

NTBHA Executive Director Report

March 2010

1. “Transfer of Authority”

The board committee met at the end of the month to review legal counsel’s review (attached) of Codes governing NorthSTAR as well as those governing other Mental Health Authorities statewide. The process identified the most prominent area of difference between NorthSTAR and the rest of the state. (This difference is in the area of BHO contracting).

The committee has moved to seek a meeting with HHSC/DSHS officials to explore opportunities that may exist.

2. Collin County

A meeting was held with our Collin County NTBHA Board members, County Administrators, NTBHA and VO. The original purpose of the meeting was to explore whether or not the investment in the After Hours Clinic (AHC) is still considered to be the best place to invest NorthSTAR’s limited funds. There were two other options mentioned (Intensive Care Management and Jail Diversion) that were to be considered as alternative areas of investment.

It now appears that the AHC was not taken off the list, but rather TCOOMMI funding for Jail Diversion was added to the list, which is an additional expenditure. At some point, the NTBHA Board will need to give direction to VO as to where to invest.

3. Strategic Plan

Progress is being made toward this project. The “Needs Assessment” questionnaires have been tabulated. We are now in the process of holding Town Hall meetings as a way of obtaining additional opinions regarding the needs of NorthSTAR. We hope to have these meetings concluded by the end of the month. I am looking at April as the target date for completing the Plan.

4. Supportive Housing

Subsequent to the field trip to Terrell State Hospital to assess the potential use of cottages on their campus for supportive housing, LifeNet completed a pro forma on the financial viability of these cottages. The pro forma was submitted to VO earlier in February. As of this report, VO has not responded, but has the pro forma under review.

5. Dallas Task Force

NTSPP organized a questionnaire for NorthSTAR physicians to be used by the Task Force to assess the opinions of NorthSTAR physicians. At the last Task Force meeting, it was reported that a large portion of physicians did not receive the questionnaire, and that some of the questions may want to be reconsidered. Our Physicians Advisory Panel has been called upon to take another pass at this. It will be brought to the PAP the Wednesday prior to the NTBHA board meeting.

6. Clinical Review

Since the inception of the “case rate” contracts, we have received reports that there seems to be a trend of moving more clients into ACT services. These services are paid outside the “case rate” and at a much higher rate of compensation.

An early review has suggested an “uptick” in ACT utilization, warranting further and ongoing monitoring.

7. DSHS – Continuity of Care Task force

Austin has initiated a task force to assess the extent of continuity of care across all mental health systems. The Task Force is scheduled to meet monthly for several months. It is focusing on civil and forensic activity, addressing capacity issues along with changes in demand and utilization.

Overall, the Task Force wants to make and prioritize recommendations to improve efficiencies, access and quality.

Overview of Meetings attended since the February Board of Directors meeting:

- Ellis County – Service array
- Ellis County – Adapt of Ellis
- COMI
- Dallas County Redesign Task force
- VO – Project review
- VO – Contract review
- DVD Production meeting
- Physicians Advisory Panel
- Provider Advisory Council – Chairman
- Green Oaks Hospital
- Multiple miscellaneous meetings
- Board committee – Authority Transfer

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 February

February Meetings Attended:

- Contract Review Committee Meeting at ValueOptions
- Board Meeting at NTBHA
- Provider Advisory Council
- Consumer Family Advisory Council
- Self-Directed Care
- Physicians Advisory Panel
- VO SPN Meeting
- Dallas County Steering Committee Meeting
- Dallas County Behavioral Redesign Task Force
- RDM Redesign Oversight Committee in Austin
- Boarding Home Meeting
- Met with Southern Area Behavioral Health (South Dallas Clinic)
- Tele-conference to discuss SB1557
- Ellis County Task Force Meeting
- SPN Quality Meeting at VO
- Collin County Meeting to discuss possible service additions for the county
- Tele-conference with DSHS and VO to discuss utilizations management measures
- Meeting with Marci Ellis at VO to discuss grant writing opportunities for NorthSTAR
- HCCC Mental Health Subcommittee was formed.
- CIT Police Training
- VO & DSHS Weekly Operations Conference Call
- Collin County Detention Center Targeted Case Management Program
- Jail Diversion Initiative for Collin County, collaborative planning session with Dallas County
- TCOOMMI Funding Clarification, Conference Call with VO & DSHS
- Quality Management Committee Meeting
- NTBHA/VO Quality Initiatives Planning Meeting
- Hunt County Mental Health Town Hall Meeting – MHA, NAMI, NTBHA presenting
- NorthSTAR Member Satisfaction Survey conference call
- MBOW training call with DSHS for Jail Match
- CRCG State Conference Call to discuss ways to better your CRCG
- Metro Dallas Homeless Alliance Meeting

- DSHS Proposals for Contract Amendment (PCA) for Funding Incentive or Competitive Projects– Teleconference
- HHSCC Public Forum
- Conference Call with VO and Phoenix House regarding CD Utilization Management Process
- RDM Site Visit with DSHS representatives

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

Adapt Mobile Crisis (January):

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 4,935 total calls in December with 556 resulting in face to face encounters. This is an increase of 560 phone calls over last month and an increase in F2F encounters by 20 encounters over last month. January has shown the largest volume of incoming calls thus far.

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

March		Totals
Collin	total calls	293
	F2F	68
Dallas	total calls	1796
	F2F	380
Ellis	total calls	226
	F2F	38
Hunt	total calls	159
	F2F	25
Kaufman	total calls	129
	F2F	29
Navarro	total calls	40
	F2F	5
Rockwall	total calls	25
	F2F	7
Not Reported	total calls	267
	F2F	1
Law Enforcem	total calls	129
	F2F	15
Out of State	total calls	17
	F2F	1

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. All calls were within the appropriate timeline guidelines for the month of January.

		Total	0-60	61-90	91-120	121-180	181-240	240 plus
Collin	Emergent	3	3	0	0	0	0	0
	Urgent	57	14	8	8	12	10	5
Dallas	Emergent	37	37	0	0	0	0	0
	Urgent	250	77	38	34	43	30	28
Ellis	Emergent	5	5	0	0	0	0	0
	Urgent	29	12	2	3	4	2	6
Hunt	Emergent	2	2	0	0	0	0	0
	Urgent	21	3	1	0	8	5	4
Kaufman	Emergent	1	1	0	0	0	0	0
	Urgent	25	3	7	3	3	3	6
Navarro	Emergent	0	0	0	0	0	0	0
	Urgent	5	3	2	0	0	0	0
Rockwall	Emergent	0	0	0	0	0	0	0
	Urgent	3	0	2	0	0	1	0

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. NTBHA is currently working on evaluating the consumers that received a face to face encounter by ACS Mobile Crisis as opposed to those that did not as it relates to receiving a higher level of care within 30 days of contact with ACS.

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

The SDC staff was completely engulfed in carrying on the mission of the program during the month of February. The advisors were very busy meeting with participants to complete quarterly reviews. Every three months, participants have the opportunity to review their person-centered plans and budgets. If changes are desired or needed at this point, then the advisor and the participant work together to add or subtract services. This includes traditional or non-traditional. We have a number that completed their first quarterly review and another group that completed their second review during February.

Even though we were at 75 participants by the end of January, SDC lost and gained participants. We are now at 74 participants and due to gain several more during the first two weeks of March. There will always be a few that will drop out along the way for various reasons and this program is completely voluntary.

A new part-time SDC Advisor joined the staff during the month of February. His name is **Tommy Wornick** and he is a graduate student at University of Texas at Dallas. During his present graduate work, he has worked closely under the tutelage of Dr. Richard Scotch. Of course, Dr. Scotch is a member of the NTBHA Board. This brings the number of advisors up to four. We are looking to fill one more part-time SDC Advisor position.

I am continually amazed at some of the non-traditional purchases of the participants. One purchase, in particular, is very interesting as it was membership into the Dallas Astronomy Association. This participant has revealed how social contact helps him emotionally and chose to engage the community

by doing something that is personally fulfilling to him. In the past, this participant was reluctant to engage the community, but due to his recovery through SDC he is now active in the community and no longer has to attend groups at the SPNs to have social contact.

The SDC Participant Learning Community meeting during February took place on 02-09-10 at the Urban League in Oak Cliff. The Urban League turned out to be a fantastic location with ample services that would benefit the SDC participants. We had several speakers present to the group such as Josh Pulis of the Well Community. He spoke of the opportunities at the Well along with presenting his own counseling service. Several of the participants had the opportunity to speak to the group about their recovery process. Also, the director of the computer technology for the Urban League spoke to the group about computer training. Several of the attendees signed up for computer classes after the meeting. I am very impressed with the opportunities that the Urban League provides such as employment, job training, and computer training. We will hold our March meeting at this same location in which two of the IT people from the University of Illinois at Chicago will come and do computer training for our participants. Also, UIC is in the process of buying some refurbished laptops to give to our participants.

Due to suggestions from the Fidelity Assessment that took place in January, SDC has put in place a number of changes. One such change that was put to use was providing at least one hour of training for all the advisors. We started having one hour training sessions during February. Examples of the training are that we had Sharon De Blanc from ValueOptions come and talk to our advisors. Also, last week, Kristen from NTBHA addressed the group for their weekly training.

Recruitment continues throughout each week at MetroCare. The recruiters continue to recruit at all the MetroCare clinics in a concerted effort. Due to the effort of the recruiters, we continue to receive consumers into the SDC program.

The NAMI Walk will be taking place during the month of May and SDC will have a team represented at the Walk. The SDC team will be called the **SDC Radicals for Recovery**. SDC Advisor, **Jamie Cook**, will be the team captain. Also, this team will be the team representing NTBHA.

Overall, the month of February was very busy. It is well worth the effort as we are now witnessing recovery among the participants. Many are taking advantage of the program to overcome hurdles in their lives that have been in place for years. To observe participants having hope that they will be an

active part of the community is refreshing and uplifting. To actually see participants go back to work or to college brings a sense of pride to the SDC program.

Progress Report – as of March 3rd 2010

- 182 are currently enrolled in the study (84 control group, 98 experimental)
- 74 are currently in the SDC Program (23/98 have withdrawn from the SDC Program, but remain in the research study).

RDM Oversight Workgroup Meeting:

Data: The RDM Oversight Workgroup Meeting was held at the Austin State Hospital campus in Austin Texas on February 23rd.

Issues and Concerns:

- The overall focus on the February meeting was C&A service package 4.
- A high percentage of children and adolescents are being underserved in package four and the group focused on reasons this may be occurring. One concern with individuals in this package is that children are placed in a package 4 at the onset of treatment when package four is designed to be an aftercare package. Some of the hypothesized reasons this occurs is a lack of resources in more intensive packages, family need, family choice, and continuity of care. The trend of children that are underserved is that that have a higher frequency of crisis and hospitalization services.
- Medication services information was also presented. Topics included were general medical services overview, 2009 related data, practice guidelines and research. Due to time limitations this presentation was not completed and will be continued at the March meeting.

DSHS Proposals for Contract Amendment for Funding Incentive or Competitive Projects –

NTBHA has submitted a proposal for the incentive project, which funds \$70,000 to enhance peer to peer services and service coordination regarding veterans. NTBHA has an MOU with Grace After Fire to fulfill the requirements of the grant. More information regarding Grace can be found at, <http://www.graceafterfire.org>

UPDATE: NTBHA has also submitted a proposal for the competitive project, which funds \$175,000 to enhance family support services regarding veterans, trauma therapy training for veterans, as well as continued service coordination. NTBHA was notified that it has been selected to receive the incentive grant. DSHS is continuing to work on the Statement of Work, which will hopefully be sent out within the weeks to come.

Jail/State Hospital Liaison: NTBHA has selected a candidate to fill the Jail/State Hospital Liaison position. Peggy Douglas-Alexandre has accepted to position and is slated to come on board beginning March 22nd.

TLETS Implementation: The TLETS system will allow jails to identify which inmates have a match or a partial match in the CARE system. This allows jails to know which inmates have a history of mental illness services as well as their diagnosis, but nothing related to chemical dependency.

- Collin, Hunt and Navarro Counties have fully implemented the TLETS system and are using it successfully.
- Ellis County has completed training and is expected to go live with TLETS on 3/1/10.
- Dallas County personnel are scheduled to meet with NTBHA and DSHS on 3/5/10 to identify barriers to implementation and resolve issues.
- Kaufman County sent additional folks for training and is ironing out technical issues with DPS.
- Rockwall County had promised to send additional folks for training. They have been non-responsive to recent requests for status.

Steering Committee:

Data: Dallas County Mental Health Steering Committee meetings are held on Thursday mornings. I attended the meetings on February 4 and February 18.

Issues and Concerns:

The following issues and concerns were discussed during the February Meetings.

- February 4
 - Efficacy of chemical dependency treatment at SAFPF following extended stays in the county jail as a result of the wait list for SAFPF was discussed. It was theorized that inmates have little motivation to succeed at treatment when they have already served nine months of a twelve month sentence before being able to get into SAFPF.
- February 18
 - Discussion surrounding the use of Transicare to assist in transportation of individuals from jail to the Bridge upon their release in conjunction with a new “mini” court with Judge Bowers.

Data: January/February Quality Improvement Meetings, Initiatives and Recommendations for Change

QM Initiatives

- UNT Health Sciences Center researchers have completed data entry and statistical analysis of the Needs Assessment. It has been handed over to UT Dallas researchers to identify trends, gaps and identify focus areas to be addressed by the local strategic plan.
- NTBHA continues to partner with the Dallas Police Department to participate in Crisis Intervention Training classes.
- Various quality-related meetings at VO and with SPN personnel continue to focus on:
 - Crisis audit tool to track responses of ACS and SPNs
 - TAC Training and Competency Requirements
 - Complaint trends
 - Treatment access issues under the case rate model.
 - 7-day/30-day follow-up by SPNs following consumer hospitalization
- Data Warehouse is now being used by Clinical staff to produce reports for audits. DSHS is assisting in the learning curve and validating data.

Planned Quality Projects:

- Local Strategic Plan
- SPN Enrollment/Crisis Phone Audit (March/April)
- NTBHA to monitor VO’s SOP/IOP denials to CD services.
- NTBHA to monitor SP4 (ACT) level of care assignments within blended case rate
- NTBHA to review the WrapAround Ellis Program and audit for fidelity
- NTBHA to review the Intensive Case Management Program at VO and provide feedback
- NTBHA to monitor government websites for grants that could provide supplemental funding to the NorthSTAR system.
- SPN HR file audits to verify training events and employee competencies
- Outcome measures to track in 2010

ACS SPN Audit:

Data: NTBHA representative Kristen Cathey met with members of ValueOptions' QM Department on February 9th for the second phase of the ACS audit. The purposes of the second phase it to determine the appropriateness of the SPN response following a crisis call with ACS. The audit looks at communication between ACS and the SPN, assessment of crisis and wait time/location appropriateness, determination of need to see medical staff, and appropriateness of clinical response to resolve the crisis. Samples were audited at the time of the meeting. ValueOptions is in the process of tabulating the results of the audit and NTBHA is awaiting the results.

ASC Crisis Audit Part I Results:

Data: Part I of the ACS Crisis Audit was conducted by ValueOptions and NTBHA in December 2009. The results of that audit are as follows:

- Elements Measuring ACS Performance from Crisis Services Standards
 - Number of Unduplicated Charts Reviewed = 30
 - Target Scores for Each Element = 80%
 - Number of Elements Scored for ACS score = 4
 - Number of Elements Meeting or Exceeding Target = 4 (ALL)

ACS Performance Elements	Compliance
Does "Clinical Narrative" support the "Call Type" (emergent, urgent, routine)?	93%
Was call type Face to Face (F2F) timeline met?	96%
If yes, (client did still need emergency care services) did client receive a physician F2F assessment within 12 hours?	100%
Does staff roster show the appropriate credentials (QMHP / LPHA)?	100%

- Data Elements (Scores not related to ACS performance)

Data Elements Only	Scores
Was client referred to a SPN for follow-up?	64%
If yes, was the SPN appointment kept?	61%
After the MCOT F2F was conducted, did the client still need emergency care services (acute crisis or displaying life-threatening behavior)?	31%

- Data Element Totals

Average ACS Response Time	Minutes
Emergent	40
Urgent	117

Complaints

<u>January</u>	<u>Number of Complaint Calls Processed</u>
Quality of Care or Service	6
Accessibility/Availability	9
Utilization Review	2
BHO Contract with Provider	1
BHO Obligation to Enrollees	1
Other	2
TOTAL	21

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

Provider Advisory Council:

Data: PAC Meeting hosted by NTBHA on February 26, 2010

Issues and Concerns:

The following issues and concerns were discussed during the February 26th meeting.

- **Case Rates:** The question came up whether the need for authorizations would be eliminated because it was a time consuming process. VO reported that they are working on creating pass through units to eliminate some of the paperwork, which will hopefully be affect by April 1st. What the changes will be are:
 - UA's with a service package assignment
 - Expiration dates will still be in affect
 - There will be no unit limitations
 - There will be no minimum hours
 - This will eliminate widget unitsProviders expressed that they had either understood or hoped that they would be able to pick from services across service packages and not be pinned down to an actual service package.
 - Outcomes will be measured through claims data and TRAG scores.
 - Providers are concerned with lawsuits that could reference the service package assignment, but point out the member is not being served at that service level assigned. It was pointed out that Providers can go outside of the service package assignments due to member's choice and resource limitations.
 - A concern was brought up that whoever is processing the UA's are inputting incorrect authorization dates. They are inputting the date they reviewed the auth and not the date the auth was requested for.
- **Eligibility and Enrollment** – It was announced by ValueOptions that financials will only need to be completed once a year instead of every six months as previously requested.
 - Lost requests were an issue that was raised as well. ValueOptions did report that they were significantly behind on UA authorizations at times, but earlier this week they finally were all caught up and have hired a new staff member.
 - It was reported by the Providers that there are really no new issues, but fixing the old ones.

- **New VO Process and the NY Office** - Providers seemed to have differing opinions regarding the NY Office and their employees.
 - Some Providers felt the “get to the point” attitude was helpful and the staff was quite procedural, which got the problem resolved quickly.
 - Some Providers feel the staff are rude and obnoxious and not as helpful
- **Complaints** – ValueOptions reported that the number of complaints has dramatically decreased and those outstanding complaints are old complaints, which coincide with what Providers were voicing as well; outstanding issues are old issues.
- **Payments** – Provider wondered if others are receiving spikes and valleys in their payments from ValueOptions? All MH Providers are receiving once a month payments via the blended case rate and therefore this does not really apply to them. ValueOptions did report that staffing patterns probably caused the spikes and valleys. ValueOptions also reported that Providers had gotten used to the typical 1 week turn-around time, however, VO does have 30 days to render payment.
- **RDM Redesign** – Kristen Cathey, NTBHA employee, has been attending these meetings in Austin. The following issues have been discussed during the last 2 meetings.
 - The overall focus on the January meeting was service package 1.
 - A high percentage of people are being underserved in package one and the group focused on reasons this may be occurring. The two primary reasons discussed were patient choice (clients are being told that there is a significant time commitment on their part and refusing) and lack of space in other service packages (Lubbock made the comment that where there is no room on their ACT team – SP4 - they are serving them at the SP1 level of care.)
 - Case managers across the state are carrying an average of about 450 clients on a caseload when serving this level of care and in some cases the ration is as high as 900 clients to one case manger. The group questioned what, if any, services are able to be delivered at this level of care with case loads so high. This led to a discussion on what the minimal care for an individual would be when defined for the legislature. The question was discussed briefly but ultimately tabled for a later date.
 - The overall focus on the February meeting was C&A service package 4.
 - A high percentage of children and adolescents are being underserved in package four and the group focused on reasons this may be occurring. One concern with individuals in this package is that children are placed in a package 4 at the onset of treatment when package four is designed to be an aftercare package. Some of the hypothesized reasons this occurs is a lack of resources in more intensive packages, family need, family choice, and continuity of care. The trend of children that are underserved is that that have a higher frequency of crisis and hospitalization services.
 - Medication services information was also presented. Topics included were general medical services overview, 2009 related data, practice guidelines and research. Due to time limitations this presentation was not completed and will be continued at the March meeting.
- **Local Plan:** NTBHA reported the plan is continued to be drafted. The needs assessments data has been received back, which totaled just over 900 respondents. NTBHA is also conducting town hall meetings with MHA and NAMI across all 7 NorthSTAR counties.
- **Letter to the NTBHA BOD** – A provider presented a letter that would be given to the NTBHA BOD to clarify what the blended case rate really is and what it really means as well as to clarify that all Providers are within RDM guidelines, but those guidelines are practiced differently

within NorthSTAR than in the rest of the State. There seems to be some concern on the part of the Providers that the NTBHA BOD does not fully understand the blended case rate or RDM.

- The question was raised whether NorthSTAR is better or traditional MHMR is better. It seemed all Providers felt both system have their

CFAC Meeting:

Data: The CFAC meeting was canceled in February

Data: The CFAC meeting was hosted by NTBHA on March 2, 2010

Issues and Concerns:

The following issues and concerns were discussed during the March 2nd meeting.

- Self Directed Care presented their program and a SDC participant gave their story and experience being in the program for almost an entire year.

SUMMARY OF CRCG ACTIVITY, BY COUNTY

February

***Community Resource Coordination Group (CRCG):**

Collin County CRCG

The Collin County CRCG meets the 2nd Tuesday of the month at the Collin County Children's Advocacy Center. The Chair is Glenda Schaffer and the Coordinator is Pat Garrett. The CRCG did not meet in the month of February due to poor weather conditions on the date of the meeting.

Dallas County 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. Agencies represented included NTBHA, Timberlawn, ABC Behavioral Health, Turtle Creek, an MH Advocate, Dallas County Crisis Intervention, Green Oaks Hospital, Aids, Arms, ValueOptions, LifeNet, APS, VA, The Bridge, Metrocare Services, and Transicare. No new cases were staffed during the month of February. One follow up was staffed from September 2009. The case involved a homeless man (living at the Bridge) in need of permanent housing. At the initial staffing the VA was going to work with the individual on housing. As of the February meeting no permanent housing has been secured and the individual has no income. Prince of Whales was recommended for housing, Timberlawn and Green Oaks are going to look into scholarship option to pay the \$50 per month for living at Prince of Whales, and a meeting between the VA and The Bridge has been scheduled to explore other available options for this individual.

Dallas County CRCG – C&A

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. The CRCG did not meet in the month of February.

Ellis County CRCG

Ellis Co. 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. The CRCG did not meet in the month of February.

Hunt County CRCG

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. Agencies represented included Region 10 Educational Service Center, NTBHA, Providence, Glen Oaks Hospital, Tri Co Coop, Hunt County Sheriff's Office, Hunt County Juvenile Probation, DSHS, VO, CPS, Lakes Regional, Texas STAR – Texas Health Steps, TYC, Quinlan ISD, and Greenville ISD. Seven cases were staffed. Case one involved a 15 year old female with extensive psychiatric history in need of community resources for stabilization in the community and school. Recommendations were made for UBH to address self mutilation, Big Brothers/Big Sisters for mentorship, Family Partner

through Lakes Regional, alternative school through current ISD for behavior issues as a last resort. Case two involved a 17 year old female who is returning to Hunt County. The CRCG recommended that she resume services with Lakes Regional for mental health treatment and a priority letter was provided for Waco Center for Youth. Case three involved a 13 year old male who is involved in the criminal justice system. A priority letter to NTSH – Vernon was provided. Case four involved 16 year old female who is involved in the criminal justice system. A priority letter to NTSH – Vernon was provided. Case five involved an 11 year old male needing placement. The CRCG recommended Pegasus Schools, that the family files charges with the police department, and a list of residential placements was provided to the family. Case six involved a 13 year old male needing placement and community support. Recommendations were made for grief counseling and a list of Greenville area NorthSTAR counselors was provided. It was also recommended that the child continue with Providence. Case seven involved a 9 year old male and was a follow up from a previous CRCG. Lakes Regional stated that the child does not have autism but the child’s play therapist disagrees. The CRCG recommended getting a referral from the child’s pediatrician for a children’s developmental pediatrician and additional testing for autism and that the parents continue couples counseling. This case will be staffed again next month.

Navarro County CRCG

The Navarro County CRCG meets the 1st Thursday of the month at the Westminster Presbyterian Church in Corsicana. The chair is Kathi Perez. Agencies represented included NTBHA, PCHAS, B County Coop, Navarro County Probation, DSHS, FAC, Adapt, CPS, Lakes Regional MHMR, VO, Region 12 ESC, and Child and Family Guidance. The CRCG did meet in the month of February but no cases were staffed.

Rockwall County CRCG

The Rockwall County CRCG meets the 2nd Monday of each month at Helping Hands in Rockwall. CRCG did not meet in the month of February.

OTHER REFERRALS AND ADMISSIONS

North Texas State Hospital—Vernon Campus

There were two cases received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus from Dallas County. After a review of case one and a CRCG staffing it was

determined that Vernon would be the best placement option to meet the needs of this child. An approval letter was provided to the Dallas County Juvenile Department.

After a review of case two and several conversations with Dallas County Juvenile Department it was determined that Vernon would be the best placement option to meet the needs of this child. An approval letter was provided to the Dallas County Juvenile Department.

Referrals from TCOOMMI

There was one (1) referral made from TCOOMMI this month to Collin County. The appropriate aftercare appointments were scheduled and the caseworkers were notified.

SUMMARY OF COUNTY OF RESIDENCE CHANGES

January 2010 County of Residence Changes

NTBHA processed 44 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs: 38
- Requests from NorthSTAR: 6
- One (1) COR change was denied by NTBHA to other LMHAs and none (0) were denied to us.
- Four (4) 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.
- Four (4) disenrollments were pending a Medicaid update to a non-NorthSTAR county. These consumers have left our service delivery area, so the COR changes and TRAG discharges were done.

January 2010 WebCARE Discharges

NTBHA processed 12 TRAG discharge requests. The breakdown on these requests is:

Requests from other Mental Health Authorities: 11

- El Paso MHMR Center-090 1
- Tropical Texas Behavioral Health-130 1
- Lubbock Regional MHMR Center-150 1
- MHMR Center of Nueces County-180 1
- Andrews Center-190 1
- MHMR Authority of Harris County-280 1
- Pecan Valley MHMR Region-350 2
- Denton County MHMR-400 1
- Bluebonnet Trails Community MHMR Center-460 1
- Hill Country Community MHMR Center-470 1

Requests from NorthSTAR: 1

- Pecan Valley MHMR-350 1