



What/Why is

NorthSTAR

?

NTBH Authority
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What is NorthSTAR?

- A very **successful** Public Managed Care Behavioral Health project **overseen by a LMHA.**
- A competitive provider environment where **Best Value Purchasing** is practiced.
- An **open access system** where providers compete for customers.
- An **accountable and transparent program** open to consumer, public and local leadership evaluation.

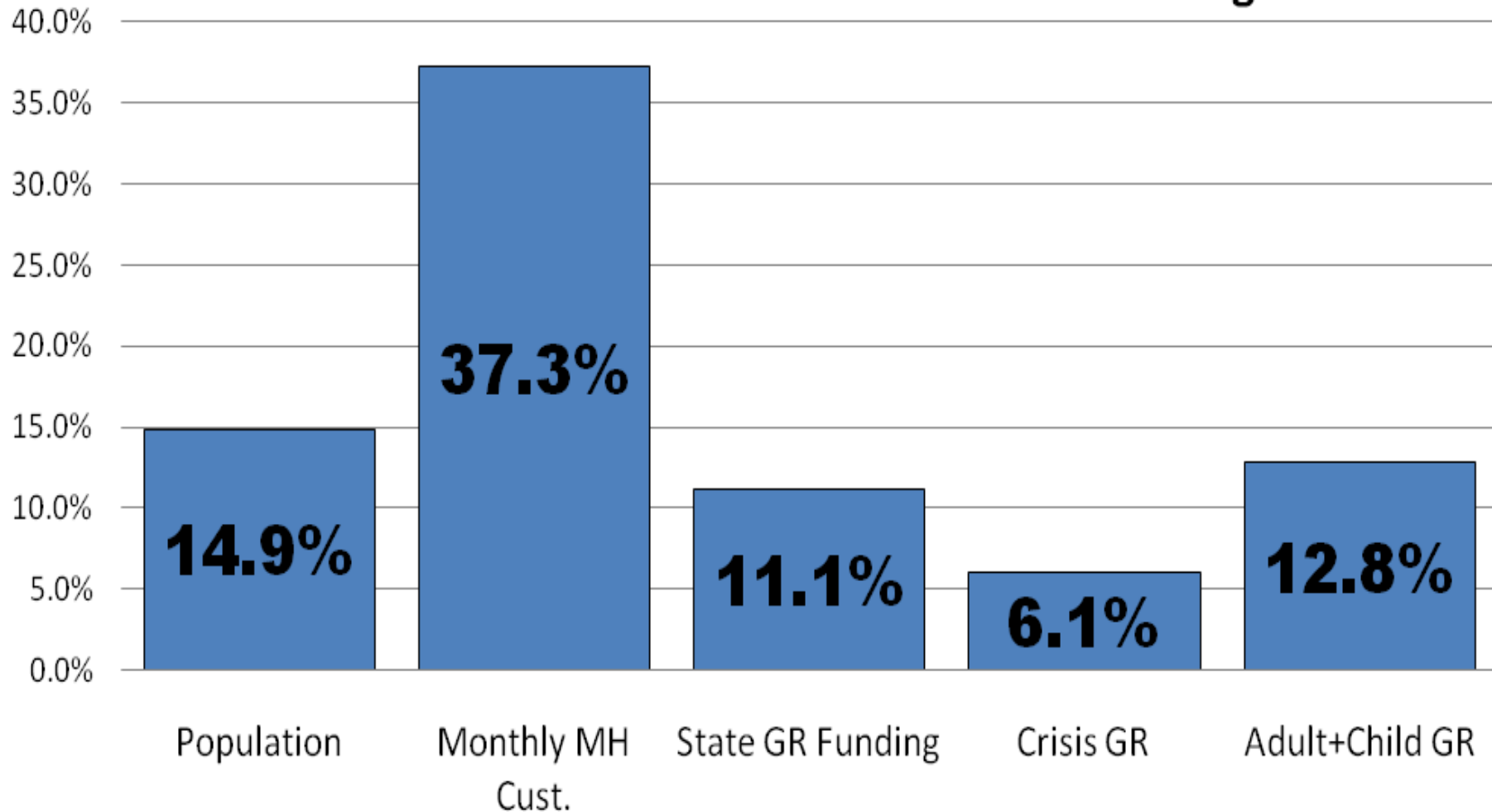
Per Customer Cost, SFY 2009

Local Mental Health Authorities	Waiting for Service	Annual Cost Per Customer	Served per 1000 pop	Population Per Capita Funding
NorthSTAR	0	\$987	12.44	\$12.28
Not NorthSTAR	6,990 now >10,000	\$2,179	6.9	\$15.03

Indigent funds allocated / annual consumers. Since Medicaid eligible consumers are partially served with indigent allocated funds, and NorthSTAR and statewide % of customers who are Medicaid eligible were very close to equal in 2009, this is a good estimate of the difference between NorthSTAR and non-NorthSTAR per customer cost.

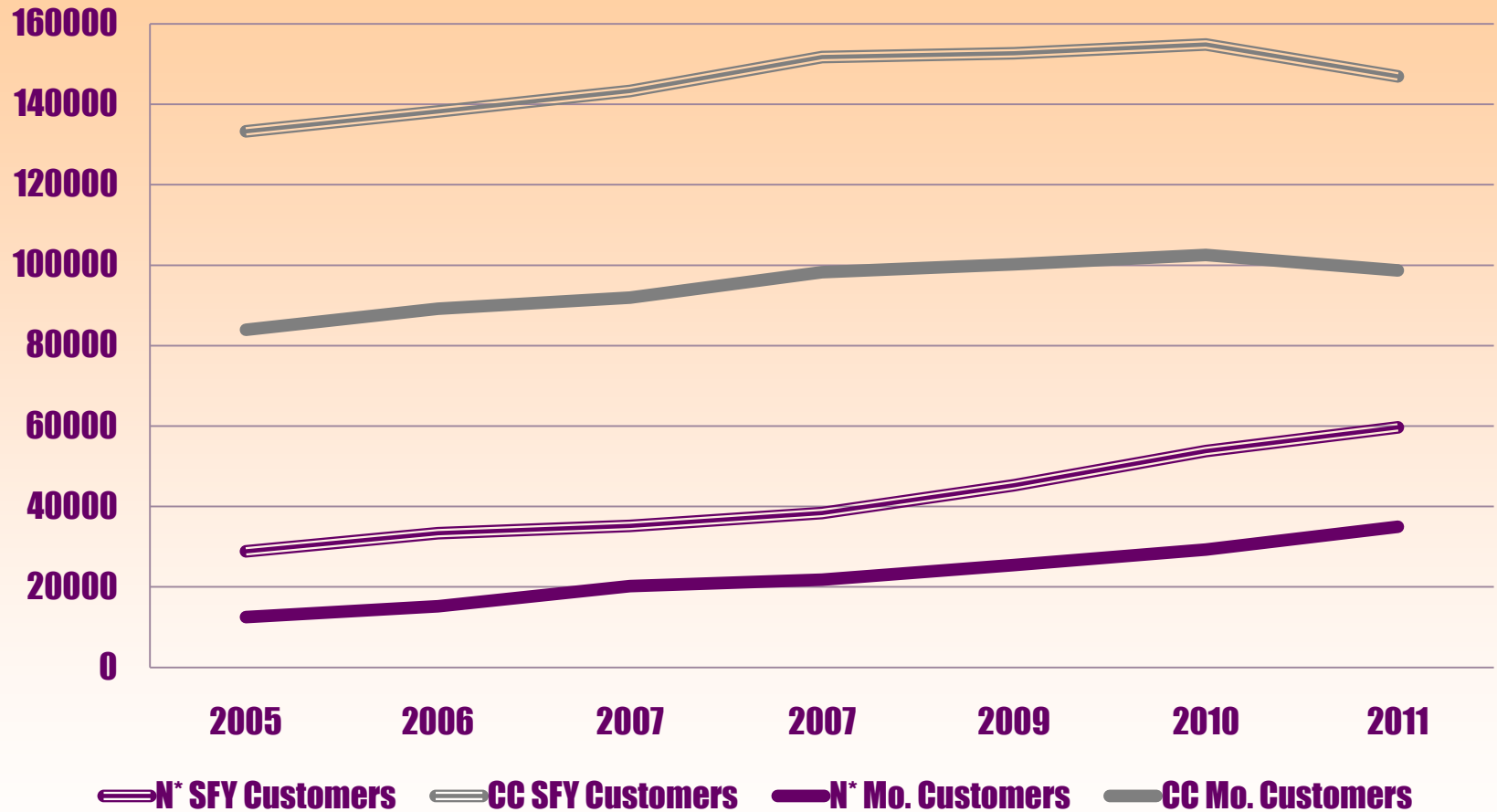
Calculated from information provided to the LBB by DSHS, adjusted for allocated rather than the reported expended funds.

2010 NorthSTAR Percent of State Total; Population, MH Customers and non-Medicaid MH Funding



The Department of State Health Services LAR shows that with 15% of the population and 11% of the Department allocated funding NorthSTAR is serving 37% of the statewide persons served annually (32% monthly average).

NTBHA MH and CC RDM Customer Trends



Data from partially fulfilled Dallas NAMI Freedom of Information request; 12-07-11

Adult Resiliency and Disease Mgmt. Consumer Distribution, Sept. 2009

Intensity of Services

	Lowest			Highest
NorthSTAR	72.4%	4.4%	20.8%	2.4%
Non NorthSTAR	79.8%	3.0%	15.5%	1.6%
Difference	-9.3%	46.7%	34.2%	50.0%

NorthSTAR Customers and Funding, SFY 2000 and 2009

	FY00	FY09	Change
Number of Enrollees Served (MH & SA/CD)	30,742	61,932	101.5%
Indigent, Medicaid and SH Funds	\$78,787,143.71	\$111,181,502.43	41.1%

	FY00	FY09	Change
Funding per enrollee Served			
	\$2,562.85	\$1,795.22	-30.0%

Why is NorthSTAR?

Initial Concerns (1987 – 96)

- Medicaid Managed Care expands, CMHC services to Medicaid eligibles drop, State Hospital use increases.
- CCs asked TDMHMR/ HHSC to carve all Mental Health services out from Medicaid Managed Care.
- Consumers and Advocates request TDMHMR board develop an independent local Authority.
- Nationally, questions arise about the adequacy of BH insurance coverage & public MH services.
- SAO, Sunset Commission and LBB question accountability of TDMHMR and LMHAs in dozens of reports.

Texas Legislators want studies, pilot programs.

HB 2377, SCR 55 fail to help notably.



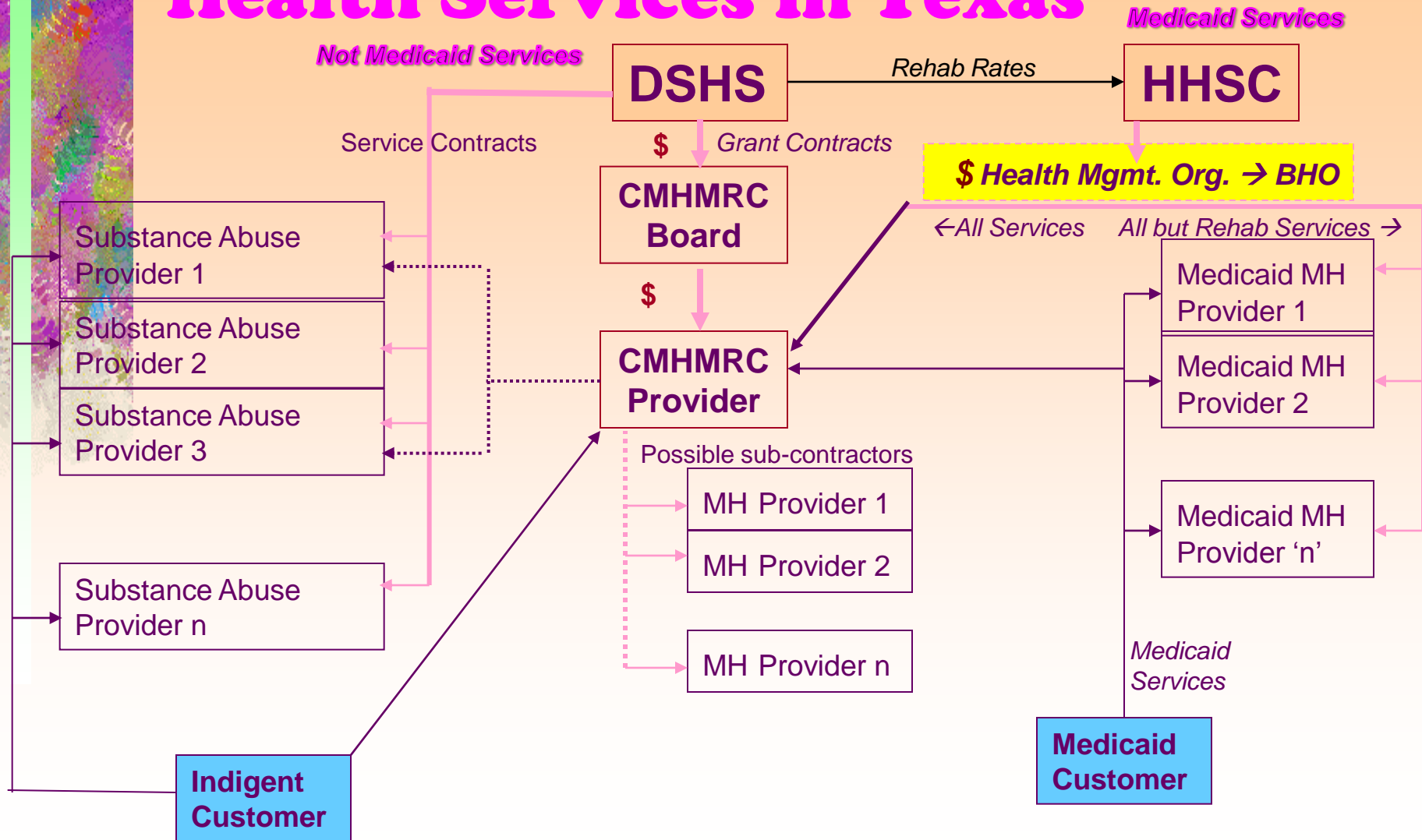
BH staff suggested Carve Out, including Medicaid and Indigent

- Blend funds to create carve out,
- Test true Authority-Provider split,
- Test CC competitive status,
- Addresses many Dual Diagnosis concerns,
- Full risk contract protects department, and
- Contract requirements protect customers.

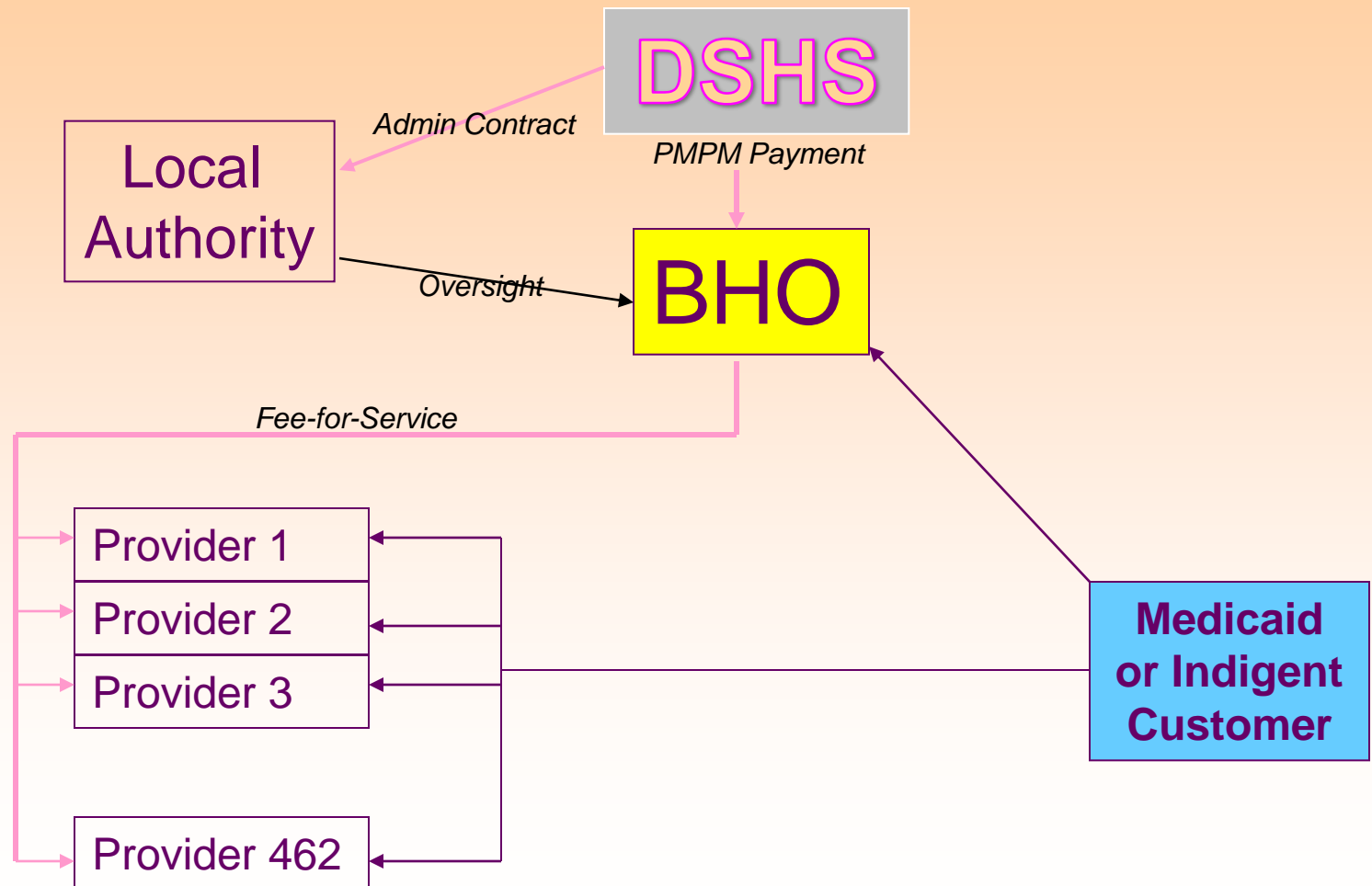
Three+ Years R&D (1996-9)

- Review other carve-outs and similar efforts,
- Review literature,
- Interview experts in field,
- Enlist local politicians, MHA and NAMI chapters to assist in development,
- Model project in risk analysis software,
- Design technical assistance for local CCs, &
- Competitively bid contract,

Community Center Organization of Behavioral Health Services in Texas



NorthSTAR: one set of rules for Public Behavioral Health



Summary of Differences

Feature	Customer Focused	Provider Centered
Leadership /Direction	Local Leaders / Authority	Provider Board and Administration
Quality Oversight	Authority Staff	Provider Administration
Accountability	Part of quality assurance & payment processes	Voluntary compliance
Service Delivery	Competitive Network of Providers	Single sole source provider, ?sub contractors?
Access	Open Access and/or local choice	Single point of entry and triage.
Consumer Choice	Choice from a Network of Providers	Possible choice of sites or sub contractors

How is NorthSTAR (still) different from CMHMRCs?

- Separate Authority and Provider functions.
- Combines federal, state and local funds for public behavioral health services into one local contract.
- Contracts to purchase insurance rather than paying providers with a grant or paying contracted rates.
- Local cooperation & coordination is broad based and focused on customers and the community.
- Publishes detailed performance information.
- Any provider who provides quality services can join. Providers compete for customers.
- Customers have open access to needed services and choice of providers.



Behavioral Health

Authority Development -

DANSA issues

- Slow to form
- Identity crisis
- Failure to recognize core constituency
 - Customers
 - Community
 - Local government
- Lack of clarity from State on role definition

Authority Successes

- Medicaid eligibility (Incentivized Providers).
- 340-b reducing drug costs & increasing access to new gens.
- Increased role of NTBHA in Quality Monitoring.
- 23hr beds divert customers from State Hospital (most appropriate level of care).
- Improvements in Crisis Team and Diversion efforts.
- NTBHA leadership in increasing system integration and coordination among community resources.
 - counties, jails, law enforcement, school districts, BH related community agencies / resources, meeting, planning and working cooperatively to increase care coordination and continuity.

While DANSA/NTBHA identified/initiated/pushed for these advances, much of the work of development was done by VO, other local agencies and the state.

Current Needs

- Increase community wide operational coordination (availability and continuity of all BH care, not just services for Medicaid eligible and low income Priority Population).
- Educate politicians and citizens to NorthSTAR, and NTBHA's efforts to streamline services and address the needs of the whole community.
- Enhance quality oversight and, community and customer input structures.
- Inform the community about the effectiveness & efficiency of NTBHA/NorthSTAR.



What is a Mental Health Authority?

- A (quasi) governmental organization formed and governed by county political leadership, for the purpose of planning for and overseeing public mental health in the region.
- The locally designated representative of the State Mental Health Authority related to DSHS mental health service delivery contracts.

What Should NTBHA Do?

- **Plan for and oversee the local Behavioral health system.**

Collect and use information to evaluate, plan for and develop the local behavioral health care system.

Facilitate and lead in the process of improving cooperation, coordination and efficiency in behavioral health and with physical health.

Monitor quality & efficiency in the NorthSTAR program.

Coordinate with the state Authority.


- **Educate consumers, community & political leadership about performance in Behavioral Health, especially NorthSTAR.**

Parity / ACA / HCR, What Will They Lead To?

1. Specifically – we do not know.
2. More Texans will be eligible for Medicaid.
3. More Texans are liable to have health insurance.
4. More Texans are liable to have behavioral health coverage.
5. There will be higher demand for behavioral health services.
6. More providers, more integration of services and increased cooperation among agencies will be required.

1115 Waiver; what will it do?

- Expand Medicaid Managed Care statewide.
- Change the funding structure for hospitals.
- Increase care management for Medicaid eligibles who don't have it.
- Test alternative funding strategies, and encourage case rates and creative financing to identify cost savings opportunities.



1915(b) MH Selective Contracting Waiver; What will it do?

- Preserve Community Center's monopoly on Mental Health Rehabilitation services.
- Restrict access to MH Wrap Around services to Medicaid eligible and MH priority population individuals who use Community Center or Center sub-contractor services.
- (Continue to) Restrict development of the local provider base outside the NorthSTAR area.

What Happens to NTBHA & NorthSTAR Under These Waivers?

- Short Term; very little, the NorthSTAR program is run under a separate waiver and Authority responsibilities are the same. The physical health MC structure remains the same.
- Longer Term; unknown, but –
 - The 1115 Waiver integrates behavioral and physical health care, which research shows can be more effective and efficient than the NorthSTAR carve out design.
 - The 1115 Waiver brings HMO competition to the rest of the state, something NorthSTAR cannot afford.
 - The 1915(b) Waiver would preserve the Community Center monopoly over MH Rehab and therefore Wrap Around MH services, an exception to integration and competition under the 1115 Waiver, restricting customer choice, perpetuating stigma and restricting new provider development.

What Can / Should NTBHA Do?

- First and foremost, do the complete job of an Authority. An Authority is primarily a local entity, obligated to the Counties that formed it and the communities it serves.
 - that includes regular contacts with political leadership, keeping them informed and aware of issues, performance and initiatives.
- Bring in speakers /experts on Parity / ACA / HCR issues and development. Identify and prepare for likely changes to come.
- Select the changes and directions most beneficial to the community, prepare for and advocate for them.
- Work closely with other entities and citizens affected by these potential changes to insure that your direction is consistent with customer and community priorities.

Some Suggested Resources

- <http://www.hhsc.state.tx.us/> for example:
<http://www.hhs.state.tx.us/medicaid/HealthCareReform.pdf/>
<http://www.hhsc.state.tx.us/news/presentations/2010/HouseSelectFedHlthReform.pdf>
- <http://www.tdi.texas.gov/consumer/cpmhealthcare.html/>
- <http://cphp.org/> for example;
http://cphp.org/files/3/booklet%20cov%20B_W%20Nov%202009.pdf/
<http://www.cphp.org/research.php?aid=1162&cid=3/>
- http://www.texaspolicy.com/publications.php?cat_level=4
<http://www.texaspolicy.com/index.php>
- <http://www.texasvoiceforhealthreform.org/>
- <http://www.texastribune.org/>
- <http://www.mentalhealthamerica.net/go/action/policy-issues-a-z/healthcare-reform/>
- <http://texaswellandhealthy.org/>
- <http://healthreform.kff.org/Timeline.aspx/>
- <http://www.bazelon.org/News-Publications/Publications/List/1/CategoryID/8/Level/a/ProductID/24.aspx?SortField=ProductNumber%2cProductNumber>
- <http://www.healthcare.gov/law/index.html>
- http://en.wikipedia.org/wiki/Health_care_reform (has a ton of info links)
- <http://cciio.cms.gov/> (Medicaid and Medicare implementation arm)