

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

2010 Attendance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Judge Michael Chitty, <u>Chair</u> Kaufman County	X		X									
Susan Miles, <u>Vice-Chair</u> Collin County	X	X	X									
Ryan Brown, <u>Treasurer</u> Dallas County	X	X	X									
Richard Scotch, PhD, <u>Secretary</u> Dallas County	X	X	-									
Pat Lawson Collin County	X	X	X									
Ron Stretcher Dallas County	X	X	L									
Zachary Thompson Dallas County	L	X	-									
Janis Burdett Ellis County	X	X	X									
Matt Wolff Hunt County	X	L	L									
Commissioner Kit Herrington Navarro County	L	-	L									
Andrew Dillard, M.D. Rockwall County	X	X	X									

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

Judge Michael Chitty, Board Chair:

Judge Chitty brought the meeting to order at 12:02 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**

Dr. Andy Dillard, acting in the absence of Richard Scotch, Secretary, reported:

- Dr. Dillard moved that the minutes of the February 10, 2010 regular meeting of the board of directors be approved as circulated. This was seconded by Pat Lawson and the motion carried.

Item #3**Finance Committee Report**

Ryan Brown, Treasurer, reported:

- Ryan Brown reported that financial statements for the five months ending January 31, 2010 have been circulated and there are no outstanding issues.
- Ryan Brown moved that the financial reports for the five months ending January 31, 2010 be approved as circulated. This was seconded by Dr. Andy Dillard and the motion carried.

Item #4**Public Commentary**

None.

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:

- Collin County Expenditures. A review of Collin County expenditures is in process to evaluate investment of money in the After-Hours Clinic versus other projects where money may be more effectively used. There is no consensus as yet, pending the outcome of work with the UNT personnel.
- Strategic Planning. The physical questionnaire has been completed. Town meetings are now being held to solicit data and gather clients' feedback regarding NorthSTAR services that are needed, services delivered and client reaction to these services. The data will be compiled and a strategic plan finalized for delivery to DSHS.
- Supportive Housing. There has been follow up on the pro-forma report developed by LifeNet, and the report has been passed on to VO for its response.
- NTBHA-VO MOU. The 2003-2004 MOU with VO currently in force is being updated to make it current. A draft of the new MOU has been sent to board members for review and comment.

- \$70,000 Grant. NTBHA has received a \$70,000 grant over two years to work with the Veterans Administration to coordinate and implement peer-to-peer services for veterans. An application was submitted for the second portion of the grant to extend services to veteran families, and the result of that application will be reported when it becomes available.
- Dallas Task Force. The Dallas Task Force continues to meet regularly. The RFP for Task Force work has been delayed, due in part to questions about one of the surveys regarding NorthSTAR Physicians. We learned that many of physicians were unable to get the survey. As a result, the list of physicians in NorthSTAR must be updated and the questionnaires circulated again, which is now in process. We now have the updated roster of VO and all NorthSTAR physicians with accurate contact information which will be delivered to Dr. Nace and the Task Force.
- Continuity of Care Task Force. DSHS has requested that NTBHA participate in a state-wide committee on a Continuity of Care Task Force that may ultimately drive some DSHS agenda items in terms of service asks in the funding portion of the state legislature. The Executive Director attended one meeting already and will attend another meeting at the end of March.
- Clinical Review. Implementation of case rates has given rise to closer scrutiny of clinical activities. Now that all contracts are in place, there is a need to determine if ACT services have increased. These services fall outside the case rate and the early indication is an increase in ACT services so closer review is needed.
- Self-Directed Care. The follow up report on SDC is making progress. At a meeting on March 9th attended by the Executive Director it was reported there are now about 80 enrollees. The University of Illinois staff directing the service are highly complementary of it and excited about the excellent progress being made. They are seeing trends of how clients enrolled in SDC choose to spend their dollars and what they deem important in their mental health recovery. This is the reason for a program such as this - to identify trends.
- Discussion. Susan Miles requested a breakdown of counties involved in SDC plans, which the Executive Director agreed to make available. All counties were asked to participate; however not all counties have responded.

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, and attachments were also distributed. Highlights of the report are as follows:

- The focus of the report is primarily an update status report requested of BHO at the last board meeting in connection with monitoring overall expenses. Financial details are presented in attachments 1-7.
 - Attachment 1 – NorthSTAR Overall. This is a large snapshot of the NorthSTAR system 09/09-01/10 and current year projections, illustrated by a pie chart
 - 30.28% - outpatient services/SPN
 - 30.24% - State hospital
 - 1.57% - ER/23-hour/acute care
 - 9.22% - pharmacy/labs, with the remaining
 - 6.57% - allocated among crisis clinics, outpatient medical, and transportation/mobile crisis.

Discussion. Alex Smith requested clarification regarding the annual budget of \$150M, of which \$40M is State hospital leaving \$110 for all other programs. Jack reviewed the detailed breakdown on Attachment 1B showing total revenue, administrative and medical expenses, and projected shortfall of \$4,039,924. MLR of 91%, dollars spent on actual services versus admin/overhead/profit. Expected case rate changes would net to the system, however it is less than expected. Anticipated a \$10M reduction in medical expenses; however there are more members in the system that case rates needed to attach to than initially anticipated plus increase in utilization of higher levels of outpatient care meaning ACT services and the issue regarding children services. The net result is an anticipated \$8M reduction rather than the projected \$10M reduction initially anticipated, assuming all current revenue streams and medical expense remaining unchanged, which is not the case.

- Attachment 2 - TCOOMMI. TCOOMMI funding is the biggest issue. FY10 annual budget of \$1.75M for all TCOOMMI funded programs [adult (94) and juvenile (62) ICM, Metrocare/continuity of care, adult jail diversion (157), and adult residential/DDC (60 beds)], 09/09-01/10 expenditures of \$927,098, FY10 estimated final expenditures of \$2,314,791, and FY10 over-budgeted projected at \$564,791. Two indications from TCOOMMI in a recent meeting with the State and others are (i)

TCOOMMI is interested in **not** reducing the revenue that attaches to the Wilmer program, and (ii) NorthSTAR must work within the pre-existing budget, there is no additional revenue available for 2010 unlike last year. This shortfall will be discussed in more detail with TCOOMMI at a meeting later in the week. All of these programs have tremendous benefit for the community and the offsets they provide. For example, the Wilmer program is a residential program with an average length of stay of 60 days which leads to significant stabilization for the individuals.

Discussion. Regarding the jail diversion program for Collin and other counties, these are proposed programs and not currently funded. Representative Madden is a very strong proponent of TCOOMMI programming and jail diversion and he would support any county proposals regarding jail diversion. Dr. Perryman is a strong advocate of TCOOMMI type programs and advocates for proposals in support of funding. In budget crisis situations there are many opportunities to provide more effective systems of care.

- Attachment 3 – Crisis Program. FY10 Crisis expenditure projections categorized by current programs, actual Crisis spend 09/09-01/10, FY10 Crisis spend projection, and projected total Crisis spend of \$26,920,132 representing \$1,083,476 over budget. The pie chart presents percentages and dollar amounts, and illustrates the two major components as inpatient services (48%) and 23-hour observation (26%) with the remaining 26% allocated among six other services ranging between 1% and 6% each. The projected over-budget utilization is approximately \$1M which is lower than the \$2.3M over-budget in 2009.
- Attachment 4 - Atypical Medications. The graph illustrates projected FY10 medical expense for atypicals of a \$1M overspend relative to the line item. Based on current projections, the Rider permitting the system of care to reinvest dollars below the line item for atypicals for other services will not be applicable this year.
- Attachment 5 – The Bridge. This attachment is a draft representation of all NorthSTAR-related expenditures attached to services for individuals who received services at The Bridge between September and January and tracking the delivery of those services. The bottom line shows a \$365,000 monthly medical expense associated with individuals receiving services at The Bridge. A series of on-going meeting of providers and high-level staff at The Bridge to devise means for potential diversion, greater integration and better coordination with permanent

supported housing and primary care services. The graph also illustrates the very high level of need when considering that The Bridge was designed to serve 300-400 individuals per day while in fact the average number of individuals served is over 800 on a daily basis.

Discussion. Ron Stretcher asked how many members are represented by the graph. Jack estimated the number to be approximately 1500 with as much as 30% repeat individuals. This is a bulk medical expense for people who had some stay at the Bridge. Subsequent reports will show a breakdown by location for these numbers.

- Attachment 6 – Crisis Transitional Housing at Terrell State Hospital. This report is a description of the program, and a detailed breakdown of potential efficiencies pegged at utilization levels ranging from \$1,692 each for 12 clients to \$1,379 each at full capacity of 48 clients. Higher utilization translates to greater efficiency and the cost per client decreases, with an added benefit that beds at Terrell would be freed up by implementing this program.

Discussion. If funding were available, the program could be implemented within 90 days, initially with two cottages and others phased in later. There is an immediate need for the Terrell cottages. Effectively, this is transitional housing for individuals recently discharged from the hospital and individuals referred from The Bridge. Candidates would be required to meet established criteria and be stable medically and in treatment. Budgeting to implement the program would require consensus on offsets within the system based on a pro-forma for board review and approval. Assuming there is consensus, September 2010 is a realistic target.

- Attachment 7 – Impact Analysis. DSHS's estimated impact is \$6.5M compared to NorthSTAR estimate of annual increase in inpatient costs at nearly \$12.5M. The higher estimate is due to the level of acuity when dealing with the sickest of the sick, recovery time is much longer length of stay in the community compared to the average length of stay. The proposed reduction of beds is in the proposal stage, and there is strong opposition to such action.
- **Collin County Plan.** There is a strong interest in moving forward with the intensive case management option while the crisis clinic is being debated so we are moving forward. There is cooperation with judges and jail staff and there will be cost offsets, and Collin County would be a prototype for other counties.

- **TCOOMMI Based Jail Diversion for Collin County**. Collin County commissioners will vote on this later in March. VO submitted a proposal to the board. The report considers various sources of funds including TCOOMMI funding as well as the State Enterprise Fund which funds new programming, and some of these dollars are still available. Representative Madden can be relied upon to promote expansion of jail diversion services.
Discussion. The Enterprise Fund is primarily an economic development fund; however an argument can be made for reduction of expenses in the community so in fact this may be considered as an economic development strategy.
- **Family Preservation Unit**. Family Preservation is a service managed by Dallas MetroCare Service and is an intense wrap around service for the most acute children in the system that are discharged from hospitals. The case rate model is not sufficient to compensate for the intensity of those wrap around services. VO is meeting with NTBHA executive staff and the providers in the network to find a solution. Currently the census is 250-270 highest needs children in the outpatient system based on the case rate. There is a definite need for ACT-like services for children; the challenge is to fund it.

Item #7

Consumer and Family Advisory Council Report

Mike Katz, Chair, reported:

- A report of the CFAC meeting held March 10, 2010. The main focus of the meeting was SDC/Self Directed Care with Walter Norris presenting an update on the SDC program. A participant present at the meeting was a participant in the SDC/Self Directed Care program who related his story - he is no longer homeless, he has a job and is 9 months sober, and has a positive attitude which he attributes to SDC. Another topic of discussion centered on what is happening in NorthSTAR.

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 was held on February 26, 2010 at which 19 providers were present. The minutes of the meeting are included with the report.
- Request for Elimination of Authorizations for Case Rate Clients. PAC has requested the elimination of authorizations for Case Rate clients

which both VO and providers agree is superfluous and time consuming. VO has indicated that as all providers are now on line that eventually the formal request for authorizations may be eliminated. Portions of the RDM program will be retained, the actual process of submitting a clinical request and waiting for the authorization will not be necessary. PAC has urged approval for this action by April 1, 2010.

Discussion. Various State agencies must approve this action before prior authorizations may be discontinued. Jack will negotiate on this with DSHS to gain the required approvals and will report at the April board meeting.

- Annual Financial Evaluation Approved. VO has acted to revert to only annual evaluations being required and this is greatly appreciated.
- Financial Assessment Data. The financial assessment data is critical to providers and PAC requested this information be posted on the website.

Discussion. The Executive Director agreed to make financial assessment data available on the website.

Item #9.

Physicians Advisory Panel Report

PAP Co-Chair Patrick Young, M.D. reported:

The PAP report, including minutes of the February 3rd and March 3rd meetings, were circulated to the board in advance of the meeting.

Highlights of the meeting held March 3, 2010 are as follows:

- Quarterly VO Medical Conference Meetings. PAP has recommended to be moved from telephonic meetings to live meetings to allow for more thorough discussion of issues under consideration and enhanced focus and participation of attendees.

Discussion. VO has no objection to the meeting be held live.

- Pharmacy Data. PAP continues to request more specific data about pharmacy costs. Specifically, information about on which agencies are spending the most per patient is requested.

Discussion. The issue may be that physicians are unfamiliar with how to access the data, rather than data not being available.

- Prior Authorization Process for the Formulary. Prescribers have requested an improved system for electronic prior authorizations that is easier to use with a quicker response time. VO is working to make computer system more user friendly.
- Physicians Survey. Many physicians did not respond to the survey and many others were not contacted possibly due to inaccurate contact information. PAP suggested that the physician roster be

updated and the survey be delivered via email to ensure a greater response.

Item #10

Discussions and possible approval

- TSH-Transitional Housing Proposal – status.
 - Addressed earlier in the meeting; no further discussion.
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- Atypical Medications - status
 - Addressed in the PAC and PAP Reports; no further discussion.
- Collin County Needed Services Reassessment.
 - Jack Szczepanowski stated that the UNT study costs \$168,000 annually and funding for the 2010 study is not currently available. The study is a valuable tool in identifying potential cost savings and likely would be cost neutral to the system.
 - Scott Black of Transicare stated that two staff members are available to transition to post-jail to other resources. Collin County has funded two case managers working in the jail system.
 - Jail Diversion. Collin County commissioners will need to vote on this matter if application is made for a grant since matching funds would be required.
 - **Motion.** A motion was made to approve the Intensive Case Management proposal for Collin County. The motion was made by Pat Lawson, seconded by Susan Miles, and the motion carried unanimously.
- Legislative update. Janie Metzinger of MHA.
 - Town Hall Meetings. The first Town Hall meeting was held in Hunt County on February 18th and a meeting in Collin County was held on March 9th. This was the first in a series of meetings for all North Texas counties at which an overview of the NorthSTAR system was presented. The objective is to gather input from attendees concerning likes/dislikes of the system, what the needs are and how these needs are met. Each county is scheduled for a total of four meetings to dialogue and follow-up. Meetings are scheduled for Rockwall and Ellis counties later in March. Top priorities are (i) transitional housing and permanent supported housing; (ii) socializing opportunities/clubhouse; and (iii) employment opportunities.
 - Conference at Medical City, Dallas. The topic is BPD for March 26, 2010 conference which has attracted full enrollment of 162 attendees.

- Board of Directors Election of Officers
Nominees:
Chair: Judge Michael Chitty
Vice-Chair: Susan Miles
Secretary: Richard Scotch
Treasurer: Ryan Brown
- Motion. A motion was made by Dr. Dillard to elect the slate of nominees as officers. It was seconded by Pat Lawson. There were no additional nominations and the motion carried unanimously.

DSHS RFP-HMO. Executive Director Alex Smith stated that it is premature to pursue the RFP at this point due to insufficient funding and therefore the RFP will not be issued.

- o Motion. A motion to delay the RFP was made by Ron Stretcher. It was seconded by Kit Herrington, and the motion carried unanimously.

Item #11

Executive Session

The board may go into Executive Session pursuant to chapter 551, subchapter D, Texas Govt. Code to consider the following matter:

- The board adjourned to Executive Session at 1:12 p.m. to consider transfer of authority to NTBHA regarding contract issues.

Item #12

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

- None.

Item #13

Next Board of Directors Meeting

- April 14, 2010 at 12:00 Noon

Item #14

Adjournment

- The board meeting adjourned at 1:25 p.m.

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