

NTBHA Executive Director Report

June 2010

1. Strategic Plan

The plan has been completed and forwarded on to DSHS. It was on our web page for over a month, as a comment period.

2. Dallas Redesign Task Force

The TriWest consultants, hired by Parkland Hospital to look for ways to better organize MH/CD services in NorthSTAR, are in town doing follow up interviews with system stakeholders. I, along with our Clinical Director will have met with the consultants by Board meeting time. They have also expressed an interest in meeting with some members of the NTBHA board.

3. “Transfer of Authority”

We (Judge Chitty) requested of DSHS, a supplement to the NTBHA budget, allowing us to hire our consultant. As of the production of this report, DSHS has not responded (over one month). We have sent a follow up letter with our funding request. NTBHA will be at a disadvantage in these negotiations, without the ability to retain our consultant.

A Task Force meeting is set for June 11th, to further discuss this effort.

4. Transitional Crisis Housing

LifeNet services ran into a set back regarding its housing project pilot. The City of Duncanville decided to close up the apartment house being used for Transitional housing. Duncanville started using zoning codes and other ordinances to shut down the project.

LifeNet has found an alternate location, but is on a short time frame to secure these facilities. They will also cost \$4,000.00 more per month. As of this writing, the issue is unsolved.

5. Self Directed Care (SDC)

We have placed SDC on today’s Agenda in order to give SDC leadership an opportunity to inform our Board on the progress made to date by this project.

6. DSHS

A meeting was held at the end of May; during which a comprehensive review of NorthSTAR was undertaken. Select stakeholders were invited to this meeting to critique the presentation. The “powerpoint” is being updated to incorporate suggestions made. It is the intent to distribute this information once finalized.

7. Chairman of Appropriations

Judge Chitty and I had the opportunity to meet with Chairman Pitts, and to discuss the performance of NorthSTAR, along with budget concerns that are emerging as a result of proposed budget cuts to the State budgets.

8. Legislative Agenda

The Legislative Agenda Taskforce has been meeting at MHA for several months. They have reached a consensus on the main direction they would like to see the Legislature take. A copy of the report has been requested, in order to inform the NTBHA board.

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 May

May 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
- Boarding Home Meeting
- Meeting with NTBHA Board Chair and Kaufman police officers
- Rockwall County meeting with jail staff
- WE Audit results meeting
- Open meeting to discuss transfer of authority
- Care Coordination meeting at VO
- SPN Quality Meeting at VO
- Provider Review Committee meeting
- Veterans Grant meetings
- ACS Audit with ValueOptions
- Dallas Area Drug Prevention Partnership
- Medicaid Managed Care Stakeholder Forum on the Expansion of STAR+PLUS
- ACT Audit with ValueOptions
- Collin County ADRC Workshop
- CIT police training in Dallas
- NTBHA/VO Quality Management Planning Meeting
- COR/Discharge/Disenrollment Audit Findings Meeting
- Continuity of Care Task Force
- Ellis County Task Force Meeting
- Ellis County Partnership Meeting

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

Adapt Mobile Crisis (April):

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 3459 incoming phone calls (total of 5958 incoming and outbound calls) in April with 560 resulting in face to face encounters. This is a decrease of 170 incoming phone calls over last month and a decrease in F2F encounters by 35 over last month. Of the 560 face to face encounters, 462 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	350
	F2F	58
Dallas	total calls	2114
	F2F	364
Ellis	total calls	161
	F2F	41
Hunt	total calls	117
	F2F	29
Kaufman	total calls	190
	F2F	48
Navarro	total calls	56
	F2F	13
Rockwall	total calls	18
	F2F	7
Law	total calls	174
Enforceme	F2F	16
Out of	total calls	13
State	F2F	
OTHER	total calls	440
	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 two emergent call were addressed outside the one (1) hour timeframe by six (6) and twenty-six (26) minutes respectively.

		Total	0-60	61-90	91-120	121-180	181-240	240 plus
Collin	Emergent	10	10	0	0	0	0	0
	Urgent	39	4	5	10	9	4	7
Dallas	Emergent	43	43	0	0	0	0	0
	Urgent	250	53	37	32	57	32	39
Ellis	Emergent	6	6	0	0	0	0	0
	Urgent	26	7	5	4	3	4	3
Hunt	Emergent	2	1	1	0	0	0	0
	Urgent	50	3	1	6	8	4	2
Kaufman	Emergent	6	5	1	0	0	0	0
	Urgent	35	6	6	9	3	6	5
Navarro	Emergent	0	0	0	0	0	0	0
	Urgent	9	3	2	0	4	0	0
Rockwall	Emergent	0	0	0	0	0	0	0
	Urgent	6	1	1	1	2	0	1

Recommendations:

NTBHA continues to recommend and advocate that ACS Mobile Crisis receive additional funding, when available, to allow them to respond to all appropriate calls in the appropriate amount of time. It is concerning that incoming calls continue to grow while face to face encounters continue to drop 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

Overdrive characterizes the month of May for the SDC program. Between normal scheduled appointments with participants, quarterly reviews, training for advisors, along with participant and advisory committee meetings, the SDC staff was incredibly busy during May. In relation to the quarterly reviews, we now have participants who have completed four quarterly reviews which mean they have been in the program for one year. It is hard to believe that the SDC program has had active participants for one year now. The program has been moving at such a rapid pace, we did not realize how long we have been advising consumers.

The number of participants in the program has risen to 88 participants by the end of May. The number of participants coming into the program has slowed considerably over the past couple of months. Recruiters

will no longer actively schedule recruitment at the SPNs for the time being. If someone hears about the program and is interested in applying, they will contact the recruitment staff in which the recruiters will meet with them individually.

The program continually seeks providers of various services to join the SDC network. Several of the staff met with Jewish Family Services to enlist them in our network. Aside from their many services, we met with them in an effort to utilize their counseling and rehab programs. They have a number of therapists along with a rehab counselor on staff. In fact, some of our participants have recently utilized their services.

The SDC participant Learning Community met again during May. We had approximately 30 participants attend. In fact, we have had almost the same amount for several months. One interesting note about the meetings is that we seem to have developed a core group. This group seems to be more publicly involved and is helpful to other participants in need. This core group is characteristic of a learning community which builds on recovery. We have one particular participant who has offered help to other participants in an effort to help them learn about computers.

During May and April, we have had two physical meetings of our Advisory Committee at Mental Health America. We recently transitioned from an interim advisory committee to a more permanent committee. Some people were transitioned off the interim committee and we have now placed around seven of the participants onto the committee and they are now heading up the committee with a chair and a co-chair. This particular group is very motivated to help the rest of the members of SDC.

Dennis Grey from the University of Illinois at Chicago visited the SDC Program during the third week of May to help with IT needs. In addition to helping the staff with computer needs, Dennis helped arrange a significant purchase for the program of 14 refurbished computers for interested participants. Dennis is also one of the people that are helping to track our outcomes.

The month of June is already filling up with our normal workload. In addition to our normal events and time spent with participants, UIC will be here during the second week of June. **Judith Cook** and **Jessica Jonikas** will be here to do a follow-up fidelity assessment along with **Sam Shore** of the Texas Department of State Health Services. These fidelity assessments are scheduled throughout the length of the program and are a support element to keep the program on track.

I take my hat off to my staff, the SDC Advisors: **Luis Moreno, Jamie Cook, Cheryl Gayles, Tommy Wornick,** and **Dong Tran** as they have done an incredible job. They have met with the participants day

after day to help the participants on the road to recovery. Of course, my job would be impossible without the support of **Brandy Ruckdeschel**. She has made it possible for us to complete our mission each week. **Dionne Peniston**, who has now turned her attention to data collection instead of recruitment, has been doing a fantastic job. It takes incredible team work to get the job done and this team has been extraordinary.

Snapshot of May:

# of recruiter interviews	3
# of participants enrolled in the research	3
# of traditional NS providers in network	0
# of traditional non-NS providers in network	0
# of non-traditional providers in network	0
# of program participants (cumulative)	88
# of life plans completed	7
Amount spent on traditional services	\$10,346.33 (\$54,759.16 cumulative)
Amount spent on non-traditional services	\$7,915.65 (\$37,117.47 cumulative)

Progress Report – as of May 27, 2010

- 208 are currently enrolled in the study (97 control group, 111 experimental (4 withdrew after randomization)
- 88 are currently in the SDC Program (23/111 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 May 25th.

Issues and Concerns:

- The workgroup came to a consensus regarding the need for a single tool to be used for both sorting into service packages and measuring outcomes for both C&A and adult services. As the TRAG is not an appropriate outcomes measure it will not be used as such and it will be modified if it is kept as a sorting tool.
- C&A service packages will likely be changed from the current concept of internalizing and externalizing delineations to fewer packages based on intensity. The current proposal is to mimic the current adult packages and have 4 C&A packages with package 1 being the least intense and package 4 being the most intense. Because the packages are changing it makes sense to move away from the TRAG and incorporate a new sorting tool that can also be used as an outcomes measure.
- After considering several possible instruments the group decided that, based on preliminary information, the CANS is the best option available for C&A services. A subcommittee will be tasked with completing additional research on the CANS to determine if it is indeed a good tool for use in Texas. The CANS will replace the TRAG and the Ohio scales for child and adolescent services.
- The group agrees that one tool for both sorting and outcomes is the best practice; however this will be more difficult on the adult side. The ANSA is the suggested tool that will both sort and measure outcomes that the group is interested in however there is debate within the group about the cost (IT, training...etc.) of replacing the TRAG and adding an outcomes measure at the same time as all the changes in C&A services. The group is looking at several options.
 - Modify the TRAG to be used as the sorting tool and employ the ANSA as the outcomes measure tool. This may reduce the upfront cost of implementing the ANSA but it means that centers will have two tools with which to contend. This is an option because there will not be a significant change to the adult packages like there is in C&A services.
 - Incur the cost and implement the ANSA as both the sorting tool and the outcomes measure tool.
 - Modify the TRAG for use as a sorting tool for now, implement use of the ANSA for outcome measurement now, and at a later date roll out the ANSA as the sorting tool in a second phase.

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 been signed and returned to DSHS, but SFY10 dollars have not been released yet.

Jail/State Hospital Liaison: This month NTBHA Jail/State Hospital Liaison visited with Hunt, Navarro, Ellis, and Rockwall Counties to meet and greet and offer assistance with any jail/hospital issues. NTBHA continues to monitor the clearinghouse list monthly for all seven counties. After monitoring and reviewing the clearinghouse list, NTBHA sends monthly spreadsheets to each county to inform them of those waiting for admission to the State Hospital. NTBHA will continue to visits each county jail to offer education and/or assistance with aftercare for individuals once they are released in the community.

Outpatient Competency Restoration and Jail Diversion: NTBHA have approached several counties about OCR and Jail Diversion. Several counties have expressed interest and are open to discussions regarding OCR and Jail Diversion; however there are several factors to consider when looking at implementing these programs such as education and communication with County Officials. Jail/State Hospital Liaison has offered assistance in the near future that may involve OCR and/or Jail Diversion Programs. NTBHA will continue educating jail staff about NorthStar services for individuals once discharge in the community takes place.

Collin County Activity

Collin County reported to jail/state hospital liaison that in the jail settings their numbers have increased for persons with mental health needs. NTBHA sends monthly spreadsheets to Collin County in order to monitor individuals that are waiting for transport to a State Hospital. During the next few weeks NTBHA will arrange a visit with Collin County to meet and greet and offer assistance with any jail/hospital issues.

Dallas County Activity

NTBHA sends monthly spreadsheets to Dallas Competency Coordinator in order to monitor Dallas County Individuals on the clearinghouse list for transport to a State Hospital. NTBHA Jail State/Hospital Liaison had the opportunity to visit Judge Skemp court in order to see how OCR consumers are monitor when appearing for court hearings. Dallas County Steering Committee continues to discuss the flow from jail to community. The committee continue to discuss aftercare and brainstorming about different options for transitional housing, medication management from hospital to community and from jail to community.

Ellis County Activity

Jail/State Hospital Liaison met with Lt. Callendar at Ellis County Jail to discuss jail/hospital issues. Lt. Callendar reported that although mental illness has increased in Ellis County jail over the course of time, the numbers continue to be low. NTBHA monitor the clearinghouse list for Ellis County monthly and sends a monthly spreadsheet with each individual that is waiting for admission. Ellis County provided NTBHA Jail/State Hospital Liaison with their process to help identify a person with mental health needs and the follow up care that occurs. Ellis County reported that they advise individuals being released from jail to follow up with the local mental health clinic Adapt. NTBHA will continue to visit with Ellis County Jail monthly to offer any assistance that may be needed with mental health issues.

Hunt County Activity

NTBHA Jail State/Hospital Liaison met with Lt. Geninger at Hunt County Jail to discuss jail/hospital issues. Lt. Geninger reported to NTBHA that once a person who has a mental illness is identified and need immediate attention Transicare is utilized for the evaluation. Lt. Geninger reported using Green Oaks Hospital for medication stabilization on individuals who are suicidal and/or homicidal. Hunt County has expressed in interest in wanting referrals for aftercare services for individuals being discharged into the community. Lt. Geninger verbalized that Hunt County has a contract with a psychologist who comes to the county jail to conduct groups on anger management, parenting classes and drug awareness. Lt. Geninger reports that GED prep classes are offered to individuals who need to complete school. NTBHA will continue assisting and educating Hunt County about services for aftercare in the NorthSTAR area. NTBHA submit monthly spreadsheets to Hunt County for individuals on the clearinghouse list waiting for transfer to the State Hospital.

Kaufman County Activity

NTBHA will arrange a visit with Kaufman County to meet and greet and offer assistance with any jail/hospital issues. NTBHA submit monthly spreadsheets to Kaufman County for individuals on the clearinghouse list waiting for transfer to the State Hospital. Kaufman County continues to send information to NTBHA for jail matches. Kaufman County is working diligently with their IT team and DSHS to get TLETS up and running 100%. Kaufman County provided NTBHA with their process to help identify a person with MH/CD needs and what follow up occurs.

Navarro County Activity

NTBHA met with Lt. Statham to discuss how individuals with mental illness are identified in the county jail. NTBHA, Jail/State Hospital Liaison will continue to work with the Jail Administrator with mental health issues as they occur. NTBHA monitors the clearinghouse list for Navarro County and sends out a monthly spreadsheet of each individual who is waiting for transfer to a State Hospital.

Rockwall County Activity

NTBHA met with Rockwall County Jail Officials and Dr. Vincent Ramos for a discussion on mental health services. Green Oaks, Transicare and Mental Health Alliance were also present for this meeting. Rockwall County reported that their numbers of persons in Rockwall County with MH needs are relatively low considering their neighboring counties but with their population growing tremendously they reported an increase of mentally ill consumers in the jail population. Rockwall County identified their process for identifying mental health needs within the jail. Transicare and Green Oaks discuss the services they can provide to help assist with stabilizing an individual that has been identified as being in a mental health crisis. NTBHA will continue meeting with Rockwall County to further educate them on individuals with mental health needs and to discuss aftercare planning for consumers who are being discharged from jail into the community.

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.
- 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, however, it has been expressed to NTBHA by DSHS that Kaufman County should be able to utilize their TLETS system and therefore should not be relying on NTBHA to manually match book-in data to the CARE system. NTBHA has given Kaufman County a deadline to cease the manual jail matches and to begin using 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. NTBHA has coordinated with Collin County to assist Rockwall County in training Rockwall County staff on how to use TLETS to allow Rockwall to become fully functional and has also given Rockwall a deadline to begin using TLETS fully.
- Ellis County had a change in staff and password problems. Ellis County was given the contact number to DPS in order to move forward with the process.

Clearinghouse List-TSH as of May 5th

- Dallas has fifty-eight (61) inmates awaiting a bed at TSH, with the longest one waiting since December 18, 2009.
- Collin has six (8) inmates awaiting a bed at TSH, with the longest one waiting since January 12, 2010.
- Hunt has one (1) inmate awaiting a bed at TSH, with the longest one waiting since January 15, 2010.
- Navarro has one (1) inmate awaiting a bed at TSH and was placed on the list on January 25, 2010.
- Ellis has one (1) inmate awaiting a bed at TSH and was placed on the list on February 2, 2010
- Kaufman has one (1) inmate awaiting a bed at TSH and was placed on the list on April 19, 2010

Clearinghouse List-Vernon as of May 1st

- Dallas has twelve (13) inmates awaiting a bed at Vernon State Hospital
- Collin has one (1) inmates 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 May 6, 13, and 20.

Issues and Concerns:

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

- Ron Stretcher discussed new developments regarding the proposed State Jail Felony Court. After more dialogue with the judges, other options are going to be explored in addition to the proposed court.
- The jail population numbers were getting better. John King from the Parole Division announced TDCJ's plan to make county inmates a priority population and get them transferred to halfway houses sooner. That movement should occur within the next week and should have a positive impact on the jail population. Housing continues to be a problem for parolees with decreased funding.

- Ron developed a position paper to present at Continuity of Care Task Force public forum.
- Sherry Lockhart discussed the problems with Social Security payments being made to consumers while they are in jail or the state hospital. If those benefits are not stopped, consumers are being made to repay those amounts after they return to the community. Ron suggested developing a sub-committee to explore this issue and directed staff to make contacts at the Social Security office to see if an official can come to the meeting to answer questions and give direction.
- TCOOMI has notified Dallas County that two additional months of DDC aftercare will be funded on a monthly basis.
- Officials from Williamson County were on hand to visit with Dallas County Mental Health staff about many of our initiatives and partnerships regarding offenders with mental illness. Their tour included visits with Judges Skemp, Wade, Fuller, Stoltz, and Snipes as well as meetings with Sheriff Lupe Valdez, Dr. Judith Hunter, Janie Metzinger and a tour of the mental health floor of the jail.
- Ron Stretcher provided an overview of the DSHS Continuity of Care Task Force forum held in Dallas on May 11. The recommendations from the Task Force include many of the same objectives as Dallas County, including more permanent supportive housing, step-down programs, and a pilot program for in-jail restoration. Changes to the Mental Health Code were also discussed. Judge Skemp encouraged Ron to ensure that stakeholders in the justice system are included in any potential changes to the MH Code.
- The current mental health census in the jail is 1,277 persons.
- Ron and Dr. Ahmed provided an update on jail medication hearings. The process has been developed and will function through Judge Miller's Probate Court. The hearings will initially be held on the second floor of the West Tower.
- Patti Scali asked about compelled testing for TB for an inmate who refuses testing to avoid being transferred to the state hospital. She was advised that the county's Public Health Authority can order testing and obtain a court order if necessary.

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: April/May 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 second 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 improvements.
- NTBHA continues to partner with the Dallas Police Department to participate in Crisis Intervention Training classes.
- Member Satisfaction Surveys have been collected and NTBHA is aggregating the data and producing reports.
- NTBHA, in collaboration with DSHS, is reviewing VO's policies and procedures in preparation for the biennium site visit.

Planned Quality Projects:

- Complaint trends
- COR/discharge/disenrollment audit of VO – committee forming to address
- 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

COR / TRAG discharge / Disenrollment Audit

NTBHA reported audit findings to VO regarding notification of consumers who have left the NorthSTAR service delivery area. There are three potential entry points into VO when this occurs, but all three areas of responsibility need to take action to get the CARE County of Residence (COR) changed to the new county and LMHA, discharge the uniform assessment (TRAG) and disenroll the consumer from NorthSTAR. A meeting was held to discuss findings, propose improvements and establish a committee to recommend and document new procedures.

NTBHA/VO Quality Management Planning Meeting

- NTBHA and VO will look at the 2009 Needs Assessment to identify any actionable tasks.
- The ROSI tool will be used by VO as a recovery measurement tool. NTBHA will aggregate the data and report findings.

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 25th 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 13th 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 6th 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

NTBHA representative Kristen Cathey began ACT SPN audits. The audits will look at the fidelity tool kit, treatment record review, clinical competency, credentialing and supervision. The samples will consist

of 6 months of claims for 30 to 50 consumers at each provider. In May Metrocare Services was audited. NTBHA is awaiting the results of the audit. Audits of the remaining SPNs will occur in June and July.

Complaints

*April	Number of Complaint Calls Processed
Quality of Care or Service	4
Accessibility/Availability	6
BHO Contract with Provider	1
BHO Obligation to Enrollees	3
Utilization Review/Management	2
TOTAL	16

Top Provider(s) with Number of Complaint Calls Processed

ValueOptions

Inpatient approval at Homeward Bound for seven (7)	
Consumers	1
Appeal of recouped payment to Solace Counseling	1
Name change of consumer in CARE database	1
Financial update required for QMB Medicaid enrollee	1
Won't authorize more Suboxone treatment	1

Green Oaks Hospital

Nurse refuses to give meds sooner than dosing schedule	1
Can't receive meds requested, only those prescribed	1
Police brutality and bruising from blood work	1

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

Provider Advisory Council:

Data: PAC Meeting hosted by NTBHA on May 25, 1010

Issues and Concerns:

The following issues and concerns were discussed during the May 25th 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.
 - It was stated that too many people attending the meetings have their own personal agendas in mind with no clear unified message on what should be done.
 - It was stated that preparing for 2014 should be a focus of the group because attempting to fix what is going on right now will only get thrown out the window when 2014 and healthcare reform comes.
 - It was stated that asking for more money with the State shortfall in mind is not helpful.
- **Open Discussion:** The rest of the PAC meeting was an open discussion in which Providers voiced several concerns they are having around a multitude of topics. Some highlights from the discussions are:
 - Under healthcare reform MHMR's really won't need to have an authority function.
 - Provider owned MCO's could be a route, but credentialing with insurance boards could be an obstacle.
 - MHMR's could be a medical home and be FQHC's. There was a lengthy discussion around FQHC's.
 - It was stated several times NorthSTAR needs to begin preparing for 2014 and the changes with healthcare reform. It was stated that all NorthSTAR eligible should become eligible for Medicaid; with some caveats.
 - A discussion was had around what PAC could do to direct NTBHA, Dallas County redesign task force, etc on what the focus needs to be now that points to the changes in 2014.
 - PAC felt NTBHA should bring in a consultant that could speak to healthcare reform and what changes our system could prepare for seeing.
 - There is a conference June 13-15 and the last day is dedicated to speaking to healthcare reform. Both Doug Denton and James Williams have details about this conference.

- There is continued frustration around the Dallas County re-design task force and is there any hope of shaping it? Need to drive it away from special interests and self-serving issues.
- It was suggested that too much money is going to VO to manage risks when risks have been mitigated. Some feel VO's admin doesn't need to be so rich when risks have been mitigated.
- An ASO system was discussed.
- It was voiced that if VO is hurting financially there seems to be a crisis mode to assist, but if Providers are hurting it is seen as cost savings and an efficient system that needs to be celebrated. It is a see-saw and why can't both VO and Providers be healthy? Providers don't have an MLR to fall back on.
- It was stated that DSHS should be forced to get two BHO's for NorthSTAR, which many feel would alleviate some of the issues NorthSTAR face and would allow for true competition.
- There seemed to be a difference of opinion on whether NorthSTAR is working. Is NorthSTAR working because consumers can get in and be seen? Just because consumers can be seen doesn't necessarily mean consumers are happy or satisfied with the services they are getting
- **NorthSTAR Needs Assessment:** NTBHA conducted a regional needs assessment survey from October 2009 through December 2009 in which 915 consumers responded. This regional needs assessment captures the satisfaction of consumers as it relates to services under a fee for service model and will need to be conducted again to capture the satisfaction of consumers under a blended case rate model. Here are some highlights from the needs assessment (full results are located on the NTBHA website)
 - In the past 6 months what services were needed, but couldn't get?
 - Housing followed by individual counseling
 - What was the barrier to receiving the services needed?
 - Transportation followed by it just wasn't available to them
 - Currently, do you feel you or your family member receiving all the services that you think are needed?
 - 55.8% feel they are receiving all needed services
 - What services do you feel are needed or need to be expanded in NS?
 - Transportation, housing, and then followed by work assistance programs.
 - Please indicate your overall satisfaction with services received.
 - 64.4% are satisfied with services received.
 - Please indicate your overall satisfaction with NorthSTAR.
 - 64.9% are satisfied with NorthSTAR as a whole

CFAC Meeting:

Data: The CFAC meeting was held on June 1 at the NTBHA offices.

Issues and Concerns:

- Summarized the discussion from the May meeting regarding the physician study where doctors ranked educational groups and family involvement as very low. A letter was written following

the meeting and presented to the NTBHA board. Mike Katz then spoke with John Bennett about addressing at the Physicians Advisory Council and is scheduled to do that in July. He has also spoken about the importance of education and family involvement at a weekly medical staff meeting at Metrocare services.

- The need for additional support groups and family education groups from NAMI was addressed.
- There will be no CFAC meeting in July.

SUMMARY OF CRCG ACTIVITY, BY COUNTY

May

***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. Agencies in Attendance included NTBHA, McKinney ISD, Crossroads Community Action, University Behavioral Health, Medicaid Case Management, Life Path MR Services, North Fork Education Center, Early Childhood Intervention, CPS, Region 10 ESC, DSHS, Medicaid STAR, Child and Family Guidance Center, and ValueOptions. The meeting opened with a presentation by Joan Shopoff the Therapeutic Recreation Supervisor at Plano Parks and Recreation. Two cases were staffed. The first case involved a 15 year old male diagnosed with Bipolar Disorder, Social Phobia, and was recently identified as needing special education services. The family is looking for support and possibly placement. The CRCG recommended Big Brothers and Big Sisters, to continue counseling at ACS, North Point through UBH for education and intensive services, NAMI for family support, and Scottish Rite for a psychological evaluation. No recommendation was made for placement by the CRCG at this time. The second case involved an 11 year old male diagnosed with Asperger's and Emotional Disturbance. The family was seeking non-ed funds for an adventure camp through the school district (Wylie ISD.) The CRCG approved the non-ed funds.

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, ABC Behavioral Health, Nexus Recovery Center, Green Oaks Hospital, Timberlawn Hospital, Lifenet, Texas Social Services, Transicare, VO, The Bridge, Turtle Creek Recovery Center, Aids Arms, Dallas Crisis Intervention, and an advocate. No cases were staffed during the May meeting.

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. Agencies represented included NTBHA, CPS, Dallas ISD, NAMI, ValueOptions, Metrocare Services, Region 10 ESC, University Behavioral Health, Advocacy Inc., a child psychiatrist, Hickory Trail Hospital, Texas Health Steps/Texas Star, Cedar Hill Police Department, Providence of Texas, Child and Family Guidance Centers, DCJJD, DSHS, Letot, and MRA Dallas. Three cases were staffed. The first case involved a 16 year old male staffed with a pervasive developmental disorder needing activities for the summer and possible placement. The CRCG recommended looking into summer school through the child's current ISD, NorthPoint through UBH, nonpareil Institute, COR Health Care, Metrocare Services Behavior Treatment Center, various summer camps, and My Possibilities in Plano. Placement was not recommended at this time. The second case involved a 13 year old girl and her family. The child has cystic fibrosis and the family is having financial issues. The CRCG recommended applying for disability for the children with assistance from the Texas Federation of Families and an attorney, home health care through Kids Care Therapy, case management and therapy through Child and Family Guidance, food assistance through Angel Food Ministries and Christian Community Action, reapplying for special education services through the child's current school district, applying for secondary insurance – Children with Special Healthcare Needs, utilizing ValueOptions as a payer of last resort if United Health Care will not cover services, and mentorship through the families local church. The last case involved a 13 year old male who has been having violent outbursts at home and has been banging his head when stressed at home. The CRCG recommended adding counseling services to current treatment plan at Child and Family Guidance and NAMI for family support. Placement is not recommended for this child at this time.

Ellis County

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. 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 Sheriff's Office. Two case updates were discussed.

The first case involved a female with a history of school and behavioral problems. She receives Special Ed. services as ED and LD through Ennis ISD. She has been an ADAPT client for the past two years. She has been in counseling and been on several different medications. She has been non-compliant with medications and counseling. CPS supports placement outside the home. She has engaged in several risky behaviors and has not been compliant with treatment in the community. The grandmother has been in touch with Waco Center for Youth and completed all paperwork/application for placement. She has been accepted and placed on a waiting list, however she was told a CRCG recommendation letter would expedite enrollment. CPS was present because they have been providing family based services for the family. Cynthia Winters (PCHAS) offered to meet with grandmother to consider residential services at PCHAS. They currently have an opening for a female. Recommendations included writing a recommendation letter for placement at Waco Center for Youth and the grandmother follow up with PCHAS since there is a waiting list for Waco.

The second case involved a man student currently being held in juvenile detention because of increasing aggression (assault on mom). He has a long mental health history. He has received special education services through MISD since age 5. He has a severely learning disabled and qualifies for Special Ed. as emotionally disturbed (ED) and learning disabled (LD). He has been in and out of behavior units and has had extensive behavior modification efforts. Mom reports adopting him at age 4. He was a CPS adoption through Buckner's Children's Home in Dallas. John qualifies for post adoption services through Lutheran Social Services. Further discussion revolved around the services that Lutheran Social Services may be able to offer the family. Placement in an RTC like the Nelson Center in Denton may be indicated. John has been in and out of psychiatric hospitals the past year and spent time at Terrell State Hospital last fall. Recommendations included the family contacting their family doctor to discuss a neurological evaluation. John has Medicaid and it should be covered. The mother was encouraged to follow through on gathering adoption documents from Buckner's and meeting with Lutheran Social Services. CRCG will provide a recommendation letter stating that we have staffed Johns' case and feel like he needs residential treatment at this time.

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, 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 (3) cases staffed.

The first case involved a male whose parents were requesting placement outside the home due to sever behavior issues and multi placement. There is a open case with CPS. The child has already had one removal from the home but the mother was able to get him back. The mother reports that her health is poor and does not feel like she is able to care for him without additional services. The CRCG group recommended that the family comes back for next month staff in order to get CPS and other community agency information that the family reported working with before a recommendation can be given

The second case involved a follow up case from a parent who is requesting placement outside the home due to the child furlough from Terrell expiring. The mother reported that the child has begun to get aggressive and threaten with her and refused to follow rules in the home. The CRCG agreed to write the letter of recommendation for Waco Center for Youth for placement on the waiting list. The CRCG brainstorm ways to expedite the process since the child is extremely out of control.

The third 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 that the student returns to school and follow through with services from Providence for skills training.

Navarro County

The Navarro County CRCG meets the 1st Thursday of the month at the Westminster Presbyterian Church in Corsicana. The chair is Kathi Perez. 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 meet and staffed two cases.

The first case involved a 12 year old male with Angelman Syndrome. Placement outside the home was being requested by the mother. The CRCG recommendation included respite care, case management through the Medicaid wavier program, a referral to get into sign language classes due to him being mute, and referrals for camp for the summer. The family was informed that they could come back for a follow up staffing to give a follow up briefing on the services recommended.

The second case involved 13 year old female with a bipolar diagnosis with several behavioral issues. The family was requesting Waco Center for Youth placement due to aggressive outburst and noncompliance with rules. The CRCG recommendations included a request for special education evaluation, respite to receive in home day care, referral with Dr. Karen Pervis camp and home testing kit for triggers that may cause outburst. The CRCG agreed to write the letter of recommendation for Waco Center for Youth for placement on the waiting list.

Rockwall County

The Rockwall County CRCG meets the 2nd Monday of each month. The Chair is Amy Poole and NTBHA representative, Peggy Alexandre, is the Coordinator. Agencies represented included Region 10 Educational Service Center, NTBHA, ValueOptions, Rockwall County Juvenile, Forney ISD, Rockwall ISD, Department of State Health Services, ECI and Rockwall County Probation. There was only one (1) case staffed.

The case involved a 12 year old female with behavioral problems who had been sexual abused by a relative. She is currently in counseling and been on several different medications. She has been in Timberlawn but her mother reports no change in her behavior since the placement. CPS was involved but has since discharged the family and is currently not involved. The mother is requesting placement outside the home and/or additional services to help with behavioral issues. The CRCG recommendations included sexual abuse counseling with Rape Crisis & Child Sexual Abuse Center, counseling for mother through her private insurance, inpatient hospitalization at Hickory Trails, partial hospitalization/day treatment Program at University Behavioral Health/North Pointe Family Center, mentoring and in home support, Cal Farley for Trauma Therapy and inpatient, in home rehab skills training through Child and Family Guidance Center, residential placement at Presbyterian Children's home due to Waco Center for Youth being inappropriate due to child age, and to contact Sue Welch for habitat application for housing.

OTHER REFERRALS AND ADMISSIONS

North Texas State Hospital—Vernon Campus

There were 0 cases received this month requesting a priority bed letter for North Texas State Hospital, Vernon Campus from Dallas County.

Referrals from TCOOMMI

There were six (6) referrals made from TCOOMMI this month to Collin County, Hunt County, Ellis County, and Rockwall County. The appropriate aftercare appointments were scheduled and the caseworkers were notified.

Interstate Compact

NTBHA received an interstate compact request to transfer a Collin County resident currently in a State mental health facility in Iowa to Terrell State Hospital to be closer to her family. NTBHA is reviewing all the documents and are in the process of reaching a decision whether the request will be granted or alternative suggestions and referrals made.

SUMMARY OF COUNTY OF RESIDENCE CHANGES

May 2010 County of Residence Changes

NTBHA processed 56 County of Residence changes. The breakdown on these requests is:

- Requests from other LMHAs: 43
- Requests from NorthSTAR: 13

- There were four (4) denials. All were denied by NTBHA by other LMHAs.
- Nine (9) 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) required disenrollment from the NorthSTAR program.

May 2010 WebCARE Discharges

NTBHA processed 19 TRAG discharge requests from other LMHAs:

- Austin Travis County MHMR Center-030 1
- The Center for Health Care Services of Bexar County-050 1
- The Gulf Coast Center-100 1
- Andrews Center-190 3
- Heart of Texas Region MHMR-220 1
- Helen Farabee Regional MHMR Center 1
- Community HealthCore-240 1
- Burke Center-260 1
- MHMR Authority of Harris County-280 2
- MHMR Services of Texoma-290 1
- Pecan Valley MHMR Region-350 1
- Denton County MHMR-400 3
- West Texas Centers for MHMR-470 1
- Coastal Plains Community MHMR Center-475 1

NTBHA processed 3 TRAG discharge requests from ValueOptions to other locations:

- Lakes Regional MHMR-480 1
- Out-of-State 1