

North Texas Behavioral Health Authority
Minutes of the Board of Directors Meeting
Date of Meeting: February 10, 2010 at 12:00 PM

2009 Attendance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Judge Michael Chitty, <u>Chair</u> Kaufman County	X	-										
Andrew Dillard, M.D., <u>Vice-Chair</u> Rockwall County	X	X										
Ryan Brown, <u>Treasurer</u> Dallas County	X	X										
Richard Scotch, PhD, <u>Secretary</u> Dallas County	X	X										
Pat Lawson Collin County	X	X										
Susan Miles Collin County	X	X										
Ron Stretcher Dallas County	X	X										
Zachary Thompson Dallas County	L	X										
Janis Burdett Ellis County	X	X										
Matt Wolff Hunt County	X	L										
Commissioner Kit Herrington Navarro County	L	-										

Attendance Legend:

X = Attended monthly BOD meeting

L = Late arrival, missed votes to approve minutes and financial reports

L2 = Late arrival, missed vote to approve minutes

C = Called Board Workshop

Item #1

Call to Order and Declaration of Quorum

Andrew Dillard, M.D., Board Vice-Chair:

In the absence of Judge Chitty, Vice-Chair Dr. Dillard brought the meeting to order at 12:00 p.m. and a quorum was declared.

Attendance included:

- Board members as noted above.
- NTBHA staff: Alex Smith, Alice Watson, Brandy Ruckdeschel and Teresa Handel.
- Approximately 35 visitors and speakers.

Item #2**Secretary's Report****Richard Scotch, Secretary reported:**

- Dr. Scotch moved that the minutes of the January 13, 2010 regular meeting of the board of directors be approved as circulated. This was seconded by Ron Stretcher and the motion carried.

Item #3**Finance Committee Report****Ryan Brown, Treasurer, reported:**

The Treasurer's report was circulated to the board in advance of the meeting. Highlights of the report are as follows:

- Ryan Brown reported that financial statements for the four months ending December 31, 2009 have been circulated and there are no outstanding issues.
- Ryan Brown moved that the financial reports for the four months ending December 31, 2009 be approved as circulated. This was seconded by Pat Lawson and the motion carried.

Item #4**Public Commentary**

Mike Katz. Mike Katz noted that complaint data posted on the NTBHA website is dated November 2009. The report showed a significant decrease from the prior month in all of the reporting areas. He expressed concern that complaint data and their resolution should be current in view of all of the changes in the mental health system and NorthSTAR and he requested NTBHA's involvement.

- Clinical Director Brandy Ruckdeschel responded that reports are several months behind to allow time for resolution of all complaints covered by the report.
- In addition, the Executive Director's monthly report contains a section on complaint data; however this is NTBHA complaints only.

Item #5**Executive Director's Report****Alex B. Smith, NTBHA's Executive Director, reported:**

The Executive Director's report was circulated to the board in advance of the meeting. Highlights of the report are as follows:

- SPN Contracts. All SPN contracts have been completed and are now being implemented.

- Complaint Tracking. Complaint tracking is in process and an increase in reported complaints is likely due to the improved reporting mechanism.
- Collin County Resources Allocation. Viability of the after hours clinic is under review and VO has been asked to suggest potential alternative programs. A meeting is scheduled for February 19th to look at the best allocation of resources at this time, whether continuing the after hours clinic or identifying other projects for funding.
- Supportive Housing. Liam Mulvaney-LifeNet, VO representatives and myself visited the Terrell State Hospital to look at the cottage facilities which may be available. Liam prepared a proforma report based on the visit and passed it to VO for review. There will be a follow up meeting at Terrell State Hospital to discuss these facilities as a potential project for NorthSTAR.
- Physicians Advisory Panel. A member of PAP will report to our monthly board meeting rather than NTSPS giving the report at board meetings. Dr. John Bennett will present the PAP report to the board today. PAP has elected Dr. Patrick Young of the Childrens and Family Guidance Center and Dr. Judith Hunter of MetroCare as co-chairs.
- Strategic Plan. The University of North Texas is compiling the Needs Assessment data. A report from Dr. Scotch with an analysis of the data and recommendations is anticipated as early as next week.
- Legal Counsel. Brown/McCarroll, L.L.P. law firm has been engaged to review relevant State statues governing mental health authorities in Texas and to provide a comparative review of the statutes creating NTBHA vis-à-vis other authorities in the State. The review will enable the board to develop an awareness of the scope of its authorities and responsibilities.
- Meetings Attended. In addition to the meetings listed in his report, the Executive Director met with the Texas Council and its executive director Annette Castle to introduce NTBHA to them and express NTBHA's interest in working and collaborating with them in areas of mutual interest.
- Grant Application. An application to DSHS for a grant to assist with VA services is in process. The grant would fund enhancement of current peer-to-peer services and service coordination. Ron Stretcher stated that veteran's services is receiving attention at state level and an application for funds in this area is very timely.

In discussion, Zach Thompson thanked Alex Smith and Jack Szczepanowski/VO for putting him in touch with Joe Powell who during after hours facilitated a consumer obtaining assistance.

Item #6

Behavioral Health Organization Report

Jack Szczepanowski, Executive Director of Value Options, reported:

The BHO report was circulated to the board in advance of the meeting. Highlights of the report are as follows:

- County Based Medical Expense and Outcomes Report. Jack circulated a draft report and proposed a similar report be submitted on a quarterly basis and invited the board's comments. Revisions may be needed such as county-specific interventions to avoid different outcomes measures.
- Strategic Planning for Collin County. Jack reported several meetings with Captain Moody and Sheriff Clark on jail intervention solutions and presented a draft proposal. Collin County is funding two case managers to work in the jail system, and there is potential for a mobile case management unit to do assessments in jail and promote referrals into the community for substance abuse, higher levels of care and outpatient. A meeting is scheduled for February 19th with clinical personnel to discuss this process in greater detail.
- Homeless Services and The Bridge. A meeting was held with Dr. Anderson and his staff at Parkland Hospital to review contract issues and to promote better integration with primary care services. A non-disclosure agreement with Parkland is being executed to address HIPPA issues and to enable structuring a more integrated approach and referrals for permanent supported housing. Jack also reported a meeting with Dr. Baker and senior staff at The Bridge to look at ways to stream their services, structure care and manage existing resources. Housing at The Bridge was designed for 300/day; currently it is utilized by 800 to 1000 on a daily basis.
- Behavioral Redesign Task Force. The task force is chaired by Dallas County Commissioner John Wiley Price and Vice-Chair Commissioner Maurine Dickey, however all county commissioners are invited to attend and participate. Jack noted that Collin and Ellis counties have participated and stated this was a very positive meeting. Jack was asked to gather data on medical expense and outcomes associated with non-NorthSTAR related services. A perception exists concerning NorthSTAR being in the midst of a cost-shift to county entities meaning they must bear the brunt of some of the behavioral substance abuse costs, and in some

instances this may be the case. Jack is gathering data to determine the effects of NorthSTAR and the other systems of care such as Juvenile Justice regarding cost-shifting.

- Legislative Hearing about HHSC Budget Cuts - February 11, 2010. A hearing on the \$11 billion deficit is scheduled for February 11th in Austin. The preliminary document which is posted on the website and was distributed to HHSC contains a reference to NorthSTAR and an indication of a \$500,000 cut. Discussions with Alex and HHSC leadership and legislators have made it clear NorthSTAR has already experienced severe cuts during the last contract negotiations and should not be subject to the same cuts as the rest of the State at this time. This will be the subject of discussion at the hearing tomorrow. Other proposed cuts are a reduction of 50 beds and proportionate reduction of staff at each of Terrell State Hospital, Rusk State Hospital and Wichita Falls State Hospital.
Discussion. Zach Thompson urged the board to present strong objection in writing to any proposed cuts in funding or hospital beds or services to the North Texas region. Immediate action is called for to draft a letter of protest to put in front of the hearing tomorrow.
 - Executive Director Alex Smith stated that at the board's direction and on its behalf, he would write a letter to HHSC and DSHS expressing the board's concerns and objections to any further cuts in funding for NorthSTAR.
 - MOTION: Dr. Scotch moved to empower Alex Smith in consultation with Judge Chitty or Dr. Dillard to take whatever actions necessary to communicate the position that Mr. Thompson expressed and to speak for the board on this issue. This was seconded and the motion carried.
- VO Plan of Correction with NTBHA and DSHS.
 - 340B Plan of Correction. The low level of telemedicine encounters in the system is an indication that a more robust coordination of care on site at clinics is needed in order to promote access to telemedicine portals for primary care assessments through UTMB. Meetings are being held with UTMB and the provider network for restructuring the system so that the level of encountering is more robust.
 - Mobile Crisis Services. Another problem is mobile crisis services receives referrals from UTMB subject to someone having negative lab results. When those referrals are not carried out on a timely basis the result is increased risk for the network as well as UTMB.
 - Lab Services. A related issue is a coordination of benefits problem. There have been four lab vendors since inception of

the program and each change in vendor creates disruption. VO's contract does not make it at risk for Medicaid related lab services yet from the prescriber perspective when lab panels are ordered, regardless of their Medicaid or indigence status there is a lack of coordination of benefits regarding who ultimately pays for Medicaid vendors in the system. When lab vendors cannot secure payment from Medicaid, they look to NorthSTAR for payment. This amounts to as much as \$1M per year in potential Medicaid lab expenses. VO is in a contract extension with its current vendor and is negotiating a contract renewal. The vendor would like VO to pay for those Medicaid labs and allow access to the full panel. VO's board is unlikely to authorize this request since to do so would disenfranchise another part of the system. To avoid disruptions, VO is seeking to renew its contract with the current vendor yet avoid paying the \$1M attributable to Medicaid services.

- Self-Directed Care. VO is working with Brandy Ruckdeschel to expand the program to attach to dual eligibles (Medicare and NorthSTAR eligible patients) for coordination of benefits. A request for formal approval of expansion of the program will be presented to the board at the March meeting. VO continues to advocate for providers to be aggressive in getting referrals into the self-directed care system which VO believes is underutilized.
- TCOOMMI. VO receives approximately \$1.75M annually to fund jail diversion, adult and juvenile case management and the Wilmer program. Last year VO was over budget at a total of \$2.2M and TCOOMMI made up the difference. Currently VO projects a \$2.223M total for the year and is negotiating with TCOOMMI to secure that difference. If the negotiations are unsuccessful, VO will have public discussion as to alternatives. All programs are critical to the system and provide very fundamental levels of care which offset other costs.

Discussion followed regarding expenditures broken down by county and projected excess expenditures over budget.

Item #7

Consumer and Family Advisory Council Report

Mike Katz, Chair, reported:

- A report of the CFAC meeting held January 5, 2010 was presented at the last board meeting. The next CFAC meeting will be in March. Mike Katz stated that CFAC meetings are open to everyone – consumers, family members, NTBHA trustees and all stakeholders - and extended an invitation to all to attend.

Item #8**Provider Advisory Council Report****Liam Mulvaney, CEO of LifeNet, reported:**

The PAC report was circulated to the board in advance of the meeting.

Highlights of the report are as follows:

- A PAC meeting held January 22, 2010 at which 16 providers attended.
- Top Three Concerns of Providers.
 - Blended Case Rate versus the State's RDM Model.

DSHS requires reporting using the RDM model which mandated providers to deliver service packages and the number of units of service attached. The recent change to the case rate method requires providers to deliver whatever services are necessary for a flat rate. These two models are 180 degrees opposite, resulting in burdening providers with a dual reporting structure and double the administrative work. Additionally, there is a potential liability issue to provide a service package with an attached number of units and the ability to do deliver.

Discussion. Realistically, DSHS will continue to require RDM reports. The goal is to reduce the administrative burden on providers perhaps by eliminating the requirement for prior authorizations for services packages.
 - Semi-annual financial assessments. Providers are now required to do financial evaluations of clients twice yearly to determine their eligibility for NorthSTAR whereas previously the financial evaluation was just once per year. This has created a burden on VO as well as another incidence of double administrative work on providers. The ineligible rate is predictability at 15% with little variation. A request has been made to Jack Szczepanowski and VO to change the financial evaluation requirement to an annual basis as in the past, and a decision is anticipated by next month.

Discussion. The twice annual requirement resulted from a significant increase in new indigents over a 12-18 month period and more frequent eligibility assessments for NorthSTAR were indicated at that time.
- Local Plan.

Providers urged there be a true integrated meaningful planning process for next year's budget and next year's local plan which is already underway. Input early in the process from all stakeholders, providers, advocates, and clients is urged so as to be part of the decision process.

Item #9.**Physicians Advisory Panel Report**

The PAP report was circulated to the board in advance of the meeting. Today's report was given by John Bennett, M.D. and highlights are as follows:

Dr. Bennett introduced himself and provided background on the structure of Physicians Advisory Panel which held its first meeting in October 2009. The panel includes both SPN and non-SPN physicians as well as some physicians outside of NorthSTAR. ABC, Adapt, Dallas MetroCare Services, Lakes Regional, NTSP, and Parkland/Green Oaks ER Services have been consistently represented at the meetings, as well as attendance from places such as UT Southwestern and some of the other SPNs. PAP continues to outreach to gain wide-based physician involvement. Brandy Ruckdeschel, Alex Smith, and Dr. Dillard have attended from NTBHA and their time and attendance is appreciated. The new co-chairs elected at the February 3, 2010 meeting are Dr. Young from Child and Family Guidance and Dr. Hunter from Dallas MetroCare.

- Atypical Medication Expenditures. Dr. McDonald from VO attended the February meeting and led an excellent discussion on atypical expenditures. Atypical medication is a line item of \$6.7M within NorthSTAR and VO has the option of spending up to 15% of that on lab and support services. In the event VO goes to a waiting list, the 15% could not be used for lab and support services. We have not had the waiting list for the past 2½ years. For first quarter FY10, VO was \$361,000 over the allocation amount and Dr. McDonald was asked to report on whether this amount includes the 15%. NTBHA is urged to follow these numbers closely to understand how the 15% impacts the budget especially if there is any indication of moving towards a waiting list.
- Pharmacy Data. PAP has been asking NEC, our pharmacy benefits manager, for prescriber profiles to track a physician's prescribing pattern relative to all physicians in the system and identify the number of prescriptions per patient, cost per patient, specific medications prescribed, and generate a comparison to the system overall. A member of PAP previously received very informative reports on prescribing patterns from NEC. PAP has requested a meeting with NEC, and Jack and Dr. McDonald are supporting our efforts in this area. NEC appears capable of generating meaningful reports and PAP is seeking greater responsiveness from NEC.
- Prior Authorization Process for the Formulary. Prescribers have indicated they find VO's electronic authorization process cumbersome and time consuming, more so than hand-written

prescriptions. This issue will be studied in more depth and PAC will work with VO to achieve a workable system for the prior authorization process.

Discussion. Responding to questions from to Ron Stretcher, Dr. Bennett stated that Dr. McDonald plans to attend PAP meetings frequently and Dr. Ahmed from Parkland jail has attended and expressed interest in participating. As agenda items, Ron suggested (i) tracking prescribing practices from the state hospital to the jail and to the SPNs and (ii) working with VO to obtain a run of data on the frequency of the same prescription being filled for a consumer in a month to determine potential cost savings given the number of systems which are involved and which may be prescribing for the same consumer.

Item #10

Discussions and possible approval

- TSH-Transitional Housing – status.
 - As reported earlier in the meeting, a proforma report was submitted to VO and more information is expected by next week.
- Atypical Medications - status
 - Addressed in the PAP Report; no further discussion.
- Collin County Needed Services Reassessment.
 - The meeting scheduled for February 19th will address this issue and will be reported at the next board meeting.
- Legislative update. Janie Metzinger of MHA stated the three top concerns for the Regional Legislative Steering Committee continue to be funding for the mental health system, housing issues, and recidivism reduction.
 - Housing. The most recent meeting focused on identifying funds for housing services for the NorthSTAR region outside the DSHS budget, such as Texas Commission on Housing Affairs.
 - Listening Meetings. On February 18th, the first in a series of meetings for all North Texas counties will be held in Hunt County at Wesley United Methodist Church. An overview of the NorthSTAR system will be presented and input from attendees will be solicited concerning their likes/dislikes of the system, their needs and how these are being met.
 - Budget Cuts. NAMI and MHA will write a letter to Austin in protest of any cuts to state hospitals in the NTBHA region as a result of the legislative hearings and the proposed cuts to the HHSC budget.

Item #11

Executive Session

The board may go into Executive Session pursuant to chapter 551, subchapter D, Texas Govt. Code.

- None.

Item #12

Discussion and possible vote in open session on matters considered in Executive Session.

- None.

Item #13

Next Board of Directors Meeting

- March 10, 2010 at 12:00 Noon

Item #14

Adjournment

- The board meeting adjourned at 1:05 p.m.

Dr. Richard Scotch, Secretary

Acronyms & Terminology

340B	A federal drug pricing program
ACS	Adapt Community Solutions (Mobile Crisis Provider for NorthSTAR, see MCOT)
ACT	Assertive Community Treatment
APAA	Association of Persons Affected by Addiction
APOWW	Apprehension by a Police Officer Without a Warrant
BH	Behavioral Health (includes MH and CD)
BHO	Behavioral Health Organization (ValueOptions)
BOD	Board of Directors
BPD	Bipolar Disorder
The Bridge	Homeless Assistance Center in Dallas
C&A	Child and Adolescent
CAP	Corrective Action Plan
CBT	Cognitive Behavioral Therapy
CD	Chemical Dependency
CFAC	Consumer and Family Advisory Council
CHIP	Children's Health Insurance Program (aka SCHIP)
CIT	Crisis Intervention Training (40 hour event sponsored by the City of Dallas Police Dept.)
CMBHS	Clinical Management of Behavioral Health Services
COMI	Coalition on Mental Illness
CRCG	Consumer Resource Coordination Group
DARS	Texas Department of Assistive and Rehabilitative Services
DBSA	Depression and Bipolar Support Alliance
DPS	Department of Public Safety
DSCT	Direct Services Cost Target
DSHS	Texas Department of State Health Services
FMAP	Federal Medical Assistance Percentage for Medicaid
FPL	Federal Poverty Level
FTE	Full-time Employee
GOH	Green Oaks Hospital
GR	General Revenue
HUD	Housing and Urban Development
IOP	Intensive Outpatient Treatment
LAR	Legislative Appropriations Request
LBB	Legislative Budget Board
LOC	Level of Care
LOC-A	Level of Care - Authorized (as specified by Service Packages approved by VO for a client)
LOC-R	Level of Care – Requested (by the SPN to VO)

LPHA	Licensed Professional of the Healing Arts (Graduate degrees with specific licenses)
MAC	Medical Advisory Council
MCOT	Mobile Crisis Outreach Team (In NorthSTAR, ACS is the MCOT, providing phone and face-to-face intervention.)
MDD	Major Depressive Disorder
MH	Mental Health
MHA	Mental Health America
MLR	Medical Loss Ratio
MOU	Memorandum Of Understanding
NAMI	National Alliance for the Mentally Ill
NARSAD	National Alliance for Research on Schizophrenia and Depression
NTBHA	North Texas Behavioral Health Authority
NTSPP	North Texas Society of Psychiatric Physicians
OCR	Outpatient Competency Restoration
OPC	Order of Protective Custody
P&Ps	Policies and Procedures
PA	Pre-authorization
PAC	Provider Advisory Council
PBM	Pharmacy Benefit Manager
PESC	Psychiatric Emergency Service Centers
PMPM	Per Member Per Month
QMHP	Qualified Mental Health Professional (Bachelor's degree in specific helping field majors)
RDM	Resiliency and Disease Management
RFI	Request For Information
RFP	Request For Proposal
SA	Substance Abuse
SCHIP	State Children's Health Insurance Program
SDC	Self-Directed Care
SED	Severe Emotional Disturbances
SFY07, SFY08, SFY09, SFY10, SFY11	State Fiscal Years. SFY10 began September 1, 2009 and will end August 31, 2010.
SGA	Second Generation Atypicals (medication)
SME	Subject Matter Expert
SNRI	Selective Norepinephrine Reuptake Inhibitor
SOP	Supportive Outpatient Treatment
SP-1, SP-1S, SP-2 SP-3, SP-4 (ACT)	Adult Service Packages associated with LOCs in RDM—the higher the number, the more intensive the services provided. Similarly, children have RDM service packages.
SPA	Single Portal Authority

SPN	Specialty Provider Network
SSRI	Selective Serotonin Reuptake Inhibitor
TCADA	Texas Commission on Alcohol and Drug Abuse
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDI	Texas Department of Insurance
TLETS	Texas Law Enforcement Telecommunications System
TP 55	Type of Medicaid for medically needy clients whose increased medical bills make them eligible for Medicaid (not currently eligible for NorthSTAR)
TRAG	Texas Recommended Assessment Guidelines
TSH	Terrell State Hospital
UA	Uniform Assessment
UM	Utilization Management
UTMB	University of Texas Medical Branch
VO	ValueOptions (the NorthSTAR BHO)
WRAP	Wellness Recovery Action Plan