

NTBHA Executive Director Report

January 2010

1. SPN Contracts

At the time of this report, 6 SPNS have executed contracts; Centro de mi Salud, Providence, ABC, LifeNet, Lakes Regional and Dallas Metrocare Services.

2. Collin County

As reported previously, Collin County has discontinued its match to NorthSTAR. This cut comes direct out of funding available to VO, reducing Co's budget by approximately \$500, 000 for the year. It is for the NTBHA board to provide guidance to VO on what, if any, service reductions there should be, and should they be system-wide or focus on special projects. Discussion will be raised at the board meeting.

3. Rider '65

An open forum is scheduled one hour prior to our next board meeting to discuss the use of the \$4.2 Million that were attached to this Rider. We were required to formulate a spending plan. It should be pointed out that these funds were already expended and were part of the effort to supplement the 2009 budget.

4. Metro Dallas Homeless Alliance (MDHA)

At our last meeting, MDHA opened discussion on its effort to bring on line a 300 bed housing project. There has been an expectation that a significant source of funding would come from NorthSTAR. Again, given the limitation on NorthSTAR funding, it is not clear that VO could support "new clients" into NorthSTAR as a result of these housing units.

5. Legislative Briefing Meeting

The meeting organized by Senator Deuell and Judge Chitty was held on December 11th. Those in attendance numbered greater than 90. It was a significant turn out, spawning thoughts to organize another meeting for the Spring of 2010.

SUMMARY OF ANY COMMUNITY BASED MEETINGS ATTENDED BY NTBHA

Ombudsman Meeting Activities

Data: The following meetings were attended by the Clinical Department in the month of December

December Meetings Attended:

- Contract Review Committee Meeting at ValueOptions
- Board Meeting at NTBHA
- Provider Advisory Council
- Consumer Family Advisory Council
- Self-Directed Care
- Physicians Advisory Council
- VO SPN Meeting
- SDC Claims Meeting
- Dallas County Steering Committee Meeting
- Dallas County Behavioral Redesign Task Force
- Care Coordination Meeting
- ACS Audit with ValueOptions
- Quality Management Meeting at ValueOptions
- Teleconference on Funding for Veteran's Services and Supports
- Crisis Intervention Training with Dallas PD (including Frisco & Plano PD)
- Legislative Briefing with Senator Bob Deuell
- Quality Management Committee Meeting at ValueOptions
- Crisis Intervention Training with Dallas PD
- Meeting with ValueOptions, DSHS, and UNT Health Science Center to discuss Collin County Study
- Rider 65 meeting with ValueOptions
- ValueOptions SPN Meeting
- CEU WorkShop at Timberlawn
- Boarding Home Committee Meeting and Presentation on NTBHA and NorthSTAR
- Meeting with Clinical Department at ValueOptions
- Meeting with ValueOptions and DSHS at ValueOptions

**SUMMARY OF MEETINGS WITH BHA QUALITY IMPROVEMENT COMMITTEE/QUALITY IMPROVEMENT
INITIATIVES/
RECOMMENDATIONS FOR CHANGE**

Adapt Mobile Crisis (November):

ADAPT Community Solutions (ACS) provides 24/7 **Crisis Hotline** services to any consumers third parties in the NorthSTAR service area from its call center in Dallas.

Mobile Crisis Outreach Team (MCOT) services, also provided 24/7, is provided by staff that are deployed and dispatched from multiple locations.

There were 4,275 total calls in November with 589 resulting in face to face encounters. November has shown the largest volume of incoming calls thus far in 2009 while November has shown the lowest face to face encounters.

The breakdown by county is as follows (total calls/face to face encounters):

March		Totals
Collin	total calls	456
	F2F	62
Dallas	total calls	2441
	F2F	380
Ellis	total calls	347
	F2F	45
Hunt	total calls	174
	F2F	33
Kaufman	total calls	174
	F2F	29
Navarro	total calls	122
	F2F	25
Rockwall	total calls	10
	F2F	2
Other	total calls	451
	F2F	2
Law	total calls	100
Enforcem	F2F	15

ACS began tracking response times for emergent/urgent calls by county. Values in **RED** denote response times not within the desired timeframes of one (1) hour for emergent calls and eight (8) hours for urgent calls. This month all emergent calls were addressed within the one (1) hour timeframe. In the month of November one (1) emergent call fell outside the one (1) hour timeframe by six (6) minutes. This is an improvement over last month in which four (4) calls fell outside the one (1) hour timeframe (14, 15, 19, and 25 minutes over the 1 hour timeframe).

		Total	0-60	61-90	91-120	121-180	181-240	240 plus
Collin	Emergent	7	7	0	0	0	0	0
	Urgent	41	9	6	8	8	4	6
Dallas	Emergent	32	31	1	0	0	0	0
	Urgent	249	86	46	32	49	20	16
Ellis	Emergent	1	1	0	0	0	0	0
	Urgent	32	10	7	4	2	4	5
Hunt	Emergent	2	2	0	0	0	0	0
	Urgent	21	4	3	4	5	3	2
Kaufman	Emergent	3	3	0	0	0	0	0
	Urgent	23	8	3	5	3	2	2
Navarro	Emergent	0	0	0	0	0	0	0
	Urgent	21	3	3	1	6	4	4
Rockwall	Emergent	0	0	0	0	0	0	0
	Urgent	4	1	0	2	1	0	1

Recommendations:

NTBHA continues to recommend and advocate that ACS Mobile Crisis receive additional funding, when available, to allow them to respond to all appropriate calls in the appropriate amount of time. It is concerning that incoming calls continue to grow while face to face encounters continue to drop, which has now translated into face to face encounters falling outside the allowable response time guidelines.

Self Directed Care: Reported by the Program Director, Walter Norris

The SDC program experienced an increase in the number of participants during the month of December. The number of participants in the SDC program by the end of December increased to 62. The participants are continuing to develop their Person-Centered Plans along with developing budgets for their recovery. Counseling and the purchase of DART bus passes continues to be the major trends in services purchased. However, I have seen a rise in the purchase of much needed dental and vision services.

Even though December was a month filled with holidays, the SDC Advisors were very busy with existing participants along with new ones to the program. They continue to meet and advise participants in the program. Now that there are two full-time and two part-time advisors, the SDC program is able to reach out to more participants at an increased level. Luis Moreno, our lead SDC Advisor continues to do a wonderful job setting the standard for other advisors to reach towards. In fact, I am very happy by the performance of the SDC staff.

To start with during the month of December, Judith Cook and Dennis Grey from University of Illinois at Chicago along with Sam Shore from the Texas Department of State Health Services did a fidelity assessment of the SDC program on December 8, 2009. Even though we have not received the final results, Judith stated that “they were very impressed with the program’s honesty and integrity, all the hard work put into the program, and our adherence to a true SDC philosophy.” Our team felt uplifted from these positive comments. It always seems to be a catalyst for motivation, when people receive such affirmative comments.

In reference to Judith Cook and Sam Shore, the two of them along with me participated in a two hour conference call with the **Office of Program Policy Analysis and Government Accountability from the State of Florida**. They are reassessing the SDC program in Florida and trying to find out what might work best in their state. They wanted to know about our program and how they might benefit from considering our model.

Recruitment picked up during the month of December due to a new round of post cards sent out by DSHS to MetroCare consumers along with recruiting efforts at Adapt and LifeNet. An update of the program was presented to the Adapt-Dallas clinic during December. There are several updates scheduled for January.

I did a presentation of the SDC program to the NAMI-Southern Sector monthly meeting. The reaction of the audience was very positive. Every time I do a presentation of the SDC program in the community, I receive overwhelming positive comments. Most of the audiences are very interested in the increased opportunities and options for consumers through this model. It is refreshing to see the community embrace SDC so expressively.

The SDC program held another Learning Community meeting which was called the SDC Participant Learning Community Holiday meeting. It was held on December 15, 2009 at the Center for Community Cooperation which is on Live Oak St in East Dallas. The combined attendance was about 36 people. This included around 28 participants, SDC staff, and invited guests. Organizations that presented at our meeting were Achievement Through The Arts, Child and Family Guidance, Dual Recovery Alliance, and Mental Health America. Blackeyed Pea provided the lunch for the meeting. Along with the different presentations by our invited guests, our own Advisors presented on various topics as well. There was definitely an upbeat holiday feel to the meeting. The participants have vocalized that they want the meetings to continue and they are receiving valuable information for their recovery.

As the year closes with December, there is an upbeat feeling in the program that 2010 will bring new opportunities to participants in the SDC program. Hopefully, the New Year will bring participants a fighting chance, hope, and probability of recovery. To bring hope alone is half the battle.

Snapshot of December:

# of recruiter interviews	6
# of participants enrolled in the research	5
# of traditional NS providers in network	0
# of traditional non-NS providers in network	1
# of non-traditional providers in network	2
# of program participants (cumulative)	62
# of life plans completed	12
Amount spent on traditional services	\$4433.60 (\$12,796.79 cumulative)
Amount spent on non-traditional services	\$1323.38 (\$6,828.55 cumulative)

Jail/State Hospital Liaison: As of December all but three (3) counties will be online with TLETS. Navarro, Collin, and Kaufman will continue to work on the online process with DSHS and NTBHA providing support as needed. Each County is in contact with DSHS IT department to complete this process. Each county contacts the NTBHA jail liaison, quality assurance staff at NTBHA, and DSHS if they have any questions or concerns.

Outpatient Competency Restoration and Jail Diversion: The Jail/State Hospital Liaison will be connecting with several different SPN's in the near future to provide educational trainings in group setting with staff and consumers about NorthSTAR services and OCR options in their communities. Jail Liaison has set Monday and Thursday trainings with ADAPT Ellis County and ABC Dallas County for educational outreach, helping consumers to understand the intake process, consumer responsibility, the role of the SPN and the flow of services. Trainings were provided to ADAPT and ABC staff and consumers. The trainings were well received and look forward to having more.

Collin County Activity

Jail/State Hospital Liaison had a meeting with Collin County jail staff to discuss working together to help try to meet the needs of Collin County consumers that were evaluated and recommended for Outpatient Competency Restoration. Collin County and NTBHA will work on a monthly and as needed basis to have a list of consumers that they know need placement in State Hospital facility. Collin County coordinator connects regularly with Jail/State Hospital Liaison for consumers that are on the clearing house list. Collin County reported to jail/state hospital liaison that they were communicating their needs and concerns with TLETS with DSHS IT team. Collin County reports that in the jail setting the numbers are very low for person with mental health needs.

Dallas County Activity

Dallas County Diversion Coordinator and the Jail/State Hospital Liaison for NTBHA will work monthly on the flow chart and updates for consumers in State hospital placement under Outpatient Competency Restoration. Dallas County steering committee will continue to discuss the flow from jail to transitional housing, what options are out there for transitional housing, medication management from hospital to community, and jail to community. Dallas County continues to have difficulties with the flow of medications from Parkland Hospital to consumers in a timely manner. Dallas and Parkland will continue to meet to resolve this situation. Case rate discussions have taken

place to see how this new process will work, what they see as the possible concerns now, how to care for persons that leave out of the system but may come back and not be able to be provided the care they need at level SP1 as opposed to SP3.

Ellis County Activity

Ellis County continues to send weekly reports on consumers in their jail to the Jail/State Hospital Liaison. Ellis County is interested in Outpatient Competency Restoration for their community. Ellis County is taking an active role in resources for recovery in their community. Ellis County is responding well with our jail/state hospital liaison via the Sheriff's department. The Jail/State Hospital Liaison provided educational outreach training at ADAPT in Waxahachie. Each person in the training stated that they are well on the road to recovery and noted major life changes in the past year within themselves and their peers that attend group sessions faithfully at ADAPT. Each person stated in the training that they were very aware of many things that NorthSTAR and ADAPT offer along with their many resources in their community that they have learned to access thorough the training and support from their case manager. Ellis County provided the Jail/State Hospital Liaison with their process to help identify a person with MH/CD needs and the follow up that occurs.

Hunt County Activity

Hunt County is working extremely well with the Jail/State Hospital Liaison and is making every effort in their community to improve what they can do for their NorthSTAR consumers. Hunt County Sheriff's department has many new staff members onboard in the jail and the Hunt County Jail administrator ensured that staff gets proper training and classes needed to take care of consumers and staff in the jail setting. Hunt County continues to be mindful of the needs of persons with mental health needs. The Hunt County Sheriff's department communicate well and often with the Jail/State Hospital Liaison to help meet their needs. Hunt County expressed that they are very happy with the TLETS system and report no problems at all at this time. Hunt County provided a survey that helps them identify their wait time in a hospital if and when an officer needs to transport to a hospital. The survey also indicated when in the last 12 months they have had to use other State Hospital(s) out of their catchment area which occurred 14 times in a 12 month period. Hunt County provided the Jail/State Hospital Liaison with their process to help identify a person with MH/CD needs and what follow up occurs.

Kaufman County Activity

Kaufman County began coordinating services in Kaufman County with the Jail/State Hospital Liaison last month. Kaufman County would like to see a jail diversion program in their community and has requested the Jail/State Hospital Liaison to assist them in the follow through and progress of this program if it can implemented in their community. Kaufman County and local authorities are working together diligently to provide more awareness in the Kaufman County area for person(s) with mental health needs and chemical dependency needs. Kaufman County has developed a jail diversion program that's been in effect for one (1) year and just recently had several participants complete the course and graduate successfully. Kaufman County would like more support in their community to have more resources available to them for persons with MH and/or CD needs. Kaufman County is doing a great job with making sure all jail matches are getting to the Jail/State Hospital Liaison and they are working diligently with their IT team and DSHS to get TLETS up and running 100%. Kaufman County provided NTBHA with their process to help identify a person with MH/CD needs and what follow up occurs.

Navarro County Activity

Navarro County has not been able to provide the monthly spreadsheet of persons needing State Hospital placement. The Jail/State Hospital Liaison will continue to work with the Jail Administrator to see how NTBHA can assist. Navarro County is trying to provide this list to me but due to schedule changes and holidays they were unable to produce this in December. NTBHA has met with Navarro County and discussed how helpful this will be to the sheriff's office so that the Jail/State Hospital Liaison can keep a pulse on NorthSTAR consumers and to help ensure possible linking to SPN's and or other resources in their community.

Rockwall County Activity

Rockwall County and the Jail/State Hospital Liaison have several monthly conversations checking on possible needs of Rockwall County. Rockwall reports that they feel their numbers of persons in Rockwall County with MH and or CD needs are relatively low considering their neighboring counties. Further education and outreach is planned for Rockwall County to ensure the needs of the community are being met for people with MH and CD needs.

Data: November/December Quality Improvement Meetings, Initiatives and Recommendations for Change

Accessibility/Availability	5
Utilization Review	3
BHO Obligation to Enrollees	1
BHO Contract with Provider	1
Misc/Other	1
TOTAL	17

SUMMARY OF MEETINGS OF NTBHA’S ADVISORY MEETINGS (PAC AND CFAC) AND PERTINENT ISSUES/ACTIVITIES

Provider Advisory Council:

Data: PAC Meeting hosted by Green Oaks on December 18, 2009

Issues and Concerns:

The following issues and concerns were discussed during the December 18th meeting.

- **Contracts:** LifeNet has been under contract since November 1, Metrocare since October 1, and Lakes Regional since December 1. Per Holly Brock the other seven SPNs are working to get active utilizer counts from the November numbers and should be ready and signed by January 1.

- **Case Rates:** Concerns were expressed that this is not a true case rate system because providers still have to submit the service packages; there is more paperwork for which the providers receive less money. Questions were raised concerning repercussions if assigned service packages were not provided to the consumers. NTBHA stated there is no penalty in the contract and VO stated that there should be no additional paperwork. It was suggested that Providers make notes of changes they would like to see to the Case Rate System next year.
- **Service Package Usage in NorthSTAR and Comparisons:** Discussion on high end service package usage and over usage in NorthSTAR. Providers felt it is necessary to compare usage with a similar area like Tarrant County.
- **TIMA update:** DSHS reported that TIMA changes are still far off. There is an action memo from Mike Maples asking Dr. Lakey for permission to convene a group to update TIMA that will not likely happen until summer and months later to actually see changes. The unofficial response from DSHS is that TIMA is out of date and the Providers should use their best judgments in the meantime.
- **Rider 65:** Alex Smith stated that there will be discussion prior to the next NTBHA board meeting; 11am.
- **Parkland Studies:** It was reported that Parkland is commissioning a study on the inpatient/ER side of how services are delivered. No one was present from Parkland to provide additional information.
- **CHIP:** Per providers, reimbursement for services continues to be an issue for providers despite escalating the issue to the complaint lines. VO commented that the credentialing process has been difficult because CHIP did not want to recognize SPNs as community MHMR centers. Alex Smith commented that CHIP needs to be a VO product and suggested that Mike Maples be invited to the next PAC meeting to discuss CHIP and Medicaid. Holly Brock noted that VO could still sign a 30 day notice of VO not paying for CHIP if that would help the situation.
- **Legislative Briefing:** Providers commented that it was a good meeting and were pleased to hear a comprehensive report from the major players involved. Provider suggested a petition signed by clients to increase awareness and interest. Another PAC member noted a lack of solidarity among mental health players and suggested that we have one voice lobbying for a collective agenda. She suggested MHA as the logical choice.
- **Financial Update System:** Provider voiced a concern that the local customer service representative was laid off and financials are now routed through New York. Holly Brock responded that the department at the Coppell VO office was laid off but that the New York office should be well trained to handle any issues. Provider proposed that the biannual financial assessments be stopped in March if the customer service with VO is not adequate once the Medicaid ends December 31.
- **Atypical Electronic Authorization:** Not discussed due to lack of information.
- **Physician Advisory Group:** Providers expressed concern that not all providers have a physician participating in the Physician Advisory Group. The group requests that all SPN executive directors be contacted and asked to participate. UPDATE: I believe all SPN's have been invited to participate, but some are choosing not to.
- **Transfer of Authority from DSHS to NTBHA:** Tabled until next month.

SUMMARY OF CRCG ACTIVITY, BY COUNTY

December

*Community Resource Coordination Group (CRCG):

Ellis County

Ellis County CRCG meets the 1st Tuesday of each month at the Presbyterian Home in Waxahachie, Texas. Janis Burdett is the Chair Person and Teresa Evans is the Co-Chair. There was one (1) case staffed and one (1) update given. The first case requested residential placement. It was reported that The North Fork residential home will accept the child after the child has had assessments and released from Hickory Trails. Updates: Child from past case will be placed in foster care and the biological mother will start counseling. The STAR program from Ellis County was introduced. The Andrews Center out of Tyler Texas is taking over from Central Texas Youth Services and they are taking referrals.

Hunt County

The Hunt County CRCG meets the 3rd Tuesday of the month at Glenn Oaks Hospital. The Coordinator is Evelyn Hare and the Chair is Laura Sadler. The Hunt County CRCG had Four (4) cases to staff and two (2) updates. The first case requested a bed letter to Vernon State Hospital, which was approved. The Second case requested a bed letter for Mexia State School, which was approved. The third case was in need of community supports and assistance with Greenville ISD. ISD agreed to look at transition and transportation needs to be met and the CRCG suggested Transition Living Program, North Texas Youth Connection, and funds of \$30.00 dollars was released to the family prior to meeting to help meet some medical needs for the child. Updates: Child came back home from Waco Center for Youth and is currently doing well in school but will need intense interventions to make sure the school keeps a pulse on the child and the family. The second update regarded a child back in school after temporary placement in a Chemical Dependency Unit in Dallas. The parent(s) of the child felt it was better for him to be back at home. Lakes Regional MHMR Center and Quinlan ISD will monitor the child and the family to help meet the child's needs and the family's needs.

Navarro County

The Navarro County CRCG meets the 1st Thursday of the month at the Westminster Presbyterian Church in Corsicana. The chair is Kathi Perez. Christmas donations were made to assist families in Navarro County. The Salvation Army will disburse the donations to the families and hopefully with all the donations 8 to 10 families may be assisted for Christmas.

Collin County

The Collin County CRCG meets the 2nd Tuesday of the month at the Collin County Children's Advocacy Center. For the month of December it was held at the McKinney ISD Administrative Annex. The Chair is Glinda Schaffer and the Coordinator is Pat Garrett. Agencies represented included Medicaid, Allen ISD, McKinney ISD, Life Path, Child and Family Guidance, North Fork Education Center, DSHS, Region 10 ESC, Probation, and ValueOptions. One case was discussed for a child needing a priority letter to Waco Center for Youth. The case involved a 14 year old male who is currently in detention. Due to health issues and high amounts of medication Mom is unable to provide appropriate supervision in the home and the client is aggressive toward the mother. The CRCG approved the letter. One case was discussed for a child needing a priority letter to NTSH – Vernon. The case involved a 14 year old male who currently lives with his aunt and is involved in the juvenile justice system. The aunt is unable to provide adequate supervision. The CRCG approved the letter. Two other cases were staffed. The first case involved a 17 year old male with Asperger's Disorder who needed a transition plan from high school to adulthood. Referrals were given for Special Care and Career Services through DARS, Allen ISD for connection to local vets for internship or employment opportunities, driver's education services, supported employment with LifePath, UNT for special education programs, and Pet Smart for employment opportunities. The second case involved a 13 year old female needing in home support and case management upon her return from Waco Center for Youth and possible additional residential treatment at the request of the mother. The CRCG recommended that the family apply for all available Medicaid programs and SSI for financial assistance on behalf of the child, that they apply for NorthSTAR if the child's maximum benefit has been met, Cal Farley's for mentorship and in home services, and ECS for education services/after school programs as the child reenters school. This case may be staffed again at the next CRCG to provide additional resources closer to the child's discharge from WCY.

Rockwall County

The Rockwall CRCG meets the 2nd Monday of each month. The Chair person is Rebecca HallMark. One case was staffed in need of community supports. Several agencies present at the CRCG offered their services to the family.

Dallas CRCG-Children

The Dallas CRCG meets the 2nd Monday of each month at Dallas Letot Center. Cathy Brock is the chair person; Kristen Cathey is the coordinator. Agencies represented included NTBHA, Metrocare Services, TYC, CPS, Child and Family Guidance, Providence of Texas, Letot Center, Methodist Children's Home, NAMI, University Behavioral Health, and ValueOptions. Two cases were staffed. The first case involved a 16 year old male whose family was requesting a priority letter to Waco Center for Youth and needed community resources for stabilization in the home following his release from Meridell until further residential placement was available. Referrals were given for Metrocare Services or Child and Family Guidance for outpatient mental health services including medication management and therapy, NAMI for support and family education, North Fork for further residential placement or day school program, North Point for intensive outpatient treatment, and the Garland Fire Department for a fire starter prevention class. A priority letter for Waco Center for youth was also provided. The second case involved a 14 year old male who needed community resources for stabilization in the home and residential placement options. A referral was given for Metrocare Services – Mental Retardation Services for respite care, the Behavior Intervention Program, and the Dual Diagnosis clinic for outpatient mental health services including medication management. Referrals were also given for Child and Family Guidance for services for the younger brother, NAMI for support and family education, and APS for family safety. The family will maintain contact with ESC for education services and they were provided with information regarding a police report. The family was provided with the phone number for Adapt Mobile Crisis services. A referral was made for Waco Center for Youth and a letter recommending placement was provided by the CRCG.

Dallas CRCG-Adult/Homeless

The Dallas County CRCG meets the 4th Wednesday of the month at The Bridge. The Chair is Myrl Humphrey and NTBHA representative, Kristen Cathey, is the Coordinator. The CRCG did not meet in the month of December due to the Christmas holiday.

OTHER REFERRALS AND ADMISSIONS

North Texas State Hospital—Vernon Campus

There was three case received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus from Dallas County. Two of the cases Dallas County rescinded their requests in lieu of finding placement in a less restrictive setting. The third case was reviewed and a decision is pending; awaiting clarification on the child's mental status and outcomes at previous placements.

Referrals from TCOOMMI

There were four (4) referrals made from TCOOMMI this month to Collin, Rockwall, and Hunt . The appropriate aftercare appointments were scheduled and the caseworkers were notified.

SUMMARY OF COUNTY OF RESIDENCE CHANGES

November 2009 County of Residence Changes

NTBHA processed 82 County of Residence changes. The breakdown on these requests is:

- Requests from MHAs: 51
- Requests from ValueOptions: 31
 - Three (3) COR changes were denied by NTBHA to other LMHAs and three (3) were denied to us.
 - 14 COR changes to other LMHAs were made as a result of their discharge requests to NTBHA indicating that they have accepted responsibility for consumer care.

November 2009 WebCARE Discharges

NTBHA processed 29 TRAG discharge requests. The breakdown on these requests is:

Requests from other Mental Health Authorities: 22

- Texas Panhandle MHMR-020 1
- Austin Travis MHMR-030 1
- Central Counties MHMR-040 1
- The Center for Health Care Services-130 1
- Andrews Center-190 1
- MHMR of Tarrant County-200 2
- Heart of Texas Region MHMR Center-220 1
- Helen Farabee Regional MHMR-230 2
- Community Healthcore-240 2
- MHMR Authority of Brazos Valley-250 1
- Burke Center-260 2
- MHMR Services of Texoma-290 1
- Denton County MHMR-400 3
- ACCESS-440 1
- Hill Country Community MHMR Center-470 1
- Lakes Regional MHMR Center-480 1

Requests from ValueOptions: 7

- MHMR Services of Concho Valley-160 1
- Andrews Center-190 2
- MHMR of Tarrant County-200 1
- Community Healthcore-240 1
- Pecan Valley MHMR Region-350 1
- Tri-County MHMR Services-380 1