

NTBHA Executive Director Report

September 2011

1. Budget – NorthSTAR

As you recall there has been some confusion regarding just exactly what is the amount of the NorthSTAR Budget. The figures differed from the Legislative budget report to that provided by DSHS. VO has yet an additional view of what it really looks like. I have attached a table that represents VO's analysis. **(See Attachment #1.)**

2. Legislative Intent

To date, there has been no further clarification as to what the Legislative intent is for NorthSTAR.

3. DSHS/NTBHA Contract

Our contract for the next two years has been executed. The NTBHA office Budget was moved back to the \$752,000 per year amount as it was in 2010. We will begin the close out of 2011, which will see a significant amount of unspent funds returned to DSHS.

4. DSHS/VO Contract

VO has now executed their contract and DSHS has returned a signed copy to them.

5. Dallas BHLT

The BHLT held its August meeting. Attached are the minutes from said meeting. **(See Attachment #2.)**

6. IRA

Subsequent to Board approval at our last meeting, we have set up a Simple IRA account for NTBHA staff. The employees were appreciative of this benefit.

7. System Benefit Redesign Effort

A “Think Tank” effort has been in process for many weeks. Consensus has not been reached and will continue to stress the system. VO may at this point, take into consideration the points raised by providers in the “Think Tank” and formulate its own recommendations to the NTBHA Board. If benefits are not changed, VO will have two options; 1) Across the board rate cuts or; 2) Termination of the contract and begin a phase out. I have attached information which represents the work effort of the “Think Tank” to date. (See Attachment #3.)

8. CMBHS System

Follow up to last months meeting question regarding the CMBHS computerized record system being rolled out by DSHS:

DSHS has postponed the roll out of the system until next summer, with a pilot starting in June 2012 and the roll out scheduled for September 2012.

NTBHA OMBUDSMAN/CLINICAL OPERATIONS REPORT

August 2011

August Meetings Attended:

- Board Meeting at NTBHA
- Meetings with VO CEO
- Meetings with Adapt CEO
- Meetings with Green Oaks CEO
- Dallas BHLT meeting
- Meeting with Navarro County Commissioner
- NorthSTAR Redesign meetings
- DSHS/Legislative – Austin meeting

- Self-Directed Care
- Provider Advisory Council
- Psychiatrist Leadership and Advocacy Group
- Consumer Family Advisory Council
- Certified Peer Specialist Supervisor Training in Austin
- VO SPN Meeting
- Grace After Fire Meeting to discuss the continuation of the Veterans Grant
- Care Coordination Meeting with VO
- NorthSTAR System Redesign Meeting
- PASRR Conference Call
- Terrell State Hospital Discharge Flow Conference Calls
- DSHS/VO/NTBHA Weekly Conference Calls
- VO/DSHS/NTBHA Bi-weekly Operational Conference Call
- VO SPN Quality Meeting
- Dallas Steering Committee Meeting
- Collin County Social Service Meeting
- Ellis County Task Force Meeting
- Rockwall Behavioral Health Committee Meeting
- ACS/VO Biweekly Conference Call
- SPN Audit with ValueOptions
- RDM Oversight Workgroup Meeting
- Veterans Coalition of North Central Texas Meeting

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

Adapt Mobile Crisis (July):

ADAPT Community Solutions (ACS) provides 24/7 **Crisis Hotline** services to any consumers 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 3,729 incoming phone calls (total of 7,064 incoming and outbound calls) in July with 423 resulting in face to face encounters. This is a decrease of 315 incoming phone calls over last month and a decrease in F2F encounters by 4 over last month. Of the 423 face to face encounters, 377 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):

July		Totals
Collin	total calls	422
	F2F	47
Dallas	total calls	2466
	F2F	271
Ellis	total calls	137
	F2F	30
Hunt	total calls	186
	F2F	26
Kaufman	total calls	126
	F2F	29
Navarro	total calls	53
	F2F	14
Rockwall	total calls	44
	F2F	6
Law	total calls	47
Enforcem	F2F	10
Out of	total calls	18
State	F2F	0
OTHER	total calls	277
	F2F	0

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

The Self-Directed Care program continues to run at around 82 participants. We now have approximately five participants that have been in SDC for over two years and now are on their third year.

We have a new SDC group that meets at Mental Health America and is being facilitated by Galaxy Counseling. They are using art and music to stimulate the group. We have approximately eight participants in the group. We are looking forward to the recovery benefits that this group session might cultivate.

One of our staff, Anna Salazar, attended the Advanced Peer Specialist training in Austin during the month of August. This training was facilitated by Via Hope. Also, Anna attended the Texas Catalyst for Empowerment Symposium and Emotional CPR. We had one participant that attended this training as well. Luis Moreno attended a one day social work seminar.

We are very excited at present as one of our participants has accepted a peer specialist position at ABC Behavioral Health to teach groups for NorthSTAR consumers. We are very proud of this participant as he is the first SDC participant to work within the NorthSTAR system. We have several more that are looking to work as peer specialists within the mental health and substance abuse system.

Some of the ideas that SDC is considering at present are trying to develop a group focused around community gardening. I have made contact with Cliff Temple Baptist Church in Oak Cliff that will allow us to utilize two of their community garden plots. We are hoping to have around eight SDC participants to be involved in this endeavor. Also, we were introduced to a representative of the Indo-American Greater Chamber of Commerce of Dallas. This representative helps people that are considered low-income develop their own business. He will present his program at our September SDC Participant Learning Community meeting.

The SDC Participant Learning Community is continuing to have a progressive impact on our participants. We had approximately 30 to 35 people at our meeting in August. As usual, we started off with our fitness session. Galaxy Counseling presented an art and music group concept. It gave our participants the opportunity to express themselves through art and music. Lastly, we had a *Show and Tell* session. We had a number of participants that shared with the group ideas and things they do that have helped them in their recovery process.

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.

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.

RDM Oversight Workgroup Meeting:

Data: The RDM Oversight Workgroup Meeting was held at Austin State Hospital on August 23.

Issues and Concerns:

- Discussed field Testing of TX-CANS sorting logic. Sorting logic was evaluated in 5 areas: Early Adopters, Outlier Logic Testing, DSHS Staff, Panel of Clinical Experts, and Programmatic Logic Testing.
 - Early Adopter Field Testing:
 1. Provided a representative sample of early adopters' TX-CANS assessed clients.

2. Clinicians provided new service package LOC-R based on TX-CANS assessment scores.
 3. Compared the DSHS calculator LOC-R and the clinician LOC-R.
 4. Reviewed and discussed large variations in level of care recommended.
 - There were 6 participating centers with 112 cases reviewed. Of these 48% had an exact match to the calculator, 86% recommended a package that was within 1 level from the calculated recommended package. A review of the non-matching level of care recommendations was conducted by DSHS with a small sample of these cases being further reviewed with the centers. There was also a review of the outliers. Identified patterns among outliers were CANS and TRAG scores not matching, individuals with high developmental needs being sorted differently, and children with low/no needs but high caregiver needs.
- DSHS Staff Testing
 1. Provided a representative sample of TX-CANS assessments to DSHS staff.
 2. DSHS staff provided new service package LOC-R based on TX-CANS assessment scores.
 3. CMH and Decision Support staff compared the DSHS calculator LOC-R and the DSHS tester's LOC-R.
 4. Reviewed and discussed large variations in level of care recommended.
 - Seven DSHS reviewers looked at 20 representative cases. The reviewers were from Adult Programs, Client Rights, and Quality Management. There was a 49% match with the exact service package recommended by the calculator. There was a 94% overall match within 1 service level from the calculator.
 - Clinical Experts
 1. Provided a representative sample of the early adopters' TX-CANS assessments.
 2. Each clinician provided a new service package LOC-R based on the TX-CANS scores.
 3. The panel discussed the cases, came to consensus, and provided an LOC-R.
 4. Compared the DSHS calculator LOC-R and the panel's LOC-R.
 5. Reviewed and discussed large variations in level of care recommended.
 - The panel of clinical experts was comprised of 6 clinicians with the following credentials: M.D., LPC, LMSW, Psychologist (Ph.D.), and QMHP. The panel reviewed and discussed 10 representative cases.
 - Programmatic Logic Testing
 1. Indicators developed to identify specific service needs.
 2. Reviewed and verified the match between specific service needs and service package recommendation.
 - After discussion of the results, the DSHS CMH team and the RDM Workgroup expressed satisfaction with the work done on the sorting logic.
 - The group also discussed the selection of evidence based practices for skills training services. The selection process for skills training had 5 phases. Final selections were then submitted to DSHS for evaluation by CMH.
 - Phase 1: Creation of Skills Training Workgroup

- Phase 2: Understanding Evidence Based Practices and Procedures for evaluating Literature
- Phase 3: Literature Review
- Phase 4: Analysis and Discussion of Findings
- Phase 5: Selection of Evidence Based Practices for Parent Skills Training Protocols and Skills Training Protocols for children and adolescents
 - LMHAs' Involvement
 - Representatives from 19 LMHAs attended 1st conference call.
 - 27 LMHAs had at least one representative that listened or participated in the calls at least once.
 - 31 representatives received weekly emails regarding the workgroup.
 - On average, representatives from 15 LMHAs attended every call for parent skills training.
 - On average representatives from 8 LMHAs attended every call for the skills training for children and adolescents.
 - 11 LMHAs voted for parent skills training
 - 8 LMHAs voted for skills training for children and adolescents.
 - Final selections for Protocols for Parent Skills Training and Skills Training for children and adolescents were identified and discussed. Concerns by the group such as cost of materials and training were discussed. DSHS and the group will continue to explore the best ways to roll out new protocols in the least disruptive, most cost effective means possible. More discussion of selected protocols will come at a later date.
- A tentative timeline for the CMH Uniform Assessment and Service Package rollout was reviewed.
- A high level preliminary ANSA timeline was also discussed.
- The Adult Subcommittee has volunteers and is looking at an initial analysis, not a complete overhaul. The focus is refining and fine tuning.
- Adult Subcommittee is looking at the possibility of taking a SP 1 and changing it to 1M (medium) and 1S (similar to current Sp 1) to address low need/high strength clients. The subcommittee will bring this back to the RDM group at a later date.
- Adult Subcommittee is currently looking at how quickly the early adopters can get started in order to collect data for business rules. Having time for testing, analysis, and development of good business rules is important.

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. NTBHA Liaison assists and coordinates continuity of care for patients that are discharging from the State Hospital who needs 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, however the wait time was minimal. 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. 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 continues to require ongoing communication and follow up to

make sure inmates are receiving the care and assistance that is needed. Helen White with VO has reported that Montgomery County is still not communicating with VO or the MHA consistently and she is planning another site visit soon. Currently there are a total of 16 inmates at Montgomery County. Dallas County continues to send inmates to Montgomery County Facility however; Montgomery County has requested not to receive inmates 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 discussed the clearinghouse wait list for inmates waiting for a forensic admission in a state hospital with Mickey Campbell. Mickey Campbell coordinates and sends the commitment information to Vernon State Hospital in order to have inmates placed on the clearing house list. NTBHA liaison accounts for applications sent to Vernon State Hospital to assure the county that the inmate 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.

NTBHA Liaison attended Ellis County Mental Health & Substance abuse Task Force Meeting. The meetings are held on the 3rd Wednesday of the month. Ellis County continued the discussion on intensive outpatient substance abuse for adolescents. The county continues to struggle getting substance abuse services for adolescents due to consumers not meeting the criteria needed for approval. Value Options staff were present to discuss issues related to these services. Ellis County Probation announced that they did not receive funding for substance abuse treatment. The WE Services through TCOOMMI were discontinued. Adapt of Texas was present to give an update on their new ACT team for adults with serious mental illness. ACT will bring intensive case management that will allow consumers to access treatment in the community as opposed to hospitalization. Ellis County also reported that the Hope clinic will start offering adolescent AA meetings once a week on Mondays.

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 reported that they give inmates being released

information needed for follow up care. They reported that they have no way of tracking those being released to make sure aftercare treatment was received. Hunt County reported that their recidivism is very high. 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 and a few on the wait list for Terrell admission. 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.

Dr. Davis reported that Kaufman County crisis response team tries to handle mental health crisis response calls to avoid bringing these individuals to jail if at all is possible. Since the response team was started the report from October 2010 to August 2011 statistical breakdown includes 241 calls.

Sub-breakdown includes:

- suicidal 150,
- violent/threat to other 45,
- homicidal 14,
- weapons involved 28,
- threat or action 4 and
- Alcohol involved 30.

There has been 130 APOWW's. The crisis response team goal is to follow up with a visit to make the family and the individual aware of support resources. 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 the clearinghouse house list. One of the inmates was transported to the hospital. The other inmate no longer needed the bed and was therefore taken off the hospital list. 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. Commissioners Court has requested that group members do a workshop at the next Commissioners Court on September 6. This will allow the opportunity to explain to Commissioner's the goals and objective and activities of the mental health planning Board. The group has invited several members to be present in order for the Commissioners to see the value of the board and its activities and they agree to formalize a relationship with the board as a means of addressing the mental health care needs of Rockwall County citizens.

The Charter was reviewed and modifications to refine vision, goals and objectives.

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. 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. Rockwall hosted CIT training the week of August 22, 2011. The event was very successful. Rockwall greatly appreciated the support of Sheriff Eavenson, Captain Guzik and everyone who supported and contributed to the event's success. A special thanks to Herb Cotner for coordinating the event and his commitment to citizens with MH needs and to the police.

Outpatient Competency Restoration and Jail Diversion: Dallas County Outpatient Competency Restoration currently has forty five (45) 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 August 1st

- Dallas County has twenty (20) inmates awaiting a bed at TSH, with the longest one waiting since May 17, 2011.
- Kaufman County has one (1) inmate awaiting a bed at TSH and was placed on the list on July 11, 2011.
- Collin County has five (5) inmates awaiting a bed at TSH and was placed on the list on June 3, 2011.

- Ellis County has one (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 August 1st

- Dallas County has thirty four (34) inmates awaiting a bed at Vernon State Hospital.
- Kaufman County have one (1) inmate awaiting a bed at Vernon State Hospital
- Hunt County have two (2) 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 August Meeting.

- Ron discussed how TCOOMMI is planning to change the way jail diversion will be funded. Daniel Byrd with Value Options (VO) reported that after meeting with TCOOMMI they (VO) were informed that TCOOMMI wants Metrocare to be the sole provider of services. TCOOMMI also stated that VO will no longer have a management role, but they will continue to send the funding through VO. Daniel stated that throughout the state, TCOOMMI generally funds positions, not services.
- Dr. Hunter added that TCOOMMI has allocated six (6) positions to Metrocare as opposed to the \$300 a month per person individual case management (ICM) they were getting. She stated that this equates to thousands of dollars in cuts. Dr. Hunter also stated that TCOOMMI has referred to the positions as caseworkers, but DSHS is insisting the positions be called liaisons.
- Ron asked if Metrocare was told how the positions should be allocated. Dr. Hunter stated that they have not been told, but as she understands it the positions could be used as needed by the courts.

- Sherri Lockhart stated that the courts can still use the Specialty Provider Networks (SPN) for services, but they will not be funded by TCOOMMI. She stated that if the Metrocare “Caseworker” position does provide case management, it could only be for about 25 consumers, not the 40 or so the court typically sees.
- Judge Wade expressed her concerns about the potential impact this will have on her court with the loss of services and true case management that has been provided in the past.
- Diane Partin with LifeNet stated that her company anticipates continuing to provide the services they have been, with the caveat that they may receive more cases to manage, offsetting the cost.
- Daniel stated that VO is requesting a two month extension on the current contract to maintain the continuity of care for those in services now. He stated that during this period of time there will need to be further conversations about the new direction with the limited resources.
- Ron suggested that the parties involved (IE: court, probation, etc) get together very soon to discuss and make decisions on how the positions are going to be used, as well as what service packets will be available from the SPNs for the Jail Diversion Program.
- Ron stated that consumers sent to Montgomery County are starting to return. He stated the Assistant DA reports that some of the consumers returning with a diagnosis of being restored to competency do not appear to be restored.

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

QM Initiatives:

- 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.
- 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), and Red Oak (Ellis County).

Complaints

<u>*July</u>	<u>Number of Complaint Calls</u>
<u>Processed</u>	
Accessibility/Availability	4
Quality of Care or Service	9
TOTAL	13

SPN Audits with ValueOptions

NTBHA representative Brittony McNaughton conducted a SPN audit with ValueOptions on August 16. 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 = 15
Number of Elements Reviewed Per Chart = 19
Target Overall Chart Score = 81 %
Number of Charts Meeting or Exceeding Target = 8
Number of Charts Below Target = 7
Total Overall Score = 80% Passing

(2) Hospital Discharges

Number of Unduplicated Charts Reviewed = 7
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 = 5

Total Overall Score = 60% **Although this tool was used with a small sample, examples of opportunities to improve discharge follow-up were seen in the other files reviewed during these audits.*

(3) NorthSTAR Staff Qualifications and Credentials Review

Number of Unduplicated Staff Files Reviewed = 12

Number of Staff Files with All Requirements Met = 2

Number of Staff Files Missing Some Requirements = 10

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:

- Physical Health conditions are identified, referrals made and a multi-disciplinary approach to treatment is documented
- Plan of Treatment includes individualized problem list, modalities, goals, estimated time frames for goal attainment and regular reviews
- Progress Notes describe patient's strengths and weaknesses as well as treatment interventions

(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:

- If no 7-day follow-up, attempts to contact individual or reasons for no 7-day follow-up are documented
- At first face to face contact, non-clinical services and supports are specified
- Within 3 weeks after first contact, a Treatment Plan (or goals) are developed or reviewed.
- For individuals with COPSD, MH and CD services and supports are coordinated in treatment planning and stages of change are 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
- 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 August 26, 2011

- **Nominations of Officers** – It was announced that Liam Mulvaney will remain the PAC Chair and Carol Lucky will serve as PAC Vice-Chair in Liam’s absence. This information will be updated on the PAC page of the NTBHA website.

- **CMBHS** – CMBHS implementation has been pushed back. The pilot should begin in June 2012 with full roll-out September 2012. This is to coincide with the implementation of the CANS (to replace the C&A TRAG). Some speculated whether the push back from most NorthSTAR Providers contributed to the delay while others wondered if the resignation of the chief architect also played a role in the delay.

- **ValueOptions Budget** – VO’s position to date is a potential \$13M shortfall that must be addressed now. VO has reached out to the Provider community to get recommendations on how to handle this potential shortfall. Once recommendations have been made VO will bring the final recommendations to the NTBHA BOD for approval.
 - **SPN Question** – Is \$13M the right number? Should an outside auditor look at it as NTBHA has proposed? It seems not many Providers are willing to donate funds to have an outside auditor to look at this.
 - **Provider** – VO is looking at worst case scenario and trying to plan ahead. This is tricky and complicated. What if savings do come to pass? The changes have already been made so the horse is already out of the gate so to speak – it is unlikely to reverse changes once they occur if savings do come to pass.
 - **Provider** – VO is trying to deal with this programmatically and not through rate cutting. It was suggested that VO focus on those line items that are way over budget (ie, crisis). VO **must** live within its budget.
 - **Provider** – Worst case scenario is always looked at and creates an “us versus them”. Why not just think there isn’t this \$13M cut for change of pace?
 - **SPN Question** – Can we collectively say that we have a shared commitment to give VO their 12% so quit making threats (ie, if we can’t come up with recommendation for programmatic changes there will be across the board rate cuts). Let’s work together on coming up with programmatic changes and focus on the known \$2M shortfall. VO is hired at risk to run the system. This is really a fight to be had between DSHS and VO – so why involve the Providers.
 - **NTBHA** – Previously, VO didn’t involve Providers and it was perceived that the case rate was derived in a back room at VO and shoved down the Providers throat and therefore VO is making every attempt to include the Provider community in this decision making process. This is why Providers are being involved.
 - **Provider** – This should be clinically driven and not financially driven.
 - **Provider** -The solution is to collectively agree to fund the \$2M shortfall that was cut from the NorthSTAR budget and guarantee VO their 12% in admin.
 - **VO** – Must also take into consideration there will be \$900K less in the DSHS payment to VO beginning in December. NTBHA also confirmed this fact.
 - **Provider** – It’s not the Providers responsibility to fix VO’s cash flow problems.

- **Provider** – Let’s look at history –
 - ACT reduction – there was a big push, but Providers pushed back and it went away.
 - Tiered benefit – Providers pushed back and this went away.
 - CMBHS – Providers pushed back and this went away – for now.
 - There are lessons to be learned from the past. Can we come together to work out changes.
- **Provider** – Admin Burden
 - It costs double to run NorthSTAR than the Private side and all this additional admin doesn’t do anything to assist/improve patient care. Why can’t we focus on admin that doesn’t matter instead of clinical aspects that do.
- **Provider** – VO’s budget
 - We know VO received a \$2M shortfall
 - It seems VO is at risk for losing a total of \$13M if all assumptions come to pass.
 - There will be a cash flow problem come December
 - What do we do?
- **Provider** – We must get over the anxiety of saying no to the MCO. There are ramifications of saying no, but the truth is you can say no. What is so awful if VO left? There would not be this huge void many fear. Maybe VO should tell DSHS, “I can’t get Providers for this price so we quit” and leave it up to DSHS and VO to hash it out.
- **MOTION** - “The PAC is requesting the NTBHA BOD support the fact that VO received a \$2M budget shortfall that is known at this point. The PAC is committed to partnering with VO to address the known \$2M shortfall in the system as well as ensuring VO receives its full 12% admin”.
- **ValueOptions** – There was a brief discussion about whether VO should or should not attend the PAC meeting. It was decided that VO will continue to attend, but may be asked to step out from time to time.
- **SPN Contracts** – There was a discussion about how SPN contracts can be fairly constructed. There is a perception that the largest SPN contract always gets done first and ends up laying the groundwork for everyone else. The perception is that only 1 SPN really gets to negotiate what the contracts will look like.
 - **Provider** – Can Providers construct one single contract for the entire system? There seemed to be thoughts/opinions on this one that varied widely.
 - **Provider** – Should Providers meet with and work directly with Metrocare to ensure the contract they sign will have all Providers interest in mind? Again, lots of discussion and thoughts/opinions on this that varied widely.
 - There did not seem to be any real solution or conclusion to this discussion.
- **Janssen Pharmaceuticals** – Janssen has many speakers bureaus that would offer continuing education if the PAC was interested. Information was passed out for the PAC to consider.
- **Other Discussions** –
 - **Pharmacy /Labs** – Do Providers believe there is a lab problem? Is this as big a problem as the PLAG is leading us to believe it is?
 - Yes, Psychiatrists have lost faith in the labs and their validity and this must be addressed.
 - There was a meeting recently that did seem rather productive and another meeting is forthcoming – hopeful this issue will get resolved.

- **Provider** – The docs are focusing on this because they are not empowered to talk about other areas.
- **CANS** – DSHS will be coming to the October VO SPN meeting to discuss the CANS in more detail. NTBHA did provide some initial information and materials to Providers that chose to stay and receive them.

Psychiatrists Leadership and Advocacy Group:

Data: The PLAG Meeting hosted by Metrocare met on September 7, 2011

OLD BUSINESS:

- **Physician’s Prescribing Report :**
 - As requested at the last PLAG meeting, these reports are being discussed at the VO P&T committee meetings.
 - Although the group looking at the reports understands where the creator was going, it is not really what the PLAG was looking for. The cost per patient and the count of meds per person is helpful, but the rest of the report is not as helpful.
 - Question – What exactly does “compliance” mean? Need to get this clarified.
 - There was a discussion regarding whether Vitamin E should be counted towards the number of meds per person count. The consensus seemed to be that the Medical Directors receiving the reports should understand the nuances of their doctors and be able to tease out outliers for what they really are.
- **Pharmacy Manual:**
 - Dr. Faber will begin looking into the last pharmacy manual and how it can be updated (ie, average costs of medications) as well as improving communication to the Psychiatrists about important changes (ie, medications that no longer require a prior-authorization, went generic, etc).
- **Labs:**
 - It was reported that the NTBHA Board of Directors did seem to take an interest in this issue during the last board meeting and Leslie Cook was present as well.
 - Two Providers did have a meeting with Leslie, which VO was present at as well. The lab tech present for the meeting seemed unaware of issues that have been brought to Leslie’s attention numerous times to suggest the issues are not being discussed with the lab techs directly. There has been improvement since the meeting with Leslie, but there are still some outstanding issues awaiting follow-up from Leslie.
 - There seemed to be a consensus that lab results themselves have improved and the real issue seems to be the UTMB lab techs themselves.

- On specific example given were consumers showing up for labs with no order in hand and instead of the lab techs calling to track down the order they are simply sending consumers home. Some Psychiatrists report having good lab techs that will research the issue and get the labs drawn, but others report having lab techs that do nothing to research the issue.
 - The consensus seems to be that there is a lack of confidence in Leslie Cooke's management of the program

NEW BUSINESS

- **VO Confidentiality Agreement:**
 - Some Psychiatrists are not comfortable with signing the VO confidentiality agreement to participate in the VO P&T Committee –
 - Confidentiality around PHI is OK and not of concern
 - Confidentiality around VO proprietary info is the main focus of concern. Some Psychiatrists feel it is too burdensome to be responsible for knowing what is or is not “proprietary” and what can or can't be shared outside the P&T committee. Many are not comfortable taking on this perceived risk.
 - It was explained by a few that this agreement is a standard, boilerplate agreement required by VO corporate more as a safeguard from members of the committee taking information to another BHO. NTBHA reported all staff signing the agreement that are involved in QI meetings with VO.
 - Although some were comfortable signing the agreement there was a consensus that it must be addressed for those that do not feel comfortable. Dr. Faber agreed to speak to Melanie with VO and consult with VO legal on what can be done to tweak the language, if anything. VO confirmed after the meeting that until this issue has been resolved everyone is encouraged to participate regardless if they have signed the agreement.
- **State Hospital Discharge Medication Procedure:**
 - It was reported that beginning September 1st State Hospitals will be discharging patients with a 7 day supply of medication and a script for 14-days worth of medications.
 - There was a lively discussion on what can be done about this change as well as can local community hospitals be forced into discharging patients with medications since they only discharge with a script.
 - This discussion was tabled until the next meeting.
- **Election of new PLAG Officers:**
 - A quick discussion was had around this topic. It was decided NTBHA would email out nominations as well as to illicit any other nominations for consideration.
 - Dr. Hunter was nominated for the vice-chair
 - Dr. Bennett was nominated for the chair

Consumer and Family Advisory Council Meeting:

Data: The CFAC meeting was held at NTBHA on September 6.

The October CFAC meeting has been moved to Tuesday, October 11.

Issues and Concerns:

Future Direction of CFAC

- The group continued to discuss goals for the future direction of CFAC.
- The group discussed the need to find ways to put the mission of CFAC into action.
- The group explored the idea of “re-launching” CFAC in the community and discussed steps for achieving this.
 - Clearly define mission and purpose of CFAC.
 - Identify specific goals and initiatives to pursue through CFAC.
 - Generate interest in the community, reach out to consumers and their family members, and increase participation.
 - Hold accessible, meaningful meetings with a clear purpose and agenda.
 - Provide ongoing education and information for NorthSTAR consumers and their family members.
- The group also discussed the importance of getting the support of NorthSTAR providers in order to facilitate increased consumer participation.

Action Item Updates

- Ashley Zugelter and Janie Metzinger have started work on researching national best practices for treatment and recovery.
 - Janie discussed a helpful internet resource for comparing best practices.
 - The group talked about translating information on best practices into an understanding by consumers of what they have a right to expect in regards to their behavioral health services.
 - The group discussed the importance of looking at treatment outcomes. Walter Norris discussed the SDC program and what his team is seeing in regards to consumers participating in the SDC program.
 - The group explored how research on best practices can inform the development of goals and initiatives for CFAC.
 - Janie will provide a presentation of her findings to the group during the next meeting.
- Ashley Zugelter and Janie Metzinger will continue to focus on fleshing out details of VO contract and relay information to the group.

- Chris Moore and Jim Wintle have been working together to come up with options for alternative CFAC meeting locations that might be more conducive to consumer and family participation. The following options were presented by Jim and discussed by the group. Other factors being considered include meeting day/time, parking, and access to NorthSTAR consumers.
 - Local churches near the DART Rail stop at Arapaho in Richardson.
 - First United Methodist Church of Dallas, located at the corner of Ross and Harwood.
 - Cross Roads Community Center.
 - City Walk Apartments

SUMMARY OF CRCG ACTIVITY, BY COUNTY

August

***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, Region 10 ESC, Life Path Systems, DSHS, Juvenile Probation, Medicaid Case Management, Family Outreach, North Fork Education Center, and North Texas Youth Connection. Two cases were staffed. The first case involved a 16 year old male with diagnoses of Autism and Reactive Attachment Disorder. The CRCG provided referral information for TCU Child Development Program, provided contact information for local providers specializing in Reactive Attachment Disorder, and provided information regarding the Medically Dependent Children’s Program. The referring counselor will follow up with the youth’s school in order to request Non-Ed funds for respite care. The second case involved a 14 year old male who is experiencing issues such as poor anger management and aggressive behaviors within the home. The family was not seeking out of home placement. The CRCG recommended the family continue to work towards getting the youth’s Medicaid reinstated. The CRCG encouraged the family to seek out individual and family therapy services and provided a referral for North Texas Youth Connection where these services are provided at no cost. The CRCG also recommended the youth attend a peer support group and will provide contact information for a local group. The CRCG also provided the family with information regarding NAMI support groups.

Dallas County Family CRCG

The Dallas CRCG meets the 2nd Monday of each month at the Dallas Letot Center. Cathy Brock is the chair person; Brittony McNaughton is the coordinator. Agencies represented included NTBHA, Metrocare Services, Kids Care Therapy, Cedar Hill Police Department, Dallas ISD, Letot, Child and Family Guidance Center, Youth Advocate Programs, Region 10 ESC, Glen Oaks Hospital, TX Star/TX Health Steps, and CPS. There were four cases staffed. The first case involved a 14 year old male who was initially staffed in December 2011. At that time Waco Center for Youth was recommended and a priority letter was given. The family returned to CRCG for assistance in discharge and aftercare planning. Family was provided information by Garland ISD on reenrolling youth in school. Family has aftercare appointment set up with Child and Family Guidance. CFGC representative agreed to assist family with pre-intake preparations. Family was provided resources for family therapy and parenting education. The second case involved a 13 year old male who is experiencing behavioral issues, problems in school including truancy, and running away. Waco Center for Youth was recommended and a priority letter provided. The family was also provided with resources for getting the psychological evaluation needed for the WCY application completed. The third case involved a 17 year old male who has been diagnosed with Pervasive Development Disorder and Impulse Control Disorder and has been displaying aggressive, destructive behaviors at home and school. Metrocare Services represented the family in seeking a State Supported Living letter which was approved and provided by the CRCG. The family will attend September CRCG for follow-up. The fourth case involved a 15 year old male who has been struggling with uncontrollable anger, depression, and self harm. The family was seeking a recommendation for Waco Center for Youth which was approved by the CRCG and a priority letter to WCY was provided.

Ellis County CRCG-

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. The Ellis County CRCG did not have any cases to staff this month.

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, Hunt County Sheriffs, Hunt County Juvenile, Tri County Co-Op, Glen Oaks Hospital, Lakes Regional MHMR, Department of State Health Services, ECI and Hunt County Probation. There were four (4) case staffed and several followed ups were reported.

The first case involved a family seeking funds for school clothes. The family is living on a fix income and has limited services and support. The child is being raised by his grandmother and is currently receiving children services from Lakes Regional MHMRA. The group agreed to give the family \$100.00 to buy school clothes. The group has requested a receipt in return and the check was written to the case worker to help assist the family with the shopping.

The second case involved a family seeking funds for school clothes. The family has limited income and can not afford to buy clothing for the child who has to wear uniforms to school. The child has had a group sprout and can't wear any of the old clothes from last year. The child is being raised in a single home family and is currently receiving children services from Lakes Regional MHMRA. The group agreed to give the family \$100.00 to buy school clothes. The group has requested a receipt in return and the check was written to the case worker to help assist the family with the shopping.

The third case involved a family seeking funds for school clothes. The family has limited income and can not afford to buy clothing for the child who has to wear uniforms to school. The child's mother recently had surgery and is not financially able to afford school clothes. The child is being raised in a single home family and is currently receiving children services from Lakes Regional MHMRA. The group agrees to give the family \$100.00 to buy school clothes. The group has requested a receipt in return and the check was written to the case worker to help assist the family with the shopping.

The fourth case was present by Hunt County Juvenile Probation. The child is 13 years old female. Rockwall County is requesting residential placement. The child is on probation for 6 more months. The child's mother was present and she is requesting that her daughter receives help due to her behavioral at home. She is a runaway, refuses to follow rules at home and blames other for her problems. The Judge has requested placement due to the family not following up with outpatient recommendations. The group members gave several placements locations that may possibly be willing to accept her. Baptist Children Home in Oklahoma was discussed and recommended.

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 September.

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 meet on the 2nd Monday monthly. Agencies represented included Kaufman Independent School District, Rockwall County Juvenile, Maximus Texas Star, and Department of State Health Services. There were eight (8) case staffed.

Kaufman Independent School District staffed 7 cases for non-educational funding approval. All of the students were diagnosed with an Intellectual Developmental Disabilities. The CRCG members approved all the applications to continue the non-educational funds they were receiving for respite care. The group members signed the necessary paperwork to continue services for all 8 families.

The last case was presented by Rockwall Juvenile Services. The adolescent recently returned from Vernon State Hospital and is living with his mother. The probation officer reported that the family needs additional services in the community for aftercare. Amy Pool with Regional 10 agreed to contact the school to inform them of the adolescent reenrolling in school for the 2011-2012 school year. The CRCG recommended that the adolescent continues attending NA groups through Probation and aftercare at Lakes Regional MHMR. The group also suggested that the adolescent get involved in activities that interest him in order for him to stay busy and out of trouble. The CRCG suggested the activities be base on his strengths and his interest.

OTHER REFERRALS AND ADMISSIONS

North Texas State Hospital—Vernon Campus

There were four (4) 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 in two (2) of the cases and a bed letter was provided. The third request was denied due to the youth not being appropriate for the dual diagnosis program as the primary issue was mental health with no identified need for substance abuse treatment. The fourth referral request was rescinded due to the youth being ordered to TYC.

Referrals from TCOOMMI

There were no referrals from TCOOMMI this month.

SUMMARY OF COUNTY OF RESIDENCE CHANGES

August 2011 County of Residence Changes

NTBHA processed 90 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs 59
- Requests by NorthSTAR to other LMHAs 31
- Requests by LMRAs within the NorthSTAR area 0
- Denials made by NTBHA to other LMHAs 0
- Denials made by other LMHAs to NTBHA 0

August 2011 WebCARE Discharges

- TRAG discharge requests processed by NTBHA 38
- Disenrollments related to TRAG discharge requests 33

38 TRAG discharge requests were from other LMHAs:

- Texas Panhandle MHMR-020 1
- Austin Travis County MHMR-030 2
- Central Counties Center for MHMR Services-040 2
- The Center for Health Care Services-050 1

- El Paso MHMR-090 1
- Spindletop MHMR Services-140 1
- Andrews Center-190 2
- MHMR of Tarrant County-200 6
- Heart of Texas Region MHMR-220 2
- Helen Farabee Regional MHMR-230 2
- Community HealthCORE-240 2
- MHMR Authority of Brazos Valley-250 1
- MHMR Authority of Harris County-280 1
- Pecan Valley MHMR Region-350 3
- Tri-County MHMR Services-380 1
- Denton County MHMR-400 7
- ACCESS-440 2
- Coastal Plains Community MHMR Center-475 1

NTBHA processed no TRAG discharge requests from ValueOptions to other LMHAs.