

NTBHA Executive Director Report

October 2011

1. Budget – NorthSTAR

Attached (and posted on our website) is a comparison of Budget vs. Actual of the FY2010, 2011 contract vs. FY2012, 2013 contract year. These numbers have been reviewed with DSHS (Matt and KJ) along with notes and assumptions made by VO. DSHS has noted their agreement with the data and assumptions presented. This information will be the basis of any recommendations to the NTBHA Board for benefit changes to NorthSTAR, that will get the system rebalanced to the level of funding available. **(See Attachment #1.)**

2. DSHS

Correspondence from Mike Maples, addressed to Mr. Mulvaney, our chairman of PAC, and myself explaining DSHS perspective on the NorthSTAR budget had been received. We have attached said correspondence for your review. It seems to address budget comparisons only and is otherwise self explanatory. **(See Attachment #2.)**

3. DSHS/NTBHA Contract

DSHS has engaged NTBHA regarding certain sections of the VO contract (4a and 4b). Certain modifications are under consideration. If they are completed prior to the board meeting, they will be distributed to you.

4. Dallas BHLT

Attached are the minutes from the most recent BHLT meeting. **(See Attachment #3.)**

5. Legislative Intent – NorthSTAR Budget

A meeting was held with Jim Pitts, Chairman of the House Appropriations Committee and staff of Senator Ogden, regarding NorthSTAR funds. Both parties expressed a desire to look into the matter further, with Mr. Pitts pointing out the HHSC Commissioner has the discretion to reallocate 20% of his budget. Senator Ogden's staff let us know that the \$5.1 million of state hospital funds were not in the DSHS accounts and felt it was unlikely that we would see those funds. They held out some hope that under the right circumstances, \$3+ million might be available to the NorthSTAR budget.

Each acknowledges that NTBHA got caught up in something that we had no control over

6. NorthSTAR Benefit Redesign/Board Subcommittee

The following has been the basis of the subcommittee's deliberations regarding managing the NorthSTAR system within the budget allowed by DSHS. The table (**Attachment #1**) represents a financial summary of where we were, where we are and where we need to go. This report from the Board subcommittee will lay out the strategies in more detail and should be part of the agenda.

NTBHA BOARD SUBCOMMITTEE

FY2012 BUDGET RECOMMENDATIONS

After months of deliberations (which incorporated many concerns of the various stakeholders) and consultation with DSHS and VO, the committee has formed a conclusion as presented herein. We note that the conclusion reached is subject to change based on future DSHS action with regard to the \$5 million in state hospital funds that were not included, should they eventually be transferred to DSHS and legislative action that may occur with regard to additional funding. However, the plan as presented is based on what we know today.

By way of SFY 2012 budget history, it was thought at one point early on that there would be a reduction in the neighborhood of \$25 million. Later, that was revised down to a reduction of \$10 million, but with a strong and concerted effort by all of the system stakeholders it was understood that NorthSTAR would be kept at a funding level equal to FY11. The system received a very welcome surprise when the NorthSTAR strategy that ultimately passed the legislature included an increase of \$23 million over the biennium. That euphoria was short lived as it was quickly made clear that the true budget for NorthSTAR for FY12 would not reflect the amount listed in the legislative strategy of the State budget.

The final budget for NorthSTAR however is based on a combination of Medicaid premiums, block grants and other funds and General Revenue funds. The HHSC certifies the Medicaid premiums and has the legislative authority to move money within the various strategies funded by the legislature.

It was not until ValueOptions received the formal contract extension in early August that the true state of the budget for FY12 could be understood. Based on the executed contract extension between DSHS and ValueOptions, the revenue for NorthSTAR for FY12 is ~\$8.5 million less than the revenue for FY11. In addition to the \$8.5 million reduction, there are projected increases in expenses of approx. \$2.2 million, primarily in expenses for Medicaid members that bring the total shortfall to \$10.7 million.

The shortfall we are working with starts at \$10,730,064, and then is reduced by recommended action, which reduces the shortfall to \$3,532,064 (Table attached). To be sure, if VO were to meet the Direct Service Claims Target (DSCT or MLR) that they are contracted to, it appears the shortfall would be closer to \$12 million. However, VO is focused on their current MLR of 89.5, with VO contributing close to \$2 million bringing down the shortfall to the \$10 million previously reported.

To get the NorthSTAR system operating within the budget the committee considered the following Initial actions:

Actions Currently Under Way

Efforts are underway to analyze all NorthSTAR related contracts to identify savings. There has already been a verbal agreement to cap the cost of 23 hour observation and to reduce the costs paid to provide TCM services in Collin County. The system should be able to see Pharmacy savings of \$300,000 in FY12 for drugs that will be going generic. ValueOptions will also work with the community inpatient providers to identify a 5% reduction in expenditures through contract amendments and/or utilization management changes. The savings are estimated at an additional \$75,000 each month or \$525,000 for the remainder of the fiscal year. These four items together are expected to save the system almost **\$1,075,000** in FY12.

Additional Actions to be implemented effective December 1st

The subcommittee recommends that the Board appoint a committee to be chaired by a NTBHA Board member for the purpose of considering long term strategies for the redesign of the NorthSTAR model.

The first recommended change is a reclassification of the SP1 benefit for indigent adults that would change the benefit to an unlimited case management benefit only. Data shows that those SP1 consumers who receive services are currently only getting 2 units of service each month. This proposal will allow the estimated cost for those consumers to be reduced and will lead to a reduction in the blended Case Rate for the Indigent Adult population to reflect the new expected costs. By changing the benefit for SP1 Indigent adults the SPNs will be asked to provide fewer services for the reduced payments. The new blended Case Rate for indigent adults would be approximately \$40 less than the

current rate and would reduce system expenditures by approximately \$397,000 each month equating to just under **\$3,600,000** in savings for the remainder of FY12.

The next recommendation is that the system evaluate a number of fixed payment and ancillary service programs that are funded. Some of these changes are designed to happen immediately, while others would be contingent on not receiving additional revenue. The subcommittee recommends that the funding for the Lakes drop-in center, Dallas MetroCare drop-in center, MHA funding, Enterprise Supported Employment, the UTSW residency program support, and the Dallas MetroCare after hours clinic be ended effective December 1, 2011. This will reduce expenditures by \$101,000 each month. These actions will reduce expenditures by **\$914,000** for the remainder of FY12. There is value to all of these programs, but the priority must remain in the direct service of clients.

Taking the above actions will leave the system in a position similar to FY11 if DSHS does in fact release the \$5.1 million to the system. To prepare for the possibility that those or other funds will not be available, the subcommittee has further recommendations that could be enacted based on a timeline that provides as much time as possible to continue working with State Legislative and Administrative bodies.

Potential Actions to be implemented February 1 dependent on additional funding

In the event that sufficient additional funds are not forthcoming, the next recommendation would include additional reductions in Fixed Payment and Ancillary service. These would include no longer funding the Dallas MetroCare rental subsidies, Transicare TCM services in Collin County and the Southern Area Behavioral Health after Hours clinic. These changes would reduce expenditures by an additional \$55,000 each month. However, because these actions would not be taken until there is more clarity around revenue, the expected impact to FY12 will only be ~**\$385,000**.

All of the actions identified above, if enacted according to the listed timelines, would yield decreased expenditures of just under \$6 million for FY12. Without receiving a substantial portion of the \$5.1 million, the system would need to look at other actions to fill the short term system needs.

The other option considered is a cap on the indigent Adult population who can receive SP 2 or SP 3 services. With the current yearly spend of \$16.5 million for Adult Indigent consumers under the case rate already reduced to \$13 million it is no longer feasible to look at reductions within the Service Packages for savings. There are currently an average of 3800 Indigent Adults on SP2 and SP3 who have an UA and a claim each month. Reducing that number by 25% and allowing those consumers med check level services only will result in an additional savings of \$88,500 each month for a total of **\$615,000** for the remainder of FY12.

At this point, one of the remaining options for savings would be additional reductions in rates paid for Adult Indigent consumers that receive med check only. A rate reduction of approximately 30% would yield savings of \$88,000 each month for a total of **\$530,000** for the remainder of the year.

Other Actions

Even with the implementation of all of the recommendations listed above they will not by themselves have the system within 2% of the DSCT. Two other concurrent tracks are also in motion to develop and enact meaningful system redesign options. First, efforts are underway to develop a transitional Wrap-around service to provide SPNs with the resources necessary to work with consumers who are transitioning from jail or inpatient settings and protocols are being developed to enhance the focused ICM programs for the most vulnerable populations. Secondly, earnest discussions are being triggered with the community to identify changes that will allow us to more efficiently utilize the resources of not only the areas listed above but also areas such as Mobile Crisis, Transportation and Pharmacy benefit management.

The Board Committee will meet to discuss these initial ideas and evaluate more substantial long term system design alternatives. Options to reform all areas of the delivery system will be discussed with the potential that some ideas could be fully vetted in time to replace some of the recommended system changes included in this document.

7. AUDIT-FY2009 Under Review

Please see the attached letters from Texas Health and Human Services Commission to our former auditors and their response to us concerning this redo of our Audit for 2009. (**See attachment #4.**)

NTBHA OMBUDSMAN/CLINICAL OPERATIONS REPORT

September 2011

September Meetings Attended:

- Board Meeting at NTBHA
- Meeting with Representative Pitts staff – Austin Office
- Meetings with VO CEO
- Meetings with Green Oaks CEO
- Meetings with Adapt CEO
- Dallas BHLT meeting
- Meeting with Navarro County Commissioner
- Meeting with MDHA – Mike Faenza
- Ad hoc Committee meetings
- Self-Directed Care
- Provider Advisory Council
- Psychiatrist Leadership and Advocacy Group

- Consumer Family Advisory Council
- PASRR Conference Call
- Terrell State Hospital Discharge Flow Conference Calls
- DSHS/VO/NTBHA Weekly Conference Calls
- VO/DSHS/NTBHA Bi-weekly Operational Conference Call
- NorthSTAR System Redesign Meeting chaired by VO and hosted by GOH
- Meeting with Dr. Cruser/UNT-HSC to discuss NTBHA needs assessment
- FACT sub-committee of the Dallas BHLT
- Meeting with Dr. Balfour to collaborate on the NTBHA LSAP
- Dallas BHLT
- Provider Review Committee meeting at VO
- Pharmacy and Therapeutics Committee meeting at VO
- Crisis sub-committee of the Dallas BHLT
- Collin County meeting to discuss implementing psych beds at the Wysong Campus
- Tele-conference to review VO's FY12 and FY13 NorthSTAR budgets with DSHS
- Dallas Steering Committee Meeting
- Collin County Social Service Meeting
- Rockwall Behavioral Health Committee Meeting
- Care Coordination Meeting Terrell State Hospital
- CIT police training in Dallas
- COR, discharge, disenrollment meeting at VO
- ACOT and Housing sub-committee of the Dallas BHLT
- 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 (August):

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 **3,668** incoming phone calls (total of 7,181 incoming and outbound calls) in August with **471**

resulting in face to face encounters. This is a decrease of **61** incoming phone calls over last month and an increase in F2F encounters by **48** over last month. Of the 471 face to face encounters, 419 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	325
	F2F	54
Dallas	total calls	2509
	F2F	318
Ellis	total calls	99
	F2F	25
Hunt	total calls	132
	F2F	21
Kaufman	total calls	155
	F2F	31
Navarro	total calls	51
	F2F	15
Rockwall	total calls	23
	F2F	7
Law	total calls	50
Enforcem	F2F	8
Out of	total calls	4
State	F2F	0
OTHER	total calls	370
	F2F	0

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

As reported last month, the SDC program has been running for over two years. Some of those that have worked hard to accomplish their recovery goals are now on their third year. If someone leaves the program after the two year mark then they will process back to one of the NorthSTAR providers and will stay at the package three level for at least 90 days. This is to make sure they have the opportunity to transition back into normal NorthSTAR coverage without any break in service.

There are two SDC groups meeting either weekly or bimonthly. The Wellness group meets twice a week in Duncanville and the Galaxy Process group meets bimonthly at Mental Health America. We continually hear good results on those that are participating.

The SDC program had the privilege of hosting the Mental Health Commissioner of the State of Western Australia, Eddie Bartnick, on September 19 through 21. I was at a conference in Philadelphia so two of the advisors, Luis Moreno and Dong Tran, escorted Mr. Bartnick around the NorthSTAR region to meet with SDC participants. He spent time with the SDC staff to learn all about SDC as well. On Wednesday, the 21st, Mr. Bartnick and the two advisors met with some of the jail diversion and mental health staff from the Frank Crowley Court House. I want to thank Ron Stretcher and Duane Steele for making this possible. Later that evening, Mr. Bartnick was able to attend the Prism Awards that is facilitated yearly by Mental Health America of Greater Dallas.

During the same week that Mr. Bartnick was in Dallas, I was in Philadelphia for the Second International Research Conference on Community Inclusion of Individuals with Psychiatric Disabilities. This conference was sponsored and facilitated by Temple University. I collaborated on a presentation with the SDC program in Philadelphia. The name of the presentation was called Two Studies Concerning Self-Directed Care in Behavioral Health: Research, Program Experiences, and Participant Voices. Also, I had an opportunity to visit the SDC program offices and meet some of their participants. It was interesting to see the similarities along with the differences. In addition, I was able to attend an Institute on Self-Directed Care which was presented by our own SDC visionary, Dr. Judith Cook. It was an incredible experience.

The SDC Participant Learning Community meeting was held on Sep 13 at the Urban League in Oak Cliff. We had an exciting meeting and as usual we started off with wellness training. In addition, we had Alex Benavidez of the Greater Dallas Indo-American Chamber of Commerce, talk to the participants about starting their own business. It was a very inspiring presentation. Also, we had NAMI-Dallas come and speak about Peer to Peer training that is being sponsored by NAMI. Lastly, to commemorate SAMHSA's 10X10 Wellness Campaign, the participants and the staff did line dancing. What fun! Anna Salazar and Cheryl Gayles had everyone up dancing.

Below are our latest status calculations:

Employed – 30%

Living Independently – 75.3%

Taking Classes – 24.7%

Hospitalized – 0%

Incarcerated – 4.9%

The SDC staff is really excited for many of the participants that have worked so hard to achieve their recovery goals. It is very obvious by some of the outcomes, the participants are striving to recover and reengage the community.

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 occurred. Progress was made and some areas for continued discussion were identified. Another conference call will be forthcoming to further work out the details as we get closer to a final document.

Local Service Area Plan:

NTBHA has begun constructing the Local Service Area Plan (LSAP) which outlines the direction of NorthSTAR for the next two years based on community and stakeholder feedback. The draft LSAP is currently posted on the NTBHA website and many community committees are overlooking the plan and submitting their feedback to NTBHA to be included. NTBHA is also beginning to distribute a needs assessment and will do so throughout October and early November to gather further feedback from the consumers in which NorthSTAR serves and the family members/guardians of those served among other community stakeholders. The final report is due to DSHS December 15th. DSHS will provide their feedback to NTBHA, which NTBHA must respond to and submit a last final copy by the end of January.

RDM Oversight Workgroup Meeting:

Data: The RDM Oversight Workgroup Meeting was held at Austin State Hospital on September 27.

Issues and Concerns:

- The group discussed and reviewed initial draft of the Resiliency and Disease Management Utilization Guidelines for Child and Adolescent Services.
 - Reviewed UM Guidelines for Service Packages.
 - Discussion regarding the distinctions between Core Services, Adjunct Services, and services that are Core When Indicated.
 - DSHS Child and Adolescent Team will revisit the issues surrounding defining Core Services, Adjunct Services, and Core When Indicated with the RDM subcommittee and work on providing a better explanation of these distinctions and clearer instructions.
- The group discussed the Skills Training Implementation Plan for New Children's Mental Health Service Delivery System.
 - Skills Training Interventions selected include:
 - Nurturing Parent (Parent Skills Training)
 - Aggression Replacement Training with Skillstreaming as a component (Anger Management, Life Skills, Disruptive Behavior Disorders)
 - Seeking Safety (Substance Abuse/Trauma)
 - Preparing Adolescents for Young Adulthood (Transitioning Youth)
 - Tentative Implementation Plan:
 - Spring 2012 – Nurturing Parent
 - Begin initial training to establish Train the Trainers. (On-site training)
 - Summer 2012 – Aggression Replacement Training (includes Skillstreaming)
 - On-site Training for Trainers/Supervisors/QM staff
 - DVD Training for QMHPs facilitated by supervisors
 - September 2012 – Roll Out of New Service Delivery System
 - New Service Packages
 - New Skills Training Protocols: Aggression Replacement Training and Skillstreaming
 - September 2013 – Roll Out of the following Skills Training Protocols
 - Nurturing Parent (Statewide Roll Out)
 - Seeking Safety (DVD Training for QMHPs)
 - Preparing Adolescents for Young Adulthood (Online Training)
 - Costs of implementing new Skills Training Interventions were discussed and reviewed including break down of minimum costs of skills training implementation per LMHA.
 - Cost of maintaining trained staff and sustainability discussed.
- The group briefly discussed current work on Adult Service Delivery.
 - ANSA Early Adopters are in place. Lifenet Community Behavioral Healthcare is participating as an early adopter site.

- The RDM Adult Workgroup is working on “Texa-fying” the ANSA to make it more compatible with the mental health system in Texas.
- Next step is to get early adopters going to get data in as soon as possible.

Provider Review Committee:

There were nine (9) requests this month to become a NorthSTAR provider. Of the nine (9) requests, five (5) were approved, three (3) were denied, and one (1) is pending further information. The county breakdown is as follows:

- Collin County had one (1) request.
 - One (1) was nominated to the NorthSTAR network.
 - Addition of one (1) Individual LPC fluent in Hindi
- Denton County had two (2) requests.
 - One (1) request was nominated to the NorthSTAR network.
 - Addition of one (1) LCSW fluent in ASL and very near the Collin County border.
 - One (1) request was not nominated to the NorthSTAR network.
- Dallas County had two (2) requests.
 - One (1) request was nominated to the NorthSTAR network.
 - Addition of one (1) LPC in the City of Irving
 - One (1) request was pended for further information.
- Ellis County had two (2) requests.
 - Two (2) requests were not nominated to the NorthSTAR network.
 - Neither nominee met the 3-year licensure requirement, but was encouraged to apply again next year for consideration.
- Hunt County had one (1) request.
 - One (1) request was nominated to the NorthSTAR network.
 - Addition of one (1) nurse practitioner in Greenville.
- Kaufman County had one (1) request.
 - One (1) request was nominated to the NorthSTAR network.
 - Addition of one (1) LPC

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

Jail/State Hospital Liaison: NTBHA Liaison continues 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.

There are diversion programs that are sometimes offered in lieu of hospitalization however, individuals must meet certain criteria for eligibility. 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. This month there has been a steady flow of those waiting for hospitalization; however the wait time has been 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 continues 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. Due to funding constraints this program is being considered for termination along with numerous other possible cuts within NorthSTAR. 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 lists 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 researches the problem to find out the reason for the inmates not being added to the clearinghouse list. Dallas County Steering Committee continues to discuss the flow from jail to hospital and how to improve to quality of mental health services. Dallas County sends individuals to Terrell State Hospital, Vernon State Hospital and Montgomery County Hospital. NTBHA liaison continues to develop a relationship with Montgomery County Facility since it is new and Dallas County has sent

several inmates there for competency restoration. Montgomery County is a new facility and therefore continues to require ongoing communication to explain the NorthSTAR system and the expectations of treatment. Helen White with VO made a site visit to audit records and she reported that Montgomery County is not being aggressive with treating some patients. Dallas County reported that there was an individual who returned back from Montgomery County Hospital taking no medications. This will continue to be monitored.

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.

Hunt County Activity

NTBHA Jail State/Hospital Liaison met with Lt. Greninger with Hunt County to discuss jail/hospital issues. NTBHA discussed individuals on the clearinghouse list waiting for transfer to the State Hospital. Hunt County reported that they call Transicare for a crisis assessment if an inmate is experiencing a mental health crisis in jail. 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. NTBHA Liaison identified the service providers in the area that can provide after care mental health services. Adapt Mobile Crisis was also discussed and how they can provide crisis services for families in the community. Hunt County reported that their recidivism is very high. 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 continues to handle mental health crisis response calls to avoid bringing these individuals to jail if all is possible. The crisis response team continues to try to keep the recidivism rate down. The crisis response team goal is to follow up with a visit to encourage the family to follow through with after care planning for mental health treatment. 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 met and spoke with Captain Nichols with Navarro County to discuss mental health. Navarro County had one (1) person waiting on the clearinghouse house list. The inmate wait time was minimal before being transported to the 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 reported that inmates are treated with medication while they are in jail if they have a mental health diagnose. NTBHA representative 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

Rockwall County meets twice a month to discuss mental health services and issues. The Rockwall County Jail Officials and Dr. Vincent Ramos coordinate the meetings. 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.

Items discussed and meeting summary:

The Rockwall County Behavioral Health Advisory Committee is now officially recognized

- After functioning as an ad hoc committee for several months, this group is officially an advisory committee to the Commissioners Court
- Need to determine: Who from the Commissioners Court will be attending our meetings?

FY12 Budget: Annual contribution to NTBHA

- Last we heard the contribution had been cut down to \$12,000. However, Judge Hogan is willing to reconsider the cut after the presentation by Dr. Ramos and Lt. Calkins to the Commissioners Court earlier this month.
- According to the amendments made to “3rd draft FY12 budget”, approved by the Commissioners Court on 9/13/11:
5) Increase 001-740-477, NTBHA, (page 35) by \$13,000 to \$25,000

Who is responsible for transporting client from hospital to appropriate facility?

- Captain Guzik and Lieutenant Calkins shared information from local meeting (9-23-2011) that addressed this issue.
- JP will be called to the hospital and will provide Mental Health Warrant
- It appears that the client’s place of residence will determine the responsible police department for transporting. If the client lives in a rural area the county sheriff’s department will be called to transport client.

Rockwall County Website Updates

- Forward any information regarding mental health services that you would like available on the Rockwall County website to Lieutenant Calkins. We can start by placing information from Janie’s Pocket Guide on the website.

Janie’s Pocket Guide for Mental Health Resources

- Janie shared her ideas about a quick reference guide for police officers and family members who may encounter someone with mental illness. She presented her draft and will forward it to Dr. Ramos who will distribute it to all members. Any information to be added should be emailed to Dr. Ramos or to Janie.

Kaufman County’s Mental Health Database

- Dr. Davis attended the meeting. He is a forensic psychologist for Kaufman County. He shared information about Kaufman County’s mental health database which allows officers to monitor and conduct follow-up calls/visits with any person reported to law enforcement who suffers from mental illness.
- Dr. Davis also shared some information about Kaufman’s Employee Assistance Program. Captain Guzik will speak further with Dr. Davis about this, being that Rockwall does not have an EAP in place.

Angie’s Grant Research

- The discretionary grant of interest has not been posted yet. However, Angie found another grant regarding indigent defense to review. She will report back to the group about whether or not the grant can be applied to mental health services.

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 September 19th

- Dallas County has ten (10) inmates awaiting a bed at TSH, with the longest one waiting since August 10, 2011.
- Collin County has one (1) inmate awaiting a bed at TSH and was placed on the list on August 5, 2011.

Clearinghouse List-Vernon as of September 19th

- Dallas County has thirty three (33) inmates awaiting a bed at Vernon State Hospital.
- Ellis County have one (1) inmate awaiting a bed at Vernon State Hospital
- Hunt County has two (2) inmate awaiting a bed at Vernon State Hospital
- Rockwall County has one (1) inmate awaiting a bed at Vernon State Hospital.
- Collin County have three (3) inmates awaiting a bed at Vernon State Hospital

Steering Committee:

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

Issues and Concerns:

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

- Ron continued discussion on how TCOOMMI is planning to change the way jail diversion will be funded. A brief synopsis of the average jail diversion population was provided. According to CSCD the current caseload of 235 ICM clients is distributed as followed: Metrocare 105, ABC 48, Lifenet 46 and Adapt 36. Daniel Byrd of Value Options (VO) stated the numbers he has are roughly minus 85. Ron stated that the number of consumers in the program will ultimately be an important factor.
- Sherri Lockhart stated that there are currently 10 Case Mangers from all of the SPNs working with the various Diversion Courts. Sherri added that the process will be more streamlined having the case managers in one court instead of running between courts.
- Ron reiterated that what the judges have requested is a model where the six (6) caseworkers are in a case management role as opposed to a liaison role.
- Ron identified issues that would affect the other three SPNs (ABC, Adapt, Lifenet). He stated that for one, geographically the consumers are all over the county, secondly the use of the SPNs has been the core of the system, and third sometimes a client fits more cohesively with a SPN other than Metrocare for no particular reason.
- Daniel Byrd of Value Options stated that this is the only county in the state of Texas that will have these jail diversion staff, and his understanding is the role of the liaison can be defined by this committee. He stated that the definition needs to be established by November 1, 2011.
- Ron stated the group will be asked to vote shortly on the proposal presented, but he understands that one of the main concerns is to keep all the SPNs involved and part of the process. Ron stated that he would like to know what the responsibilities of the six (6) case managers will be, and what will be the direct services provided in the package received from VO (IE: med checks, docket time, etc.).
- Ron added that there is a match made by the County in the amount of three and a half (3.5) million dollars, and there may need to be some type of service package that specifically covers jail diversion. Ron summarized the discussion by stating that as discussed in the BHLT, Dallas County does not want to tell VO how to spend the 3.5 million dollars the County matches, but wants them to incentive jail diversion in the service packets to address these high risk consumers.
- Daniel suggested that a subcommittee be formed to discuss the proposed specific options outlined in the proposal to form a consensus.
- Ron presented the proposal that the Dallas County Behavioral Health Steering Committee recommends that Dallas County NorthSTAR matching funds be utilized to ensure that Value Options provides an appropriate level of jail diversion services.

**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 was invited to attend a Housing Policy Academy workshop hosted by Texas Health Institute. The NorthSTAR delegate who attended was Traswell Livingston, the Vice President of Housing at Lifenet, who is also the chair of the Continuum of Care Committee for Dallas and Collin Counties. He made some useful contacts and brought back much information to share with other NorthSTAR providers regarding housing initiatives to help our consumers. Also in attendance from this area was Tim Thetford of MDHA.
- 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

***August Number of Complaint Calls Processed**

Accessibility/Availability	5
Quality of Care or Service	7
BHO Contract with Provider	1
Miscellaneous	1
TOTAL	14

SPN Audits with ValueOptions

NTBHA representative Brittony McNaughton conducted a SPN audit with ValueOptions on September 22, 2011. 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 = 14
Number of Elements Reviewed Per Chart = 19
Target Overall Chart Score = 80 %
Number of Charts Meeting or Exceeding Target = 6
Number of Charts Below Target = 8
Total Overall Score = 80% Passing

(2) Hospital Discharges

Number of Unduplicated Charts Reviewed = 5
Number of Elements Reviewed Per Chart = 12
Target Overall Chart Score = 80%
Number of Charts Meeting or Exceeding Target = 2
Number of Charts Below Target = 3
Total Overall Score = 71%

(3) NorthSTAR Staff Qualifications and Credentials Review

Number of Unduplicated Staff Files Reviewed = 10
Number of Staff Files with All Requirements Met = 0
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:

- Medication allergies prominently noted
- Treatment plans contained measurable goals, note progress, and are updated with signatures
- Informed consent for medication is individualized
- Progress notes note strengths and 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 are documented
- Follow-up appointments should address clinical and non-clinical needs
- Within 3 weeks after first contact, a Treatment Plan is developed or reviewed with goals documented

- For individuals with COPSD, MH and CD services and supports are coordinated in treatment planning and stages of change are documented
- The intensity of services documented after discharge reflects the needs of the member.

(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 Green Oaks Hospital and met on September 23, 2011

- **ValueOptions Budget** – Budget Crisis versus Cost Cutting
 - The general sentiment is that Providers can't do it and we will lose some Providers if these cuts move forward.
 - Provider comment – there is no way we can pay a doc \$40
 - Question – did anybody see a clear description of the budget, what we are getting, and what is being cut?
 - VO – we put out the FY11 and the projected FY12 along with projected expenditures.
 - \$5.1M looks dismal, but Jim Pitts will speak to Tom Suehs to see what can be done.
 - Provider – This is disconcerting b/c I have heard the exact opposite – we will get the \$5.1M. The real problem is the uncertainty surrounding the \$5.1M.
 - PAC would like to see the final spreadsheet – to know clearly what the budget has been in previous years and what the budget is now.
 - VO is assuming the absolute worst case scenario – who budget's this way?
 - Provider clarified the difference between VO and NTBHA
 - VO controls the money – Eric has laid out a budget
 - NTBHA oversees the program and responsible for system redesign – not VO. What is NTBHA doing to look at system redesign?
 - Provider comment – VO is not responsible for outcomes – they just push it down to the Providers. What is VO's responsibility in maintaining the Provider network?

- Provider comment – nothing is going to change until 2014 - there is no fiscal way.
- Provider question – what can the PAC do collectively? Why do we continue to do nothing? Nobody emailed Alex when he requested feedback – why? Why can't Providers support one another? Alex needs to understand Providers are not happy with the direction VO is taking.
 - Going collectively has been discouraged for 12 years. Every SPN is out to survive and cutting their own deals. If you get too collective the response is you are colluding.
 - Does PAC really have a voice – there seems to be a sense of impotence.
- Why don't we become a network outside of NorthSTAR?
- SPN Contracts –
 - All SPN contracts run out Oct 31st
 - Can SPN's cut referrals to crisis to keep more \$\$\$ in outpatient?
- **MOTION** – PAC will send a letter addressed to Mike Maples and Alex asking for 2 things –
 - Clarification on all budget elements for FY11 and FY12 including Medicaid.
 - Collectively the proposed budget cuts create an untenable situation for Providers, consumers, and the community.
 - Would everyone be willing to sign this letter before leaving the PAC meeting today? All said yes.
- **Outcome Reconciliation** – How is this working?
 - Provider – it is not working. VO and Provider do not interpret contract language the same. VO's interpretation always costs Provider money.
 - Provider – the provider interpretation is what the contract language intent was originally, but VO has changed how they interpret it to meet their financial needs.
 - Provider – we met the outcome measures and now our outcome targets were raised making it more difficult to meet the target moving forward. You can only improve so much.
 - Provider – it is wrong to recoup – you are getting screwed twice.
 - Provider – the data is not good, it is dirty data. There are duplicates. Providers have to spend so much time cleaning up VO's data. The data is a mess and VO makes up their own rules as they go. How does the rest of the State collect data?
 - Provider – need to listen to the NTBHA BOD tapes – Jack stated he would not hold Providers to the reconciliation and recoupment.
 - NTBHA agreed to listen to the tapes.
 - Provider – we should want to see improved outcomes and continue to improve and arguing against improving outcomes sends the wrong message. It is a matter of what VO agreed to do and what they are doing now. They are going back on their word and that is the real issue.

Psychiatrists Leadership and Advocacy Group:

Data: The PLAG Meeting hosted by Metrocare met on October 5, 2011

OLD BUSINESS:

- **Physician's Prescribing Report :**
 - This will continue to be discussed at the P&T committee and will provide an update in November.
- **Pharmacy Manual:**
 - Update in November
- **Labs:**
 - VO seems quite interested and responsive to lab concerns. UTMB/Leslie has also been a bit more responsive. Historically, there have been two distinct issues –
 - Quality of lab results, which seems to have improved
 - UTMB staff, which seems to be the main issue currently.
 - Observation of a phlebotomist can be requested and additional training if needed can be provided if a SPN has concerns with the manner in which the draws are being handled.

NEW BUSINESS

- **VO Confidentiality Agreement:**
 - VO's legal department is looking at the confidentiality agreement and thinking of language changes that can be made. No update.
- **State Hospital Discharge Medication Procedure:**
 - Although the State mandate was for State Hospitals to provide 1 week worth of medications and a 2 week script it became known that not all TSH doctors would be providing the 2 week script. VO was aware of this and was addressing this issue with TSH.
 - The recommendation the PLAG would make would be to maintain the 2 week supply of medications TSH historically has provided, but this is a legislative change to 1 week of meds and the 2 week script.
 - **Question** – Can TSH call the script into the pharmacy on record to mitigate patients losing their scripts? What about using E-Prescriber for this function? Can VO care managers on site at TSH assist with this?
 - SPN's are contractually responsible for seeing patients within 7 days of discharge and maybe the legislative intent was to incentivize patients being seen within the 7 days?
 - The issue of community hospitals was raised again – what about hospitals such as Green Oaks providing meds instead of just a script?
 - Some Psychiatrists feel the bigger issue is hospitals providing scripts to patients that can't get filled because a prior auth was not requested, there

are Medicare Part D issues, or the psychiatrist who wrote the script is not a VO provider

- **Dr. Faber** – There was a discussion around how often Dr. Faber should attend the PLAG meeting and two main suggestions were posed –
 - Every other month – either for all or half of the meeting
 - Every month for only half of the meeting
 - For now, Dr. Faber will be invited to come next month at 8:15am and the frequency will be re-evaluated as we go along.
- **Election of new PLAG Officers:**
 - There was a quick discussion regarding the election of new PLAG officers.
 - Dr. Bennett was nominated as the PLAG Chair
 - Dr. Hunter was nominated as the PLAG Vice Chair
- **NorthSTAR Budget and Proposed Cuts/Changes**
 - NTBHA gave an overview of the discussion at the last NTBHA BOD meeting and the recommendation Eric presented to the board, which are also posted on the NTBHA website home page. NTBHA also addressed their understanding of the state of the budget after discussing with DSHS, which led to NTBHA circulating a document outlining the known and potential deficits facing NorthSTAR, which is also posted on the NTBHA website home page.
 - One recommendation on the list Eric presented to the NTBHA BOD is savings from Atypicals going generic. This seems to indicate VO does not have a desire to then add new Atypicals to the formulary. There was also a discussion that there is a dedicated funding stream for Atypicals and this funding stream should stay with Atypicals and not used balance out other parts of the system.
 - The list of recommendations was read and each one was discussed.
 - What does the PLAG say to the NTBHA BOD?
 - These changes will likely result in less Physician time and more importantly less access to medications for our patients. These changes will result in a shifting of costs to the jail and ER as well – not really saving any money.
 - Legitimate system redesign must take place and PLAG representation should be included in the process.
 - NTBHA/VO must continue to work with DSHS on finding ways to reduce or eliminate administrative burden on Providers so we can get back to treating patients and away from filling out paperwork.

Consumer and Family Advisory Council Meeting:

Data: CFAC did not hold a meeting during this reporting period.

The October CFAC meeting was moved to Tuesday, October 11, 2011 to avoid conflicts with Mental Illness Awareness Week events and activities.

SUMMARY OF CRCG ACTIVITY, BY COUNTY

September

***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, Medicaid Case Management, North Fork Education Center, and North Texas Youth Connection. McKinney Independent School District staffed 7 cases for non-educational funding approval. The CRCG members approved all 7 applications to request or continue non-educational funds. Plano Independent School District staffed 3 cases for non-educational funding approval. The CRCG members approved all 3 applications to request or continue non-educational funds. Allen Independent School District staffed 5 cases for non-educational funding approval. The CRCG members approved 4 applications to request or continue non-educational funds. One case was not approved due to the youth not being at risk for residential placement. Lovejoy Independent School District staffed 1 case for non-educational funding approval. The CRCG members approved this application for non-educational funds. One additional case was staffed which involved a 17 year old female with a diagnosis of PDD. The family was provided referral information for the Region 10 ESC Autism Specialist, a parent group through SAGE, and REACH of Plano for youth programs. The CRCG also recommended that the family get the youth involved in a Peer and/or Social Group to

increase peer relationships and work on interpersonal skills. Information was provided on Peer Groups through The Autism Society and Social Groups through Plano Parks and Rec.

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, Kids Care Therapy, Cedar Hill Police Department, Dallas ISD, Letot, Timberlawn, Region 10 ESC, Value Options, TX Star/TX Health Steps, DSHS NAMI, and CPS. There were four cases staffed. The first case involved a 14 year old female with a diagnosis of Bipolar Disorder and Aspergers. The youth's mother was seeking out of home placement and reported issues such as aggression, disruptive behaviors at home and in school, and running away. The family was given information regarding Waco Center for Youth and was provided with a priority placement letter for WCY. The family was also provided with information and referrals for the Path Project, Disability Rights Advocates, Arc of Texas, and the Asperger Network. The second case involved a 14 year old female who was referred for Waco Center for Youth placement by the Letot Juvenile Detention Center. The family was provided with a priority placement letter for WCY. The family was also referred to the Letot Center for aftercare services. The family was given information on getting the youth re-enrolled in school while on the wait list for WCY. The third case was a follow up from the previous month involving a 17 year old male diagnosed with PDD and Impulse Control Disorder. During the August CRCG meeting a priority letter for State Supported Living was provided by the CRCG and the family was asked to attend the September meeting for additional resources and referrals. The family was provided with resources and referrals for Arc of Texas, Disability Rights, Legal Aid of Northwest Texas, and Catholic Charities to assist with legal and custody issues creating barriers to services. The fourth case involved a 14 year old male who is experiencing issues such as aggression, threatening violence towards others, and threatening to run away. The youth was recommended for placement at Waco Center for Youth by Presbyterian Children's Home. The family was provided with a priority letter for WCY placement. The family was also provided with information on NAMI.

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 two (2) case staffed and several followed ups were reported.

The first case was presented by Hunt County Juvenile Probation. The child is 15 years old male. Hunt County is requesting residential placement at Waco Center for Youth. The parents were present and agreed with the Waco Center placement. The CRCG agreed to write the recommendation letter for residential placement.

The second case was presented by Lakes Regional Mental Health Services. The child is a 14 year old female who is in need of a recommendation letter for a HCS division slot. Lakes Regional stated that they will apply for the diversion slot based on the child needing constant supervision. The CRCG agreed to provide the recommendation letter for the diversion slot.

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. NTBHA representative did not attend this group meeting 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 three (3) case staffed.

The first case was presented by Child and Protective Services. The child is a 9 year old female. The family was requesting a recommendation letter for a HCS Diversion Slot. The child has been diagnosed with Intellectual Disability and must be closely monitored 24/7. The CRCG agreed to write the letter of recommendations for a HCS diversion slot.

The second case was an 11 year old male whose grandmother was requesting residential placement. The grandmother reported that the child has server outburst that she reports is hard for him to control. She reported that in the past he has tried to hurt himself and others. The CRCG gave the family several recommendations. The CRCG recommended the family contact Boles Children Home, Lutheran Service and Presbyterian Children Home for residential placement. Waco Center for Youth was not recommended due to the child age. Adapt Mobile Crisis was recommended if a crisis arise at home. The family was requesting other counseling services. Russ Crites was recommended for counseling. The CRCG recommended that the family continue to work with Lakes Regional for Behavioral Psych Services and service coordination. Providence was another provider that was recommended since the family stated that they may be interested in changing providers.

The third case was a 15 year old male. The family is requesting Waco Center for Youth. The parents reported that their son is out f control and is constantly getting into trouble at school, stealing, smoking, and hanging out with the crowd. The CRCG agreed to provide the family with the priority letter for Waco Center for Youth.

OTHER REFERRALS AND ADMISSIONS

North Texas State Hospital—Vernon Campus

There was one (1) case received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus, from Dallas County. After a review of the case it was determined that North Texas State Hospital was an appropriate placement and a bed letter was provided.

Referrals from TCOOMMI

There were two (2) referrals from TCOOMMI this month. The Provider was notified and the appropriate aftercare appointment was scheduled.

SUMMARY OF COUNTY OF RESIDENCE CHANGES

September 2011 County of Residence Changes

NTBHA processed 71 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs 52
- Requests by NorthSTAR to other LMHAs 15
- Requests by LMRAs within the NorthSTAR area 3
- Denials made by NTBHA to other LMHAs 3
- Denials made by other LMHAs to NTBHA 3

September 2011 WebCARE Discharges

- TRAG discharge requests processed by NTBHA 26
- Disenrollments related to TRAG discharge requests 9

20 TRAG discharge requests were from other LMHAs:

- Texas Panhandle MHMR-020 1
- Austin Travis County MHMR-030 2
- Tropical Texas Behavioral Health-130 1
- MHMR of Tarrant County-200 3
- Helen Farabee Regional MHMR-230 1
- Community HealthCORE-240 1
- Burke Center-260 2
- MHMR Authority of Harris County-280 1
- MHMR Services of Texoma-290 2
- Pecan Valley MHMR Region-350 1
- Denton County MHMR-400 4
- Hill Country Community MHMR Center-470 1

NTBHA processed 6 TRAG discharge requests from ValueOptions to other LMHAs.