

## **NTBHA Executive Director Report**

**April 2010**

### **1. Strategic Plan**

We are progressing with our Plan Development. We have targeted a submission to DSHS by mid-April, as well as distribution to the NTBHA board and posting on our website. Data manipulation (questionnaires and Town Hall feedback), proved to be tedious; beneficial, but tedious.

### **2. Dallas Redesign Task Force**

Dallas County/Parkland Hospital have retained the consulting group TriWest–Zia to oversee the “Redesign” work effort. An introduction meeting is scheduled for April 19, 2010 at 9:00a.m. at Parkland Hospital. It is our understanding that they will be meeting with many of the stakeholders in NorthSTAR, including NTBHA. A major question to be addressed by this study is the availability of psych beds to our system.

### **3. DSHS – Continuity of Care Task Force**

The Task Force in Austin has concerned itself with three areas of interest. Jail Diversion programs, transportation and housing. Attached is a copy of the powerpoint from the last meeting in March.

### **4. Collin County**

The University has informed us that they released a preliminary draft of their report in early April. It was scheduled to be reviewed by the City Administrator, our NTBHA board members and others on the 7<sup>th</sup> of April. The final report is not scheduled for release until the end of the month.

VO however, is moving forward with the introduction of Intensive Case Management to Collin County, providing this as a new service area. It is anticipated to save substantial dollars once fully implemented.

### **5. “Transfer of Authority”**

We have formulated an initial inventory of issues to consider in order to plan and provide for the transfer of “Authority” to Richardson. An outline has been provided to NTBHA board members. Such issues as to what reporting, to who, from who, covering what information will be critical to this effort. Financial systems accounting and accounts will be required. We will also want to identify all current assets in Austin that are applied to NorthSTAR. Direct and Indirect.

## **6. Supportive Housing-Cottages Project**

A review of the preliminary proforma submitted by LifeNet regarding the use of cottages at Terrell State Hospital, did not yield sufficient savings to justify the project. With the limited funding in the NorthSTAR system, it is unlikely that a pilot project could be funded. Intellectually, however, most agree this appears on the surface, to be a less costly method of taking care of these consumers.

## **7. Provider Advisory Council**

Issues regarding Fidelity to R.D.M. persist among some members of the PAC. They are looking for acknowledgement that our system is not following R.D.M. VO maintains they are and DSHS has not endorsed dropping R.D.M. We have suggested that the PAC extend an invitation to DSHS to meet with them and discuss their issues. To date, this has not taken place.

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## **SUMMARY OF ANY COMMUNITY BASED MEETINGS ATTENDED BY NTBHA**

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### **Ombudsman Meeting Activities**

**Data:** The following meetings were attended by the Clinical Department in the month of March.

### **March Meetings Attended:**

- Board Meeting at NTBHA
- Provider Advisory Council
- Consumer Family Advisory Council
- Self-Directed Care
- Physicians Advisory Panel
- Dallas County Steering Committee Meeting
- Dallas County Behavioral Redesign Task Force
- Dallas County TLETS meeting with sheriff's staff and DSHS
- Weekly DSHS/VO NetOps Call
- Town Hall Meetings
  - a. Collin County
  - b. Kaufman County
  - c. Rockwall County
  - d. Ellis County
  - e. Navarro County

- ACS/VO bi-weekly conference call
- CRCG Webinar
- MDHA Meeting – NTBHA did not attend in March
- Care Coordination Meeting
- Dallas Area Drug Prevention Partnership
- RDM Oversight Workgroup Meeting
- HCCC Mental Health Subcommittee
- Boarding Home Meeting
- Terrell State Hospital Late Arrivals Meeting
- Strategic Planning Meetings and discussions on writing the local plan
- Provider Review Committee Meeting
- Satisfaction Survey Conference Call
- TCOOMMI Wrap-Around Ellis Program Audit

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

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**Adapt Mobile Crisis (February):**

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 2980 incoming phone calls in February with 498 resulting in face to face encounters. This is decrease of 90 incoming phone calls over last month and a decrease in F2F encounters by 58 encounters over last month. Of the 498 face to face encounters, 374 were the result of an incoming crisis call. All other face to face encounters are a result of follow-ups, post hospitalization follow-ups, transport to a Provider, and critical labs notifications.

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

March		Totals
Collin	total calls	307
	F2F	68
Dallas	total calls	1802
	F2F	312
Ellis	total calls	137
	F2F	43
Hunt	total calls	177
	F2F	28
Kaufman	total calls	88
	F2F	24
Navarro	total calls	76
	F2F	21
Rockwall	total calls	21
	F2F	2
Not Reported	total calls	255
	F2F	
Law Enforcement	total calls	104
	F2F	12
Out of State	total calls	12
	F2F	

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 one emergent call was addressed outside the one (1) hour timeframe by six (6) minutes.

		Total	0-60	61-90	91-120	121-180	181-240	240 plus
Collin	Emergent	5	5	0	0	0	0	0
	Urgent	44	11	11	2	10	7	3
Dallas	Emergent	37	36	<b>1</b>	0	0	0	0
	Urgent	194	59	29	23	38	20	25
Ellis	Emergent	6	6	0	0	0	0	0
	Urgent	26	8	1	4	5	6	2
Hunt	Emergent	1	1	0	0	0	0	0
	Urgent	23	4	0	8	6	3	2
Kaufman	Emergent	3	3	0	0	0	0	0
	Urgent	16	3	4	2	4	0	3
Navarro	Emergent	4	4	0	0	0	0	0
	Urgent	12	4	1	3	3	1	0
Rockwall	Emergent	0	0	0	0	0	0	0
	Urgent	2	1	0	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 month of March was an incredibly busy month. The SDC staff was engaged in doing quarterly reviews with participants. Some participants did their first review along with others doing their second and third review. It is hard to imagine that the SDC program has been established long enough for several participants doing their third quarterly review.

The SDC program is now hovering around 80 participants active in the program. We are working hard to get to the 100 participant level. However, recruitment has been slow over the past month, but we continue to find new ways to recruit NorthSTAR consumers into the program.

A new part-time SDC Advisor starts on April 1, 2010. Her name is **Dong Tran** and she is a graduate student at the University of Texas at Dallas. With the addition of Dong, that will bring the program up to five advisors in which we will be fully staffed. We will have two full-time and three part-time advisors.

The participants continue to purchase various services. However, the participants continue to stay with their present providers after entering the program. They continue to purchase counseling services which continues to be the major trend in the program.

We have now signed onto the program the services of two outside peer specialists to provide services to the participants. These particular services help with taking participants to work with social security, housing needs, and resource needs. Both of these peer specialist will be contract based. The addition of peer specialist services will help round out our provider network.

**Jamie Cook**, SDC Advisor and Admin Specialist, recently attended a Peer Specialist Certification Program in Austin. The program was facilitated by an organization called Via Hope along with DSHS. Her trip and the class were all paid for by Via Hope.

**Malinda Hicks**, SDC Research Coordinator, will be leaving the second week of April. She will be leaving to concentrate on her PhD at the University of Texas at Dallas. Malinda will definitely be missed. Not only has Malinda led the recruitment effort at the providers, she also keeps up with the data along with giving the team IT support.

The month of March witnessed another SDC Participant Learning Community meeting which took place on March the 9<sup>th</sup>. The University of Illinois at Chicago was present to lead classes on computer training. The Director of the Center on Mental Health Services Research and Policy at UIC, **Dr. Judith Cook**, along with **Dennis Grey** and **Andrew Battiger**, led the training. They were able to spend several hours with approximately 30 participants at the Urban League in Dallas training them on basic computer skills.

Also, the UIC team raffled off two computers for six month increments to two of the participants. In addition to this training, **Preston Looper** of Adapt Community Solutions did a presentation on utilizing crisis services. **Sarah Smith** of the VA Hospital, presented at the meeting a program on diabetes and wellness. It was very significant as it helped the program ascertain a number of the participants as having diabetes. The participants were able to learn about good nutrition, exercise, and other areas of wellness. This is important as a number of consumers have diabetes. We really appreciate her contribution to the meeting.

As for the upcoming NAMI Walk in May, SDC and NTBHA will be a combined team. At present, we are looking for a donor to provide the money to pay for the t-shirts that will be worn by all our participants. I believe at this point, we have around 20 people signed up to walk, but we are looking to have around 40.

Overall, the month of March was extremely busy. We are continuing to guide participants in the program so that they can make traditional and non-traditional services that will help in recovery. We have had several of our participants present at outside meetings on behalf of the program as evidence of their recovery. Hopefully, SDC provided in a small way to their recovery.

**Snapshot of March:**

# of recruiter interviews	4
# of participants enrolled in the research	0
# 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)	77
# of life plans completed	6
Amount spent on traditional services	\$9,000.08 (\$34,688.23 cumulative)
Amount spent on non-traditional services	\$5,641.37 (\$24,166.07 cumulative)

**Progress Report – as of April 1<sup>st</sup> 2010**

- 212 are currently enrolled in the study (94 control group, 103 experimental (5 withdrew after randomization)
- 80 are currently in the SDC Program (23/103 have withdrawn from the SDC Program, but remain in the research study).

### **Provider Review Committee (March):**

There were nine (9) requests this month to become a NorthSTAR provider. Of the nine (9) requests, five (5) were approved, two (2) were pended for further information, and two (2) were denied. The county breakdown is as follows:

- Collin County had one (1) request.
  - This request was nominated to the NorthSTAR network.
- Dallas County had six (6) requests.
  - Two (2) requests were pended for more information.
  - One (1) request was denied due to saturation in that Provider's area.
  - Three (3) requests were nominated to the NorthSTAR network.
- Rockwall/Kaufman County had two (2) requests.
  - One (1) request was nominated to the NorthSTAR network.
  - One (1) request was denied due to only being licensed for less than a year, which does not meet criteria.

### **RDM Oversight Workgroup Meeting:**

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

### **Issues and Concerns:**

- A presentation on trends in pharmacological management services across the state and current research on frequency and duration of services based on diagnosis was provided. Concerns noted by the group included large case loads for the prescribers and inability to schedule people as frequently as they would like leading to less effective treatment.
- A presentation on Major Depressive Disorder, SP2 services, and CBT was provided. Across the state there are a relatively small percentage of people in the SP2 package and the group expressed concern at the limitations of CBT as the only treatment modality and allowing MDD client's to TRAG into a therapy package. The presentation on CBT provided a history of CBT in Texas and how that modality was selected. This will be revisited in later meetings.
- **The group agreed that a sorting tool (such as the TRAG) and service packages are necessary and will remain in place.** The format for both will be reviewed and recommendations on adjustments to both will be the focus of later meetings and work groups. One point that was stressed by the group was that the sorting tool be administered by a competent clinician who has had proper training in using the sorting tool.

### **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 been awarded both the Incentive and Competitive Grants for a total of \$245,000 in grant money to work with veterans and their families. The contract for the Incentive project has been worked on and the transfer of funds should be imminent to begin work on.

**Jail/State Hospital Liaison:** NTBHA has selected a candidate to fill the Jail/State Hospital Liaison position. Peggy Douglas-Alexandre has come on board and has begun getting acquainted with her position.

**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 were expected to go live with TLETS on 3/1/10, but have some technical issues. They are working with IT to resolve.
- Through NTBHA, Dallas County's IT personnel have connected with DSHS's IT department to find a way for their jail management system to work with TLETS.
- 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. NTBHA's contact at the jail resigned and the steps for completing the TLETS process have been given to his replacement.

#### **Clearinghouse List-TSH as of March 11<sup>th</sup>**

- Dallas has fifty-four (54) inmates awaiting a bed at TSH, with the longest one waiting since October 29, 2009.
- Collin has three (3) inmates awaiting a bed at TSH, with the longest one waiting since January 10, 2010.
- Hunt has two (2) inmates awaiting a bed at TSH, with the longest one waiting since January 20, 2010.
- Navarro has one (1) inmate awaiting a bed at TSH and was placed on the list on January 20, 2010.
- Ellis has one (1) inmate awaiting a bed at TSH and was placed on the list on January 28, 2010

#### **Clearinghouse List-Vernon as of March 3<sup>rd</sup>**

- Dallas has four (4) inmates awaiting a bed at Vernon State Hospital
- Collin has one (1) inmates awaiting a bed at Vernon State Hospital
- Hunt has one (1) inmate awaiting a bed at Vernon State Hospital
- Kaufman has one (1) inmate awaiting a bed at Vernon State Hospital

## Steering Committee:

Data: Dallas County Mental Health Steering Committee meetings are held on Thursday mornings. I attended the meetings on March 4, 11, and 18.

## Issues and Concerns:

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

- March 4
  - Patricia Scali announced that case conferences are beginning again.
  - The vacant Mental Health Coordinator position is expected to be filled by the end of the month.
  - Ron Stretcher provided an update on Judge Bowers' court and the homeless cases from his court. Getting transportation to The Bridge is proving to be difficult. Staff from The Bridge is willing to work with the justice system to help their clients stay on track.
  - Ron Stretcher also talked about the recent Statewide Planners Meeting where he was informed that Re-Entry Specialists are currently being hired across the state. There was a discussion about parole holds in the jail and the lack of housing for them.
- March 11
  - Ron Stretcher updated the committee on a meeting with Parkland and Judge Levario regarding notification of courts. Parkland jail staff will notify court coordinators when inmates become non-compliant with their medications.
  - Patti Scali spoke regarding last week's Developmental Disabilities subcommittee meeting. They discussed ways to identify DD inmates earlier in the process. Patti is also making a flow chart regarding how mental health cases move through the system.
  - There was also discussion about moving all OCR felony cases to one court. Judge Jennifer Balido has agreed to have them come to her court. Ron will be meeting with Patti Scali, Lynn Richardson, Dominique Collins, Cindy Stormer, Patti Sessa and Leah to work through the details.
  - Leah Martin discussed the Special Program buckets. Wait time has decreased from 79 to 56 days since this data has been released. Adult probation has been very helpful in helping with this. Her department is redesigning the state hospital spreadsheet and will be including its weekly notices soon.
- March 18
  - Ron Stretcher discussed the recent visit of the Texas Commission on Jail Standards. The results were very positive. The only remaining item still needing certification is the smoke evacuation system which should be fixed by summer. The Jail Commission will then be invited back and the jail should be fully compliant. During their visit, the use of the holdover cells in the courthouse was also discussed. Dallas County will have to develop a better plan for the use of those cells. Ron will be meeting with the jail command staff to determine the new policy and its impact on courthouse operations.

- Ron also provided an update from the House Committee on Corrections with Rep. Ted Madden. There was progress made on the utilization of SAFPF beds. Rep Madden also spoke at the last COMI meeting and Janie Metzinger reported that he was interested in developing new measures to track successes within the system in addition to focusing on recidivism rates only.
- Assistant District Attorney Cindy Stormer asked about papers that could be attached to an inmate's file being sent to TDC to relate experiences during their time in the jail. "PIN Packets" travel with the inmates and can be obtained by contacting Capt. Pharr in the Sheriff's Department.
- There was an update on the Mental Health Collaboration Grant where funds will be requested to supplement the costs of providing Crisis Intervention Team training to the entire Dallas County bailiff pool. The grant is due April 8.

### **Care Coordination Meeting:**

Data: The Care Coordination Meeting was held at the Terrell State Hospital campus March 5<sup>th</sup>.

### **Issues and Concerns:**

- Angela Byrd gave a presentation on Transicare services.
- Linda Camido gave a presentation on LifeNet's Crisis Residential Services. (Presentation was during the general social work meeting.)
- TSH is at the contracted bed day limit and therefore VO is trying to get out discharge ready patients. Metrocare Services is only providing transportation to patients with no other resources.
- There was a discussion regarding late night discharges (orders written at 8 or 9pm) making it feel like the TSH social workers are letting SPNs know at the last minute about discharges. ValueOptions is going to try and assist discharge facilitation when this happens.
- There was discussion regarding what to do when the patient at TSH does not have a primary population diagnosis and therefore does not meet criteria for admission to SPN. TSH contends that an outpatient appointment is required at discharge but the SPNs will not take the client. There was a question about contractual obligations of SPNs to see hospital discharges. COPCs were discussed as an option for the non priority population diagnosis clients. SPNs were concerned that the unique encounter rate cannot be billed with non priority population because a treatment plan cannot be done but they are able to bill the STD units. This allows only half of the billable services available prior to the conversion to case rate.

### **Terrell State Hospital Late Arrivals:**

Data: A meeting was held at NTBHA with Terrell State Hospital, ValueOptions, Transicare, and Green Oaks Hospital to discuss the late arrivals of patients to Terrell and what solutions can be found.

### Problems:

1. There are only 2 days early sign in is available; Wed and Fri. All other days must wait until 2pm to begin the OPC process to be signed off on.
2. There are also delays at GOH in order to feed the patients lunch or dinner before they head out to TSH.
3. TSH would preferably like nobody brought to TSH later than 5pm, but will live with 6pm.
4. TSH would prefer having more early morning signings available, but this would take the Judge to be on board and there seems to be a consensus that would not happen.
5. GOH would like to be able to transfer to TSH on the weekends.
6. Transicare would like TSH to address dwell times at TSH, which are sometimes up to 2 hours.
7. TSH data on arrival times is not in sync with Transicare data; although it is almost the same.

### Solutions:

1. TSH agrees to look at taking patients on the weekends
2. GOH agrees to look at providing sack lunches to patients to keep times down.
3. TSH agrees to look at the dwell times and to fix that immediately.
4. TSH and Transicare to get together to reconcile the data.
5. TSH/GOH/Transicare all agree to look at what it would take to change protocols that would put into place a system where consumers deemed needing a bed at TSH and it is agreed upon by all parties that the patient will in fact be moved will be held until the next day and transferred first thing in the morning instead of the previous evening. VO did voice concern with this solution, but TSH, GOH, and Transicare all felt it was a doable solution and would probably only cause a hiccup the first day it is instituted, but going forward should be a smooth transition.

## **Data: February/March Quality Improvement Meetings, Initiatives and Recommendations for Change**

### **QM Initiatives In Progress:**

- Completion of the local strategic plan is near. Data was compiled from stakeholder, consumer/family and provider needs assessments as well as from mental health town hall meetings.
- The last mental health town hall meeting is scheduled at MHA on April 28, 2010, at 1pm.
- NTBHA conducted a SPN Enrollment/Crisis Phone Audit for all SPN locations.
- NTBHA continues to partner with the Dallas Police Department to participate in Crisis Intervention Training classes.
- Member Satisfaction Survey is planned for April using consumer advocates to conduct surveys at all SPN locations.

### **Planned Quality Projects:**

- NTBHA to monitor government websites for grants that could provide supplemental funding to the NorthSTAR system.

- Complaint trends
- Treatment access issues under the case rate model
- 7-day/30-day follow-up by SPNs following consumer hospitalization
- TAC training and competency requirements via SPN HR file audits to verify training events and employee competencies
- Outcome measures to track in 2010
- NTBHA is monitoring several aspects of the NorthSTAR service delivery
  1. Hospital utilization
  2. ACT service authorizations
  3. SOP/IOP levels of service and denials by VO
  4. ICM of the highest utilizers in the system that VO is overseeing

**Wraparound Ellis (WE) Program Audit**

During the month of March members of NTBHA’s clinical team in conjunction with a member of ValueOptions’ clinical department began an audit of the WE program in Ellis County. An audit tool was designed based on the program requirements outlined in the grant and DSHS/TCOOMMI contract regarding the program. The first part of the audit was conducted on March 25<sup>th</sup> at Adapt of Texas in Irving. This part of the audit consisted of completing chart audits of previous and current program participants using the audit tool. The next phase of the audit will be completed in April. The second part will consist of meeting with Ellis County Juvenile Probation and reviewing their records on the same previous and current program participants. Following completion of the second phase of the audit results will be tabulated and appropriate recommendations will be made.

**Methadone Audit**

During the month of March NTBHA representative Kristen Cathey participated in an audit of two methadone providers in NorthSTAR with ValueOptions. The audit consisted of making site visits to STEP Med and a West Texas Counseling and Rehabilitation Center. NTBHA and ValueOptions toured the facility and then conducted a chart audit using an audit tool constructed based on TAC guidelines for methadone treatment and record keeping. ValueOptions is in the process of tabulating the results of the audit and NTBHA is awaiting the results.

**Complaints**

<b><u>*February</u></b>	<b><u>Number of Complaint Calls Processed</u></b>
Quality of Care or Service	7
Accessibility/Availability	7
Utilization Review	1
BHO Contract with Provider	<u>1</u>
<b>TOTAL</b>	<b>16</b>

**Top Provider(s) with Number of Complaint Calls Processed**

**Metrocare**

Won't prescribe requested medication	1
Quality of Provider Facility	1
Treatment inappropriate/ineffective	1
Other	<u>1</u>
<b>TOTAL</b>	<b>4</b>

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

**Provider Advisory Council:**

Data: PAC Meeting hosted by Green Oaks Hospital on March 26, 2010

**Issues and Concerns:**

The following issues and concerns were discussed during the March 26<sup>th</sup> meeting.

- **Report of Dallas County Redesign Task Force:**
  - It was noted that the theme of the meeting was gloom and doom regarding the state budget and specifically mentioned the possibility of TSH cutting 50 beds which hopefully will not happen.
  - It was reported that the group hopes there is an understanding the NorthSTAR system is financially effective and therefore cuts will not be made or will be made minimally to this system.
  - A provider added that there is a lot of discussion with providers around the state regarding the Perryman letter and the possibility that a NorthSTAR type system (or a system that is as financially effective) may go into effect statewide.
  - It was reported that Jack Szczepanowski met in Austin with a substance abuse group and presented on all models VO has in place across the nation.
  - As follow up to the Perryman discussion, VO clarified that they did not send a letter the state saying VO wanted to manage a state wide NorthSTAR system.
  - It was reported that the Parkland Study will be a collaborative effort since one provider could not be decided upon.

- It was reported that Collin County is still trying to pull out of NorthSTAR and that they are overestimating the funds they would receive if they did pull out of NorthSTAR.
- It was reported that Alex Smith announced HHSC ordered the transfer of authority from DSHS to NTBHA and that the transfer should occur within 18 months.
- It was reported that they survey was sent out to psychiatrists but that additional names will be selected because the sample was too small.
- Regarding the 100 highest utilizers group:
  - It was noted that VO has hired people to do intensive case management with this group
  - A provider suggested that VO put out an RTF for a “Super ACT”
  - The need for a creative program for treating these individuals was discussed
  - The group agreed that they wanted to propose a plan through a vehicle like the NTBHA board.
- **RDM Fidelity:**
  - VO stated that they hope to have good data for the SPN meeting the following week regarding concerns about tracking.
  - VO stated that it is currently difficult to do away with authorizations at this point because it would allow billing across packages and that would create data that we are not following RDM.
- **Regarding letter from the previous PAC meeting:**
  - Liam met with Alex who suggested Liam contact Mike Maples
  - The group agreed that it is unlikely Mike Maples will sign the letter
  - Liam will continue to pursue and report back to the group
- **Case Rate:**
  - The group questioned whether there was any connection between higher utilization of hospitalization/crisis services and the case rate system. VO and Green Oaks agreed that the increase in hospitalization/crisis services is due to new people in the system needing services and not due to case rate.
  - A provider said they wished they could get data monthly instead of quarterly from VO.
  - A provider noted that they may have to stop seeing new consumers as a result of the case rate.
  - A provider stated that since the start of the case rate system accountability of the consumers has improved because consumers understand they need to get in early in the month and not miss appointments.
  - A provider noted that they have gotten better at determining what services are really necessary for consumers.
  - VO reported that one peer trainer believes the case rate system encourages using a recovery orientation.
- **Provider Input:**
  - Regarding the status of C&A rate review VO stated that rates in the contracted can be renegotiated.
  - A provider informed the group that as of 3/31/10 the family preservation program at Metrocare Services will no longer exist.

### **CFAC Meeting:**

Data: The CFAC meeting was held on April 6 at the NTBHA offices.

### **Issues and Concerns:**

- Mike Katz informed the group that task forces and committees surrounding NorthSTAR tend to focus on 1) additional funding for mental health services, 2) additional funds for substance abuse services, and 3) funding for supportive housing.
- The group discussed changes in healthcare with the passing of healthcare reform and the possibility and ramifications of losing 50 beds at TSH.
- Sherry Cusumano reported on a Collin County Commissioners Court meeting that was held in Prosper the previous evening. The meeting focused on healthcare reform and recent legislation regarding healthcare reform.

## **SUMMARY OF CRCG ACTIVITY, BY COUNTY**

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### **March**

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

##### **Collin County CRCG-**

The Collin County CRCG meets the 2<sup>nd</sup> Tuesday of the month at the Collin County Children's Advocacy Center. The Chair is Glenda Schaffer and the Coordinator is Pat Garrett. Agencies in Attendance included NTBHA, McKinney ISD, Medicaid Case Management, North Fork Education Center, Plano ISD, Region 10 ESC, Texas STAR/Texas Health Steps/Maximus, Child and Family Guidance, ValueOptions, Phoenix House, Juvenile Probation, ECI, Life Path Systems, DSHS, and CPS. Four cases were staffed. The first case involved a 17 year old male who is currently at Waco Center for Youth. He has a discharge date in May and the family is looking for additional placements or community supports. The CRCG recommended speaking to Linda Roberson in Denton County about group homes, accessing Teen Challenge for residential treatment, completing a neuro-psychological evaluation and necessary neuro-therapies, perusing SSI upon the child's 18<sup>th</sup> birthday in September, accessing services at DARS and the Workforce Center, and looking into guardianship of the child as his 18<sup>th</sup> birthday approaches. The other three cases were all non-education fund cases in Plano ISD. The first case involved a 15 year old autistic male, the second case involved a 9 year old autistic male, and the third case involved a 16 year old autistic male. All cases were approved for non-education funds.

##### **Dallas County CRCG - Adult/Homeless**

The Dallas County CRCG meets the 4<sup>th</sup> 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 Recovery, Dallas County Crisis Intervention, Green Oaks Hospital, LifeNet, The Bridge, Metrocare Services, Adapt of Texas, Dallas County Adult Parole, and Nexus

Recovery. Two new cases were staffed. The first case involved an 18 year old male who will be released from TYC in April. The CRCG recommended psychiatric services through Metrocare Services SNOP clinic, sex offender counseling with an independent North STAR provider, Potter's House TORI program and Promise House for housing options, NAMI for family support and education, Project Reconnect and Dallas Urban League for community re-entry assistance, applying for SSI for financial assistance, LIFT for GED assistance, and MASS and DOORS for ex-offender assistance. Case 2 involved a 27 year old pregnant woman diagnosed with Schizophrenia. She is currently at Nexus Recovery but would like to leave and has no place to go. She has little insight to her health issues, pregnancy, or mental illness and is at a high risk for victimization if released from Nexus with no plan. The CRCG recommended that she resume services with Metrocare Services ACT team, that the ACT team assist her in getting necessary documents (ID and Social Security card) and apply for appropriate services (Medicaid, SSI, ...etc.), that she continue with the pre-natal services with Parkland set up by Nexus, that the ACT team arrange a boarding home for housing, CPS involvement once the child is born, and the doctors treating the woman will advocate for commitment at TSH until the birth of the child to ensure the safety of mother and child until delivery.

### **Dallas County CRCG – C&A**

The Dallas CRCG meets the 2<sup>nd</sup> Monday of each month at Dallas Letot Center. Cathy Brock is the chair person; Kristen Cathey is the coordinator. Agencies represented included NTBHA, Letot Center, UBH, MRA for Dallas County, Phoenix House, Child and Family Guidance Center, Irving ISD, CPS, Texas Health Steps/Texas STAR, Metrocare Services, Region 10 ESC, Juvenile Probation, Methodist Children's Home-Dallas, Kids Can Therapy, DSHS, Irving Police Department, TYP Parole, VO, and NAMI. Two cases were staffed. The first case involved a 15 year old male who was staffed by Irving ISD due to difficulty getting the child to attend school and multiple failed placements by juvenile probation. The CRCG recommended additional involvement by TYC and will provide probation with a letter for his next review hearing. The second case involved a 15 year old male who is currently at Letot. His parents are looking for additional community support and possible placement. The CRCG recommended Presbyterian Children's Home for placement, Child and Family Guidance for a medication and case management, continuing services with CASA House for family counseling, beginning psych meds while at Letot for stabilization on medications, and NAMI for family support and education.

### **Ellis County**

Ellis Co. CRCG meets the 1<sup>st</sup> Tuesday of each month at the Presbyterian Home in Waxahachie, Texas. Janis Burdett is the Chair Person and Teresa Evans is the Co-Chair. Agencies in attendance included NTBHA, Lakes Regional MHMY, Adapt of Texas, Region 10 ESC, Child and Family Guidance Center, VO, Ratliff, Waxahachie ISD, Texas STAR/Texas Health Steps, REACH, Presbyterian Children's Home, Ellis County SSA, Ellis County Juvenile Probation, Midlothian ISD, Red Oak ISD, DSHS, Hickory Trail Hospital, Network STAR, CPS, and Dallas County Sherriff's Office. Three cases were staffed. The first case involved a 13 year old male needing additional community support. The CRCG recommendations included continuing services with Adapt, accessing services at Lakes Regional for MR services and case management, changing HCS provider or the program with the current provider so the child receives more in home services, and Hope Clinic for family training. Case two involved a 14 year old male needing placement options and community support. The CRCG recommended having an Asperger's assessment completed by either the ISD or Lakes Regional, Hickory Trails Hospital residential treatment programs,

and the CRCG provided a priority letter for Waco Center for Youth. Case three involved a 16 year old male. The case was staffed by juvenile probation and they were requesting a priority letter for NTSH-Vernon. The CRCG provided the requested letter.

### **Hunt County CRCG-**

The Hunt County CRCG meets the 3<sup>rd</sup> 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, ValueOptions, Hunt County Sheriffs, Hunt County Juvenile, Tri County Co-Op, Glen Oaks Hospital, Greenville ISD, Quinlan ISD, and Providence. There were five (5) cases staffed. One (1) case was in need of neurological testing. One (1) case was in need of school assistance. Two (2) cases were requesting placement at Waco which were approved. One (1) case was requesting placement at Vernon, which was approved.

### **Navarro County**

The Navarro County CRCG meets the 1<sup>st</sup> Thursday of the month at the Westminster Presbyterian Church in Corsicana. The chair is Kathi Perez. Per the CRCG chair no cases were to be staffed in the month of March so NTBHA did not attend.

### **Rockwall County**

The Rockwall County CRCG meets the 2<sup>nd</sup> Monday of each month. In March the meeting was held at the Rockwall Juvenile Probation Center. Kristen Cathey is the chair and coordinator. Agencies represented included NTBHA, Forney ISD, DARS, Lakes Regional MHMR, ValueOptions, Rockwall County Juvenile Probation, Rockwall County Indigent Healthcare, Rockwall County Helping Hands, Region 10 ESC, DSHS, and CPS. One case was staffed. The case involved a 10 year old male with Reactive Attachment Disorder. The case was staffed by Rockwall ISD because the child is continuing to have difficulty functioning at school and is aggressive toward his teachers. The CRCG recommended placement at Meridell Achievement Center, using a picture system to help the child self-soothe and for communication between teachers and the student, North Fork as an alternative education setting, and an occupational therapy team meeting to discuss a compression vest and a sensory evaluation.

## **OTHER REFERRALS AND ADMISSIONS**

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### **North Texas State Hospital—Vernon Campus**

There was one (1) case received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus from Dallas County. After a review of the case and several conversations with Dallas County Juvenile Department it was determined that Vernon would not be able to meet the needs of this

child due the primary issue being substance abuse with no focus on mental health. NTBHA recommended focused CD treatment and family therapy with the uncle to address the enabling and assist in setting and maintain appropriate boundaries is the appropriate course of treatment as an alternative to Vernon.

### **Referrals from TCOOMMI**

There were two (2) referrals made from TCOOMMI this month to Collin County and Hunt County. The appropriate aftercare appointments were scheduled and the caseworkers were notified.

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## **SUMMARY OF COUNTY OF RESIDENCE CHANGES**

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### **March 2010 County of Residence Changes**

NTBHA processed 48 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs: 41
- Requests from NorthSTAR: 7
- There were two denials. One (1) was denied by another LMHA; NTBHA denied one (1) to another LMHA
- 10 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.
- Seven (7) required disenrollment from the NorthSTAR program.

### **March 2010 WebCARE Discharges**

NTBHA processed 15 TRAG discharge requests from other LMHAs. NorthSTAR made no discharge requests to other LMHAs:

- Lubbock Regional MHMR Center-150 1
- Andrews Center-190 1
- MHMR of Tarrant County-200 1
- Community HealthCore-240 1
- MHMR Authority of Harris County-280 3
- Pecan Valley MHMR Region-350 2
- Tri-County MHMR Center-380 1
- Denton County MHMR-400 5