

**North Texas Behavioral Health Authority
Minutes of the Board of Directors Meeting**

Date of Meeting:

June 9, 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	X						
Susan Miles, <u>Vice-Chair</u> Collin County	X	X	X	X	X	X						
Ryan Brown, <u>Treasurer</u> Dallas County	X	X	X	X	X	X						
Richard Scotch, PhD, <u>Secretary</u> Dallas County	X	X		X	X	X						
Pat Lawson Collin County	X	X	X	X	X	X						
Ron Stretcher Dallas County	X	X	L	L	L	L						
Thompson Dallas County	L	X		L	L	X						
Janis Burdett Ellis County	X	X	X			X						
Matt Wolff Hunt County	X	L	L	X	X	L						
Commissioner Kit Herrington Navarro County	L		L	L	L							
Andrew Dillard, M.D. Rockwall County	X	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 12:00 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 30 visitors and speakers.

Item #2

Secretary's Report

Richard Scotch, Secretary, reported:

- Dr. Scotch reported that the minutes of the May board meeting have been circulated and there are no corrections.
- Judge Chitty moved that the minutes of the May 12, 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 statement for the eight months ending April 30, 2010 have been circulated and there are no outstanding issues.
- Ryan Brown moved that the financial reports for the eight months ending April 30, 2010 be approved as circulated. This was seconded by Andy Dillard and the motion carried.

Discussion. **Zachary Thompson** asked if there had been a response from DSHS to NTBHA's request for additional funds to meet increased legal costs anticipated in association with the transfer of authority. **Alex Smith** explained that NTBHA had requested funds of \$120,000 which they consider necessary in order to obtain competent legal counsel to provide assistance in negotiating the transition of authority from Austin to NTBHA over an 18 month period. He advised that a copy of DSHS's letter to Judge Chitty was received via fax here at NTBHA this morning approving \$6,000 in funding; and copy is being distributed to the board members. It was noted that Six Thousand (\$6,000) is insufficient to cover the costs, however, this will be addressed in a conference call with Judge Chitty, Alex Smith, DSHS and VO. NTBHA needs to be cautious about its undertaking of responsibilities and must have a serious commitment from DSHS and the state. It was noted that the Five Thousand (\$5,000) originally approved for NTBHA legal services for 2010 has already been spent.

- Ryan Brown clarified that the existing financial statement is within the budget overall, however some line items vary in amounts as originally approved. The state has given tentative approval for adjustments to these line items.
- **Re-Vote.** The re-vote on the motion to approve the statement of income and expenditures for the eight months ended April 30, 2010 was 6 in favor and 3 opposed (Zachary Thompson, Susan Miles and Pat Lawson). 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:

- Self Directed Care Program is a pilot program that will be discussed in more detail by Judith Cook later in the meeting.
- Strategic Plan. The Strategic Plan was completed and posted on the website. There were no further comments received and it was submitted to DSHS.
- Dallas Redesign Task Force. The task force continues to meet and it is an ongoing process. The first report is due to Parkland Hospital by July.
- Transitional Crisis Housing. The City of Duncanville did not issue the ordinance necessary for operation. Liam Mulvaney confirmed that the transitional crisis housing is being relocated to Dallas and the program will continue with a small reduction in size due to the higher cost factor of the Dallas location.
- Legislative Agenda Committee. The committee's recommendations have been finalized and will be distributed to the board. At the point that the NTBHA board is given authority, it will be important for any legislative action requests of Austin to include the board's participation and approval of such action. Among other issues are the cuts to TCOOMMI funding and the proposed to juvenile services of as much as 30%. Perhaps this was done in order to supplement adult services due to the heavy increase in demands in Dallas County. Alex Smith is in discussions with VO and DSHS to call to their attention the severe impact of any cuts in funding to Navarro and Ellis counties as there are so little juvenile services in these areas. Any reduction in funding may completely shut down the juvenile programs in these counties. Funds for the juvenile programs were initially set up as dedicated funds and they should not be cut now. We are insisting that DSHS address this with TCOOMMI and look at setting up a two tier level of funding for the Ellis County wrap-around and special needs program. Alex Smith called upon Janis Burdett to report on her involvement in advocating for juvenile services. Janis provided background on the Ellis County special needs diversionary program for juvenile offenders and stated that juvenile programs in other counties are not suffering any cuts. Ellis County already has a serious shortage

of juvenile services and only has one SPN. Negotiations have been between DSHS and TCOOMMI, and in light of NorthSTAR's proven cost effectiveness and no cuts in other counties' juvenile programs, any cuts to counties in the NorthSTAR system is unacceptable. Funding for the juvenile program is from the general fund. The TCOOMMI budget is \$1.75M of which Ellis County receives \$120 thousand. Zachary Thompson stressed the need for the board to be advised immediately via email of any potential cuts so that the board may respond immediately and send a letter of protest to DSHS, TCOOMMI and other agencies involved. This is still in negotiation, and Executive Director Alex Smith was asked to contact TCOOMMI and get their rationale for the cuts to juvenile services and circulate TCOOMMI's response to the board. The state's rationale for these cuts are since requirements have been relaxed, programs can be supported with a lower level of funding.

Discussion. **Susan Miles** asked the status of the Medicaid waiver. Alex Smith stated this has not been totally resolved. Medicaid cannot contract directly with NTBHA under the current structure; however if NTBHA is viewed as an extension of the state the problem would be resolved. This is something that a consultant could assist us with since it is still in negotiation. We are having ongoing discussions with DSHS/CMS to negotiate these terms and achieve the proper structure to allow us to receive funds from Medicaid.

Discussion. **Ron Stretcher** requested the outcome of the May meeting with DSHS regarding the comprehensive statistical profile of NorthSTAR efficiencies and functioning. Matt Wolff will finalize the review and send it out this month.

Item #6

Behavioral Health Organization Report

Marci Ellis and Holly Brock presented the BHO report in view of the absence of Jack Szczepanowski, Executive Director of Value Options. The BHO report was circulated to the board in advance of the meeting and included FY10 updates.

Marci Ellis reported on the usual general monthly financial reports:

- **TCOOMMI Update.** This report covers March and part of April; note that April figures are incomplete.
- **Crisis Spend Update.** The report is as circulated to the board.
- **Atypical Spend Update.** The report is as circulated to the board.

Discussion. **Ron Stretcher** requested the monthly update on MLR. MLR numbers are shown in detail on quarterly reports which give county by county breakdowns. Ron asked Marci to forward to him the interim (monthly) report on MLR.

Collin County Targeted Intensive Case Management Program. This program is scheduled for implementation in the month of July. A contract will be presented this week to the provider and will be reviewed and in operation in July.

Holly Brock, director of provider relations at VO for NorthSTAR

- Lab Contract Update. A contract has been executed with Access Clinical Laboratories. Two additional laboratories are being contracted, for a total of three laboratories for the network.
- SPN Contract Reconciliations.
 - Several new chemical dependency outpatient providers have been added to the network. There are two in Collin County; Access Counseling serving adults, and The Imagine Program serving adolescents and adults with chemical dependence outpatient services.
 - In process of contracting with Hickory Trail Hospital to provide chemical dependency outpatient services to adolescents and adults in the southern part of the service delivery area.
 - In process of contracting with The Hope Clinic in Ellis County to provide counseling services and medication management services to members in the Ellis County area. The service of a child psychiatrist is in process in association with The Hope Clinic.
- SPN Contract Reconciliations. The reconciliation process has begun with the SPN providers on their case rate contracts. Several SPNs have reached a full quarter under their contracts and these are now being reconciled. The reconciliation process is complicated due to the requirement that 100% of eligible claims are in the system and uniform assessments for every member are in the systems. A report covering the reconciliation should be in hand for the next board meeting.

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 June 1, 2010 are as follows:

- Attendees included two consumers who attended the meeting for the first time.
- Discussion of the visits to Dallas by the Tri-West/Zia Team Consultants last month. The purpose of the visit is to assess the Community Behavioral Health Delivery System in Dallas County and the Dallas County Hospital District.

- Continuing discussion of the NorthSTAR Public Psychiatrists recent survey.
- CFAC will not hold a meeting in July.

Item #8

Provider Advisory Council Report

Liam Mulvaney, CEO of LifeNet, reported:

The PAC report and minutes of the meeting held May 28th were circulated to the board in advance of the meeting. The significant points from the meeting PAC wishes to bring before the board are as follows:

- RDM versus Case Rate. At the last board meeting, VO agreed to make an attempt to bring RDM and Case Rate into alignment and eliminate denial of services that do not relate to a correct service package since service packages are less relevant under case rate, and providers have been assured there would be no penalties for such denials. In discussions with VO, we understand VO is working to make these changes. From the provider perspective, providers continue to suffer from the administrative burden and expenses cannot be reduced until this situation is resolved. PAC will specifically request VO to provide a target date when changes will be accomplished.
- Concerns regarding Health Care Reform. In view of recent legislation and changes it will bring, PAC suggests looking at what NTBHA and providers and the entire system can do to be in a favorable position to work under new Federal Health Care Reform. There are many implications; the earlier discussion on the Medicaid waiver is one example, concerning the role of an authority would be versus managed care companies. PAC suggests having a consultant knowledgeable about the implications of Health Care Reform give a presentation to the board and to those in the system who have an interest in getting ready for this major change.
- Provider Anxiety about Case Rate Issues. Providers are uneasy about the potential impact on consumers due to decrease in services under the case rate system and recommend a system wide study to identify any indicators of an increase in adverse outcomes. Encourage VO and NTBHA to evaluate the system in view of the shallowness of the level of services.

Discussion. **Ron Stretcher** stated that Commissioner Dickey is chairing a work group to study this issue and cautioned at this point so much is in flux that it is difficult to anticipate where the impact will be. There should be information available after the work group holds its first meeting next week. Dr. Scotch has been invited to participate in the meeting. He anticipates that it may be six months before the impact can be measured in any meaningful way.

Discussion. **Ron Stretcher** requested PAC to provide metrics to use as benchmark indicators. Liam agreed to provide such metrics, for example satisfaction surveys that indicate factors such as wait times, difficulty of accessing services, higher utilization of crisis services and hospitals.

Discussion. **Dr. Webster** (Parkland) stated the demand for emergency services at Parkland increased by 400 visits in the one month period from April to May and each month there are 300 new consumers in the system. Each provider is experiencing a constant larger influx of consumers. Marci Ellis noted the next step is to meet with DSHS concerning the reporting mechanisms and the way we manage the encounters by each providers.

Item #9.

Physicians Advisory Panel Report

Co-Chair Judy Hunter, M.D., executive medical director for MetroCare, reported. The PAP report of its meeting held June 2, 2010 was circulated to the board in advance. Many of the issues discussed at the PAP meeting have already been addressed in today's board meeting. Additional points for consideration are the following:

- **Atypical Expenditure.** VO will count 15% of each month's atypical budget as "super costs" (pharmacy benefit manager, lab services and UTMB) and the remaining 85% as "atypical ingredients" (actual medications). PAP recommends that the NTBHA board look at atypical expenditures each month compared to the numbers reported by Capture Rx, and also has suggested additional data to be included in Capture Rx prescribing reports.
- **Quarterly Medical Directors Meetings.** Dr. McDonald attended the June 2nd meeting and will meet face to face with PAP on a quarterly basis. Parties who are unable to attend in person may join the meeting via phone conferencing.
- **Laboratory Services.** Access Elite is the new laboratory services vendor which will provide online access to lab values. Phlebotomists will remain on-site at the SPNs as a service to NorthSTAR consumers.
- **Blended Case Rate/NorthSTAR.** Four SPNs report a large reduction in case management positions since the inception of Case Rate programming which has resulted in a corresponding large cut in hours of service to consumers per month. PAP is greatly concerned about the erosion of services in an open-door system.

Discussion. **Dr. Scotch** remarked that in order to be persuasive when talking to the legislature, outcome data from consumers and adverse consequences data is needed to show the effects of the cuts to services on the people receiving the services. He suggested

working with VO on devising a means of data collection regarding data on outcomes and consequences. Dr. Scotch stated there may be a point at which the whole system cannot operate because of services being stretched too thin, and Dr. Hunter agreed that is PAP's concern as well.

Item #10

Discussions and possible approval

- SDC Program Presentation by Judith Cook (UIC) and Walter Norris.
A special presentation on the SDC Program was made by **Walter Norris**, SDC program director, **Dr. Judith Cook**, researcher, five UTD researchers and two SDC participants. Mr. Norris gave an in-depth description of the SDC program which has been in place for more than a year. Dr. Cook explained the basic mechanics of the SDC program: people come into a program and create a personal budget relating to their recovery plan and establish a series of goals (some which are fundable with state or block grant moneys and other goals that rely on free services and other resources), people are helped to develop a budget within the purchasing guidelines of the program and are monitored on a quarterly basis to determine if the expenditures are in line and if progress is being made toward those goals. Dr. Cook gave a very interesting PowerPoint presentation of research methods and statistics comparing the SDC She invited anyone interested in receiving a copy of presentation to contact her. program with traditional treatment programs. Early indications are that for some consumers, SDC programs are very beneficial and show real life situations need a non-traditional approach to treatment. Student researchers were introduced and commended as an important component in the data compilation for the study. Two SDC program participants, Eldridge Beaman and James Warren, spoke about their personal experiences as program participants for the past year and the added benefits of being able to purchase non-traditional services such as transportation, cell phones, and career skills training and certification.
- Atypical Medications – status. Nothing to report.
- Collin County Needed Services Reassessment. Nothing to report.
- List of Legislative Funding Priorities – Status/Board Ratification.
Janie Metzinger of MHA reported the three top priorities are:
 - Funding for public mental health and substance abuse treatment and services;
 - Housing, both transitional and permanent supporting housing, which are key factors in prevention of recidivism; and

- o Programs to promote recovery and prevent recidivism such as supportive housing, case management, wrap-around services and peer-to-peer supports.
- o One on One Visits with legislators will continue. MHA sponsors a weekly lunch with legislators in order to become acquainted with staff members, and is planning another tour of the NorthSTAR system for the legislators.

Motion. Zachary Thompson moved that the legislative priorities as presented be ratified by the board. This was seconded by Matt Wolff and the motion carried.

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

- July 14, 2010 at 12:00 Noon

Item #14

Adjournment

- There being no further business to discuss, a motion was made by Andy Dillard that the June 9, 2010 meeting be adjourned. This was seconded by Susan Miles and the motion carried.
- The board meeting adjourned at 1:37 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