed to follow up with CRCG once the

results are received from his medical doctor concerning the seizure disorder. The school also agreed to pull data and give feedback for the follow up meeting.

The second case involved a 13 year old female whose parent is requesting help with controlling their daughter's behavior. The 13 year old is currently pregnant and very aggressive and threaten toward her parents. The child is currently attending Providence but is not taking any medication due to her being 7 months pregnant. The parents are asking for referral information to a resident that serves mentally ill pregnant teenagers. A referral was given to Seton House and Robyns Nest. The parents were encouraged to contact the placement and asked questions about the referral process and eligibility requirements. The family agreed to follow up with CRCG to give an update.

The third case involved a 13 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. Agencies represented included NTBHA, PCHAS, B County Coop, Navarro County Probation, DSHS, FAC, Adapt, CPS, Lakes Regional MHMR, and Region 12 ESC. Pre the CRCG chair no cases were staffed however planning and updates were discussed.

The March meeting of Navarro County CRCG was held on March 3, 2011 at the Westminster Presbyterian Church. It was called to order at 1:34 pm by Kathi Perez. The confidentiality statement was read. The minutes of the February meeting were reviewed. A motion was made by Melanie Hyder to accept minutes as read. Laura White seconds that motion. All were in agreement.

Clint Capers suggested giving numbers to the clients that come before the committee for confidentiality purposes. There was discussion and the committee agreed to put this practice into place. The numbers will correspond with the month and day of the initial staffing of each client. If there is more than one staffing per meeting, each staffing will be assigned an additional capital letter behind the staffing number. All committee members were in agreement.

Kim Martinez and Sylvia Waters presented information about Child Advocates of Navarro County. The new program will be presented to students in the 2 discipline centers in Navarro County. This program has 3 components: Curriculum, Mentoring and Family support. The program is much needed in Navarro County and other agencies may be able to work with them on the family support and mentoring components.

North Texas Behavioral Health Authority (NTBHA) has a new part to their website dedicated to CRCG. The committee voted not to place the referral packed for Navarro County on that site.

### **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 NTBHA, Value Options, Rockwall County Juvenile, Department of State Health Services, Lakes Regional MHMR and Rockwall County Probation. There were one (1) cases staffed.

The case was presented by the child's mother and CPS. The child is a white, female, 14 years of age. She has long history of hospitalizations for physical health issues and some mental health issues. The service she is currently receiving includes psychiatric services, medication mgt. and counseling through Child and Family Guidance. The mother reported that the school informed her that they could no longer accommodate the needs of the child and therefore suggested that they look into placing her in a public school. CPS reported being involved due to the child's mother refusal to send the kids to school on a consistent base. The parents reported school problems, but she has never been evaluated for special education or other school based services. The mother expressed frustration with the child's behavior and mental health issues and also the school issues. The CRCG recommendations included a referral to NAMI. The mother has a meeting schedule with the child's school after spring break. The mother agreed to ask the school if a plan can be worked out so that she can remain at the school until the end of the school year. The mother was given referral information for Path, which is an alternative educational program that students can work at their own pace. The mother was also encouraged to consider public school and requesting a special education evaluation.

## OTHER REFERRALS AND ADMISSIONS

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

There were five (5) cases received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus from Dallas County. After a review of four (4) of the cases it was determined that placement at Vernon was the most appropriate treatment option and a priority letter was provided. After the review of the fifth case it was determined that North Texas State Hospital was not an appropriate placement based on the primary issue of substance abuse with no evidence of mood disorder, psychosis, or other severe mental illness. NTBHA recommended focused residential chemical dependency treatment, a recommendation supported by the youth's most recent outpatient substance abuse treatment program.

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### **Referrals from TCOOMMI**

There were six (6) TCOOMMI referrals made this month. One (1) request was made to Kaufman County, one (1) to Hunt County, and four (4) to Ellis County. The Provider was notified and the appropriate aftercare appointment was scheduled.

## SUMMARY OF COUNTY OF RESIDENCE CHANGES

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### **March 2011 County of Residence Changes**

NTBHA processed 75 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs 45
- Requests by NorthSTAR to other LMHAs 28

- Requests by LMRAs within the NorthSTAR area 1
- Resulting from discharge request of other LMHA 15
- One (1) denial was made by NTBHA to another LMHA. However, NorthSTAR received no denials.
- Seven (7) disenrollments were made as a result of TRAG discharge requests.

**March 2011 WebCARE Discharges**

NTBHA processed 52 TRAG discharge requests

39 TRAG discharge requests were from other LMHAs:

- Austin Travis County MHMR-030 3
- Spindletop MHMR Services-140 3
- Andrews Center-190 2
- MHMR of Tarrant County-200 9
- Heart of Texas Region MHMR Center-220 1
- Helen Farabee Regional MHMR Centers-230 2
- MHMR Authority of Brazos Valley-250 1
- Pecan Valley MHMR Region-350 2
- Denton County MHMR-400 7
- ACCESS-440 1
- Lakes Regional MHMR Center-480 3

NTBHA processed 13 TRAG discharge requests from ValueOptions to other LMHAs.