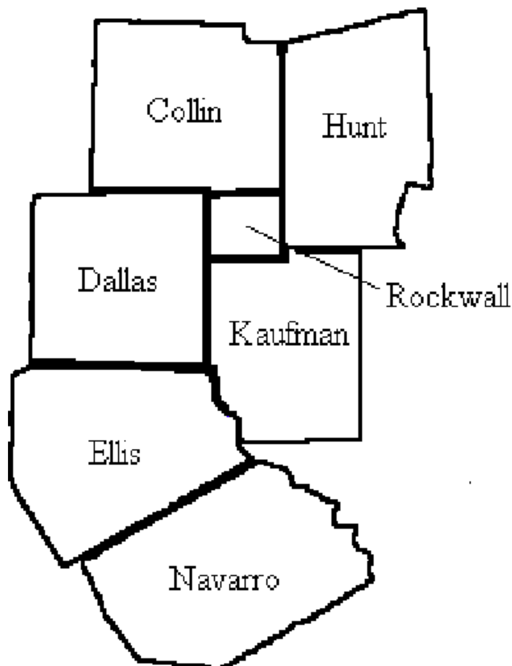
NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

think populations...see individuals



Local Service Area Plan

SFY 2012 & 2013

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Mission

To Create a Well Managed, Integrated and High Quality Delivery System of Behavioral Health Services Available to Qualified Consumers in the NorthSTAR Region.

North Texas Behavioral Health Authority

Local Service Area Plan

SFY 2012 & 2013

Executive Summary

The North Texas Behavioral Health Authority (NTBHA) is the Local Behavioral Health Authority (LBHA) as defined in Texas Law (Chapter 531, Section 3) for the "NorthSTAR" area which serves Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties. The NorthSTAR Program is a unique public mental health/substance abuse treatment program serving indigent and Medicaid clients residing in the seven-county North Texas service area.

The NorthSTAR model separates the oversight, control, and financial management from the contracted providers of service. The Department of State Health Services contracts directly with ValueOptions, the Behavioral Health Organization, to financially manage the services provided to NorthSTAR consumers. ValueOptions, in turn, contracts with a wide array of Providers who directly provide services to NorthSTAR consumers. Lastly, the Department of State Health Services also contracts with NTBHA to provide the oversight of the NorthSTAR system and ensure community interests are being met and consumers are receiving needed mental health and substance abuse services.

NTBHA is a governmental entity whose Board of Directors is appointed by the Commissioners' Courts of each respective county. The distribution of Board members is based on population: Collin County has two appointments, Dallas County has four appointments, and the remaining five counties have one appointment each. In compliance with Texas State Statutes, the Local Behavioral Health Authority (NTBHA) shall, in conjunction with the Texas Department of State Health Services, develop a local service area plan for public behavioral health services.

Review of 2010/2011 Strategic Plans and Goals

1. Produce and Publish a NorthSTAR Delivery System Redesign – NorthSTAR Region Assessment which will be published on the NTBHA website, www.ntbha.org.
   a. This goal was accomplished and the report has been published on the NTBHA website.
   b. The Dallas County Behavioral Health Leadership Team (BHLT) has been formed and been recognized by the Dallas County Commissioners. The Dallas County BHLT holds monthly meetings as well as numerous sub-committees to look at all aspects of the behavioral health delivery system (not exclusive of NorthSTAR) and makes recommendations to the County Commissioners and Dallas County NTBHA Board Members for areas of change or improvement.
   c. The Tri-West Zia Partners report as well as the University of North Texas Health Science Report not only looked at NorthSTAR services as a whole, but also did specific analysis on services provided in Dallas and Collin Counties. Both final reports have been posted to the NTBHA website.

2. Increase awareness of the authority's role in mental health/substance abuse spectrum as well as mental health/substance abuse resources to the public.
   a. This goal is ongoing. NTBHA has participated in developing an informational DVD on NorthSTAR and NTBHA's role within the system. This informational DVD will be used in presentations throughout the seven County service areas.
   b. NTBHA continues to grow the website to provide the most up to date and relevant resources.
   c. This goal will be ongoing.

3. Maintain adequate funding to ensure continued high quality delivery of services to all qualified consumers in the NorthSTAR region.
   a. NorthSTAR continues to grow every year and has done so by 119.87% since 2000 whereas funding has only increased 49.61% through 2010. This growth has put a financial burden on an already stressed system, which has resulted in $2500 annual cash funding per enrollee served shrinking to a now $1600 annual cash funding per enrollee served for fiscal year 2010.
   a. This is an ongoing goal to ensure NorthSTAR not only maintains its current funding, but

increases its current funding to an adequate level.

   i. This is in comparison to the statewide ***median*** of $3,830 per non-Medicaid enrollee served for fiscal year 2010.
   ii. NorthSTAR has the ***lowest*** annual cash funding per non-Medicaid enrollee served for fiscal year 2010 than any other MHMR Center in the State of Texas.

4. North Texas Behavioral Health Authority will establish a system to provide mental health and substance abuse education to every county within the NorthSTAR region.
   a. NTBHA partnered with Mental Health America of Greater Dallas to provide an educational forum and question/answer session to each NorthSTAR County in 2010.
   b. NTBHA continues to strive towards educating our communities on mental health and substance abuse in an effort to reduce stigma and increase awareness.

5. North Texas Behavioral Health Authority will work in collaboration with ValueOptions to ensure counseling services are broadened and enhanced throughout the NorthSTAR region.
   a. Throughout the various stakeholder meetings, enhancing and expanding counseling services is a topic of discussion. This is a goal that continues to be a top priority for NTBHA as it remains a top gap indentified by stakeholders in the community.
   b. Barriers that have been identified preventing the expansion of counseling services provided in NorthSTAR include –
      i. Professional counselors cost more than rates pay making it a financial burden for Providers to offer the service.
      ii. The Department of State Health Services require Cognitive Behavioral Therapy (CBT) to be the counseling modality used with the State's mental health population, which decreases the pool of available counselors to those specifically trained in CBT. Research also suggests that other modalities may be more effective and better matched to some consumer's needs and therefore, the CBT only approach is only further limiting.

6. North Texas Behavioral Health Authority will work in collaboration with ValueOptions and the Department of Assisted and Rehabilitative Services to enhance the availability of work assistance Programs within NorthSTAR.

a. NTBHA reached out to DARS to invite them to participate in the many Community Resource Coordination Groups (CRCG's) throughout the NorthSTAR region as another valuable resource to provide to the many consumers and families that NorthSTAR serves. The relationship and partnership between NorthSTAR and DARS continues to be a goal, however, due to the behavioral health population being so difficult to place in most cases DARS could be disincentivized to work with this population in relation to how they get paid per person placed. Perhaps, suggesting higher incentives to place certain high need populations, such as behavioral health consumers or consumers with felonies might break down the barriers between DARS and the behavioral health population.
b. NorthSTAR applied for a grant and implemented the START! Program, which is an eight week course taught at El Centro College West. After completion of the eight week course and successful graduation participants are placed at a hotel. After showing dependability and evidence of being well trained a full time position at the hotel would be offered.

7. North Texas Behavioral Health Authority will work in collaboration with ValueOptions to implement transportation to appointments for indigent consumers.
   a. Due to funding cuts the addition of this service has not been realized to date, but discussions are occurring.
   b. NTBHA, ValueOptions, and community stakeholders are currently working on a transportation plan that would allow transportation from a hospital or jail discharge, to the pharmacy to fill medication prescriptions, and even possibly to their fist outpatient appointment. This is being viewed as a wrap-around model approach from hospital and/or jail back into the community offering a warm hand off, which will increase engagement and continued use of community based services hopefully decreasing the need for higher levels of care.
   c. Transicare, in partnership with Parkland, applied for the New Freedom Grant to allow a "care navigator" to transport patients discharging from Parkland ER to the pharmacy to fill their prescriptions and then transport them home. This grant is Dallas County specific, but would allow some transportation to Ellis, Kaufman, Collin, and Rockwall Counties. Depending on whether the award is granted and the amount of the award the care navigator would either provide reminder calls to assist in engagement with aftercare services in the community or would provide transportation to the first community appointment after

discharge. The awards are expected to be announced in March 2012.

d. This is an ongoing goal that will continue to be discussed, keeping current funding constraints in mind.

8. North Texas Behavioral Health Authority will work in collaboration with ValueOptions to enhance housing options to NorthSTAR consumers.

a. NTBHA is directly involved in the Dallas County BHLT Homeless and Housing Strategy Committee (HHSC) and has participated in the Texas Health Institute's Housing Policy Academy.

i. The Dallas County BHLT is currently reviewing a plan that will add additional permanent supported housing in the Dallas County area. Communities Foundation of Texas and the Meadows Foundation have partnered to combat the problem of chronic homelessness in Dallas through a private-public partnership that involves a collaboration of six local organizations to create the first permanent supportive housing community for homeless individuals with histories of mental illness, substance abuse and involvement with the criminal justice system. The three-year model program—called The Cottages at Hickory Crossing—will provide permanent housing and on-site support services to 50 residents on a site just southeast of downtown Dallas. The development plan calls for the construction of 50 individual cottages, each of which will include its own bathroom, kitchen, living and sleeping areas. An additional 5,000 sq. ft. of services buildings will include offices, meeting and laundry facilities and will house both the clinical and social services for residents.

Goals of Screening Criteria - The criteria for selecting tenants for The Cottages at Hickory Crossing Project are designed to achieve the following goals:

1. ensure that our most vulnerable neighbors can participate
2. include those who have a history of high-cost utilization of public services
3. protect public safety

ii. The Dallas County BHLT is also reviewing the Corporation for Supportive Housing (CSH) Social Innovation Fund, which would allow for the implementation of a supported housing model that links primary and behavioral services that targets low income men and women experiencing homelessness that

are also utilizing a large amount of publically funded emergency health services.

b. NTBHA will continue to participate in housing related activities within NorthSTAR as well as continue to identify potential housing resources and/or grants.

The Planning Process

NTBHA is unique in the State of Texas as a local authority in that it represents both mental health and substance abuse treatment services. Ongoing planning is multidimensional with broad stakeholder participation. This process is continually being improved upon, as the agency adapts to changes in the regional system and legislative changes. NTBHA has a solid base from which to build. This base includes the following vehicles for stakeholder input:

- Provider Advisory Council (PAC)-An advisory group that represents the NorthSTAR service providers and provides information and recommendations to the NTBHA Board.
- Consumer Family Advisory Council (CFAC) - An advisory group that represents NorthSTAR consumers and their families/guardians that provides information and recommendations to the NTBHA Board.
- Psychiatrist Leadership and Advocacy Group (PLAG) - An advisory group that represents NorthSTAR physicians as well as physicians outside the NorthSTAR system that provides information and recommendations to the NTBHA Board.
- Texas Self-Directed Care Advisory Board – An advisory group that represents a sub-set of the NorthSTAR population that are given the rare opportunity to direct their own care and purchase services (both traditional RDM services and non-traditional services) to aid in their own personal recovery.
- Dallas County Behavioral Health Leadership Team (BHLT) – A team of Dallas County stakeholders empowered by the Dallas County Commissioners Courts and Dallas County Hospital District Board of Managers to function as a single point of accountability, planning,

oversight, and funding coordination for all Dallas County behavioral health services and funding streams as well as the numerous BHLT sub-committees and workgroups.

- Ellis County Mental Health and Substance Abuse Task Team – a team of interested community stakeholders that have a vested interest in the mental health and substance abuse services their community receives.

- Mental Health Planning Advisory Committee for Rockwall County – a team of interested community stakeholders that have an interest in behavioral health care in Rockwall County. The advisory team acts as an advisory committee to the commissioner's court on matters of mental health and substance abuse services for Rockwall County citizens

- North Texas Behavioral Health Authority Board – NTBHA Board – "Board"

- Town Hall Meetings – A total of five Town Hall Meetings were held in the NorthSTAR Region in collaboration with Mental Health America during the 3rd quarter of fiscal year 2010 to obtain community input and feedback regarding NorthSTAR.

- Mental Health America of Greater Dallas (MHA) and National Alliance on Mental Illness (NAMI) – Advocacy groups that are active both within NorthSTAR and beyond.

- NorthSTAR Satisfaction Survey conducted by VO and NTBHA in the fall of 2010 and again in the spring of 2011.

- NorthSTAR Needs Assessment conducted by NTBHA in October 2011.

- Outside Resources – Databook and other DSHS reports, VO data, Tri-West Zia Report, UNT Health Science Center Report, and other blended systems throughout the nation.

- Analyzing complaint and call data.

- Analyzing NorthSTAR data.

- Participating in ValueOptions' Quality Improvement Program.

Data and information for this plan was collected via a number of methodologies designed to maximize community input regarding priority services, unmet needs/service gaps, priority populations and the role of the LBHA.

The NTBHA Board fulfills a stakeholder input function as noted above, but is also the governing body for NorthSTAR and NTBHA. As such, the board is an active force in local planning. The plan will be reviewed by the above groups, and published for general community review. Input concerning the plan will be solicited during regular community meetings, through direct contact with stakeholders, and through the NTBHA website.

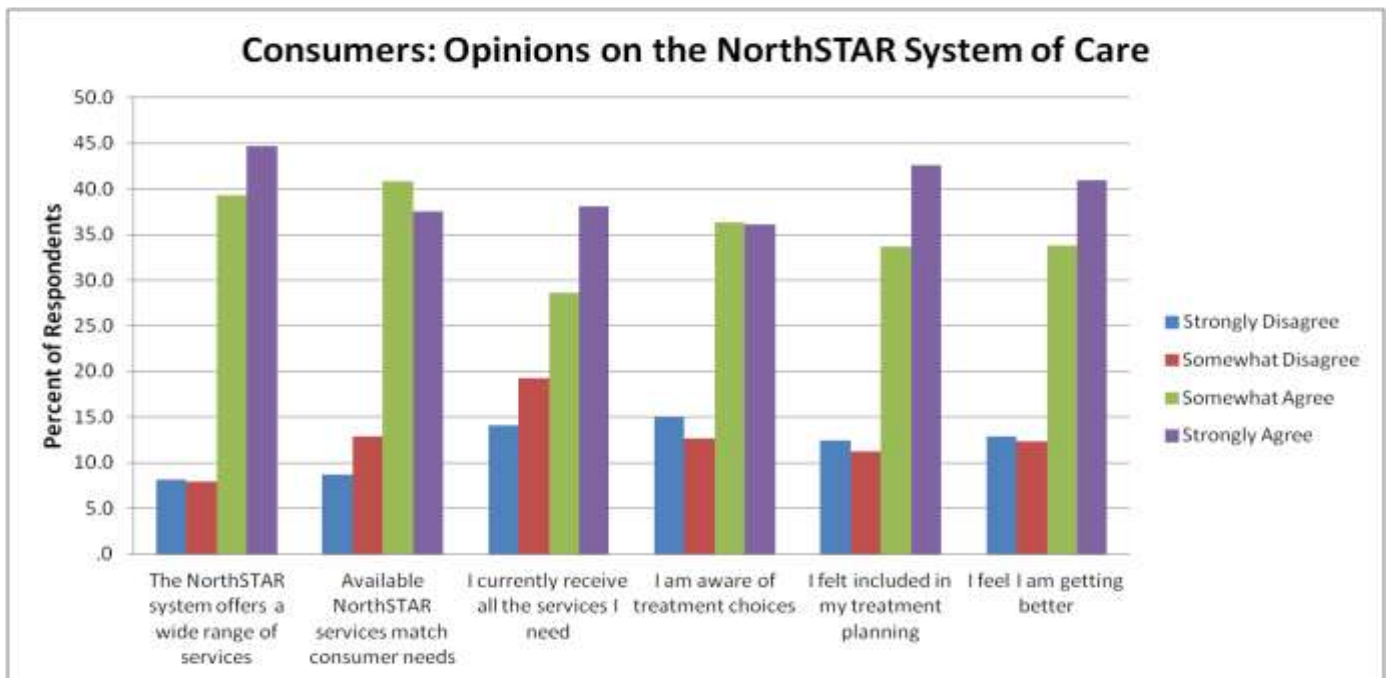
Regional Needs Assessment and Satisfaction Survey

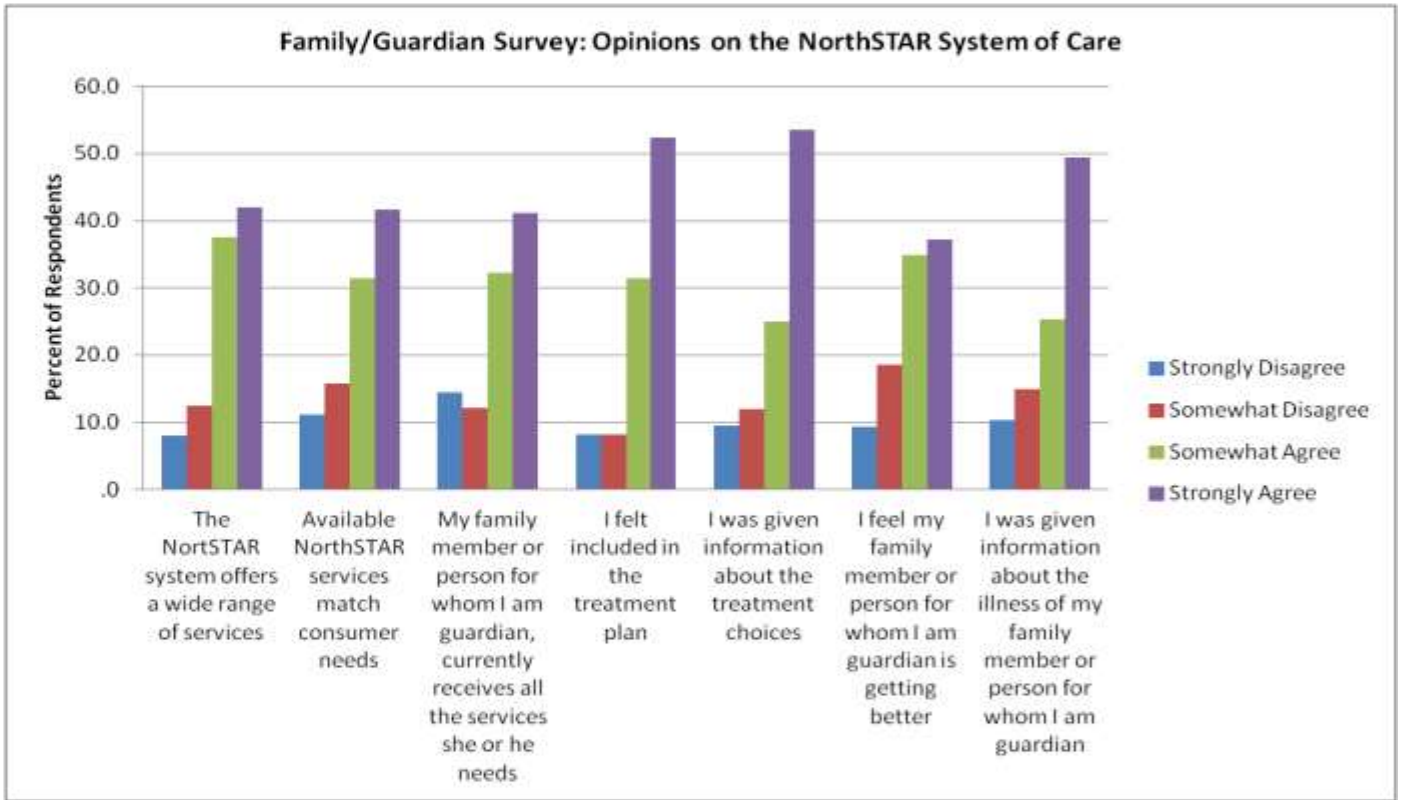
NTBHA collaborated with the University of North Texas Health Science Center to conduct a *regional needs assessment* in the months of September, October, and November 2011 to assist in the determination of service needs and gaps in services. NTBHA utilized the instrument from the previous needs assessment survey with some updates. Consumers, family members, advocates, providers, policy makers and other stakeholders participated in the assessment. There were 486 surveys completed by consumers from the various counties within NorthSTAR.

259 consumers reported a service they needed, but could not obtain. The most prevalent needs identified by the consumers were housing, transportation, and medication. Housing and transportation remain ongoing needs today, as well as the same needs identified in the regional needs assessment conducted in 2007 and 2009. Out of the 45 family members that reported services were needed, but could not be obtained for their loved one the most prevalent need identified was medication. Not surprisingly transportation was the most prevalent answer given as to why services needed could not be obtained by 58%.

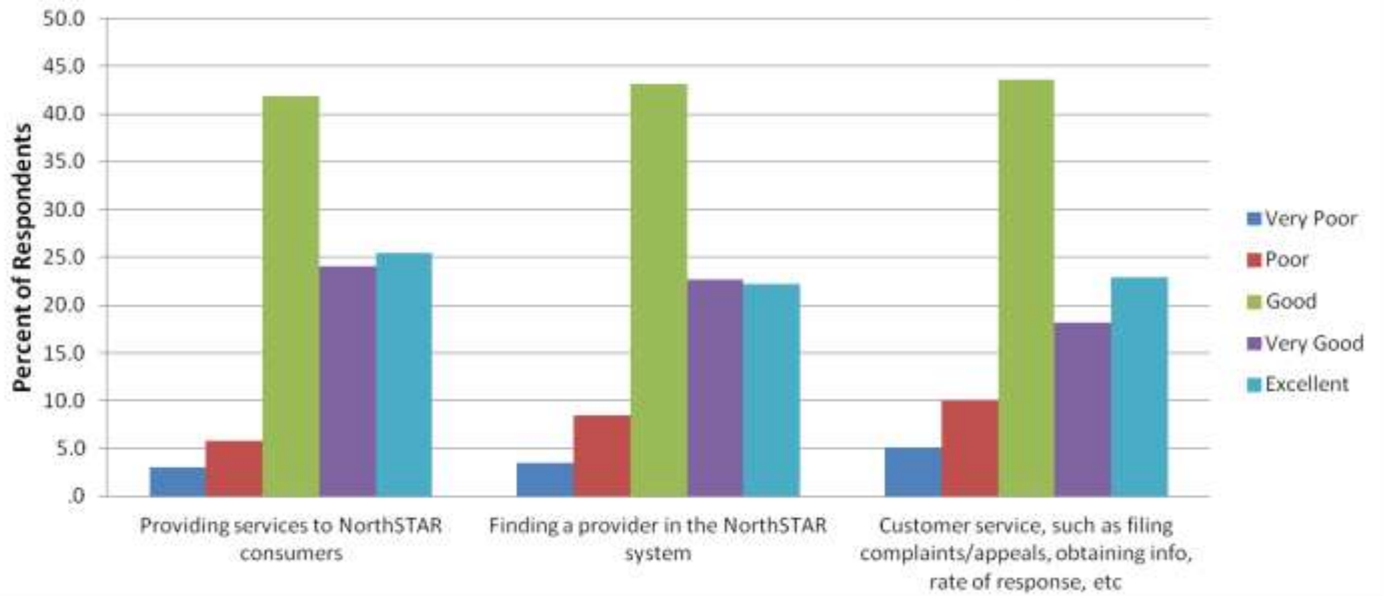
Medication is a new service identified as being needed, but not obtained. NTBHA will focus on this during the next year to obtain more information regarding this finding.

Overwhelmingly, the survey did exhibit satisfaction with NorthSTAR and the facets within the services with which are provided. Most of the respondents among the consumer group were satisfied (strongly or somewhat agreed was between 65% and 75%) with the services availability and quantity. On average, about 40% of the consumer expressed a strong feeling of being included in their treatment planning, and reported feeling they were getting better. Family respondents were similarly satisfied.

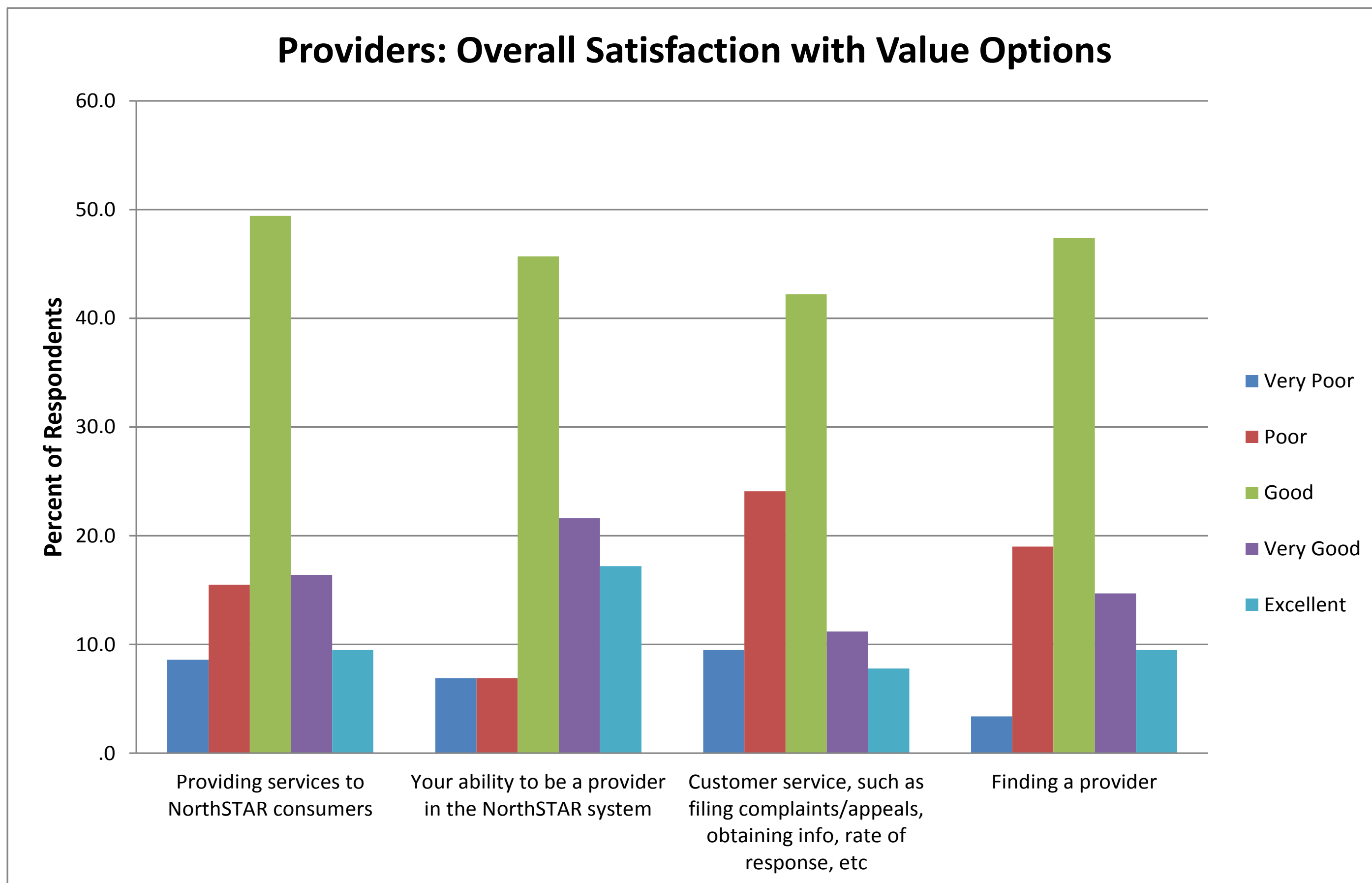




Generally, about 40% of the consumers and family respondents rated their satisfaction as only good with VO's ability to provide a service, find a provider, and customer service (administrative services).


Consumers: Overall Satisfaction with Value Options
Percent of Respondents
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
.0
Providing services to NorthSTAR consumers
Finding a provider in the NorthSTAR system
Customer service, such as filing complaints/appeals, obtaining info, rate of response, etc
Very Poor
Poor
Good
Very Good
Excellent

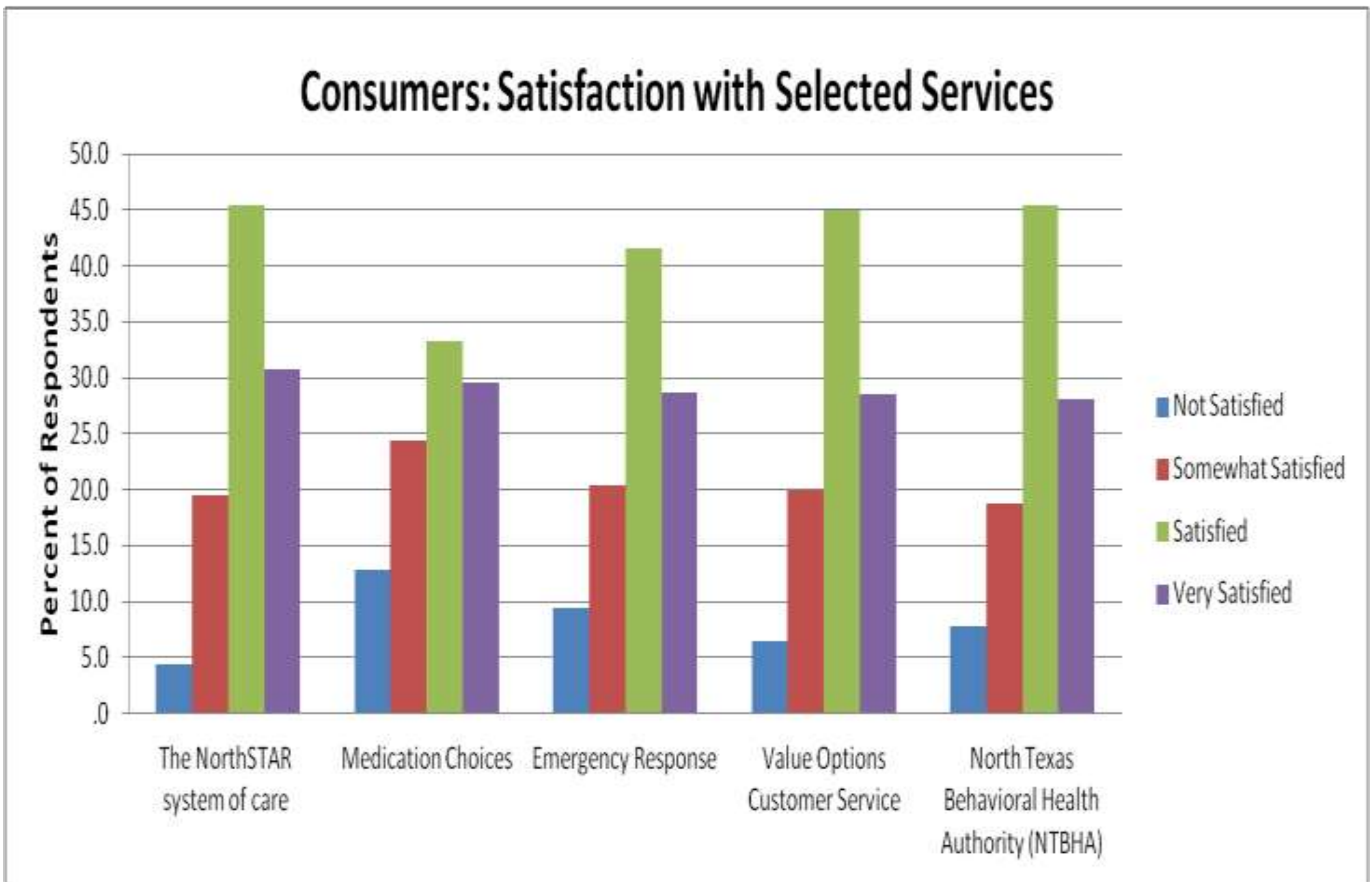
There were 117 Provider surveys completed by various Providers within the NorthSTAR network with varying roles within those Providers. Providers generally rated VO as only "good" in all aspects of service. Almost a quarter of provider respondents rated VO as "poor" in administrative services (customer
service).

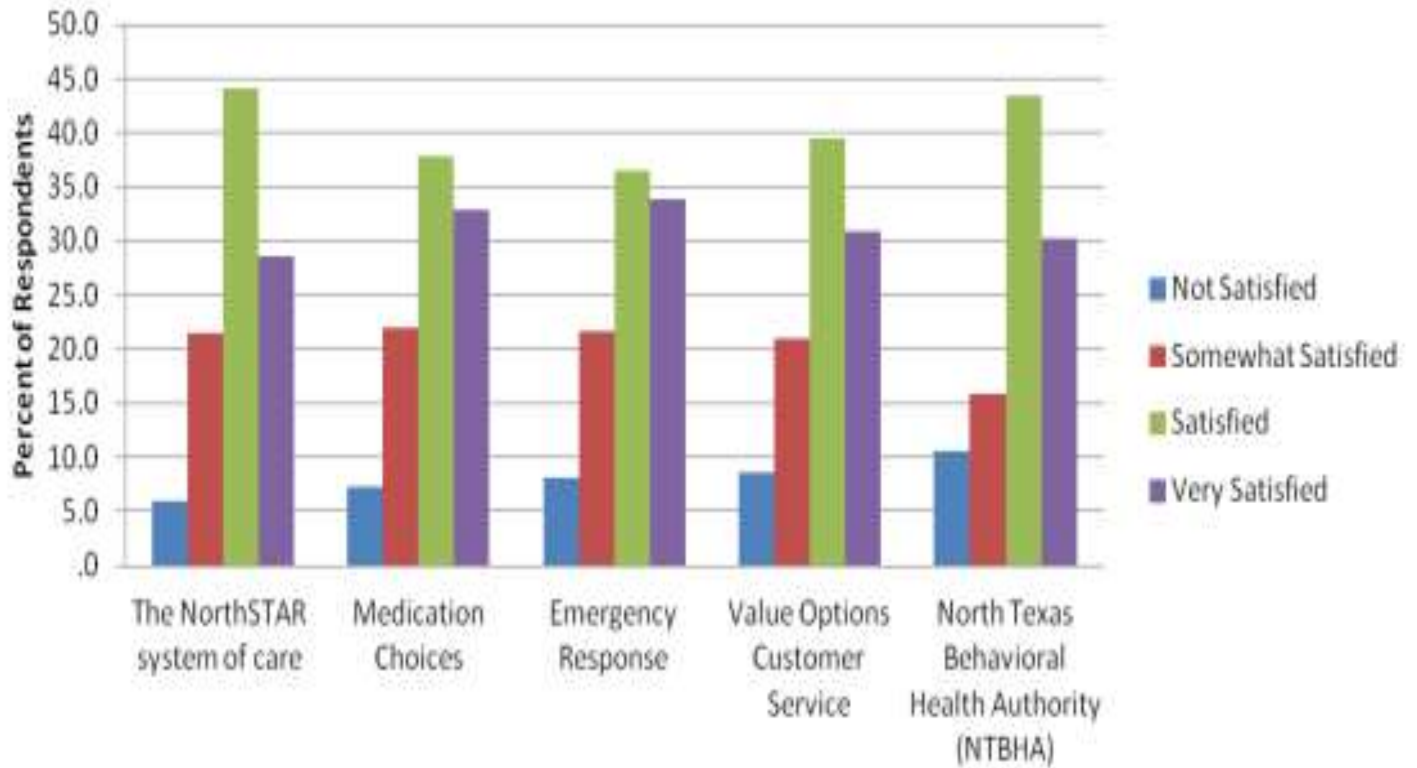


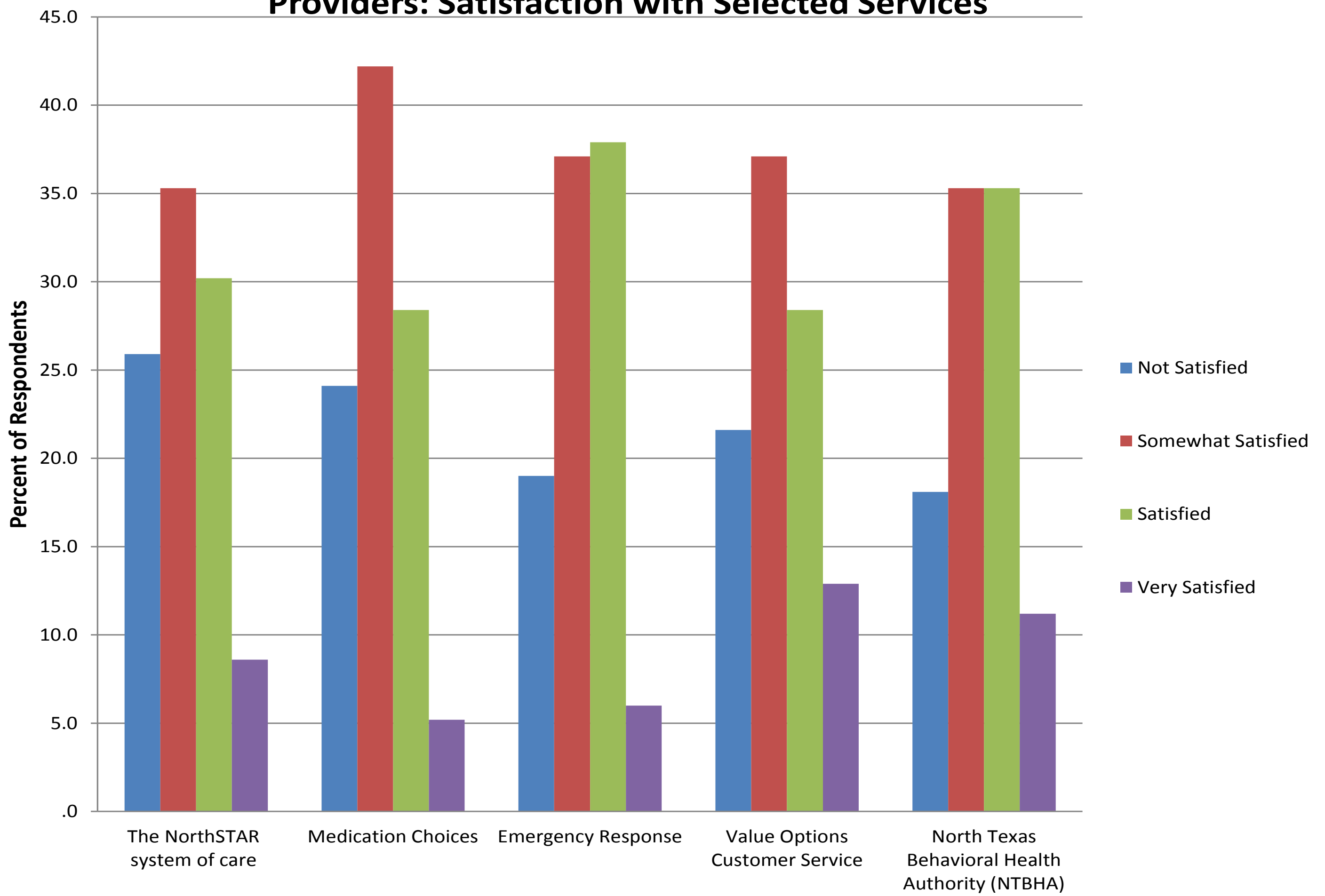
Satisfaction with selected services

The following three graphs reflect respondents' opinions about the extent to which they were satisfied with

1) The NorthSTAR overall system of care
2) Medication choices
3) Emergency Response
4) The overall Value Options' degree of customer friendliness
5) Overall satisfaction with NTBHA's services




Family/Guardian Survey: Satisfaction with Selected Services
Percent of Respondents
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
.0
The NorthSTAR system of care
Medication Choices
Emergency Response
Value Options Customer Service
North Texas Behavioral Health Authority (NTBHA)
Not Satisfied
Somewhat Satisfied
Satisfied
Very Satisfied


Providers: Satisfaction with Selected Services
Percent of Respondents
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
.0
The NorthSTAR system of care
Medication Choices
Emergency Response
Value Options Customer Service
North Texas Behavioral Health Authority (NTBHA)
Not Satisfied
Somewhat Satisfied
Satisfied
Very Satisfied

ValueOptions conducted a Satisfaction Survey in the Fall of 2010 and again in the Spring of 2011. There were 470 respondents in 2010 and 384 in 2011. There were six main questions that were used for comparison between the 2010 and 2011 surveys with some additional questions asked in 2011. The following are the results -

1. The clinic has shown respect for your ethnic, cultural or religious background –
   a. 2010 89.4% were either satisfied or very satisfied
   b. 2011 91.4% were either satisfied or very satisfied
2. Satisfaction with progress reaching one's goals –
   a. 2010 78.9% were either satisfied or very satisfied
   b. 2011 76.9% were either satisfied or very satisfied
3. Clinic staff involve your support system when you request it –
   a. 2010 77.5% were either satisfied or very satisfied
   b. 2011 76.9% were either satisfied or very satisfied
4. Clinic staff assist with finding community supports outside the clinic –
   a. 2010 48.4% reported this occurs always or most of the time
   b. 2011 57.1% reported this occurs always or most of the time
5. Overall satisfaction with clinic services –
   a. 2010 85% were either satisfied or very satisfied with their services
   b. 2011 82.9% were either satisfied or very satisfied with their services

Although there was a slight decline in satisfaction in most areas from 2010 to 2011 this could be contributed to the increased education efforts of NTBHA, MHA, and NAMI to educate consumers and raise their awareness to the quality of services in which they receive. The increase in assistance with finding community supports could also be contributed to the increased efforts to educate the NorthSTAR providers on recovery and what recovery oriented services look like.

Recovery is a term that NorthSTAR has embraced more recently over the past few years and has made great strides in educating both the provider community and consumers on recovery and what that term really means. NTBHA views recovery as an individual's own personal journey and can mean many things and take many forms. *"Any definition of recovery creates a box into which some*

people's experiences fit and others do not" (Via Hope – Appalachian Counseling Group, Inc.). The following are some emerging beliefs about recovery (Via Hope – Appalachian Counseling Group, Inc.) that NTBHA, in collaboration with VO, will continue to educate the NorthSTAR community on in an effort to change the community mental health system from a paternalistic approach to a recovery oriented approach.

- While systems and services cannot recover people, they can create environments and interventions that work for recovery rather than against it.
- Recovery involves working with all goals as the person defines them even though others may perceive some of these goals as "unrealistic".
- Recovery is a unique, personal journey. It is based on the belief that every person has the right to determine the kind of life he/she wants to live.
- Viewing "relapse" as a part of recovery offers opportunities to learn new coping skills, identify new supports, and access additional resources, thereby enhancing the recovery process.

It is also worth mentioning that in a recovery oriented system the goals of the consumer can overlap with the financial needs of the system, which only benefit both. If a consumer's goal is to return to work, go to school, or getting off of disability this not only benefits the consumer in reaching their identified goals thereby recovery, but also benefits the financial needs of the system.

Local Authority Goals and Service Priorities

GOAL I:

- Implement wrap-around services for consumers discharging from community inpatient settings with a warm hand-off into community settings.
    - Consumers would be transported from community inpatient upon discharge to the pharmacy to fill their prescriptions as research and statistics show that many consumers do not fill their prescriptions following discharge.
    - Consumers would then be transported back to their place of residence with the medications

in hand.

    - Consumers would be provided scheduled appointments and not just “walk-in” appointments at their community based Provider of choice. Consumer would be given a reminder phone call and if necessary provided transportation to their first appointment.
    - The goal would to be to also expand this to consumers discharging from jail.

Process

- NTBHA will confer with community stakeholders to devise a plan to utilize ValueOptions unused incentive funds along with funds obtained through VO penalties, which would outline the implementation of this wrap-around model. This plan would then be submitted to DSHS for final approval.

Outcome Measures

- A wrap-around model will be implemented by the end of fiscal 2012.
- Outcomes for those consumers receiving wrap-around post discharge will be tracked
    - Community engagement post discharge at 30, 60, 90 days.
    - Recidivism to acute care levels as 30, 60, and 90 days.
    - Cost analysis

GOAL 2:

- Continuity of Care integration

Process

- Continuity of Care between criminal justice and behavioral health through the expansion of TLETS/JDIM interface to all seven NorthSTAR Counties.
    - NTBHA will reach out to DSHS on the policies and procedures involved in allowing the TLETS system data to be linked to the JDIM system currently being used in Dallas County. This will allow immediate notification to NorthSTAR Providers of a jail book-in of one of their consumers. Inversely, this will also provide the jail access with certain clinical information, such as diagnosis and current medications insuring no interruption in behavioral health treatment while in jail and even more importantly possibly diversion from jail.
- NorthSTAR and DARS interface relating to work assistance.
    - NTBHA will work with VO and DARS collaboratively to develop and strengthen the

relationship. Collectively, NTBHA, VO, and DARS will identify strategies to identify those consumers in need of work assistance programs and coordinate services between the provider and DARS.

- NorthSTAR MCOT/hotline and 911 interface relating to crisis calls.
    - NTBHA will assist NorthSTAR's current MCOT/hotline vendor in reaching out to 911 to offer education and training, along with policies and procedures, on how to handle mental health crisis calls, which will provide the appropriate response to such calls and reduce costs.
- North Texas Behavioral Health Authority will establish a system to provide mental health and substance abuse education to every county within the NorthSTAR region, specifically to the County Commissioners.
    - Partner with other organizations (Mental Health America, Association of Persons Affected by Addiction and NAMI) for community education toward reducing the stigma associated with mental illness/ substance abuse.
    - Establish periodic education and town hall meetings with community groups in each of the seven counties addressing system access, crisis redesign services, and the role of NTBHA.

Outcome Measures

- TLETS/JDIM data exchange will be implemented in all seven County funded jails within NorthSTAR by the end of fiscal 2012.
- An increase of consumers becoming gainfully employed as measured by the RDM TRAG assessment tool.
- A reduction in the percentage of consumers that identify work assistance programs as service that is missing from NorthSTAR.
- Training provided to at least half of 911 employees conducted by NorthSTAR MCOT/hotline staff by the end of fiscal 2013. This will be dependent on 911's desire to collaborate with us.
- At least one town hall meeting to be conducted in each County every year and the procurement of at least one more County match by the end of fiscal 2013.

GOAL 3:

- Maintain adequate funding to ensure continued high quality delivery of services to all qualified consumers in the NorthSTAR region

Process:

- Educate state legislatures on the importance of a quality mental health and substance abuse services and tie this importance to a reduction of costs. This will be done through various methods such as letters as the need arises in response to escalating issues, face to face meetings either in small group settings or through wide reaching legislative tours of NorthSTAR.
- NTBHA continued participating in legislative planning committee meetings in conjunction with Mental Health America of Greater Dallas.
- NTBHA continued education of the County Commissioners on the importance of a quality mental health and substance abuse services and tie this to a reduction of costs for their individual Counties; especially within their County jails.

Outcome Measure:

- Current funding levels increase or remain stable for the NorthSTAR region.

GOAL 4:

- North Texas Behavioral Health Authority will work in collaboration with ValueOptions to enhance housing options to NorthSTAR consumers.

Process:

- NTBHA will monitor appropriate grants and apply to secure funding to assist in expanding current housing as well as to start up new housing projects.
- NTBHA will work collaboratively with ValueOptions on ways to enhance and expand housing options within NorthSTAR; such a looking at more crisis transitional housing, and permanent supportive housing.
- NTBHA will continue to participate in the Dallas County BHLT Homeless and Housing Strategy Committee (HHSC) and the Texas Health Institute's Housing Policy Academy.

Outcome Measures:

- A reduction in consumers that rate a 4 or 5 on the Adult TRAG assessment.
- Increased number of HUD housing options available at the various SPN Provider locations.

Service Area Population

The NorthSTAR Service Delivery Area is comprised of Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties. The region encompasses approximately 5,430 square miles, with a population of 3,615,641 or 14.38% of Texas based on 2010 estimates (U.S. Census Bureau). Of the total population in NorthSTAR 37.56% are individuals that are living at 200% of the federal poverty level (1,358,307) according to U.S. Census Bureau estimates.

The NorthSTAR region's population experienced an 18.23% increase in population between 2000 and 2010, 3,058,032 and 3,615,641 respectively. In several counties there were significant population increases. Collin County experienced a 59.1% increase in population, Ellis experienced a 34.3% increase in population, Kaufman experienced a 44.9% increase, and Rockwall saw its population increase 81.8%. The State of Texas has experienced a 20.6% growth in the same period of time (U.S. Census Bureau).

As a result of this population increase coupled with stagnant funding, NorthSTAR counties need to be continuously evaluated to identify unmet needs, identify NorthSTAR eligible individuals, and the most clinically effective yet cost effective way to deliver services. This will be demonstrated through town hall meetings, Commissioners Court meetings, county specific behavioral health meetings, various stakeholders (including consumers and families), and satisfaction surveys in all counties. It is imperative the NorthSTAR community work collaboratively to ensure the behavioral health needs of the community in which we serve are being met while continuously advocating for appropriate funding levels to be restored allowing NorthSTAR to be more in line with the MHMR Centers across Texas. NorthSTAR's base allocation per non-Medicaid enrollee served is the ***lowest*** in Texas at $1640 per non-Medicaid enrollee served as compared to a statewide ***median*** of $3832 per non-Medicaid enrollee served. The second lowest in Texas is shown to be at $2550 per non-Medicaid enrollee served, which is $910 more per person than in NorthSTAR (DSHS County Trends Report).

NorthSTAR Provider Network and Array of Services

Cornerstones of NorthSTAR's Distinctive Approach

- *Open Access*-NorthSTAR participants have access to services virtually anytime.
- *Braided funding* – Federal, state, and local sources contribute funds to purchase behavioral health insurance coverage for eligible consumers.
- *Integrated services* - Mental health and substance abuse treatment are coordinated under the umbrella of behavioral health, allowing integrated treatment in a single system of care. In SFY 2010 approximately 26.18% of NorthSTAR clients receiving services were dually diagnosed (Databook, September 2011).
- *Behavioral Health Organization* - Services are provided through a contract with a licensed behavioral health organization (BHO) that contracts and manages the provider network.

Array of Services

NorthSTAR offers a wide array of mental health and substance use disorder services provided by a diverse provider community that offers several choices to the NorthSTAR consumers in which we serve.

Mental Health Services

1. Outpatient Services –
    a. Adult RDM Service Package Services contained therein
    b. Child and Adolescent RDM Service Package Services contained therein
    c. Crisis Intervention Services
    d. Psychosocial Rehabilitation Services
    e. Skills Training and Development Services

f. Medication Training and Support Services
g. Counseling and Psychotherapy
h. Assertive Community Treatment (ACT)
i. Case Management Services
j. Home-based Behavioral Health Treatment
k. Intensive Case Management - Youth
l. Supported Employment- Add-On Service
m. Early Intervention

2. <u>Inpatient Services</u> –
    a. Acute (Mental Health) Inpatient Hospitalization

<u>Substance Use Disorder Services</u>

1. Inpatient Detoxification Services (Hospital and 24-Hour Residential)
2. Outpatient Detoxification Treatment Services
3. Residential Rehabilitation
4. Partial Hospitalization
5. Intensive Outpatient Rehabilitation Services
6. Outpatient Treatment Program
7. Outpatient Services
8. Medication Assisted Treatment (Methadone/Suboxone)

<u>Crisis Services</u>

1. Mobile Crisis
2. Crisis Hotline
3. 23 Hour Observation/Treatment (Hospital-based)
4. Emergency Room Services
5. Intensive Crisis Residential (1 - 14 days)
6. After Hours Crisis Clinic (1 location)

Specialty Children's Programs

1. Specialty Program - Early Childhood Pre-School Day Treatment (Ages 3-5)
2. Specialty Program - Children and Youth Wrap - around
3. Specialty Program - Mental Health Services-Birth to Age Six
4. Specialty Program - Treatment Foster Care

Day Services

5. Partial Hospitalization
6. Intensive Outpatient Programs

Additional Value-Added Services

1. Minority and Specialty Populations Outreach and Advocacy
2. Family Support Groups
3. Peer Education, Support, and Counseling
4. School-Based Prevention
5. Dual Diagnosis Support Groups
6. Targeted Case Management
7. Jail Diversion
8. Outpatient Competency Restoration
9. Transportation is available to Medicaid consumers

This depth and breadth of services offered within NorthSTAR requires a robust provider network in which to provide consumers with adequate choices in who they wish their service provider to be. The following outlines the NorthSTAR providers contracted with ValueOptions to deliver the above mentioned NorthSTAR services.

Provider Network

- Mental Health Clinic Providers
  - Collin - 5 clinic locations
  - Dallas - 25 clinic locations
  - Ellis - 2 clinic locations (although one only serves Medicaid)
  - Hunt - 2 clinic locations
  - Kaufman - 3 clinic locations
  - Navarro - 1 clinic location
  - Rockwall - 1 clinic location

- Substance Use Disorder Clinic Providers
  - Collin - 10 clinic locations
  - Dallas - 18 clinic locations
  - Ellis - 0 clinic locations
  - Hunt - 1 clinic location
  - Kaufman - 1 clinic location
  - Navarro - 1 clinic location
  - Rockwall - 1 clinic location
- Community Hospitals
  - Collin - 1 hospital location
  - Dallas - 5 hospital locations
  - Hunt - 1 hospital location
- State Hospitals
  - Terrell State Hospital in Kaufman County (other SH's across Texas are utilized as needed)

- Individual Providers (both mental health and substance use providers)
  - Collin - 25 individuals
  - Dallas - 131 individuals
  - Ellis - 17 individuals
  - Hunt - 14 individuals
  - Kaufman - 3 individuals

- Navarro - 10 individuals
- Rockwall - 7 individuals

- Crisis Services Providers
  - Adapt Community Solutions offers 24/7 hotline and mobile crisis services
  - Southern Area Behavioral Health After-Hours Crisis Clinic
  - Green Oaks Hospital 23-hour Psychiatric Observation Room
  - Homeward Bound Crisis Residential Program
  - NorthSTAR SPN's also provide walk-in crisis services

NorthSTAR Statistics

- Represents 14% of the total population of Texas
- Represents 32% of the total population of Texas below 200% of poverty
- Over 67,000 individual consumers received services in fiscal year 2010 in comparison to almost 48,000 in 2006, which is a 42% increase in numbers served over the past five years.
- Served 27% of the State's consumers of non-Medicaid mental health services
- Served 23% of the State's consumers of substance use disorder services.

According to the National Institute on Mental Health roughly 6% of Americans live with a serious mental illness (SMI). This means that roughly 81,500 individuals are living in the NorthSTAR service delivery area, at 200% FPL and living with a serious mental illness. Further assertions can be made that NorthSTAR serves roughly 82% of the eligible individuals in the service delivery area. NTBHA views this penetration rate positively and commends the education and advocacy efforts made by the community stakeholders, NTBHA, and ValueOptions with special mention given to Mental Health America and the National Alliance on Mental Illness in their efforts to education the community about SMI while removing the stigma attached to having a SMI.

Principles Considered in Service Delivery and Service Design

1. All delivered services as well as service design must take into consideration the needs of the individual client and the needs of the communities.

2. All resources should be maximized. The efficient use of funds and the prudent

distribution of care will ensure eligible citizens receive the needed services from competent providers at a reasonable cost.

3. Delivered services and program design must take into consideration how they directly and indirectly affect associated social service systems.

4. The cost or expense of operating existing and planned behavioral health programs must take into consideration all or total cost including those incurred by other or associated public service systems.

5. The local authority will be accountable to the public it serves.

6. The local authority will be an integrated service system that maximizes the use of all available funds, including maximizing county match contributions.

7. The system will match the levels of care to the levels of need, regardless of the individual's ability to pay.

8. The system will utilize evidence based best practices to identify disease management principles when providing care.

9. The system will offer a seamless continuity of care encompassing prevention, treatment, after-care, crisis and support services.
10. The system will offer access to recovery-based services that are responsive to the needs of the consumer.

11. The local authority will promote community education and anti-stigma programs designed to encourage the community to value people regardless of presenting illnesses or disabilities.

12. The local authority will provide an independent and impartial avenue (ombudsman) for consumers, family members, advocates, providers and stakeholders to seek resolution of complaints.

13. Services for all residents will include a safety net that provides emergency and crisis services.

Maximizing County Match Contributions

Currently, only three NorthSTAR Counties pay a County match into NorthSTAR – Dallas, Rockwall, and Navarro Counties. It is imperative that each NorthSTAR County be actively involved in the mental health and substance use disorder treatment of the residents of their respective counties to ensure all needs are being met. Although ValueOptions/NorthSTAR is required by contract with DSHS to provide certain mental health and substance use disorder services to qualified individuals there is a multitude of value added services ValueOptions offers NorthSTAR consumers. These value added services are largely supported by the County match contributions of the three counties previously mentioned with the bulk of funds coming from Dallas County. Additional services can continue to be explored, enhanced, and expanded in each NorthSTAR County if each County committed to investing in NorthSTAR.

NTBHA is committed to meeting with each individual County Commissioners Courts to educate them on the efficiencies and efficacies experienced within NorthSTAR and the value of investment into the system.

For example, according to NAMI's article on *The High Costs of Cutting Mental Health* statistics show that in the United States approximately 24% of prison inmates live with serious mental illness. At the same time we have seen a growth in criminal justice spending of 350% over the past 20 years from $10 billion to $45 billion nationally, which contributes heavily on state budget crises. What is needed is an investment in the mental health and substance use disorder system, which will only reduce criminal justice costs and alleviate some of the state budget crises. Approximately, 50 percent of previously incarcerated individuals living with SMI are re-arrested and return to prisons largely due to not complying with the conditions of probation or parole and not due to committing any new offense. In Dallas County this has risen 16.5% from 2008 – 2010 (Tri West Zia) Investment in proven, cost-effective mental health and substance use disorder treatment can help reduce the burdens on the criminal justice system. It also is an investment in recovery. Some examples of realized savings when counties have invested in their local mental health systems (Criminal Justice Mental Health Consensus Project):

- Cook County, Illinois implemented the Thresholds Jail Program that included 30 participants over

a span of two-years which saw costs drop $18,873 per person ($53,897 to $35,024). This is a savings of a half a million dollars.

- Monroe County, New York implemented Project link that included 44 participants over a one year span which saw costs drop $39,513 per person ($73,878 to $34,360). This is a savings of almost two million dollars.
    - According to the 2009 TRAG, approximately 52.6% of NorthSTAR consumer had criminal justice involvement in comparison to 42.3% Statewide. The potential for savings is remarkable. (Tri-West Zia)

NTBHA will be conducting semiannual collaborative reporting presentations to the NorthSTAR community and its stakeholders to further educate on the status of NorthSTAR, highlighting the strengths, while identifying areas of improvement as we move forward as a community.

NTBHA will continue to partner with each County as they establish their own behavioral health leadership/advocacy groups. Currently, Dallas County, Ellis County, and Rockwall Counties have begun to position themselves to have strong behavioral health leadership/advocacy group meeting regularly with the Dallas County and Rockwall County groups being recognized and supported by their County Commissioners.

Crisis Service Plan

ValueOptions and North Texas Behavioral Health Authority submitted a proposal to obtain Crisis Redesign funding in 2008 and was ultimately awarded $4,461,410 per Appendix 2B in the ValueOptions/DSHS contract. The expectation of DSHS was that ValueOptions would expand or enhance already existing crisis services in place as NorthSTAR was viewed as ahead of the curve in regards to crisis services. It was also DSHS expectation that ValueOptions would spend $4.4M more on crisis services as compared to the average crisis expenditures before the crisis redesign funding was received. This came out to an approximate $27,095,410.86 in “required” crisis expenditures.

The intent of the Crisis Redesign funding across Texas was to implement crisis services (ie, 23/hr observation rooms and MCOT services). NorthSTAR, as previously stated, was ahead of the curve on established crisis services and therefore was offered the flexibility to further enhance already existing crisis services as well as to expand to include some new crisis services. The proposal submitted to DSHS included the following services –

1. **<u>Expanding ACS Mobile Crisis Services(MCOT)</u>** – This would allow three mobile teams to be placed in outlying counties as well as a team strategically placed at The Bridge.
    a. ACS expanded to the outlying counties and placed a team at The Bridge. It was later determined that The Bridge team was not being appropriately used and therefore that team was removed on or around July 2009.
    b. ACS was audited by DSHS, along with participation from VO and NTBHA. The recommendations given by DSHS in August 2009 were –
        i. Increase care coordination efforts and follow-up.
        ii. Discontinue solo face to face encounters to residences.

Month - Year	Inbound Calls	Outbound Calls	F2F Encounters
June 2008	1,665	not tracked yet	930
January 2009	2,646	not tracked yet	774
June 2009	3,081	not tracked yet	717
January 2010	3,070	1,858	556
June 2010	3,469	2,616	446
January 2011	3,076	2,495	427
June 2011	4,044	3,105	427

*with finite funding and increased inbound phone calls has caused a decrease in F2F encounters as staff is pulled into the center to answer the phone calls. F2F encounters also decreased as a result of pulling The Bridge team. Outbound calls increased due to audit recommendations in August 2009 for increased care coordination and follow-up with consumers that had previously called in.

- The Bridge team began in May 2008, resulting in a spike of F2F encounters up to 930.
    - April 2008 = 445
    - May 2008 = 568 – The Bridge team was implemented
    - June 2008 = 930

- ACS encounters soared during Hurricane season, which continued the F2F encounter growth shortly following The Bridge implementation.
    - July 2008 = 775
    - August 2008 = 745
    - September 2008 = 972 – Hurricane efforts begin
    - October 2008 = 924
    - November 2008 = 728 – Hurricane efforts are ending, but not The Bridge
- The Bridge team was discontinued in July 2009 bringing the F2F numbers down from the 700's to the low to mid 600's.
- Jail assessments were also discontinued in September 2009, which transferred to Transicare. This brought the F2F encounters further down from the low 600's to the high 500's.
- Lastly, an ever increasing call volume along with the discontinuation of solo F2F runs in the community have further decreased the F2F encounters in the community to the 400's

2. **American Association of Suicidology hotline certification**
    a. ACS did receive their AAS accreditation in August 2008 and it was once again renewed in August 2011.

3. **Crisis Residential/Respite** – 10 beds at Homeward Bound

Fiscal Year	Unduplicated count of claimants	Unduplicated count of encounters
SFY'09	664	1,025
SFY'10	596	941
SFY'11 YTD	906	1,487

- Homeward Bound increased their bed capacity from 10 beds to 16 beds on or about January 2011.

4. **Transportation offset** – This included transportation to and from community hospitals and the State Hospital.

	June ‘10	July ‘10	August ‘10	Average
Voluntary	585	652	677	638
Involuntary	339	214	286	280

	June ‘11	July ‘11	August ‘11	Average
Voluntary	612	580	676	623
Involuntary	312	292	330	311

In 2009 an additional Crisis Redesign plan was drafted with additional proposals for DSHS to consider. These additional proposals included the following services –

1. Increased funding to further expand mobile crisis MCOT services.
   a. This never came to fruition
2. Supported Housing Crisis Stabilization Program – LifeNet
   a. This program was implemented, but did come to an end on or about April 2011
3. Urgent Care After Hours Clinic
   a. Metrocare Pathways Clinic was established initially with the expansion to include Southern Area Behavioral Healthcare
   b. Metrocare Pathways Clinic was closed December 1, 2011 due to funding constraints within NorthSTAR.

Fiscal Year	Metrocare Pathways Clinic		Southern Area Clinic	
	Unduplicated count of claimants	Unduplicated count of encounters	Unduplicated count of claimants	Unduplicated count of encounters
SFY ‘10	836	2,239	514	1,491
SFY ’11 – YTD	2,059	6,110	793	2,828

Month	Metrocare Pathways Clinic		Southern Area Clinic	
	Unduplicated count of claimants	Unduplicated count of encounters	Unduplicated count of claimants	Unduplicated count of encounters
March 2011	231	563	85	177
April 2011	203	519	98	334

May 2011	204	494	92	341
June 2011	211	509	104	357
July 2011	179	447	92	327
Aug 2011	181	443	109	437

<u>Other Crisis Services established prior to Crisis Redesign funding</u>

1. 23/hr observation and later the established 8/hr observation

Fiscal Year	23/hr Observation	8/hr Observation
SFY'09 unduplicated count of claimants	6,297	405
SFY'09 unduplicated count of encounters	10,403	484
SFY'10 unduplicated count of claimants	6,933	941
SFY'10 unduplicated count of encounters	10,643	1,114
SFY'11 unduplicated count of claimants - YTD	6,440	1,447
SFY'11 unduplicated count of encounters – YTD	10,026	1,705

2. **<u>Targeted Case Management provided by Transicare</u>** - Targeted case management or TCM provides intense wrap-around services to those consumers at risk for not linking to Providers or establishing a community home. TCM is community based and a team approach that can include peers and qualified mental health professionals to provides a direct service implementation. It should also be mentioned that TCM's access to Transicare's transportation services provides another layer of protection from consumer disengagement as the TCM worker is not only able to facilitate a community-based response should the consumer end up in an emergency room, but also facilitate urgent care access should acute stabilization issues arise.

a. Looking at those consumers engaged in Transicare's TCM program located at The Bridge (Dallas County Homeless Shelter) during a six month span of time the data shows that there was a 40% savings when looking at claims data prior to TCM involvement and claims data after TCM involvement ($139,694 to $83,654).

Crisis Redesign Committee –

Several NorthSTAR provider representatives, along with the Consumer and Family Advisory Committee chair, met in the summer of 2011 to discuss current crisis services provided in NorthSTAR and specifically those attached to the 2008/2009 Crisis Redesign Plan submitted to DSHS. The group reviewed the current crisis services offered and discussed what gaps can be identified that can be addressed in the upcoming NTBHA LSAP. It was determined the following alternatives should be explored as well as a formulating a proposal to update the existing Crisis Redesign plan outlining how crisis dollars are to be spent in NorthSTAR.

1. Look at alternatives to 23/hr observation. Something in between 23/hr observation and after-hours services or SPN services. It was suggested the existing Crisis Residential may be able to fit this gap or something similar.
2. Wrap-around services – re-establish SPN wrap-around team services, which would allow case managers to connect with consumers while in higher levels of care and assist with transition and engagement back into community services.
3. Accessibility to Medication – it was suggested that upon discharge from higher levels of care, instead of just providing a script to the discharged consumer who very likely will not fill that prescription or make it to their aftercare appointment, Transicare or SPN Providers (through wrap-around services) could pick the consumer up upon discharge and immediately fill the prescription provided by the hospital as well as scheduling the aftercare appt and following up to ensure the aftercare appointment is kept.

In tandem, the Dallas County Behavioral Health Leadership Team Crisis Sub-Committee has met for several months formulating several crisis redesign proposals for consideration. There have been three main models discussed:

1. Hubs in Existing Facilities Model
2. Virtual Model

3. Stand Alone Model

These models will continue to be discussed through fiscal 2012 with identification of the model to move forward with and implementation timelines.

Diversion Action Plan and Continuity of Care Services Plan

Criminal Justice and Juvenile Justice are two areas in which collaboration is imperative with the local behavioral health authority and community for increased continuity of care, appropriate services being provided at the appropriate level of care, and the ability to realize real cost savings within criminal and juvenile justice when mental health and substance use disorders are properly funded and services provided for. Parkland jail behavioral health system who provides behavioral health care to Dallas County inmates was the second largest provider of mental health services in Dallas County in 2009. The behavioral health population in the jail grew in the last six months of 2010 at a rate more than double the average rate of that time period in the previous two years. The critical need to respond to this onslaught is reflected in NTBHA's past (2008-10) and future (2010-12) strategic planning, and continues to be a top priority in this 2012-2014 LSAP. (Tri-West Zia)

The Dallas County Behavioral Health Leadership Teams have relied largely on the Juvenile Justice and Criminal Justice sub-committees to look at these areas and to begin identifying ways to close gaps and increase continuity of care between criminal/juvenile justice and NorthSTAR. The Mental Health Planning Advisory Committee for Rockwall County has also focused on these areas to offer solutions.

1. Juvenile Justice Sub-committee to the BHLT has identified a first step in providing continuity of care program by way of creating a "Juvenile Justice Care Coordinator" who is responsible for assisting youth and families by providing service coordination in an effort to bridge the gap between referral and initiation of community based services. The Juvenile Justice Care Coordinator would work directly with all identified levels of the Juvenile Justice System and act as a coordinator between each system, the referral agency, and the youth and family being referred. The Juvenile Justice Care Coordinator would be well versed in the current service providers listed in the Juvenile Justice Section of the Dallas County Community Plan 2010,

engage youth and families at the time of referral, and coordinate the necessary care ensuring youth and family follow through. From the time of referral, the Juvenile Justice Care Coordinator will provide six brief sessions over the course of 90 days bridging the gap between referral and initial appointment. Further, the Care Coordinator will remain a support network for the youth and family during the transition period thus assisting in elimination of barriers and decreasing recidivism.

2. Criminal Justice Sub-committee to the BHLT has identified a first step in providing continuity of care program by way of expanding the current Jail Diversion Instant Messenger system. This (JDIM) system allows immediate notification to approved users of an inmate's entry into the criminal justice system with also an identified mental health services. Mental health service involvement is identified by matching book-in data through the Dallas County "bot" (also known as an internet bots or web robots) to mental health records located in VO's webcare through an interface between the two programs. VO's webcare system provides information such as SPN association, most recent uniform assessment, diagnosis, and medications. This feed is updated at least daily. The webcare feed is consumed by Dallas County's jail information system, which includes basic book-in information and is updated every 15 minutes. Every time a jail book-in is received it is "smashed" against the VO webcare feed and triggers a notification through JDIM to approved users. Only exact matches are triggered for notification while partial matches are scrubbed by jail staff to further identify whether a notification should be triggered. Once these alerts are triggered to approved users; those users will have immediate access to clinical information via VO's webcare. JDIM is essentially a package of integrated software (programs) that perform a sequence of tasks-identification of consumers. "Sametime" is the instant messaging software utilized to send the instant notifications and until recently a focal challenge was the sametime software had to be associated with one specific computer. Recently, a version of this product was made available for web-based application to allow users to access the system through multiple devices with web access (computers, laptops, ipads, android devices, and Smartphone's). This will allow even faster and immediate notification to approved users of a mental health consumer being booked into the criminal justice system. Now that sametime is web-based the TLETS feed could be utilized allowing JDIM to be provided to all NorthSTAR County jails and improve it for Dallas County with less cost and time. TLETS or

> Texas Law Enforcement Telecommunication System allows jails to enter each book-in into a system that immediately notifies the jail of partial or exact matches to the State's mental health records to identify potential mental health needs and allow for proper treatment as identified. The TLETS matching along with access to clinical information through VO's webcare via JDIM will only enhance continuity of care and ensuring mental health consumers were receiving proper treatment at the most appropriate level of care possible within the criminal justice system. Early identification of mental health consumers in the criminal justice system could also increase the likelihood of involvement with Jail Diversion or Outpatient Competency Restoration (OCR) as deemed appropriate and as proper criteria are met.

Jail Diversion within NorthSTAR is currently only offered in two counties – Dallas County and Kaufman County. Jail diversion allows inmates to be diverted from jail into a community program. Typically, those that qualify for the jail diversion program are involved in minor offenses. The implementation of jail diversion has assisted Dallas County in keeping their jail population down while also allowing inmates to receive treatment in the community from a local service provider. It is often a lack of community service engagement that resulted in the minor offense and arrest. Jail diversion allows the community to focus on the real issue at hand hopefully resulting in long lasting engagement and a decrease in recidivism. Once jail diversion is successfully completed the inmate's charges are usually dismissed. Dallas County also works with consumers who are on probation who have a mental illness and require community treatment. On a monthly average, about 35 misdemeanor offenders and 43 felony offenders are participating in Dallas County Jail Diversion Programs. During the month of November 2011 there were 71 referrals received for misdemeanor offenders to participate in jail diversion with 39 receiving assessments and 7 being admitted for jail diversion. There were 3 referrals received for felony offender there with 3 receiving assessments and 3 being admitted for jail diversion.

Kaufman County Substance Abuse and Mental Health Diversion Program have been operating for a year. The total numbers of people who have gone through the program are 12, which include 3 who successfully completed the program and 9 still currently participating. The numbers are fairly low in comparison to Dallas County, but average for Kaufman due to Kaufman County being a small rural county with limited services. There are steady referrals for the program; however, there are certain criterions that are deemed necessary

before participation is allowed. The substance abuse/mental health diversion program allows inmates to be diverted from the jail to mental health and substance abuse services in the community. Kaufman County collaborates with Lakes Regional Mental Health for substance abuse and mental health treatment. Kaufman County Jail Diversion criteria are usually patients who have felony charges and/or misdemeanor charges that have been identified as having substance abuse and/or mental illness. These referrals are usually generated from the public defender, district attorney, judges, and probation. Lakes Regional Mental Health Services is a very integral part of the jail diversion program because once the referral is received they complete a comprehensive assessment to determine whether or not they can provide the outpatient services in the community. Before any services can be provided Lakes Regional has to request approval from NorthSTAR in order to provide services under a package 3 level of care (SP3). The patient's length of stay in the program is typically 9 to 12 months depending on their progress and recovery treatment plan. The program has been successful in helping to lower the recidivism level in Kaufman County and helping consumers with substance abuse and mental health issues connect with treatment providers in the community. Due to the recent budget cuts in the NorthSTAR system this program may perhaps be in jeopardy of not being able to provide the intensive service for consumers who are admitted into the program for mental health diagnosis only. The consumers will only be authorized for intensive levels of care for 3 months and afterwards stepped down to receive a lower level of care during the remaining treatment.

TCOOMMI recently changed their funding methodology for Jail Diversion in Dallas County from a case rate per member per month payment to funding positions which had an impact on service providers and who could provide case management services. There were four agencies providing case management services before the change, but now only one Provider is being utilized and those case management positions funded. There have been some discussions on how to preserve the choice in Providers outside of TCOOMMI funding. One Provider has chosen to discontinue providing jail diversion services while others are working with ValueOptions in providing reimbursement for the two remaining agencies who agreed to continue providing case management services for jail diversion. The reimbursements are at a lower rate than previously received through TCOOMMI. One of the major concerns identified is the number of clients per case manger will increase. This may have some enduring effect on patients who needs intense services in order for them to maintain in the community.

Outpatient Competency Restoration (OCR) is currently offered only in Dallas County. NTBHA is committed to assisting with all efforts to transform the behavioral system in Texas. The 80th Legislature appropriated $82 million for the FY 08-09 biennium, guided by the Legislature and in response to Rider 69. Funds were allocated to assist the state in making progress toward improving mental health and substance abuse crisis services. OCR allows mentally ill defendants to seek treatment in the community to regain competency in lieu of going to the State Hospital. Typically, misdemeanor cases will be considered for OCR but in some instances felony cases have been granted to utilize OCR. All defendants are carefully screened and evaluated by the court before sending recommendations to ValueOptions for approval. Once a defendant is accepted into the OCR program a service provider in the community is identified to work closely with the individual on regaining competency and stabilizing the individual in the community. The defendant has ongoing court dates to allow the judge close monitoring of progress. OCR is typically granted for a 90-120 day period of time. If during that time OCR conditions are violated the judge determines the nature of the punishment; oftentimes returning to jail to be reassessed for appropriateness in continuing in OCR. Once OCR is successfully completed and the defendant is deemed competent to stand trial a court date is set while many others enter into plea bargains or even have their cases dismissed. On average, about 50 defendants are participating in OCR every month.

OCR is vitally important to the NorthSTAR community who, at times, had almost 90 inmates awaiting a bed at Terrell State Hospital, which could take upwards of 4-5 months for a bed to open up. The implementation of OCR has allowed treatment in a least restrictive setting while opening up State Hospital beds for the most chronically ill that need it most. The current wait for a State Hospital bed across NorthSTAR over SFY11 Q4 was approximately 15-25 awaiting a Terrell State Hospital bed and 40-50 awaiting a Vernon State Hospital bed.

A successful OCR program will improve efforts to provide effective treatments to individuals in the legal system with mental illness and substance abuse disorders, with the goal of reducing burdens on the jails and state hospitals.

NTBHA supports education and outreach as a critical component of an OCR program.

NTBHA shall oversee strategies and procedures (as outlined in the DSHS contract) to divert individuals

with mental illness from the criminal justice system to appropriate community services.

CRISIS INTERVENTION TRAINING (CIT) - CIT is another important component of diversion.

a. The state of Texas requires that all law enforcement officers receive a minimum of 16 hours of Crisis Intervention Team (CIT) training. The Dallas Police Department saw a need for better preparation when dealing with consumers exhibiting signs of mental illness. They implemented a 40-hour CIT training that includes extensive classroom training to identify mental illness symptoms and cognitive impairment disabilities, provide good communication skills involving active listening skills and de-escalation techniques. Two full days are set aside for scenario training, a simulated environment to practice what has been learned in the classroom. The last day is spent hearing from local advocacy groups and consumers who have been confronted by police during mental health crises. Through support of the DPD, these classes have been made available to the NorthSTAR community at large by training officers from other law enforcement agencies as space and resources permit. To date, all seven counties within NorthSTAR have had some form of CIT training.

   a. Dallas Police Departments –
      i. 2010 194 trained
      ii. 2011 242 trained
   b. Other Police Departments in NorthSTAR –
      i. 2010 133 trained
      ii. 2011 276 trained
   c. Non-Police Officers Trained –
      i. Total 76 trained
   d. TOTAL of 2296 individuals trained in CIT

<u>Here is the breakdown of those trained in CIT in 2011</u> –

Brookhaven College PD –	3
Collin County SO –	2
Corsicana PD –	1
Dallas City Marshal –	1
Dallas County SO –	159
Dallas Independent School District PD –	5
Dallas PD –	242
DeSoto PD –	7

Ellis County SO –	4
Frisco PD –	12
Garrett PD –	2
Glenn Heights PD –	1
Hunt County SO –	4
Irving PD –	9
Kaufman County SO –	4
Kaufman Independent School District PD –	1
Kaufman PD –	5
Lancaster PD –	1
Mansfield PD –	1
Montague County SO –	1
Murphy PD –	1
Plano PD –	30
Red Oak PD –	2
Rockwall County SO –	16
Sachse PD –	1
University Texas South West Health System PD –	2
Whitney PD –	1
TOTAL –	518

To date Dallas County is slated to conduct CIT training to the following in 2012 –

- Frisco PD
- DeSoto PD
- Kaufman County Sheriff's Office
- Plano PD
- Rockwall County Sheriff's Office
- Ellis County Sheriff's Office
- Red Oak PD

a. Fire department and EMT staff is not required by law to receive CIT classroom training, but take several online courses regarding mental health. To supplement online trainings, DPD provides a 16-hour CIT training for Dallas Fire Rescue that includes recognition of mental illnesses and communication skills with some scenario training.

b. DPD also provides an 8-hour CIT training class for probation officers in Dallas and Collin Counties.

c. Additionally, a 4-hour class is given each semester at the UNT Dallas campus for a criminal justice class.

Primary Care Integration –There are several initiatives under way in the NorthSTAR system to address the need for integration of primary care and behavioral health services for our consumers. Throughout the nation "people living with serious mental illness are dying 25 years earlier than the rest of the population, in large part due to unmanaged physical health conditions" (National Council for Community Behavioral Healthcare, 2009). There is significant cost to individuals and to the system of care if this fact is not addressed. In the NorthSTAR system of care, integration of care will become a focus moving forward.

Currently, there is an integration workgroup that has been developed centrally in the NorthSTAR region that is reviewing the emerging models of integration and planning pilot projects that may inform the entire system of care. The efforts of the integration workgroup have a common mission based on the Institute for Healthcare Improvements' Triple Aim: Improve overall health of the population, improve the patient experience (quality, access, and reliability), and reduce or at least control the per capita cost of total healthcare (www.IHI.org). With these larger goals in mind, the integration workgroup will focus on compiling the information available nationally as well as locally and reviewing system design/development ideas around integrated care. Focus groups have been developed to concentrate on the following: education and engagement, workforce development, models of integration/pilots/outcomes, financial models of integration, and technology as it related to integrated care.
The specific initiatives under way include the development of diverse projects or pilots to begin improving collaboration and integration and reviewing outcomes for individuals and the system of care related to those projects. Projects include: 1) Integrated care for chronically homeless members at the Bridge Homeless Assistance Center, 2) Improved outcomes for indigent members with physical healthcare needs as identified through 340B health screens, and 3) Integrating care through improved behavioral health screening in primary care settings, and 4) Identifying and connecting the primary care needs of children who are prescribed atypical antipsychotic medications. While these projects are targeted, the goal is to find pockets of opportunity that will inform the community in a larger way leading to a more fully integrated system of care.

Performance Measures and BHO Oversight Plan

Performance Measures

Several members of the NorthSTAR stakeholder community have met to discuss the priorities for NorthSTAR and which performance measures should be prioritized and monitored moving forward through FY12 and FY13. The following summarizes the performance measures identified within the community and the goal of each performance measure; however, before we can develop financial incentives for these outcomes we will need to develop a data reporting framework in order to establish baseline measures and targets. A first step would be for NTBHA to work in collaboration with VO, DSHS and other community stakeholders to develop a community dashboard and for our behavioral health community that is tied to these performance indicators. A main goal for FY12 would be to develop the dashboard and collect the data and then for FY13 begin to set baselines and targets to pilot a performance incentive payment system for the BHO and NorthSTAR Providers.

1. **Goal:** Improve patient outcomes and costly repeated hospital admissions and criminal justice involvement

   Performance Incentive:

   - Track readmission rates (for example 30 day readmission, to include inpatient, ER, TSH, detox, jail)
   - Set targets for expected, above, and below readmission rates.
   - The discharging facility and accepting provider would share an incentive payment for meeting above expected, and share in penalty if below expected readmission rates.
   - Targets would be determined for each facility/provider based on past utilization patterns of assigned patients assigned to that provider.

   This shared cost between hospital, jails, and Providers will lead to a sense of shared ownership and accountability among providers in our system and incent the development of solutions such as:

   - Improved collaboration between providers
   - Increased utilization of existing and the development of new wraparound services (such as targeted case management, critical time intervention, substance use case management, etc.)

- A shift in clinical approach and definition of success that is more recovery oriented, more focused on engagement, and more flexible to meet the needs of individual patients, etc.
- Increased availability of clinical competencies and services such as DBT, supportive psychotherapy, etc.

2. **Goal:** Improved communication/collaboration between the diverse array of service providers in our system and less fragmentation between them.

   Performance Incentive:

   The BHO will ensure that all contracts with providers will have a communications plan to include strategies for 1) disseminating information about their service, and 2) sharing information and collaboration with other providers for coordination of care.

   Potential resources for developing contract language specifics include:

   - American Academy of Suicidology Accreditation Manual (see page 59) http://www.suicidology.org/c/document_library/get_file?folderId=234&name=DLFE-306.pdf
   - Dallas County BHLT - FIXIT sub-committee group

3. **Goal:** Target resources towards those at high risk for poor outcomes.

   Performance Incentive:

   - Increased case rate for taking consumers in targeted group
     - High risk status could be determined by patterns of past utilization, or other characteristics such as being released from jail, homeless families at risk for separation, co-occurring substance use disorders, co-occurring developmental disabilities, etc.
   - Track outcomes and cost in this group
     - Specific indicators could include admissions, jail involvement, connection to primary care, medical ER visits, disability etc.
   - Realized cost savings could lead to SPN's sharing in those savings.

   The goal is this would lead to:

   - The development of more creative, flexible, and collaborative services that better meet the needs of these complex people.

- The opportunity for investment from systems outside of NorthSTAR (for example, if the target group included those at risk for utilization of medical and EMS services).

4. **Goal:** Increase the impact of behavioral health services on homeless recovery.

   Performance Incentives:

   - **Housing**:
     - Set targets for identifying homeless patients and subsequent assistance with housing.
     - Providers would share incentives/risk for meeting above/below expected targets.
     - This would promote collaboration with homeless recovery providers.
   - **Disability**:
     - Set targets for screening for disability eligibility and subsequent assistance with applying for benefits.
     - Providers would receive incentives/risk for meeting above/below expected targets.
     - This would both benefit the patient and also help the system by increasing Medicaid penetration.
     - In addition, it's possible that providers can bill social security directly for preparing disability applications, which may be an untapped revenue stream.
   - **Employment**:
     - Set targets for identifying consumers who want to work and subsequent assistance with employment.
     - Employment may be broadly defined according to the needs and capacity of the individual, i.e. for some people, starting volunteer work would be a successful outcome (and may start a trajectory towards further recovery)
     - It should be emphasized that people CAN work and receive disability benefits.

   - **Special populations:**
     - For example, family preservation for homeless families at risk

5. **Goal:** Begin a framework upon which to develop improved integration between behavioral health and primary care.

Performance Incentive:

- Each organization will document the development of a working relationship with one or more primary care clinics
- Each organization will report the % of consumers who have been seen by a primary care physician or had a health screening within a given period of time.
- Designate a specific population of patients and document that a certain percentage have a primary care physician and have been seen by the PCP and evidence of collaboration/communication.

As this is a new area of focus for our system, our strategy is to start simple with these proposed metrics and increase expectations over time. We hope this will lead to improvements in:

- Partnership (developing close working relationship with primary care providers)
- Linkages (a clear referral process, clear communication pathways/methods)
- Follow up/outcomes (coordination and outcomes documented)

6. **Goal:** Services and core competencies outside the service packages for which there is an unmet need.

Performance incentive:

- An incentive payment for a provider to demonstrate competency in a given service or competency, or
- A share in cost savings if consumers receiving a given service have improved outcomes, decreased ER/inpatient admissions, etc.
- In addition, some of these may be incented for select populations via Goal#3

We hope this would lead to an increased capacity to deliver services such as

- Post-discharge wraparound services
- Family preservation services
- Psychotherapy modalities other than CBT
    - DBT/CPT/other trauma informed therapies
    - supportive psychotherapy
    - play therapy

- peer support
- family therapy
- skills training targeted towards measurable outcomes (such as improved employment)

7. **Goal:** Increase co-occurring competency throughout the mental health system.

- An incentive payment for a provider to
  - Obtain a TCADA license and offer substance use services, or
  - Demonstrate competency in other evidence-based services that do not require a license, such as SBIRT, motivational interviewing, etc.
- A share in cost savings if patients receiving these services have improved outcomes, decreased ER/inpatient/detox admissions, etc.
- It is recognized that DSHS interpretations of licensing regulations may present a barrier (and possibly a target for future advocacy efforts).

BHO Oversight Plan –

NTBHA will monitor and track several aspects of the BHO over the next two fiscal years, which will assist in identifying areas of strengths to capitalize on and areas of weakness to improve. NTBHA will take a systematic approach to oversight of BHO's activities in several key areas.

1. **Utilization Management** – There are several UM activities that NTBHA will target in FY12 and FY13, which will be accomplished through a multitude of avenues.

   a. **Mental Health Outpatient** - NTBHA will continue to track and monitor the percentage of consumer served in each service package and the units of service provided within each of the identified service packages. This will allow NTBHA to identify any sudden changes in service package distribution that would need to be investigated further. NTBHA will continue to participate in ACT audits to ensure the proper level of care required within ACT and documentation are occurring at the various Specialty Provider Network (SPN) locations providing ACT level of care.

b. **Substance Use Disorder** – NTBHA will begin to track and monitor the rate of consumers identified as co-occurring and that those receiving a SUD service are engaging in treatment for at least 90 days. NTBHA will monitor and conduct at least yearly audits to review adverse determinations levied by VO and the appropriateness of those determinations.

c. **Acute Services** – NTBHA will conduct at least yearly audits to review adverse determinations for community inpatient and the level of appropriateness of those determinations.

d. **Crisis Services** – NTBHA is in the process of collaborating with community stakeholders to completely revamp NorthSTAR crisis array of services and how they are delivered. NTBHA's plan is to continue attending the various county specific behavioral health groups meeting, specifically those meeting to discuss crisis redesign, to identify more cost effective ways to deliver crisis services that provide better outcomes for the consumers in which we serve. In the meantime, NTBHA will continue to monitor crisis services utilization to track whether utilization is increasing or decreasing and attempt to identify catalyst for such changes. The focus for crisis redesign will largely include 23/hour observation, MCOT services and hotline, after-hours clinic, and crisis residential services.

2. **Quality Management** - There are several QM activities that NTBHA will target in FY12 and FY13, which will be accomplished through a multitude of avenues. In FY11 NTBHA convened a NTBHA/VO QM meeting that is held every other month to discuss quality management issues that are being worked on independently as well as collaboratively. Complaint trends are monitored and discussed at the meeting as well to identify the need for further investigation and/or action.

a. **ValueOptions Quality Improvement Projects** – NTBHA will continue to participate and collaborate with ValueOptions on their identified QIP's. Currently, NTBHA/VO are working on the following QIP's

i. Time in the community for NorthSTAR mental health consumers that are assigned to a mental health SPN provider. This QIP is in line with DSHS, NTBHA, and

community wide interest to see a decrease in acute care services provided and more emphasis on recovery oriented community based services. This QIP will be realized by UM activities to monitor appropriate use of acute care, collaborating with police officers trained in CIT on appropriate levels of care to match the identified consumer's needs, BHO contractual penalties/incentives, and Provider contractual penalties/incentives.

ii. Increasing prescriber engagement for NorthSTAR mental health consumers that are assigned to a mental health SPN provider. This QIP is in line with DSHS, NTBHA, and community wide interest to see better engagement between higher levels of care and outpatient settings, which should result in prescriber access in shorter amounts of time. This QIP monitors engagement at 7-day and 14-day intervals after hospitalization. The baseline measured Q1 SFY2010 was 31% of consumers saw a prescriber within 7-days after discharge and 42% within 14-days after discharge. Q1 SFY2011 was 33% for 7-day follow-ups and 45% within 14-days. Both measures increased. NTBHA/VO will continue to track and monitor these percentages.

b. **NTBHA's Quality Improvement Projects** – NTBHA has several areas being looked at for quality improvement.

i. Several QIP's currently being discussed in regards to admitting to acute care services and discharging from acute care services all while paying close attention to decreasing the number of acute care services being utilized.

1. **Admissions** – NTBHA will continue to partner with CIT training to offer police officer robust crisis training, education, and resources to ensure consumers are brought to the most appropriate level of care, which is oftentimes not jail. NTBHBA will also continue to collaborate with police officers to ensure that the most appropriate level of care within the community is being utilized, which is not always 23/hour observation.

NTBHA, MCOT services, and community stakeholders will continue to identify ways to prevent acute care services from being needed but to also divert consumers to lower levels of care when 23/hour observation does not match a consumer's need.

2. **Discharge** – NTBHA will continue to collaborate with community stakeholders on implementing wrap-around services from acute care setting to community settings; whether mental health and/or substance use disorder services. This will allow for a warm hand off integrating the consumer back into community services or sometimes even engaging in community services for the first time. Some of our higher need consumers may be better served under ValueOptions Intensive Case Management Program, which to date has shown great success in engaging consumers that were previously near impossible to engage.

ii. MCOT/hotline services are another area NTBHA will be working on with several community stakeholders, including the current MCOT/hotline service provider. NTBHA will conduct at least yearly audits of MCOT/hotline services to ensure hotline calls are being coded correctly as emergent or urgent and being responded to within the required timeframes. NTBHA will be reviewing hotline calls for appropriate handling and disposition. NTBHA will begin to track outcomes related to MCOT/hotline activities and subsequent acute care services rendered within 30, 60, and 90 days after a MCOT or hotline service.

3. **Provider Network** – NTBHA monitors appointment access for mental health SPN services. This is largely to ensure provider network adequacy based on the readiness of appointment availability and whether new providers should be added to the network to keep up with demand of an open access system. To date, no such inadequacies have been identified and providers continue to take on more and more consumers. NTBHA participates in ValueOptions Provider Review Committee meetings to review applicants that would like to join the NorthSTAR network of providers to ensure new providers are afforded access to the network.

4. **Customer Service** – NTBHA attends quarterly Quality Management Committee meetings convened by ValueOptions to review several dashboard measures. This report along with the DSHS monthly complaints summary NTBHA can monitor VO costumer service activities, such as abandonment rates and speed of answer. NTBHA continuously monitors complaints for areas of concern identified in regards to VO's customer service activities. NTBHA will begin calling VO in their monthly rotation of contacting SPN's to measure appropriate handling of a multitude of different callers with different presenting problems.

5. **Financial Performance** – NTBHA will continue to monitor, as it always has, VO's medical loss ratio to ensure 88% of funding received is in fact being spent on services while continuously identifying areas for improvement to utilize the funds NorthSTAR is allocated in the most fiscally responsible manner that still allows for performance improvement. This task is a huge undertaking in such a grossly underfunded system such as NorthSTAR, but with continued growth without the commensurate funding NorthSTAR's outcomes still remain positive.

6. **Court-Ordered Behavioral Health Services** – NTBHA will continue to reach out to all NorthSTAR counties to collaborate between the criminal justice system and ValueOptions to offer court-ordered behavioral health services such as Assisted Outpatient Treatment, Jail Diversion, and Outpatient Competency Restoration. NTBHA will hold regular, at least quarterly, meetings with ValueOptions to oversee their court-ordered behavioral health services work and monitor their progress.

7. **BHO Incentives** - NTBHA has identified the following incentives for ValueOptions to highlight areas in which NTBHA and the NorthSTAR community stakeholders deem important and will ultimately move NorthSTAR towards a recovery oriented, community based support service system. These incentives have been included in the 2012/2013 DSHS/VO contract viewable online at http://www.dshs.state.tx.us/mhsa/northstar/contract11-13/. NTBHA will monitor these measures and report on them in our summaries of activities reports due to DSHS quarterly.

   1. NTBHA would like an emphasis put on substance use disorder services continuum of care. Incentives will be awarded for engagement in SUD treatment for at least 90 days. This will allow

SUD consumers the ability to begin treatment at the highest level of care identified as appropriate with opportunity to step down through the continuum of SUD services available thereby increasing the likelihood of consumers remaining clean and sober.

2. NTBHA would like an emphasis put on co-occurring mental health and substance use disorders. The identified rate of co-occurring consumers in NorthSTAR is approximately 26% (DSHS databook). Incentives will be awarded for identification of individuals with co-occurring mental health and substance use disorder as measured by a mental health consumer receiving a SUD service after identification of such services being needed. The goal identified is at least 27.5% of consumers will receive a SUD service, but with an over arching goal of 32.5%.
3. NTBHA would like an emphasis put on reducing acute care services while focusing treatment within the community that embraces recovery oriented strategies and approaches to care. Incentives will be awarded as follows:
    a. Less than 0.4% of child/adolescent SP1.1 receives an acute service within the month.
    b. Less than 1.6% of child/adolescent SP1.2 receives an acute service within the month.
    c. Less than 2.5% of child/adolescent SP2.2 receives an acute service within the month.
    d. Less than 5.9% of child/adolescent SP2.3 receives an acute service within the month.
    e. Less than 4.1% of child/adolescent SP2.4 receives an acute service within the month.
    f. Less than 0.4% of child/adolescent SP4 receives an acute service within the month.
    g. Less than 1.1% of adult SP1 receives an acute service within the month.
    h. Less than 1.9% of adult SP2 receives an acute service within the month.
    i. Less than 2.7% of adult SP3 receives an acute service within the month.
    j. Less than 5.4% of adult SP4 receives an acute service within the month.

8. **<u>Primary Care Integration</u>** - It is also imperative that NorthSTAR coordinate and collaborate with many non-NorthSTAR Providers to offer seamless care to the consumers in which we all serve. There are many ways in which NorthSTAR does this while there are many areas of improvement to be made as well. Although such integration cannot be guaranteed due to primary care's level of willingness to collaborate NTBHA can ensure VO's responsiveness and willingness to such collaboration.

    - NorthSTAR holds quarterly care coordination meetings with the Managed Care Oganizations (MCO's) that manage Medicaid, CHIP, and the STAR+Plus programs that offer physical and

behavioral healthcare to our consumers.

- The Dallas County BHLT Primary Care Sub-Committee meets monthly to further explore the coordination between physical health and behavioral health in our communities.
- NorthSTAR Providers are audited to ensure they are exhibiting proper care coordination; especially with physical health plans.

State_Fiscal_Year	Month_ID	**Total Direct Service Expenditures,** including civil state hospital allocation	**DSHS Payment including civil state hospital allocation** (excluding adult Medicaid)	**Medical Loss Ratio (MLR)**
2010	Sep-09	**$ 10,968,906.53**	**$ 11,467,345.53**	**95.65%**
2010	Oct-09	**$ 11,021,758.53**	**$ 12,213,148.82**	**90.25%**
2010	Nov-09	**$ 10,079,590.43**	**$ 11,773,492.64**	**85.61%**
2010	Dec-09	**$ 10,659,437.18**	**$ 12,256,990.15**	**86.97%**
2010	Jan-10	**$ 10,667,105.18**	**$ 12,303,480.36**	**86.70%**
2010	Feb-10	**$ 10,209,494.18**	**$ 11,994,853.94**	**85.12%**
2010	Mar-10	**$ 11,371,226.44**	**$ 12,000,722.04**	**94.75%**
2010	Apr-10	**$ 10,966,821.34**	**$ 11,959,997.97**	**91.70%**
2010	May-10	**$ 10,897,857.44**	**$ 12,485,459.91**	**87.28%**
2010	Jun-10	**$ 11,125,486.12**	**$ 12,307,373.56**	**90.40%**
2010	Jul-10	**$ 10,896,840.22**	**$ 12,445,180.16**	**87.56%**
2010	Aug-10	**$ 11,061,851.22**	**$ 12,020,225.92**	**92.03%**
2011	Sep-10	**$ 10,950,479.75**	**$ 12,258,655.94**	**89.33%**
2011	Oct-10	**$ 10,926,653.63**	**$ 12,319,580.11**	**88.69%**
2011	Nov-10	**$ 10,994,785.75**	**$ 12,668,862.25**	**86.79%**
2011	Dec-10	**$ 10,699,718.19**	**$ 12,629,067.06**	**84.72%**
2011	Jan-11	**$ 11,303,447.27**	**$ 12,424,474.38**	**90.98%**
2011	Feb-11	**$ 10,133,858.27**	**$ 12,589,384.49**	**80.50%**
2011	Mar-11	**$ 11,651,966.49**	**$ 12,596,599.84**	**92.50%**
2011	Apr-11	**$ 11,456,599.61**	**$ 12,551,123.00**	**91.28%**
2011	May-11	**$ 11,403,591.49**	**$ 12,653,830.18**	**90.12%**
2011	Jun-11	**$ 11,341,882.37**	**$ 13,138,365.86**	**86.33%**
2011	Jul-11	**$ 10,999,060.25**	**$ 13,118,256.41**	**83.85%**
2011	Aug-11	**$ 11,111,192.25**	**$ 11,523,220.25**	**96.42%**

09/09 thru 08/11	$ 262,899,610.15	$ 295,699,690.77	88.91%
Direct Claims Service Target (DSCT) 88% level	$ 260,215,727.88	$ 295,699,690.77	88.0%
Contract to date over/(under) DSCT	**$ 2,683,882.27**		
Average Monthly overage/(underage) relative to DSCT	**$ 111,828.43**		

References

www.ntbha.org

www.valueoptions.com

NTHBA 2009 Needs Assessment

NTBHA 2011 Needs Assessment

ValueOptions 2010 and 2011 Satisfaction Survey

U.S. Census Data

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SFY '09 and '10 NorthSTAR Budget

NorthSTAR Data Warehouse www.hhs.gov/asl/testify/t000921a.html

Tri West Zia Partners Final Assessment Report - Behavioral Health Delivery System in Dallas County

NorthSTAR Service Trends Report – DSHS website

Persons served 2006 – 2011 – DSHS website

The Perryman Report; May 2009