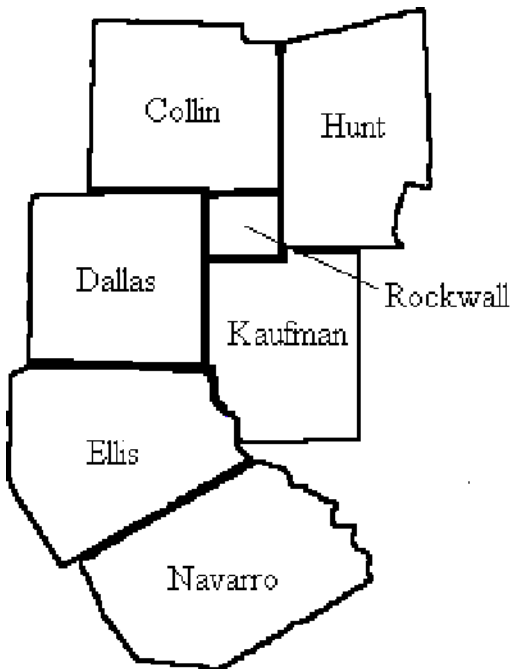


NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

think populations...see individuals



PLAN

SFY 2010-2012

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Mission

*To Create a Well Managed, Integrated and High Quality Delivery System of Behavioral Health Services
Available to Qualified Consumers in the NorthSTAR Region.*

North Texas Behavioral Health Authority

STRATEGIC PLAN

SFY 2010 – 2012

Executive Summary

The North Texas Behavioral Health Authority (NTBHA) is the Local Behavioral Health Authority (LBHA) as defined in Texas Law (Chapter 531, Section 3) for the “NorthSTAR” area which serves Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties. The NorthSTAR Program is a unique public mental health/substance abuse treatment program serving indigent and Medicaid clients residing in the seven-county North Texas service area. In the NorthSTAR model, NorthSTAR is the publicly funded behavioral health delivery system in a seven-county area of North Texas.

The NorthSTAR model separates the oversight, control, and financial management from the contracted providers of service.

NTBHA is a governmental entity whose Board of Directors is appointed by the Commissioners’ Courts of each respective county. The distribution of Board members is based on population: Collin County has two appointments, Dallas County has four appointments, and the remaining five counties have one appointment each. In compliance with Texas State Statutes, the Local Behavioral Health Authority (NTBHA) shall, in conjunction with the Texas Department of State Health Services, Mental Health, and Substance Abuse Division, develop a strategic plan for public behavioral health services.

Regional Needs Assessment

NTBHA conducted a *regional needs assessment* in the months of September 2009 – November 2009 to assist in the determination of service needs and gaps in services. NTBHA utilized the instrument from the previous needs assessment survey. Consumers, family members, advocates, providers, policy makers and other stakeholders participated in the assessment. The most prevalent needs identified by consumers were housing, transportation and work assistance programs. These continue

to be ongoing needs today, as well as the same needs identified in the regional needs assessment conducted in 2007. There were 915 surveys completed by consumers from the various counties within NorthSTAR. Overwhelmingly, the survey did exhibit satisfaction with NorthSTAR and the facets within the services with which are provided. Of all consumers who responded, 64.9% are satisfied with NorthSTAR, which is consistent with the 64.4% of consumers who responded are satisfied with the services they have received within NorthSTAR. Moving forward, NTBHA would like to see 80% of consumers being satisfied with NorthSTAR and the services in which they receive.

There were 53 Provider surveys completed by various Providers within the NorthSTAR network with varying roles within those Providers. 17.8% of Providers did rate the NorthSTAR system as Excellent or Very Good while 64.4% of Providers rated the NorthSTAR system as Good. Providers were also asked about their ability to provide services to their consumers taking into account the BHO they are contracted with. 27.3% of Providers rated their satisfaction with the BHO as it relates to their ability to provide services to their consumers as excellent or very good and 56.8% as good.

When asked about their satisfaction in regards to NTBHA 24% of Providers rated their satisfaction with NTBHA as excellent to very good and 48% rated their satisfaction as good. The most prevalent needs identified by Providers are longer stays in treatment, housing, family counseling, and transportation to appointments. With that being said, 62.5% of Providers do feel NorthSTAR does offer a wide range of services, but only 44.4% of Providers feel the services available match the needs of the consumers. Providers felt that authorization issues, services not being offered under NorthSTAR and lack of transportation on the part of consumer were the leading barriers to providing needed services.

There were 32 stakeholder or advocate surveys completed from varying aspects of those involved in the NorthSTAR system. 51.6% of respondents did rate the NorthSTAR system as Excellent or Very Good while 41.9% of respondents rated the NorthSTAR system as Good. Stakeholders and advocates rated their satisfaction with the NorthSTAR Providers as 51.6% excellent to very good and 45.2% as good. 61.3% of respondents also agreed that the NorthSTAR Providers are responsive to their needs. When asked about their satisfaction in regards to NTBHA, 46.7% of respondents rated

their satisfaction with NTBHA as excellent to very good and 46.7% rated their satisfaction as good. The most prevalent needs identified by stakeholders and advocates are family counseling, expanded jail diversion programs, residential youth programs, and housing. With that being said, 78.1% of respondents do feel NorthSTAR does offer a wide range of services and 78.1% feel those services do match the needs of the consumers.

Values

The underlying value of the NTBHA organization and the NorthSTAR system rests upon the belief that all NorthSTAR eligible individuals with a behavioral health need should be afforded access to treatment.

The North Texas Behavioral Health Authority (NTBHA) seeks to promote a collaborative system of care for individuals with a behavioral health disorder. Partners in the collaboration process include consumers, family members, advocates, providers, county officials, local jails, schools, and other stakeholders. “Collaborative Responsibility” is the belief that the public health care system, which serves a community, is the responsibility of that community. Stakeholders, in cooperation with each other, develop, implement, evaluate and amend an integrated behavioral health service delivery system, which provides appropriate and timely services with significant and positive results. For the purposes of this report, *behavioral* health is defined as mental health, substance abuse and/or dual diagnosis. A public health service system built with collaborative responsibility is:

- Sustainable
- Supported by the community it serves
- Provides local oversight in conjunction with DSHS.

Vision

The vision of the North Texas Behavioral Health Authority is a behavioral health care delivery system that provides appropriate care, in a timely manner to all individuals who qualify under the NorthSTAR provision and are experiencing a mental illness and/or a substance abuse disorder.

Advantages of the NorthSTAR System

(Derived from the Perryman Report, September 2006)

- *Key benefits of the NorthSTAR system include greater access to care, more client choice, and better quality. Moreover, these improvements have been realized without cost increases.*
- *NorthSTAR services involve both Medicaid and non-Medicaid clients. While all non-Medicaid clients must meet the categorical definition of need for behavioral health under NorthSTAR, all Medicaid clients, with a small number of exceptions, are automatically signed up when they enroll in Medicaid.*
- *NorthSTAR has expanded the services available to clients. The provider network offered under ValueOptions gives clients more choice and opens up a system that works under competition. The network includes more than 400 providers and 11 specialty provider networks. In addition, clients can travel and obtain service anywhere within the coverage area, allowing for geographic integration between rural and urban areas and requiring providers to compete for clients and improve efficiency.*
- *Quality of care has also improved. A 2003 study found a slight decline in hospital recidivism and improved follow-up within 30 days of discharge from a hospital, ER, or observation unit. The report also revealed that the length of residential stays decreased. Unnecessary inpatient hospitalization was reduced through use of a 23-hour observation unit. In this way, care was better directed toward the appropriate level.*
- *A 2004 study found that NorthSTAR's structure as a behavioral health carve-out program may offer improved quality of care as evidenced by better follow-up after mental health hospitalization.*
- *In addition to these benefits to clients, NorthSTAR's structure offers notable gains in the efficiency of care delivery.*

- *Blended funding allows pooling of finances from a variety of sources. At the same time, its flexibility also allows for maintenance of separate streams of funding for Medicaid and non-Medicaid populations while services are delivered under a single system.*
- *The open communication channels between advocates, consumers, providers, and state agency representatives help with identification of problems within the system and alternative designs. Data capabilities allow for collecting and analyzing of data at both the individual and aggregate level for assessment and monitoring of the system.*
- *Separating the authority from the provider allows the North Texas Behavioral Health Authority to serve as an advocate for consumer care. The provider, ValueOptions, is at risk for any costs that exceed the NorthSTAR funds.*
- *Decreased spending on administration due to NorthSTAR's direct services claims target ensures that most funds are spent on direct care as opposed to administration increasing efficiency at the BHO and provider levels. During the first four years of implementation, an LBJ School of Public Affairs study found savings of about \$20 million; most of these savings were in administrative costs.*
- *A 2004 study noted that the NorthSTAR model also met targets for timely payment of claims, helping assure a sound behavioral health care network.*
- *NorthSTAR cost savings stem from three key areas: improved efficiency, enhanced competition, and the assumption of certain financial risk by the behavioral health organization (ValueOptions).*
- *NorthSTAR streamlines the provision of care and increases efficiency.*
- *Instead of fragmented service-delivery, ValueOptions provides an extended network and eliminates many duplicative efforts that result in inefficiencies. Combining mental illness and chemical dependency under one system also increases efficiency.*

- *A contractually obligated direct services claims target encourages efficiency in administration and more money spent on direct care costs. A data warehouse allows state officials and administrators to compare and track care; look for inefficiencies; and develop data-driven decisions regarding access, quality, and cost to improve the program.*
- *Claims payments have been relatively timely under ValueOptions in comparison with other systems across Texas.*
- *Healthy competition is created among providers as clients have the ability to choose any provider offered by ValueOptions.*
- *ValueOptions assumes full financial risk for providing services and is contracted to insure an accessible provider network. This approach also increases efficiency as it eliminates long waiting lists.*

Local Authority Assessment Components

NorthSTAR administrative and operational design focuses on cost effectively maximizing services and achieving customer outcomes.

Cornerstones of NorthSTAR's Distinctive Approach

- *Open Access-NorthSTAR participants have access to services virtually anytime.*
- *Blended funding – Federal, state and local sources contribute funds to purchase behavioral health insurance coverage for eligible consumers.*
- *Integrated services - Mental health and substance abuse treatment are coordinated under the umbrella of behavioral health, allowing integrated treatment in a single system of care. In SFY 2008 approximately 23.75% of NorthSTAR clients receiving services were dually diagnosed (Databook, December 2009).*

- *Behavioral Health Organization - Services are provided through a contract with a licensed behavioral health organization (BHO) that contracts and manages the provider network.*

Principles Considered in Service Delivery and Service Design

1. All delivered services as well as service design must take into consideration the needs of the individual client and the needs of the communities.
2. All resources should be maximized.
3. Delivered services and program design must take into consideration how they directly and indirectly affect associated social service systems.
4. The cost or expense of operating existing and planned mental health programs must take into consideration all or total cost including those incurred by other or associated public service systems.
5. The local authority will be accountable to the communities.
6. The local authority will be accountable to the public it serves.
7. The local authority will be an integrated service system that maximizes the use of all available funds.
8. The system will match the levels of care to the levels of need, regardless of the individual's ability to pay.
9. The utilization of best practices to identify disease management principles when providing care.
10. The system will offer a seamless continuity of care encompassing prevention, treatment, after-care and support services.

11. The system will utilize evidence-based practices and be outcome based.
12. The system will offer access to recovery-based services that are responsive to the needs of the consumer.
13. The efficient use of funds and the prudent distribution of care will ensure eligible citizens receive the needed services from competent providers at a reasonable cost.
14. The local authority will be effective, fiscally efficient and sustainable over time.
15. The local authority will promote community education and anti-stigma programs designed to encourage the community to value people regardless of presenting illnesses or disabilities.
16. The local authority will provide an independent and impartial avenue (ombudsman) for consumers, family members, advocates, providers and stakeholders to seek resolution of complaints.
17. Services for all residents will include a safety net that provides emergency and crisis services.

Review of 2009/2010 Strategic Plan and Goals

1. Produce and Publish a NorthSTAR Delivery System Redesign – NorthSTAR Region Assessment which will be published on the NTBHA website, www.ntbha.org.
 - a. NTBHA is working in conjunction with the Dallas County Behavioral Health Redesign Task Force, which is moving forward with a regional assessment of NorthSTAR.
2. The North Texas Behavioral Health Authority will develop educational/informational forums for the community, all levels of law enforcement, and judiciary courts on mental health and substance abuse.
 - a. NTBHA staff is actively involved with Crisis Intervention Training conducted by the Dallas Police Department in partner with Mental Health America of Greater Dallas.
3. The North Texas Behavioral Health Authority will collaborate with community Stakeholders to increase access to the behavioral health system throughout the NorthSTAR Region.
 - a. In conjunction with ValueOptions and community stakeholders a concerted effort was made to have educational forums in each county to increase awareness and access to NorthSTAR services. This effort has been met as evidenced by a 30% increase in consumers now be

served in the NorthSTAR system. In the first quarter of SFY08 NorthSTAR was serving 29,799 consumers and by the end of fourth quarter SFY08 NorthSTAR had grown to 31,778 consumers served. By the end of the fourth quarter SFY09 NorthSTAR was continuing to grow serving nearly 38 thousand consumers. This growth has put a financial burden on the already stressed system, which has resulted in a \$2500 per capita expense shrinking to a now \$1800 per capita expense.

4. North Texas Behavioral Health Authority will establish a system to provide mental health and substance abuse education to every county within the NorthSTAR region.
 - a. NTBHA continues to strive towards educating our communities on mental health and substance abuse in an effort to reduce stigma and increase awareness. This continues to be a goal of NTBHA moving forward.

5. North Texas Behavioral Health Authority will become more responsive to the diversity of the community.
 - a. NTBHA continues to be sensitive to the cultural diversity of our consumers and is mindful of this when considering new providers applying to be a NorthSTAR provider.

6. NTBHA will oversee the development of service providers that allows consumers increased accessibility of services and continuous quality monitoring. With private providers providing services, it promotes the goal of NorthSTAR consumers being well-served and having more options with the services that are being provided.
 - a. NTBHA continues to be actively involved in the Provider Review Committee process at ValueOptions and continues to have a strong voice when determining what providers need to be added to our network in order to offer our consumers a wide array of choices and specialties, such as languages spoken.

The Planning Process

NTBHA is unique in the State of Texas as a local authority in that it represents both mental health and substance abuse treatment services. Ongoing planning is multidimensional with broad stakeholder participation. This process is continually being improved upon, as the agency adapts to changes in

the regional system and legislative changes as well as preparing for the transfer of authority functions from DSHS to NTBHA. This transfer of authority needs to be done methodically and seamlessly over several months, which will be concluded by the start of SFY' 12. During this time period there will be several levels of planning meetings to occur between NTBHA management, NTBHA board of directors, DSHS, and HHSC. NTBHA has a solid base from which to build. This base includes the following vehicles for stakeholder input:

- Provider Advisory Council (PAC)-An advisory group that represents the NorthSTAR service providers and provides information and recommendations to the NTBHA Board.
- Consumer Family Advisory Council (CFAC)- An advisory group that represents NorthSTAR consumers and their families/guardians that provides information and recommendations to the NTBHA Board.
- Physicians Advisory Panel (PAP)- An advisory group that represents NorthSTAR physicians as well as physicians outside the NorthSTAR system that provides information and recommendations to the NTBHA Board.
- North Texas Behavioral Health Authority Board – NTBHA Board – “Board”
- Town Hall Meetings – A total of seven Town Hall Meetings were held in the NorthSTAR Region.
- Survey/Needs Assessment - Includes NTBHA annual, issue specific (such as wait time survey), consumer satisfaction surveys, ValueOptions (VO) related (i.e. Utilization Management) and Universities (i.e. UNT School of Medicine).
- Outside Resources – Databook, VO data, other blended systems throughout the nation.
- Analyzing complaint and call data.
- Analyzing NorthSTAR data.
- Participating in ValueOptions’ Quality Improvement program.

Data and information for this plan was collected via a number of methodologies designed to maximize community input regarding priority services, unmet needs/service gaps, priority populations and the role of the LBHA.

The NTBHA Board fulfills a stakeholder input function as noted above, but is also the governing body for NorthSTAR and NTBHA. As such, the board is an active force in strategic planning. The plan will be reviewed by the above groups, and published for general community review. Input concerning the plan will be solicited during regular Town Hall meetings held in each County, community meetings, through direct contact with stakeholders, and through the NTBHA website. At the end of each fiscal year, several community planning sessions will be held to present overall input, and develop alternative community driven strategies if appropriate.

External Assessment

Population

The NorthSTAR Service Delivery Area is comprised of Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties. The region encompasses approximately 5,430 square miles, with a population of 3,633,444 based on 2008 estimates (U.S. Census Bureau).

The NorthSTAR region's population experienced a 15.8% increase in population between 2000 and 2008, 3,058,032 and 3,633,444 respectively. In several counties there were significant population increases. Collin County experienced a 55% increase in population, Ellis experienced a 33.1% increase in population, Kaufman experienced a 41% increase, and Rockwall saw its population increase 80.2%. Hunt and Navarro are the only two counties that meet the definition of a rural county. The State of Texas has experienced a 16.7% growth in the same period of time (U.S. Census Bureau).

As a result of this population change, NorthSTAR counties need to be continuously evaluated to identify unmet needs and identify NorthSTAR eligible individuals. This has been demonstrated through Town Hall Meetings, Commissioners Court Meetings and with various stakeholders (including consumers and families), satisfaction surveys in all counties. NTBHA has worked toward improving

service delivery for the rural counties and has seen some success through telemedicine; however, this technology must be expanded. NTBHA is currently working in conjunction with ValueOptions on working toward restoring funding to the \$2,500 per capita from the \$1,800 per capita of current, but at the very least work to preserve current levels of funding.

Internal Assessment

Intermediate Residential Programs

Residential Programs need to be developed and implemented that provides intermediate level of care for children and adults that are intensely supervised and provides both short-term and long-term program support. Currently, NorthSTAR has implemented a crisis transitional housing program that allows consumers coming out of higher levels of care, such as a state hospital, or jail to step down into a maximum 60 day residential program. This allows the consumer an opportunity to secure financial stability through social security, behavioral health stability through intensive mental health and substance abuse wrap-around treatment, and housing stability as they work towards permanent housing solutions while in this short-term residential program.

To date, there have been 58 consumers who have fully completed the crisis transitional housing program. Of the 58 who have fully completed the program; 40 or 69% continue to live successfully in the community without subsequent hospitalizations or other negative outcomes. 18 have relapsed in some way after completing the program (dropped out of outpatient services, re-hospitalized, jailed, etc). It is important to note that of the 18 that have since relapsed, none of them had entered into permanent supportive housing upon the completion of the crisis transitional housing program. They were placed in boarding homes, with friends, or with family. In conclusion, 100% of consumers who fully completed the crisis transitional housing program and were successfully placed into permanent supportive housing programs have remained out of the hospital.

NorthSTAR, through crisis redesign dollars, has also implemented a crisis residential program that allows for diversion from higher levels of care when appropriate. The most current outcome measures indicate that 89% of consumers are remaining stable within the community post 30 days.

NTBHA, VO, Terrell State Hospital, and NorthSTAR providers are currently working together to

identify way in which to use unused cottages on the Terrell State Hospital campus to implement and expand further transitional housing programs.

Development and Implementation of Rural Juvenile and Adult Diversion

The NorthSTAR System is not currently providing rural jail diversion activities for juveniles and adults due to limited resources. These services must be developed and implemented. Currently, Kaufman County has shown interest in piloting a jail diversion program for adults. The Ellis County community has also shown an interest, however, further education needs to occur at the leadership level to obtain buy in to begin to move towards implementing such a program. NTBHA is committed to working with our counties to educate and support them in the effort to implement jail diversion programs, which is crucial with jails overflowing and state hospital beds limited.

In concert with stakeholder input, NTBHA has continued to refine its' role in the development and oversight of the NorthSTAR system of care. NTBHA is at the beginning stages of working with DSHS to transfer authority to the local level, which will allow the NorthSTAR system to operate as it was envisioned upon inception over ten years ago. This is a major endeavor by DSHS to align the authority linearly, which would allow NTBHA to contract directly with the BHO, offer more direct oversight of the system, and reporting back to DSHS.

NTBHA continues to strengthen its oversight capabilities to assure cost effective and customer centered service provision throughout the seven county region. NTBHA is also actively engaging in inclusive local and strategic planning toward system redesign that is beneficial for customers, stakeholders and the community at large.

Services and Supports

Support for resource development, allocation and increased service efficiencies needs to be increased. (Where does current funding come from, how can we access other funding and capitalize on current dollars such as funding from State (crisis, outpatient competency), partnerships with criminal justice for outpatient competency, developing TCOOMMI funding, expanded telemedicine, 340b, securing grants,

etc.)

SWOT Analysis

SWOT Analysis, is a strategic planning tool used to evaluate the Strengths, Weaknesses, Opportunities, and Threats involved in a project or in a business venture.

NTBHA utilizes an ongoing SWOT analysis model to identify key factors that may affect desired future NorthSTAR deliverables and outcomes. SWOTs are used as inputs to the creative generation of possible strategies, by asking and answering each of the following four questions:

- How can we **USE** each Strength?
- How can we **STOP** each Weakness?
- How can we **EXPLOIT** each Opportunity?
- How can we **DEFEND** against each Threat?

NTBHA's goal in utilizing SWOT Analysis is to identify key internal and external factors that are important to achieving NorthSTAR goals and objectives.

NorthSTAR Strengths

What NorthSTAR provides:

- Open access to treatment for the indigent and Medicaid clients.
- Consumer choices among multiple providers of care.
- 23-hour psychiatric crisis stabilization unit.
- A single pathway for treatment of mental illness and alcohol/substance abuse.
- A managed care system.
- Separation of authority and provider roles.
- Sound service provision infrastructure.

- Proven history of serving more consumers, more efficiently than other models.
- BHO has access to variety of tools to effect better care and higher efficiencies
- Established collaboration with local entities, criminal justice and primary care providers.
- Unified substance abuse and mental illness treatment access.
- 340b pharmacy to reduce costs and wait times for new generation medications.
- Established stakeholder involvement through the Provider Advisory Council (PAC), Consumer and Family Advisory Council (CFAC), Physician’s Advisory Panel (PAP), town hall meetings, and NTBHA Board meetings.
- Productive relationship with BHO.
- Board representative of region.
- Commissioners Court support throughout region.
- Open lines of communication with providers.

NorthSTAR Weaknesses

- Insufficient funding to address effective continuum of care and diversion strategies.
- Some areas lack resources that create barriers to optimal service access.
- Stigma of mental illness and substance abuse.
- Collaboration with stakeholders needs improvement in all seven counties.

NorthSTAR Opportunities

- Stakeholders in all seven counties more interested – capitalize to increase collaboration toward more effective use of resources
- Legislature statements for increased NorthSTAR funding

- New technology – increased efficiency of data collection

NorthSTAR Threats

- Funding cuts from Legislative action that impacts NorthSTAR.

Jail Diversion Plan

Mental Health and Criminal Justice

The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) funds the project to implement jail diversion as outlined in HB 2292 through a contract with the local behavioral authority, North Texas Behavioral Health Authority (NTBHA).

The number of persons with mental illness in United States jails continues to grow. Currently the prevalence of active serious mental illness among inmates admitted to U.S. jails is about 7 percent, which means that nearly 700,000 persons with active symptoms of severe mental illness are admitted to jails annually. For those persons in prison, recent Bureau of Justice Statistics reports show approximately 16% or about 233,000 are also similarly diagnosed. About 75 percent of these people have a co-occurring alcohol or drug use disorder. Criminal justice and mental health professionals and advocates have called for diversion efforts to link offenders with mental illness to community-based services to break their continued cycling through the criminal justice, mental health, and substance abuse treatment systems and to reduce the number of people with mental illness in jails.

Jail diversion services consist of two broad interlocking areas of intervention. First are the diversion mechanisms, or the means by which an individual is identified at some point in the arrest process and diverted into mental health services. This process for NorthSTAR is accomplished by the Jail Diversion Information Management (JDIM) system. Second is the system of integrated mental health and substance abuse services to which the client is diverted to a state mental hospital under a civil commitment or assigned to a provider as part of a 6-month misdemeanor or 12-month felony program.

Diversion as a primary goal leads individuals with mental illness or substance use problems away from

criminal incarceration. Diversion services may either prevent incarceration or cut it short. Conceptually, then, the definition of diversion could include many crisis services that are used to intervene after the onset of acute symptoms but before an individual has engaged in any criminal behavior, thus removing a basis for arrest.

Such a broad definition would make it very difficult to differentiate crisis services from jail diversion because one could never be sure that an arrest would otherwise have occurred. Diversion could also include any planning for release from jail, because a plan for community services after release often facilitates a faster release, thus preventing extended incarceration. Diversion programs can be operated by police, pre-trial service agencies, courts (as part of a Mental Health Court or otherwise), and from within the jail system.

What makes jail diversion unique is that this service positions itself within the criminal justice system as an immediate alternative to incarceration. Individuals with mental illnesses may be identified for diversion from the criminal justice system at any point, including pre-booking interventions (before formal charges are brought) and post-booking interventions (after the individual has been arrested and jailed).

Pre-booking diversion occurs at the point of contact with law enforcement officers and relies heavily on effective interactions between police and community mental health services. Most diversion efforts in the United States are post-booking programs, which can take place upon arraignment in the courts or in the jail.

A *post-booking diversion* program at either the arraignment court or the jail is one that screens individuals potentially eligible for diversion for the presence of mental illnesses; evaluates their eligibility for diversion; negotiates with prosecutors, defense attorneys, community-based mental health providers, and the courts to produce a disposition outside the jail in lieu of prosecution or as a condition of a reduction in charges (whether or not a formal conviction occurs); and links individuals to the array of community-based services they require.

Five key elements were associated with the programs that were perceived to be most successful when reviewing major jail diversion programs:

1. All relevant mental health, substance abuse and criminal justice agencies were involved from the start.
2. Regular meetings between key personnel from the various agencies were held.
3. Integration of services was encouraged through the efforts of a liaison person, or "boundary spanner," between the corrections, mental health, and judicial staff.
4. The programs had a strong leadership.
5. Non-traditional case management approaches were used. These approaches relied on staff that was hired less for their academic credentials and more for their experience across criminal justice, mental health, and substance abuse systems.

The bottom line was that program effectiveness depended on building new system linkages, viewing detainees as citizens, and holding the community responsible for the full array of services needed by the detainees.

Initial Program Objectives

- *To reduce offender contacts with the criminal justice system by diverting eligible mentally ill offenders from jail;*
- *To stabilize mentally ill arrestees on medications, if necessary;*
- *To evaluate the mentally ill arrestee and make recommendations to the judge for alternative treatment;*
- *To transfer the arrestee to a transitional living environment for further treatment evaluation, if necessary;*
- *To develop a comprehensive treatment plan to include “new generation” medication therapy,*

rehabilitative services, and intensive case management;

- *To provide coordination and collaboration with the criminal justice system through judicial monitoring.*

Mental Health Diversion Program Admission Criteria

This process is accomplished through the JDIM-BOT.

- *Adult defendants (17-years or older) charged with non-violent misdemeanor offenses A-B.*
- *Certain adult defendants on non-violent felony probation with technical violations.*
- *Defendants must be enrolled in the NorthSTAR program.*
- *Defendants must be identified as members of the Priority Population (Schizophrenia, Bipolar Disorder, and Major Depression).*
- *Defendants must not be severely mentally retarded, or otherwise be unable to participate in daily rehabilitation groups, keep monthly appointments, and take medications as prescribed.*

Assumptions

- *This strategy recommendation assumes a 6- to 12-hour diversion process;*
- *A messaging system that identifies the NorthSTAR enrollee, and other variables;*
- *A three to five day transitional placement for the diverted offender, if deemed clinically appropriate;*
- *A medication evaluation and “stabilization” at the jail.*

Until 2006, NTBHA employed a full time Jail Diversion Coordinator on its staff. This was a TCOOMMI funded position that eventually went to Dallas County, but continues to be funded by TCOOMMI.

Since 2006, under Dallas County the Jail Diversion program has been expanded greatly. The program consists of a full time Director of Criminal Justice and several key staff. Parkland Health replaced UTMB in the Lew Sterrett correctional facility.

Although NTBHA no longer employs jail diversion staff, NTBHA continues to provide support for the Jail Diversion Information System program and users. NTBHA employs a Jail State Liaison that serves as an interface for the county jails and the state hospitals. The Jail State Liaison plays an integral part in getting individuals diverted from the jails within the NorthSTAR service delivery area into a state hospital. The position is also important in promoting jail diversion activities for jails surrounding Dallas County that are in the NorthSTAR service delivery area.

NTBHA'S Plan for Surrounding Counties Jail Diversion

(Rockwall, Hunt, Kaufman, Navarro, Ellis, Collin)

There have been preliminary discussions with TCOOMMI to expand jail diversion programs to the outlying counties. Kaufman County has shown a strong interest in jail diversion. Steps are being taken to support a jail diversion program in Kaufman County. Dallas County has also offered assistance to Kaufman County to support jail diversion. NTBHA's long term plan is to also expand jail match software to all outlying county jails to assist with identifying inmates; the Texas Law Enforcement Telecommunication System (TLETS). Presently, Collin, Hunt, and Navarro Counties are successfully using the TLETS system. Dallas, Rockwall, Kaufman, and Ellis continue to work through their individual issues as they move towards implementing this system to identify those inmates with a history in the mental health service system.

CRISIS INTERVENTION TRAINING (CIT)

- a. The state of Texas requires that all law enforcement officers receive a minimum of 16 hours of Crisis Intervention Team (CIT) training. The Dallas Police Department saw a need for better preparation when dealing with consumers exhibiting signs of mental illness. They

implemented a 40-hour CIT training that includes extensive classroom training to identify mental illness symptoms and cognitive impairment disabilities, provide good communication skills involving active listening skills and de-escalation techniques. Two full days are set aside for scenario training, a simulated environment to practice what has been learned in the classroom. The last day is spent hearing from local advocacy groups and consumers who have been confronted by police during mental health crises. Through support of the DPD, these classes have been made available to the NorthSTAR community at large by training officers from other law enforcement agencies as space and resources permit. Previous attendees within the NorthSTAR region have included officers from:

- Allen
- Collin County
- Dallas
- Dallas County
- Desoto
- Ellis County
- Frisco
- Garland
- Highland Park
- Hunt County
- Irving
- Kaufman County
- Lamar County
- Lancaster
- Mesquite
- Plano
- Richardson
- Rowlett (scheduled)
- University Park
- To date, no officers from Navarro or Rockwall Counties have ever participated in the 40-hour CIT classes although offers have been made.

Other Texas city police outside the NorthSTAR area:

- Amarillo
- Burleson
- Flower Mound (scheduled)
- North Richland Hills (scheduled)
- White Deer

Outside the U.S.:

- Royal Canadian Mounted Police

- b. Fire department and EMT staff is not required by law to receive CIT classroom training, but take several online courses regarding mental health. To supplement online trainings, DPD provides a 16-hour CIT training for Dallas Fire Rescue that includes recognition of mental illnesses and communication skills with some scenario training.
- c. DPD also provides an 8-hour CIT training class for probation officers in Dallas and Collin Counties.
- d. Additionally, a 4-hour class is given each semester at the UNT Dallas campus for a criminal justice class.
- e. In 2010, DPD will train an estimated 450 to 600 people.

JAIL PRE-BOOKING SCREENING

- a. Health Care Professional provides mental health screening.
- b. NTBHA also facilitates a jail match process (CARE system) in conjunction with ValueOptions to identify individuals that have received previous MHMR services. This process is phasing out as TLETS gets implemented in each county jail.

LOCAL HOSPITAL INVOLVEMENT

- a. Provide triage area for mental health professionals in safe environment.
- b. Establish local hospital involvement.
- c. Provide continuing education (CEU) for hospital staff on Mental Illness

COUNTY AND MUNICIPAL JUDGES

- a. Provide education information regarding jail diversion process.
- b. Offer treatment alternatives to incarceration (Assisted outpatient treatment).

MENTAL HEALTH PROVIDER INVOLVEMENT

- a. Intensive case management.
- b. Establish system for case management in home visits (to monitor medication compliance).
- c. Develop system for tracking.
- d. Develop reporting system for judiciary, parole and probation.

PROBATION/PAROLE INVOLVEMENT

- a. Educate staff on jail diversion.
- b. Offer treatment alternatives for violations.

TRANSPORTATION

- a. Case manager arrange transport to groups and clinic visits.
- b. Increase participation in rural transportation van (possible grant from TCCOOMI for transporting non-Medicaid clients).

COMMUNITY PARTICIPATION

- a. Engage local NAMI groups to educate community on safe and secure licensed boarding homes. Due to HB 216 passing in the previous legislative session, local municipalities have the ability to regulate and license boarding homes, which goes into affect September 1, 2010.

Outpatient Competency Restoration

NTBHA is committed to assisting with all efforts to transform the behavioral system in Texas. The 80th Legislature appropriated \$82 million for the FY 08-09 biennium, guided by the Legislature and in response to Rider 69. Funds were allocated to assist the state in making progress toward improving mental health and substance abuse crisis services.

NTBHA will coordinate efforts to extend Outpatient Competency Restoration (OCR) to outlying counties while supporting continuing efforts to improve Outpatient Competency Restoration in urban areas.

A successful OCR program will improve efforts to provide effective treatments to individuals in the legal system with mental illness and substance abuse disorders, with the goal of reducing burdens on the jails and state hospitals.

NTBHA supports education and outreach as a critical component of an OCR program.

NTBHA shall oversee strategies and procedures (as outlined in the DSHS contract) to divert individuals

with mental illness from the criminal justice system to appropriate community services.

Local Authority Goals, Service Priorities

GOAL I:

- Produce and Publish a NorthSTAR Delivery System Redesign – NorthSTAR Region Assessment which will be published on the NTBHA website, www.ntbha.org.
- Broaden participation in system redesign via collaboration with stakeholders in all seven counties.

Process:

- Parkland Health Sciences Center in conjunction with the Dallas Behavioral Health Redesign Task Force has hired Triwest-Zia to conduct an assessment and create recommendations to help guide the Dallas County Behavioral Health Task Force in their efforts to improve behavioral health services here our area.

Outcome Measure:

- The published report will be produced and published on the NTBHA website.

GOAL II:

- Increase awareness of the authority's role in the mental health/substance abuse spectrum as well as mental health/substance abuse resources to the public.
- Continue to work collaboratively with DSHS and HHSC as the transfer of authority takes place over the next several months to the local level.

Process:

- Conduct town hall meetings every year in various NorthSTAR service area locations to obtain community/stakeholder input and increase community access to board members.
- Multiple levels of planning meetings will be scheduled between NTBHA management,

NTBHA board of directors, DSHS, and HHSC.

Outcome Measure:

- Develop and submit strategic plan that is inclusive of community/stakeholders' (PAC/CFAC/PAP) observations.
- NTBHA will enter into a direct contract with the BHO for fiscal year 2012.

GOAL III:

- Maintain adequate funding to ensure continued high quality delivery of services to all qualified consumers in the NorthSTAR region

Process:

- Analyze the results from the Parkland NorthSTAR study being conducted through the Dallas County Behavioral Redesign Task Force by Triwest-Zia.
- Educate state legislatures on the importance of a quality mental health and substance abuse services and tie this importance to a reduction of costs.
- NTBHA continued participating in legislative planning committee meetings in conjunction with Mental Health America of Greater Dallas.

Outcome Measure:

- Current funding levels increase or remain stable for the NorthSTAR region.

GOAL IV:

- North Texas Behavioral Health Authority will establish a system to provide mental health and substance abuse education to every county within the NorthSTAR region.

Process:

- Partner with other organizations (Mental Health America, Association of Persons Affected by

Addiction and NAMI) for community education toward reducing the stigma associated with mental illness/ substance abuse.

- Establish periodic education and town hall meetings with community groups in each of the seven counties addressing system access, crisis redesign services, and the role of NTBHA.

Outcome Measures:

- Increase education of individuals, community groups and public entities on signs and symptoms of mental illness and substance abuse through Education Advisory Committee.
- Reduced stigma towards those with mental illness and/or substance use disorders.

GOAL V:

- North Texas Behavioral Health Authority will work in collaboration with ValueOptions to ensure counseling services are broadened and enhanced throughout the NorthSTAR region.

Process:

- NTBHA will work with VO to ensure those therapists that apply to the NorthSTAR network of providers are approved; especially those interested in practicing in underserved areas of the NorthSTAR region. NTBHA will work with VO to ensure therapists are financially incentivized to practice within NorthSTAR to offer consumers a breadth of choice.
- NTBHA will evaluate the current blended case rate payment structure and its impacts on allowing the NorthSTAR Specialty Provider Network to employ quality licensed professional counselors and work with VO to overcome any barriers that are identified.
- NTBHA will continue to work with the RDM Oversight Committee in Austin and advocate to expand counseling services throughout all RDM service packages.

Outcome Measures:

- An increase of licensed professional counselors being employed within the NorthSTAR specialty provider network
- An increase in service package 2 assignments.
- A reduction in the percentage of consumers that identify individual counseling as service they

needed, but could not get. 26.6% of consumers with a mental illness identified individual counseling as a service they needed, but could not get. 17.1% of dual diagnosis consumers also identified as needing individual counseling, but could not get it.

GOAL VI:

- North Texas Behavioral Health Authority will work in collaboration with ValueOptions and the Department of Assistive and Rehabilitative Services to enhance the availability of work assistance programs within NorthSTAR.

Process:

- NTBHA will work with VO and DARS collaboratively to develop and strengthen the relationship. Collectively, NTBHA, VO, and DARS will identify strategies to identify those consumers in need of work assistance programs and coordinate services between the provider and DARS.

Outcome Measures:

- An increase of consumers becoming gainfully employed as measured by the RDM TRAG assessment tool.
- A reduction in the percentage of consumers that identify work assistance programs as service that is missing from NorthSTAR. 24.9% of consumers with a mental illness, 33.3% of consumers with a substance use disorder, and 31.3% of dual diagnosis consumers identified work assistance programs as missing from NorthSTAR and needing to be enhanced.

GOAL VII:

- North Texas Behavioral Health Authority will work in collaboration with ValueOptions to implement transportation to appointments for NorthSTAR Indigent consumers.

Process:

- NTBHA will monitor appropriate grants and apply to secure funding to assist in the start up of a transportation program.

- NTBHA will work collaboratively with ValueOptions on the implementation of a transportation benefit to NorthSTAR indigent consumers

Outcome Measures:

- A decrease in higher levels of care for those consumers with an active outpatient provider assignment.
- A reduction in the percentage of consumers that identify transportation as service that is missing from NorthSTAR. 38.8% of consumers with a mental illness and 42.3% of dual diagnosis consumers identified transportation as missing from NorthSTAR and needing to be enhanced.

GOAL VIII:

- North Texas Behavioral Health Authority will work in collaboration with ValueOptions to enhance housing options to NorthSTAR consumers.

Process:

- NTBHA will monitor appropriate grants and apply to secure funding to assist in expanding current housing as well as to start up new housing projects, such as the cottages at Terrell State Hospital that could be used to offer transitional housing.
- NTBHA will work collaboratively with ValueOptions on ways to enhance and expand housing options within NorthSTAR; such a looking at more crisis transitional housing, and permanent supportive housing.
- NTBHA will work collaboratively with NorthSTAR Providers to assist in securing more HUD vouchers.

Outcome Measures:

- A decrease in higher levels of care for those consumers with an active outpatient provider assignment.
- A reduction in recidivism of consumers that do utilize higher levels of care and are then discharged to a housing program.

- Increased number of HUD housing options available at the various SPN Provider locations.

State_Fiscal_Year	Month_ID	Total Direct Service Expenditures, including civil state hospital allocation	DSHS Payment including civil state hospital allocation
2008	Nov-07	\$ 8,749,710.68	\$ 10,615,868.54
2008	Dec-07	\$ 8,536,891.38	\$ 10,315,013.14
2008	Jan-08	\$ 9,392,449.38	\$ 10,437,455.11
2008	Feb-08	\$ 9,087,754.68	\$ 10,199,670.25
2008	Mar-08	\$ 9,392,649.38	\$ 10,009,982.01
2008	Apr-08	\$ 9,479,223.68	\$ 10,402,888.31
2008	May-08	\$ 9,447,208.38	\$ 10,388,244.44
2008	Jun-08	\$ 9,454,326.68	\$ 10,419,079.51
2008	Jul-08	\$ 9,823,759.38	\$ 10,293,988.12
2008	Aug-08	\$ 9,403,641.38	\$ 11,742,897.88
2009	Sep-08	\$ 9,611,556.55	\$ 10,649,808.69
2009	Oct-08	\$ 10,159,612.25	\$ 10,378,138.22
2009	Nov-08	\$ 9,482,346.55	\$ 10,622,690.79
2009	Dec-08	\$ 9,937,073.25	\$ 11,088,659.65
2009	Jan-09	\$ 10,460,260.25	\$ 10,788,684.07
2009	Feb-09	\$ 9,960,025.55	\$ 11,004,342.79
2009	Mar-09	\$ 10,864,808.25	\$ 10,880,642.82
2009	Apr-09	\$ 11,051,783.55	\$ 11,885,350.97
2009	May-09	\$ 10,517,963.25	\$ 11,204,758.00
2009	Jun-09	\$ 10,720,403.55	\$ 10,982,933.53
2009	Jul-09	\$ 10,901,809.25	\$ 13,736,837.13
2009	Aug-09	\$ 10,501,165.25	\$ 16,010,712.68

11/07 thru 8/09	\$ 216,936,422.55	\$ 244,058,646.65	88.89%
88% level	\$ 214,771,609.05	\$ 244,058,646.65	88.0%
(under)/over	\$ 2,164,813.49		

NOTES

Includes \$2,500,000 for July and \$2,500,000 August (supplemental)

Includes extra \$400,000 in incentive dollars

Does not include \$1,529,353.19 in "freed up GR for FY09, as a result of ARRA (distributed in 9/09)

Comments:

1. Contract term is 11/07-8/31/09, DSCT is measure over entire contract period
2. Expenditures may change a little due to claims lag; revenues may change a little due to adjustments
3. Prepayment underencounter was derived by taking prepayment amount for Adapt, ABC and Lifepath (\$871,436.17) multiplied by 28% (average percentage underencountering)
4. adjusted encounters equals total minus H2011 provided by ACS
5. UTMB costs is included in fixed (\$1,108,750)
6. includes \$1,529,353.19 in "freed up GR for FY09, as a result of ARRA (distributed in 9/09)

References

www.ntbha.org

www.valueoptions.com

NTHBA 2009 Needs Assessment

U.S. Census Data

U.S. Department of Justice

SFY '09 and '10 NorthSTAR Budget

NorthSTAR Data Warehouse www.hhs.gov/asl/testify/t000921a.html

The Perryman Report; May 2009
