

**A STUDY OF THE COLLIN COUNTY TEXAS
BEHAVIORAL HEALTH SERVICES SYSTEM
A NorthSTAR County**

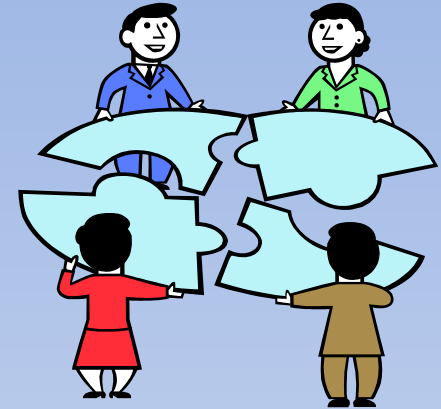
**PHASE III Public Hearing
June 23, 2011**

***RECOMMENDATIONS FOR STRATEGIC PLANNING
OF BEHAVIORAL HEALTH SERVICES
IN COLLIN COUNTY, TEXAS***

UNTHSC STUDY TEAM



Acknowledgements



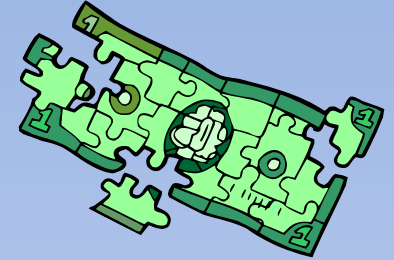
- Collin County Officials and Staff
- NorthSTAR providers
- NTBHA and VO Staff
- NTBHA Board of Directors
- Department of State Health Services
- Community Advocates



A Vision Statement and Six Recommendations

- Incorporate within the existing Health Care Services department, a dedicated position for a Collin County Behavioral Health Services Director.
- Establish an ad hoc committee reporting to county government and key stakeholders to produce a business plan to guide the public behavioral health services system in Collin County.
- Investigate the feasibility of a novel behavioral health services model for Collin County.
- Establish and support a full range of local behavioral health services consistent with the “recovery model.”
- Create and sustain a fact-based quarterly behavioral health services report to enable decision/policy makers to monitor key performance indicators in Collin County.
- Create mechanisms to engage local health care leaders and policy makers in cross-functional communications and planning.

FY 2010 Total Expenditures



Dollars and other Resources Distribution by County, FY10

| County Name | VO Encounters | VO Medications | State Hospital utilization | VO fixed invoiced service costs | Case rate reconciliation | Services and Meds TOTAL | Distribution |
|---------------|------------------------|------------------------|----------------------------|---------------------------------|--------------------------|-------------------------|----------------|
| HUNT | \$2,900,399.00 | \$349,505.00 | \$1,500,413.00 | \$330,047.93 | \$129,173.23 | \$5,209,538.16 | 3.7% |
| ELLIS | \$2,351,122.00 | \$325,775.00 | \$936,536.00 | \$267,543.52 | \$103,738.02 | \$3,984,714.54 | 2.8% |
| COLLIN | \$5,927,016.00 | \$970,593.00 | \$2,040,900.00 | \$674,458.71 | \$255,077.63 | \$9,868,045.34 | 7.0% |
| DALLAS | \$63,961,754.00 | \$7,854,913.00 | \$32,630,543.00 | \$7,278,462.24 | \$2,795,347.55 | \$114,521,019.79 | 80.9% |
| KAUFMAN | \$2,296,007.00 | \$471,054.00 | \$1,219,347.00 | \$261,271.76 | \$101,454.95 | \$4,349,134.72 | 3.1% |
| NAVARRO | \$1,222,681.00 | \$136,881.00 | \$741,132.00 | \$139,133.73 | \$54,177.04 | \$2,294,004.77 | 1.6% |
| ROCKWALL | \$791,319.00 | \$107,959.00 | \$270,762.00 | \$90,047.33 | \$35,374.16 | \$1,295,461.50 | 0.9% |
| | \$79,450,298.00 | \$10,216,680.00 | \$39,339,633.00 | \$9,040,965.23 | \$3,474,342.58 | \$141,521,918.81 | 100.00% |

From: "Summary Information on County Trends, FY 06 - FY 10" Available at <http://www.dshs.state.tx.us/mhsa/northstar/databook.shtm>



Trends in Encounters and Persons Seen: 2008-10

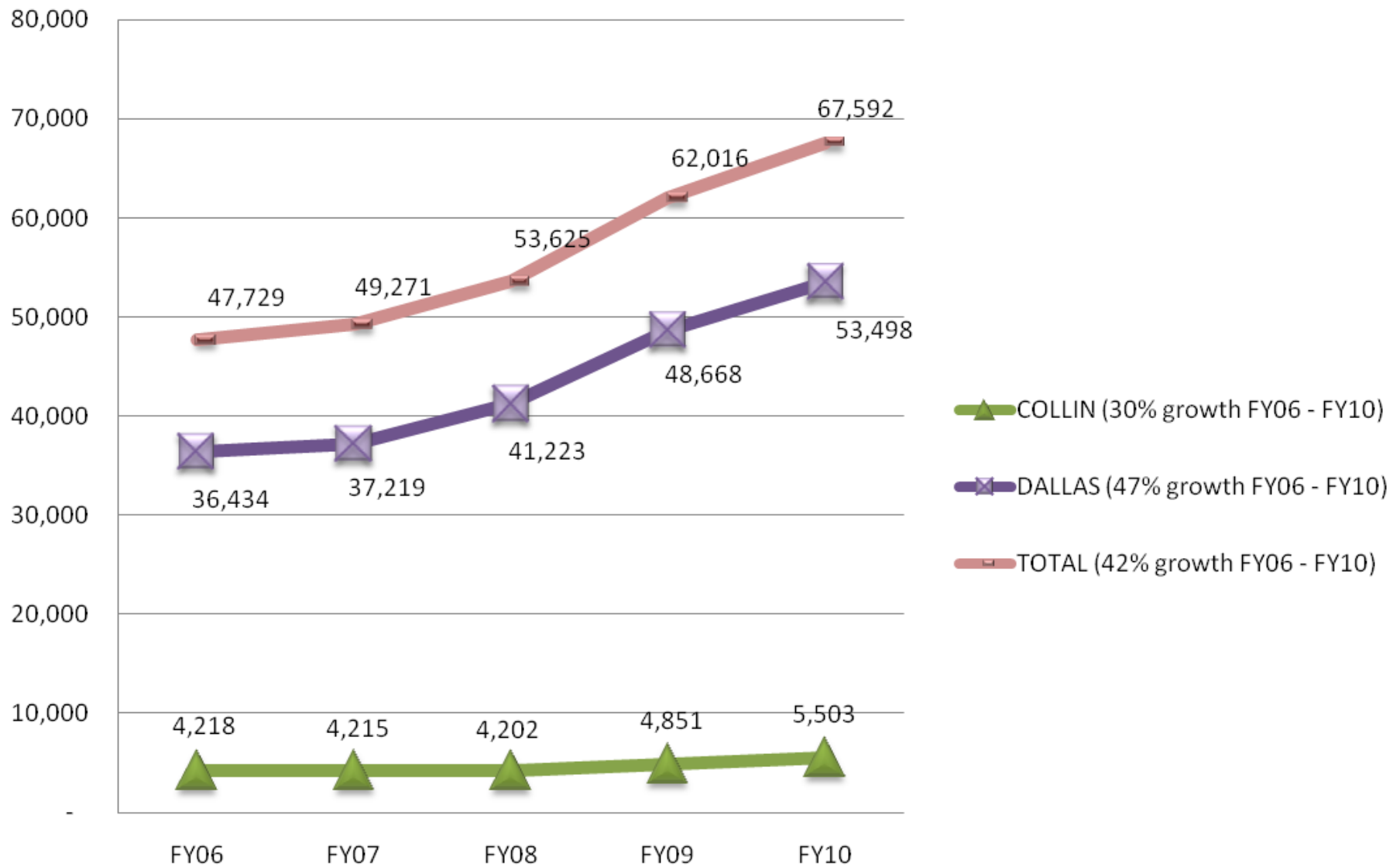
Selected NorthSTAR Provider Agencies

| Provider | Count of Encounters | | Percent Change | Unduplicated Count of Claimants | | Percent Change |
|--|---------------------|-------------------|----------------|---------------------------------|------------------|----------------|
| | FY09 | FY10 | | FY09 | FY10 | |
| Lifepath | 24,333 | 30,506 | 25.4% | 2,900 | 3,307 | 14.0% |
| Child and Family Guidance | 37,476 | 37,857 | 1.0% | 2,651 | 3,708 | 39.9% |
| Dallas Metrocare | 242,671 | 252,964 | 4.2% | 26,562 | 30,618 | 15.3% |
| Total (all NorthSTAR provider agencies including those not detailed here) | 543,299.00 | 527,763.00 | -2.9% | 48,176.00 | 53,822.00 | 11.7% |

- ❖ With consideration for the first few months of the “case rate” impact
- ❖ The primary provider of BHS in Collin County increased number of persons served and number of encounters
- ❖ The overall NorthSTAR trend appears to be more persons served who are seen less frequently



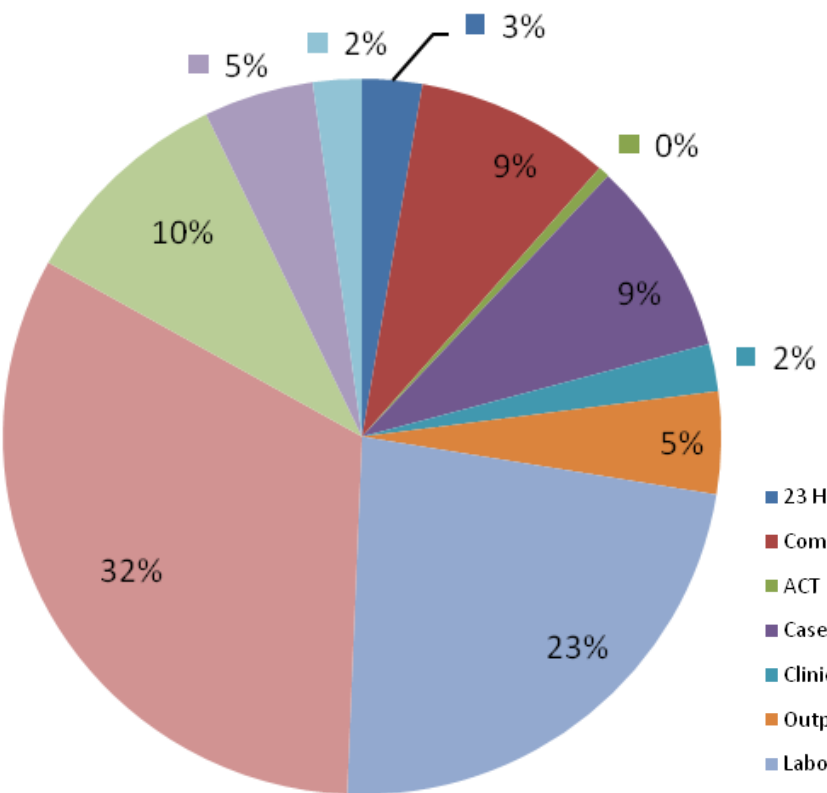
Growth for Total NorthSTAR Clients Served for all services by state fiscal year



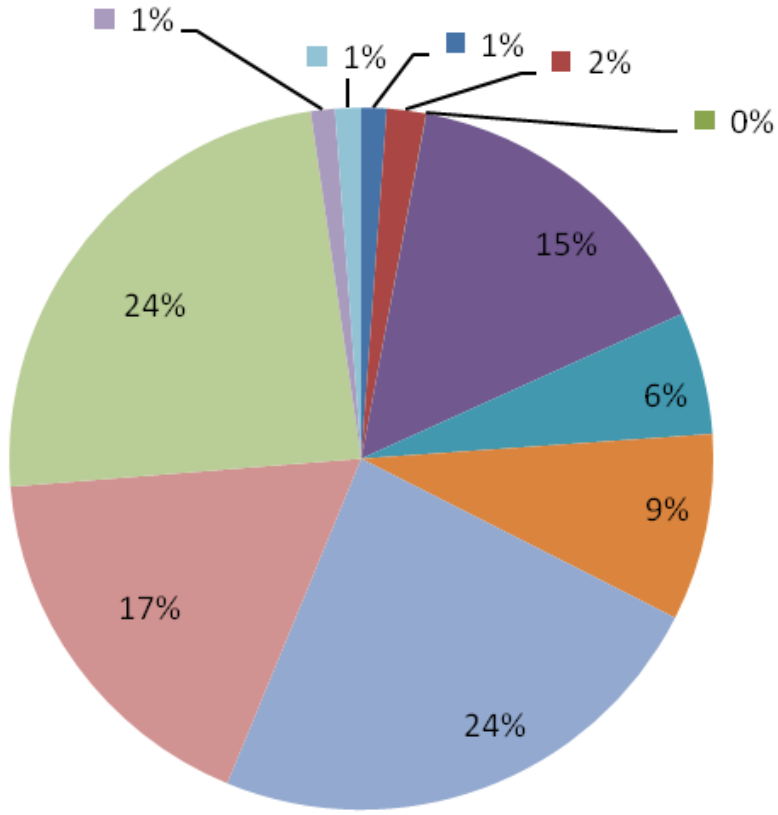
Encounters for Top 10% of Clients versus all other Clients

- 2009 Collin County resident at time of service
- Top 10% of Clients are using 33% of services
- Top 10% of Clients are using 53% of expenditures

Top 10%



Other 90%



- 23 Hour Observation Room
- Community Inpatient Services
- ACT
- Case Management
- Clinical Assessment
- Outpatient Counseling
- Laboratory/Medication
- Rehab
- CD Non Residential
- CD Residential
- Other

System Strengths and Risks

Strengths

- Access and Choice
- Blended services funding
- Systematically managed emergency evaluation procedures
- Critical mass of providers
- Collin County Judge a member of the NTBHA Board of Directors



Risks

- Rising state hospital costs
- More restrictions on payments for psychiatric care compared to CD services
- Non-Medicaid indigent segment rapidly increasing
- Unsystematic accounting for Counties' non-NorthSTAR investments in public behavioral health services
- No cost sharing

Recommended Vision Statement

In 2015, the behavioral health services system in Collin County will provide:

- ✓ *Seamless access*
- ✓ *To a range of services of such quantity and quality*
- ✓ *That will promote optimum outcomes*
- ✓ *To financially disenfranchised persons of all ages*
- ✓ *With major mental illnesses, emergent psychiatric conditions, and chemical dependency problems*
- ✓ *Using efficient cost sharing, management, and clinical infrastructures*
- ✓ *That encourage choice and participation*
- ✓ *And support prevention, early intervention, advocacy, and follow-up*
- ✓ *While protecting individual rights and the public health and safety of the community.*

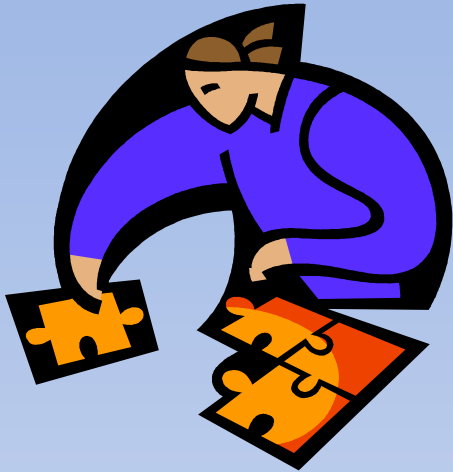


Question 1:

Please refer to the vision statement on page 1 of the phase three report to respond to the following question:

Would you recommend adopting this vision statement?

- A. No, I would not recommend adopting this vision statement.
- B. I would recommend adopting this vision statement with one or more modifications.
- C. I would recommend adopting this vision statement without reservation.



SERVICES

PROVIDER AND ADVOCATE INPUT



Top Five Ranked Services Issues

| 23 Participants Ranking Services and Programs | Percent ranking this issue as a 1, 2 or 3 priority | Average Importance Low 1, High-5 |
|---|--|-------------------------------------|
| Overcome barriers to access to care: Transportation | 43% | 3.8 |
| Increase family/home-based services: including emergency, post-hospitalization, or to prevent hospitalization or crisis | 39% | 3.7 |
| Improve access to and availability of alcohol and drug detox services | 35% | 4.4 |
| Homelessness services | 30% | 4.0 |
| Jail diversion and Post-jail and prison case management for continuity of care, and linkages to providers and liaison with community corrections programs | 26% | 4.1 |

SYSTEMS ISSUES

PROVIDER AND ADVOCATE INPUT



Top Five Ranked Systems Issues

| 22 Participants Ranking Behavioral Health Systems Issues | Percent ranking this issue as a 1, 2 or 3 priority | Average Importance Low 1, High-5 |
|--|--|----------------------------------|
| Identify and remove barriers to access to emergency services | 50% | 4.0 |
| Create an organized system of after-care linkages to community post-hospitalization or post-crisis | 41% | 4.2 |
| Define and identify issues with “indigent” but not qualified for NorthSTAR services | 23% | 4.0 |
| Create a full range (continuum) of services, with individualized treatment planning with provider linkages | 23% | 4.0 |
| Identify and eliminate barriers: efficiencies, add locations, culturally responsive services, and court-based liaisons | 23% | 3.8 |

*Services Data
and
Community Needs Assessment*



Analysis of Services Needs: Systems and Community Needs Assessment Data

(#4 Page 6)

- Integrate behavioral health services with primary care
- Increase supported employment and job coaching
- Develop and sustain jail-based interventions that facilitate aftercare and prevent reincarceration
- Appropriately utilize outpatient (court) commitments
- Establish court-based consultation and liaison services
- Develop and evaluate effectiveness of school-based screening; short term prevention/education and early interventions
- Augment shelter services with intensive transitional services
- Increase availability of medical detoxification services
- Expand residential chemical dependency services for adolescents
- Establish and support community case-based coordination council/roundtables

Recommended (#4 page6):

Establish and support a full range of local behavioral health services consistent with the “recovery model.”

- A. No, I would not support this recommendation.
- B. I would generally support this recommendation with one or more comments.
- C. I would strongly support this recommendation.

Relative Importance of Identified Needs: Your Opinion

See Page 6

A = High

C = Low

B = Moderate

D = No

1. Integrate behavioral health services with primary care
2. Increase supported employment and job coaching
3. Develop and sustain jail-based interventions that facilitate aftercare and prevent reincarceration
4. Appropriately utilize outpatient (court) commitments
5. Establish court-based consultation and liaison services
6. Develop and evaluate effectiveness of school-based screening; short term prevention/education and early interventions
7. Augment shelter services with intensive transitional services
8. Increase availability of medical detoxification services
9. Expand residential chemical dependency services for adolescents
10. Establish and support community case-based coordination council/roundtables

Relative Importance of Identified Needs: Your Opinion

1. Integrate behavioral health services with primary care

A = High importance

B = Moderate importance

C = Low importance

D = Not important

Relative Importance of Identified Needs: Your Opinion

2. Increase supported employment and job coaching

A = High importance

B = Moderate importance

C = Low importance

D = Not important

Relative Importance of Identified Needs: Your Opinion

3. Develop and sustain jail-based interventions that facilitate aftercare and prevent reincarceration

A = High importance

B = Moderate importance

C = Low importance

D = Not important

Relative Importance of Identified Needs: Your Opinion

4. Appropriately utilize outpatient (court) commitments

A = High importance

B = Moderate importance

C = Low importance

D = Not important

Relative Importance of Identified Needs: Your Opinion

5. Establish court-based consultation and liaison services

A = High importance

B = Moderate importance

C = Low importance

D = Not important

Relative Importance of Identified Needs: Your Opinion

6. Develop and evaluate effectiveness of school-based screening; short term prevention/education and early interventions

A = High importance

B = Moderate importance

C = Low importance

D = Not important

Relative Importance of Identified Needs: Your Opinion

7. Augment shelter services with intensive transitional services

A = High importance

B = Moderate importance

C = Low importance

D = Not important

Relative Importance of Identified Needs: Your Opinion

8. Increase availability of medical detoxification services

A = High importance

B = Moderate importance

C = Low importance

D = Not important

Relative Importance of Identified Needs: Your Opinion

9. Expand residential chemical dependency services for adolescents

A = High importance

B = Moderate importance

C = Low importance

D = Not important

Relative Importance of Identified Needs: Your Opinion

10. Establish and support community case-based coordination council/roundtables

A = High importance

B = Moderate importance

C = Low importance

D = Not important

A Novel Behavioral Health Services System for Collin County

(Overview: #3 Page 4)



- Integrate Behavioral Health Services with Medical Health Care
- Create cost sharing options
- Ensure an effectively engaged authority structure
- Engage in more effective planning and collaboration strategies
- Engage a local chapter of Mental Health America
- Conduct periodic assessments of the proportion of the community who are financially NorthSTAR eligible



Recommended (#3 page 4)

Investigate the feasibility of a novel behavioral health services model for Collin County.

- A. No, I would not support this recommendation.
- B. I would generally support this recommendation with one or more comments.
- C. I would strongly support this recommendation.

Overview #2 Page3

An ad hoc committee reporting to county government and key stakeholders, to produce a business plan to guide the public behavioral health services system in Collin County.

- A cross-functional blue ribbon, ad hoc committee
- To create a business plan for the Collin County Behavioral Health Services System
- The business plan development process could be managed out of the office of the County Judge, County Administrator or the Behavioral Health Services Director.
- Set forth principles on which the County's total system of behavioral health services would operate, estimate needs, outline partnerships, describe strategies, and identify resources to support the plan.
- Members of the committee should include *minimum* representation



Recommended (#2 Page 3)

Establish an ad hoc committee reporting to county government and key stakeholders, to produce a business plan to guide the public behavioral health services system in Collin County.

- A. No, I would not support this recommendation.
- B. I would generally support this recommendation with one or more comments.
- C. I would strongly support this recommendation.

Overview #6 Page 11

Mechanisms for engaging in cross functional communications and planning

- ❖ September 2010 Collaborative Review and Discussion of the NorthSTAR System Performance and Trending Data
- ❖ “momentum and efforts of the workgroups from Dallas County Behavioral Health Leadership Team need to be sustained . . . and NTBHA needs to be engaged and serve as the vehicle for analysis, planning, coordination and oversight ...with (a) strengthened role.
- ❖ Collin County stakeholders are not actively participating in the DBHLT work groups.
- ❖ Engaging local leaders and policy makers in cross-functional, inter-organizational communications is essential to effective planning and management, and the DBHLT is actively engaged in systems redesign.



Recommended (#6 Page 11)

Create mechanisms to engage local health care leaders and policy makers in cross-functional communications and planning.

- A. No, I would not support this recommendation.
- B. I would generally support this recommendation with one or more comments.
- C. I would strongly support this recommendation.

Overview #1 Page 2

Behavioral Health Services Director for Collin County

Why should Collin County have a Behavioral Health Services Director?

21st Century public health and welfare models will integrate medical and behavioral health care for seamless, proactive, prevention, treatment and safety net applications.

The current behavioral health services system in Collin County is fragmented and lacks systematic monitoring and planning.

A well integrated management and reporting structure will improve the coordination across an increasingly complex system of delivering behavioral health services to Collin County residents, thus averting future problems and improving efficiencies.

A clearly defined behavioral health services accountability source improves information dissemination and decision making.

Continuing along the same road as in the past may result in missed opportunities and further inefficiencies.



Overview #1 Page 2

Behavioral Health Services Director for Collin County

- Centralized accountability
- Planning and monitoring
- Information sharing
- Coordination
- Cooperation



Recommended (#1 Page 2)

Incorporate within the existing Health Care Services department, a dedicated position for a Collin County Behavioral Health Services Director.

- A. No, I would not support this recommendation.
- B. I would generally support this recommendation with one or more modifications.
- C. I would strongly support this recommendation.

Recommended (#5 Page 10)

Create and sustain a fact-based quarterly behavioral health services report to enable decision/policy makers to monitor key performance indicators in Collin County.

- A. No, I would not support this recommendation.
- B. I would generally support this recommendation with one or more modifications.
- C. I would strongly support this recommendation.

Recommended Quarterly Behavioral Health Services Report

Phase III report, APENDIX III, page 21

- Do you know of available metrics that are missing?
- What else do you think is important for decision making?
- Would you take anything out?
- What would you change?

ACTIONS:

Please edit the report and write any ideas on your handout and return it to the study team at the end of the meeting; Open mike comments welcomed.



A Vision Statement and Six Recommendations

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