

**North Texas Behavioral Health Authority
Minutes of the Board of Directors Meeting
Date of Meeting: May 12, 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	X	X							
Susan Miles, <u>Vice-Chair</u> Collin County	X	X	X	X	X							
Ryan Brown, <u>Treasurer</u> Dallas County	X	X	X	X	X							
Richard Scotch, PhD, <u>Secretary</u> Dallas County	X	X		X	X							
Pat Lawson Collin County	X	X	X	X	X							
Ron Stretcher Dallas County	X	X	L	L	X							
Zachary Thompson Dallas County	L	X		L	X							
Janis Burdett Ellis County	X	X	X		X							
Matt Wolff Hunt County	X	L	L	X	X							
Commissioner Kit Herrington Navarro County	L		L	L	L							
Andrew Dillard, M.D. Rockwall County	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, Brandy Ruckdeschel, and Teresa Handel.
- Approximately 40 visitors and speakers.

Item #2

Secretary's Report

Richard Scotch, Secretary, reported:

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

- Dr. Scotch moved that the minutes of the April 14, 2010 regular meeting of the board of directors be approved as circulated. This was seconded by Susan Miles and the motion carried.

Item #3

Finance Committee Report

Ryan Brown, Treasurer, reported:

- Ryan Brown reported that financial statements for the seven months ending March 31, 2010 have been circulated and there are no outstanding issues.
- Ryan Brown moved that the financial reports for the seven months ending March 31, 2010 be approved as circulated. This was seconded by Pat Lawson 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:

- Transfer of Authority. A public hearing on the Transfer of Authority to NTBHA was held on May 12th prior to the NTBHA board meeting for the purpose of presenting the Work Plan projected for the next 12 months and to take public commentary.
- Strategic Plan. The current draft Strategic Plan is posted to the website and it will be finalized and forwarded to DSHS. The plan on the website is updated to currently reflect new information and changes.
- DSHS-Continuity of Care Task Force. The task force will be holding regional meetings to allow for greater participation from the county and local mental health groups from around the State. On May 11, 2010 a meeting was held in Dallas. The top concerns continue to be Supportive Housing, Transportation, and Reduction in Jail Population.
- DSHS Audit. DSHS has scheduled an audit of NTBHA in June. The auditors are working to compile the required information. This is the first audit by DSHS of NTBHA, and DSHS is currently auditing all of the MHMR centers.
- Increased Costs associated with Transfer of Authority. NTBHA will request additional funding from DSHS to meet increased legal costs anticipated in association with the transfer of authority to NTBHA.

- ACS (Mobile Crisis provider for NorthSTAR). Executive Director Alex Smith commented on the high stress level on call center personnel due to the very high call volume, which has doubled in recent months while funding has remained static. ACS is implementing a triage system for calls in order to streamline the system and focus on the more severe needs.
- Meeting with Representative Pitts. Executive Director Alex Smith and Judge Chitty met with Rep. Pitts to discuss the NorthSTAR system and the role of NTBHA within the system, and describe the structure of NorthSTAR and the efficiencies that have been generated. This opportunity to emphasize efficiencies already achieved by NorthSTAR and NTBHA supported efforts to deflect further cuts to the NTBHA system.
- Discussion. **Susan Miles** requested advanced notice of any meetings NTBHA schedules with Commissioners Court. Zach Thompson thanked Judge Chitty for holding the public hearing on the transfer of authority to NTBHA. Ron Stretcher asked if a solution has been proposed regarding call volume doubling at Adapt Mobil Crisis. Alex responded that VO and Adapt are looking for solutions. He also stated concern for the ongoing issues of authorizations, RDM, and service packages. Alex Smith stated that the RDM Redesign Committee is focused on these issues. It involves report fidelity to the state for the RDM system and gives the state a comfort level that services are being provided at an adequate level. The effort continues to find ways to lower the reporting burden.

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 meeting summaries, charts, and detailed financial data. Highlights of the report are as follows:

- **RDM Case Rates**. The case rate structure works on a per member, per month fee attached to each member served subject to face to face encounters and a uniform assessment. There is an authorization process associated with the assessment based on the provider's recommendation. If a provider moves someone out of the authorized package into another level, the authorization attaches to certain encounters that are associated with that particular package assignment. The case rate model is not designed to punish providers but to provide flexibility so that providers can meet the encountering targets that are in the case rated model. There is a minimum encounterings target to ensure sufficient amount of services on the Medicaid and indigent side and not to

promote denials based on those encounters due to a provider moving a client out of one package and into another. The task is to design a report back to the state and maintain fidelity to the RDM model.

- **Data Summit on May 19**. The Data Summit will address all of the RDM metrics and how we gauge the health of the system. One of VO's proposals is a retrospective review of encounters and a retrospective package assignment to minimize the administrative burdens both for the provider and VO. VO must be sure its claims system is not creating additional burdens and denials for providers as a result of shifting a client from one package to another based on initial assessment. It is a reality there is less money in the system to provide care in the outpatient system so providers are being very frugal in looking at acuity. How the reporting gets to the state and how fidelity is measured is the core issue. This will be discussed by NTBHA, PAC and DSHS at the May 19th Data Summit. VO's contract stipulates fidelity to RDM. A provider alert was circulated stating what VO's contract stipulates and PAC's concerns are how to manage a case-rated model while adhering to the contract requirements. How fidelity to RDM is defined is essentially at the core of this issue.

Discussion. **Ron Stretcher** asked for clarification on how VO views encounters within service packages. The system triggers an authorization for encounters attached to a particular package assignment, and care must be taken so that a denial will not be generated for an encounter if a client has been reassessed post-authorization. The claims system must be flexible enough to accommodate shifts among package assignments in order to be true to the case-rated model which is based on outcomes and true acuity assessments.

Discussion. **Susan Miles** asked if the case rate is the same regardless of the package. This was confirmed; some packages require delivery of significantly more services. Fee schedules are relatively flexible regarding the values of the encounters to ensure the total minimum target is met. The fact remains there is less money for outpatient care, so there must be flexibility for providers to move people through packages and reduce the administrative burden. Significant reduction of the administrative burden is needed. This should be discussed with DSHS to ensure encounters and claims meet the needs of the contract while providing more flexibility in the authorization process. Some steps to reduce the administrative burden have been taken such as financial assessment required on an annual rather than semi-annual basis and reducing authorization time frames. Much more is needed.

- **TCOOMMI ANALYSIS AND STATUS**. The looming budget shortfall for 2010 will be offset by shifting two months of funding from 2011 forward in order to preserve the status quo of service delivery. This is a partial solution since we are still over budget, and projections show 2011 will begin with a \$432,000 shortfall. The big issue is intensive wrap around services to keep people stable in the community and to be able to fulfill the terms of their probation.
Discussion. **Janis Burdett** asked if the prime cause for the budget overages is simply more consumers. Jack confirmed that the shortfall is due to increased numbers of clients seeking services. **Ron Stretcher** cited the Residential Dual Diagnosis Center at Wilmer Treatment Center and the special reentry after care court that provided intensive case management used for jail diversion in the past was partially funded by TCOOMMI. A sufficient level of funding has never been allocated for this program. It requires \$4K-\$5K more than initially anticipated and for the past two years TCOOMMI has made up this difference.
- **Pharmacy Management**.
 - Advisory Report Format. The report format is being refined in accordance with PAP's recommendations. VO is working with its PBM to gain access to their system directly to run reports and perform custom queries. Prescribers are looking for a more individualized report with comparative analysis to their peers.
 - Atypical Expenditure Calculations. Jack will meet with PAP to address their questions and demonstrate on a per invoice basis how credit is calculated and awarded by the state. He will also discuss questions about administrative cost or UTMB costs. Part of the atypicals program management cost is embedded in those expenditure calculations.
 - Provider Connect Platform. Physicians are justified in stating this system is cumbersome and inefficient. A suggestion to use encrypted email has HIPPA issues, so an alternative approach is needed.
 - Mood Disorders and Atypicals. This is a formulary management issue. Consultation is needed with PAP and the VO medical director to develop formulary management changes in view of the funds that may be available.
- **Mobile Crisis**. ACS signed a contract based on an anticipated \$300K annual increase in order to fulfill all of the face-to-face encounters, telephonic encounters, and triage. That funding was not awarded, while the volume has greatly increased. Some of the calls are informational which adds to the administrative burden and cost to ACS. Better communication with outpatient and inpatient network may effect a reduction in costs. ACS will meet with VO and

NTBHA in the next two weeks to restructure the contract to allow ACS to continue to operate. As a result, there may be a reduction in face to face encounters and an increase in targeted face to face encounters based on truly acute status, and decrease in phone calls. NTBHA must approve any contract changes.

- **Access Standards**. Jack's report contains statistics for 7-day and 14-day follow-up since implementing the case rate model. No significant decrease or increase in follow-up has occurred and the statistics are within national standards and are an accurate reflection of the level of revenue. Jack is working with The Lakes to implement telemedicine solutions and The Lakes is working to improve access. These statistics are being monitored on a weekly and monthly basis.
- **Collin County Intensive Case Management Program**. The program is on target to go live on June 1st. Meetings have been held with Collin County administrators regarding expediting the program and obtaining pre-release engagement to enable triage in a targeted fashion for clients. Comments were taken back and integrated into the contract with VO's vendor to ensure needs are met.
- **Meeting with Rep. Jim Pitts**. Referring to the meeting Judge Chitty and Executive Director Alex Smith had with Rep. Jim Pitts, we were informed there is an \$18M budgetary shortfall. NorthSTAR may be in a better position than other systems of care due to the NorthSTAR's high level of services delivered for the money allocated. The state is looking at a per member per month cost that is lower than 50% less than anywhere else in the state. Legislators may see this as evidence of the funding cuts NorthSTAR has already suffered and exempt it from further cuts at this time. Also, NorthSTAR may be viewed as a model. Ray Perryman is following up on some prior reports as requested by the Legislative Budget Board and by Jim Pitts and Senator Nelson. Jack will distribute the updated report to the board as soon as it is available.

Item #7

Consumer and Family Advisory Council Report

Mike Katz, Chair, reported:

The CFAC report was circulated to the board in advance of the meeting. Highlights of the CFAC meeting held May 3, 2010 are as follows:

- NAMI/Dallas is sponsoring a meeting on May 19, 2010 with TriWest/Zia Team Consultants. Stakeholder input is sought on the topic of assessment of the community behavioral health delivery system in Dallas County and the Dallas County Hospital District.
- The results of the recent survey of NorthSTAR Public Psychiatrists was discussed. The survey showed psychiatrists gave a low rating of importance to (i) education groups, and (ii) contact with family members. CFAC is concerned about this perception since the current literature indicates these are both very important to successful treatment.

Discussion. **Dr. James Baker** responded that efforts will be directed at improving this perception among the system's public psychiatrists.

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:

- Comment regarding increased Call Center Volume. Liam remarked that the dramatic increase in calls to ACS Call Centers may be an early indication of (i) a decrease in services that are a direct result of the budget crisis and (ii) delivery of care is spread very thin.
- The April PAC meeting was held on April 23 at Timberlawn Hospital. The minutes of the meeting are included with the report. Recommendations and requests to the Board focus on the recurring frustration with the blended case rate. This issue has been raised continually since implementation of the blended case rate, yet there has been no change.
- Blended Case Rate. Providers continue to be concerned that the blended case rate conflicts with state RDM requirements. Providers are burdened with costly superfluous procedures and are potentially at-risk for not fully satisfying the requirement of either state requirements or blended case rate requirements.
- Paper to the Legislature. Providers are preparing a paper to the Legislature to describe the problems they are experiencing. The paper will present a request for a clear definition of provider responsibility regarding delivery of RDM service packages and reporting method requirements.

Discussion. **Ron Stretcher** asked if providers have a solution to propose. Jack referred to retrospective redesign of the service

packages which may have a positive impact, and reiterated that service denials will not be used to penalize providers.

Item #9.

Physicians Advisory Panel Report

Co-Chair Judith Hunter, M.D., Executive Medical Director for MetroCare, reported. Many of the issues have already been addressed in today's meeting. Additional points of consideration are the following:

- Physicians Prescribing Practices Report. PAP received the first set of reports from CaptureRx. Physicians were not able to interpret the report. CaptureRx is scheduled to meet with PAP to explain and interpret the reports to enable them to be useful.
- Second Generation Atypical Expenditures. The Panel has requested further clarification on the \$1.2M overspend and will meet with VO to review the details.
- Blended Case Rate versus Fee for Services. Physicians and medical staff are also feeling the stress of the new case rate method. Four of the five providers represented report reductions in staff, some are significant. Two providers report reductions in medical staff time. There is a growing concern about the inevitability in decreased services to patients which may result in increased use of crisis services. PAP is concerned about a decrease in the availability of counseling services, especially for patients with major depressive disorders. Current encounter rates for counseling services do not adequately cover the cost of a licensed staff. A renegotiation of the encounter rate for counseling services is recommended.
- Lab Services. As of May, LabQuest is no longer the lab provider. LabCorp is the interim provider. The Panel has seen some consistency in turn-over of laboratory services which may disrupt care for consumers. This will be addressed at a meeting scheduled with Mr. Cook who manages lab services to investigate what medical staff can do to decrease the turn-over and ensure continuity and avoid disruption in service to clients.

Comment of Appreciation. **Ron Stretcher** thanked Dr. Hunter for her involvement, attending the weekly meetings and for taking on co-chairing the Panel.

Item #10

Discussions and possible approval

- Atypical Medications - status
 - Nothing to report.
- Collin County Needed Services Reassessment.
 - Nothing to report.

- Legislative update. **Janie Metzinger** of MHA reported:
 - May 11th Hearing on the Continuity of Care Taskforce. The hearing was very well attended with participants from both Dallas and Tarrant counties. Topics covered mental health care, as well as substance abuse and interactions with law enforcement and the criminal justice system. There were some very good comments, and some that reinforced many of the positions from our region. It was a very good event. Mike Maples stated there will be a recommendation to the legislature for an interim study of the Mental Health Code with a view to total revision of the Mental Health Code. The interim study will take place 2011/2012 in preparation for the 2013 Legislative session.
 - Legislative Funding Priorities. Janie reported a full meeting will be held to solidify recommendations for MH/SA appropriations funding requests. Individuals, groups or regions can make their suggestions for appropriations or special requests for funding directly on the HHSC website.
 - CFAC's Concerns. In response to the concerns Mike Katz expressed, Janie mentioned NAMI has very good training for mental health professionals for consumer and family issues. We may want to inquire if this training may be made available here in the North Texas region for all mental health professionals.
 - Discussion - Legislative Funding Priorities. Judge Chitty asked if the list of legislative funding priorities will be presented today, and Janie responded it will be presented at next month's meeting.

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**

- June 9, 2010 at 12:00 Noon

Item #14**Adjournment**

- There being no further business to discuss, a motion was made by Dr. Scotch that the May 12, 2010 meeting be adjourned. This was seconded by Janis Burdett and the motion carried.
- The board meeting adjourned at 12:55 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
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