

NTBHA Executive Director Report

May 2011

1. Legislative Actions/NorthSTAR Budget

The Legislature is headed into the final push. The last day of the regular session is May 30th, though common wisdom expects a Special Session.

Attached is a budget reflecting the current projection for NorthSTAR. This reflects the House and does not account for the Senate's version. Also attached is MHA's most recent "Mental Health Monday" which outlines Bills still in play, relative to Mental Health and Substance Abuse.

2. DSHS Contracts, VO and NTBHA

The most recent version of each of these contracts was sent to Austin, after first being distributed to the Board Contract Committee. We expect feedback on the NTBHA contract shortly. The VO contract is now in negotiations between VO and DSHS.

3. DSHS/Administrative Cost Relief

Our request to Austin, on behalf of our provider community, for relief from certain targeted administrative costs, was "rejected by Leadership". In general, "Leadership", though approved by DSHS review committees, stated that they were concerned that the SPN's would see patients less frequently and they didn't want to single out NorthSTAR for special treatment.

Our quest for "Authority" goes on.

4. PAC

Attached are the agenda and minutes from the most recent PAC meeting. Of focus this month was the renewal and rewrite of the PAC By-Laws (copy attached). One note for consideration is the PAC has included language asking for the Board to consider appointing a Liaison to the PAC. These By-Laws require Board approval. The Board can either take this up today or ask that it be reviewed by our Executive Committee and brought back to the board at our next meeting.

5. Executive Directors Meeting (E.D.'s)

The group addressed three main subjects:

- a) The “Tiered Service Array” contracts and the DSHS decision to decline relief from “Admin” costs.
- b) Reconciliations for SPN payments.
- c) Crisis “Spending” Redesign.

In light of Austin’s decision, the E.D.’s are not inclined to pursue the new contract format proposed by VO. In fact, they voiced concerns that all the SPN’s are working off of multiple “30 day extension” contracts. This uncertainty is making it difficult for SPN’s to effectively manage their clinics. They are asking that NTBHA ask VO to provide contract extensions to all SPN’s through August 31, 2011, and then focus on a new contract for next year.

As additional evidence as to why this is appropriate, they point to the fact that as of May 4, 2011 payment reconciliations have not moved past July of 2010. Many have not even been paid through July of last year. They feel this should take priority over new contracts for the balance of this year.

The last topic discussed had to do with “Crisis Spending” and a need for review and possible redesign of the system. NTBHA is charged with this function through our planning process. We asked for, and appointed a steering committee to begin this process. Once our outline of their findings is completed, we will begin to move it out, systematically, to larger stakeholder groups for their input.

Lastly, the E.D.’s were interested in the status of the RFP for a Managed Care Organization (MCO) for the next DSHS contracting cycle. Specifically, they were interested in having two MCO’s called out, in order to determine what impact that would have on the NorthSTAR system.

6. Dallas County BHLT

Currently, the BHLT is focused on several Grants they are pursuing. They are also taking an interest in VO’s proposed “Tiered Service Array” contracting. There is still a focus on building a software system that would allow for information sharing across all participants in the mental health system.

7. PLAG

I have attached the minutes and agenda for the most recent meeting of the PLAG along with VO literature. The target of discussion is the long sought Physician Rescheduling Pattern report.

NTBHA OMBUDSMAN/CLINICAL OPERATIONS REPORT

April 2011

April Meetings Attended:

- Board Meeting at NTBHA
- Executive Directors (E.D.'s) meeting
- RFP-PEO meetings
- Meetings with VO CEO
- Self-Directed Care
- Provider Advisory Council
- Psychiatrist Leadership and Advocacy Group
- Consumer Family Advisory Council
- Grace After Fire to discuss Veterans Grants
- Behavioral Health Leadership Group of Dallas County
- Behavioral Health Leadership Group of Collin County
- Terrell State Hospital Late Arrivals - conference call
- Child and Adolescent Clinical Operations Sub-Committee to the BHLT - Dallas
- Adult Clinical Operations Sub-Committee to the BHLT - Dallas
- Crisis Sub-Committee to the BHLT – Dallas
- Housing Subcommittee to the BHLT - Dallas
- Adapt and Ellis County Juvenile Services to discuss the WE Program.
- VO/NTBHA Quality Management Meeting
- DSHS and Homeward Bound conference call to discuss residential denials
- Pride Study meeting concerning a research study
- Provider Review Committee Ad-Hoc meeting
- Contract Review meetings to go over the NTBHA/DSHS and VO/DSHS contracts
- TP55 conference call with VO and DSHS
- RDM Adult TRAG changes teleconference with VO
- VO and PLAG meeting to discuss the prescribing reports PLAG is requesting
- CIT Scenario Training for the Dallas Police
- Ombudsman meeting at Green Oaks Hospital
- NorthSTAR Member Satisfaction Survey planning conference call with VO
- QMC Meeting at VO
- ACS/VO Biweekly Conference Call
- Medicaid Chip Advisory Committee Meeting
- SUD Provider Meeting Teleconference

- Providence SPN Audit with ValueOptions
- COMI Meeting
- Homeless Prevention Resource Development Meeting
- Rockwall Steering Committee Meeting
- Dallas Steering Committee Meeting
- Ellis County Task Force Meeting
- Montgomery County Mental Health Facility

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

Adapt Mobile Crisis (March):

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 3,132 incoming phone calls (total of 6,227) incoming and outbound calls) in March with 546 resulting in face to face encounters. This is an increase of 204 incoming phone calls over last month and an increase in F2F encounters by 184 over last month. Of the 546 face to face encounters, 477 were the result of an incoming crisis call. All other face to face encounters are a result of follow-ups, post hospitalization follow-ups, transport to a Provider, and critical labs notifications.

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

January		Totals
Collin	total calls	277
	F2F	61
Dallas	total calls	2217
	F2F	359
Ellis	total calls	111
	F2F	32
Hunt	total calls	123
	F2F	31
Kaufman	total calls	140
	F2F	31
Navarro	total calls	59
	F2F	19
Rockwall	total calls	53
	F2F	13
Law	total calls	59
Enforceme	F2F	10
Out of	total calls	15
State	F2F	0
OTHER	total calls	137
	F2F	0

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.

UPDATE – No changes to report. This process is continuously being monitored, but does appear to becoming smoother with a majority of patients arriving before 2pm.

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.

UPDATE – This has been reviewed and approved by the Dallas County BHLT. A request was sent to DSHS by NTBHA to approve the waiver allowing TSH to discharge to the TCM Program at The Bridge. DSHS has constructed a memo and has sent it to Mike Maples to be signed.

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

At present, there are 82 participants in the Self-Directed Care program. We gained one former participant that re-entered the program. This number has actually been a consistent number throughout the past year.

The month of April was a very active month for the SDC program. I attended a Peer Specialist Supervisor's training that was sponsored by Via Hope and hosted by Mental Health America in Dallas. There were about four people that attended from the Dallas area. Along with SDC, other organizations represented at this training from the Dallas area were MHA, Value Options, and Terrell State Hospital. This meeting was totally focused onto helping peer specialists lead and work in the recovery movement.

Another meeting that I, along with **Anna Salazar**, attended was an Overview of Wellness Recovery Action Plan (WRAP) meeting that was also sponsored by Via Hope and hosted by MHA in Dallas. One of the most important efforts in the recovery movement is WRAP training with consumers. WRAP was originally authored and conceptualized by Mary Ellen Copeland and her collaborators. So far, we have had approximately 12 participants go through WRAP. We are organizing some more efforts to train other participants. Not only is the Center for Mental Health Services Research and Policy at the University of Illinois at Chicago overseeing the research for SDC, but they are involved in research programs that are studying the effects of WRAP on mental health recovery in several states.

Another important training that took place during the month of April was a training that took place at Terrell State Hospital called Focus for Life and was a consumer training program. We had one staff member and two participants attend the training. The program was taught by an organization called Pro International and paid for by Via Hope. TSH was the host organization.

We have several participants that have entered artwork for the Achievement through the Arts' (ATTA) exhibition at the Half Price Bookstore on Northwest Highway. This exhibition will run for several weeks. ATTA is arts program that is sponsored by MHA. ATTA consists of consumers with artistic talents. It is a program whereby members use their artistic talents as a means of recovery.

The SDC Participant Learning Community meeting took place on 04-12-11 at the Urban League of Greater Dallas. We had approximately 30 people in attendance. We started off with a time of fitness training sponsored by Natasha Handy, a fitness trainer located in Oak Cliff. This is the fourth meeting where we started off with an emphasis on whole health fitness. In addition to the fitness time, **Anna Salazar**, the SDC peer specialist, presented a program on recovery that she learned from Via Hope. Afterwards, we had a long session with questions and answers focused on recovery.

Two of the SDC staff will be graduating from the University of Texas at Dallas on May 7, 2011. **Anna Markowitz** will be receiving her Bachelors of Sociology and **Dong Tran** will be receiving her Masters of Applied Sociology. One of our participants will be graduating from Eastfield College on May 12, 2011 with an Associate of Arts Degree and Certificate in Substance Abuse Counseling. We are very excited for this particular participant.

Employed –	26.8 % (an increase of 2.4% over last month)
Taking Classes –	19.5 %
Living Independently –	74.4 %
Hospitalized –	2.4 %
Incarcerated –	4.9 %

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.

Medicaid Chip Advisory Committee Meeting:

Data: The Medicaid CHIP Regional Advisory Committee meeting was held at Visiting Nurses Association on April 19th.

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

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

- The Medicaid buy-in for Children (MBIC) was detailed in a presentation. This program can help pay medical bills for children with disabilities. It will help families who need health insurance but make too much money to get traditional Medicaid. To be in the program a child must be age 18 or younger, meet the SSI rules for disability, live in Texas, be a US citizen or legal resident, and not be married.
- Medicaid Eligibility and Health Information Exchange System (MEHIS provides infrastructure for Medicaid Health Information Exchange (HIE). The system will include access to health data from multiple data sources including fee-for-service claims, manages care encounters, claims-based prescription history, immunization data, and Texas Health Steps information alerts. The Texas Health Services Authority (THSA) is evaluating options for statewide HIE. MEHIS will enable HHSC to exchange data with the statewide HIE. Design elements include on demand options for providers. MEHIS will replace the current paper Medicaid identification for with a permanent plastic card. Other elements include a claims-based electronic health record for Medicaid clients, an e-prescribing tool, and establish a foundation for future health information exchange.
- The MEHIS vendor will offer providers several methods for accessing system data such as an internet portal, interactive voice response, MEHIS portlets, PC tethered magnetic card reader, integrated point-of-sale terminal and transaction exchange. Medicaid clients will be able to access their eligibility and claims based health information through the MEHIS client portal, MEHIS Interactive Voice Response (IVR) system, and live help desk operators. Training for the system will be provided by the MEHIS vendor and the anticipated operational date is June 2011 followed by card issuance over a 30 day period.
- Under the provisions of the Health Information Technology for Economic and Clinical Health Act (HITECH), which was enacted as a part of the American Recovery and Reinvestment Act of 2009 (federal stimulus bill), the Texas Medicaid Electronic Health Record (or EHR) Incentive Payment Program provides financial incentives to certain health care professionals and hospitals that meet specific eligibility requirements when they adopt and meaningfully use certified EHR technology.

- The implementation of e-prescribing has been delayed pending the successful transition of the prescription claim and rebate administrator vendor contract. The new target date for implementation of e-prescribing is March 2011.
- HHSC has released a Request for Proposal (RFP) to obtain services of at least two statewide dental maintenance organizations (DMOs) to provide Medicaid and CHIP dental services. CHIP dental services are already delivered through a managed care provider, however this would be the first time Medicaid dental services would be managed and delivered by a managed care organization. Medicaid dental managed care will serve children birth through age 20 who are eligible for Medicaid Texas Health Steps Comprehensive Care Program services including SSO recipients.
- Texas HHSC's Legislative Appropriations Request contains several proposed initiatives. HHSC will be conducting a series of Stakeholders Meetings to obtain public comment to proposed changes to the Texas Medicaid and Children's Health Insurance Programs.
 - Expand STAR and STAR+PLUS service delivery areas to include some adjacent counties. This effort is planned for a September 2011 implementation.
 - Adding inpatient hospital services as a managed care benefit paid through the STAR+PLUS health plans.
 - Carving pharmacy services into Medicaid and CHIP managed care.
 - Converting the current Primary Care Case Management delivery system to the STAR Medicare managed care program model; adding inpatient hospital services as a managed care benefit paid through the STAR+PLUS health plans; and implementing a dental care managed care program.
 - Implementing a dental care managed care program.
- The 2009 Texas Legislature authorized a substance abuse disorder benefit for adults in Medicaid. HHSC plans to also clarify existing substance abuse coverage for children. The comprehensive Medicaid substance abuse treatment services include outpatient services (assessment, ambulatory detoxification, counseling, and medication assisted therapy) effective September 1, 2010, as well as residential services effective January 1, 2011. One of the steps in the implementation process requires HHSC to develop a summary of proposed substance abuse benefits. Effective February 1, 2011, HHSC made a number of changes to the SUD benefits, affecting primarily the medication assisted therapy (MAT) benefit. These program changes included:
 - Allowing Medicaid enrolled Chemical Dependency Treatment Facilities (CDTFs) to bill for MAT services under a CDTF Texas Provider Identifier number. Previously, only physician provider types could bill for MAT services.
 - Creating a payment rate for take-home doses of methadone. Take home doses of methadone are allowed after clients have successfully adhered to their treatment regimen for several months. The take home rate for the month of February, 2011 was \$11 (the same rate as the face-to-face does), until the new rate of \$2.00 was approved beginning March 1, 2011.
 - As of March 1, 2011, any claims for methadone (either face-to-face administration or take-home doses) must be billed with a modifier, or the claims will be rejected.

Future changes are expected in the summer of 2011 that will allow MAT to be billed concurrently with residential treatment, as well as ambulatory detoxification. In addition, HHSC plans to set a rate for buprenorphine take-home doses. Coding changes to the residential detoxification benefit are also planned.
- The TIERS conversion campaign continues to roll across Texas. Since the beginning of the year, two more regions – Abilene and San Antonio – have successfully converted their HHSC benefits to the TIERS eligibility system and plans are in place to finish converting all cases to Tiers by the end of the year. A plan approved by the US Food and Nutrition Service calls for SAVERR to TIERS case conversions in the Edinburg region in April and the Houston region in June and in

September. The Dallas region will be the last to convert to TIERS. Plans also for Medicaid for Elderly and Persons with Disabilities cases to be converted to TIERS by the end of this year. The success of the conversions seems to be sticking. Working cases in the new TIERS eligibility system, both regions' timeliness ratings are at or above 95 percent for SNAP and Medicaid cases.

- HHSC is monitoring 452 of the 2,855 bills filed to date in this legislative session.
 - Key legislative dates:
 1. March 11, 2011(60th day): deadline for filing bills and joint resolutions except for local bills, emergency appropriations, and bills that have been declared an emergency by the governor.
 2. May 30, 2011 (140th day): adjournment *Sine Die* or “without day”, signifying the end of the legislative session.
 3. June 19, 2011 (20th day following final adjournment): last day governor can sign or veto bills passed during the regular legislative session.
 4. August 29, 2011 (91st day following final adjournment): date that bills without specific effective dates (that could not be effective immediately) become law.
 - Key legislation tracked by HHSC includes:
 1. SB 7 (Nelson) Relating to strategies for an improvements in quality of health care provided through and care management in the child health plan and medical assistance programs designed to achieve health outcomes and efficiency.
 2. SB 8 (Nelson) Relating to improving the quality and efficiency of health care
 3. HB 6346 (Zerwas) Relating to creation of the Texas Health Insurance Connector
 4. SB 796 (Nelson) Relating to reporting on the prevention and treatment of diabetes in the state.

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

Jail/State Hospital Liaison: This month NTBHA Jail/State Hospital Liaison visited with Dallas, Hunt, Navarro, Ellis, Kaufman, Collin and Rockwall Counties to meet and offer assistance with mental health issues within the jail. NTBHA monitor the clearinghouse list monthly for all seven counties. NTBHA representative sends monthly spreadsheets to each county to inform them of those waiting for admission to the State Hospital. NTBHA Liaison checks the status of each inmate in jail waiting for hospitalization. NTBHA will coordinate with state hospitals to have inmates expedited as priority on the clearinghouse list if inmate poses a danger to self or 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 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 Captain Moody to discuss mental health treatment for inmates. NTBHA discussed inmates that are on the clearinghouse list waiting for a hospital bed at the State Hospital. Captain Moody reported that he is very satisfied with how Collin County has been able to move inmates to the state hospital for mental health treatment. Captain Moody stated that he appreciates NTBHA's open communication with mental health news and education. Collin County reports a decrease in the wait time for a state hospital bed, which they are very satisfied with considering in the past when the wait time could be 4 to 5 months. NTBHA explained that a new Forensics Facility in Montgomery County had admitted a large number of inmates waiting on the Clearinghouse list so therefore inmates wait time had defiantly decreased tremendously. Collin County continues using the TLETS system during the book-in process to identify mentally ill inmates. 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 managed once released from jail. A discussion between VO and Probation regarding expanding Target Case Management Services in Collin County was implemented. NTBHA's Jail State Hospital Liaison will continue communicating with 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. In February, Dallas County was contacted by Montgomery County in an effort to coordinate services to send a few forensic inmates waiting on the clearinghouse to their facility for treatment. Since the first admission in February, Dallas County has sent a total of 23 inmates to Montgomery County Mental Health Treatment Facility.

On April 25, NTBHA's Representative Peggy Alexandre along with Kimberly Carson (Dallas County), and Helen White (Value Options NorthSTAR) visited the Montgomery County Facility and met with Stephen Anfinson, Facility Administrator; Darryl Anderson, Assistant Facility Administrator; and Dr. Brenda Lavar, Patient Services Coordinator. During the site visit an introduction of the facility and the programs were discussed. The Montgomery County Facility is a new facility with 100 forensic beds. The facility is over 50% full, housing 65 clients and expecting to admit more. The facility is set up for admissions from all catchment's areas. Currently their Length of stay is under 40 days they are looking at 60 days. A tour was given around the facility, allowing a view of the gymnasium, exercise room; law library, dental office and quiet room were observed. There are 4 units 25 beds, with each patient having their own separate room. They also have an infirmary that has 4 beds single room equipped to handle minor medical issues. Concerns and questions from Montgomery County members were discussed which were issues related to patient care during their transport from the county jail. Some of the concerns were patients not having needed medical related medications before transport and patients coming with no change of clothing. What would be helpful is if the patient could take morning medical related medication before transport and at have at least 1 set of clothing, the facility provides 3 set of clothing. At this time the Montgomery County Mental Health Facility is only admitting males, however they expect to start admitting female patients in the near future.

Ellis County Activity

NTBHA Jail State/Hospital Liaison met with Dennis Brearley, at Ellis County Sheriff's Department to discuss mental health treatment for inmates in the county jail. Janis Burdett, NTBHA's Board Member was also present during this meeting. The meeting was held to educate Ellis County on services that NorthSTAR offers. The crisis screening and assessments that are provided by Transicare were discussed. NTBHA also discussed the clearinghouse wait list for inmates waiting for a forensic admission in a state hospital. NTBHA representative explained how the clearinghouse is

monitored monthly and the importance of communicating with Ellis County concerning individuals that are waiting for admission. NTBHA explained the wait period on the clearinghouse list and how an inmate can be expedited on the wait list if they poses a danger to self or desecrates rapidly while waiting in jail. Ellis County reported that Correctional Healthcare Management provides healthcare treatment to inmates in jail and that they are available to answer questions concerning the care of inmates with mental illness. Ellis County reported using TLETS to identify inmates with mental illness. NTBHA encouraged Ellis County 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. 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 admission to the state hospital. NTBHA submit monthly spreadsheets to Hunt County identifying these inmates.

Kaufman County Activity

NTBHA Jail State/Hospital Liaison met and with Dr. Davis with Kaufman County concerning mental illness and jail/hospital issues. Kaufman County is using TLETS systems to identify mentally ill inmates. NTBHA discussed individuals on the clearinghouse list waiting for transfer to the State Hospital. This monthly there is currently no one waiting on the clearinghouse list from Kaufman County. Dr. Davis reported that those who have mental illness are being treated and their needs are being met by Kaufman County. Kaufman County reported using Transicare if an inmate needs to be screened immediately or have attempted suicide. Dr. Davis reports that he reviews Transicare documents after they complete the crisis assessments for follow up care. NTBHA will continue monitoring the clearinghouse list and discussing inmates mental health needs while in Kaufman County Jail. 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 spoke with Captain Nichols 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 Juvenile Probation, Lakes Regional MHMR, Rockwall County Judge, Rockwall Sheriff Department, NTBHA and Rockwall Helping Hand. The meetings are held twice a month.

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

On April 15, 2011 members of Rockwall Steering Committee including NTBHA's representative visited Judge Chitty, of Kaufman County. The purpose of the visit was to observe and discuss Judge Chitty Mental Health/ Substance Abuse Diversion Court. Rockwall County has express an interest in trying to start a Diversion Court. Judge Chitty gave a brief overview of Kaufman County Diversion Program and the success it has made with some of the consumers life. The Diversion Court has only been operating for six months, however due to the success and the big impact it has had on some of

the members, there is discussion about expanding the program which will include those being released from state jail as a step down and reentering back in the community. Judge Chitty does have the support from Kaufman County District Attorney Office, Probation and Lakes Regional MHMR.

Clearinghouse List-TSH as of April 13th

- Dallas has twenty two (22) inmates awaiting a bed at TSH, with the longest one waiting since November 16, 2010.
- Collin had one (1) inmate awaiting a bed at TSH and was placed on the list on February 7, 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 March 8, 2011.

Clearinghouse List-Vernon as of April 13th

- Dallas County has twenty nine (29) 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 April Meeting.

- Jennifer Swinton, from DSHS came for a site visit with Dallas County. Patricia Scali, Dallas County Mental Health Coordinator gave an overview of Dallas County Outpatient Competency

Restoration Program. Members attending the meeting were the local Mental Health Service Providers, Value Options, NTBHA, OCR Coordinator, and some Outpatient Competency Participants. Patricia Scali discussed some the programs strengths, challenges, and barriers facing OCR. There was also a visit with Judge Skemp in his court room to observe a court case. .

- A mental health entity that supports OCR, has petitioned the legislature for a Rider that has passed the house, which directs DSHS to include spending on OCR. Currently 2 million is being spent, and the rider will increase that to 8 million.
- 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 acknowledged that from the first of the year until now the waiting list has been cut in half. This was done by closing monitoring each individual case and offering OCR if the criteria's are appropriate.
- Janie Metzinger's updated the group on legislative issues. The group was encouraged to please respond to Mental Health Monday newsletters.
- There is a need to make a site visit to Montgomery County. The facility is operated by Geo Care. Jennifer Swinton, DSHS representative reported that in the past there were concerns about the facility being run more punitively than therapeutically.
- Ron discussed the BHLT activities including the Cottages project; which is a 50 bed apartment community. Target candidates will include those with legal, mental health, and substance abuse issues. If all goes well, the projected opening will be January 2012.

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

QM Initiatives:

- NTBHA staff attended the April BHLT Housing Subcommittee meeting and will continue to be involved in the new meeting structure which involves attendance at the ACOT meeting with a housing breakout session.

- NTBHA and VO reviewed TAC credentials for proposed new hires of SPNs.
- 2011 NorthSTAR Member Satisfaction Survey by VO will be conducted in May. Modifications to the tool were finalized by NTBHA, VO, and DSHS. NTBHA will provide consumer advocate training for the collection process.
- 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
 - 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. CIT training was conducted at two separate Dallas locations during April. CIT events scheduled for the remainder of 2011 include locations in Dallas, Forney (Kaufman County), Plano (Collin County), Rockwall (Rockwall County), and Red Oak (Ellis County).

Complaints

*March	Number of Complaint Calls Processed
Accessibility/Availability	3
Quality of Care or Service	6
Utilization Review	1
TOTAL	10

ACT Audit with ValueOptions

NTBHA representative Kristen Cathey conducted a SPN audit with ValueOptions at SPN Location on April 14. The four audits conducted included Treatment Record Review, Hospital Discharge Review, SP1 through SP3 members Claims line, and HR & Credentialing. The audit results are below.

(1) NorthSTAR Treatment Record Review

Number of Unduplicated Charts Reviewed = 9

Number of Elements Reviewed Per Chart = 19

Target Overall Chart Score = 80%

Number of Charts Meeting or Exceeding Target = 2

Number of Charts Below Target = 7

Total Overall Score = 67%

(2) Hospital Discharges

Number of Unduplicated Charts Reviewed = 3

Number of Elements Reviewed Per Chart = 19

Target Overall Chart Score = 80%

Number of Charts Meeting or Exceeding Target = 0

Number of Charts Below Target = 3

Total Overall Score = 24%* *Although this tool was used with a small sample, examples of opportunities to improve discharge follow-up were seen in the other files reviewed during these audits.*

(3) NorthSTAR Staff Qualifications and Credentials Review

Number of Unduplicated Staff Files Reviewed = 9

Number of Staff Files with All Requirements Met = 0

Number of Staff Files Missing Some Requirements = 9

INFORMATION FOR ACTION

Your audit scores show there are some opportunities for improvement at SPN Location in regards to each audit conducted. Please note that every element within an audit must also meet minimum targets or require corrective action. Based on the above findings a **Corrective Action Plan (CAP)** response is being requested. The corrective action plan will seek to address the remaining areas for improvement and enhance future outcomes. Please indicate how you will address the following issues:

(1) NorthSTAR Treatment Record Review

A Corrective Action Plan is required for any element of the Treatment Record Review that scored 1.0 or less. The following elements are included:

- Forms with multiple pages must contain a member name or unique ID on each page.
- Progress notes by several staff, including physicians and some QMHPs were illegible to more than one auditor which made it difficult to understand the assessment or plan of care
- Treatment plans do not consistently address all needs from assessments such as CD or legal. Some treatments plans were not individualized to clinical information specific to the member. Plans were not strength based. For example, some goals were focused on reducing the frequency of negative behaviors versus goals defining and increasing positive behaviors
- Coordination of Care: concerns with conflicting information between documentation by different SPN Location clinicians and conflicting information between SPN Location clinicians and hospitalization information.
 - Ex: H0023 note states "family reports no problems" but hospital records notes member discharged with past few days for cutting himself.
 - Member no-showing MD visits and seeing caseworker bi monthly with "med compliance" checked as "yes".
- Lack of case management activities - there were no service coordination claims for the 30 members in the sample and very few references to coordination with psychiatric hospitals, schools or referrals to other agencies. Please describe the plan to document case management or referrals to community resources and supports.
- Notes do not reflect follow-up appointments or timeframes for service delivery.
- On the Standard Assessment form completed at Intake, a mental status exam followed by Axis I through IV diagnosis, which is signed only by a QMHP gives the appearance that QMHPs are diagnosing. Suggest either noting the source of the diagnosis or the form be signed by MD or LPHA.

(2). State Hospital Discharges

The number of charts audited with this tool was a small sample and this tool is being used for the first time with SPN Location. However, the issues identified regarding hospital discharge follow-up in this audit were also noted in the Treatment Record Reviews and Claims Line Audit. Provider noted a current internal process in place using VO email notifications regarding hospitalizations of its members with a follow-up form sent to clinicians. Provider noted they would review their process to ensure follow-up was documented in the clinical records.

- Hospital discharges forms filed in the treatment record refer to SPN Location follow-up appointments, however 7-day follow-up or attempted follow-up were not documented.
- Most progress notes do not refer to recent hospitalizations and assessments do not appear to reflect clinical information from hospital records filed in the charts. Also, Uniform Assessment scores for Hospitalization did not consistently reflect the frequency and timing of hospitalizations.
- Treatment Plans were more likely to note members' most recent hospitalization. However, hospital recommendations for at-risk behaviors, substance use, counseling or legal issues were not adequately addressed in treatment planning.

(3) NorthSTAR Staff Roster and Credentials Review

A Corrective Action Plan is required for the following items.

- Credentials for specified employees
- TAC Required Training
 - All staff reviewed were missing at least one or more TAC Required Training Elements. In general, elements missing including CPR, Seizure training, COPSD, or clear evidence that critical training occurred prior to client contact. It was a positively noted that many critical items such as Managing Crises, Prevention of Aggressive Behavior, Client Rights and Prevention of Abuse Neglect were found more consistently.
- Demonstrate Individual Clinical Supervision at Least Monthly.
 - A strength noted was that monthly individual clinical supervision was being done and that it's documented in each staff person's HR file. However, it is unclear if documentation is reviewed with staff, which is a critical element of supervision.
 - Clinical Supervision documentation appeared to be focus more on productivity rather than clinical outcomes for members.

(4). Claims Line Audits

The following patterns were noted. Please address each issue identified in your Corrective Action Plan.

- Intake assessments were billed incorrectly as H2017 skills training.
- Focus of skills training sessions did not relate to treatment plan goals (12%)
- Progress notes did not reflect the progress or lack of progress by the member in attaining the skills taught.
- Eight percent (8%) of progress notes were missing from the record
- Appropriate use of Outreach & Engagement: H0023 code is only billed for contacts with members, LARs or collaterals for the purpose of Outreach and/or Engagement. H0023 is defined as a contact for a minimum of 15 minutes that reflects either Outreach – activities provided to reach and link to services individuals who often have difficulty or Engagement - activities with the member, LAR or collaterals in order to develop treatment alliance.
 - Some notes for H0023 were for attempted telephone contacts only.
 - Some H0023 contacts did not appear to meet criteria for the definition of the code and the medical necessity for these contacts was not reflected in treatment plans or other documentation. Examples: Members and families in Service Package 4 appeared to be active in their treatment and H0023 notes state "family notes no problems".
- Plan to address documentation practices: duplicate notes, photocopies containing partially filled in information and use of typed documentation on labels stuck on progress notes suggest need for training in documentation requirements.

- Assessments do not consistently reflect current clinical information from prescriber notes, other QMHP notes or hospitalizations.
- Ohio Scales scores were noted on UA but the actual assessments with clinical details were sometimes missing from the record.

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

Provider Advisory Council:

Data: PAC Meeting hosted by NTBHA and met on April 29, 2011

- **PAC By-Laws** – The PAC sub-committee appointed to look at the by-laws and update them did meet via teleconference and presented their updates, which were relatively minor. Changes included –
 - Changing DANSA to NTBHA
 - Revisiting the formality of the PAC that has dropped over the years (applying to be a member, member terms, voting members, etc).
 - Should there be a proxy vote?
 - The PAC application should be completed yearly. These applications should be submitted to the NTBHA Executive Director for review.
 - Membership numbers – should there be a limit?
 - The PAC secretary position was removed and “NTBHA Liaison” was inserted.
 - PAC is an open meeting and should accept public commentary from those that are not members.
 - It was requested that more CD Providers be invited to attend the PAC
 - PAC discussed whether a NTBHA BOD Liaison be appointed to the PAC and it was decided this request would go to the NTBHA BOD. The NTBHA BOD Liaison would attend PAC meetings and could give the PAC report or defer to the PAC Chair to give the report. This would be a good education for the NTBHA BOD and allow the BOD to hear all angles of an issue that went into the discussion and not just the finalized report that is presented at Board meetings. The NTBHA BOD could rotate Board members to attend PAC or nominate one Board Liaison.
 - There was also a lengthy discussion of the importance of consumers and family members and how the PAC could assist revitalizing the CFAC and empowering consumers to speak up

and participate such as appointing one consumer from each SPN to attend CFAC and paying mileage to assist in getting them to the meetings. There was also a discussion that getting consumers to attend CFAC is the responsibility of the NTBHA BOD and not Mike's responsibility to fix this or the Providers. There was also a suggestion that Mike could resign as CFAC Chair to force the NTBHA BOD to come up with a plan to address the future of CFAC.

- This was a lengthy and involved discussion that was tabled until next month in the interest of time.
- **Reconciliations – Update**
 - VO reported that numbers should go out next week (May 2nd – 6th). The numbers should include all months up to December 2010, except for Metrocare who is on a different schedule.
- **Budget Cuts/Admin Relief**
 - DSHS did not approve the requested Admin relief
 - VO reported that beyond the admin relief that was denied by DSHS, Providers do have the opportunity to do yearly SP1/SP1S TRAG submissions as long as they submit a brief plan outlining how they will keep caseloads at 250 or less to account for staff turn-over, vacations, etc.
 1. Providers expressed frustration and not having accurate information to respond to or know how to operationalize this or even if they can.
 2. Providers requested a face to face meeting to go over the annual TRAG submission in detail and to have all their questions answered in order to make an informed decision whether they can comply.
 3. NTBHA agreed to send out the TRAG information again for Providers to review and to work with VO to set up a face to face meeting to go over the information in more detail.
 1. The meeting has been scheduled for Monday, May 9th at 10am at VO.
- **Contract Negotiations**
 - Providers agree that contract negotiations at this point are a waste of time when we don't know what the budget cut for NorthSTAR will look like yet. This should wait until September.
 - Providers discussed the original driver behind the contract negotiations (indigent/tiered benefit redesign) was VO's MLR, but considering the fiscal year is coming to an end the focus should be on next fiscal year and addressing the budget cuts to come.
 - Provider expressed a desire to have a full financial picture to look at to assist in making good decisions. Many Providers are unclear how or where money is spent in NorthSTAR.
 - Provider also expressed that a crisis is coming with not enough fuel for the engine. "We" need to redesign our system and do something creative. Can the Providers/community come up with some new model instead of business as usual? Providers don't want to continue doing more with less.

Psychiatrists Leadership and Advocacy Group:

Data: PLAG Meeting was hosted at Metrocare on May 4, 2011

OLD BUSINESS

- Physician's Prescribing Report –
 - Dr. Hunter, Dr. Balfour, and NTBHA met with the PBM and Ron Lyons (VO employee that created PharmaConnect) to go over what the PLAG is specifically requesting in regards to the prescribing reports. No other VO staff member was present until the very end when Dr. Webster joined the group.
 - The PBM and Ron Lyons both genuinely seemed committed to producing useful reports for the PLAG. The PharmaConnect system is quite sophisticated and can produce a multitude of reports. The CaptureRx system is not as sophisticated, but can also produce useful reports.
 - Dr. Balfour and Dr. Bennett will continue to meet moving these reports forward and will have follow-up meetings with the PBM and Ron Lyons.
- Authorization Requests via email – no report.
 - PLAG discussed whether this is really an issue that needs to be focused on.
 - PLAG reported that when an authorization gets “stuck” that reaching out directly to Dr. Coldwell is often quite helpful and she seems quite responsive.
- Labs –
 - Labs continue to be an issue and again the PLAG was encouraged to send specific examples to Holly.
 - PLAG member recently sent an example to Holly outlining a lab technician placing labs in the trunk of a car to drive them across County lines to Dallas. Is putting labs in a hot trunk for a long drive appropriate? Holly and Leslie both seemed quite responsive and would be dealing with this issue.
 - CBC's continue to look “funny”. There was a discussion how to get a batch of examples over to VO/Holly when a batch of lab results all appear “off”.
 - VO requested ACCESS attend a PLAG meeting, but not Leslie – what are PLAG's thoughts?
 - PLAG agreed to invite ACCESS QM to the next meeting to attend along with Dr. Webster.
- Pharmacy Manual –
 - VO is working on updating the 2008 pharmacy manual and making it more user-friendly as requested by the PLAG. VO should have it available in 4-6 weeks.
 - VO is also working on an internal policy to get information out to Psychiatrists (ie, when a medication moves to generic or a prior-authorization is no longer needed).

NEW BUSINESS

- Meeting Updates –

- BHLT –
 - The Bridge Proposal was again discussed and both FACT and ACOT reported that the proposal should not move forward at this time. Both FACT and ACOT would like the NTBHA approved proposal to move forward while the outcomes are monitored.
 - Continued engagement with the Tri-West Consultants was also discussed.
 - There was an acknowledgement that some members of the BHLT have communicated that it is time for the Consultants to step back to allow for some breathing room while other members felt that the BHLT was not ready for the Consultants to step away just yet.
 - The outcome seemed to be the Consultants will continue to come to the meetings, but only one instead of all three. There was also a discussion regarding what “special projects” does the BHLT want the Consultants to focus on (ie, grant writing).
 - Funding the Consultants was also discussed. Who would contribute to paying the Consultants, if you don’t pay can you still be a member of the BHLT, what are the ramifications of paying versus not paying, etc. No real conclusion came of this discussion at this time.
 - Terrell State Hospital discharges to the Targeted Case Management Program located at The Bridge
 - TSH is prohibited from discharging to a shelter, but DSHS has agreed to waive TSH from this State statute specifically for the TCM Program at The Bridge if NTBHA and the Community agree. The BHLT reviewed this request and voted to approve the discharges to the TCM Program at The Bridge.
 - Grant Proposals – There was several discussions around current grants that have been released. The BHLT assigned BHLT members to take the lead on several of the grants discussed. There was also a discussion whether the Consultants could/would be used to assist in the grant writing process.
 - VO’s Indigent/Tiered benefit redesign proposal – This proposal was discussed and whether it would be appropriate for the BHLT membership to review the proposal to offer a community perspective/opinion.
- Adult Clinical Ops –
 - The ACOT had two meetings this past month as all issues couldn’t be resolved in the one meeting. The ACOT looked at and discussed the following –
 - The Bridge proposal
 - The Cottages housing proposal through Metrocare
 - TSH discharges to the TCM Program at The Bridge
 - Continued engagement of the Consultants
 - Specific cases to be staffed at the ACOT to begin to glean information/data on what trends (both positive or negative) can be seen.
- C&A Clinical Ops –

- In general, PLAG can discuss their thoughts about a particular research study that is presented by another PLAG member, but the final decision still lies with each individual SPN Provider.
- Other Items –
 - Patient Assistance Programs –
 - There was a discussion on the positive and negatives to PAP's.
 - This led into a discussion around samples and the positives and negatives to giving samples to patients.

Consumer and Family Advisory Council Meeting:

Data: The CFAC meeting was held at LifeNet on May 3.

Issues and Concerns:

Russell Brown, an attorney specializing in Social Security Disability, gave a presentation. He provided handouts about Social Security Disability and spoke about the differences between SSI and SSDI and Medicaid and Medicare. He walked a group of about thirty consumers and family members through a flow chart on how social security determines someone's disability status.

SUMMARY OF CRCG ACTIVITY, BY COUNTY

April

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

Collin County CRCG-

The Collin County CRCG meets the 2nd Tuesday of the month at the Collin County Children’s Advocacy Center. The Chair is Glenda Schaffer and the Coordinator is Pat Garrett. Agencies represented included NTBHA, McKinney ISD, Plano ISD, Life Path Systems, DSHS, Region 10 ESC, North Fork Residential Treatment, Juvenile Probation, CPS, Cal Farley’s, Workforce Solutions, and North Texas Youth Connection. Four cases were staffed. The first case involved a 15 year old female for whom probation was seeking NTSH – Vernon. The letter was provided by the CRCG. The second case involved an 11 year old male with ADHD and emotional disturbance attending the Excel Center who needed additional community supports. The CRCG recommended Child and Family Guidance for in home services, Texas Youth Commission for counseling and skills training, All Church Home in Fort Worth for residential care, Boys and Girls of McKinney for a mentor, Plano Parks and Recreation for positive therapeutic recreation activities, and Sunshine Respite for respite services. The third case involved an 11 year old male (the twin of the other previous case) whose family was seeking community resources. The CRCG recommended therapeutic riding at Maine Gait, and Art house, Angel League, and Children’s Theater for positive recreational activities. The group also encouraged the school to access non-ed funds for the family. The fourth case involved a 17 year old female whose family was seeking WCY and community resources. The WCY letter was provided. The CRCG also recommended City House or Promise House for housing, Mercy Ministries for substance abuse treatment, therapeutic riding at Equest or Maine Gait, RAD treatment through Dr. Jason Michilanie.

Dallas County Family CRCG

The Dallas CRCG meets the 2nd Monday of each month at Dallas Letot Center. Cathy Brock is the chair person; Kristen Cathey is the coordinator. Agencies represented included NTBHA, Dallas ISD, NAMI, Metrocare Services, Methodist Children’s Home, TYC, Letot Center, Region 10 ESC, ValueOptions, DARS, Texas Health Steps/TX STAR, Kids Care Therapy, and Cal Farley’s. Two cases were staffed. The first case involved an 18 year old male aging out of TYC. The CRCG recommended Child and Family Guidance for mental health services, psychiatric medication through TCOMMI referral, Remedy Addictions Counselors for substance abuse treatment, DARS or Job Corps for employment assistance, continued insurance and treatment for hemophilia, Mission East Dallas, 211, Mesquite Social Services, and Parkland for health/dental care, Buckner Barber College for education, APAA for peer supported recovery, Sharing Life Ministries for food and clothing, and TYC for a mentor. The second case involved a 6 year old male with PDD needing community support. The CRCG recommended ABA therapy (Connections Resource Book Provided); Educational Services (Resources provided by Region 10 ESC); Socialization through Jewish Family Services, Plano Therapeutic Recreation, Achievement Center of Texas, and theatre groups; family support and education through NAMI, education about the legal framework of the public school system and special education through Region 18 ESC, advocacy with school through Disability Rights, Inc and Texas Parent to Parent, and getting on the HCS and CLASS lists which will be facilitated by Metrocare Services.

Ellis County

Ellis Co. CRCG meets the 1st Tuesday of each month at the Presbyterian Home in Waxahachie, Texas. Janis Burdett is the Chair Person and Teresa Evans is the Co-Chair. Agencies represented included Crystal Richardson (Lakes Regional MHMR), Janis Burdett (Chair/ECJS), Teresa Evans (Coord/Advocacy Center), Sue Agullana (DPRS), Chrisi Weaver (REACH), Marla Christensen (Cal Farley's), Craig Daugherty (Value Options), Peggy Alexander (NTBHA), Roy Pena (Lakes Regional MHMR), Vikki Connor, (Principal/Palmer ISD), Regina Cottongame (Palmer Special Ed), Claudia Stephens (Counselor/Palmer ISD), Gloria Ortiz (Private Attorney), Esda Beverly (PCHAS/MCH).

There were three (3) case staffed and several follow ups were reported.

The first case was presented by Sue Agullana (DPRS). Both parents were in attendance. Palmer ISD school staffs were present. Providence of Texas was invited but did not attend. Bethany has a long history of behavioral problems. Family has several CPS referrals – investigations are closed with referrals to home based services. The child receives psychiatric services from SPN Location in Dallas. (ADAPT in past). She is in a self-contained classroom and receives Special Ed. services. School staff report improvements since the mother reported that she was back on medications. The child has an IQ of 137 but is behind because of behavioral issues. Family just started seeing a counselor at Dr. Donaldson's clinic (CPS paying). Recommendations were for the family to contact NAMI for Family to Family/Visions for Tomorrow classes to learn how to parent a child with severe mental illness and to build a support system. Palmer school staff reported there was a need in Palmer for a number of families. A CRCG member will contact NAMI about doing a group in Palmer and/or help the family with some support/advocacy services. CRCG members suggested an appeal to SPN Location for providing case management services to the family that would include collaboration with the school. If SPN Location doesn't provide case management, then another NorthSTAR agency could be requested. Sue can assist family with this request from SPN Location. A CRCG member suggested parents keep behavioral logs like the school does and be more specific when meeting with the doctor. (NAMI can also assist parents on advocating with the doctor getting services for their daughter). A CRCG member recommended the school contact the Region 10 coordinator to discuss the process for requesting non-ED funds for the child during the summer. Parents had expressed concern for the child behavior over the summer when there is less structure in her life.

The second case was presented by Crystal Richardson (Lakes Regional MHMR). The child's father and sister were present. The child currently lives with her father who is a single parent. He has insurance and takes care of her however, he has exhausted financial resources – insurance doesn't cover residential. He has adjusted his work schedule and life schedule to care for the child, however, she is physically getting harder to handle. She is severely autistic and developmentally delayed – still not potty trained, can't feed herself. She has aggressive outbursts that require restraints. Father reports he can no longer protect her from hurting herself or others during these episodes. Lakes Regional is requesting

Emergency placement at the top of the list for community based services to assist the family before she could be placed in a residential program. The child's case has been reviewed by Lakes Regional staff and she meets basic qualifications for services. The CRCG voted unanimously to recommend a letter be written for her to receive community based services and be placed on the waiting list for a state school placement.

The third case was presented by Crystal Richardson (Lakes Regional MHMR). The child's mother, aunt and uncle were present. Crystal reported Lakes has just completed intake on the child and are requesting Emergency placement on the list for community based-services for the family. Family reports Christian has Soto's syndrome, a genetic disorder similar to autism. He is aggressive and was discharged from daycare for being too aggressive. Parents reported frustration with services at school. He is in a self-contained class and receives Special Ed services. His IQ is below 50. Parents participate in ARD's. Don't understand why their child can't read or speak. He receives speech 3x's a week at school. Family expressed concern that the child is large for his age and has recently shown some sexual interest. Family concerned that he may perpetrate. The child has been more and more aggressive and has an appointment at ADAPT to see if medication might help. CRCG recommended that the case be re-staffed next month since many of the family's concerns included school issues. It will also give them a chance to meet with the psychiatrist at ADAPT. The CRCG agreed to write recommendation letter for Lakes to begin community based services for the child.

Hunt County CRCG-

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

Pre the CRCG chair no cases were staffed however planning on how the CRCG group could assist needed family in the community were discussed. The group also used this time to update members on information meetings and trainings being offered. NTBHA's representative informed members that CRCG information has been posted on the North Texas Behavioral Health Authority website.

Navarro County

The Navarro County CRCG meets the 1st Thursday of the month at the Westminster Presbyterian Church in Corsicana. The chair is Kathi Perez. Agencies represented included NTBHA, PCHAS, B County Coop, Navarro County Probation, DSHS, FAC, Adapt, CPS, Lakes Regional MHMR, and Region 12 ESC. Pre the CRCG chair no cases were staffed however planning and updates were discussed.

The April meeting of Navarro County CRCG was held on April 7, 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.

Three month case reviews were discussed. Group Members who had presented the cases gave updates on the progress of each family.

Debbie Renfrow stated new Medicaid cards are being delivered and they actually will look like insurance cards.

Rockwall County

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

The first case was presented by the child's mother and Lakes Regional. The child is a white, female, 12 years of age. The mother reports that the child has Intellectual Developmental Disabilities. She reported that her daughter made an outcry at school that her sibling touched her inappropriately. CPS is currently investigating the allegation and recommended that the siblings have no contact with one another until further notice. The mother is requesting a recommendation letter for HCS respite which will divert the child from the state school to a community base foster home in the community. The mother reported

that the child IQ level is low and her functioning level is very low and she is not sure if she understands the seriousness of the outcry she made against her sibling. The mom is not convinced that her daughter is being truthful or understands the consequences. The CRCG agreed to write the letter in order for the child to be placed in a safe environment due to the outcry she made.

The second case was presented by the child's parents. The child is 14 years old and has a long history of hospitalizations for due to aggressive behavior and threats of harming himself. The family reported that since his Waco Center for Youth Discharge they have continues to struggle with stabilizing their child. The child is currently in Meridell Treatment Facility after being referred there after a Timberlawn discharge. The parents are requesting Waco Center for Youth again because they stated that he is becoming too aggressive for them to handle and are afraid that he stay at Meridell will be short term. The school was present at the CRCG and they reported that he had been compliance at school with no aggression reported. CRCG agreed to write the recommendation letter to Waco Center for Youth, however the family was told that WCY will have to agree to readmit him in their program again and that they will probably want a commitment from all parties involved on what would be the treatment focus since he was recently discharged from there a few months ago. CRCG also encouraged the family to contact NAMI to request information on parenting and group interventions. CRCG recommended that the family follow up with Child and Family Guidance for medication management.

The third case was present by Rockwall Juvenile Probation. The child is 16 years old female. Rockwall County requested a letter of recommendation from CRCG for Vernon State Hospital. The female is currently in detention for behavior and substance abuse issues. She has had a suicide attempt in the past and issues with depression. A letter of recommendation was provided to The Rockwall County Juvenile Probation Department.

OTHER REFERRALS AND ADMISSIONS

North Texas State Hospital—Vernon Campus

There one (1) case received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus from Dallas County. After a review of the case it was determined that North Texas State Hospital was not an appropriate placement based other appropriate placement and treatment options being available in the community. NTBHA recommended following through with other available

resources such as Nexus, Phoenix House-Dallas, Phoenix House-Austin, and Shoreline before considering NTS as an option.

Referrals from TCOOMMI

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

SUMMARY OF COUNTY OF RESIDENCE CHANGES

April 2011 County of Residence Changes

NTBHA processed 64 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs 43
- Requests by NorthSTAR to other LMHAs 21
- Requests by LMRAs within the NorthSTAR area 1
- Four (4) denials were made by NTBHA to other LMHAs. However, NorthSTAR received no denials.
- Nine (9) disenrollments were made as a result of TRAG discharge requests from other LMHAs.

April 2011 WebCARE Discharges

NTBHA processed 28 TRAG discharge requests

18 TRAG discharge requests were from other LMHAs:

- Betty Hardwick Center-010 1
- Austin Travis County MHMR-030 2
- The Center for Health Care Services-015 1
- El Paso MHMR-090 1
- MHMR of Tarrant County-200 3
- MHMR Authority of Harris County-280 3
- Pecan Valley MHMR Region-350 1
- Denton County MHMR-400 4
- Bluebonnet Trails Community MHMR-460 1
- Coastal Plains Community MHMR-475 1

NTBHA processed 10 TRAG discharge requests from ValueOptions to other LMHAs.

Alex Smith

From: Janie Metzinger [JMetzinger@mhadallas.org]
Sent: Monday, May 02, 2011 6:55 PM
To: 'Janie Metzinger'
Subject: FW: Mental Health Monday 5-2-11
Attachments: LU11 budget comparison chart.doc

From: Janie Metzinger [mailto:JMetzinger@mhadallas.org]
Sent: Monday, May 02, 2011 6:50 PM
To: 'Janie Metzinger'
Subject: Mental Health Monday 5-2-11

Mental Health Monday
Week of May 2, 2011

We're on the downhill stretch in the 82nd Texas Legislative Session, but as we all know since we learned how to ride a bike, things pick up speed going downhill! Except for a little time off for Mother's Day, things will be virtually non-stop in Austin for the duration.

The last day of the regular session is Monday, May 30, but there are lots of other deadlines between now and Memorial Day. Most notable are:

Next **Monday, May 9** is the last day for House Committees to report out bills and resolutions that originated in the House. That means that if a bill number starts with the letters 'HB' and hasn't made it out of its assigned House committee by next Monday, it's dead.

Similarly, if a Senate Bill (bill number that starts with 'SB') has not made it out of a House Committee by **Saturday, May 21**, it's dead.

Please contact your State Senator and State Representative **this week** in favor of the following bills.

Mental Health and Substance Abuse Treatment:

HB 758-Eiland—Repeals the current law that requires insurance companies to exclude coverage for medical services when injuries are sustained when the insured person is intoxicated or under the influence of a narcotic. HB 758 does not require insurers to cover the injuries, it simply no longer requires them to exclude coverage.

HB 3146-Naishtat—Expands the list of mental health professionals who can take an informed consent to include Licensed Chemical Dependency Counselors.

SB 291-Watson—Adds an alcohol awareness component to public school science classes.

SB 331-Shapiro—Designates synthetic cannabinoids (often marketed to adolescents) as controlled substances.

SB 1449-Zaffirini—Allows the State of Texas to recognize accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO or The Joint Commission) to satisfy the requirement for State licensure inspection.

HB 2725-Hartnett—Clarifies the Texas requirements to determine if an individual is incompetent to stand trial.

HB 3692-Gallego—Amends to Code of Criminal Procedure to allow a peace officer to issue a citation in lieu of arrest for a misdemeanor and gives more options for transporting the individual to care rather than to jail

Child and Adolescent Mental Health

HB 1192-Castro—Authorizes a study of the issue of insurance coverage for children with Serious Emotional Disturbance (SED).

SB 471—West—Provides for public school and child care facilities policies on sexual abuse and other abuse or maltreatment of children. Child abuse and neglect are risk factors in the later development of serious emotional disturbance in children, of depression and other mental illnesses in adults.

STATE BUDGET

The House has passed its version of the budget, House Bill 1 (HB 1) and sent it to the Senate. Concurrently, the Senate has been working on its version of the budget, SB 1, but to date, the Chair of the Senate Finance Committee reportedly does not yet have the votes lined up in the full Senate to pass the Senate Finance Committee version of SB 1, which is very different from HB 1. When he does, HB 1 will be read on the floor of the Senate, and amended to replace the language and numbers of HB 1 with the language and numbers determined by the Senate Finance Committee. The amended version of HB 1 will be sent back to the House, and they will not agree with the amendments, so a Conference Committee will be appointed to work out the differences. The Conference Committee will be made up of a selected number of members of the Senate Finance Committee, and a selected number of members of the House Appropriations Committee, and will consist of both Democrats and Republicans.

The HB 1 is the “be careful what you ask for, because you might get it” budget—no new taxes, small use of the Rainy Day Fund results in huge cuts not only to mental health and substance abuse treatment but to all state services—including public safety, law enforcement, jails and prisons, education, services for senior citizens, health care, etc. The Senate gave greatest attention to funding for education and nursing homes, but also restored much of the mental health and substance abuse treatment funding. Attached is a chart comparing the funding allocated in the last biennium, the funding in HB 1, and the funding that was approved by the Senate Finance Committee. Please remember, though, to put all of these numbers into context: In 2010-2011, Texas ranked 49th in the nation in per-capita spending for public mental health and substance abuse treatment. Even to simply maintain current funding in a time of higher need is equivalent to a cut, making any cut effectively even deeper than it may appear out of context.

CONTACT INFORMATION

Promote Recovery and Prevent Recidivism

HB 1738-Walle, SB 1259-Ellis—Allows the State of Texas to immediately restore eligibility for Medicaid and mental health care following a period of confinement or incarceration, so that they have no lapse in treatment.

HB 1908-Madden, Whitmire—Allows student loan repayment assistance for mental health professionals who provide services in correctional institutions. Another great idea from the Dynamic Duo! Passed the House, is now in Senate Criminal Justice.

If you do not know who represents you in the Texas Legislature, go to www.fyi.legis.state.tx.us/

Address for all members of the Texas House of Representatives is:
P. O. Box 2910
Austin, Texas 78768-2910

Address for all State Senators
P. O. Box 12068,
Austin, Texas 78711-2068

For more information, or to get on the Mental Health Monday distribution list, please contact Janie Metzinger, Public Policy Director, Mental Health America of Greater Dallas, JMetzinger@mhadallas.org, (214) 871-2420, Ext. 114, or 624 N. Good-Latimer, #200, Dallas, Texas 75204

Mental Health Monday can be read on the Mental Health America of Greater Dallas website at www.mhadallas.org and click on Get Involved or Public Policy.

*Please pass **Mental Health Monday** on to other advocates*

Thank you very much for your advocacy efforts on this week!

**North Texas Behavioral Health Authority
PROVIDER ADVISORY COUNCIL
Friday April 29, 2011
AGENDA**

- **Call to Order**
- **Bylaws Committee** - The committee met and will be presenting recommendations for modifications to the bylaws.
- **Reconciliations** - Value Options and providers will discuss the status from both perspectives.
- **Potential Budget Cuts** - We'll compare notes on the latest news.
- **Impending TRAG Changes and CMBHS Implementation-** Are there any updates?
- **Relief From Administrative Burdens** – Austin has denied the request for administrative burden relief. We will discuss how this impacts the indigent benefit redesign proposal.
- **Transfer of Authority** - A progress report will be given.
- **Provider Input** - What are other VO/NTBHA/DSHS issues of concern to providers? Open discussion.
- **Adjournment**

PAC Minutes from 4/29/11 Meeting

- **PAC By-Laws** – The PAC sub-committee appointed to look at the by-laws and update them did meet via teleconference and presented their updates, which were relatively minor.
Changes included –
 - Changing DANSA to NTBHA
 - Revisiting the formality of the PAC that has dropped over the years (applying to be a member, member terms, voting members, etc).
 - Should there be a proxy vote?
 - The PAC application should be completed yearly. These applications should be submitted to the NTBHA Executive Director for review.
 - Membership numbers – should there be a limit?
 - The PAC secretary position was removed and “NTBHA Liaison” was inserted.
 - PAC is an open meeting and should accept public commentary from those that are not members.
 - It was requested that more CD Providers be invited to attend the PAC
 - PAC discussed whether a NTBHA BOD Liaison be appointed to the PAC and it was decided this request would go to the NTBHA BOD. The NTBHA BOD Liaison would attend PAC meetings and could give the PAC report or defer to the PAC Chair to give the report. This would be a good education for the NTBHA BOD and allow the BOD to hear all angles of an issue that went into the discussion and not just the finalized report that is presented at Board meetings. The NTBHA BOD could rotate Board members to attend PAC or nominate one Board Liaison.
 - There was also a lengthy discussion of the importance of consumers and family members and how the PAC could assist revitalizing the CFAC and empowering consumers to speak up and participate such as appointing one consumer from each SPN to attend CFAC and paying mileage to assist in getting them to the meetings. There was also a discussion that getting consumers to attend CFAC is the responsibility of the NTBHA BOD and not Mike’s responsibility to fix this or the Providers. There was also a suggestion that Mike could resign as CFAC Chair to force the NTBHA BOD to come up with a plan to address the future of CFAC.
 - This was a lengthy and involved discussion that was tabled until next month in the interest of time.
- **Reconciliations – Update**
 - VO reported that numbers should go out next week (May 2nd – 6th). The numbers should include all months up to December 2010, except for Metrocare who is on a different schedule.
- **Budget Cuts/Admin Relief**
 - DSHS did not approve the requested Admin relief
 - VO reported that beyond the admin relief that was denied by DSHS, Providers do have the opportunity to do yearly SP1/SP1S TRAG submissions as long as they submit a brief plan outlining how they will keep caseloads at 250 or less to account for staff turn-over, vacations, etc.
 1. Providers expressed frustration and not having accurate information to respond to or know how to operationalize this or even if they can.
 2. Providers requested a face to face meeting to go over the annual TRAG submission in detail and to have all their questions answered in order to make an informed decision whether they can comply.

3. NTBHA agreed to send out the TRAG information again for Providers to review and to work with VO to set up a face to face meeting to go over the information in more detail.

1. The meeting has been scheduled for Monday, May 9th at 10am at VO.

- **Contract Negotiations**

- Providers agree that contract negotiations at this point are a waste of time when we don't know what the budget cut for NorthSTAR will look like yet. This should wait until September.
- Providers discussed the original driver behind the contract negotiations (indigent/tiered benefit redesign) was VO's MLR, but considering the fiscal year is coming to an end the focus should be on next fiscal year and addressing the budget cuts to come.
- Provider expressed a desire to have a full financial picture to look at to assist in making good decisions. Many Providers are unclear how or where money is spent in NorthSTAR.
- Provider also expressed that a crisis is coming with not enough fuel for the engine. "We" need to redesign our system and do something creative. Can the Providers/community come up with some new model instead of business as usual? Providers don't want to continue doing more with less.

**North Texas Behavioral Health Authority
Provider Advisory Council
BYLAWS**

**Article I
CREATION, PARTICIPANTS, NAME, PURPOSE**

Section 1.1 Creation, Participants, Service Area

- (A) The North Texas Behavioral Health Authority (NTBHA) was created via an inter-local agreement to serve as the Local Behavioral Health Authority and the Single Portal Authority and to provide local input, monitoring, planning, resource identification and procurement, Provider and forensic education, systems coordination, and ombudsman activities. The eleven-member, Board of Directors is representative of each of the counties and each is appointed by their respective County Commissioner's Courts.
- (B) The North Texas Behavioral Health Authority's Provider Advisory Council was formed, pursuant to the Bylaws of NTBHA, to represent Provider interests in the NorthSTAR pilot as well as regional planning and development and to make specific recommendations regarding the need for and delivery of behavioral health services in the NorthSTAR service delivery area. NTBHA's Board of Directors with the advice of the NTBHA Executive Director appoints each member. The Provider Advisory Council shall serve as an extension of the Board of Directors of the North Texas Behavioral Health Authority.
- (C) The NorthSTAR Service Area consists of the following counties: Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall.

**Article II
MEMBERSHIP**

Section 2.1 Membership

- (A) Members are appointed to NTBHA's Provider Advisory Council by the North Texas Behavioral Health Authority's Board of Directors.
- (B) The Provider Advisory Council shall serve the Board of Directors in an advisory capacity and shall have no ability to bind and/or speak for the Board of Directors without the express written consent of the Board of Directors
- (C) The Provider Advisory Council shall consist of appointed members with representation to reflect: adult/youth, mental health/substance abuse services and the geographic diversity of the NorthSTAR Region. Appointments to the Provider Advisory Council shall be for a one (1) year term.
- (D) Members may be re-appointed, by the NTBHA Board, to serve multiple terms. These Bylaws contain no provision that limits the number of terms a member be serve. A member must be an active, recognized NorthSTAR service provider.
- (E) Each member shall have one (1) vote which is held by the designated member representative.
- (F) No action shall be taken by the Provider Advisory Council without a majority vote of a quorum of the members. A quorum shall be a simple majority of the member representatives.

Article IV
FISCAL REQUIREMENTS

Section 4.1 Business Address:
(A) The address of NTBHA's Provider Advisory Council shall be the same as the North Texas Behavioral Health Authority

Section 4.2 Reimbursement of Expenses:
(A) Members can not be reimbursed for expenses which have been incurred in participating on this Council.

Article V
MEETINGS

Section 5.1 Monthly Meetings
(A) The Provider Advisory Council shall meet monthly at such time and place as is stated in the notice calling such meeting.
(B) Any officer, three or more members acting in concert, a NTBHA Board member, or NTBHA's Executive Director may call additional meetings as necessary.
(C) A meeting schedule shall be posted and meetings conducted in accordance with the Texas Open Meetings Act, Government Code, Chapter 551.
(D) Written notice of the meeting, excluding meetings of sub-committees and workgroups, which includes an agenda shall be provided to the staff liaison at least seven (7) days prior to the meeting to allow for posting and distribution to Board members.
(E) Written notice of the meetings which includes an agenda shall be provided to the other members at least five (5) days prior to the meeting. The staff liaison may assist with distribution
(F) The agenda for each meeting shall include an item entitled "Public Commentary: under which any person will be allowed to address the Provider Advisory Council on relevant matters. By a simple majority, the members may establish procedures for Public Commentary, including a time limit for each speaker.
(G) The Provider Advisory Council shall make decisions in the discharge of its responsibilities without discrimination based upon any person's race, creed, gender, religion, national origin, age, physical condition, economic status, diagnosis, or philosophy.
(H) Minutes of all meetings shall be taken by the NTBHA staff liaison. All minutes, as corrected, following approval by the members shall be maintained in NTBHA's offices.
(I) In the event that a member is unable to attend, it is the member's responsibility to notify the Chair, Vice-Chair, or NTBHA prior to the meeting.
(J) In the event that a member is absent from three consecutive meetings, the Chair shall notify the staff liaison so that the information may be relayed to the nominating Board member and any appropriate action may be recommended by that Board member to the full Board of Directors

**North Texas Behavioral Health Authority
Provider Advisory Council Application**

The Provider Advisory Council will assist NTBHA in monitoring the NorthSTAR System's effect on providers and consumers. In order to represent all interests and not that of any single provider, members will need to actively seek input from other providers. Members will be appointed to a one year term by the NTBHA Board of Directors.

New Application **Renewal Application**

Provider Representative Applicant: _____

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Counties Served: _____

Home Phone: _____ E-mail: _____

Business Phone: _____ Business Fax: _____

How would you prefer to be contacted? (Check all that apply)

Phone E-mail

What is the level of service provided by your agency?

In-patient Out-Patient

Agency's/ Practice's Population (check all that apply):

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Dual Diagnosis (CD/MH)
<input type="checkbox"/> Adult	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult
<input type="checkbox"/> Child/Adolescent	<input type="checkbox"/> Child/Adolescent	<input type="checkbox"/> Child/Adolescent

How long has your agency been a contracted NorthSTAR Provider? _____

Is your agency currently, or has it been within the last 5 years placed, on vendor hold, suspended or otherwise disciplined by DSHS or other regulatory agency?

No Yes, explain: _____

Please describe why your agency desires to be appointed to the Provider Advisory Council and what contributions your agency can make: _____

What barriers, if any, would prevent your agency from attending and participating in Council meetings?

On a separate page list any community activities/collaborations/boards your agency is involved in.

Signature

Title

Date Submitted

Date/Time Received

Purpose of the Provider Advisory Council

The North Texas Behavioral Health Authority Provider Advisory Council (PAC) is a group comprised of fourteen representatives of NorthSTAR service providers in the seven county NorthSTAR regions. The group serves and addresses issues affecting both children and/or adult enrollees, accessing behavioral health services, psychiatric and/or substance abuse through the NorthSTAR system. The fourteen representatives are equally balanced for representation of adult and children's services, substance abuse and psychiatric representation. Seven members are Community Resource and Coordination Groups (CRCG) nominees (1 children's psychiatric and/or substance abuse provider from each of the NS counties of Navarro, Ellis, Collin, Dallas, Hunt, Rockwall, and Kaufman) and seven adult providers representing substance abuse and/or behavioral health nominated by the NTBHA Board. There are three Ad Hoc service providers representing the Medical Society, Parkland Hospital, and Terrell State Hospital that do not rotate. The group meets on a monthly basis to address NorthSTAR issues impacting providers and consumers in their respective counties and collectively, report issues, trends, and recommendations to the NTBHA Board. The PAC can make suggestions, requests, and recommendations, from the BHO and the State, through the NTBHA Board.

Provider Advisory Council Program Goals

Provide input and feedback to the NTBHA Board of Directors in relation to NorthSTAR's impact on providers

Assist the NTBHA staff and Board in data collection and analysis for contract monitoring and development of local and regional plans

Provide an avenue for providers to have collective needs addressed by the NTBHA Board of Directors

Act as advisory body on NTBHA Development initiatives (grant/funding opportunities)

Provider Advisory Council Outcomes

Outcome #1 – Address issues and concerns affecting the providers and enrollees related to service delivery, provider network, enrollment, claims payment, service authorization, provider retention, case management/coordination, etc. in the NorthSTAR delivery system.

Outcome #2 – Assist NTBHA with community forum participation and feedback with county providers and enrollees, development of consumer/provider

13. Attend identified meetings for community/provider/consumer by member request for NTBHA's presence or presentation
14. Serve as a contact to providers and enrollees directed to NTBHA by their member representative
15. Compile, copy, and distribute information needed for the PAC meetings
16. Serve as intermediary in issues involving contacts with the State or the NTBHA Board at PAC's request
17. Provide PAC Chair with short list of action items for the monthly report to the NTBHA Board

NorthSTAR Executive Director's Meeting

May 2, 2011

Members Present – Tom Collins (GOH), James Baker (Metro), Dan Corley (LifeNet), Randy Routon (LifePath), Carol Lucky (CFGC), Norma Westurn (CDMS), Myrl Humphrey (ABC), Doug Denton (Homeward Bound)

1. **Contracts and Indigent Redesign Benefit (tiered benefit)**
 - a. With DSHS denying the admin relief to allow for 180 TRAG submissions the SPN Providers are not interested in pursuing the proposed indigent (tiered) redesign benefit package any further. SPN Providers are in agreement that any budget cuts to NorthSTAR should be worked out between the MCO and DSHS and not pushed down to the Providers to take the budget cut. ValueOptions is the "AT RISK" MCO and must work with DSHS on how to make NorthSTAR work without cutting Provider funding further.
 - b. Providers are in agreement they do not want 30 day extensions on their contracts, but an extension until the start of the next fiscal year when budget cuts are known. A contract change now is an attempt to fix VO's MLR, which has not proved to even be an issue. At the last check it was running at about 91%, however, in years past the MLR always ends up at 88% - 89% and this year is assumed to be no different. For this reason Providers do not feel it is necessary to rush a new contract with a new payment structure and procedures for delivering services.
 - c. Alex – Alex will communicate to the NTBHA BOD to instruct VO to cease contract negotiations beyond education of their proposed Indigent (tiered) benefit redesign and ACT rate cuts until the start of the next fiscal year. In other words, VO is free to meet with Providers to discuss their proposals, but nothing would go live until after the start of the next fiscal year.
2. **Reconciliations**
 - a. Providers expressed frustrations at how far behind the reconciliations are. Contracts call for payments within 30 days; however, VO is not paying within 30 days.
 - b. CFGC reports waiting on their payment for the period of August – October 2010. There was also a question why VO "must" pay per quarter and can't pay per month?
 - c. LifePath reports having difficulty coming to an agreement with VO on their numbers for the period of May – July 2010.
 - d. Alex – Alex will communicate the issues of the reconciliations with the NTBHA BOD and will follow-up with ValueOptions on getting payments out on the contracted timeline of 30 days.
3. **Crisis Redesign Review**
 - a. NTBHA requested a sub-committee be formed to begin reviewing the Crisis Redesign plan from 2008 that outlines what the NorthSTAR crisis dollars should be spent on to determine whether the funds are still being spent where the community feels they should be spent. Once this sub-committee comes up with a draft update to the crisis redesign plan it will be disseminated out for wide review and comment.

- b. The Providers that make up the sub-committee include –
 - i. Carol Lucky – CFGC
 - ii. Myrl Humphrey – ABC
 - iii. Craig Knuckles – Timberlawn
 - iv. Tom Collins – GOH
 - v. James Williams – Lakes
 - vi. Norma Westurn – CDMS
 - vii. Doug Denton – Homeward Bound
- 4. RFP for NorthSTAR MCO(s)
 - a. Providers questioned the status of the RFP, when it would be released, and whether NTBHA is behind the RFP calling for two MCO's.
 - b. Alex – Alex will communicate to the NTBHA BOD the Providers request for the RFP to call for two MCO's and believes NTBHA will easily be behind this.
- 5. State Hospital Funding to ValueOptions
 - a. There was a question about SH funds being transferred to VO and whether it was a done deal or not?
 - b. Alex – Alex/Brandy will follow-up on this and disseminate the information to the group.
- 6. Town Hall Meetings
 - a. Providers requested that NTBHA take the lead on town hall meetings in NorthSTAR and not leave it up to MHA or NAMI.

Agenda

Psychiatrists Leadership and Advocacy Group

May 4, 2011 at 7:30am

Metrocare – 1380 Riverbend Drive, Dallas, 75247

Charles Cooper Boardroom – there will be signs directing you

OLD BUSINESS:

- Physicians Prescribing Reports – an update to the April 26th meeting
- Prior Authorization Process – no updates
- Pharmacy Manual – VO is working on updating this manual as requested and should have it completed in 4-6 weeks.
- Labs – there was a request by VO to allow someone from Access to meet with the PLAG (not Leslie).

NEW BUSINESS:

- BHLT
 - a. Update on Adult Clinical Ops Group and sub-committees
 - b. Update on C&A Clinical Ops Group and sub-committees
- Research Proposals – How does the PLAG want to vet these requests out?
 - a. Specifically, the Dr. Knesevich research project



Physician Name
Physician Address

DALLAS, TX 75247-4914

Monday, November 09, 2009

Dear Doctor:

With this *Value Prescribing* report, we intend to share drug therapy recommendations and provide suggestions for improved value within your top drug categories. *Please note that the listed costs incorporate all discounts we receive on these drugs and may not be reflective of retail pricing.*

Many of the medications in this report have been assigned a value rating as described below:

- **A-rated:** A majority of patients achieve comparable success rates at the lowest cost per success; try this drug first
 - *Example:*
 - A-rated drug: \$42/month with a 70% success rate = \$60 per success
 - Other drug: \$75/month with a 75% success rate = \$100 per success
 - Expensive drugs with clear success advantages can be A-rated
- **B-rated:** For patients with specific conditions or contraindications that require a different drug; apply the same comparisons as above if more than 1 comparable drug
- **C-rated:** Average cost per success, no clear differences between drugs in the category
- **D-rated:** No more effective than A and B rated drugs or offering no therapeutic advantages, but far more expensive
- **F-rated:** These drugs may be inexpensive but have greater safety or efficacy issues

The success rates account for discontinuations due to lack of efficacy, side effects and compliance issues (e.g., frequent doses required). Our database matches medications with diagnoses from medical claims allowing us to estimate the total health care costs associated with each medication. Our *PharmaConnect* service calculates compliance rates for every chronic medication. These unique capabilities allow us to assess cost per success in a real world situation and minimize the biases associated with information provided by drug company sponsored studies.

ValueOptions maintains a Prescriber Advisory Group to enhance input into the development of our medication guidelines. If you would like to receive our draft recommendations for review and feedback, please send an e-mail to ron.lyon@valueoptions.com.

As always, we appreciate the care you provide to our members and look forward to a continuing partnership to improve the quality and cost-effectiveness of health care.

Sincerely,

Ron Lyon, M.S., R.Ph.
Vice President, Pharmacy Programs

Note: The enclosed information may contain statements that differ from that in FDA-approved full disclosure information. We provide select drug information to supplement the knowledge of prescribers. The information is advisory only and does not replace sound clinical judgment or individualized patient care in the delivery of drug therapy.

A Overall Drug Costs

Qtr-1 2009				Qtr-3 2008			
B Current Statistics				Change from Prior Period			
Overall Cost	Pts	Cost/pt/ qtr	Projected Cost Diff	Overall Cost var.	Pts Change	Cost/pt Change	Pt. Mix Change
\$882,400	6,496	\$136	\$77,409	22%	12%	9%	1%

K Bipolar disorders Drug Costs

Current Statistics				Change from Prior Period			
% of Overall Costs	Condition Cost	Pts	Cost/pt/ qtr	Cost Change	Cost Change	Pts Change	Pt. Mix Change
L 37%	\$327,676	5,893	\$56	\$90,866	38%	28%	8%

Drug*	M Value Rating	N Condition Costs	O Drug Cost	Pts	Cost/pt/ qtr	Cost Change	Cost Change	Pts Change	Cost/pt Change	Pt. Mix Change
Risperidone Tab	A	16%	\$50,921	440	\$116	\$32,312	174%	577%	-60%	-344%
Seroquel Tab	D	20%	\$65,872	120	\$549	\$26,311	67%	35%	23%	8%
Divalproex Tab, Delayed Release	C	9%	\$29,945	430	\$70	\$21,829	269%	281%	-3%	-9%
Abilify Tab	D	9%	\$28,739	52	\$553	\$7,480	35%	41%	-4%	-2%
Lamotrigine Tab	C	8%	\$26,399	63	\$419	\$5,989	29%	29%	1%	0%
Valproic Acid Cap	C	7%	\$21,568	584	\$37	(\$4,183)	-16%	-9%	-8%	1%

* Only displays top cost drugs

Alternatives and Potential Savings

Drug (Orig)	Alternative (Alt)	P Potential Drug Savings 5%	Q Effected Patients 5%	R Potential Drug Savings 10%	S Effected Patients 10%	T Potential Program Savings 5%	Pote Program Savings 10%
Seroquel Tab	Risperidone Tab	\$4,817	6	\$9,635	12	\$4,342	\$8,685
Abilify Tab	Risperidone Tab	\$2,004	3	\$4,007	5	\$986	\$1,971

Recommended References

- Florida Guidelines Bipolar Disorder Adult Acute Depression: <http://tinyurl.com/yf7fsac>
- Florida Guidelines Bipolar Disorder Adult Acute Mania: <http://tinyurl.com/ykmqck>
- Florida Guidelines Bipolar Maintenance Therapy: <http://tinyurl.com/yfspye4>
- Florida Recommended Bipolar Dosage Ranges: <http://tinyurl.com/yju2zku>
- Florida Guidelines Bipolar Acute or Mixed Mania Age 6-17: <http://tinyurl.com/yhkog9y>
- TMAP Bipolar Disorder: <http://tinyurl.com/yhbjevr>

Explaining the *ValuePrescribe* Report

A: Overall Drug Costs

This section focuses on ALL drugs dispensed during the quarter.

B: Comparison Quarters

It usually compares the most current quarter against the same quarter the prior year. This accounts for seasonality and also allows enough time for the impact of any programs to be seen.

C: Overall Cost

Total drug cost

D: Pts

Total number of patients that received any medication

E: Cost/pt/qtr

Overall cost (C) divided by number of patients (D).

F: Projected Cost Diff

Example:

1. Average cost/pt/qtr for 30 year old males with bipolar disorders in the prior period: \$100
2. Number of 30 year old males with bipolar disorders in current period: 50
3. Projected cost = $\$100 \times 50 = \$5,000$
4. Actual cost = \$7,000
5. Projected Cost Diff = Actual cost – Projected Cost
 - a. $\$7,000 - \$5,000 = \$2000$

G: Overall Cost var.

The raw change in costs that includes the impact of number of patients treated, drug price increases, patient mix changes and drug mix changes.

H: Pts Change

Describes the impact of changes in number of patients treated on Overall Cost var.

I: Cost/pt Change

This describes the impact of unit price, average dose and drug choice changes on Overall Cost var. For the individual drug listing in the following sections this just focuses on unit price and average dose changes.

J: Pt Mix Change

Describes the impact of treating a different mix of patients based on age, gender and condition. For specific conditions and drugs this describes impact of a different mix based on age and gender.

K: Bipolar disorders Drug Costs

The following section focuses on top drug categories grouped by condition (e.g., bipolar disorders). This includes drugs from different drug classes but used to treat the same condition.

L: % of Overall Costs

Percentage of all drug costs accounted for by drugs for this condition

M: Drug*

Defaults to showing only drugs that account for 5% of condition drug cost.

N: Value Rating

Our *Advanced Pharmacy Analytics* highlight differences in the efficacy, safety and cost of medications that prescribers, consumers and decision-makers can use to select the highest-value medications. These ratings form the basis for educational processes that encourage voluntary changes in prescribing habits or may be used to determine the opportunity for more restrictive policies.

- **A-rated:** A majority of patients achieve comparable success rates at the lowest cost per success; try this medication first
 - *Example:*
 - A-rated medication: \$42/month with a 70% success rate = \$60 per success
 - Other medication: \$75/month with a 75% success rate = \$100 per success
 - Expensive medications with clear success advantages can be A-rated
- **B-rated:** For patients with specific conditions or contraindications that require a different medication; apply the same comparisons as above if more than 1 comparable medication
- **C-rated:** Average cost per success, no clear differences between medications in the category
- **D-rated:** No more effective than A and B rated medications or offering no therapeutic advantages, but far more expensive
- **F-rated:** These medications may be inexpensive but have greater safety or efficacy issues

The success rates account for discontinuations due to lack of efficacy, side effects and compliance issues (e.g., frequent doses required). Our *Advanced Pharmacy Analytics* service matches medications with diagnoses from medical claims allowing us to estimate the total health care costs associated with each medication. Our *PharmaConnect* service calculates compliance rates for every chronic medication. These unique capabilities allow us to assess cost per success in a real world situation and minimize the biases associated with information provided by medication company sponsored studies.

O: % of Condition Costs

Percentage of condition cost accounted for by this drug

P: Alternatives and Potential Savings

This section includes D- and F-rated drugs and compares them to preferred A-rated drugs. It shows the potential impact of changing 5% and 10% of patients to a preferred medication.

Q: Alternative (Alt)

Our system may identify multiple drugs as A-rated with comparable efficacy and lower relative costs. This section may compare the lower rated drugs against one or many A-rated drugs.

R: Potential Drug Savings (5% and 10%)

This section focuses only on pharmacy costs.

S: Effected Patients

Describes the number of patient changes required to achieve the listed savings. In reality, this would likely occur for new patients and therapy changes rather than changes in stable patients.

T: Potential Program Savings (5% and 10%)

This calculates savings based on TOTAL (pharmacy, behavioral health & medical [if available]) costs.

U: Recommended References

Highlights recommended resources for in-depth third-party recommendations.