

NTBHA Executive Director Report

November 2011

1. Budget – NorthSTAR

The implementation of the “Budget Plan” approved by the Board at last months meeting has begun to be phased in. Further we prepared a letter asking for relief to Senator Ogden and Chairman Pitts, and copied it to all the Legislators in our region. A copy of this letter is attached. We also prepared a template for a Resolution to be adopted by the NorthSTAR counties and it was submitted to Dr. Garcia. The documents are in development at Dallas County and we hope to see it available soon. **(See Attachment #1)**

For those services to be defunded, it is our understanding that correspondence has been sent out advising the appropriate date that services will be defunded. With regard to the other changes, these are being negotiated with each of the providers in accordance with VO’s charge to incorporate said changes and their mandate to contract providers to provide service to NorthSTAR.

2. MOU – VO, NTBHA, DSHS

The MOU between the parties was executed by VO and copies were forwarded to DSHS. This brings us into compliance with our contract with DSHS.

3. Two Year DSHS Contract Settlement

We have completed the Financial Settlement Report – (FSR). We reported a two year surplus of \$92,000. We have, as required by DSHS, reimbursed the State in this amount. These were funds we were conserving in favor of compensation increases for our staff. Going forward, we will be sure that we minimize funds to be returned to the State. We have asked the state to consider granting us back these funds so that we can develop a pilot project either for rural transportation or for funding Peer Group programs to support the SPN’s that move folks out of packages sooner.

4. Incentive/Penalty Section – VO Contract

DSHS is still working out the details on implementation of this section of the VO contract. We were in conference calls as recently as the first week of November, working through the details. A strategy is being pursued that would see any penalty dollars used by DSHS would be provided to NTBHA to use to supplement various NorthSTAR programs. I am enclosing a letter from Katherine Scheib regarding same. **See Attachment #2)**

NTBHA will be working with VO and DSHS to develop plans that will allow NTBHA to put penalty assessment dollars back into the North Star System as well as how to allocate the Incentive funds (\$400,000), to programs mutually agreed upon. It is the intent of DSHS to have NTBHA manage these funds. Of course if VO performs up to contract standards there won't be any penalty dollars to re-invest.

5. Chairman of Appropriations

I met with the Chairman at the end of October. He verbally reported that additional funds for NorthSTAR were approved, though no specifics were provided. He advised that we should hear from HHSC soon. In follow up at Austin, we have not been able to confirm this as yet, but it is hopeful.

6. NorthSTAR – System Redesign

The Board subcommittee has held its first meeting towards this end. Attached is the “talking points” document that started the discussion. **(See attachment #3)**

7. Dallas BHLT

The BHLT met in October, however the minutes are not available yet. Also, the BHLT has prepared and mailed the attached letter to our elected officials regarding NorthSTAR funding. **(See attachment #4)**

8. Ellis County Leadership

The Ellis County group met in October as well. They are still looking for ways to obtain juvenile CD services in the county. Brandy Ruckdeschel, Clinical Director for NTBHA attended to speak about the Needs Assessment surveys and to urge them to review the NTBHA Local Service Area Plan (LSAP) which is posted on our website and to gather

feedback of the service needs for Ellis County. Additionally, the following topics were discussed:

- 1) Follow-up on Intensive Outpatient Substance Abuse for Adolescents.
- 2) Discussion of the CIT for law enforcement scheduled for December.
- 3) Information on New Adolescent NA meetings starting in Ellis County.
- 4) Update on MH/SA budget issues after legislative session-funding cuts.
- 5) Update on Ellis County NAMI – new meetings.

NTBHA OMBUDSMAN/CLINICAL OPERATIONS REPORT

October 2011

October Meetings Attended:

- Board Meeting at NTBHA
- Meetings with VO CEO
- Meetings with Green Oaks CEO
- Meetings with Adapt CEO
- Dallas BHLT meeting
- Meeting with Navarro County Commissioner
- Board Subcommittee for NS Budget Meeting
- Self-Directed Care
- Provider Advisory Council
- Psychiatrist Leadership and Advocacy Group
- Consumer Family Advisory Council
- DSHS/VO/NTBHA Weekly Conference Calls
- VO/DSHS/NTBHA Bi-weekly Operational Conference Call
- Conference call with DSHS to finalize the 4a&4b in the VO contract
- VO SPN Meeting
- SDC/VO meeting to discuss claim errors and recoupment
- Terrell State Hospital Discharge Flow Conference Call
- Ellis County Task Force Meeting
- Quality Management Committee meeting at VO
- TCOOMMI conference calls to discuss contracts and payment structure moving forward
- FACT sub-committee of the Dallas BHLT
- ACOT sub-committee of the Dallas BHLT
- Dallas BHLT
- Pharmacy and Therapeutics Committee meeting at VO
- Crisis 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
- Medicaid and CHIP Regional Advisory Committee Meeting
- Substance Abuse Disorder (SUD) Quarterly Provider Meeting – Conference Call
- COMI Meeting
- NTBHA and VO Quality Management Meeting
- Dallas Behavioral Health Steering Committee Meeting
- Rockwall Behavioral Health Committee Meeting
- BHSC JDIM User/Admin Meeting
- Special BHSC Meeting for Jail Diversion

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

Adapt Mobile Crisis (September):

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 **3,550** incoming phone calls (total of 6,872 incoming and outbound calls) in August with **449** resulting in face to face encounters. This is a decrease of 118 incoming phone calls over last month and a decrease in F2F encounters by **22** over last month. Of the 449 face to face encounters, 423 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	407
	F2F	61
Dallas	total calls	2197
	F2F	286
Ellis	total calls	121
	F2F	20
Hunt	total calls	170
	F2F	33
Kaufman	total calls	141
	F2F	20
Navarro	total calls	86
	F2F	17
Rockwall	total calls	49
	F2F	10
Law	total calls	44
Enforcem	F2F	7
Out of	total calls	15
State	F2F	0
OTHER	total calls	364
	F2F	0

Recommendations: NTBHA staff is working with ValueOptions to come up with updated tracking measures for mobile crisis allowing data to be used more affectively when making decisions about the NorthSTAR crisis array of services.

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

The Self-Directed Care program has had participants in the program for at least 29 months. As reported last month, we have a number of participants that are now in their third year. We have had a few that did not continue on to the third year and they have transitioned back to services as usual in NorthSTAR.

The Galaxy Counseling Process group is continuing to meet biweekly at Mental Health America. There are about eight participants that attend this group on a regular basis. The comments from the participants have been very positive.

The SDC Learning Community meeting was held on October 11 at the Urban League of Greater Dallas. This was an exciting meeting as we utilized a Fall Festival theme. We started off with having a woman from Habitat for Humanity come and discuss first time ownership of a home. Several of the participants signed up to attend an orientation meeting to see if they qualify. It was a very inspiring presentation. In addition, due to the theme of the participant meeting, we participated in line dancing to commemorate the SAMHSA 10X10 Wellness event. We had a large group participate in the dancing event. Anna Salazar and Cheryl Gayles of SDC can really dance. Also, we played bingo and had a cake walk. The staff provided a number of prizes for the two events. All the participants walked away with some type of prize. Our next participant meeting will take place on November 22, 2011. We will have a Thanksgiving theme and a traditional Thanksgiving meal will be served.

At the Texas NAMI State convention in Austin on October 22, the SDC program was presented in one of the breakout sessions. Dena Stoner and Sam Shore from the Department of State Health Services collaborated on the presentation. Dena presented the policy issues related to SDC and Sam presented the program realities.

Anna Salazar of SDC attended Dr. Dan Fisher's Emotional CPR certification course in Austin in conjunction with the NAMI State conference. It was a two day event and Anna is now certified in this endeavor.

We continue to make great strides in the SDC program. There are many participants that have made significant progress towards their own recovery. Below are our numbers for October:

Below are our latest status calculations:

Employed – 30%

Living Independently – 75.3%

Taking Classes – 24.7%

Hospitalized – 1.2%

Incarcerated – 4.2%

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.

TSH, DSHS, VO, and NTBHA staff continues to meet and discuss the document. There are a few more issues to resolve before the final document will be completed.

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.

Medicaid Chip Advisory Committee Meeting:

Data: The Medicaid CHIP Regional Advisory Committee meeting was held at Center for Community Cooperation on October 18.

Issues and Concerns:

- Provider Enrollment – Upcoming New Requirements - The new provider enrollment & screening requirements include the following:
 - Supplemental information about each individual and entity that has a 5 percent or more ownership or controlling interest in the provider, either directly or indirectly.
 - Enhanced screening before enrollment approval for certain provider types when an individual or provider with ownership interest is subject to a fingerprint-based criminal background check.
 - A criminal history check of every person whose information is disclosed in an enrollment request. Certain convictions could disqualify a provider from being eligible to enroll.
 - Unscheduled on-site inspection visits during and after the enrollment application for some providers.
 - Some providers that are not currently required to enroll may be required to enroll under the new requirements, such as third party billing services. These may also include physicians who order or prescribe Medicaid covered items or services, even if the physician does not bill or receive payment from Texas Medicaid.
 - The new provider enrollment & screening requirements include the following:
 - For certain providers a processing fee be paid up front will apply before the enrollment application can be processed.
 - A provider is ineligible if excluded from a publicly funded state or federal health care program.
 - A provider may be deactivated if the provider does not bill the program for 12 or more months.
 - A provider may be denied enrollment if there is a failure to repay an overpayment debt.
 - A provider may be denied enrollment if a person with an ownership or control interest in the provider is prohibited from participation.
- HHSC is required to first propose and adopt new administrative rules that set forth the new provider enrollment requirements. The HHSC Office of Inspector General is assigned responsibility to facilitate the new rules, and we welcome the participation of the provider community and the public in this effort.
- HHSC will not begin to implement the new requirements until after the new administrative rules are adopted. Implementation is currently in the planning stages, and implementation will include “phase in” of the new requirements in stages, so as to minimize disruptions in the ongoing participation of providers in Texas Medicaid and CHIP. At this juncture, implementation may begin in June 2012, and as noted, will be phased in over time.
- Beginning March 1, 2012, the Texas Health and Human Services Commission (HHSC) is implementing changes to the delivery of Medicaid and the Children’s Health Insurance Program (CHIP) services. These changes include:
 - The expansion of the STAR and STAR+PLUS Medicaid managed care programs to new areas of the state.
 - The transition of approximately 880,000 people from the Primary Care Case Management (PCCM) program into managed care.

- Prescription drug benefits, currently administered through HHSC’s Vendor Drug Program, will be delivered through the Medicaid and CHIP managed care organizations (MCOs).
- The re-procurement of STAR, STAR+PLUS, and the CHIP MCOs in most existing service areas. As a result, different MCOs may be providing services in current managed care service areas.
- STAR+PLUS Medicaid managed care expanding to Hidalgo, Lubbock, and El Paso service areas
 - The STAR+PLUS program integrates acute care and long-term services and supports into a Medicaid managed care delivery system for the people over age 65, or who are blind or have disabilities. STAR+PLUS expands to the Lubbock and El Paso service areas and the new Hidalgo service area in South Texas. For more information about STAR+PLUS, go to the HHSC website at www.hhsc.state.tx.us/starplus/Overview.htm.
- STAR Medicaid managed care expanding to 174 PCCM Counties
 - The STAR program provides acute care services in a managed care delivery system and focuses on early intervention. STAR expands to the newly created Hidalgo service area (which consists of 10 counties) and new Medicaid Rural Service Areas (MRSA) that consists of 164 counties. Medicaid services currently being delivered through PCCM in these areas will be delivered instead through the STAR program March 1, 2012. In addition, the PCCM program is eliminated as of March 1, 2012. To view maps, go to www.tmhp.com/Pages/PCCM/PCCM_Home.aspx.
- Managed Care Pharmacy Benefits
 - Prescription drug benefits, currently administered through HHSC’s Vendor Drug Program, will be delivered through the Medicaid and CHIP MCOs effective March 1, 2012. MCOs will use a state-approved formulary for pharmacy benefits. Medicaid MCOs will contract directly with pharmacy providers and be responsible for payment of pharmacy benefits.
- Provider Contracting with STAR and STAR+PLUS MCOs
 - Medicaid providers, including pharmacies, who want to contract with STAR and STAR+PLUS must contact the MCO of their choice to complete a separate contract and credentialing application.
- Medicaid Managed Care Provider Training
 - HHSC is hosting a series of provider trainings in the Medicaid managed care service delivery areas. These meetings will allow HHSC to present information ensuring a successful implementation of the STAR and STAR+PLUS Medicaid managed care programs, pharmacy benefits in managed care, and children’s Medicaid and CHIP dental services. Providers will be given an opportunity to have questions answered relevant to Medicaid services. This will allow providers to make an informed decision on executing contracts with the MCOs.

RDM Oversight Workgroup Meeting:

Data: The RDM Oversight Workgroup Meeting was held at Austin State Hospital on October 25.

Issues and Concerns:

- The group reviewed final definitions of Core and Adjunct Services.
- The group continued to review CMH UM guidelines.
 - The subcommittee is looking at standards for overriding LOC-R due to resource limitations.
 - The Child and Adolescent team is looking at developing recommendations regarding engagement efforts – length of time for attempted engagement efforts, etc.
 - Discussed final changes to UM Guidelines.
- The group continued to discuss CMH Skills Training Protocols.
 - No final vote of approval. Consideration of modifications/adaptations for rural and frontier areas (less than 50 consumers) needed in order to problem solve before moving forward with final vote.
- The group voted to move forward with presented final version of CANS.
- CMH Proposed Outcome Measures
 - Outcome Measures (Reliable Change using CANS):
 - Child Risk Behaviors Domain
 - Child Behavioral/Emotional Needs Domain
 - Child Life Domain Functioning
 - Child Strengths Domain
 - Caregiver Strengths and Needs Domain
 - Needs and Strengths – Overall reliable change across domains
 - Additional Measures (Reliable Change using CANS Module Items):
 - Juvenile Justice
 - Substance Use
 - School Performance
 - Crisis Avoidance
 - Family/Youth Satisfaction Survey
 - DSHS group will move forward with proposed outcomes and also look at adding a trauma outcome.
- The group discussed AMH Outcomes
 - Looking to primarily stick with current outcome measures changing as little as possible.
 - Proposed changes include:
 - Substituting outcome collected from Texas Law Enforcement Telecommunication System (TLETS) for TRAG scores.
 - Implementing a consumer satisfaction survey in order to look at consumer's perspective on his/her own recovery and services.
- The group discussed the AMH Assessment/Treatment Plan/Authorization frequency
 - CMH Service Packages – every 90 days
 - AMH Service Packages : 1M- annually; all other packages – every 180 days
- The group discussed AMH UM Guidelines and fidelity.

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

Jail/State Hospital Liaison: NTBHA Liaison goal is to establish relationships and rapport with community members, providers and stakeholders 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 available in some counties that are sometime offered in lieu of going into a state facility; 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. The wait time has continued to be at a minimal. This month there has been a steady flow of those waiting for hospitalization. Collin County reported that they are screening those carefully for mental health issues and those being identified 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 needs treatment benefits until a provider in the community has been identified. The services include mental health and substance abuse treatment, assistance with setting up support services and linking consumers with therapeutic relationship with a case manager once released from jail. NTBHA will continue meeting with Collin County to offer assistance and education for mental health.

Dallas County Activity

NTBHA sends monthly spreadsheets to Dallas Competency Coordinator in order to monitor Dallas County inmates on the clearinghouse list for transport to a State Hospital. NTBHA monitors this list several times a month to assure the list is accurate. NTBHA Jail State/ Hospital Liaison and Dallas County Competency Coordinator Kimberly Carson communicate weekly and compare wait list in order to discuss the flow of inmates from jail to hospital. NTBHA will continue to monitor the clearinghouse list for Dallas County inmates and compare it with the list Dallas County creates to insure all inmates are actually on the wait list. The inmates that are found to not be on the

clearinghouse list, NTBHA representative reports the information to Kimberly Carson who researches the problem to find out the reason for the inmates not being added to the clearinghouse list. This month it was identified that 28 inmates were added to the clearinghouse list all on one day, which prompted DSHS to contact NTBHA. NTBHA researched the issue and found the glitch to be with Dallas County. Paperwork was not getting submitted to the clearinghouse and once that glitch was identified numerous inmate paperwork was sent to the clearinghouse in one day, but in reality these inmates should have been added to the clearinghouse gradually over a span of a month to month and a half. 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 rapport with Montgomery County Facility. Since Montgomery County started accepting patients there has been concerns regarding medication and competency issues. Dallas County Mental Health team has encouraged the medical staff at Dallas County Jail to closely monitor patients returning back to jail from Montgomery County Facility. There will continue to be ongoing communication to explain the NorthSTAR system of care.

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 clearinghouse 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 reports that their major concern is inmates returning back to jail once they are released from jail mainly because no aftercare is received in the community. NTBHA Liaison identified the service providers in the area that can provide after care mental health services. Hunt County stated that it is very helpful when they know the services that are available in the community so that they can pass this information to inmates during their release from jail. Hunt County reported that their recidivism

continues to be 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 one (1) person awaiting admission into Terrell State Hospital. Dr. Davis reported that inmates that have been identified as having a mental illness are being treated with medication. Kaufman County continues to use Transicare for an inmate who needs a mental health screening immediately or have attempted suicide. Dr. Davis reports that after Transicare intervenes he reviews their recommendations and passes the information to the treating physician. Dr. Davis reports that inmate's can fill out a request form to have a counseling session with him if any problems arise while they are in jail. 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 has been a key role in keeping the recidivism rate low. 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.

Navarro County Activity

NTBHA Jail State Hospital Liaison continues to make rapport with Navarro County to discuss mental health. Navarro County currently has no one waiting for hospitalization on the clearinghouse list. This month is a slow month for Navarro County. The number of people who are placed on the clearinghouse waiting list for Navarro is usually low. Navarro County states that inmates are placed on 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, Rockwall Sheriff's Department, Rockwall Police Department, Assistant District Attorney, Mental Health Volunteer, Mental Health Intern, NAMI Dallas, Dallas Mental Health America and NTBHA Board Member Andy Dillard. The meetings are twice a month.

Items discussed and meeting summary:

Local Area Service Plan

- Expand transportation – looking into a grant for low income population
- Targeted Case Management in Collin County is scheduled to be cut as of Feb 1st

Dr. Ramos asked that everyone review the NTBHA plan he emailed out

- Peggy shared that her supervisor, Brandy, is the person developing the plan. NTBHA will be collecting surveys from various stakeholders. Committee member asked if there will be a separate survey for the jail population.
- Ramos recommended the Committee work to contribute to the Diversion Action Plan section of the document
- Peggy asked for as much input from everyone as possible. Input deadline will be mid November.

Rockwall County Website of Mental Health Resources

- Reminder for everyone to send in all known MH resources to Lt. Calkins or Dr. Ramos
- Include resources that are accessible to Rockwall residents even if they are located in surrounding areas
- Angie has a list Juvenile resources
- Resources identified:
 - Youth Connection
 - Promise House
- NAMI “Do and Don’t” Card was introduced for consideration as an item developed for police. Suggested that it could be placed in jail settings as well as many other places

Grant Update from Angie

- After review, the second potential grant Angie mentioned at the previous meeting will not be applicable for our needs.
- The grant from the Office of Indigent Defense looks hopeful
 - RFA roll out date is October 15th
 - A representative from the OID may come out to Rockwall County to provide training session and give advice/feedback on applying for this grant. Judge told Angie to go ahead and set up a meeting for this to happen.
 - This grant is really pushing the indigence component.

Services Update from Dr. Ramos

- Developing
 - Jail Intern/Volunteer Guidelines
 - Jail Substance Abuse Program. Target date is November 7th.
- Ms. Barnes asked if a substance abuse program could be developed for juvenile diversion. Dr. Ramos indicated a program for juveniles is possible

The need for a part-time psych nurse was revisited and affirmed.

- Captain Guzik will follow up and begin search to hire one.
- Angie would like to co-contract with jail once one is hired.

Dual Recovery Anonymous (DRA)

- Looking to expand services
- Will establish group in Rockwall County that will meet once per week

Need to identify space for various Rockwall meetings?

- Captain Guzik recognizes the need to find meeting space. Current courtroom at RCDC being used for advisory committee meetings will soon become a control room.
- Need space for group programs, such as AA/NA/Alcohol & Drug Education Group
- Possible space at courthouse? Library?

Enrollment/Re-enrollment in Medicaid/Social Security/NorthSTAR benefits upon offender release

- Captain Guzik stated that the jail submits list of inmates to Soc Sec. Agency. Benefits are suspended while recipient is incarcerated
- Upon release, offenders need to know how to enroll or re-enroll in benefits
- NorthSTAR requires separate enrollment process in addition to enrollment in Medicaid
- It was suggested that a “discharge packet” with information, recommendations and instructions be developed and provided to inmates upon their release.

Outpatient Competency Restoration and Jail Diversion: Dallas County Outpatient Competency Restoration currently has approximately fifty three (53) 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 October 25th

- Dallas County has twenty six (26) inmates awaiting a bed at TSH, with the longest one waiting since September 2, 2011.
- Collin County has one (1) inmate awaiting a bed at TSH and was placed on the list on October 17, 2011.
- Kaufman County has one (1) inmate awaiting a bed at TSH and was placed on the list on October 4, 2011.

Clearinghouse List-Vernon as of October 24th

- Dallas County has thirty one (31) inmates awaiting a bed at Vernon State Hospital.
- Ellis County have one (1) inmate awaiting a bed at Vernon State Hospital
- Hunt County has one (1) inmate awaiting a bed at Vernon State Hospital
- Rockwall County has one (1) inmate awaiting a bed at Vernon State Hospital.
- Collin County has one (1) inmates awaiting a bed at Vernon State Hospital
- Kaufman County has one (1) 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 reported that there were updates made to the Memorandum of Understanding (MOU) between Dallas County and NorthStar for matched funds for the upcoming year. The MOU provides for continued availabilities of the stabilization beds and that jail diversion maintain the same intensity and level of service currently being offered. The expectation expressed to ValueOptions (VO) were that they continue to support the three (3) SPNs (Lifenet, Adapt, and ABC) other than Metrocare, by funding at least one Case Manager per organization to keep working with jail diversion.
- Ron stated that the DDC aftercare will have to be closely monitored. Gwen Broadnax stated that Probation will have a graduation each month for the participants of this program and will no longer grant extensions.
- Ron stated that keeping good statistical data will also be critical moving forward. Ron continued with the update stating that another requirement in the MOU is to continue the transportation services provided by Transicare. Also included in the MOU is maintaining the court liaisons.
- Another area modified was the specialty unit that deals with 21 individuals. Sherri Lockhart stated that it is known as the Forensic Diversion Unit (FDU), and it deals with around 21 to 23 individuals. This Unit functions like an ACT team, but is directly related to jail stays. Ron asked that a regular report be generated to monitor the program. She stated each person has a three month authorization.
- Felicia stated that VO has been attempting to get guidance from TCOOMMI as to what they are willing to fund. She stated that Daniel Byrd did submit documentation with regard to Jail Diversion's request to keep the level of services the same and not to lose services. Felicia

reported that there was a teleconference with TCOOMMI, Metrocare, NTBHA, and DSHS. They (TCOOMMI) did agree to an intensive case management model with a caseload of 20 to 30. Felicia will meet with the three SPNs to work on the details of them maintaining a case manager dedicated to jail diversion.

- The Texas Law Enforcement Telecommunications System (TLETS) Continuity of Care Matches report is distributed weekly. This is generated by the state for reporting. Ron mentioned that this report might be helpful to the court coordinators by making them aware of a possible mental health case. Dr. Ahmed stated that his staff is using this information to refer inmates to Mental Health services if they are not already on the list. Lynn Richardson mentioned that the Public Defender's office would like to be on the distribution list. Judge Wade cautioned that we should be careful about how this list is disseminated. This could cause a rash of request for competency evaluations. Felicia stated that the report is not an exact match, and it is state wide. Ron stated it may be best to hold off on responding to this report until some training has been provided.
- Ron indicated that there will be a Committee Chair Persons meeting next week and the focus will be to begin to start to make some decisions about the direction of Behavioral Health Care in Dallas County and not just talking about what should be done.
- Ron reported that SAMHSA issued a response to the application submitted with a score of 68. He stated they haven't stated that the grant request was rejected, but it is not likely that it will be awarded.
- Kim Carson reported that there are currently 68 on the waiting list, and the movement is going well at this time. The report was made a part of the packet for this meeting.

**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 Plano (Collin County) and Red Oak (Ellis County).

Complaints

*September	Number of Complaint Calls Processed
Accessibility/Availability	3
Quality of Care or Service	2
Utilization Management	2
Miscellaneous	1
TOTAL	8

SPN Audits with ValueOptions

NTBHA representative Brittony McNaughton conducted a SPN audit with ValueOptions on October 26. The four audits conducted included Treatment Record Review, Hospital Discharge Review, SP1 through SP3 members Claims line, and HR & Credentialing. The results of the audit are not yet available as the data is still being reviewed.

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 October 28, 2011

- **Peer Support** – A number of advocacy individuals attended the PAC meeting this month – (MHA, NAMI, CFAC, and APAA). Given all the budget/service changes/cuts it seemed appropriate to reach out to the advocacy community and collaborate on services the advocacy community offers consumers and family members.

- Some Providers do more with peer support than others, but some expressed the feeling that it was time to expand and become more open to using peer support services – now more than ever.
- One provider talked about the use of peers to run several groups, which has been tremendously successful. So much so that oftentimes too many consumers show up for the groups and many have to be turned away.
- The Advocacy community is looking for more consumers to attend their meetings – DBSA for example. Can SPN’s and Advocacy help each other and partner with one another?
- SP1 – there was a discussion about whether SP1 was time limited or not. There seemed to be a few Providers that believed this was the case, but neither NTBHA nor VO had this understanding. A question was raised that if SP1 is time-limited could the Advocacy community step in and assist at that juncture?
 - Provider stated that even if it is time-limited they will probably just continue to see the consumer whether or not they get reimbursed.
 - Provider asked if Advocacy could come to the SPN’s? It is hard to convince consumers to try out new supports in the community without any knowledge of what is being offered. If consumers could get a “taste” at the SPN they may be more inclined to drive to the Advocacy location to receive community services.
 - NAMI – we do 2 groups a month at Zale Lipsky to do a warm hand-off into the community. There are 2 community meetings and 2 different locations to help with travel times.
- Partnering would also allow the Advocates to hear more from consumers and family members on the NorthSTAR experience.
- Provider brought up the need to get more folks trained and that takes money. The more peer support services are sought the more folks will need to be trained.
- APAA – discussed their services and drop-in center that is available. It is peer run from the top to the bottom. Peers assist consumers in getting their own life back on track. Recovery support is vital.
- WRAP – some Providers do this while others do not. One Provider discussed their experience and success running WRAP groups, which are peer lead.
- PAC was asked if there was any interest in forming a motion to present to the NTBHA board to encourage a formal look at incorporating peer support services into the current array of SPN services, which is about to be cut? This would be an adjunct service offered to consumers.
 - There was no motion put on the floor to move this forward.
 - Provider again commented on the success rate of using peers in the service array at their location - reporting that the sobriety rate in their housing program is much better now that peers have been incorporated.
 - SDC discussed their success rate employing peers and the impact that had on hard to reach/engage consumers.
 - There was still no motion put forth to focus on incorporating peers.
- Via Hope was discussed and the multitude of trainings they offer for certified peer specialist and CPS supervisor training.
- Provider was asked whether it was cheaper to employ peers? Provider reported it is slightly cheaper.
- Transportation continues to be a top issue, which makes it difficult to get consumers to go different locations (ie, SPN for meds and then Advocacy for support groups).

- Although a formal motion was not put forth – a couple of Providers expressed an interest in getting more information on community Advocacy services available and planned to reach out and attempt to partner.
- **Budget Cuts** – Lots of discussions were had around the upcoming budget cuts and the impact it will have.
 - Provider discussed the need to drastically reduce expenses, which will most likely translate into letting case managers go. This will result in virtually no case management services for SP1 consumers – just med checks.
 - Provider also agreed that they will have to let case managers go.
 - Rural NorthSTAR has a wide lack of resources (ie, Salvation Army, transportation, and resources in general are lacking). This, along with the drop-in center closure, makes finding community resources near impossible in the rural areas.
 - NAMI reported training folks in the rural communities to expand resources available in those areas.
 - Provider also discussed Project Transformation grants to utilize peers, but a requirement is to partner with the local State Hospital and TSH is not interested.
 - It was reported that the Dallas drop-in center is also closing and The Well is struggling.
 - There will be an ED meeting next week to go over the current contract issues.
 - VO – There have been 5 initial contract meetings with 5 more to be had in the upcoming week(s).
 - VO sent out a template to all SPN's. This also included an indigent case rate and an "everybody else" case rate figures. An analysis of what every SPN's baseline was also sent out.
 - Provider reported when they met with VO the issue was largely administrative burden. The Provider encouraged Alex and Eric to continue the fight to assist SPN's is getting relief from the admin burden they are required to provide, which takes away from consumer care.
 - Provider stated that they hear a lot of focus around outcome measures lately from everyone, but what they didn't see in the contract templates was anything around incentives or penalties in regards to what the outcomes should be or what the are the expected outcomes. Provider stated they can't make any decisions without first knowing what outcomes are going to be expected. We are being asked to serve more people with less money and to have better outcomes.
 - VO – the outcomes measures – incentives/penalties were removed before sending out the templates to allow more time to work on them. If VO pushed the DSHS/VO contractual outcome measures and associated incentives/penalties down to Providers this would be too cumbersome and most likely unattainable/unrealistic. VO is tweaking the penalties/incentives to be included in the Provider contracts and will try to get them out prior to the ED meeting being held next Tuesday, but can't guarantee they can get them out that quickly.
 - Admin Burden – VO suggested that for the smaller SPN's it may be worthwhile getting VO WebCare access. This would allow a manual entering of each UA directly into VO WebCare, which would require a clean UA before the submission could occur. This should virtually wipe out chasing UA's, missed faxes, etc. This would probably not be very attractive for larger SPN's due to the volume of UA's that would be entered daily. If you do think this may

be of benefit to you please contact Holly Brock at VO for more information. For those SPN's that have UA submission issues, this may be a solution.

- SP1's and annual UA's – this was brought up for discussion again because this option is available to SPN's currently – however, the required caseload size seems unattainable to virtually all SPN's and therefore only one SPN to date has taken advantage of the yearly UA submission for SP1's. This was a point cited when DSHS denied the request for admin burden relief previously – stating that this is currently available to our Providers and if they are not willing to take advantage of this admin burden relief why would additional relief be warranted. The argument that needs to be made back to DSHS is that the caseload size requirement is prohibitive for our SPN's to participate. NTBHA agreed to follow-up and continue advocating for admin burden relief.
- Provider suggested going to DSHS and requesting to in a way pilot some of the upcoming RDM changes now, which would offer some admin relief. NorthSTAR could be an early adopter. NTBHA agreed to look into this further.
- Meds Only Package – Provider brought up the “requirement” to see consumers monthly when many may only need to see the doc once a quarter. It was clarified that VO is not requiring SPN's to see every consumer once per month, but if you do not see a consumer during a given month you will not get reimbursed for that consumer, therefore, you are “required” to see every consumer monthly to obtain the case rate for that consumer, but it is not contractually required to see every consumer every month.
 - It was suggested that VO pay a quarterly case rate that would allow SPN's to see the consumer once per quarter, but still get to count/get paid for that consumer each month. After a brief discussion it was determined this should remain an individual SPN contract negotiation and probably would not fly with VO.
 - VO did report that they are open to and considering quarterly reconciliations as some SPN's have requested, but not quarterly encountering requirements.
 - Funding for the meds only package is ridiculous and simply not adequate.
- Provider made a comment that you have the VO contract and then the overlay of DSHS admin burden – so, now instead of less admin burden there is more under the new proposed contract. It is also not “really” a blended case rate because you still have to stick to a certain service package and associated services with that service package. This is very costly and very annoying.
 - VO/NTBHA – what are the additional admin burden under the new proposed contracts as compared to the current contracts other than identifying Medicaid members?
- Provider stated that they thought they heard that although SPN's were going to get less money they would be required to do less, but instead we are getting less money and required to do so much more. \$100 case rate is ridiculous and the risk is tremendous.
- NTBHA Redesign Committee – NTBHA reported this committee has met once so far. Ron Stretcher is the chair of this committee. This committee will expand at some point to include others, but right now it is a NTBHA board committee.
- Provider asked whether VO can provide each SPN what the expected target is for each SPN for each service package. Right now - Provider feels they are shooting in the dark – not knowing what VO expects for caseload sizes for each service package.
 - VO reported they could provide this

Psychiatrists Leadership and Advocacy Group:

Data: The PLAG Meeting hosted by Metrocare met on October 5, 2011 - these are the **draft** minutes.

OLD BUSINESS:

- **Physician's Prescribing Report :**

- Dr. Faber sent out a sample to Brandy with NTBHA last month who still needs to circulate to the PLAG for feedback. The timeline to have the first iteration completed is December 1st so please get your feedback in.

- **Pharmacy Manual:**

- Dr. Faber provided an update on the status of the VO pharmacy manual and formulary. The timeline for this to be completed is December 1st.
 - Atypical Meds – Dr. Faber is working to get all anti-psychotic associated costs but still needs info on the newest three meds. The thought is to have a 1st tier of atypical meds to include Seroquel, Zyprexa, and Respirodol to be tried first and then a 2nd tier of meds still to be determined, but for example Latuda.
 - Latuda seems to work well for patients, especially those that have not responded to other meds.
 - Dr. Faber also discussed a process he would like to put in place to allow new medications and the associated research to be reviewed and discussed to determine whether the medication should be added to the formulary.
 - It was also suggested to include side affect information in the pharmacy manual to allow a better comparison between medications.
 - A question was raised whether new atypical medications would in fact be added to the formulary (ie, Latuda) given the proposal from VO to use savings realized as current atypical medications (ie, Seroquel and Zyprexa) go generic.
 - VO reported that new atypical medications will need to be looked at and a decision made whether to include it on the formulary, but VO is open to this possibility. Looking at Latuda, for example, it seemed obvious due to the associated costs that it should be included on the formulary.

- **State Hospital Discharge Medication Procedure:**

- This is a topic that has been discussed at the last couple of PLAG meetings. Are physicians noticing patients coming in off their meds? Are patients ending up at GOH or back at the SH due to this medication change at the SH?
 - One report was that patients can be scheduled and seen within the week after discharge, but the patients are not showing up leaving the SPN to scramble to get the patient in before they run out of meds or off meds for too long.

- **VO Confidentiality Agreement:**

- VO's legal department reviewed the document and determined no language changes were needed, but did send some clarification. There was a discussion on the ramifications of this and what can be done to ensure the P&T committee does not lose any of its members due to this VO required form.
 - Dr. Faber encouraged physicians to take the form to their own legal teams for a legal opinion and reiterated that he felt this was a very typical form and there should be no issues signing it. Dr. Faber has also reached out to another physician in New Mexico that runs a P&T committee to get his feedback and will likely invite him to the next VO P&T committee meeting to offer some outside insight.
 - One provider did send it to their legal team and did not get a "don't sign this" directive back.
- There was also a discussion concerning proprietary information shared at the P&T committee and that responsibility lies with VO and if VO chooses to share proprietary information they should inform the group they are doing so and not leave it up to the committee members to discern what was proprietary and what wasn't.
- It was also suggested that the P&T committee include some sort of QI component, which is protected and allows sharing of confidential information.
- One Provider did sign the document, but did mark through certain language and also made some language changes that seemed to make more sense and the provider was more comfortable signing with those changes made. This may be a possibility for others that may be having issues with certain pieces of the document or specific language.

NEW BUSINESS

- **NorthSTAR Budget and Proposed Cuts/Changes**

- At the last NTBHA BOD meeting Ron Stretcher addressed the audience and reported the VO proposed cuts "had to happen". There was no discussion around the subject and the

NTBHA BOD voted unanimously to approve all budget cuts outlined in the document that can be found on the NTBHA website homepage.

- NTBHA did discuss the meetings that took place leading up to the vote at the NTBHA board – (ie, VO meeting held at GOH with a select group of NS providers, meeting with MHA/NAMI, and the board sub-committee that reviewed all the VO recommended cuts). It was pointed out that PLAG was never consulted or included in the discussion. This was also communicated to Dr. Faber upon his arrival and will be taken to the NTBHA BOD. PLAG or NTSP should be included in all discussions surrounding NorthSTAR system changes and the expectation is that this will occur moving forward.
- The cuts were discussed for those that were not aware of the impact to the outpatient SPN's.
 - Medicaid and Children will have a \$140 case rate
 - Indigents will have a \$100 case rate
 - If a SPN goes over their contracted caps the case rate drops to \$40
 - What about admin relief? NTBHA sent a letter previously to DSHS formally requesting admin relief, but DSHS denied this request. This was also discussed at the last PAC meeting and NTBHA agreed to tackle this issue again with DSHS.
- SP1 versus med mgmt only. Many patients want to come in and get their script and leave. They are not interested in receiving rehab services.
 - Why not just serve them at med mgmt only, which is outside the case rate because it is not a service package? There was some discussion and confusion on what “med mgmt only” entailed and whether that could be done and not count against encountering targets.
- What are the ramifications to providers identified to date?
 - Maybe one FT physician along with nurse time and case managers.
 - Maybe reduce clinic time or even close a clinic and definitely a reduction in physician time.
 - Maybe physician hours and reduction in case managers
 - Question – if patients are not interested in rehab services why would physician hours be reduced in lieu of more case managers?
 - Clinics can't close the financial gap without cutting physician time. It can't happen.

- Tracking – could or should NTBHA track hospitalizations, ER presentations and jail presentations in order to track the ramifications of the budget cuts? NTBHA can track VO paid claims, which leaves out Parkland and jails.
 - Maybe something for the BHLT to tackle (ie, Margie)?
- **Other Discussions**
 - 340B – There was a discussion concerning 340B and whether patients are required to still go to their designated pharmacy or whether the rules changed allowing flexibility of which 340B pharmacy can be used. NTBHA agreed to get some clarification.
 - Hospital Discharges – Patients can go to Kroger to get their scripts filled before they are set up with a SPN, but this is Dallas County only. There was a question whether this is still the case or if these rules have changed? NTBHA agreed to follow-up with this as well.

Consumer and Family Advisory Council Meeting:

Data: CFAC Meeting was held at NTBHA on November 1.

Issues and Concerns:

FY 2012 NorthSTAR Budget

- Continued discussion of FY 2012 NorthSTAR Budget and the impact of shortfall and cuts on consumers.
- Discussed the potential reduction in Peer Services and the layoff of numerous Certified Peer Specialists by providers.
- Discussed the ambivalence of some providers to embrace the utilization of Peer Support Services.
- It was reported that during recent PAC meeting, that group declined to put forth a motion to look at incorporating peer support services into the current array of SPN services.
- Discussed the potential benefits of Providers partnering with Community Advocacy and Community Peer Support Services in order to fill in service gaps and provide support and education to consumers.
- Discussed potential cuts to some community and advocacy peer support programs and other programs due to budget shortfall.

- Discussed the upcoming closure of drop-in centers and the impact of these closures on consumers.
- Janie Metzinger discussed current efforts by the Advocacy community to get detailed accounting of changes made to the NorthSTAR Budget line item originally set by the State Legislature. Janie has requested a line item budget report for NorthSTAR and other MHAs in order to try to discern where the money actually flowed. Advocates are attempting to find out how much DSHS is permitted to alter the budget set by Legislators.
- Advocates are coming together to develop a list of questions and concerns regarding the budget and will then begin to mobilize consumers, families, and other stakeholders to reach out to their legislators.

Other Issues Discussed

- Janie also discussed proposed revision of the Texas Mental Health Code.
- Encouraged group to become familiar with current code and proposed revisions.
- It is important to make sure those doing revisions have accurate information and understanding of NorthSTAR.
- Susan Stone will be presenting on proposed revisions to the Texas Mental Health Code at the COMI meeting to be held at MHA on November 16th at 8:00am. This meeting is open to all stakeholders.

CFAC Models and Bylaws

- Ashley Zugelter is currently working to reword and modify the Mental Health Planning and Advisory Council (MHPAC) bylaws to fit the mission, needs and framework of CFAC.
- The group agreed to table action on bylaws until early next year.

Announcements

- Janie discussed some of the charges issued by the State House related to behavioral health issues. She will be sending out Mental Health Monday alerts and other communications in order to keep community stakeholders informed and initiate any needed response from the community.
- APAA is now open 7 days a week.
- Next CFAC meeting will be December 6.
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SUMMARY OF CRCG ACTIVITY, BY COUNTY

October

***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, Workforce Solutions, Juvenile Probation, Plano ISD, McKinney ISD, Child Protective Services, Methodist Children's Home, Family Outreach, Glen Oaks Hospital, and Cal Farley. There were six (6) cases staffed.

The first case involved a request by Juvenile Probation for a recommendation for NTSH Vernon placement for a sixteen year old male. The CRCG recommended placement and approved a priority placement letter for admission.

The second case involved a sixteen year old male diagnosed with Reactive Attachment Disorder and Oppositional Defiant Disorder. The youth's father was seeking out of home placement and reported issues such as aggression and running away. The family was given information regarding Waco Center for Youth and was provided with a priority placement letter for WCY.

The third case involved a sixteen year old female diagnosed with Oppositional Defiant Disorder and a Mood Disorder. The youth's mother was seeking out of home placement and reported issues such as disruptive behaviors, getting into fights at school, and self injury. The family was given information regarding Waco Center for Youth and was provided with a priority placement letter for WCY. The youth's current counseling agency also agreed to begin weekly counseling sessions with youth.

The fourth case involved an eight year old male with medical issues such as abnormal brain functioning and seizures. The CRCG recommended that school personnel apply for Non-educational funds for respite for the family. The family was also encouraged to seek county support funds through Life Path Systems and was provided information on the Medicaid Buy-in Program.

The fifth case involved a sixteen year old female diagnosed with Mood Disorder, Anxiety Disorder and ADHD. The youth's mother was seeking resources and referrals within the community. The mother was encouraged to seek out the assistance of the lead special education teacher at Boyd High School and also request in-home training through the school. The family was encouraged to follow up with Medicaid Case Management and was provided contact information. The family was also provided

information for the McKinney Vento Homeless Program in order to address housing needs. The family was also provided with information for the Methodist Children's Home.

The sixth case involved a 9 year old male diagnosed with Autism. The mother was seeking resources for respite care, community resources, and financial assistance. The mother was encouraged to continue work on completing Medicaid application. The mother was also provided with information for various agencies within the community offering financial assistance. The mother was provided with information regarding Crime Victims Compensation. She was provided with contact information for the Region 10 Esc Autism Specialist. She was also provided with information on Equest for therapeutic riding.

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. The Dallas CRCG did not meet during the month of October as there were no cases to staff. The CRCG completed an emergency staffing by secure email on 10/13/11 submitted by Child Protective Services seeking a State Supported Living Priority letter for a sixteen year old female diagnosed with Major Depressive Disorder, Oppositional Defiant Disorder, ADHD, and Mild Mental Retardation. Agency representatives from NTBHA, Juvenile Probation, Metrocare Services, Region 10 ESC, Cal Farley's Family Resource Center, Cedar Hill Police Department, Youth Advocate Program, Child and Family Guidance, DSHS, ValueOptions and Timberlawn approved the request for State Supported Living placement and a priority letter recommending placement was provided.

Ellis County

Ellis County CRCG meets the 1st Tuesday of each month at the Presbyterian Home in Waxahachie, Texas. Janis Burdett is the Chair Person and Teresa Evans is the Co-Chair. Agencies represented included NTBHA, PCHAS/MCH, REACH, Region 10 ESC, DSHS, Network STARS, Lakes Reg. MHMR, ADAPT and HOPE Clinic.

The case was presented by Teresa (CRCG Coordinator). The aunt was present to give background/social history information. The child has been living with the aunt and uncle since she was four years old. The child has long history of mental health issues. She has previous been diagnosed with bipolar, borderline personality disorder, anxiety disorder and ADHD. She has several prior psychiatric hospitalizations. She is a Special Ed student in Red Oak ISD and spent most of last year refusing to do her work. The aunt and uncle expressed frustration in dealing with child this past year. They have seen her behavior get worse

despite psychiatric care. She has been aggressive toward others and has incidents of self harm to self. She has been sexual active and admitted to using marijuana and cigarettes on several occasions. Motion to write a letter of recommendation for placement at Waco Center for Youth was approved. The aunt and uncle started the application process and were informed that before her application is accepted she needed to present the case to CRCG.

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

The first case was presented by Lakes Regional MHMR. The child is a 9 year old male who is in need of a recommendation letter for a HCS division slot. Lakes Regional stated that they have applied for the diversion slot based on the child needing constant supervision. The CRCG agreed to provide the recommendation letter for the diversion slot.

The second case was presented by Lakes Regional. The child's parents were present at the meeting and they were requesting additional resources to help deal with anger and behavioral issues. The parents reports that the child is taking medication and working with a caseworker. The school was present and reported that the child is currently in resource class however his behavioral continues to be a struggle and prevents him from completing homework assignments. The school also complained that the family does not always support them with trying to find solutions to school issues. The CRCG encouraged the family to support the school and trying to help find solutions to dealing with the child's issues in order for them to educate him. The star program agreed to offer the family counseling, the parents agreed to speak with the psychiatrics about medication issues since they reported that the medication is not effective.

The third case was presented by the parents of a 17 year old male. The parents reports problems with the child being disrespectful to authority figure and constantly being suspended from school due to behavioral issues. The parents reports problems with the child since age 4 years old. The family wanted information about Waco Center for Youth but is has not committed to going through the process at this time. A school representative was present and stated that have a plan in place that will allow the child to make up work to earn credits and possibly graduate this school year if he cooperates with the

program guidelines. The parents were on target and really wanted their son to understand the things that he needed to put in place in order to graduate. The CRCG made recommendations to DARS for vocational training, Job Crops, Teen hotline, and Texas A&M Commerce Counseling Center for family counseling.

Navarro County

The Navarro County CRCG meets the 1st Thursday of the month at the Westminster Presbyterian Church in Corsicana. The chair is Kathi Perez. Agencies represented included NTBHA, PCHAS, B County Coop, Navarro County Probation, DSHS, FAC, Adapt, CPS, Lakes Regional MHMR, and Region 12 ESC. The group had two cases scheduled for staffing. One of the cases was a no show. The second case was a staffing of a young who was in need of a diversion slot after she is discharged from Terrell State Hospital. The guardian is the child's grandmother. The grandmother refused to attend the CRCG; however she agreed that the child needed to be in a structure living facility and not returned home. The CRCG members were very concerned about the child's well being due to the grandmother's lack of support to attend the meeting to discuss aftercare planning once discharge takes place. The CRCG members agreed to write the letter of recommendation due to the server issues the child has had while being at home and because the hospital social worker was advocating for the child to not return home but to live in a structure living facility.

Rockwall/ Kaufman County

The Rockwall County CRCG meets the 2nd Monday of each month. The Chair is Amy Poole and NTBHA representative, Peggy Alexandre, is the Coordinator. Agencies represented included NTBHA, Rockwall County Juvenile, Department of State Health Services, Lakes Regional MHMR, Kemp ISD, Region 10 and Rockwall Helping Hands. There were two (2) cases staffed.

The first case involved an 8 year old male student who was referred to CRCG by Kemp ISD for violent outburst and aggressive behavioral toward staff and peers. This is the second CRCG held for this male student. The grandmother is the child's guardian. The guardian informed the CRCG that the child's behavioral has somewhat improved at home but his school behaviors continued to be struggle. The school reported several behavioral issues and wanted to help with resources and ideas of how to deal with the outburst. The CRCG reviewed the referrals from the last CRCG meeting and found that the grandmother was not able to find a therapist to work with the child. The CRCG gave the family several referrals and encouraged the grandmother to follow up with the recommendations given. The following referrals were given to the family in: East Texas Behavioral Health for counseling, Russ Crites for therapy, The Child Study Center for additional psychological testing, Dr. Barbara Rila for therapy, Adapt Mobile Crisis, and TWU psychological services. The Region 10 coordinator suggested to Kemp ISD

that they look for placement outside their school district due to the child's ongoing aggressive behavior and their responsibility to educate the child. The school agreed to start discussing outside placement if they cannot get the child's behavior under control.

The second case was present by Rockwall Juvenile Probation. The child is a 17 years old female. Rockwall County requested a letter of recommendation from CRCG for Vernon State Hospital. The female is currently in detention for behavior and substance abuse issues. A letter of recommendation was provided to The Rockwall County Juvenile Probation Department.

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 four (4) referrals from TCOOMMI this month. Two (2) requests were for Hunt County and two (2) requests were for Collin County. The Provider was notified and the appropriate aftercare appointment was scheduled.

SUMMARY OF COUNTY OF RESIDENCE CHANGES

October 2011 County of Residence Changes

NTBHA processed 91 County of Residence (COR) changes. The breakdown on these requests is:

- Requests from other LMHAs 63
- Requests by NorthSTAR to other LMHAs 27
- Requests by LMRAs within the NorthSTAR area 1
- Denials made by NTBHA to other LMHAs 3
- Denials made by other LMHAs to NTBHA 0

October 2011 WebCARE Discharges

- TRAG discharge requests processed by NTBHA 29
- COR changes related to TRAG discharge requests 12

18 TRAG discharge requests were from other LMHAs:

- Austin Travis County MHMR-030 2
- The Center for Health Care Services – 050 1
- Central Plains Center – 070 1
- Spindletop MHMR Services – 140 1
- MHMR Services for the Concho Valley – 160 1

- Andrews Center – 190 5
- MHMR of Tarrant County-200 3
- Helen Farabee Regional MHMR-230 1
- MHMR Authority of Harris County-280 1
- Tri-County MHMR Services – 380 1
- ACCESS – 440 1

NTBHA processed 11 TRAG discharge requests from ValueOptions to other LMHAs.

October 2011 NorthSTAR Disenrollments

NTBHA processed 12 disenrollments related to COR and TRAG discharge requests.

Attachments



NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

THE LOCAL BEHAVIORAL HEALTH AUTHORITY REPRESENTING COLLIN, DALLAS, ELLIS, HUNT, KAUFMAN, NAVARRO, AND ROCKWALL COUNTIES

October 19, 2011

The Honorable Steve Ogden
P.O. Box 12068
Capitol Station
Austin, Texas 78711

The Honorable Jim Pitts
P.O. Box 2910
Austin, Texas 78768

Dear Senator Ogden and Representative Pitts:

On behalf of the Board of Directors of the North Texas Behavioral Health Authority ("NTBHA"), I extend our thanks for your assistance with the funding effort for NorthSTAR for state fiscal years 2012-2013.

As you know, the NorthSTAR program is a publicly funded managed care approach to the delivery of mental health and chemical dependency services to the eligible residents of Dallas, Ellis, Collin, Hunt, Navarro, Rockwall and Kaufman counties. NorthSTAR is under the direction of the Department of State Health Services. It provides a comprehensive mental health/substance abuse benefit package for all eligible individuals, and access to benefits is determined by clinical need, not funding source.

Since its inception in 1999, NorthSTAR has provided greater access to care, more client choice, better quality of care, and reduced program costs. Unlike other MHMR centers in the State, NorthSTAR has no waiting lists and treats all who seek services.

In 1999, there were 12,000 unique users in the NorthSTAR area; in fiscal year 2011, that number had grown to 73,125. In 1999, the program was funded at approximately \$2,500 per year per client served; in fiscal year 2011, that number had dropped to \$1,534. It is important to note that in areas outside the NorthSTAR region, the average funding per person for fiscal year 2011 was \$3,559.43.

The budget for NorthSTAR for fiscal year 2011 was \$124 million; the budget for 2012 has been reduced to \$119 million, with no provision for growth in population in the seven county area. The 2012 budget does not include \$5.1 million in State Hospital funds which were held back. In short, the funding shortage has stressed the system and we are at a point where adequate services cannot be provided to all who need them.

The unintended consequences of reduced funding for mental health and chemical dependency services include increased jail and prison populations and increased utilization of hospital emergency rooms and, hence, increased costs to the taxpayers.

The Honorable Steve Ogden
The Honorable Jim Pitts
October 19, 2011
Page 2

While NorthSTAR is serving 24.14% of the state-wide population needing such services, it is receiving only 13.17% of the total state-wide funding for such services. We seek your help to restore the State Hospital funding and to secure additional funding for NorthSTAR for the 2012-2013 biennium.

Again, our thanks for your continued support and assistance.

Sincerely,



B. Michael Chitty, Chairman
NTBHA Board of Directors

BMC/js

cc: Hon. Brian Birdwell
Hon. Chris Harris
Hon. Craig Estes
Hon. Florence Shapiro
Hon. John Carona
Hon. Robert Deuell, M.D.
Hon. Royce West
Hon. Angie Button
Hon. Barbara Mallory Caraway
Hon. Byron Cook
Hon. Cindy Burkett
Hon. Dan Branch
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Hon. Eric Johnson
Hon. Helen Giddings
Hon. Jerry Madden
Hon. Jim Jackson
Hon. Jodie Laubenberg
Hon. Joe Driver
Hon. Ken Paxton
Hon. Kenneth Sheets
Hon. Lance Gooden
Hon. Linda Harper-Brown
Hon. Rafael Anchia
Hon. Roberto Alonzo
Hon. Rodney Anderson
Hon. Stefani Carter
Hon. Van Taylor
Hon. Will Hartnett
Hon. Yvonne Davis

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**

DAVID L. LAKEY, M.D.
COMMISSIONER

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

October 20, 2011

Alex Smith
Executive Director
North Texas Behavior Health Authority
1201 Richardson, Ste 270
Richardson, TX 75080

Mr. Smith,

In the effort to continue strengthening the local authority and oversight of the NorthSTAR program by the North Texas Behavioral Health Authority (NTBHA), NTBHA will be provide with partial discretionary authority over unearned incentive and assessed penalties for the NorthSTAR program assessed in the State's behavioral health organization contract. NTBHA will use these funds to improve the performance and increase the service provision of the NorthSTAR behavioral health organization (BHO) throughout the seven county service area.

Appendix 4a of the NorthSTAR BHO contract describes the BHO required performance to earn incentive funds for each year of the contract. DSHS will calculate earned incentives two months after the end of each fiscal year. At that time, DSHS will inform NTBHA and the BHO of all earned or unearned incentive funds. DSHS will hold the unearned funds in a pool for NTBHA. NTBHA may retain up to five percent of these unearned funds for administrative purposes, but may not use the funds to augment current staff salaries, to purchase or supplant furniture or equipment for existing FTEs or for rental payments. If authorized by the NTBHA board, the funds may be used to hire additional personnel who at a minimum will monitor a BHO performance plan. The remaining ninety five percent of the unearned incentive dollars must be used to fund an NTBHA monitored BHO performance plan. With the input of stakeholders, NTBHA will draft the incentives performance plan with scheduled qualitative or quantitative measures and submit the plan to DSHS for approval. DSHS will review the draft plan and provide comment or approval to NTBHA. Once a plan is approved by DSHS, DSHS will distribute the pooled dollars to NTBHA.

Appendix 4b of the NorthSTAR BHO contract describes penalties that will be assessed for lack of performance for each year of the contract. DSHS will calculate penalties for each year of the BHO contract two months after the end of each fiscal year. At that time, DSHS will inform NTBHA and the BHO of any assessed penalties. DSHS will hold assessed penalty dollars in a pool for NTBHA. NTBHA may retain up to five percent of these pooled funds for administrative purposes, but may not use the funds to augment current staff salaries, to purchase or supplant furniture or equipment for existing FTEs or for rental payments. If authorized by the NTBHA board, the funds may be used to hire additional personnel who at a minimum will monitor BHO services provided with these funds. With the input of stakeholders, NTBHA will draft a plan for financing services purchased through the BHO with these pooled funds. The proposed plan must have scheduled qualitative or quantitative measures. NTBHA will submit the draft plan to DSHS for review. DSHS will provide comment or approval of the plan. Once the plan is approved by DSHS, DSHS will distribute the dollars to NTBHA.

In FY12, DSHS will make available to NTBHA those funds from FY10 forward. These funds will include the FY11 unearned incentive dollars totaling \$400,000, assessed penalties from FY10 totaling \$230,000, and any assessed penalties for FY11 (to be calculated).

DSHS will begin drafting contract language for this project to submit to NTBHA for approval.

We will schedule a conference call within the next few weeks to discuss this process.

Regards,

Katherine (KJ) Scheib
Contract Manager
DSHS Medicaid Unit / NorthSTAR

Cc: Eric Hunter, CEO ValueOptions
Matthew Ferrara, Unit Manager, DSHS Medicaid Unit

Ron Stretcher

From: Ron Stretcher
Sent: Monday, October 17, 2011 4:11 PM
To: Hunter, Eric; 'Alex Smith'; 'Spaulding, Felicia'; 'Brandy Ruckdeschel'
Cc: 'Janis Burdett'; Bret Baldwin; Elba GarciaDDS; 'Margaret Balfour'
Subject: Prep for Redesign Committee Meeting
Attachments: NS_Q3-Databook_092311(1).xls; NS_PersServTrending_FY06-11_072511(1).xls; NS_Quarterly_Report_SF2011Q4[1].doc; NS_PerformanceMeasures_071911(1).xls; crisis transfers.pdf

I want to ensure that we have access to the data and analysis of data that will be needed to make our initial and subsequent committee meetings as productive as possible. Attached are several documents that provide data that should help us in our work. A quick overview of these documents:

- **NS Q3 Databook** - this is produced by DSHS and found on their website. For our initial work, the info on the tab "NSQ" is most relevant. This captures some actually quality and outcome measures. The info about the numbers who receive a higher level of care and then get follow up in the community and/or who go back into the higher levels of care is critical.
- **NS PersServTrending** - This gives a very high level look at how many people are receiving what type of services.
- **NS Quarterly Report SFY2001** - this is a quarterly report that VO provides on its quality improvement activities.
- **NS Performance Measures** - this is a quarterly report that DSHS produces that combines several different data reports into one "snapshot" of key performance measures.
- **Crisis Transfers** - a picture of the flow of consumers within acute services

We will also need access to additional information. Eric/Alex - can you help us get our hands on the following:

- At an earlier committee meeting, VO had a matrix that showed the various "fixed payment" contracts and what (usually very little) was available as to outcomes and impact. It would help us to have that matrix and a final list of what is to be ended as of 12-1-11 and what is on to be ended 2-1-12.
- We have some info on inpatient and 23 hour observation. It would help to know where people in these services come from and where they are discharged to.
- We talk some about the strong diversion rate from inpatient and 23-hour obs. We need data about that. Where did those come from and where were they diverted to. We also need to know what happened to those that are diverted.

In looking through this data, I offer the following as a starting point for our redesign discussions:

- Several of the "fixed payment" contracts involve consumer support and recovery-focused programs. We should look at pulling those together and approaching foundations, like Meadows, to partner with us to fund and research their efficacy.
- Our expenditures on crisis services (Inpatient, 23 hour obs, ERs, Mobile Crisis and Crisis Clinics has increased from \$24.0 million on 2009 to \$25.9M in 2010 to \$29.2M in 2011. This is a \$5M increase in two years' time.
- About 23% of those getting ER or 23 hour obs are readmitted within 30 days and 30% within 90 days.
- About 12% of those admitted to a psych hospital are re-admitted within 30 days and about 36% within a year.
- About 40% are admitted to a psych hospital within 30 days of discharge from an ER or 23 hour obs. The percentage only goes up a little within the 90 days of discharge.
- 25% of those discharging ER or 23 hour obs are seen in the community within 7 days and 45% within 30 days. That means that over half of these discharges are not getting follow up within 30 days.
- Just under 40% of those discharging psych hospitals are seen in the community within 7 days and 60% within 30 days. That leaves 40% not getting community follow-up within 30 days of discharge from a psych hospital.
- We have already pushed a significant number of consumers into the lowest level of outpatient care. VO reports show that in May 2011, 65% of outpatient consumers were in LOC1, getting .5 hours of service per month. Another 10% were in LOC2, getting .8 hours of service per month. There were 25% in LOC3 getting 1.3 hours per month.

- There is no outcome data available about consumers in ACT, LOC4. We have between 550 and 600 consumers in ACT services. No info is available as to how long they have been in ACT. Around 7% of the consumers on ACT access acute care services. ACT services make up about 15% of the outpatient expenses while serving 2.2% of the outpatient consumers.

I know that this is a lot of information, but I thought it important to get started on the details of the parameters for system design. Please add any information requests or observations that will help us in our work.

Ron Stretcher

From: Spaulding, Felicia [Felicia.Spaulding@valueoptions.com]
Sent: Thursday, October 20, 2011 4:34 PM
To: Ron Stretcher
Subject: FW: Green Oaks data

Importance: High

Ron –

Daniel put this together quickly from our daily data base to show Green Oaks diversion and discharge type over the past 6 months.

Thanks,
Felicia

From: Byrd, Daniel
Sent: Thursday, October 20, 2011 12:41 PM
To: Spaulding, Felicia
Subject: RE: Green Oaks data
Importance: High

- The overall diversion rate for PES for the 6 months below is 56%
- The diversion rate for involuntary admissions to PES for the same period = 66%
- See disposition from PES below

Disposition Code	Aug	April	May	June	July	Sept	Grand Total
CD Diversion	14.93%	18.38%	20.05%	16.52%	19.79%	13.83%	17.28%
Inpatient	33.06%	39.02%	34.07%	38.64%	34.99%	34.78%	35.72%
Medical	2.93%	2.92%	2.75%	2.00%	1.82%	2.87%	2.55%
MH Diversion	43.50%	35.06%	35.44%	37.04%	37.95%	44.07%	38.83%
Multi-Nighter	5.40%	4.34%	7.60%	5.51%	5.07%	4.15%	5.36%
State Hospital	0.18%	0.19%	0.09%	0.30%	0.38%	0.30%	0.24%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Disposition Code	Aug	April	May	June	July	Sept	Grand Total
CD Diversion	163	195	219	165	207	140	1089
Inpatient	361	414	372	386	366	352	2251
Medical	32	31	30	20	19	29	161
MH Diversion	475	372	387	370	397	446	2447
Multi-Nighter	59	46	83	55	53	42	338
State Hospital	2	2	1	3	4	3	15
Grand Total	1092	1061	1092	999	1046	1012	6302

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**GREEN OAKS Primary Referrals to SPN's
And other NorthSTAR Providers by Month
Mar. '10 to Aug '10**

	Mar.	April	May	June	July	Aug.	Total
ABC Behavioral	14	27	25	28	26	30	150
Adapt of Texas	74	51	71	62	66	45	369
Centro de Mi Salud	13	10	21	15	16	21	96
Child& Family Guidance	28	35	43	62	42	39	249
DMS	384	344	378	372	424	375	2277
First Step	1	0	3	3	1	4	12
Gateway	0	0	0	0	0	0	0
Homeward Bound	65	68	73	69	78	55	408
Lakes Regional MHMR	26	29	35	34	53	47	224
LifeNet	64	51	39	43	52	85	334
LifePath Systems	51	49	61	40	46	47	294
Nexus	5	10	8	14	8	23	68
Providence	3	2	0	0	0	2	7
Solace	25	38	47	50	46	42	248
Psych Hospital	228	164	194	206	108	195	1095
Medical Hospital	62	65	72	74	59	55	387
TSH	104	112	96	87	135	130	664
YAP	0	0	0	0	1	2	3
Total	1147	1055	1166	1159	1161	1197	6885

Mar. '11 to Aug. '11

	Mar.	April	May	June	July	Aug.	Total
ABC Behavioral	18	14	12	9	13	10	76
Adapt of Texas	62	57	48	49	55	53	324
Centro de Mi Salud	15	12	12	9	16	17	81
Child& Family Guidance	64	66	86	70	71	87	444
Dallas Metrocare	332	317	251	282	336	339	1857
First Step	8	3	2	2	5	1	21
Gateway	0	0	0	0	0	0	0
Homeward Bound	90	96	130	106	102	113	637
Lakes Regional MHMR	28	22	24	30	31	29	164
LifeNet	54	51	38	48	50	40	281
LifePath Systems	28	25	26	22	35	25	161
Nexus	5	7	13	5	8	13	51
Providence	0	0	1	1	2	2	6
Solace	37	37	36	27	24	16	177
Psych Hospital	281	324	325	318	243	285	1776
Medical Hospital	75	71	53	51	60	62	372
TSH	69	61	48	58	72	71	379
YAP	1	0	0	0	0	0	1
Total	1167	1163	1105	1087	1123	1163	6808

**GREEN OAKS Additional Referrals to SPNs
And other NorthSTAR Providers by Month
Mar. '10 to Aug. '10**

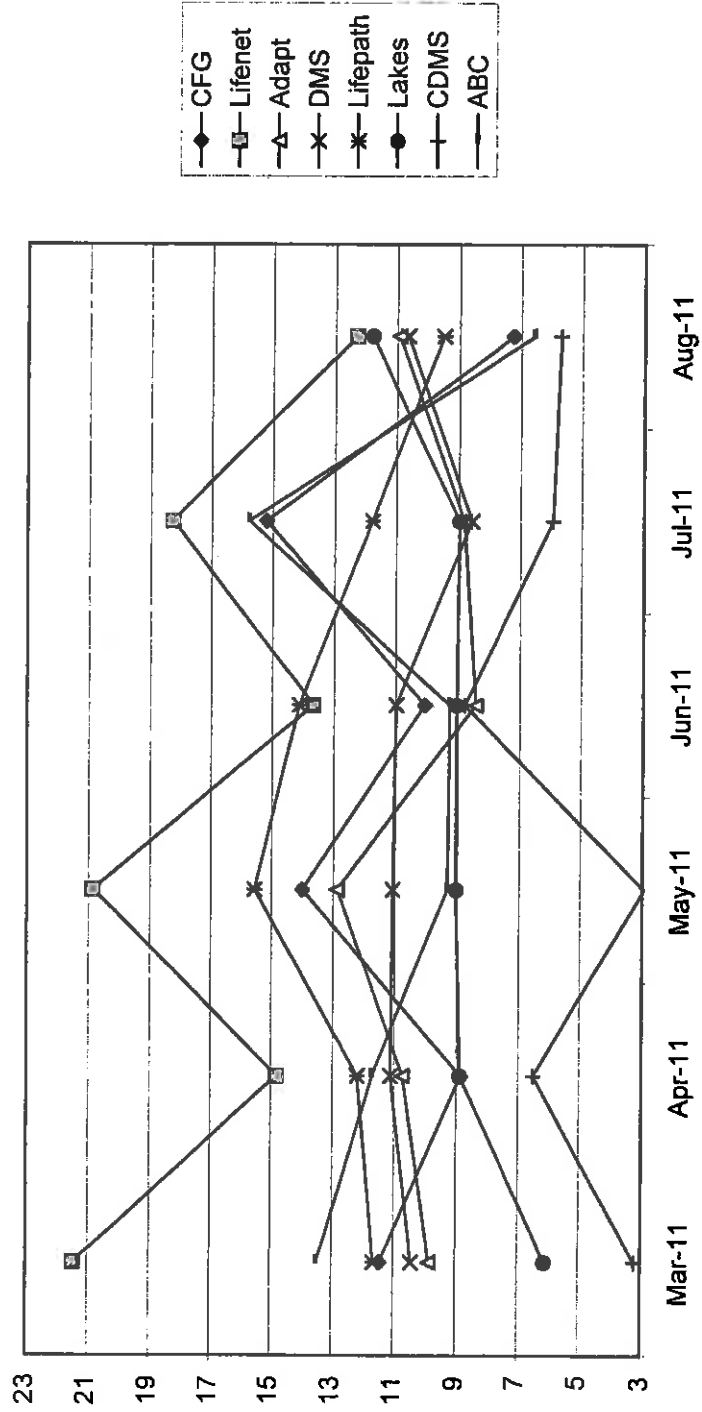
	Mar	Apr.	May	June	July	Aug.	Total
ABC Behavioral	1	0	2	2	2	3	10
Adapt of Texas	3	4	4	2	3	0	16
Centro de Mi Salud	0	1	2	1	0	2	6
Child&Family Guidance	0	1	2	4	2	6	15
Dallas Metrocare	11	24	38	40	18	52	183
First Step	11	4	18	11	5	5	54
Gateway	0	0	0	0	0	0	0
Homeward Bound	38	33	46	47	26	40	230
Lakes Regional MHMR	4	2	4	8	8	3	29
LifeNet	9	3	10	5	6	8	41
LifePath Systems	3	6	15	15	7	6	52
Nexus	9	15	26	22	15	34	121
Providence	0	0	0	0	0	0	0
Solace	35	48	54	58	44	40	279
Psych Hospital	4	5	13	17	12	9	60
Medical Hospital	0	3	3	5	5	3	19
TSH	0	0	0	0	0	0	0
Total	128	149	237	237	153	211	1115

Mar. '11 to Aug. '11

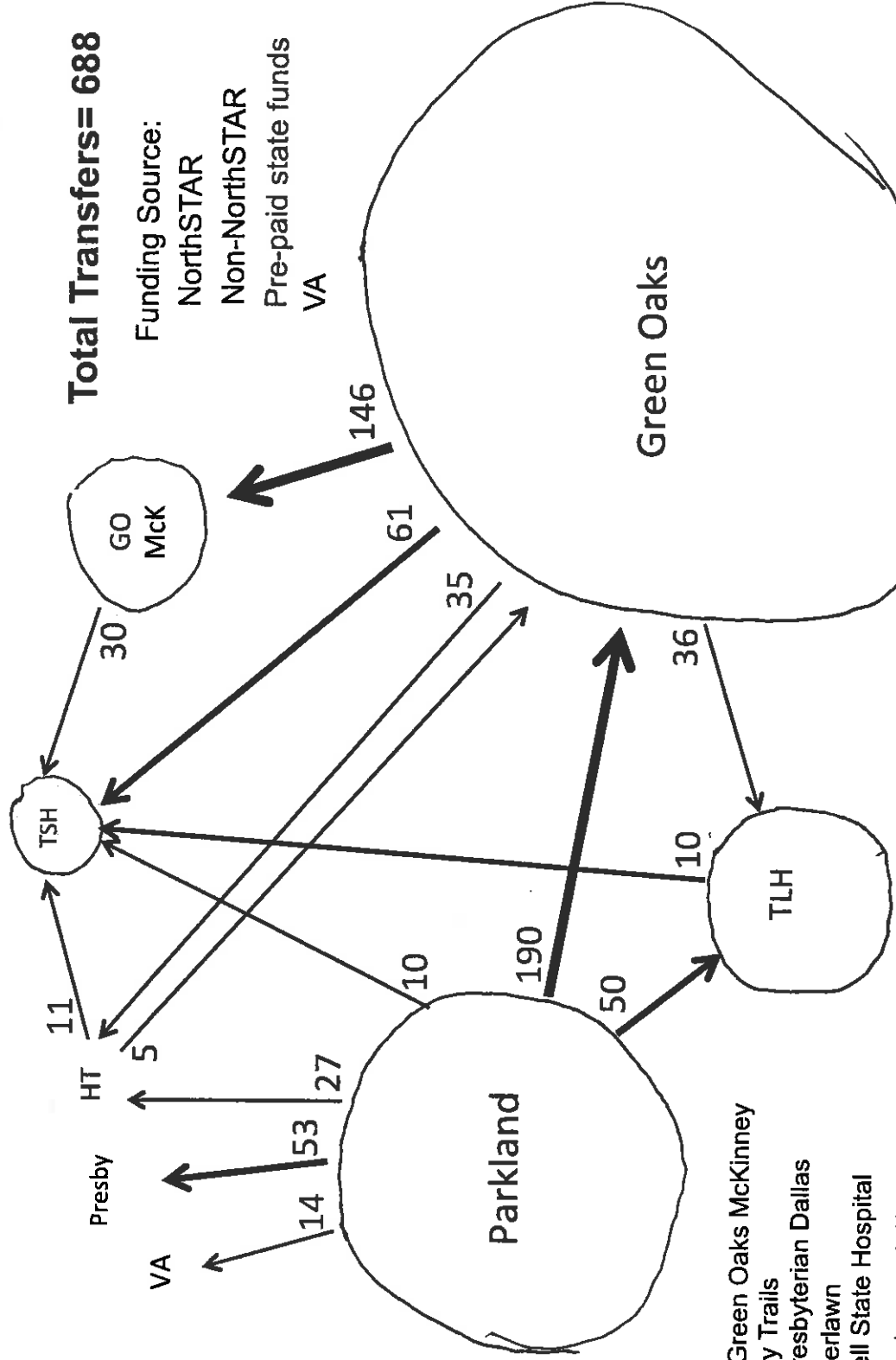
	Mar	Apr.	Feb.	June	July	Aug.	Total
ABC Behavioral	1	1	0	0	0	0	2
Adapt of Texas	3	1	1	1	2	0	8
Centro de Mi Salud	0	0	0	0	0	0	0
Child & Family Guidance	2	4	7	7	9	6	35
Dallas Metrocare	22	23	27	16	22	37	147
First Step	4	7	3	3	5	3	25
Gateway	0	0	0	0	0	0	0
Homeward Bound	32	30	46	32	30	20	190
Lakes Regional MHMR	1	0	3	3	3	3	13
LifeNet	4	3	5	8	5	3	28
LifePath Systems	4	3	3	2	2	3	17
Nexus	17	13	13	14	21	15	93
Providence	0	0	0	0	0	0	0
Solace	33	30	32	36	31	25	187
Psych Hospital	3	1	1	1	1	1	8
Medical Hospital	0	1	0	0	1	3	5
TSH	0	0	0	0	0	0	0
Total	126	117	141	123	132	119	758

Adult Last 6 months

	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
CFG	11.5	6.9	14.0	10.1	15.2	7.2
Lifenet	21.4	14.8	20.9	13.7	18.3	12.3
Adapt	9.9	10.7	12.9	8.4	8.8	10.9
DMS	10.4	11.1	11.1	11.0	8.6	10.6
Lifepath	11.7	12.2	15.6	14.1	11.8	9.5
Lakes	6.1	8.9	9.0	9.0	9.0	11.8
CDMS	3.2	6.5	2.9	8.8	5.9	5.7
ABC	13.5	11.7	9.3	9.3	15.8	6.6
SPN Median	10.9	10.9	12.0	9.7	10.4	10.1



Involuntary Transfers Jan-Mar 2011



From Hospital	To Hospital	Transfer Volume
Parkland	Green Oaks	190
Parkland	TSH	10
Parkland	TLH	50
Parkland	HT	5
Parkland	GO McK	61
Green Oaks	TSH	30
Green Oaks	TLH	36
Green Oaks	HT	11
Green Oaks	GO McK	146
TSH	TLH	10
TLH	HT	27
TLH	GO McK	14
HT	GO McK	14
GO McK	HT	14

A	B	C	E	G	H
Program/Service	Description Detail	Cost	# of people served / impacted	Impact	Contract Change (End Date)
1 Dallas Drop-in center	Participation is open to anyone. The target population is people with mental illness or co-occurring disorders. It is not intended to be treatment focused. It is a place to receive support, companionship, recreation, and participate in some skills groups. Open 7:30-3:30 Mon-Fri at Metrocare LK Clinic. It is staffed by 2 peer counselors, a case manager, and has some supportive employment availability on site. It is not a structured, scheduled program with the exception of 1 group per day.	\$ 16,227.00	Metrocare does a simple sign in sheet daily and reports the total number of visits along with the count of how many visits were by "new participants". The average number of visits per month over the past 6 months has been 1146. Onsite staff report that 50% of those visits are conducted by 30 regular clients that attend daily.	30 clients who have known this as part of their daily lives for years (some since the 90's) - potentially several hundred people per month who enjoy the availability of a drop in center. There are 1-2 boarding homes that take members there daily. There are supportive services available in the community that could offset this loss e.g. The Well Community - a club house opportunity for people with mental illness within 4.5 miles.	Current contract ends 10/31/11
2 DMS Rental Subsidies	120 day temporary emergency housing for people with SPMI. Client cooks and cleans independently and must remain drug free (zero tolerance) and treatment compliant. Under case rate for RDM services, on site case management provides group and individual services with 24/7 on call. On site psychiatric services bi-weekly. Participation is open to anyone. The target population is people with mental illness or co-occurring disorders. It is not intended to be treatment focused. It is a place to receive support, companionship, recreation, and participate in some skills groups.	\$ 6,090.00	Approximately 27 people per 4 month period	Potentially 100 people per year would not have this temporary housing opportunity.	Current contract ends 10/31/11
3 Lakes Regional Drop-in Center	Increase the hours of the CDMS clinic	\$ 5,000.00	hours that people are seen are not part of the claims file	could potentially cause CDMS to scale back their hours	31-Oct-11
4 After Hours Clinic - CDMS		\$ 3,000.00			

	A	B	C	E	G	H
10	Transicare - TCM Collin County	<p>TCM is a wraparound service for people who have been incarcerated who are identified as needing community based behavioral health services. TCM provides engagement, education, transportation, and assistance with all aspects of linkage to appropriate services.</p> <p>TCM provides wraparound services for individuals at The Bridge who are chronically homeless, SPMI, Chemically dependent, or have co-occurring disorders. TCM provides a variety of case management and outreach interventions to ensure that people are connecting to needed services throughout the community, transitioning from jails and hospitals successfully, and preparing for more stable housing opportunities.</p>	<p><i>LAK</i> <i>of</i> \$ 11,600.00</p>	101 unique members since July 2010 to present	Just over 100 people have been offered the service in past year. The volume is low and the time period is short but the goal is to measure a reduction in recidivism over time. Collin County Jail Authorities have viewed this as a valuable service and hope to move it more toward a jail diversion effort in the future.	No end date - out clause
11	Transicare - TCM Bridge		\$ 4,455.00	approximately 26 individuals are referred monthly, caseload remains 30-40 per month	Reduction in higher level of care costs under review	No end date - out clause
12	Peer to Peer Review	Support for MHA programs	\$ 1,334.00		loss of a proactive service.	
13	COMPEER	Support for MHA programs and group sessions	\$ 3,666.00		potential impact to ability of MHA to provide some group sessions	



DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

Co-chairs • Josh Floren • Josh.Floren@phhs.org • Ron Stretcher •
Ron.Stretcher@dallascounty.org • Summer Frederick • sfrederick@childrenandfamilies.org

October 20, 2011

The Honorable Steve Ogden
P.O. Box 12068
Capitol Station
Austin, Texas 78711

The Honorable Jim Pitts
P.O. Box 2910
Austin, Texas 78768

Dear Senator Ogden and Representative Pitts:

On behalf of the Dallas County Behavioral Health Leadership Team ("BHLT"), we extend our thanks for your assistance with the funding effort for NorthSTAR for state fiscal years 2012-2013. In 2009 Dallas County established the BHLT to examine the current service delivery system, analyze any current funding inequities, and develop a plan to fund additional research into system design with a focus on identifying best practices.

As you know, the NorthSTAR program is a publicly funded managed care approach to the delivery of mental health and chemical dependency services to the eligible residents of Dallas, Ellis, Collin, Hunt, Navarro, Rockwall and Kaufman counties. NorthSTAR is under the direction of the Department of State Health Services. It provides a comprehensive mental health/substance abuse benefit package for all eligible individuals, and access to benefits is determined by clinical need, not funding source.

Since its inception in 1999, NorthSTAR has provided greater access to care, more client choice, better quality of care, and reduced program costs. Unlike other MHMR centers in the State, NorthSTAR has no waiting lists and treats all who seek services.

In 1999, there were 12,000 unique users in the NorthSTAR area; in fiscal year 2011, that number had grown to 73,125. In 1999, the program was funded at approximately \$2,500 per year per client served; in fiscal year 2011, that number had dropped to \$1,534. It is important to note that in areas outside the NorthSTAR region, the average funding per person for fiscal year 2011 was \$3,559.43. The budget for NorthSTAR for fiscal year 2011 was \$124 million; the budget for 2012 has been reduced to \$119 million, with no provision for growth in population in the seven county Area. The 2012 budget does not include \$5.1 million in State Hospital funds which were held back. In short, the funding shortage has stressed the system and we are at a point where adequate services cannot be provided to all who need them.

The Honorable Steve Ogden
The Honorable Jim Pitts
October 20, 2011
Page 2

The unintended consequences of reduced funding for mental health and chemical dependency services include increased jail and prison populations and increased utilization of hospital emergency rooms and, hence, increased costs to the taxpayers.

While NorthSTAR is serving 24.14% of the state-wide population needing such services, it is receiving only 13.17% of the total state-wide funding for such services. We seek your help to restore the State Hospital funding and to secure additional funding for NorthSTAR for the 2012-2013 biennium.

Again, our thanks for your continued support and assistance.

Sincerely,

John Wiley Price,
Dallas County Commissioner, District 3
Behavioral Health Leadership Team

Ron Stretcher, Co-Chair
Behavioral Health Leadership Team

Josh Floren, Co-Chair
Behavioral Health Leadership Team

Summer Fredrick, Co-Chair
Behavioral Health Leadership Team

cc: Hon. Brian Birdwell
Hon. Chris Harris
Hon. Craig Estes
Hon. Florence Shapiro
Hon. John Carona
Hon. Robert Deuell, M.D.
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