

**North Texas Behavioral Health Authority  
Minutes of the Board of Directors Meeting  
Date of Meeting: April 14, 2010 at 12:00 PM**

<b>2010 Attendance</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Judge Michael Chitty, <u>Chair</u> <b>Kaufman County</b>	X		X	X								
Susan Miles, <u>Vice-Chair</u> <b>Collin County</b>	X	X	X	X								
Ryan Brown, <u>Treasurer</u> <b>Dallas County</b>	X	X	X	X								
Richard Scotch, PhD, <u>Secretary</u> <b>Dallas County</b>	X	X		X								
Pat Lawson <b>Collin County</b>	X	X	X	X								
Ron Stretcher <b>Dallas County</b>	X	X	L	L								
Zachary Thompson <b>Dallas County</b>	L	X		L								
Janis Burdett <b>Ellis County</b>	X	X	X	-								
Matt Wolff <b>Hunt County</b>	X	L	L	X								
Commissioner Kit Herrington <b>Navarro County</b>	L		L	L								
Andrew Dillard, M.D. <b>Rockwall County</b>	X	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 and Brandy Ruckdeschel.
- Approximately 30 visitors and speakers.

**Item #2**

**Secretary's Report**

**Richard Scotch, Secretary, reported:**

- Dr. Scotch reported that the minutes of the March board meeting have been circulated and there are no corrections.

- Dr. Scotch moved that the minutes of the March 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 six months ending February 28, 2010 have been circulated and there are no outstanding issues.
- Ryan Brown moved that the financial reports for the six months ending February 28, 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:

- Strategic Plan. This is almost concluded. A copy will be posted on the website and electronic files will be sent to all the board members, and a copy will be forwarded to DSHS for their review. We hope to carry this plan out for a three year period making it a three-year plan as opposed to an annual plan. Through Parkland, the Dallas Redesign Task Force has contracted the consulting group TriWest to conduct the Redesign Task Force Survey of needs for the Dallas area. The survey begins next week and Alex will meet with the consultants on Monday.
- DSHS-Continuity of Care Task Force. The task force has been meeting in Austin and in some respects it is duplicating on a state-wide basis what the Dallas Area Task Force is doing. Attached to the Executive Director's Report is a copy of a PowerPoint presentation used at the last meeting which illustrates the topics under discussion.
- Transfer of Authority. Discussions between HHSC in Austin and NTBHA in Richardson are still ongoing. HHSC has confirmed they have given the orders to DSHS to work out this transfer which will be phased in over an 18-month period. Executive Director Alex Smith will meet with DSHS later in the week to begin face-to-face discussions, and develop further an outline already in draft form

pursuant to extensive internet communications. An outline of this discussion is attached to the report and has been circulated to the board electronically. Pursuant to the HHSC Commissioner's request that all involved sectors be in favor of the transfer of authority plan, each of the board member are asked to present to their county judge a resolution agreeing to and supporting the transfer of authority from HHSC to NTBHA, something that is long overdue. County-specific resolutions have been prepared and distributed to the board members who are asked to present the resolution to your respective county judge for approval. HHSC wants to ensure there is support at county level for this transfer of authority; if it is lacking, then understandably HHSC will pull back.

- Supportive Housing Cottage Project. A proforma on this project was developed and submitted to VO. Basically, the findings that were there really was not clear evidence that sufficient savings would be realized to underwrite the cost of the cottages on a supportive transitional basis. Supplemental data supplied by one of the SPNs studying recidivism rates, however, found that recidivism rates (RR) for those folks going into supportive housing were almost zero. If the cottages were considered as permanent housing rather than supportive housing, we believed that HHSC and DSHS would be supportive and provide funding. Later we learned from DSHS not to expect any more funding this year, there just are no funds available. We are now at a stalemate. There is no place to take money out of the system to underwrite the cost of these cottages, DSHS has no funds to offer to underwrite the costs of these cottages, and we have no other source of funding.
- Discussion. Judge Chitty stated perhaps there is money through the Meadows Foundation or some private source that can be tapped and asked Liam Mulvaney to explore that possibility.

## **Item #6**

### **Behavioral Health Organization Report**

#### **Jack Szczepanowski, Executive Director of Value Options.**

The BHO report was circulated to the board at the meeting and included detailed financial data. Highlights of the report are as follows:

- **TCOOMMI ANALYSIS AND STATUS**. As of last week DSHS informed that there will be no additional TCOOMMI funds to our system of care. Last year there was a \$450,000 deficit in total funding of the program and TCOOMMI made up the difference within six months of the end of the fiscal year. This year there are no additional funds. This means we must design a transition plan to sustain viability of the programs supported by TCOOMMI. Attachment 1 shows a financial breakdown of TCOOMMI funded

programs and potential impact analysis. At the current rate we will be over budget by \$560,000, and as of the end of April we are projected to be over budget by a quarter of a million dollars. TCOOMMI is clear there will be no reductions in funding to the Adult Residential Program, the DDC program, or the Wilmer program. Funding to Adult Intensive Case Management and the Jail Diversion programs will likely be cut with a result that members in those programs will be transitioned into core outpatient case-rated programs. All of these individuals certainly are eligible for the outpatient provider network but there will be less intensive case management transitioning from the jail setting to the outpatient setting. Beginning next week, meetings are scheduled with outpatient providers and the probation offices affected by this change. To address this situation, Jack Szczepanowski and Alex Smith held meetings with State officials including a meeting with Representative Madden who is very interested in these issues. He is particularly interested in some of our initiatives in place in Collin County which he considers as a disenfranchised area. While Representative Madden was sympathetic, he could not be encouraging due to the budget shortfall – there is no additional revenue available to fund community-based programs. We will report on the transition planning down to the member level as to how many individuals are affected, how they are being transitioned to other providers. By contrast, this has created an opportunity to enhance the services provided by Timberlawn and Green Oaks, Parkland Hospital, and MACs in that enhanced crisis triage is being implemented in the primary care hospitals. The objective is to reduce dwell-time county wide in all counties. With no additional cost to the system, behavioral health oriented crisis triage teams will interface with primary care ERs to expedite transfers and attend to members that need higher levels of care or who may be diverted into outpatient care. Progress will be reported as more details are available.

- **Intensive Case Management**. Staff has been hired and is being trained for the Collin County Intensive Case Management/Jail Diversion Program which will go live June 2010. Implementation of the program is on target, and progress will be reported at next month's board meeting.
- **NorthSTAR Financial Status Update**. Attachment 2 to the report is an summary of outcomes measures and medical expense in the system as a whole. In essence, 9/09 through 2/10 the medical expense was \$67.4 million which equals \$0.90 of every \$1.00 for services, and considering the claims lag that figure may go up to

91%. This shows a county by county break down with some variant outcomes measures and medical expense to each county.

- **Crisis Spend Update**. Attachment 3 indicates we are running well over the current allocation for Crisis, meaning that there is not any risk associated with the recoupment from this date based on the crisis funding that was allocated.
- **Atypical Spend Update**. Referring to Attachment 4, we are also running over on the atypical spend line items by about \$1.5 million projected currently.
- **Lab Status Update**. VO received a termination notice from Quest this month. Quest will discontinue service effective as of the end of April. The primary reason is coordination of benefits issues. Quest had difficulty in expediting physician requested labs for Medicaid members and also had difficulty with timely filing Medicaid claims. Tom Collins of HCA has stepped up again to help with a transition plan, and we anticipate avoiding many of the problems when a prior lab vendor left the system. We are fortunate to have a crew of four phlebotomists not attached to the departing lab vendor so there will be continuity of care and a courier attached to the transition plan so that labs will be expedited. What we will lose is the ability to order labs on-line through the Quest software program, but as it was not used by 90% of our network the impact will be minimal. We are considering two vendors who have expressed interest in participating in our network and who understand all of the nuances in terms of coordination of benefits. In the interim we are very aggressively looking for alternate solutions and are monitoring on a daily basis to make the transition as seamless to the network and our members as possible. The board will be notified of any issues should they arise.
- **Behavioral Mental Health Redesign Task Force**. This topic was covered by Executive Director Alex Smith earlier in the meeting. Several stakeholders are actively being interviewed in terms of that process, as well as VO staff.
- **The Bridge Redesign Status**. A series of meetings were held with The Bridge staff and stakeholders looking to improve coordination of care among all service providers at The Bridge and secure permanent supported housing. The Bridge is still seeing up to 1200 people a day in a facility that was designed for 300-400. The plan calls for a redesign of the work flows and adjusting our outpatient chemical dependency contracts so that data sharing is increased allowing for more effective triage on the front end of membership. Some contractual changes with our outpatients CD network are needed as well as redesigning the work flows within The Bridge.

**Discussion.** **Ron Stretcher** reported he was on the phone with DSHS on the entire TCCOMMI funding issue and is still not sure he understands it. Obviously the money we have is the only money we are going to have this year. There will not be additional money coming from TCOOMMI. The struggle is understanding how this money was originally supposed to be allocated and how that allocation has been transmitted over the last two or three years.

- o Ron's first question to VO and ADAPT is how much does ADAPT expect in their budget for the Wilmer DDC from TCOOMMI? What is supposed to be there?
- o Second question is tracing the changes to how this money was originally allocated in 2008 and 2009 to the new 2010 budget and identifying who made changes to the budget and why. Clearly we are all going to have to tighten up. Ron expressed great concern about stating that we are fully going with the Juvenile and Wilmer and we are going to completely cut off the Jail Diversion and Adult Intensive Case Management.

Jack stated he is suggesting that we need to have a transition plan as to how to sustain the current level and not to exceed the budget any further. TCOOMMI and Adapt are stretched very thin, there is no margin in the program and they need the level of revenue that is currently imbedded in order to sustain functionality.

**Discussion.** Ron Stretcher asked if the \$650,000 budgeted amount represents the total fund. Todd Wright, Executive Director of Adapt of Texas, responded that with respect to the case rate contract with VO, there is not an itemization of the budget. Ron made the point that Adapt should have a solid revenue budget number – for example, \$1.2 million per year – and out of that so much comes from Probation, so much from VO and any other sources. Was there a budget plan beyond start-up, and what has the follow through been. Jack responded that the start-up funding resulted in being the core funding and that level of funding has continued as the level required for sustaining the program. Obviously these are very difficult choices and it should be emphasized that no final decision has been made about cuts on anything at this point. Executive Director Alex Smith asked for clarification whether TCOOMMI would consider reallocation for certain areas of the budget, whether those areas are sacrosanct. Jack stated that TCOOMMI expressed a preference for not reducing the DDC budget from the current amount. These programs are all running at almost zero margin and difficult decisions must be made in order to sustain the program. This underscores the importance of meeting with all stakeholders including Mr. Stretcher, to make these decisions and plan the transition, and present to the board next month. **Ron Stretcher**

said he has asked DSHS as well as TCOOMMI to show where the budget initially started and to track all the amendments and changes to understand how this all came about. He spoke with both of them today and hopes to get that information soon.

- **Pharmacy Management Report**. A meeting was held with our physicians group and our current pharmacy benefits manager. The board has seen the type of core reports that our PBM currently runs and recognize they are mainly associated with expense, generic, and utilization of certain pharmaceuticals. We believe that the physicians are looking for a prescriber specific report that does a comparative analysis along the whole network, meaning a breakdown by specific doctor prescribing this type of algorithm over a certain period of time compared to someone else seeing a similar kind of acuity in the system. Reports with that kind of detail are not developed yet. We have a very tight time frame with PBM and we have a meeting with its CEO this Friday to assure those draft reports should be available within the next two weeks. We are being very aggressive with them in pursuing those reports and making sure that our prescribing network gets the information they need to provide the best level of care. This data is too obtuse to be as effective as it needs to be ultimately for our doctors.

#### **Item #7**

##### **Consumer and Family Advisory Council Report**

**Mike Katz, Chair, reported:**

- A report of the CFAC meeting held April 6, 2010. The topic of discussion was the Texas budget crisis and the importance of maintaining stability in the system. Any budget cuts carry an impact to all areas of the system. A second topic of concern was the health care reform legislation and whether it will have any significant impact on delivery of health-related services.

#### **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 March 26, 2010. The minutes of the meeting are included with the report. Recommendations and requests to the Board focused on two points.
- Blended Case Rate. PAC continues to express concern over the conflict between the Blended Case Rate system and the State Resiliency and Disease Management requirements. Anticipated reduction in management-related costs have not materialized, the

providers are burdened with management and reporting tasks while they are at risk of not fully satisfying requirements of either system. As a result, providers are disillusioned about potential cost-savings related to management efficiencies under the Blended Case Rate method and are concerned regarding potential liability for not fulfilling their contractual obligations.

- Top 200 Utilizers of Services. It has been determined that the largest percentage of dollar expenditure in the system is associated with a top 200 utilizers of services group, which is a small percentage compared to the total. PAC supports the plan for VO to give special attention to these top 200 utilizers as a way to address the budget deficit. In addition, PAC is in favor of developing a RFP to create a "Super ACT Team" to work with this population as a means of addressing this issue.

#### **Item #9.**

##### **Physicians Advisory Panel Report**

##### **John Bennett, M.D. reported:**

The PAP report including minutes of the April 7, 2010 meeting, was circulated to the board in advance of the meeting today. The monthly meetings are well attended and typically include representatives from within and outside the NorthSTAR system, including some SPNs, Green Oaks, Parkland Emergency Room, and Brandy Ruckdeschel from NTBHA. Highlights of the meeting held April 7, 2010 are as follows:

- Physicians Prescribing Practices Report. PAP continues to emphasize the need for prescriber-specific reports in order to run comparisons with other areas and explore means of qualifying for additional funding from Medicare. There appears to be a disconnect between VO and NEC, the current pharmacy benefits manager for NorthSTAR. Brandy Rucksdeschel is in communication with NEC working with them to produce reports with the requested data and breakdowns. These reports remain a top-priority item for PAP.
- Blended Case Rate. PAP members report the Blended Case Rate method has had a negative impact in terms of patient care and team approach to integrated patient care management. We see overburdened case workers who lack the capacity to adequately manage patient care, resulting in a reduced level of services.
- Quarterly VO Medical Conference Meetings. The Quarterly Conference Call will take place later this month. PAP continues to advocate for live participation at the quarterly meetings to allow for more thorough discussion of the issues and more robust participation of attendees. PAP would like to see all SPN medical directors in attendance, and requests NTBHA and the SPNs to support this effort.

**Item #10****Discussions and possible approval**

- Atypical Medications - status
  - Nothing to report.
- Collin County Needed Services Reassessment.  
**Susan Miles** stated that a report is expected by the end of April that will then go to the commissioners.
- Legislative update. **Janie Metzinger** of MHA reported that permanent supported housing and the Dallas Redesign Task Force continue as the two main concerns of MHA. She reported on the following:
  - Boarding House Reform. Janie attended a meeting in Austin which passed the Boarding House Reform Guidelines (HB-216). These are generally recommended standards and guidelines (not requirements) for boarding houses. A potential revenue stream from fees and fines may be generated in the municipalities and counties adopting these Guidelines, and the proceeds could be utilized as additional funding. Various means of implementing the Guidelines allows flexibility to develop a model city ordinance perhaps based on one that is already used elsewhere in the state, or delegation of responsibility for oversight. The aim is to promote a coordinated front among the municipalities and counties so that standards are consistent and non-compliance is discouraged. Potentially, a list could be compiled of recommended boarding houses consisting of those that are in compliance with the Guidelines.  
Discussion. **Zach Thompson** requested that a copy of HB-216 containing the exact language as passed be circulated to the board. Janie explained this was the first round; there will be additional publication and public hearings before the bill is finalized, which is anticipated for September 1<sup>st</sup>. A copy of the bill in present form with committee comments will be provided to the board. Zach also asked how this information will be disseminated to the county level – it will be through the committee and county representatives.
  - Dallas Redesign Task Force. First priorities go to funding for systems that reward efficiencies. The board was asked to provide a list of its recommendations and priorities.
  - General Discussion.
    - (a) **Judge Chitty** remarked that a good deal of effort and ingenuity on the part of VO-Jack Szczepanowski, BHO, Alex

Smith-NTBHA, and others have been devoted to developing the Cottage Housing Project at Terrell, only to arrive at this juncture that the program is clearly needed and would be a great benefit to the system but cannot go forward due to lack of funding. He asked MHA to utilize its connections and knowledge base to research sources of funding for this project. Janie Metzinger will make inquiries and seek out any potential funding that may be available.

- (b) **Jack** inquired about current status of the proposed reduction in beds at the State hospitals. There has been a strong outcry against any reduction in beds, and it appears that no further action in this direction has been taken.
- (c) **New item for next month's Agenda: List of Legislature funding priorities from Janie Metzinger to be ratified by NTBHA Board.**

#### **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:

- None.

#### **Item #12**

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

- None.

#### **Item #13**

##### **Next Board of Directors Meeting**

- May 12, 2010 at 12:00 Noon

#### **Item #14**

##### **Adjournment**

- There being no further business to discuss, a motion was made by Dr. Dillard that the April 14, 2010 meeting be adjourned. This was seconded by Dr. Scotch and the motion carried.
- The board meeting adjourned at 1:05 p.m.

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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
DDC	Dual Diagnosis Court
DPS	Department of Public Safety
DSCT	Direct Services Cost Target
DSHS	Texas Department of State Health Services
ER	Emergency Room
FMAP	Federal Medical Assistance Percentage for Medicaid
FPL	Federal Poverty Level
FTE	Full-time Employee
GOH	Green Oaks Hospital
GR	General Revenue
HHSC	Health and Human Services Commission
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
RR	Recidivism Rate
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-	Adult Service Packages associated with LOCs in

3, SP-4 (ACT)	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