

NTBHA Executive Director Report

August 2011

1. Budget – NorthSTAR - Status

Details of our Budget have not as yet been released, funding DSHS effort to determine Legislative intent.

2. Legislative Intent

With there being less than 30 day left before our new Budget year begins, VO has asked NTBHA to pursue a meeting with Chairman Pitts. Timing is becoming critical.

Representative Pitts is out of state, but we are working on a conference call that may take place prior to the Board meeting.

3. DSHS/NTBHA Contract

We have been provided with a newly revised contract as of July 25, 2011. This version drops our requested language regarding adequate funding, as well as the “Liquidated Damages” language we are reviewing. This has been sent out to you in electronic file. The matter of additional staffing is under separate review.

4. DSHS/VO Contract

We have submitted our last version of the VO contract, with our comments. The language is being finalized between DSHS and VO. With less than a month to go, finalizing of language becomes critical. We point out that DSHS and VO rejected our language allowing for special reports to be requested by NTBHA of VO, as well as damages if they are not produced timely. This move prevents NTBHA from obtaining prospective data on the system (i.e. Budgets spend by month) and limits to only retrospective data.

5. DSHS/NTBHA Audit

Technical questions from DSHS were sent to us. We forwarded same to our Auditor, who is working directly with DSHS to resolve these questions.

6. NTBHA- Prior years Audits

Attached is a copy of a letter sent from the DSHS audit department to our former Auditor, Salmon-Sims. There appears to be some question as to the thoroughness of their “Single Audit”. (See **Attachment #1**)

7. 911 Emergency Call Data

We attended a meeting at Green Oaks that discussed “data mining” of the 911 system to look at Behavioral Health and NorthSTAR patients being taken to area emergency rooms. This would be an extension of the “frequent flyer” analysis.

8. Dallas BHLT

The Dallas BHLT convened in July. The minutes of the meeting are attached. (See **Attachment #2**)

9. Indigent Trending

By way of general information, I have attached a Trend Report on NorthSTAR indigent. It reflects an increase from 2005, 2009 and 2010, but may suggest a leveling off in 2011 and 2012. (See **Attachment #3**)

NTBHA OMBUDSMAN/CLINICAL OPERATIONS REPORT

July 2011

July Meetings Attended:

- Board Meeting at NTBHA
- Meetings with VO CEO
- Meetings with Adapt CEO
- Meeting with GreenOaks CEO
- Dallas BHLT meeting
- 911 System meeting
- DFW Hospital Council
- Self-Directed Care
- Provider Advisory Council
- Psychiatrist Leadership and Advocacy Group
- Consumer Family Advisory Council
- Meeting with Transicare to discuss the role of SPA and how it relates to OPC's
- ValueOptions 4a & 4b teleconference meeting
- SDC Fidelity Audit Site Visit
- Dallas Behavioral Health Leadership Team Meeting
- Disaster Behavioral Health Training at NTBHA
- RDM Oversight Workgroup Meeting in Austin
- State Hospital Discharge Flow teleconference
- Dallas BHLT Crisis Sub-Committee
- Dallas BHLT IT Sub-Committee
- SPN Audit with ValueOptions
- Medicaid CHIP Regional Advisory Committee Meeting
- Hurricane Preparedness Mental Health Group
- Dallas Steering Committee Meeting
- Rockwall Behavioral Health Board Meeting
- Collin County Social Service Meeting
- Dallas BHLT ACOT, including the Adult Housing Subcommittee breakout session
- Provider Fraud and Abuse Training

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

Adapt Mobile Crisis (June):

ADAPT Community Solutions (ACS) provides 24/7 **Crisis Hotline** services to any consumers third parties in the NorthSTAR service area from its call center in Dallas.

Mobile Crisis Outreach Team (MCOT) services, also provided 24/7, is provided by staff that are deployed and dispatched from multiple locations.

There were 4,044 incoming phone calls (total of 7,149 incoming and outbound calls) in June with 427 resulting in face to face encounters. This is an increase of 196 incoming phone calls over last month and a decrease in F2F encounters by 54 over last month. Of the 427 face to face encounters, 398 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	319
	F2F	32
Dallas	total calls	2708
	F2F	289
Ellis	total calls	191
	F2F	30
Hunt	total calls	168
	F2F	31
Kaufman	total calls	110
	F2F	22
Navarro	total calls	69
	F2F	15
Rockwall	total calls	47
	F2F	8
Law	total calls	80
Enforcem	F2F	14
Out of	total calls	24
State	F2F	0
OTHER	total calls	408
	F2F	0

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

The Self-Directed Care program is continuing to hold at 82 participants. At this point, there are several of these participants that have participated in SDC for over two years.

We had two SDC participants complete the Peer Specialist training in Austin during July. That will bring our number up to three participants that have completed this training in addition to one staff member as well.

One important event that took place during July was our fourth Fidelity Assessment by the University of Illinois at Chicago and representatives from the Texas Department of State Health Services. This assessment is to make sure the program is following the research model for SDC. A considerable amount of effort by the staff went into preparing for this assessment. I am very proud of our staff as their hard work paid off. We scored as having good fidelity and only two points away from exemplary fidelity, which the University and DSHS both expressed great pride that the program has achieved such high fidelity marks.

Several of our staff attended a seminar on suicide prevention during July. Those that attended were **Tommy Wornick, Dong Tran, and Anna Markowitz**. The SDC staff peer specialist, **Anna Salazar**, attended a NAMI training this month in Ft Worth. The name of the training was the Peer to Peer Mentoring training. There are several training events coming up in August that some of the staff will attend.

One of our participants and one of our staff members spoke at the July North Texas Behavioral Health Authority board meeting. They both spoke about their own recovery from mental illness. Both stories are an inspiration for the recovery movement. Our participant that spoke just received her Certificate in Chemical Dependency Counseling from Eastfield College.

There was no SDC Participant Learning Community meeting during the month of July. We cancelled the meeting so that the staff could focus on the Fidelity Assessment. However, we are looking forward to our meeting in August. Some of our members will share with other members their artistic creations that they have created to help them in their recovery process. As usual, a certified fitness trainer will start the meeting off by inspiring all of us to keep our bodies in shape. These monthly meetings are very popular with the participants.

We are all very excited over the progress of the SDC program. Due to now having participants in the program for over two years, we are now witnessing real recovery in many of the participants. There seems to be a sense of heightened motivation with many to try and recover and become active in the community. There are several stories about SDC participants posted on the SDC website, www.texasdc.org.

We are excited about our numbers and what they tell us about recovery. Below are our latest status calculations:

Employed – 28%

Living Independently – 75.6%

Taking Classes – 24.4%

Hospitalized – 2.4%

Incarcerated – 4.9%

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.

UPDATE – The first draft of the flow chart has been created with final comments still being made. A follow-up call between NTBHA, VO, DSHS and TSH will be forthcoming to finalize the discharge flow chart to ensure all parties are operating under the same policies and procedures.

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, CD Services, MH Services, Adult MH Inpatient, C&A MH Inpatient, Rural Providers, Culturally Diversified Provider, Transportation, and SPA services.

The group came up with the following recommendations moving forward as a direction for Crisis Services within NorthSTAR

It was determined the following alternatives should be explored and vetted for wider community input as well as a formulating a proposal to update the existing Crisis Redesign plan outlining how crisis dollars are to be spent in NorthSTAR.

- Look at alternatives to 23/hr observation. Something in between 23/hr observation and after-hours services or SPN services. It was suggested Homeward Bound Crisis Residential may be able to fit this gap or something similar.
- WRAP services – re-establish SPN WRAP services, which would allow case managers to connect with consumers while in higher levels of care and assist with transition and engagement back into community services.
- Accessibility to Medication – it was suggested that upon discharge from higher levels of care, instead of providing a script to the discharged consumer who very likely will not fill that prescription or make it to their aftercare appointment, Transicare or SPN Providers (through WRAP services) could pick the consumer up upon discharge and immediately fill the prescription as well as scheduling the aftercare appt and following up to ensure the aftercare appointment is kept.

Medicaid Chip Advisory Committee Meeting:

Data: The Medicaid CHIP Regional Advisory Committee meeting was held at Center for Community Cooperation on July 19.

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 Legislature appropriated HHSC \$33.9 billion all funds. This is a 17% decrease from the current biennium. Highlights noted include cost containment items (SB7 and Rider 61), Women's Health Program (HHSC Rider 62), provider integrity provisions (HB 1720), telemedicine (SB 293), Medicaid CHIP program and eligibility policy related items (HHSC Riders 68, 71, 72, and 79 as well as HBs 710 and 2610), and sunset review (SB 652.)
- Current initiatives for expanding Medicaid managed care include:
 - Expanding Medicaid managed care to counties contiguous to existing service areas. The expansion would be implemented through a contract amendment to the existing Medicaid and CHIP managed care contracts. The program start date is September 1, 2011.
 - Expand STAR+PLUS to El Paso and Lubbock. Proposed state date is March 1, 2012.
 - Expand Medicaid managed care to South Texas (Hidalgo Service Area includes 10 counties.) Proposed start date is March 1, 2012.
 - Replace Primary Care Case Management (PCCM) with a capitated managed care program. Proposed start date is March 1, 2012.
 - Carve the pharmacy benefit into the services delivered by the Medicaid and CHIP managed care plans.
 - Develop a statewide Medicaid dental managed care. Proposed start date is March 1, 2012.
- The Medicaid Women's Health Program (WHP) provides low-income women with family planning exams, related health screenings and contraception through Texas Medicaid. WHP is for women who meet the following qualifications:
 - Ages 18 to 44. Women can apply the month of their 18th birthday through the month of their 45th birthday.
 - U.S. citizens and qualified immigrants.
 - Reside in Texas.
 - Do not currently receive full Medicaid benefits, CHIP, or Medicare Part A or B.
 - Are not pregnant.
 - Has not been sterilized, is infertile, or is unable to get pregnant due to medical reasons.
 - Do not have private health insurance that covers family planning services, unless filing a claim on the health insurance would cause physical, emotional harm from a spouse, parent, or other person.
 - Have a countable household income at or below 185 percent of the federal poverty level.
- HHSC will begin issuing a new Medicaid ID card to Texas Medicaid clients at the end of summer 2011. The new ID "Your Texas Benefits Medicaid Card" is a plastic, magnetic-stripped card that will replace the current paper Medicaid ID. A provider line and a client line have been set up and are operational. The client line will replace the numbers currently listed on the back of the paper Medicaid card.
- In June 2011, Texas had a total of 3,306,776 individuals enrolled in Medicaid, compared to 3,062, 838 in June 2010. This is a one year increase of 8 percent.
- Under a waiver agreement with the Food and Nutrition Service (FNS), HHCS and the Texas Food Bank Network are piloting expanded eligibility assistance with local food banks. The waiver allows the food banks to assist with interviewing, which will help reduce workload for eligibility offices. The pilot began in March 2010 with food banks in Dallas, Fort Worth, Houston, and San Antonio. On March 28, 2011 FNS approved expansion to six additional rural counties in the Lubbock area.

- The region by region rollout of TIERS eligibility system reached a major milestone in June 2011 with the conversion of caseloads in HHSC’s Houston region.
- With the Houston now converted, attention now shifts to the final HHSC region in the rollout schedule, Dallas-Fort Worth. Cases are to be converted to TIERS in the middle of September. Regional rollouts of MEPD cases are also occurring and are expected to be wrapped up before the end of December.
- Texas received a \$6.2 million federal bonus for achieving one of the highest payment accuracy rates in the nation in the SNAP food benefits program. Texas has a payment error rate of 2.13 percent for fiscal year 2010, compared to a national average of 3.81 percent. The payment error rate measures how well a state does at correctly calculating how much in SNAP food benefits a family should receive. The state was also honored for having the most improved program in the nation. Texas distributes more than \$400 million in SNAP food benefits each month to 3.6 million Texas. Most of the program’s clients are children or adults 60 and older.

RDM Oversight Workgroup Meeting:

Data: The RDM Oversight Workgroup Meeting was held at Austin State Hospital on July 26.

Issues and Concerns:

- Discussed Systems of Care approach. Core values of the Systems of Care approach reviewed included being child-centered and family-focused, offering community-based services in the least restrictive environment possible, and maintaining cultural competence. Principles of the Systems of Care approach reviewed included providing a comprehensive array of evidence based services and supports, ensuring coordination among systems, and increasing involvement of youth and families engaged in services.
- Discussed Service Intensity Model for Children’s Community Mental Health. Complexities of serving children and adolescents include diagnostic issues, environmental factors, and engagement. The recommendation of National Guideline Clearinghouse (U.S. Department of Health and Human Services) is to assign the level of service intensity using an assessment method. The American Academy of Child and Adolescent Psychiatry recommends a service intensity model utilizing a child and adolescent service intensity instrument such as the CASII. The CANS measures similar domains.
- CMH DSHS Team presented CMH service package recommendations.
 - SP 0 – Crisis Services
 - SP 1 – Medication Management
 - SP 2 – Targeted Services
 - SP 3– Complex Services
 - SP 4 – Intensive Family Services
 - SP YC – Young Child

In this model, it will not be possible to deviate from recommended package due to client's choice. A client will be permitted to refuse a specific service, but not an entire package. The team is still looking for evidence based skills training and parent training models and will report on their findings in the August meeting. They are also continuing to work on UM Guidelines to establish goals and outcomes for service packages and this will be a focus of future meetings. There was a recommendation by the workgroup for the CMH DSHS Team to continue to move forward with next steps of service package development.

- Nine centers participated in the early adopters phase of CANS implementation. There were a total of 1,267 assessments collected. Clinician feedback indicated that the assessment is very comprehensive. It works well with wraparound treatment planning. Families have responded positively to the assessment. Length of time reported to complete the assessment is approximately 20 minutes.
- Logic for Service Package placement (based on CANS score thresholds) was discussed. There will be a roll out to 9 adoptees to test logic.
- There was a recommendation to move forward with implementation of ANSA. Additional information will be gathered, work will be done to figure out what rollout will look like, and concrete steps will be developed to be reviewed and discussed at next meeting.
- Fidelity was discussed. There is movement towards national evidence based fidelity tools and away from homegrown tools.

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 focuses efforts on identifying and monitoring individuals within the jail population that needs hospitalization or those who are appropriate for a jail diversion program. Jail State Hospital assist and coordinate continuity of care for patients that are discharging from the State Hospital and are needing referrals and aftercare coordination in the community. NTBHA Liaison 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.

Collin County Activity

NTBHA visited Collin County Jail this month. NTBHA met with Belinda Williamson 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. Collin County reported a steady flow of mental health

inmates in jail. This month there has been an increase of those waiting for hospitalization. Collin County reported that once inmates are identified with a mental illness they are immediately referred to the appropriate medical staff and treatment is administered. 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 Liaison staffed cases with the Collin County Jail Case Coordinator and recommended referrals for target case management. In July Target Case management had twenty-two (22) active consumers and four (4) in engagement from Collin County. 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 competency 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 have been a total of ten (10) inmates that has returned back from Montgomery County with all but one (1) being competent to proceed with trial. Dallas County has sent more inmates to the Montgomery County Facility however; Montgomery County would prefer not to receive those that have felony charges pending.

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 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 an 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. NTBHA discussed individuals on the clearinghouse list waiting for transfer to the State Hospital. This monthly there is currently one (1) 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 (2) 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 administered 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, Adapt of Texas, Rockwall Police Department, Dallas Mental Health America and NTBHA Board Member Andy Dillard. The meetings are twice a month.

Meeting summary

1. Discussed outcome of County Commissioners Court meeting on July 12.
Lt. Calkins and Ms. Barnes summarized the outcome of the Commissioners Court meeting on 7/12/2011. Topic and agenda of the Rockwall County Behavioral Health Planning Board (Board) was introduced and placed on the Commissioner's agenda. Commissioners were receptive and interested.
 - a. Questions raised at the meeting include:
 - i. Will Commissioners appoint members to the Board?
 - ii. Can we operationalize and specify the purpose of the Board at the workshop?
 - iii. What activities/projects will the Board oversee?
 - b. Next steps:
 - i. Schedule a County Commissioner's workshop to discuss details of our proposal. Lt. Calkins will schedule.
 - ii. Review Charter and make any modifications to refine vision, goals and objectives. To operationalize purpose of the Board in preparation for the workshop. Dr. Ramos will review charter and get feedback.
2. Discussed Board activities to date:

- a. Established ad-hoc MH committee
 - b. MH services brought to the jail
 - c. Updated MH resource list for Police to share with citizens in response to MH calls. Draft developed and given to NAMI. They have a joint project with United Way to develop a MH kit with MH service provider information and steps describing what to do in a crisis.
 - d. Refined the following processes:
 - i. PROCEDURE FOR IDENTIFICATION AND TREATMENT OF INMATES WITH MENTAL HEALTH NEEDS
 - ii. STEPS TO OBTAIN ORDER OF PROTECTIVE CUSTODY (OPC)
 - iii. REFERRAL TO VERNON FOLLOWING COMPETENCY HEARING
 - iv. Risk Assessment Protocol- Transicare Response
 - e. CIT training scheduled for August 22, 2011
 - f. Started planning process and steps to establish a Rockwall County MH Court.
 - i. Visited Kaufman County MH/Drug court
 - ii. Judge Williams has expressed an interest and willingness to be the presiding judge.
 - iii. Angie Scalf has agreed to identify and write funding proposals with contribution from Dr. Ramos.
3. Discussed the Board's role in providing information for County citizens seeking MH resources.
- a. Lt. Calkins will contact County web technician to determine how to post a Rockwall website with MH resources information listed.
 - b. Dr. Ramos will contact NAMI to get an update on the MH kit.

Outpatient Competency Restoration and Jail Diversion: Dallas County Outpatient Competency Restoration currently has fifty (50) participants. 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.

Clearinghouse List-TSH as of July 11th

- Dallas County has fifteen (15) inmates awaiting a bed at TSH, with the longest one waiting since May 20, 2011.

- Kaufman County had one (1) inmate awaiting a bed at TSH and was placed on the list on July 11, 2011.
- Collin County has two (2) inmates awaiting a bed at TSH and was placed on the list on June 3, 2011.
- Hunt County has one (1) inmate awaiting a bed at TSH and was placed on the list on May 5, 2011.
- Ellis County has two (2) inmates awaiting a bed at TSH and was placed on the list on June 30, 2011.
- Navarro County has one (1) inmate awaiting a bed at TSH and was placed on the list on July 5, 2011.

Clearinghouse List-Vernon as of July 11th

- Dallas County has thirty seven (37) inmates awaiting a bed at Vernon State Hospital
- Navarro 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
- Hunt 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.

Issues and Concerns:

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

- Ron provided an update to the committee indicating that the grant preparation was completed and the application was successfully submitted on June 6, 2011. Ron reported that he has received a confirmation letter from SAMHSA, and he thanked the committee members who were instrumental during the process.
- The last Outpatient Competency Restoration (OCR) numbers indicated on the report were from April at 52 clients in treatment. The current months count was not reported. Patti indicated that the current number receiving OCR is about 42 or 45 at this time. Ron asked if there was a target

number, Felicia Spaulding (Value Options) indicated that there was not a target, but DSHS does have a budget.

- Felicia stated that the concern is more on the outcome measures. Those that are restored or dismissed are deemed as being a positive outcome. Patti stated that the courts are not being informed as to whether clients are likely to be restored to competency or not. Judge Skemp also expressed the same concern and wanted some feedback as to if a client is able to be restored or not.
- Dr. Hunter stated that she would follow-up to ensure the courts receive a written update from a clinician in regard to the status of the OCR client's progress.
- Ron reported from the handout provided that the waiting list has gone up to 74 from 54 in May. He stated that it may be primarily due to the group of individuals transferred to Montgomery County, and that their return has been slow.
- Helen White (Value Options) and Peggy Alexandre (NTBHA) stated that at the beginning they were not being notified when Montgomery County had clients ready for return, but has since established a line of communication that is getting better.
- Patti stated the facility may need to be educated on how to communicate with the courts on procedures like requesting extensions, and the whole process. Patti suggested that there may need to be an open dialog meeting with individuals from the State Mental Health facilities to share information on processes.

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

QM Initiatives:

- NTBHA attended the July BHLT ACOT as well as the breakout session for Adult Housing.
- A NTBHA staff member 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 data were entered and aggregated by NTBHA. Reports were provided to VO and DSHS for review.
- NTBHA is monitoring several aspects of the NorthSTAR service delivery
 - Treatment access issues under the case rate model
 - Proposed outpatient redesign under the new budget.
 - 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 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

*June	Number of Complaint Calls Processed
Accessibility/Availability	3
Quality of Care or Service	1
Provider Contract	1
Miscellaneous	1
TOTAL	6

SPN Audits with ValueOptions

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

(1) NorthSTAR Treatment Record Review

Number of Unduplicated Charts Reviewed = 24
 Number of Elements Reviewed Per Chart = 19
 Target Overall Chart Score = 80%
 Number of Charts Meeting or Exceeding Target = 19
 Number of Charts Below Target = 6
Total Overall Score = 89%

(2) Hospital Discharges

Number of Unduplicated Charts Reviewed = 6
 Number of Elements Reviewed Per Chart = 12

Target Overall Chart Score = 80%
Number of Charts Meeting or Exceeding Target = 2
Number of Charts Below Target = 4
Total Overall Score = 57%

(3) NorthSTAR Staff Qualifications and Credentials Review

Number of Unduplicated Staff Files Reviewed = 13
Number of Staff Files with All Requirements Met = 0
Number of Staff Files Missing Some Requirements = 13

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:

- Medication allergies and adverse reactions prominently noted
- Informed consent for medications

(2) Hospital Discharges

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

- Evidence of coordination between agency staff and hospital staff. As a reminder, ValueOptions provides admission reports for your members.
- Hospital discharge forms present in chart with diagnosis, medication and recommendations.
- If member is not seen within 7 days of discharge, attempted contact is documented.
- Treatment Plans are reviewed and/or revised with hospital recommendations addressed.
- COPSD services and supports are coordinated.

(3) NorthSTAR Staff Roster and Credentials Review

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

- Credentials for QMHP
- TAC Required Training
- Demonstrate individual clinical supervision at least monthly

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 July 22, 2011

- **Nominations of Officers** – Continue to send your nominations into Brandy at NTBHA. Elections will take place at the August meeting.
 - It was decided that by August 15th Brandy at NTBHA will email all the nominations to the Executive Directors to vote on.
 - It was suggested the nominees are contacted beforehand to ensure they are willing to act as a PAC officer.
 - It was also decided that the number of votes each nominee get will determine who becomes the next chair and vice-chair.
- **CMBHS** – A question was raised about whether SPN's are participating in UAT or plan on doing so?
 - VO reported that the deadline has passed to sign up for UAT and at this time five (5) SPN's have signed MOU's to participate.
 - SPN stated there seems to be a controversy on whether NorthSTAR Providers should sign the MOU's that seem more designed for MHMR's although it does seem inevitable CMBHS is coming – with many qualms.
 - SPN stated that collectively do we (the PAC) have the will to facilitate a discussion regarding the role of the MCO and Providers? Systematically, it is a waste of resources for Providers to be engaged in redundancy. PAC should say it is not acceptable - collectively say we (Providers) will not sign contracts with CMBHS requirements. This means it would also have to be pulled back from the CD Providers as well. With five SPN's already signed up for UAT there doesn't seem to be the will?
 - SPN Question – how is CMBHS different from WebCARE? VO is the keeper of WebCARE so why not CMBHS?
 - VO reported that they do manually enter data into WebCARE except for 2 SPN's that input directly into the system themselves.
 - SPN Question – Will we have to send in individually or can we batch?
 - Yes, there is a batch process, but the interface could be expensive.
 - CD Provider reported that emergency level of care and enrollments have had many hiccups and CMBHS does not work.
 - For example – on Saturday VO stopped receiving enrollment requests until late Monday or early Tuesday morning. This has happened on several occasions making the enrollment process a nightmare.
 - VO reported that CMBHS is supposed to update every 2 hours, but it seems to be happening about every 4 hours.
 - CD Provider reported that previously (before CMBHS) they would fax a request for detox over to VO and would receive the authorization immediately due to the emergency of the situation, but now VO has to wait for CMBHS to update to receive the request to authorize.
 - Had 15 new non-members referred to detox, but couldn't accommodate due to the wait going through CMBHS. Faxing to VO was much quicker.
 - CD Provider reported the enrollment issue is the single largest issue with CMBHS over authorization issues.
 - CD Provider reported that CMBHS has slowed intakes down from 45 minutes to 1.5 hours. It is a cumbersome process that has forced workers to lose sight of what they are really supposed to be doing. The worker is now more like a stenographer – no eye contact and no engagement because you are glued to the computer screen making sure everything is entered just so. It is killing providers.

- CD Provider reported they are having huge write-offs and accounting is going nuts due to CMBHS. It is terrifying to think about the MH roll-out.
- CD Provider – we have had to hire someone whose sole purpose is to chase down enrollment issues with CMBHS.
- SPN reported that although they have signed their MOU they still haven't seen any materials at all. What can be done? Not sign MOU's? It seems the CD side needs to be fixed before the roll-out to MH.
- CD Provider reported increasing calls to the helpdesk, but that is also quite cumbersome.
- SPN Question – Are MHMR's experiencing the same concerns/issues?
 - YES! The focus, however, seemed to abruptly change from the MHMR's to NorthSTAR and getting NorthSTAR on line with CMBHS.
- SPN Question – Does VO have a position?
 - VO reported there is a meeting next week to go over concerns. This will be a costly change for VO as well, but it will be in VO's contract for this coming September.
- SPN stated that WebCARE is outdated, but there are alternatives to the data issue other than CMBHS. NorthSTAR could collectively force the State to take a step back and look at whether this (CMBHS) is the best solution. Collectively, if a new contract comes to Providers with a web based system or even a batch process Providers should refuse to sign it.
- VO pointed out that WebCARE is set up by Comp085, which means only VO can have access but CMBHS is set up by Provider giving Providers direct access.
- SPN Question – Why can't VO continue to enter data into CMBHS like they do into WebCARE?
 - VO wondered if the same issues Providers have currently with VO's data entry "mistakes" into WebCARE remain if they were also data entering into CMBHS? Wouldn't direct access into CMBHS by Provider provide assurances the information is correct?
- SPN stated that collectively Providers should create the crisis and force the State's hand. CMBHS is archaic going into healthcare reform and makes no sense. CMBHS is incapable of doing what 2014 will require.
- SPN Question – Can the five SPN's rescind their MOU's? The consensus seemed to be yes.
- SPN's reported the webinar done yesterday to be of no help and was very frustrating to sit through.
- A discussion was had at this point to determine what the PAC motion should state and whether the message should be delivered by PAC with NTBHA endorsement or be delivered by NTBHA?
 - **MOTION** – Providers are not willing to enter into a contract that requires web based or batch data reporting. This is a MCO function under NorthSTAR. We request the NTBHA board of directors to carry this message to the State.
 - This motion was passed unanimously.
 - **MOTION** – All five (5) SPN's who have signed their MOU's for UAT will rescind their MOU's.
 - This motion was passed unanimously.

- **System Redesign** – There seems to be movement towards risk share arrangements , which one Provider stated gives them pause. This discussion led quickly into a discussion about BHLT and Dr. Margie Balfour who holds a lot of data at this point.
 - Provider – We are completely dependent on Margie and the data she holds and analyzing and she is paid by no-one. Is their oversight of Margie’s data collection?
 - BHLT – why the request for 5 performance measures when we already have 12 from the Tri-West report?
 - The request was for 5 outcomes we would like to see in NorthSTAR
 - This should go to the NTBHA group looking at crisis expenditures and services to come up with the 5 performance measures/outcomes.
 - Crisis Redesign –
 - SPN wondered if we should blow it up and start from scratch or revamp what we already have.
 - SPN incentives need to align with keeping consumers out of higher levels of care.

- **Service Dollar Expenditures** – NTBHA requested the financial information the PAC desired – showing month by month data – actual versus budgeted for each line item as well as compared to previous periods, but VO said no and DSHS backed them up stating it was not in our purview.
 - This will be brought up at the next NTBHA BOD meeting.
- **Jail Diversion/TCOOMMI** – What is the plan?
 - TCOOMMI is moving towards a staff funded model as they do in the rest of the State. The funded liaison position would handle the court piece, but RDM services can still be provided at any Provider is the understanding at this time.
 - One concern shared is that the Judge may prefer the one stop shop and require folks to go through Metrocare only.
 - Coordination will have to occur between the SPN’s and the liaisons.
- **Other Discussions** –
 - SPN ED Meeting – Do they still exist? No-one seems to know if and when they will reconvene.

Psychiatrists Leadership and Advocacy Group:

Data: The PLAG Meeting hosted by Metrocare met on August 3, 2011

OLD BUSINESS:

- **Physician’s Prescribing Report :**
 - The consensus of the group was that the reports provided were difficult to interpret. Providers stated that a legend or detailed description of what data sets actually represent would be helpful.

- There was also concern that the reports may generate misleading results. It was noted that data included in the report does not take into account factors such as rationale and severity.
- It was suggested that being provided quarterly averages may be helpful.
- It was suggested that it would be helpful to have VO at the table to help iron out these details.
- PLAG recommends that this issue now be handled through VO P&T Committee
- **Pharmacy Manual:**
 - No update was given at this time.
- **Labs:**
 - Leslie Cooke attended in order to discuss issues providers have been experiencing. Access Labs QM was unable to attend and did not participate in discussion as the meeting room was not adequately equipped for teleconferencing.
 - It was established that Leslie is an employee of UTMB. Providers asked who to contact with issues regarding labs, lab technician performance, etc. and were informed by Leslie that he is the contact person for any problems with the program. Some concern was expressed that speaking with Leslie directly has not been fruitful. Providers expressed a desire for a higher level of accountability. Efforts were made during the meeting to identify a contact person with a higher level of authority to consult if Leslie is unable to provide satisfactory solutions to lab issues. Leslie stated that there is a Regional position directly above him, but the person who currently holds that position is leaving. He said that Legal would be the other position above him. Leslie did offer that after the Regional position is filled the new person will visit each site two times a year. Leslie reiterated multiple times throughout the discussion that he is the person to go to with lab issues.
 - Some providers noted ongoing issues related to data entry (wrong clinic codes entered, incorrect doctors' names submitted) and other errors by lab techs. When asked about the process for reprimanding or dismissing lab techs, Leslie stated that he is required to follow protocol through a series of stages including implementing a corrective action plan to address the issue.
 - It was also relayed to Leslie that when a tech does not show up clinics do not know until the last minute. Leslie stated that over the last five years there have only been five days of no coverage and that these were mainly due to illness, family emergencies, etc.

- It was noted that there has been a higher rate of issues experienced by providers with labs coming out of the Altshuler Clinic. There was discussion about the lab tech currently stationed at the clinic. Leslie stated that she has been at the clinic for five years and spoke positively about her abilities. He suggested that the higher volume at the clinic is a major factor. Providers suggested that more techs be added to more effectively manage the volume. Leslie stated that in the past there have been two lab techs at the clinic intermittently and that for the past 2-3 weeks there have been 2 full-time techs at the clinic. He hopes that this will help alleviate lab issues.
- Dr. Grable and Dr. Trulson will meet with Leslie to more thoroughly address issues frequently coming up with labs out of the Altshuler Clinic and develop a plan of action.

NEW BUSINESS

- **Meeting Updates:**

- Adult Clinical Ops:
 - The ACOT adult subgroup seems to be struggling. One co-chair hasn't attended in months and the other was thirty minutes late to last meeting. The crisis meeting seems to be the only one really working.
- C & A Clinical Ops:
 - Dr. Webster has been elected co-chair.
- Other Issues:
 - Conflict of interest within the subgroups was discussed. It has been decided that each group decides who will chair and is responsible for assessing conflict of interest. It seems like people are thinking more about this issue. If someone is up for chair, the expectation is for him/her to acknowledge possible conflicts in order to ensure transparency. Review of chairs and co-chairs will also occur every few months.

Consumer and Family Advisory Council Meeting:

Data: The CFAC meeting was hosted by NTBHA and met on August 2, 2011.

Issues and Concerns:

Future Direction of CFAC

- Continued need exists to expand participation and increase the involvement of consumers and their family members.
- Mike Katz discussed past recommendations from Mike Fianza such as creating a survey for use at the Bridge and other providers in order to assess what consumers need, want, are getting, are lacking, etc. Mike Katz created a survey and interviewed 39 people at The Bridge as a personal project with the goal of using the information gathered to report to the NTBHA BOD. He reported findings to the BOD during public commentary, but due to a lack of follow-up, he subsequently shelved the surveys.
- The value of increased outreach with NAMI Dallas was discussed. Ideas for this included embedding CFAC into a NAMI Dallas meeting.
- Barriers to increasing CFAC participation were discussed including, lack of funding or budget from NTBHA, time/location of meetings, a perceived lack of interest by NTBHA and the NTBHA BOD, low participation/interest outside of Dallas County (telecommunication methods have been utilized in the past but fizzled).
- Mike Katz reported that turnout for other organizations such as NAMI and COMI meetings seem to have declined over the past several years.

Purpose and Goals of CFAC

- The group discussed and reviewed the purpose and goals of CFAC.
- The group explored ways to focus more on specific goals, targets, and measurable outcomes. The consensus was that this would help energize the group, gain momentum in increasing consumer and family participation, and shape the direction of the group moving forward.
- The group discussed looking at the current system to assess what is working and what is not in order to make recommendations for improving the system and increasing the quality of care to consumers as a potential mission.
 - Begin looking at the criteria VO is expected to follow in order to meet standards for providing client centered, recovery focused services.
 - Research and review national best practices for treatment and recovery.
 - Collect feedback from consumers and their families to generate ideas and comments that can inform improvement.
 - Identify a contact person at VO who can provide CFAC with pertinent information and education as needed.
 - Create committees within CFAC to complete assigned tasks between meetings.

Action Items

- Ashley Zugelter and Janie Metzinger will research national best practices for treatment and recovery. They agreed to email out resources, articles, etc. to the group so that we can begin reviewing for next meeting.
- Ashley Zugelter and Janie Metzinger will also begin fleshing out details of VO contract and relay information to the group.
- Chris Moore and Jim Wintle will work together to come up with ideas for generating increased participation by consumers and family members as well as ideas for enlisting groups and individual to do some outreach such as conducting surveys.
- Several other CFAC members expressed an interest in getting more involved by joining committees as the goals of the group become more solid.

SUMMARY OF CRCG ACTIVITY, BY COUNTY

July

***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, Life Path Systems, DSHS, Juvenile Probation, CPS, Medicaid Case Management, North Fork Education Center, Glen Oaks, Methodist Children's Home, and North Texas Youth Connection. Three cases were staffed. The first case involved a 16 year old female needing a priority letter for NTSH-Vernon. The letter was provided. The second case involved a 17 year old male needing a priority letter for NTSH-Vernon. The letter was not provided and no other recommendations were given due to a lack of information on the client. The CRCG requested that the application for CRCG be fully completed and re-staffed next month. The third case involved a 15 year old male needing a priority letter for Waco Venter 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, ValueOptions, Kids Care Therapy, Timberlawn, Cedar Hill Police Department, Dallas ISD, Cal Farley's, Letot, and CPS. Two cases were staffed for follow up. The first case involved a 13 year old male who was initially staffed in May 2011. At that time his diagnosis was unclear and additional evaluation was needed. Prior to this CRCG the youth was diagnosed with Asperger's Disorder and began services with Metrocare. The

CRCG recommended that the family continue to work with Metrocare for Behavioral Psych Services and service coordination for respite as well as staying on the wait lists for parent training and mentorship. The second case involved a 14 year old female who was staffed in July 2010. At that time Waco Center for Youth was recommended and this CRCG was for discharged planning from WCY. The biggest concern in this case is that the LAR is living in her car. The CRCG and WCY recommend placement at a basic care facility such as Methodist or Presbyterian Children's Home. If placement is not available the CRCG recommended that the youth stay at a youth shelter and register for school as a temporary resident to receive homeless services through the school.

Ellis County

Ellis County 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 Christi Weaver (REACH), Peggy Alexander (NTBHA), Esda Beverly (PCHAS/MCH), Nisa Hurd (REACH), Amy Pool (Region 10 ESC), Margie Moulton (DSHS), Elizabeth Burgos (Network STARS), Jackie Roach (Network STARS), Crystal Richardson (Lakes Reg. MHMR), Dr. Bob Radosta (Private practice), Margie Foster (ADAPT), Alisha Schroeder (REACH), Cassandra Street (REACH), Ashley Wiederkehr (REACH), Robin Green (REACH), Arlette Werthmann (HOPE), Jennifer Ramirez (HOPE).

The first case was presented by Teresa (CRCG Coord) for the counselor who was unable to attend. The mother was present to give background/social history information. The child has long history of mental health issues. He has previous diagnoses of bipolar, borderline personality disorder, anxiety disorder and ADHD. He has several prior psychiatric hospitalizations and a one year residential placement at the Methodist Children's Home in Waxahachie. He has seen Dr. Ramos since he was 4 1/2 and is on several medications. He is a Special Ed student in Ferris ISD and spent most of last year in the Behavior Intervention Class. Father has family history of mental illness. There is substance abuse on the mom's side of the family. Mom expressed frustration in dealing with Matthew especially in the past year. She has seen his behavior get worse despite psychiatric care and special ed. Services. Motion to write a letter of recommendation for placement at Waco Center for Youth was approved. Mom already has the intake paperwork. Matthew has had a recent psychological at school. The mother was given contact information for NAMI to get information about parent support groups. Since the family has private insurance, the group recommended the mother contact Merridell RTC in Austin.

The second case was presented by mother, Dr. Radosta and ECJS. The child is currently pending a misdemeanor charge but has a long history of mental health issues. He has been seeing Dr. Radosta in counseling for several months and been hospitalized recently for suicide ideation. He has been diagnosed with bipolar disorder and recently started taking Depakote. He sees Dr. Schack in Waxahachie. Mom reports that he has been expelled from Waxahachie ISD for various incidents for the past three years. He was most recently at the Global High. He gives mixed messages about school. Dr. Radosta expressed concern that he is very bright and manipulative and doesn't always give truthful information. Mom stated that although he has had several weeks of stability since a med change, he had

an incident over the holiday weekend where he was very agitated. Mom requested help in finding residential treatment. He is covered with CIGNA insurance but it does not cover any residential care. Motion to write a letter of recommendation for placement at Waco Center for Youth was approved. He has had a recent psychological at school. The mother was given contact information for NAMI to get information about parent support groups. Dr. Radosta will continue to meet with family weekly. The child's misdemeanor case will be deferred so he can qualify for treatment at Waco Center for Youth.

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 ups were reported.

The first case involved a 12 year old male student with Intellectual Developmental Disabilities. The mother reports that the child requires ongoing supervision and care on a regular base. The mother reports that the child had several issues in school due to him having sensory issues. She reported that he is aggressive and have difficulties expressing self. The CRCG group recommended calling ARC who has group meetings once a month with kids who are disable. Region 10 coordinator was present and she recommended that the school inquire about non-education funds for the upcoming school year since the funds have been exhausted for 2010 – 2011 school year.

The second case was present by Hunt County Juvenile Probation. The child is a 17 years old male. Hunt County requested a letter of recommendation from CRCG for Vernon State Hospital. The male is currently in detention for behavior and substance abuse issues. He is also affiliated with a gang and has made it clear that he does not wish to seek much treatment. Probation stated that because he is 17 years old this may be his last opportunity to take advantage of getting help before turning 18 years old. A letter of recommendation was provided to The Hunt County Juvenile Probation Department.

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

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 in June and July 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. The Navarro County CRCG will meet the first Thursday in August.

Rockwall/ Kaufman County

The Rockwall/Kaufman County CRCG meets the 2nd Monday of each month. The Chair is Amy Poole and NTBHA representative, Peggy Alexandre, is the Coordinator. The Rockwall/ Kaufman County CRCG did not have any cases this month to staff.

OTHER REFERRALS AND ADMISSIONS

North Texas State Hospital—Vernon Campus

There were two (2) 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 was one (1) TCOOMMI referral made to NTBHA in the month of July for Navarro County. The Provider was notified and the appropriate aftercare appointment was scheduled.

SUMMARY OF COUNTY OF RESIDENCE CHANGES

July 2011 County of Residence Changes

NTBHA processed 77 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs 33
- Requests by NorthSTAR to other LMHAs 43
- Requests by LMRAs within the NorthSTAR area 1
- Two (2) denials were made by NTBHA to other LMHAs. However, NorthSTAR received no denials.
- 16 disenrollments were made as a result of TRAG discharge requests from other LMHAs.

July 2011 WebCARE Discharges

NTBHA processed 24 TRAG discharge requests

20 TRAG discharge requests were from other LMHAs:

- Betty Hardwick Center-010 1
- Austin Travis County MHMR-030 4
- Central Plains Center-070 1
- Tropical Texas Behavioral Health-130 1
- Spindletop MHMR Services-140 1
- Andrews Center-190 5

- MHMR of Tarrant County-200 3
- MHMR Services of Texoma-290 1
- Pecan Valley MHMR Region-350 1
- Denton County MHMR-400 1
- Border Region MHMR-485 1

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