

## **NTBHA Executive Director Report**

**May 2010**

### **1. Strategic Plan**

We are in the process of wrapping up the Strategic Plan. It has now been posted on our website for most of this last month. We will adjust it for any relative comments and submit the document to DSHS.

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

During this past month, I met, along with many stakeholders, with TriWest-Zia consultants as they began the review of the system. They started out focused on more clinical issues than system redesign, however they said they would be looking at the system as well.

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

The Task Force will be holding regional meetings to allow more stakeholder input. They are scheduled to hold a hearing in Dallas on May 11, 2010 at 1:00 p.m. at the Dallas County Health and Human Services Building, 2377 N. Stemmons Freeway, Room 627, Dallas, Texas 75207.

### **4. “Transfer of Authority”**

I have had several working conference calls with DSHS. I was initially scheduled on a conference call between DSHS and CMS (Medicaid) to discuss the direction we are taking with NorthSTAR.

Subsequent to that call, I was notified by Matt at DSHS that CMS could not approve our current effort, citing codes, 42 CFR 431.10(a)(1), 42 CFR 438.8 and 42 CFR 434.6.

Essentially, I am told that a managed care contract has to be with the State. Further discussions with DSHS are ongoing, as we look for another way to achieve the same outcome.

### **5. Supportive Housing**

As of this report Liam Mulvaney has not heard back from the foundation. Perhaps by our board meeting, he will have additional information.

## **6. Provider Advisory Council**

I have taken their issues regarding RDM reporting to Mr. Maples. His response was that he would meet with the PAC, but would tell them that it is a NTBHA call. I asked if he was delegating the “DSHS/VO” contract to NTBHA (as this is where the reporting requirements are imbedded.) Of course he was not, leaving us with the same dilemma. We have worked with DSHS, VO and the PAC and have identified some “reporting” that could be dropped; giving the SPN’s some relief. It is still a work in progress.

## **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 April.

### **April 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
- Weekly DSHS/VO NetOps Call
- ACS/VO bi-weekly conference call
- MDHA Meeting
- RDM Oversight Workgroup Meeting
- HCCC Mental Health Subcommittee
- Boarding Home Meeting
- TCOOMMI Wrap-Around Ellis Program Audit
- New Addiction and Violence: Children and Teens Facing New Challenges Conference
- ACT Audits with ValueOptions
- Member Satisfaction Survey planning meeting at VO

- CIT police training in Frisco
- NTBHA/VO Quality Management / Clinical Meeting
- Meeting at DSHS to prepare for audit of VO's P&Ps and bi-annual site visit
- Quality Management Committee (QMC) meeting at VO
- TAC Advisory meeting at VO
- Advocate training at MHA for Member Satisfaction Survey collection
- Legislative Budget Board Teleconference to answer questions about NorthSTAR
- ACS Mobile Crisis site visit to review call logs
- Terrell State Hospital late arrivals meeting
- Clinical meeting with ValueOptions staff
- Contract Review Committee meeting
- Veterans Grant meetings and teleconferences
- CD Provider meeting teleconference with ValueOptions
- Medical Directors Teleconference with ValueOptions
- HCCC focus group meeting in Collin County

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

---

**Adapt Mobile Crisis (March):**

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 3628 incoming phone calls (total of 5937 incoming and outbound calls) in March with 595 resulting in face to face encounters. This is an increase of 647 incoming phone calls over last month and an increase in F2F encounters by 97 encounters over last month. Of the 647 face to face encounters, 470 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 (inbound calls/face to face encounters):

March		Totals
Collin	total calls	375
	F2F	69
Dallas	total calls	2053
	F2F	387
Ellis	total calls	192
	F2F	56
Hunt	total calls	137
	F2F	28
Kaufman	total calls	150
	F2F	35
Navarro	total calls	112
	F2F	16
Rockwall	total calls	26
	F2F	4
Law Enforceme	total calls	178
	F2F	24
Out of State	total calls	11
	F2F	
OTHER	total calls	572
	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 eighteen (18) minutes.

		Total	0-60	61-90	91-120	121-180	181-240	240 plus
Collin	Emergent	6	6	0	0	0	0	0
	Urgent	53	17	6	5	16	3	6
Dallas	Emergent	57	56	<b>1</b>	0	0	0	0
	Urgent	250	65	39	30	47	30	39
Ellis	Emergent	6	6	0	0	0	0	0
	Urgent	32	7	6	1	10	4	4
Hunt	Emergent	1	1	0	0	0	0	0
	Urgent	24	2	3	5	5	5	4
Kaufman	Emergent	4	4	0	0	0	0	0
	Urgent	22	2	3	3	5	4	5
Navarro	Emergent	3	3	0	0	0	0	0
	Urgent	13	4	2	2	0	1	4
Rockwall	Emergent	0	0	0	0	0	0	0
	Urgent	3	0	0	0	1	1	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 or remain stable. 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

As of the end of April, there were 84 participants enrolled in the SDC program. We continue to try and reach the amount of 100 so that we can discontinue the recruitment effort. Actually, we need around 30 more consumers to be recruited so that we will be at around 100 in the experimental side along with the control group side as well.

The SDC program recently lost its research coordinator, Malinda Hicks, as of the end of April so that she can work on her PhD in Political Economy at University of Texas at Dallas. Malinda has been replaced by a new research coordinator, Dionne Peniston, another PhD student at UTD studying Public Affairs. With the recruitment effort winding down, Dionne will be more focused on collecting the data from the program to accentuate the outcomes of the program.

The SDC program becomes busier each month and April is no exception. Now with five SDC Advisors on staff, working with participants in the community is our highest priority. We continue to guide our participants in putting person-centered plans and budgets in place. As of the end of April, most participants spend about 63 % of their budgets on traditional treatment which includes medication management with the psychiatrist, case management, provider sponsored groups, and therapy. Outside of outpatient care with the psychiatrist, therapy continues to be the biggest trend. Another important note about the data collected so far, our original goal of keeping the expenditures for each participant at around \$4,000 a year seems to be coming true. Our expenditures so far predict that we will keep this amount as a viable goal.

At the beginning of the program, we were hoping to keep yearly expenditures at \$4000 instead of the normal cap of \$7000. This helps us to see that our program is a cost-effective recovery model.

With the addition of our newest SDC Advisor, Dong Tran, the staff is up to five advisors along with me to work with participants. Luis Moreno, our lead advisor, along with Jamie Cook, our advisor/admin person and peer specialist, are our two full-time advisors. Our three part-time advisors are Cheryl Gayles (formerly Hunter), Tommy Wornick, and Dong. These five advisors are continually working to help the participants become more active and engaged in the community. Actually, they are doing a fantastic job and I am very proud of their continual efforts.

The program provided and sponsored another SDC Participant Learning Community meeting on April the 13th. There were approximately 30 participants in attendance. Some of the presentations that were presented were a group from the Parker College of Chiropractic Medicine exhibiting the benefits of chiropractic medicine to relieve stress, a presentation of life skills classes, and recovery. These meetings continue to be very popular among the participants and it provides recognition of a core group. Our next meeting will take place on May the 12th at the Urban League building in Oak Cliff. We are looking to having a meeting sometime in the future at the Jewish Family Services' building in Richardson.

On April 21, 2010, we had our first physical meeting of the Interim Advisory Committee. This took place at Mental Health America in Dallas and we had eight people on the committee present along with me and the advisors. Also, we had another group on the phone conferencing in. We are transitioning this committee from an interim committee to a more permanent one. The participants and others at the meeting elected two co-chairs to start running the committee. Hopefully, the participants of the program will take over the running of this committee. This committee will continue having meetings at MHA every third Wednesday.

Overall, the month of April was unremittingly busy. We continue to work through hurdles as any program would. We have overcome so much since our first participant entered our program back in May of last year. We are now coming up on a one year anniversary with participants in the program. Everyone connected to this program is ecstatic about the success of the program.

### **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 May 5, 2010**

- 213 are currently enrolled in the study (97 control group, 110 experimental (5 withdrew after randomization))
- 84 are currently in the SDC Program (26/110 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 April 23rd.

## **Issues and Concerns:**

- The group would like to see Texas move to recovery focused treatment and as such is looking heavily at outcome measures. Discussions at the April meeting for both C&A and Adult treatment revolved around what tools to use for sorting individuals into treatment packages and for measuring outcomes. In preparation for the meeting DSHS examined what NAMI's top ranked recovery oriented states are doing regarding treatment (tools, outcome measures...etc) and looked for viable options to implement in Texas. Their results and the various options DSHS constructed were presented to the group in April. It should be noted that the options presented by DSHA were not exhaustive and they are open to other suggestions by the group.
- C&A: Several options for sorting tools and outcome measures were discussed for C&A services. Discussions included whether or not to use one tool for both sorting and outcomes and what tools should be used. Prior to the meeting DSHS had spoken with the author of at least one tool and plans to speak with others. The author DSHS spoke with agreed to tailor the instrument to Texas packages and conduct research on the validity and reliability of the tool once the adjustments are made. The general consensus from the group was that, given the nature of the tools suggested and the possibility of individualization of the tool to Texas, one tool would suffice as sorter and outcomes measure for C&A. Tools suggested included Child and Adolescent Service Intensity Instrument (CASII) and Child and Adolescent Needs and Strengths (CANS).
- Adult: The general consensus from the group was that there needs to be separate tools for sorting and measuring outcomes. The TRAG continues to be a contender for the sorting tool provided it is amended to reflect the feedback from the RDM site visits but the group would like to explore other options before a decision is made. Proposed tools for measuring outcomes include the Illness Management and Recovery Scale, Mental Health Statistics Improvement Plan (MSHIP), and Lehman's Quality of Life Scale.

## **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 program has been signed and SFY10 dollars have been transferred to NTBHA. The competitive grant contract has still not been released by DSHS.

**Jail/State Hospital Liaison:** NTBHA's new hire is quickly becoming acquainted with her new role and responsibilities. This month NTBHA initiated e-mails to Dallas, Collin, Hunt, Navarro, Ellis, Kaufman and Rockwall Counties to advise them of the new contact information to help facilitate any jail/ hospital issues that may arise. NTBHA met with Ellis County Sheriff's Department on 4/21/2010 and spoke with Mickey Campbell. The purpose of this visit was to meet and greet and to offer assistance with any jail/hospital issues. During the next few weeks NTBHA will arrange visits with each county to meet and greet and offer assistance with any jail/hospital issues that I may help assist with.

**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, Ellis, Hunt and Navarro Counties have fully implemented the TLETS system and are using it successfully.
- Both Dallas and Kaufman Counties IT personnel are working with DSHS IT department to find a way to interface their jail management systems with TLETS.
- Rockwall County had a change in staff, but the new contact has been given information to proceed with the TLETS transition for jail match.

#### **Clearinghouse List-TSH as of April 12<sup>th</sup>**

- Dallas has fifty-eight (58) inmates awaiting a bed at TSH, with the longest one waiting since November 24, 2009.
- Collin has six (6) inmates awaiting a bed at TSH, with the longest one waiting since January 10, 2010.
- Hunt has one (1) inmate awaiting a bed at TSH, with the longest one waiting since January 14, 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 twelve (12) 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 April 4, 11, and 18.

### **Issues and Concerns:**

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

- Kimberly Carson was introduced as the new Competency Coordinator. She is a seven-year employee with Dallas County who transferred from Commissioners Court Administration.
- Ron Stretcher discussed the situation with TCOOMI not having any funding left. Brainstorming was done to determine ways to step consumer down since ICM's were no longer being authorized. No decisions had been made about the continuation of the program.
- The jail population is high. Ron discussed a new Blue Ribbon Jail Population Panel had been approved by Commissioners Court. County leaders are looking to open a new court for state jail felonies that also includes property crimes.
- The DSHS Continuity of Care public forum is Tuesday, May 11, 2010. Ron proposed The Steering Committee to present a position paper at the hearing of issues and concerns.
- Patti proposed an OCR Education Training class for judges, lawyers, and others involved in the justice system.
- Sgt. Pressley has recently had trouble with patient transfers from Terrell State Hospital. Helen White from Value Options offered her assistance.

- The official homeless count sponsored by Metro Dallas Homeless Alliance showed an increase of one percent although The Bridge continues to operate at or over capacity.
- Keta Dickerson provided an update on Dallas County's DIVERT Court, Dallas Initiative for Diversion and Expedited Rehabilitation and Treatment. DIVERT is the only pre-adjudication court in Dallas County. The maximum number of participants is 135 and the program currently has 122 enrolled.
- Janie Metzinger spoke about her meeting with Rep. Jerry Madden and the possibility of funding cuts for mental health services. She will provide a letter of support that can be signed by Commissioners Court and sent to DSHS.

**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/Trasicare 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.

A follow-up meeting was held to continue to work through the possible solutions.

## Updates:

1. Weekend Admissions – This will need to include discussions with DSHS regarding funding because accepting more admissions on the weekends will require more staffing.
  - a. TSH agrees to look into this possibility by pulling numbers to get an idea of what cost increases to TSH would occur by staffing up to open admissions up on the weekends. Cost savings from weekend admissions would accrue to the community / BHO, but not TSH. TSH will also need to communicate this to DSHS for approval if this moves forward. Additional funding for this type of changes currently seems unlikely given the current budget considerations.
  - b. This will be discussed at the next meeting
2. Holding transfers to the next day to move first thing in the morning – This was again discussed and it seems this will be the most viable solution to moving patients at a more appropriate time. GOH, VO, Transicare and TSH all seemed willing to make this work.

### Next steps:

- a. TSH agrees to begin pulling at 11am what their projected bed availability is going to be the next morning. This will be pulled at the beginning for internal scrutiny to verify the next morning the validity of the projection. This needs to be looked at and assessed prior to releasing the bed availability projections to VO.
- b. It was discussed to not only get GOH on board with sending patients the next morning, but other NS hospitals as well (GOH McKinney, Timberlawn, Hickory Trails, Parkland).
3. How to improve arrival times at TSH for patients leaving GOH in the afternoon – several time saving options were discussed that could be implemented. Next steps:
  - a. GOH agreed to NOT feed patients dinner before allowing Transicare to transport and TSH agreed to have dinner ready for them upon arrival.
  - b. GOH and TSH will coordinate doc /doc and nurse/nurse times to hopefully streamline this a bit more and speed up the process.
  - c. GOH agreed to look internally at any other time saving options that may be available.

- d. Transicare stated they need to check with their nurses on changing their work schedules by coming in earlier before committing to this shift.
  - e. TSH agrees to continue to keep dwell times down on their end as well.
4. Other items:
- a. Transicare agrees to provide Non-GOH volume of patients they move to TSH. TSH agrees to provide Non-NorthSTAR admits as well to get a clear picture of the total volume coming to TSH and from what facility.

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

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

- The local strategic plan has been completed and is posted on the NTBHA website for review. Data was compiled from stakeholder, consumer/family and provider needs assessments as well as from mental health town hall meetings.
- NTBHA conducted a SPN Enrollment Phone Audit for all SPN locations to determine whether or not SPNs are turning away consumers or referring them to other SPNs under the case rate model. Two locations were identified for a corrective action plan and another one is being investigated further.
- NTBHA continues to partner with the Dallas Police Department to participate in Crisis Intervention Training classes.
- Member Satisfaction Surveys are being conducted in May using consumer advocates conducting surveys at the SPN locations. Consumer advocates were trained by NTBHA and packets were provided by VO.

### **Planned Quality Projects:**

- 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

### **NTBHA/VO Quality Management / Clinical Meeting**

VO decided to remove the improvement of the automated pre-authorization system from their list of URAC QIPs. It was mentioned that doctors are not actively participating in the pilot to fully test and utilize the automated version and most have returned to the manual process of faxing requests. They agreed to continue to monitor it, but said that the lack of participation makes it difficult to measure outcomes. NTBHA mentioned that the reason doctors are not using the new system is because it is more cumbersome than the manual process and needs additional improvement. Doctors from the PAP began listing their concerns for the pre-authorization system via email and NTBHA has been anonymously collecting this feedback to provide to VO. It will continue to be monitored by NTBHA even if not used by VO as a QIP for URAC accreditation purposes.

### **NTBHA/VO TAC Advisory Committee**

This committee met in April to review TAC-required competencies and training events required for provider employees prior to providing services. VO had received clarification from some SPNs regarding the initial findings from the initial review in January 2010. Some have implemented corrective action plans to training initiatives, yet others still need to do so or clarify how the training objectives are currently being met. Next steps were identified for VO to initiate a TAC competency audit of the HR files at provider locations.

### **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 second part of the audit was conducted on April 13<sup>th</sup> at Ellis County Juvenile Department. The same records reviewed at Adapt were reviewed at Juvenile. The third part of the audit consisted of calling the families of the files that were audited to receive feedback from those that participated in the program. All three phases of the audit were completed in late April and recommendations were made to both Adapt of Texas and Ellis County Juvenile Department. Those results were discussed in a May 6<sup>th</sup> meeting with NTBHA, VO, Ellis County Juvenile, and Adapt of Texas present. There will be a follow-up meeting in August to review the progress and discuss any barriers.

## **ACT Audit with ValueOptions**

In April NTBHA's clinical coordinator in conjunction with members of ValueOptions' clinical team completed ACT audits at Adapt of Texas, Metrocare Services, and Lifenet Community Behavioral Healthcare. The audit examined charts of individuals who have received ACT level services for three years or more. The purpose of the audit was to get a sense of the recovery focus and trends as well as to understand the diagnostic pictures and barriers of some of the outlier cases. General trends that were noted include primary focus on symptom management as opposed to recovery as reflected in both treatment plans and notes and minimal discharge planning. More comprehensive findings will be provided by ValueOptions once all data is analyzed.

## **ACS SPN Audit (Part 2) Results**

In January 2010, an audit of SPN Crisis documentation was conducted from a separate sample of members seen by ACS that were referred to a SPN. Of the members seen by a SPN, the majority were no longer in crisis. The three members who did present in crisis met 100% of all required elements. All of the members who were no longer in crisis were assessed to have received appropriate follow-up to meet their individual needs. Positive findings for the whole sample were frequent development of crisis plans and consistent use of crisis plans.

An opportunity was identified to improve coordination between ACS and SPN during and after an ACS intervention. This Crisis Services care coordination initiative was referred to the SPN Quality Meetings. ValueOptions is coordinating with providers to ensure ACS has a current list of identified SPN staff, contact information and preferred methods of communication for member information requests and referrals.

### *Audit Data:*

#### **(1) Elements Measuring SPN Performance from Crisis Services Standards**

Number of Unduplicated Charts Reviewed = 19

Target Scores for Each Element = 80%

Number of Elements Scored for SPN score = 6

**Number of Elements Meeting or Exceeding Target = 6 (ALL)**

**Members in Crisis, N = 3 for the following:**

<b>SPN Combined Results</b>
100% of members in crisis saw a QMHP-CS (timeframes from arrival unknown)
100% of members in crisis saw a physician within 3 to 8 hours of presentation.
100% of members who were transferred to a higher level of care appeared to be continuously monitored.
100% of members waited in an area with rapid access to staff
100% of members had assessment by LPHA or RN
100% of crisis assessments included all required elements

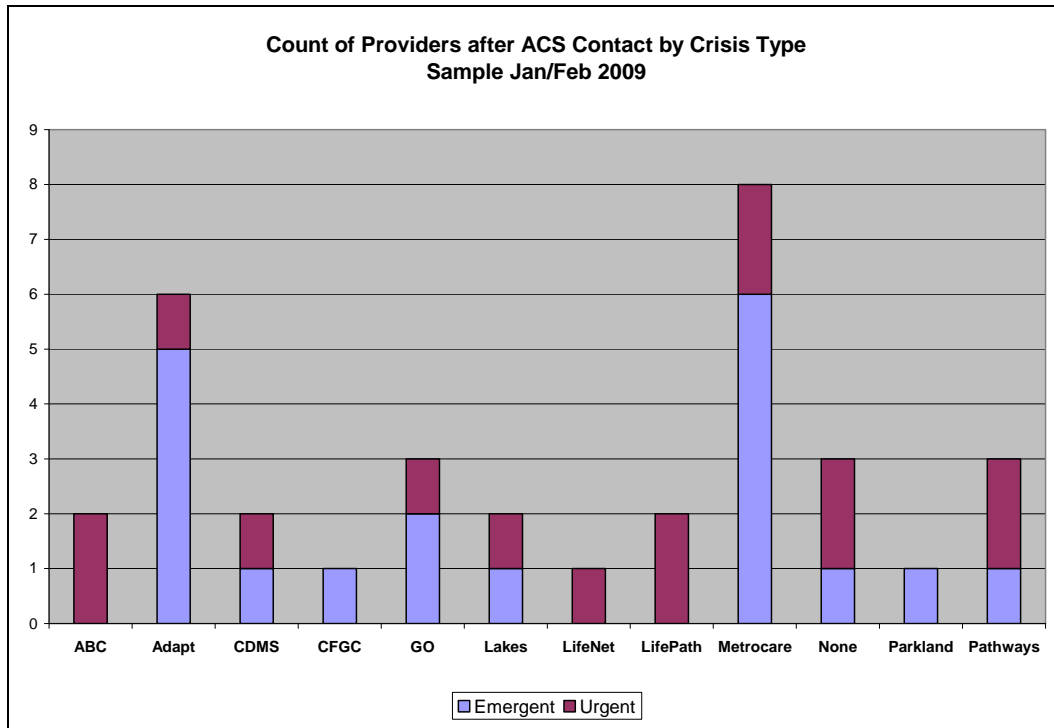
**(2) Findings for All Charts Reviewed**

<b>Data Elements and Comments</b>
100% of SPN follow-up visits appropriately addressed the member's needs
16% of members still presented in crisis
56% had or developed a crisis plan
100% of members who had a crisis plan appeared to use it
37% of records noted member seen by ACS
Avg days from ACS to SPN contact of members who followed up in 30 days = 6
67% of ACS calls for SPN sample were emergent
33% of ACS calls for SPN sample were urgent

**Trends for Sample of ACS Referrals to Providers Jan/Feb 2009,**

**\*N=34**

\*Information was gathered from SPN records and claims information. The majority of the sample were no longer in crisis after the ACS contact.



### **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.

### **Lakes Regional MHMR and Physician Appointments**

Both NTBHA and VO have requested a meeting with Lakes Regional MHMR concerning their Hunt County location in which a complaint was received that physician appointments are being scheduled six months out. Lakes representative did respond and did verify that appointments are taking six months due to the lack of physician time. NTBHA and VO continue to work with Lakes on scheduling a meeting to discuss this issue as well as implementing telemedicine to assist with this problem.

Update: a corrective action plan was given to Lakes regarding this issue by ValueOptions. This will be an issue that will continue to be looked at moving forward.



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

---

### **Provider Advisory Council:**

Data: PAC Meeting hosted by Timberlawn Hospital on April 23, 2010

### **Issues and Concerns:**

The following issues and concerns were discussed during the April 23<sup>rd</sup> meeting.

- **Dallas County Redesign Meeting Update:** A brief update was given on what is currently happening at the Dallas County mental health redesign meetings.
  - The meeting was described as a wide reaching meeting still attempting to form a smaller agenda and message.
  - Parkland has chosen TriWest Zia to perform the analysis of the community behavioral health system. They are currently meeting with folks in the community and seem to be focusing on consumers instead of Providers which is being received well. The timeline seems to be a report to come in late summer. Providers are encouraged to speak with them.
  - The Collin County Study and Dr. Cruser is about to hand over the phase one results over to administrator. To date, NTBHA has not seen an official copy of phase one results and nothing is posted on the Collin County website.
  - NorthSTAR Psychiatry Survey - the consensus is that it seems to keep going and going.
  - Ron Stretcher discussed The Bridge and the communication and coordination between The Bridge and Metrocare and Parkland. Currently, things seemed to have calmed down.
  - Legislative Advocacy – What is Plan B if there is no more money to be had? A sub-committee was formed to determine how much money to request, come to an

agreement on a unified message, and educate legislatures. There seems to be some difference in opinion on whether a Plan B should even be entertained.

- **Case Rates/RDM Fidelity:** There is concern that the blended case rate is being forced into an RDM model, which is inconsistent. Liam (PAC) and Alex (NTBHA) went to DSHS to meet with Matt and KJ. Alex also met with Mike Maples at DSHS on behalf of the PAC. Per the PAC, Alex reported to Mike that administrative burden relief has not been realized due to reporting requirements in the DSHS/VO contract that must be passed on to the Providers to obtain the data. A request was made to Mike to come to the PAC to discuss this issue, but Mike stated he will just tell the PAC what he stated previously, which it is up to NTBHA. However, the Medicaid Waiver must be adhered to. NTBHA has requested the Medicaid Waiver to be reviewed. After the meeting in Austin with Mike, an email was sent that indicated Mike's position that data would be useful to have. NTBHA has requested Mike give NTBHA direction, in writing and provide a copy of the waiver.
  - Provider stated they felt it was clearly stated by VO that reporting would go by the way side when the contract was signed and then was told when all contracts were signed, but nothing has changed. The question was posed, "what reporting did VO "think" was going to go away"? Another question was posed, "what is being reported right now that is causing an issue at the Provider level". Lots of discussion around whether to get the answer to what was promised in the past or whether to focus on where to go now and in the future.
  - RDM Service Packages was discussed at length and whether it was possible to adhere to RDM within a case rate model. It seemed that collectively the PAC Providers are not operating within service packages, but tailoring services to each individual consumer. Providers expressed concern again with reporting service packages to VO for this reason; not necessarily serving a consumer at the service package that is indicated on the UA and therefore being legally liable if they were to be sued.
    - DSHS is looking into what flexibility can be afforded within the service packages, but not eliminating service packages altogether.
- **Transfer of Authority:** NTBHA reported the next steps in the transfer of authority is to get each County Commissioners Court to approve a resolution stating they agree with transferring the authority from Austin/DSHS to Richardson/NTBHA. This would allow NTBHA to move forward with contracting with VO directly during the next contracting period; SFY12. There will also be public forums offered to discuss the transfer of authority and allow stakeholder input. The next forum will be held just before the next board meeting on May 12<sup>th</sup> at 10am at NTBHA.
- **Open Access:** A discussion was had regarding NorthSTAR's open access design and whether Providers are once again close to hitting their caps. The collective response wavered between Providers reporting they are doing fine while others felt they were close to not accepting anyone new.
- **CHIP:** There was a brief discussion regarding CHIP and some confusion around the Magellan and Unicare contracts. It was reported that Unicare is taking the CHIP contract back, but it hasn't happened yet. It was also discussed that CHIP doesn't seem to understand H2014 and the frustration that is still occurring working with CHIP.

### **CFAC Meeting:**

Data: The CFAC meeting was held on May 4 at the NTBHA offices.

### **Issues and Concerns:**

- The group was informed about a meeting on May 19, 2010 at the Center for Community Cooperation will give consumers and family the opportunity to make comments to the consultants that were hired by Parkland and Dallas County regarding mental healthcare in the NorthSTAR coverage area.
- CFAC plans on issuing a public statement regarding the psychiatrist survey that was recently published. The group disagrees overall rating of patient education and family involvement as very low in importance.
- An update on the Public Policy Board for NAMI Texas was provided.
  1. The LBBs consideration of a reduction of 50 beds at TSH in order to reduce cost across the state was discussed.
  2. In the next session the LBB will be looking at general funding, outpatient commitments and rulings of guilty by insanity.
- The Collin County study was discussed. The group was informed that in the first phase of the study none of the claims made by Collin County regarding the discrepancies between Collin and other NorthSTAR counties were substantiated.

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

---

### **April**

### **\*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, Texas STAR/Texas Health Steps/Maximus, Child and Family Guidance, ValueOptions, Phoenix House, Cal Farley's, Juvenile Probation, ECI, Life Path Systems, DSHS, and CPS. Three cases were staffed. The first case involved an 11 year old male whose family is considering placement and looking for community supports. The CRCG recommended Cal Farley's for mentorship, Glen Oaks and their sister Hospital Meridell for residential placement, YMCA and Parks and recreation for camps, continued counseling, and Parenting Alone for support and interaction. The second case involved 15 year old male with significant hearing loss. The family is looking for placement. The CRCG recommended applying for non-ed funds for in home services and parent education, cochlear implant grants possibly through The Collier Center in Richardson, continuing services with Metrocare and requesting intensive services or considering Child and Family Guidance for in home services, STARS program in Allen for free counseling, Plano Area Deaf Support Group, Reach, and NAMI for support. The third case involved a 14 year old male needing community support. The CRCG recommended Child and Family Guidance Center for psychiatric services, Lutheran Social Services for financial support of adopted child, special education referral that included all CPS/adoptive history, and trauma resources provided by Michelle Cermak with Cal Farley's.

### **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, ABC Behavioral Health, Nexus Recovery Center, Transicare, APS, VO, The Bridge, TCRC, APAA, Metrocare Services, and the VA. No cases were staffed during the April meeting. Tammy Wood with the VA gave a presentation of VA services.

### **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, Hickory Trail Hospital, Child and Family Guidance Centers, ValueOptions, NAMI, UBH, Region 10 ESC, MRA Dallas County, Metrocare Services, TYC, Texas STAR/Texas Health Steps, CPS, Cal Farley, and Kids Care Therapy. Two cases were staffed. The first case involved a 17 year old male staffed by TYC to set up community supports in the community for when the adolescent is discharged from TYC. The CRCG recommended Metrocare Services for psychiatric services and

case management (TCOOMMI program if eligible), individual counseling through TCOOMMI, services for other brothers and family members through Metrocare or Galaxy counseling, educational assistance and GED through LIFT, the Arbor Program, Texas Workforce, DARS, and Richland College. The second case involved a 17 year old female who is currently at Waco Center for youth. Her parents are looking for education options following her discharge. The CRCG recommended UBH and North Fork for education in a therapeutic environment, the Vet Tech Program at Richland, Transferring to Plano ISD and into a behavioral unit, charter schools such as the Winfrey Academy, Bridgeway School, Excel in Lewisville, Dallas Learning Center, and online high School. The CRCG also recommended group and individual therapy and the names of several therapists were provided.

### **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 Juvenile Probation, Midlothian ISD, Red Oak ISD, DSHS, Network STAR, CPS and Ellis County Sherriff's Office. Two case updates were discussed.

The first case involved a 14 year old male diagnosed with a mild mental retardation needing additional community support. The CRCG recommendations included parenting training from Hope Clinic, medication evaluation from Adapt of Texas, in home training from Ferris ISD for behavioral management and crisis/restrain. Services are also being received from Ratcliff Youth and family Services which includes case management, respite and day habilitation services.

Case two involved a 14 year old male needing placement options and community support. Since the last CRCG meeting the 14 year old male psychiatric needs will make him appropriate for Waco Center for Youth. The CRCG recommended the need to go forward with a recommendation letter for Waco Center for Youth. Cynthia Winter volunteered to assist with application. The CRCG also recommended going forward with an evaluation for neurologist testing, continue in home training from Midlothian ISD, and continue medication services with Adapt of Texas. Texas Department of Health Services offered assistance with screening family for Personal Care Services.

### **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, Providence, Lakes Regional MHMR, Department of State Health Services, ECI and Hunt County Probation. There were four (4) cases staffed.

The first case involved a 10<sup>th</sup> grade female student needing additional support services in the community. CRCG recommended completing intake with Lake Regional MHMR for medication and respite care. Quinlan ISD agreed to follow up and check status regarding additional services within the school setting.

The second case involved a 5<sup>th</sup> grade male student needing additional support services in the community. CRCG recommended Day Summer Camp and the school agreed to follow up and check status regarding additional services within the school setting.

The third case involved a follow up case from Juvenile Probation requesting placement at Waco Center for Youth due to probation violation which was approved.

The fourth case involved a follow up case requesting additional support in the community. Quinlan ISD agreed to provide additional services at school but the parents were considering home schooling as an option due to an incident that caused the student to be placed in Alternative School. CRCG recommended the family consider the education continuing in the school setting.

### **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. 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 March but no cases were staffed.

### **Rockwall County**

The Rockwall County CRCG meets the 2<sup>nd</sup> Monday of each month. The Chair is Amy Poole and NTBHA representative, Peggy Alexandre, is the Coordinator. The CRCG did not meet in the month of April due to no cases needing to be staffed.

## **OTHER REFERRALS AND ADMISSIONS**

---

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

There were 2 cases received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus from Dallas County. After a review of the first case 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 as an alternative to Vernon. After a review of the second case it was determined that placement at Vernon would be the best treatment option and a letter of recommendation was provided to the Dallas County Juvenile Department.

### **Referrals from TCOOMMI**

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

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

---

### **April 2010 County of Residence Changes**

NTBHA processed 83 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs: 68
- Requests from NorthSTAR: 15
- There were 11 denials. One (1) was denied to NTBHA by another LMHA; NTBHA denied 10 to other LMHAs. However, two denials were appealed by the other LMHAs. One was overturned due to an error on DSHS's part. The other one is still under review.
- Seven (7) 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.
- 16 required disenrollment from the NorthSTAR program.

**April 2010 WebCARE Discharges**

NTBHA processed 13 TRAG discharge requests from other LMHAs:

- Austin Travis County MHMR Center-030 1
- The Center for Health Care Services of Bexar County-050 1
- Andrews Center-190 1
- MHMR of Tarrant County-200 3
- Community HealthCore-240 1
- MHMR Authority of Brazos Valley-250 1
- MHMR Services of Texoma-290 1
- Tri-County MHMR Center-380 1
- Denton County MHMR-400 1
- Bluebonnet Trails Community MHMR Center-460 1
- Lakes Regional MHMR Center-480 1

NTBHA processed 4 TRAG discharge requests from ValueOptions to other LMHAs:

- Austin Travis County MHMR Center-030 1
- MHMR of Tarrant County-200 1
- Heart of Texas Region MHMR Center-220 1
- Helen Farabee Regional MHMR Centers-230 1

