

NTBHA Executive Director Report

July 2011

1. Legislative Actions/NorthSTAR Funding

At last report a tentative budget from NorthSTAR had been released. DSHS advised that the numbers may not hold. To date, we still have not seen final numbers.

2. NTBHA/DSHS Contract

What we believe is the final draft from NTBHA has been provided to DSHS, along with the number of staff we feel will be needed to carry out our mission.

Some follow up from DSHS focusing on our staffing analysis has resulted. No final decision has been reached as of this report.

3. DSHS Audit

The up to now “dormant” Audit has been re-released. The final document was modified considerably from the original. Most dollar penalties have been dropped. Those surviving can be seen in the attached draft of the Audit; specifically, findings 5, 6 and 8. **(See Attachment A)**

4. Transportation

We hosted a meeting with LifePath, CCART (Collin County) and VO that discussed ways in which transportation could be made available to mental health clients in Collin County that otherwise would not be able to make their clinic appointments. The meeting was positive. VO and CCART agreed to follow-up in July to work out how this might work.

5. Ellis/Behavioral Health Committee

Ellis Behavioral Health Committee held its monthly meeting. We arranged to attend a follow-up meeting with Juvenile Services and the Juvenile Court Justices. This will offer us an opportunity to educate these officials on NorthSTAR, ValueOptions and the North Texas Behavioral Health Authority. Minutes of the meeting are attached. **(See Attachment B)**

6. Dallas/BHLT

The BHLT continues to meet, along with its many subgroups. The June BHLT meeting was cancelled last month in consideration of the Mavericks Victory Parade. Next meeting is scheduled for July 21, 2011.

7. PAC

The Provider Advisory Council met on June 24, 2011 at GreenOaks. Attached for your reference is an Agenda of their meeting. Prior to the PAC meeting, the GreenOaks SPN meeting was held at their facilities and I have included their Agenda as well containing data which may be of interest. **(See Attachments C and D respectively.)**

NTBHA OMBUDSMAN/CLINICAL OPERATIONS REPORT

June 2011

June Meetings Attended:

- Board Meeting at NTBHA
- Meetings with VO CEO
- Meetings with ADAPT CEO
- Meeting with GreenOaks CEO
- Collin County UNT Study meeting
- CCART Meeting

- Ellis County/Behavioral Health committee
- Self-Directed Care
- Provider Advisory Council
- Psychiatrist Leadership and Advocacy Group
- Consumer Family Advisory Council
- Child and Adolescent Clinical Operations Sub-Committee to the BHLT - Dallas
- Crisis Sub-Committee to the BHLT – Dallas
- VO/NTBHA QM Meeting
- Meeting with DSHS and VO to discuss the upcoming contract and NorthSTAR budget
- Meeting with VO to discuss VO/DSHS contract – 4a & 4b
- Contract Steering Committee tele-conference
- Contract meeting with the NTBHA BOD
- State Hospital tele-conference with TSH, DSHS, and VO to discuss SH discharge procedures
- Collin County public hearing on UNT HSC Phase III report
- Crisis Redesign committee meeting at NTBHA
- QMC meeting at VO
- SPN Audit with ValueOptions
- ACS Bi-Weekly conference call
- Rockwall Behavioral Health Board Meeting
- Ellis County Task Force Meeting
- Collin County Social Service Meeting

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

Adapt Mobile Crisis (May):

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 3,848 incoming phone calls (total of 6,958) incoming and outbound calls) in May with 481 resulting in face to face encounters. This is an increase of 858 incoming phone calls over last month and an increase in F2F encounters by 14 over last month. Of the 481 face to face encounters, 433 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	405
	F2F	50
Dallas	total calls	2583
	F2F	325
Ellis	total calls	158
	F2F	38
Hunt	total calls	127
	F2F	26
Kaufman	total calls	153
	F2F	26
Navarro	total calls	54
	F2F	9
Rockwall	total calls	53
	F2F	7
Law	total calls	87
Enforcem	F2F	20
Out of	total calls	16
State	F2F	0
OTHER	total calls	299
	F2F	0

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

The Self-Directed Care program is holding at 81 participants. We are still trying to re-enroll some early participants that left the program in the beginning.

We had an untimely death of one of our participants. The death was due to a physical nature and reiterates the need for whole health recovery for the SDC participants. This is the fifth death of one of the SDC participants.

Three of the SDC employees attended the annual United States Psychiatric Rehabilitation Association Convention in Boston during June. The three that attended were **Cheryl Gayles, Dong Tran, and Anna**

Markowitz. They also participated in a presentation on SDC with the University of Illinois at Chicago. They came back fired up for recovery.

We had our monthly SDC Learning Community meeting on June 14. We had approximately 25 in attendance. Even though the attendance was down, we still had a great meeting. Many continue to respond that they look forward to the monthly meetings. Recovery is always the main topic of the meetings. We start off with a 45 minute presentation on fitness by a certified physical fitness trainer. Everyone does a few exercises. There is also a discussion time on nutrition.

The SDC program has had a certain number of participants apply for different trainings that are coming up in the future. We had three apply for the next peer specialist training that will take place in Austin sponsored by Via Hope. We had two people apply for the peer to peer trainer's class that is being sponsored by NAMI. **Anna Salazar**, the SDC Peer Specialist, will attend the Texas Catalyst for Empowerment Symposium in August.

The SDC fitness class is in its second month now. The participants attending this class are very motivated to get into good physical condition. The certified physical fitness trainer that teaches the class is very impressed with our participants in their quest for whole health recovery.

We continue to have participants attend the Achievement Through The Arts group. They recently had an art exposition at the Half-Price Book Store on Northwest Highway in Dallas. There is some interest in other participants participating in this group's activities.

The SDC program has been trying to prepare for our next fidelity assessment. The assessment will take place on July 19 and 20. Representatives from UIC and DSHS will conduct the assessment. It will be our fourth assessment since the start of the program.

Since we now have participants that have been in the program for over two years, there has been marked improvement in people's lives. Many of the participants are starting to understand the realities of recovery. The SDC staff continues to try and lead the participants through the recovery process. Below is the latest status updates on the program:

Employed – 28%

Hospitalized – 1.2%

Incarcerated – 4.9%

Living Independently – 75.6%

Taking Classes – 22%

Terrell State Hospital Discharge Procedures-

Terrell State Hospital reported to DSHS that ValueOptions does not assist with non-NorthSTAR patients in need of discharge planning, especially to nursing homes. NTBHA, DSHS, TSH, and VO participated in a conference call to discuss this issue that was raised by TSH. It was determined on the conference call and agreed upon by all parties that ValueOptions and NTBHA are responsible for all discharge planning to any resident of the NorthSTAR seven counties; regardless of NorthSTAR status. It was recommended that VO, NTBHA, and TSH meet to formulate a flow chart outlining policies and procedures for discharges pertaining to both NorthSTAR and non-NorthSTAR patients discharging from both TSH as well as all other State Hospitals. This meeting did take place and a follow-up meeting to review the flow chart is forthcoming.

Crisis Redesign Committee –

Several NorthSTAR provider representatives, along with the Consumer and Family Advisory Committee chair, met to discuss current crisis services provided in NorthSTAR and specifically those attached to the 2008/2009 Crisis Redesign Plan submitted to DSHS. The group reviewed the current crisis services offered and discussed what gaps can be identified that can be addressed in the upcoming NTBHA LSAP. Recommendations from this group are forthcoming and will be circulated for review and feedback from the NorthSTAR community as a whole. The following were represented at this meeting –

- PAC
- PLAG
- CFAC
- Chemical Dependency Services
- Mental Health Outpatient Services
- Adult Mental Health Inpatient Services
- Child and Adolescent Inpatient Services
- Rural Providers
- Culturally Diversified Provider
- Transportation and SPA Services

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

Jail/State Hospital Liaison: The task of the liaison is to establish and maintain firm relationships with jails and mental health courts in the seven surrounding NorthSTAR counties. NTBHA Liaison continues to focus efforts to identify and monitor individuals within the jail population that should be in a State Hospital or is appropriate for a jail diversion program. Jail State Hospital assist and coordinate after care planning for indigent patients that are discharging from State Hospital and are needing referrals and aftercare coordination in the community. NTBHA continues to monitor the clearinghouse list monthly for all seven counties and communicates with the counties to inform them of those waiting for admission to the State Hospital.

Outpatient Competency Restoration and Jail Diversion: Dallas County Outpatient Competency Restoration currently has 50 participates. Outpatient Competency allows patients to be treated and returned to competency in the community. Competency Restoration 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 NorthStar. Once approved for OCR, inmates are immediately released to a provider to help restore competency in the community.

Collin County Activity

NTBHA visited Collin County Jail this month. NTBHA met with Belinda Williamson to discuss mental health treatment for inmates. NTBHA discuss inmates that are on the clearinghouse list waiting for a hospital bed at the State Hospital. Collin County reported a steady flow of mental health inmates in jail. Collin County reported that once inmates are identified with a mental illness they are immediately referred to the appropriate medical staff and treatment is administrated. Transicare has a contract with NorthSTAR to provide Target Case Management Services for inmates who are mentally ill that will soon be discharged from the jail and placed in the community. 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 abuse treatment, assistance with setting up support services and

linking consumers with therapeutic relationship with a case manager once released from jail. 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. The inmates that are found to not be on the clearinghouse 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. NTBHA liaison continues to develop a relationship with Montgomery County Facility since Dallas County has sent several inmates there for competence restoration. Montgomery County is a new facility and therefore will require ongoing communication and follow up to make sure inmates are receiving the care and assistance that is needed. There were some concerns regarding inmates being placed on LAT injections which will require close monitor of these patients to insure that once discharged back to the hospital injections will continue. NTBHA has requested a list of these individuals who are receiving these injections; however Montgomery County has not provided this list.

Ellis County Activity

NTBHA Jail State/Hospital Liaison spoke with Mickey Campbell at Ellis County Sheriff's Department to discuss mental health treatment for inmates in the county jail. Ellis County contracts with Correctional Health Care Management. CHCM provides mental health assessments and crisis intervention services. NTBHA made inquiries about crisis screening and assessments that are provided by Transicare. NTBHA discussed the clearinghouse wait list for inmates waiting for a forensic admission in a state hospital with Mickey Campbell. Mickey Campbell coordinates and sends all the packages to Vernon State Hospital in order to have inmates placed on the clearinghouse list. NTBHA liaison accounts for applications sent to Vernon State Hospital to assure the county that the person has been placed on the clearinghouse list for hospitalization. NTBHA will continue to establish a rapport with Ellis County Jail and offer assistance with mental health.

Hunt County Activity

NTBHA Jail State/Hospital Liaison spoke with a Hunt County to discuss jail/hospital issues. Hunt County reported to NTBHA that once a person who has a mental illness is identified and need immediate attention Transicare is utilized for the evaluation. Hunt County reported using Green Oaks Hospital for medication stabilization on individuals who are suicidal and/or homicidal. Hunt County has expressed in interest in referring individuals for aftercare services once they are released into the community. Hunt County continues to utilize Transicare in the jail if an inmate requires a crisis assessment. NTBHA will continue assisting and educating Hunt County about services for aftercare in the NorthSTAR area that individuals can utilize once released from jail. NTBHA will continue monitoring the clearinghouse list and discussing inmates progress while waiting for admission to the state hospital. NTBHA will continue to establish a rapport with Hunt County Jail and offer assistance with mental health.

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 one person awaiting admission into Vernon State Hospital. Dr. Davis reported that those who have mental illness are being treated and their mental health 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 reviews Transicare documents afterwards in order to make appropriate recommendation for treatment with the psychiatrist. Dr. Davis reported that inmate's fill out a request form to have a counseling session with him if any problems arise while they are in jail. NTBHA will continue monitoring the clearinghouse list and discussing inmates mental health needs while in Kaufman County Jail. NTBHA will continue to offer Kaufman County 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 had two people waiting on last month which were both transported to Terrell State Hospital. This month is a slow month for Navarro County and at this time they currently have no one waiting for hospitalization. The number of people who are placed on the clearinghouse waiting list continues to be very low. Navarro County discussed the process of how individuals with mental illness are identified and how mental health treatment is administrated while in jail. 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 Sheriff's Department, Rockwall Police Department, Heath Police Department, Dallas Mental Health America, Red Bird Educational Services, NTBHA Representative and NTBHA Board Member Andy Dillard. The meetings are twice a month.

Rockwall has continued discussion regarding treatment along with a Charter Plan to present to the commissioner court. Rockwall has identified key stakeholders and key elements to include in the Charter Plan. Rockwall Mental Health Group does have the approval of one county commissioner, Judge Hogan for possibly a Specialty Mental Health/Substance Abuse Court. Judge Hogan has made suggestions to the Rockwall Mental Health Group to include clarifying the purpose of the charter. Rockwall County is making progress and final suggestions for the Charter Plan that will be presented to Commissioner's Court on July 12, 2011. Rockwall Mental Health Board has invited all participants to attend the meeting on July 12 in an effort to show their support with this charter.

Angie Scalf, with Rockwall Juvenile Probation continues to compile a list of grant opportunity for Rockwall County that would help to support a diversion court. At this time two grants have been identified which applications are due January 2012 however, this is dependent upon Commissioners Court's formal recognition of the Board to act on behalf of the court on behavioral health issues.

NTBHA representative offers education to Rockwall County on individuals with mental health issues. This month 1 case was staffed and placed on the clearinghouse list for hospitalization at North State Hospital. NTBHA will continue to offer any assistance that may be needed with mental health issues in jail.

Clearinghouse List-TSH as of June 10th

- Dallas County has fourteen (14) inmates awaiting a bed at TSH, with the longest one waiting since May 5, 2011.
- Hunt County had one (1) inmate awaiting a bed at TSH and was placed on the list on May 16, 2011.
- Collin County has one (1) inmate awaiting a bed at TSH and was placed on the list on June 3, 2011.

Clearinghouse List-Vernon as of June 10th

- Dallas County has thirty five (35) inmates awaiting a bed at Vernon State Hospital
- Rockwall County have one (1) inmate awaiting a bed at Vernon State Hospital
- Kaufman County have one (1) inmate awaiting a bed at Vernon State Hospital

Steering Committee:

Data: Dallas County Mental Health Steering Committee meetings are held monthly on Thursday morning. There were no meetings held for June.

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

QM Initiatives:

- NTBHA staff member, Teresa Handel, is the focal person for the NorthSTAR region to distribute information from Texas Health Institute regarding funding sources, workshops, and webinars for housing opportunities.
- 2011 NorthSTAR Member Satisfaction Survey is a VO deliverable to DSHS. NTBHA provided consumer advocate collection training in May, plus data entry and data aggregation in June. Cumulative and individual SPN reports are being designed by NTBHA for distribution in July.
- NTBHA is monitoring several aspects of the NorthSTAR service delivery
 - Treatment access issues under the case rate model
 - Proposed tiered system model and utilization under the new budget.
 - New enrollee time to get a doctor's appointment
 - SPN enrollment access audits
 - Complaint trends
- NTBHA continues to partner with the Dallas Police Department by participating in Crisis Intervention Team (CIT) scenario training at various locations within the NorthSTAR region. Dallas PD offers training free of charge to any law enforcement officer from anywhere in the world. Officers in Texas are eligible to receive 40 TCLEOSE hours and sit for the exam to become mental health officers. CIT training was conducted in Plano (Collin County) during June. CIT events scheduled for the remainder of 2011 include locations in Dallas (Dallas County), Plano (Collin County), Rockwall (Rockwall County), and Red Oak (Ellis County).

Complaints

<u>*May</u>	<u>Number of Complaint Calls Processed</u>
Accessibility/Availability	10
Quality of Care or Service	11
Utilization Review	3
BHO Contract with Provider	1
BHO Obligation to Enrollees	1
Miscellaneous	1
TOTAL	27

ACT Audits with ValueOptions

NTBHA representatives Kristen Cathey and Brittony McNaughton conducted a SPN audit with ValueOptions on June 29. The four audits conducted included Treatment Record Review, Hospital Discharge Review, SP1 through SP3 members Claims line, and HR & Credentialing. Audit results are still pending. Below are the results from the audit on May 4.

(1) NorthSTAR Treatment Record Review

Number of Unduplicated Charts Reviewed = 18

Number of Elements Reviewed Per Chart = 19

Target Overall Chart Score = 80%

Number of Charts Meeting or Exceeding Target = 17

Number of Charts Below Target = 1

Total Overall Score =89% Passing

(2) Hospital Discharges

Number of Unduplicated Charts Reviewed = 5

Number of Elements Reviewed Per Chart = 12

Target Overall Chart Score = 80%

Number of Charts Meeting or Exceeding Target = 0

Number of Charts Below Target =

Total Overall Score = 89% Passing

** Although this tool was used with a small sample, results for discharge follow-up were consistent with 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 = 2

Number of Staff Files Missing Some Requirements = 6

INFORMATION FOR 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.

(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:

- Plan of Treatment includes individualized problem list, modalities, goals, estimated timeframes for goal attainment and regular reviews. Please ensure your new recovery oriented treatment plan includes these elements.

(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 this agency. However, the issues identified regarding hospital discharge follow-up in this audit were also noted in the Treatment Record Reviews and Claims Line Audit.

- An appointment with a prescriber occurs within 14 days. If staff perform assessment, triages and consultations with prescribers to obtain medication refills, they should also be documented. The TAC standard requiring prescriber contact within 14 days remains as a measurement for outcomes and these supplemented services are expected to be the exception, rather than the norm.
- Within 3 weeks after the first contact after hospitalization, a Treatment Plan is developed or review is documented.

(3) NorthSTAR Staff Roster and Credentials Review

A Corrective Action Plan is required for the following items as appropriate by staff. These include:

- Credentials
- TAC Required Training
- Timeframes: Training should occur prior to contact with clients. See TAC requirements for training that requires annual updates such as Client Rights and Prevention of Abuse Neglect
- Demonstrate Individual Clinical Supervision at Least Monthly.

(4) Claims Line Audits

The following were noted and are to be addressed in the Corrective Action Plan:

- Date of Service not within Treatment Plan (11% of notes reviewed) - A treatment plan must be completed before any authorized service is delivered
- Service code not within Treatment Plan - Skills taught must be in treatment plan goals.
- No progress towards goals (24% of notes) - each progress note must note progress towards goals
- Any documentation signed off by another staff must specify in the note if the 2nd signer was present for the session or if the documentation is being reviewed for intern supervision. Claims can only be billed by the appropriately qualified staff who attended the session.
- Required data element not provided
 - Medication Education form must have all elements of a progress note in order to support a claim
 - Psychiatric Evaluation must have start and stop time
 - MD credentials must be on all med visit forms
 - A name and/or ID number is required on every page of a multiple page document

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

Provider Advisory Council:

Data: PAC Meeting hosted by Green Oaks Hospital and met on June 24, 2011

- **PAC By-Laws** – The PAC discussed the PAC by-laws one last time before sending them to the NTBHA board for approval. The following specific items were discussed:
 - Who can be a member – Any NorthSTAR Provider in good standing can be a member of the PAC by simply filling out an application form, which NTBHA will file and maintain the PAC membership list.
 - Who can vote when issues arise – There will be a designee assigned as the voting member to ensure each agency only receives one vote.
 - Who can hold an officer position on the PAC - Any designated voting member may be eligible to hold an officer position on the PAC.
 - Elections – It was determined that elections be held off until August and at that time the new Chair and Co-Chair will begin their term on September 1st.
 - NTBHA will be requesting nominations be sent in again.
- **Service Dollar Expenditures** – The PAC reviewed the expenditures submitted to the NTBHA board by VO as a starting point to determine what financial information the PAC would like to review monthly.
 - One Provider suggested getting the financials broken down monthly and not a fiscal YTD as VO now does. This way, NorthSTAR expenditures can be monitored whether each line item is over or under for that particular month and given normal ebbs and flows – whether the total budgeted line item is projected to be over/under for the entire fiscal year.
 - One Provider suggested also comparing each month with the same month the previous fiscal year(s) as well as YTD.
 - NTBHA agreed to approach VO and request the financials be presented in this manner to the NTBHA board every month.
- **Reconciliations** –
 - VO reported that reconciliations through December 2010 are almost completed. There are 3 outstanding reconciliations that have not been finalized. 1 of the 3 is still in dispute while the other 2 are about to be finalized.

Outcome Measure Reconciliation – These have been just sent out to all the Providers and VO is now waiting on responses from the Providers. One Provider has requested additional information to be provided.

- One Provider pointed out that as revenues decrease for outpatient services a decline in outcomes is a natural consequence to that and shouldn't come as a surprise.
 - One Provider suggested an incentive program that is not punitive and easily understandable and easily reconciled to be looked at during the next contracting period.
 - Question – What is the timeline for contract negotiations with Providers for next fiscal year?
VO – There is no current plan or timeline.
- **CMBHS** – It was reported there was a webinar yesterday (6/23) in which all Providers, but one, participated in. It was acknowledged that this webinar did not meet the expectations of the PAC and the request that was made by the PAC in the previous meeting.
VO did encourage Providers to sign up for the user acceptance testing, which will allow Providers the opportunity to provide invaluable feedback.

One Provider reported disappointment in not being able to see a demo of the assessment. It was reported that the assessment will not be shared with a Provider until you sign an agreement for the user acceptance testing. DSHS has removed the assessments off their website where they were once accessible.

Question – Will VO do authorizations within CMBHS – VO reported that is the plan and what is expected.

Estimated timeline –

- August/September – Testing
- October/November – Pilot
- December – Roll out CMBHS

Provider would like a detailed walk through from the time a consumer walks into the clinic to the authorization for services to begin. What does this process look like with attached timelines for each step?

Submissions – individual v/s batch?

- UA Submissions can be sent in individually or as a batch submission. Batch submissions can occur up to every 2 hours. VO will still operate under the same timeline for approving authorizations, which is 3 days. How often Providers batch UA's to VO is up to the Provider, but can't be more than every 2 hours. Currently, a daily authorization file is emailed to Providers and with CMBHS will this go away?
What reporting capabilities will CMBHS have?

- VO – not sure about the reporting capabilities, but the daily auth files do not necessarily need to cease. More information will need to be gathered around this question.

Stimulus money was discussed as a possibility to assist in offsetting CMBHS costs although it does seem like a long shot. NTBHA agreed to email the link out to Providers.

- **TRAG Changes** – There was no much information to report at this time. The RDM Workgroup in Austin is resuming their meetings in July and more information will be forthcoming.
- **BHO RFP** – The outcome of the RFP will go into effect for Fiscal '14 (September 1, 2013). The PAC was encouraged to submit any recommendations they have for the RFP.
- **System Redesign** – There are several “redesign” meetings occurring at this time it is hard to keep up with all of them or what the differences in each are. Currently –
 FIRST - This is the crisis sub-committee to the BHLT. The FIRST is currently mapping the crisis services in NorthSTAR and outside NorthSTAR and identifying gaps and eventually coming up with the “ideal” system.

Crisis Thingy – This is a sub-committee of the FIRST of the BHLT and this group is looking at specifics such as alternatives to 23/hr observation as well as other identified gaps in NorthSTAR as beyond.

NTBHA Crisis Redesign – This group is looking at the current crisis services provide in NorthSTAR and specifically those attached to the 2008/2009 Crisis Redesign plan and providing an update to that plan as well as recommendations for changes to be included in the next NTBHA LSAP due at the end of December 2011.

- **Other Discussions** –
 Open Meetings – It was suggested that open meetings policies should be looked at. It was reported that the Attorney General has begun to look into this issue as it relates to texting and emailing during board meetings, especially during voting. It was also reported that when an agenda or documents get sent out to board members to review if they “reply all” to make comment that could be considered a discussion that should have occurred in an open meeting and the board would be in violation.

Psychiatrists Leadership and Advocacy Group:

Data: The PLAG Meeting for July was canceled.

Consumer and Family Advisory Council Meeting:

Data: The CFAC meeting was held at NTBHA on June 6. There will be no CFAC meeting in July.

Issues and Concerns:

Announcements

- The next NTBHA board meeting is June 8 at noon in the NTBHA board room. At 11:00, prior to the board meeting, there will be a presentation by Jay Angoff, Senior Advisor to U.S. Secretary of Health and Human Services Kathleen Sebelius, on the insurance reform provisions of the Affordable Care Act, insurance coverage for people with pre-existing conditions, including mental illness and substance abuse disorders, is now available in Texas.
- Review of a Fact Sheet released by NAMI about understanding health reform, pre-existing condition insurance plan.
- The NAMI National Convention will be in Chicago on July 6-7. VO will be hosting the Welcome Center.
- Jeanine Hays announced that she will be going to the NAMI National Conference as the NAMI Texas state consumer representative.
- Statement in support of Health Care Reform reminding the group that two provisions of the program include individuals not being denied insurance based on a pre-existing condition and children can stay on their parent's insurance until they are 26 without having to be a student.
- There is a new advocacy organization that covers both behavioral health and addiction called Texas Recovers. They are sponsoring a Rally for Recovery in Austin on October 1, 2011.
- September is Recovery Month.

Legislative Update

- Good News: at one point during this legislative session we were facing a \$20 million cut for 2012 and an additional \$5 million in 2013 but in conference committee those dollars were restored.
- We are still facing \$10 million in cuts this year because they are discussing lowering the Medicaid per member per month contribution which would cost the NorthSTAR area about \$5 million. The remaining \$5 million will be from stimulus dollars the system received this year that will not recur.
- The budget is not final and it may not be even few weeks after the new fiscal year begins on September 1, 2011.
- Substance abuse dollars were cut.
- State Hospital budget came up to match what the budget was for this year.
- In late July and early August of this year City of Dallas residents will be needed to attend town hall meetings to support House Bill 216 (boarding home issues) and Dave Hogan's Crisis Intervention Team. Janie Metzinger needs people that are willing to go and read a provided scrip in support of these issues.

Future of CFAC

- Walter Norris has been working with Hamilton Park Methodist Church but has not solidified the arrangements for us to meet there. We would meet there on a trial basis.
- We will take CFAC on the road periodically and meet at APAA.
- We will occasionally imbed the CFAC meeting in a NAMI meeting.
- We need broader representation than the just the current attendees. At PAC it was noted that a consumer advisory group (CFAC) must exist but the message did not carry to the NTBHA board. We have heard about the Harris County CFAC type model but that is not ideal for this system. Dr. Baker has always been helpful to this council by sending his peer specialists to participate.
- Dr. Baker had a concern for PAC and CFAC so he contacted Dr. Minkoff – the consultant that helped establish the BHLT. Dr. Minkoff suggested that CFAC work with the Peer Support subcommittee of the BHLT. Mike has contacted Joe Powell, Executive Director of APAA, to begin the process of CFAC partnering with APAA. Dr. Baker also suggested that Mike resign as chair to force NTBHA to do something about CFAC.
- Joe Powell suggested a three pronged approach for CFAC.
 1. Create a strategic plan.
 2. Community engagement – reaching out to churches, stores...etc. to meet people in their communities.
 3. Cultural engagement.
- Via Hope has a state wide outreach for recovery. They will begin regional projects and we need to get involved and partner with them in these projects. This will roll out in September 2011.
- We need to create a mission/vision for CFAC.
- From a parent’ perspective: parents will not get involved while in crisis. CFAC needs to demonstrate how being involved can help families and consumers when designing engagement and outreach.
- We would consider outreach via social networking sites such as Facebook and Twitter. A CFAC Facebook page will be created before the next meeting. Links may be added on the NAMI and NTBHA web pages. Message of page will be “how can we help you?”
- Next steps: We will schedule a strategic planning meeting. Those present at the meeting agreed to be involved.

SUMMARY OF CRCG ACTIVITY, BY COUNTY

June

***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, Allen ISD, Life Path Systems, DSHS, Region 10 ESC, Juvenile Probation, CPS, Medicaid Case Management, North Fork Education Center, Glen Oaks, Methodist Children's Home, Family Outreach and Juvenile Probation. Two cases were staffed. The first case involved a 15 year old male looking for chemical dependency treatment and stabilization on medication. The CRCG recommended Life Path for IDD determination (IQ testing) Child and Family Guidance for case management, NAMI for family support and education, Collin County Substance Abuse for drug assessment, Adapt Mobile Crisis, and Waco Center for Youth if IQ is appropriate following IDD determination. The second case involved a 14 year old male needing a priority letter for Waco Center for Youth. The letter was provided.

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, Metrocare Services, Region 10 ESC, ValueOptions, Texas Health Steps/TX STAR, Kids Care Therapy, Timberlawn, Cedar Hill Police Department, DARS, Dallas ISD, and CPS. Four cases were staffed. The first case involved a 15 year old female who is currently at Methodist Children's Home but is having behavior issues. The CRCG recommended family therapy at MCH, speaking with MCH about other group homes, establishing family activities for when they youth visits home, and to contact CRCG again if a discharge date is set. The second case involved a 15 year old male with Autism, and mental retardation needing alternatives to the BTC through Metrocare because the service is no longer available due to lack of funding. The CRCG recommended summer activities through the Achievement Center of Texas and ARC of Dallas, re-enrollment in Mesquite ISD with an immediate ARD to begin school services, Medicaid waiver for Dynavox, speech therapy through Texas Health Steps, and parental support groups. The third case involved a 10 year old female whose family needs assistance with co-parenting to address increased behavior issues. The CRCG recommended in home services through Metrocare, trauma therapy with Dr. Michilani or a NorthSTAR therapist, family therapy through Dallas Children's Advocacy Center, therapeutic groups through Salesmanship or Family Place, pastoral counseling for co-parenting issues, and NAMI for parental support and education. The fourth case involved a 17 year old male with Bipolar Disorder needing community support. The CRCG recommended mentorship through Mentoring Brother to Brother or Teens Moving Forward, Credit Recovery through Mesquite ISD, Medicaid Transport for transportation, teen hotline, Camp Erin for support in grief, family support and education with NAMI, and supper activities with the Boys and Girls Club of Mesquite.

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. The Ellis County CRCG did not have any cases this month to staff. The CRCG members will continue to educate the community about CRCG in hopes of getting new referrals for staffing.

Hunt County

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 one (1) case staffed and several followed ups were reported.

The first case involved a 15 year old male student with mental health issues and behavioral issues. The grandmother and grandfather reports that the child requires ongoing supervision and care on a regular base and has been in counseling for several years since he was placed with them. The grandparents report a history of abuse. They reported that he has explosive behavioral issues and difficulties expressing self. The grandparents reports that he is currently in Meridell Treatment Center and it was recommended that they continue with the CRCG staffing to discuss Waco Center for Youth. The CRCG discussed treatment services for the family once their grandson is discharged from Meridell and agreed to write a recommendation letter if it is needed after his discharge. The family agreed to follow up with CRCG if the child continues to experience problems once he is discharged from Meridall. The CRCG will re-staff the case and provide the priority letter for Waco Center for Youth.

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. The group decided not to have the CRCG meeting during the summer months since school is out and the referrals are usually slow. The committee members decided that the group will conduct emergency staffing if any arise during the month which will require committee member's attention.

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 involved a 8 year old female with Developmental Disabilities and Autism requesting a diversion slot. The case was presented by Lake's Regional MHMR. The child's parents are supported and engaged in services however they are in need of intensive support services and coping strategies due to the child requiring 24 hour care. The CRCG agreed to write the letter of recommendation for the diversion slot.

The second case was present by Rockwall Juvenile Probation. The child is 16 years old male. Rockwall County requested a letter of recommendation from CRCG for Vernon State Hospital. The male is currently in detention for behavior and substance abuse issues. A letter of recommendation was provided to The Rockwall County Juvenile Probation Department.

The third case was present by Rockwall Juvenile Probation. The child is 15 years old male. Rockwall County requested a letter of recommendation from CRCG for Vernon State Hospital. The male was in detention for violating probation and disorderly conduct. He continued to abuse substance abuse and started using K2. The child also had serious depression and anxiety issues and had made threats of suicide in the past. A letter of recommendation was provided to The Rockwall County Juvenile Probation Department.

OTHER REFERRALS AND ADMISSIONS

North Texas State Hospital—Vernon Campus

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

Referrals from TCOOMMI

There were no TCOOMMI referrals made to NTBHA in the month of June.

SUMMARY OF COUNTY OF RESIDENCE CHANGES

June 2011 County of Residence Changes

NTBHA processed 82 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs 46
- Requests by NorthSTAR to other LMHAs 36
- Requests by LMRAs within the NorthSTAR area 1
- Two (2) denials were made by NTBHA to other LMHAs. However, NorthSTAR received no denials.
- 13 disenrollments were made as a result of TRAG discharge requests from other LMHAs.

June 2011 WebCARE Discharges

NTBHA processed 48 TRAG discharge requests

34 TRAG discharge requests were from other LMHAs:

- Austin Travis County MHMR-030 2
- Central Counties Center for MHMR Services-040 1
- The Center for Health Care Services-050 4
- The Gulf Coast Center-100 1

- Andrews Center-190 4
- MHMR of Tarrant County-200 2
- Heart of Texas Region MHMR Center-220 1
- Helen Farabee Regional MHMR Centers-230 1
- Community HealthCORE-240 2
- MHMR Authority of Harris County-280 3
- Pecan Valley MHMR Region-350 1
- Tri-County MHMR Services-380 1
- Denton County MHMR-400 9
- West Texas Centers for MHMR-450 1
- Hill Country Community MHMR Center-470 1

NTBHA processed 14 TRAG discharge requests from ValueOptions to other LMHAs.