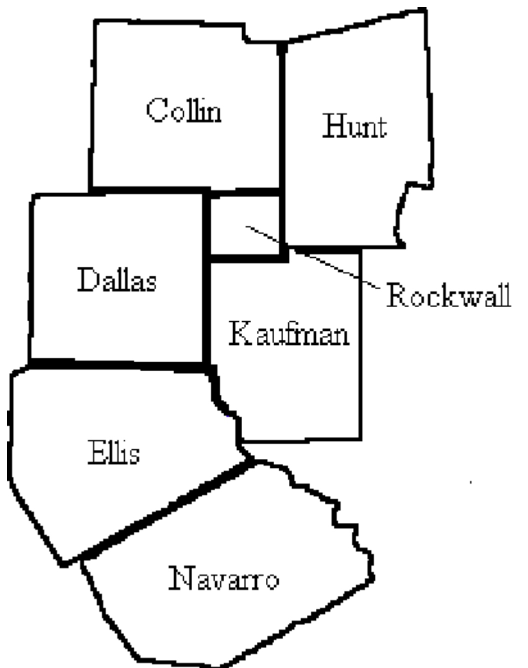
NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

think populations...see individuals



Local Service Area Plan

SFY 2014 & 2015

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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 2014 & 2015

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 2012/2013 Strategic Plans and Goals

1. Implement wrap-around services for consumers discharging from community inpatient settings with a warm hand-off into community settings.
    a. This goal is ongoing. NTBHA continues to partner with VO and community stakeholders to explore options for increasing wrap-around services including the development of a uniform warm hand-off into community services.
    b. The Dallas County Behavioral Health Leadership Team (BHLT) holds monthly meetings as well as numerous sub-committees to look at all aspects of the behavioral health delivery system (including NorthSTAR) and makes recommendations to the County Commissioners and Dallas County NTBHA Board Members for areas of change or improvement. The BHLT subcommittee Adult Clinical Operations Team adopted exploration of a warm hand-off process as a committee action item. To date there have been barriers to implementation including logistics related to information sharing and HIPPA compliance, developing a uniform documentation process, and coordination of various community entities.
    c. VO has contracted with Transicare to initiate the Post-Acute Transitional Services (PATS) Program. The PATS program is designed to target individuals who need additional wrap-around services, engagement, and creative recovery planning to increase and maintain engagement in community services.
    d. VO has developed an Intensive Case Management (ICM) Program targeting individuals who are high utilizers of acute services but have not engaged in ongoing community based services.
    e. NTBHA allocated SFY 2102 Penalty and Incentive funds to multiple providers to support projects aimed at wrap-around services. These providers used their one time allocation of funds to hire additional staff to provide post-acute (wrap-around) services and follow-up phone calls and engagement to consumers discharging from higher levels of care.

2. Continuity of Care integration
    a. To date the expansion of TLETS/JDIM interface to counties outside of Dallas has not been realized.
    b. NTBHA continues to look for opportunities to provide mental health and substance abuse education within the NorthSTAR region. Examples of outreach efforts for SFY 12-13 include participation in CFAC community outreach events, Disproportionality and Disparity Round Table

event, Region 10 ESC Brown Bag, ROSC focus groups and Symposium, NAMI Kaufman County Health Fair, Veterans resource events, Needs Assessment Focus groups. NTBHA partnered with NAMI, MHA and CFAC for various outreach events.

c. Elements of 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. The NorthSTAR community including the NTBHA Board of Directors, VO, community advocacy groups, and stakeholders made significant efforts to educate state legislators on the importance of maintaining adequate funding for NorthSTAR to ensure continued access to quality behavioral health services.
   b. NTBHA continues to participate in the Regional Legislative Steering Committee hosted by Mental Health America of Greater Dallas.
   c. This is an ongoing goal to ensure NorthSTAR not only maintains its current funding, but increases funding to an adequate level.

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

   a. The NTBHA Board of Directors offered an endorsement of the Dallas Area Plan for Permanent Supportive Housing (PSH) 2013-2016 developed by the Metro Dallas Homeless Alliance. The plan is designed to establish the permanent supportive housing needed to address existing homelessness and avert new cases of chronic homelessness. The plan identifies a goal of no more than 200 newly homeless NorthSTAR consumers annually coupled with securing permanent housing for homeless consumers in less than twelve months.
   b. NTBHA has been supportive of efforts by the City of Dallas and Mental Health America of Greater Dallas to increase oversight of boarding homes, increase number of licensed boarding homes, and provide relevant behavioral health related trainings to boarding home operators.
   c. The NTBHA Board of Directors allocated $100,000 in SFY2013 Penalty and Incentive funds to Homeward Bound to assist in the establishment of 12 units of Crisis Respite and Transitional Housing.
   d. NTBHA continues to strive towards educating our communities on mental health and substance abuse in an effort to reduce stigma and increase awareness.

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.
- 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.
- Dallas County Behavioral Health Steering Committee - a team of dedicated community stakeholders that have a vested interest in criminal justice related issues, jail diversion, and behavioral health services in Dallas County.
- Ellis County Mental Health and Substance Abuse Task Team – a team of dedicated 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 dedicated 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

- Collin County Social Services Committee – a team of involved community stakeholders that have an interest in behavioral health and other community services and resources available to Collin County residents.

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

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

- Coalition on Mental Illness – collaborative, interagency forum to discuss local behavioral health needs and programming.

- NorthSTAR Regional Legislative Steering Committee – coordinated and hosted by MHA of Greater Dallas to address regional legislative needs, advocacy efforts, and priorities.

- NorthSTAR Satisfaction Survey conducted by VO with collaboration from NTBHA has occurred annually beginning in 2010.

- Needs based focus groups were conducted in each of the seven NorthSTAR counties in September 2013 to assess community needs and generate input and feedback on solutions that promote recovery and prevent recidivism.

- NorthSTAR Needs Assessment Surveys developed by NTBHA and completed in odd-numbered years was conducted in July, August, and September 2013.

- Outside Resources – Databook and other DSHS reports, VO data, Tri-West Zia Report, Regional Health Partnership 9: Community Need Assessment Report, DSHS Self-Assessment Report Submitted to Sunset Committee September 2013, 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 County-By-County Focus Groups

NTBHA conducted a *regional needs assessment* in the months of July, August, and September 2013 to assist in the identification of service needs and gaps in services. The instrument utilized was modified from the previous needs assessment survey conducted in 2011. Adult consumers and parents/guardians of children and adolescent consumers participated in paper surveys at the various SPN clinics and several SUD facilities. An online survey was developed and made available for providers to submit input. Additionally, an online survey was made available for all others in the community including family members, law enforcement, schools, courts, jails, and any other stakeholders who wished to participate.

Also, during the month of September 2013, NTBHA conducted focus groups in each NorthSTAR county to identify needs that are regarded as barriers to recovery. A variety of established meetings in

the community were utilized to solicit feedback. For example, the three NAMI organizations that hold a monthly general meeting (Dallas, Collin, and Kaufman Counties) allowed NTBHA to facilitate the focus groups in those venues which are primarily comprised of consumers and family members, but are also attended by community stakeholders. Focus groups in Rockwall and Ellis County were held at meetings comprised of stakeholders and providers – the Rockwall Mental Health Planning Advisory Committee and the Ellis County Mental Health and Substance Abuse Task Force. For Hunt and Navarro Counties, NTBHA was invited as the guest speaker at CFAC outreach events planned for those communities where similar discussions were facilitated with consumers, family members, and staff at the host clinics. Each session involved active discussion to identify enhanced NorthSTAR services or community opportunities that might satisfy needs and address current gaps in order to promote recovery and prevent recidivism.

The most prevalent needs identified and discussed at the various focus groups that are *not specifically NorthSTAR services* were related to housing and transportation.

- Safe, clean, decent boarding homes that are consumer-friendly
- Transitional housing
- Permanent Supportive Housing (PSH).
- Transportation to NorthSTAR and other medical appointments.
- Transportation for other needs

Many of the solutions the communities favored are recovery-oriented in nature.

- Various forms of training and education
    - Life skills
    - Job preparation
    - College
    - Literacy or GED training
    - Life coaching
- Work assistance was requested in many forms across the region
    - Job skills training
    - Assistance locating jobs
    - Resume writing assistance
    - Interviewing skills

  - Business attire for an interview
  - Texas Workforce Commission, DARS, any other state agencies that assist with job training and placement

- Clubhouse International model of recovery (see www.iccd.org) that provides opportunities to develop social skills, job training, etc., in a recovery-oriented, consumer friendly environment was a very popular need identified. Information was provided by a representative from MHA who participated in each session, generating additional interest across the region.
- Notably, at each of the NAMI general meetings where Self-Directed Care (SDC) was a known service, much support for the SDC model was expressed in discussions.
- Certified Peer Specialists (CPS, certified through Via Hope, see www.viahope.org) serving in various roles to assist consumers
- Other suggestions included:
  - Legislative advocacy
  - Anti-stigma campaigns
  - Jail diversion and jail-related support services
  - Social support that included developing social skills; planned outings; support of friends, family, and pets; and opportunities that promote spirituality through church activities (or other religious organizations)
  - Physical healthcare, such as coordination between behavioral healthcare and other medical providers, help with diet and exercise, etc.
  - Information about diagnoses and treatment options (can be provided by SPN staff or classes held at NAMI or other venues)
  - Online resource database

NorthSTAR services identified in the focus groups as needs to be continued or expanded included:

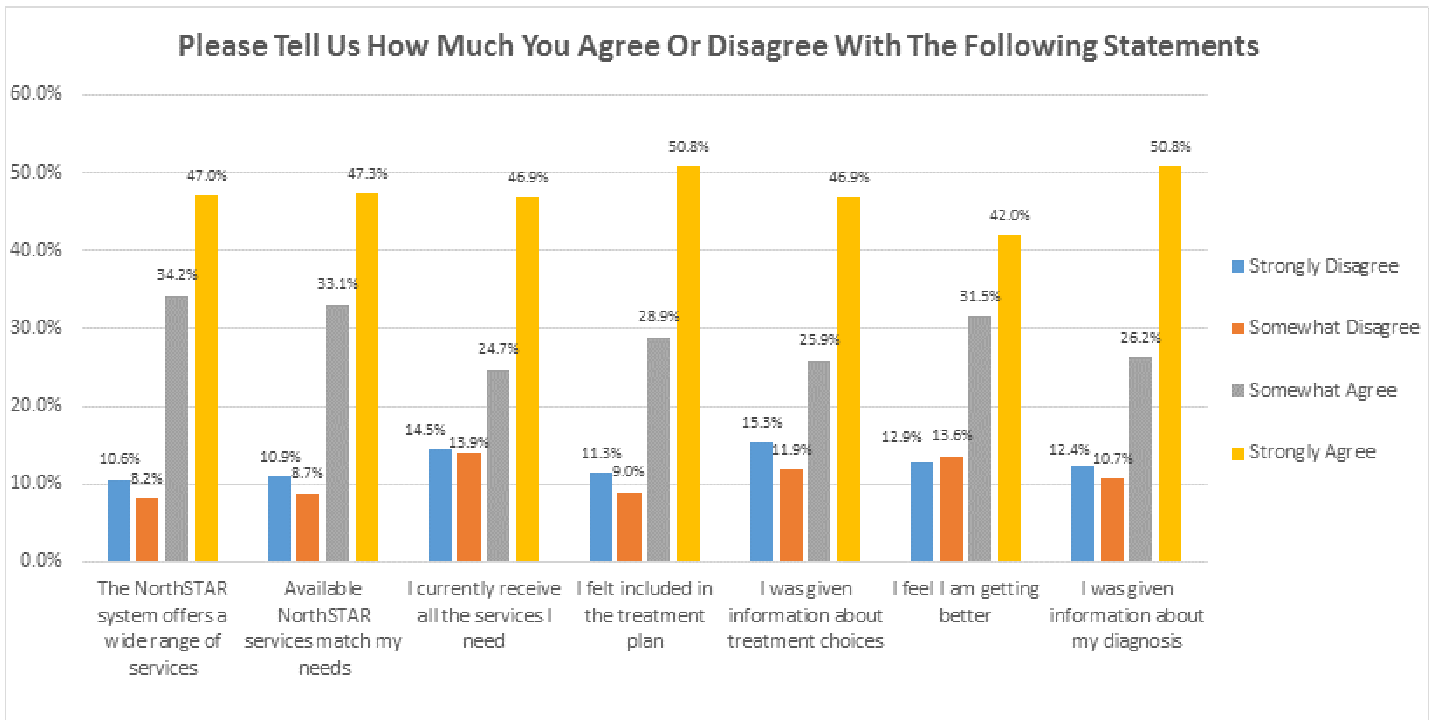
- Medications or more choice of medications
- Longer medication management visits with prescribers
- Availability and choice of more prescribers (including telemedicine)
- Case management
- ACT services

- Private therapy
- Group sessions
- Longer hospitalizations
- Wraparound services
- Peer support
- Expansion of NorthSTAR covered diagnoses
- Coordination of care with jails, hospitals, schools, and internally between SPN staff
- More dual diagnosis treatment for MH and SUD services
- Better coordination between MH and IDD providers.

Adult Consumer Needs Assessment Results

628 adult consumers completed paper needs assessment surveys that were conducted by NTBHA staff onsite at each SPN location as well as SUD treatment facilities. Data aggregated from this process indicated that the top three (3) services identified as needs that adult consumers were not able to obtain in the past six (6) months were *housing* (14.5%), *individual counseling* (11.1%), and *transportation* (7.7%). Very closely behind these needs, however, were family counseling (7.5%), medication management (7.5%), and life skills training (7.4%). Historically, housing and transportation have shown up in the top three (3) identified needs in surveys conducted in 2007, 2009, 2011, and now 2013.

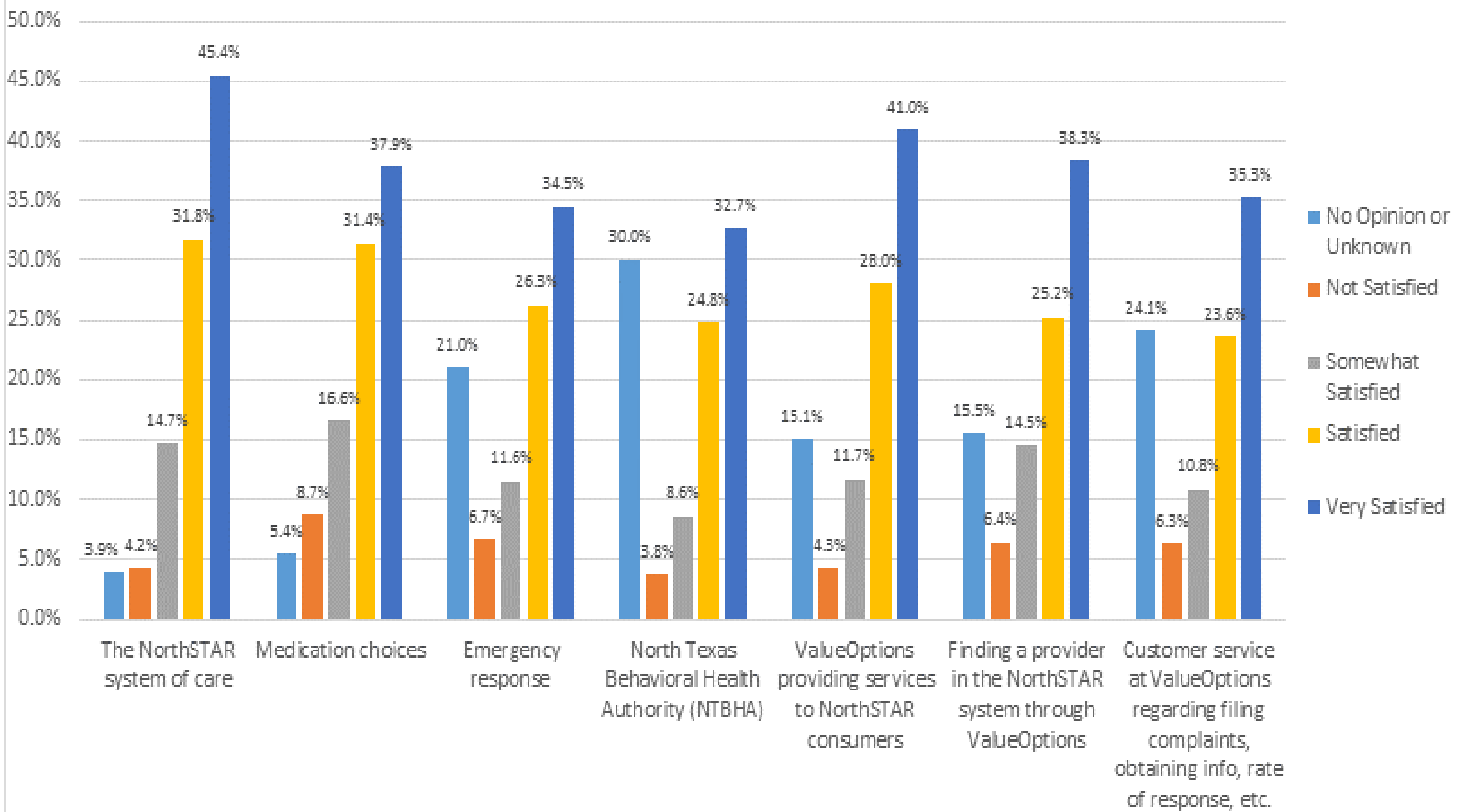
Overwhelmingly, the survey did exhibit satisfaction with NorthSTAR services currently provided. The question surveyed with the greatest disagreement (somewhat or strongly) at 28.4% is regarding whether or not the adult consumer believes he or she is receiving all of the services needed. 27.2% of respondents also felt they were not given adequate information about treatment choices. And 26.5% somewhat or strongly disagree that they are getting better.



Adult Satisfaction with selected services

The following graphs reflect adult 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) Overall satisfaction with NTBHA's services
5) Overall Value Options' degree of customer friendliness



The top services adult consumers reported receiving during the six (6) months prior the the needs assessment were:

- Medication management
- Case management
- Individual counseling
- Group counseling
- Inpatient SUD treatment

The services adult consumers most often reported needing but were not able to obtain during the six (6) months prior to the survey were:

- Housing
- Individual counseling

- Transportation
- Family counseling
- Medication management
- Life skills training

When adult consumers were asked why they were not able to obtain these services over the past six (6) months, the primary reason cited was transportation (29.4%) followed by lack of appointment availability at time of need (20.5%), service not available (13.6%), service available but requiring too much effort (12.9%), and service denied (9.2%).

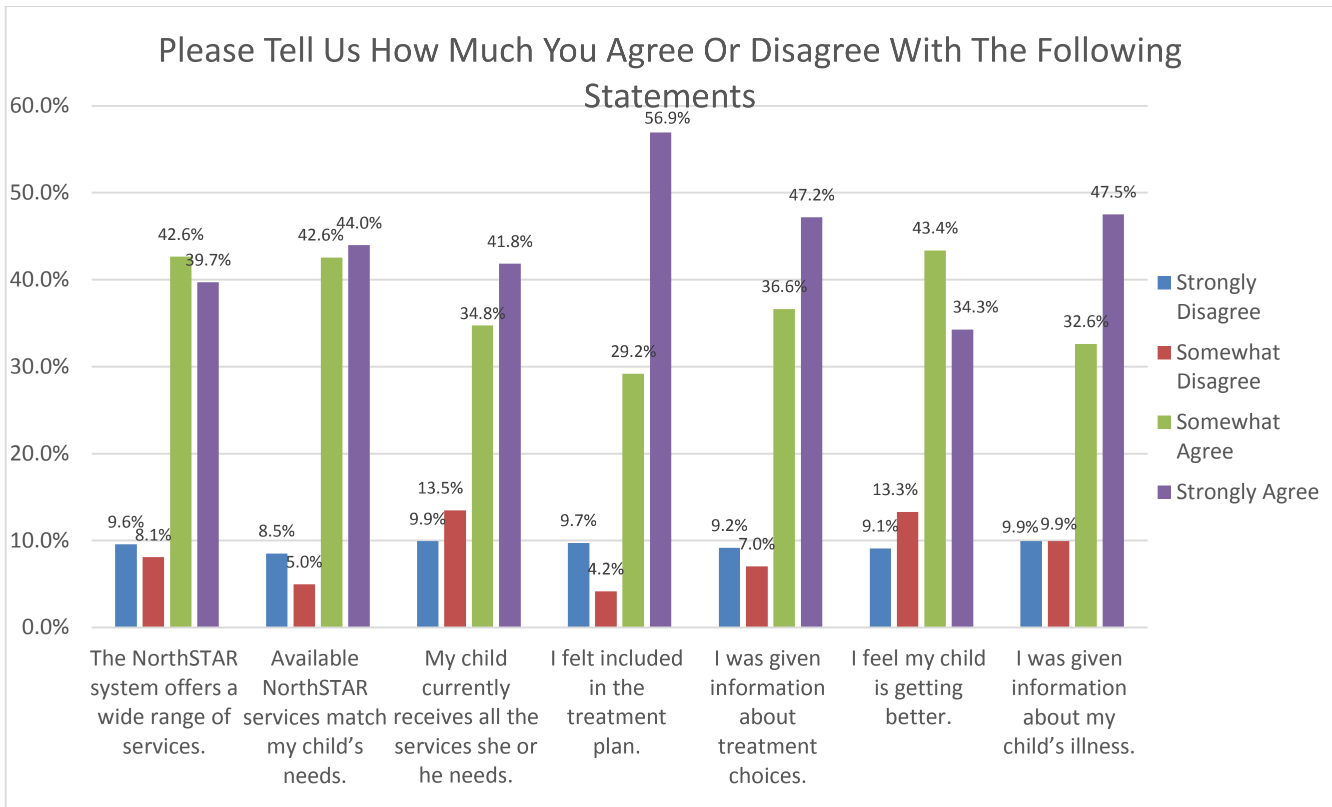
Top services consumers believe are missing or need to be expanded to serve their needs are:

- Housing services
- Choice of medication
- Transportation to appointments
- Life skills training (parenting, anger mgmt, etc)

Parent or Guardian of Child and Adolescent Consumer Needs Assessment Results

152 parents and/or guardians of children and adolescents receiving NorthSTAR treatment were surveyed via paper needs assessments conducted by NTBHA staff onsite at each SPN location that serves the C&A popultion.

Most parents felt NorthSTAR offers a wide range of services that match their children's needs and that they are receiving all of the services they need. The majority also felt included in the treatment plan and were given information about their children's illnesses and treatment choices resulting in the child and adolescent consumers getting better. However, the greatest disagreement was regarding children not receiving all the services parents felt were needed, 23.4%.

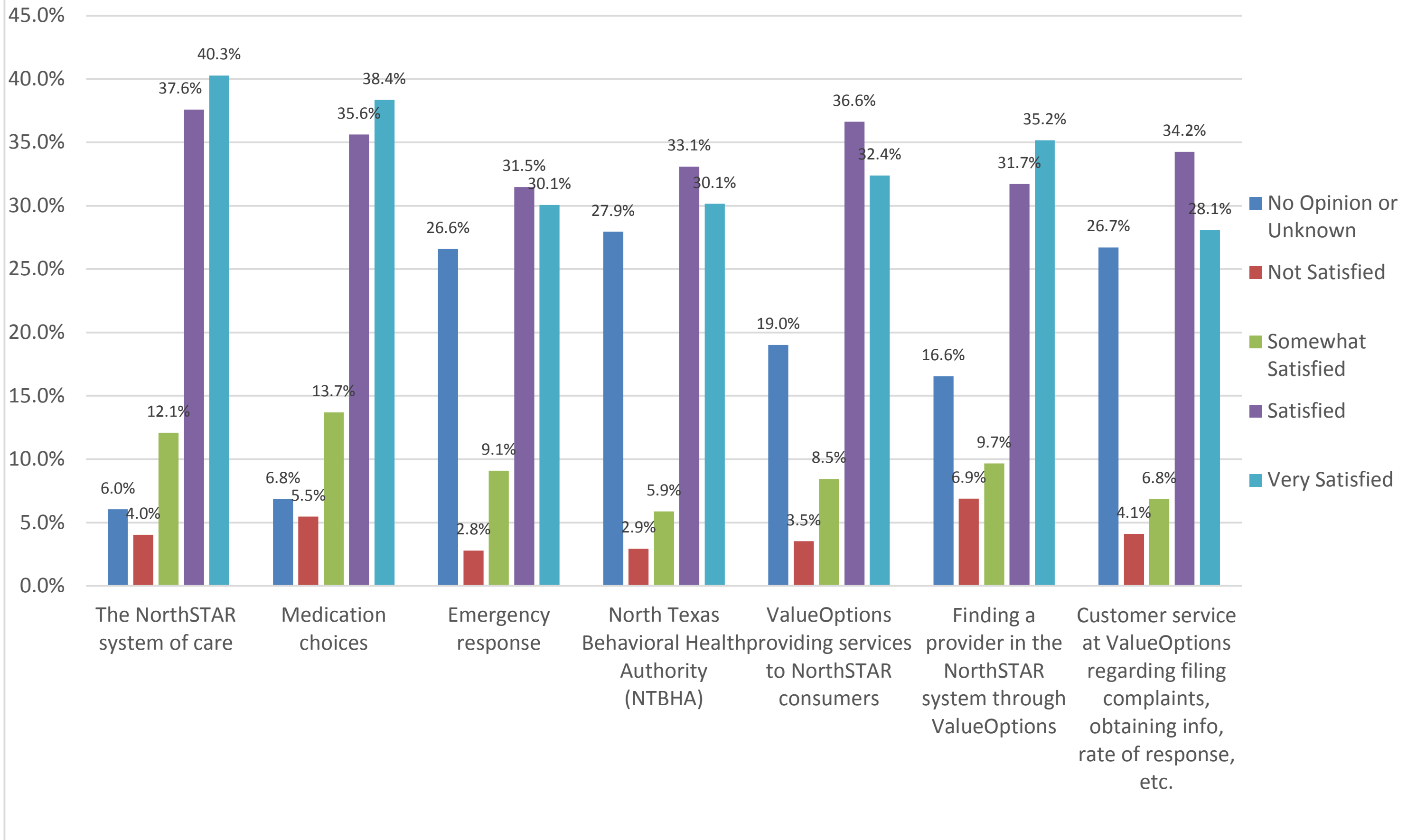


Parents or Guardians' Satisfaction with Children and Adolescents' Services

The following graphs reflect parents' or guardian's opinions about the extent to which they were satisfied with

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

Although, the majority of parents are satisfied with the NorthSTAR system of care (78.1%), it was evident that a sizable number had no opinion or didn't know about the services provided by either ValueOptions (26.7%) or that of NTBHA (27.9%). NTBHA will explore strategies for increasing our presence in the community through additional community outreach and education.



Parents were asked what services their children received in the past six (6) months. Top responses included:

- Medication management
- Individual counseling
- Case management
- Family counseling

Parents were asked what services their children needed but could not get in the six (6) months prior to the survey and gave highest responses to these:

- Individual counseling
- Family counseling

- Life skills training
- Medication management
- Case management
- Group counseling
- Home visits

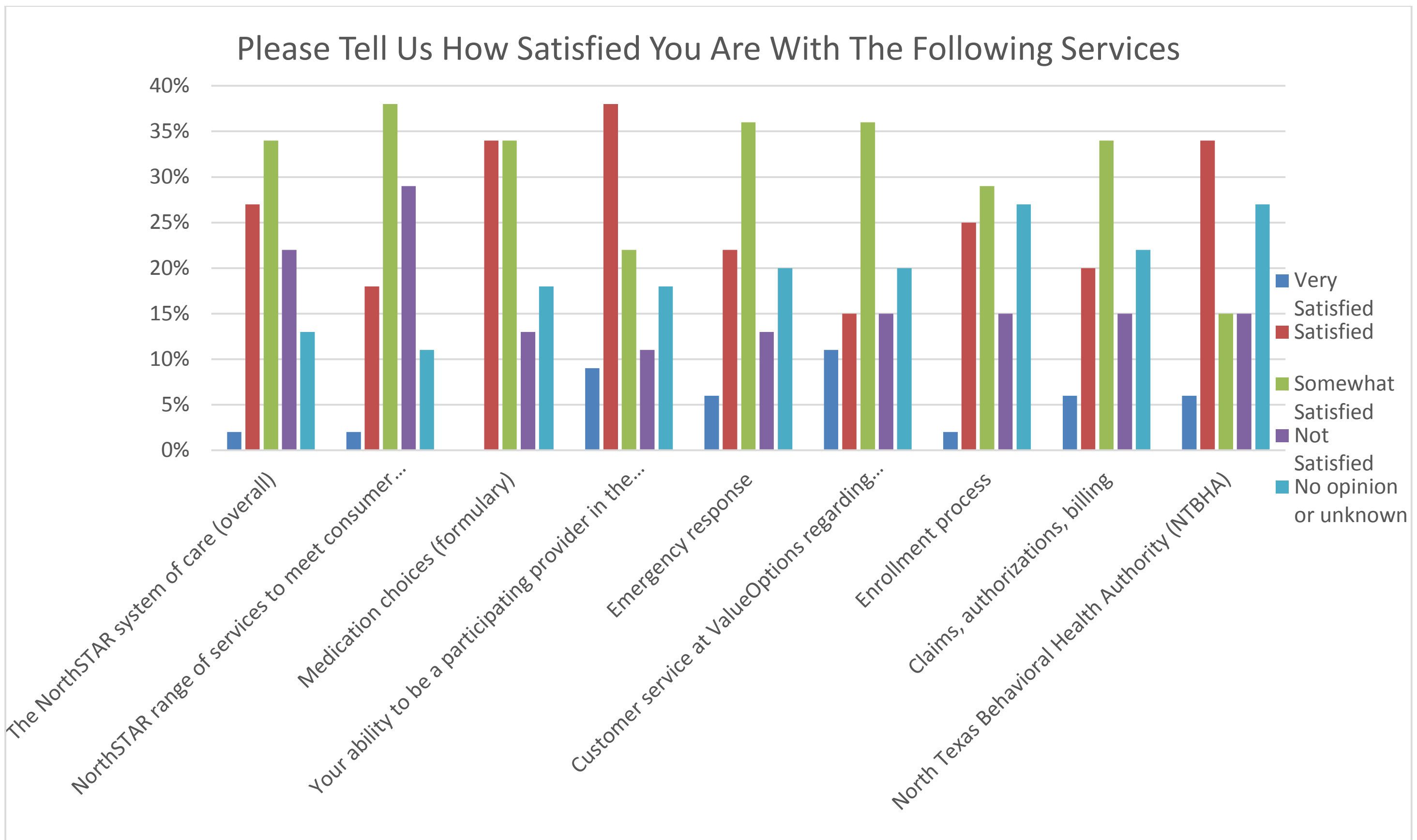
When asked what problems they experienced which resulted in the inability to get these services for their children, they cited appointment not available at a desirable time (27.4%) as the primary reason followed closely by no transportation (26.0%). Additional reasons included services available but required too much time and effort (15.1%), service not available (12.3%), and service denied (11.0%).

When parents were asked what services they think are missing or need to be expanded to serve their children, the top services were:

- School based programs
- Group support for children
- Life skills training for parents and children

<u>Provider Needs Assessment Results</u>

The provider needs assessment was posted as an online survey and communicated widely and in multiple ways to solicit feedback from any and all levels of staff in provider clinics. There were 44 surveys completed within the NorthSTAR network with varying roles of those surveyed. 31.8% of respondents were caseworkers and 27.3% were administrative/managerial staff. Licensed therapists accounted for 13.6%. Prescribers comprised of physicians (6.8%) and APNs (2.3%) were 9.1% of respondents. Social workers (2.3%), LCDCs (2.3%), and other staff (13.6%) also participated.



Providers were asked what barriers they have experienced causing an inability to provider services. While 7.5% believe they are able to provide all services they feel are necessary, the top barriers reported were:

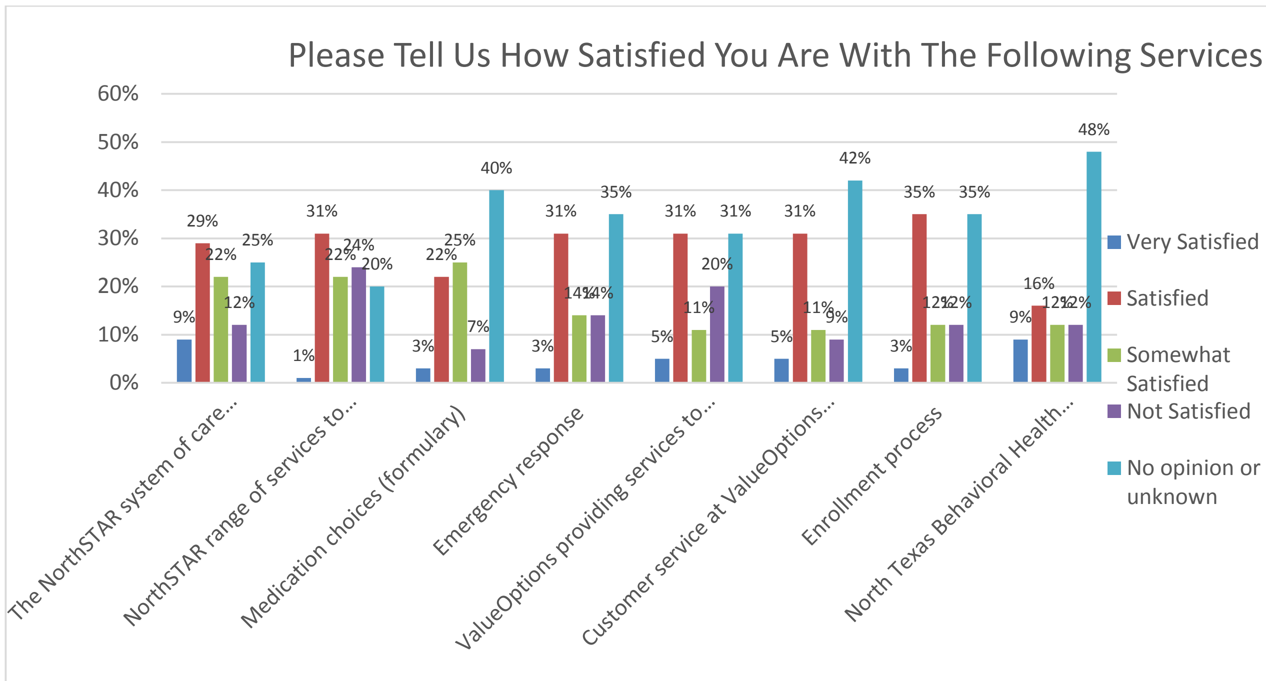
- Service not authorized by ValueOptions
- Consumer can't get to appointments due to transportation
- Consumers outweigh the number of daily appointment slots
- Service not covered under NorthSTAR
- Service not covered under consumer's RDM package
- Financial constraints for training

Top provider responses regarding what other services they think are missing and/or need to be expanded in NorthSTAR include:

- Transportation to appointments
- Longer stays in psychiatric hospitals
- Life skills training
- Choice of medication
- Housing services
- Family counseling without patient present
- Clubhouse / Drop-in center
- Longer doctor visits

Community Stakeholder Needs Assessment Results

54 respondents completed the community stakeholder needs assessment. Community stakeholders were comprised of staff from social services agencies, courts, jails, law enforcement, advocacy groups, physical healthcare providers, as well as friends and family members of consumers.



When community stakeholders were asked what services are missing or need to be expanded in the NorthSTAR service area, these were the most commonly identified:

- Life skills training
- Transportation to appointments
- Coordination of care for MH and MR/IDD services
- Wraparound services
- Urgent afterhours crisis walk-in clinics
- School based programs
- Group support for family members
- Case management
- Respite care
- Housing services
- Family counseling without patient present
- Longer stays at psychiatric hospitals

NorthSTAR Member Satisfaction Survey

ValueOptions has conducted a Member Satisfaction Survey each year from 2010 through 2013. There were 470 respondents in 2010, 384 in 2011, 525 in 2012, and 632 in 2013. Several primary questions were used for comparison between the years with some additional questions asked in 2011 and 2012. There were no modifications made prior to the 2013 survey. Former wait time survey questions were included in the Member Satisfaction Survey beginning in 2012. The following are the results –

1. Average wait time between scheduled appointment (or arrival time if a walk-in) and time seen by staff (first captured in 2012) –

   a. 2012
      48.6% reported average waits of no longer 30 minutes
      24.3% reported average waits between 30 to 60 minutes
      11.0% reported average waits 60 to 90 minutes
      11.2% reported average waits over 90 minutes
      4.8% had no opinion or did not know

   b. 2013
      51.1% reported average waits no longer 30 minutes
      23.8% reported average waits between 30 to 60 minutes
      10.5% reported average waits 60 to 90 minutes
      8.7% reported average waits over 90 minutes
      5.9% had no opinion or did not know

2. Wait time between the day services were first requested and the day the first appointment with a doctor was offered if new to the clinic during the past year (first captured in 2012) –

   a. 2012
      21.7% reported being seen by a prescriber within 24 hours
      21.1% reported being seen by a prescriber within 7 days

8.5% reported being seen by a prescriber within 14 days
8.3% reported being seen by a prescriber within 30 days
6.1% reported being seen by a prescriber after 30 days
21.1% had started services at the clinic prior to a year ago and were ineligible to respond to this question.
13.0% had no opinion or did not know

b. 2013
20.0% reported being seen by a prescriber within 24 hours
23.7% reported being seen by a prescriber within 7 days
12.3% reported being seen by a prescriber within 14 days
10.2% reported being seen by a prescriber within 30 days
4.3% reported being seen by a prescriber after 30 days
18.8% had started services at the clinic prior to a year ago and were ineligible to respond to this question.
10.7% had no opinion or did not know

3. The clinic has shown respect for your ethnic, cultural or religious background –
   a. 2010 — 91.4% were either satisfied or very satisfied
   b. 2011 — 89.4% were either satisfied or very satisfied
   c. 2012 — 90.1% were either satisfied or very satisfied
   d. 2013 — 91.3% were either satisfied or very satisfied

4. Satisfaction with progress reaching one's goals –
   a. 2010 — 78.9% were either satisfied or very satisfied
   b. 2011 — 76.8% were either satisfied or very satisfied
   c. 2012 — 76.6% were either satisfied or very satisfied
   d. 2013 — 77.9% were either satisfied or very satisfied

5. 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

c. 2012 74.1% were either satisfied or very satisfied
d. 2013 77.8% were either satisfied or very satisfied

6. 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 60.4% reported this occurs always or most of the time
   c. 2012 59.4% were either satisfied or very satisfied
   d. 2013 57.9% were either satisfied or very satisfied

7. Satisfaction with being seen as often as needed by the clinic (first captured in 2011) –
   a. 2011 84.4% were either satisfied or very satisfied
   b. 2012 82.5% were either satisfied or very satisfied
   c. 2013 85.4% were either satisfied or very satisfied

8. The clinic is providing all of the services needed (first captured in 2012) –
   a. 2012 81.3% reported that this occurred always or most of the time
   b. 2013 82.0% reported that this occurred always or most of the time

9. 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
   c. 2012 80.2% were either satisfied or very satisfied
   d. 2013 84.7% were either satisfied or very satisfied

Although there was a slight decline in satisfaction in most areas from 2010 to 2012, this could be contributed to the increased education efforts of NTBHA, MHA, and NAMI to educate consumers and raise their awareness of the quality of services they receive. However, overall satisfaction increased in 2013. Each year, the greatest opportunity for improvement is in the clinics' ability to help consumers seek out supports from the community. Since the original survey conducted in 2010, however, some SPNs have implemented programs to assist their clients in this area resulting in a 10% to 12% increase in satisfaction in this area, although more work is needed. Some potential

strategies for increasing satisfaction in this area include increasing the availability of peer support services and working with providers to ensure that case workers and other staff are knowledgeable of available community resources through system-wide information sharing and training opportunities.

Local Authority Goals and Service Priorities

GOAL I:

- Increase awareness of NTBHA's role in the NorthSTAR system. Increase the authority's presence within the community to foster greater collaboration and familiarity with the authority's role and functions.
- Establish a system to provide community outreach and education to every county within the NorthSTAR service delivery area.

Process

- Conduct periodic town hall meetings/discussion forums throughout the biennium in various NorthSTAR service area locations to increase awareness of the authority's role and solicit input from NorthSTAR members, providers, and community stakeholders.
- Partner with other organizations (Mental Health America, Association of Persons Affected by Addiction, NAMI, Dallas Police Department, Region 10 ESC, VO) for community education toward reducing the stigma associated with mental illness/ substance abuse.
- Provide support to VO in the rollout of their Stamp out Stigma campaign to promote mental health awareness and offer information about services.

Outcome Measures

- An increased awareness of the authority's role by consumers, providers, and community stakeholders.
    - One way of monitoring this will be the analysis of Needs Assessment Survey data related to respondents' satisfaction with NTBHA services – decrease in number of respondents answering "No opinion or unknown".

- Increased NTBHA staff engagement in community outreach/education events hosted by community stakeholders and partners.
- At least one community outreach event organized by NTBHA in each NorthSTAR County during the biennium.

GOAL 2:

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

Process:

- Educate state legislators on the importance of quality mental health and substance abuse services and relate the importance of quality services to a reduction in 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 will continue active participation in the local Regional Legislative Steering Committee organized and hosted by Mental Health America of Greater Dallas.
- NTBHA will increase focus on providing education to the County Commissioners on the importance of quality mental health and substance abuse services and relate this to their specific regional needs and reduction of costs for their individual counties; especially within their County jails.
- NTBHA will continue to advocate for the ability to have meaningful participation in the 1115 Healthcare Transformation Waiver process as a way to secure additional funding for NorthSTAR and initiate innovative projects to address service needs and gaps.

Outcome Measure:

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

GOAL 3:

- Increase focus on implementation of Recovery-Oriented Systems of Care focused on both mental health and substance abuse recovery.
- Focus on programming targeting four major dimensions that support a life in recovery as

delineated through the SAMHSA Recovery Support Strategic Initiative: Health, Home, Purpose, and Community.

Process:

- NTBHA will continue active participation in the Dallas Recovery Oriented Systems of Care (ROSC) group which is a partnership of Dallas recovery communities that promotes a recovery movement that initiates, stabilizes, maintains and celebrates recovery that enhances long term quality of life.
- Collaborate with community partners such as Dallas ROSC, MHA, NAMI, and APAA to provide education regarding elements of recovery oriented systems such as person-centered, self-directed, strength-based approaches that include family and community involvement.
- NTBHA will monitor appropriate funding opportunities to explore ways to bring increased recovery-oriented services to NorthSTAR. This will include looking for opportunities to support initiatives such as increased peer recovery support services, implementation of person-centered/self-directed programs, re-establishing a community Clubhouse/Drop-in Center, and system-wide education and training related to recovery and wellness.

Outcome Measure:

- Increased community, consumer, and provider knowledge of recovery-oriented systems of care.
- NTBHA will participate in monthly Dallas ROSC meetings and periodic education/outreach events.
- Increased availability and utilization of peer support services.
- NTBHA will provide reporting and outcome data related to the Texas Self-Directed Care Program that was piloted in the NorthSTAR region once publication of research study outcomes has been completed by the University of Illinois Chicago SDC research team.

GOAL 4:

- North Texas Behavioral Health Authority will work in collaboration with ValueOptions to improve current Community and State Hospital discharge processes and coordination of continuity of care.

Process

- NTBHA will work with VO to assess current discharge processes and identify areas for

improvement and implementation of more efficient strategies that are consistent across the system.

- NTBHA will solicit ongoing feedback from providers and community stakeholders regarding discharge processes and coordination of aftercare.
- NTBHA will partner with VO and community stakeholders to develop a brochure to be provided to consumers upon discharge that encourages engagement in outpatient aftercare services and includes information related to outpatient care.
- NTBHA will support efforts by VO, TSH, and DSHS to ensure appropriate discharge planning and continuity of care for individuals who have been in the State Hospital for an extended period of time in order to ensure appropriate levels of care and an efficient use of currently limited State Hospital bed capacity.
- NTBHA will provide support and collaborate with VO and DSHS to address the needs of individuals on forensic commitments to ensure that these individuals are receiving care in the most appropriate environment. NTBHA will review cases identified by VO and provide a letter of support or other advocacy as indicated. This may include requests for consideration of the dismissal of charges and release to a more appropriate placement such as a nursing home. NTBHA will work with VO, DSHS, and Terrell State Hospital to clearly define the role of NTBHA in this process.

Outcome Measures

- Development of clear, consistent, uniform guidelines for NorthSTAR discharge processes and continuity of care coordination.
- Improvement in outcome measures related to community service follow-up, prescriber follow-up, and readmissions after discharge from inpatient hospitalization.
- Expansion of innovative programs targeting engagement in aftercare services such as the Post Acute Transitional Services (PATS) program, Intensive Case Management (ICM program), and the use of Peer Navigators.

GOAL 5:

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

Process:

- NTBHA will work in Collaboration with VO to put in place a project allocating funds available for rental and utility assistance along with existing supportive housing services using a limited amount of funds earmarked for 83rd Legislative Expanded Service Requirements.
- NTBHA will work to identify funding opportunities to assist in expanding current housing options as well as to develop new housing projects and provide support to appropriate providers and community partners in their efforts to secure funding.
- NTBHA will work collaboratively with ValueOptions on ways to enhance and expand housing options within NorthSTAR; such as looking at strategies for increasing access to crisis transitional housing and permanent supportive housing.
- NTBHA will work with MDHA to support housing initiatives and monitor progress in NorthSTAR towards tracking and responding to housing instability and minimizing the prevalence of new homelessness.
- NTBHA will encourage improved tracking of supportive housing service provided through NorthSTAR in order to establish a more accurate accounting of services provided and improve the ability of NorthSTAR to generate meaningful outcome measures related to supportive housing.
- NTBHA will work collaboratively with VO and community partners such as MHA to develop a strategic plan to leverage partnerships with selected boarding homes that have successfully completed the licensing process and earned a high rating based on criteria developed and maintained on a boarding home website maintained by MHA.
- NTBHA will provide support to the City of Dallas and MHA in efforts to increase the number of licensed boarding homes and provide relevant trainings to boarding home owners in order to help establish safer, more recovery-oriented housing options.
- NTBHA will continue to participate in the Dallas Continuum of Care Committee and monitor opportunities offered through the Texas Health Institute's Housing Policy Academy.

Outcome Measures:

- A decrease in number of NorthSTAR consumers reporting housing instability or homelessness.
- Detailed tracking of utilization of rental and utility assistance provided as part of the 83rd

Legislative Expanded Service Requirements.

- Increased number of supportive housing claims documented utilizing appropriate service codes.
- Increased number of crisis transitional housing units.
- Increased number of HUD housing options available at the various SPN Provider locations.
- Number of boarding homes that complete the licensure process and participate in recommended trainings.
- Decrease in number of consumers housed in unlicensed boarding homes versus licensed boarding homes.

GOAL 6:

- NTBHA will increase monitoring and emphasis placed on Substance Use Disorder Services with a focus on co-occurring mental health and substance abuse disorders and engagement in treatment.

Process:

- NTBHA will monitor the identified rate of consumers with co-occurring mental health and substance use disorders. The SFY 2012 average rate of enrollees receiving dual diagnosis services within the State fiscal year was 25% which is less than half the expected prevalence in this population (Tri West) suggesting that there are missed opportunities for identifying and appropriately treating co-occurring disorders.
- NTBHA will analyze the utilization management (UM) process for substance use disorder services including adverse determinations and the appeals process.
- NTBHA will track and monitor the rate of NorthSTAR enrollees who continue SUD treatment for 30, 60 or 90+ days without a break of more than 15 days.

Outcome Measure:

- Increase in identification of consumers with co-occurring mental health and substance abuse disorders.
- SPN Audits conducted by VO and NTBHA will continue to monitor closely the identification of co-occurring disorders and appropriate linkages to substance use disorder services.
- Increased rate of NorthSTAR enrollees who continue SUD treatment for 90+ days without a

break of more than 15 days.

- NTBHA will conduct yearly audits to review SUD adverse determinations and appeals.
- NTBHA will collaborate with SUD providers and VO to identify barriers and identify strategies for improving the UM process as indicated.

Service Area Population

The NorthSTAR Service Delivery Area is comprised of Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties. The region encompasses approximately 5406 square miles, with a population of 3,767,286 or 14.46% of Texas based on 2012 estimates (U.S. Census Bureau). Of the total population in NorthSTAR, 36.8% are individuals that are living at 200% of the federal poverty level (1,320,948) according to U.S. Census Bureau, 2011 American Community Survey estimates.

The NorthSTAR region's population experienced a 23.29% increase in population between 2000 and 2012, 3,055,645 and 3,767,286 respectively. In several counties there were significant population increases. Collin County experienced a 69.89% increase in population, Ellis experienced a 38.19% increase in population, Kaufman experienced a 49.41% increase, and Rockwall saw its population increase 92.97%. The State of Texas has experienced a 24.97% growth in the same period of time (U.S. Census Bureau).

Given this steady pattern of population increase and stagnant funding, it is necessary to continuously evaluate each of the NorthSTAR counties to identify unmet needs, identify NorthSTAR eligible individuals, and determine the most clinically effective yet cost efficient way to deliver services. This will be demonstrated through town hall meetings/focus group discussions, Commissioners Court meetings, county specific behavioral health meetings, various stakeholders (including consumers and families), and satisfaction surveys in all counties. It is imperative that 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. The current average funding

per individual served in NorthSTAR is $1627.25 per person while the funding per individual served through Community Centers across Texas is approximately $2253.88 per person (MHA of Greater Dallas).

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 2012 approximately 25% of NorthSTAR clients receiving services were dually diagnosed (NorthSTAR Data Book, Q2 SFY 2013).
- *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 which offers a variety of choices to the NorthSTAR consumers in which we serve.

Mental Health Services

1. <u>Outpatient Services</u> –
    a. Adult Texas Resilience and Recovery (TRR) Service Package Services contained therein
    b. Child and Adolescent TRR 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

Substance Use Disorder Services

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)

Crisis Services

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 Services
3. Specialty Program - Mental Health Services-Birth to Age Six
4. Specialty Program - Treatment Foster Care

Day Services

1. Partial Hospitalization
2. 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

The depth and breadth of services offered within NorthSTAR requires a robust provider network in which to provide consumers with adequate choice of service provider and location. The following outlines the NorthSTAR providers contracted with ValueOptions to deliver the above mentioned NorthSTAR services.

Provider Network

- Specialty Provider Network (SPN) Providers
  - Collin - 4 clinic locations
  - Dallas - 20 clinic locations
  - Ellis - 2 clinic locations
  - Hunt - 2 clinic locations
  - Kaufman - 3 clinic locations
  - Navarro - 1 clinic location
  - Rockwall - 1 clinic location

- Outpatient Clinics (non-SPN Providers) – Mental Health
  - Collin - 1 clinic locations
  - Dallas - 5 clinic locations
  - Ellis - 3 clinic locations

- Substance Use Disorder Clinic Providers
  - Collin - 11 clinic locations
  - Dallas - 20 clinic locations
  - Ellis - 3 clinic locations
  - Hunt - 1 clinic location
  - Kaufman - 1 clinic location
  - Navarro - 1 clinic location
  - Rockwall - 2 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 - 138 individuals
  - Ellis - 20 individuals
  - Hunt - 17 individuals
  - Kaufman - 5 individuals
  - Navarro - 11 individuals
  - Rockwall - 7 individuals
  - Other - 12 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 14.46% of the total population of Texas
- Represents 32% of the total population of Texas below 200% of poverty
- Over 74,000 individual consumers received services in fiscal year 2013 in comparison to almost 48,000 in 2006, which is a 54% increase in numbers served over the past seven years.

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

As of SFY 2014, only two NorthSTAR Counties pay a County match into NorthSTAR – Rockwall, and Navarro Counties. Although Dallas County has traditionally contributed a County match, effective SFY 2014 Dallas County chose to redirect funds previously used as NorthSTAR matching funds in order to provide matching funds to participate in the 1115 Healthcare Transformation Waiver DSRIP Program.

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. Historically, these value added services have been supported in large part by the match contributions of the participating counties with the bulk of funds coming from Dallas County. Although the Dallas County DSRIP Project targeting behavioral health crisis stabilization services as alternatives to hospitalizations is a valuable contribution to the local behavioral health service array, the overall impact of the withdrawal of these long standing matching funds from the NorthSTAR system is still unclear. This will require close monitoring over the next year in order to determine impact and adjust programming accordingly.

The system's ability to continue to explore, enhance, and expand value added services in each NorthSTAR County is dependent in part on each County's commitment to investing in NorthSTAR. During SFY 2013, Navarro County match funds were utilized, along with an allocation of Penalty and Incentive funds, to establish an outpatient Substance Use Disorder clinic in Corsicana. NTBHA

continues to explore options for utilizing Rockwall County match funds to enhance services in that county. This is especially important given the consistent increase in the county's population.

NTBHA is committed to meeting with each individual County Commissioners Court to educate them on the efficiencies and efficacies experienced within NorthSTAR and the value of investment into the system. NTBHA acknowledges the importance of identifying and addressing county level strategies while determining how county specific needs fit in to the regional needs of the NorthSTAR service delivery area. NTBHA encourages and supports the development of local planning committees/task forces in each NorthSTAR County to provide county-level organization and advocacy. 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 groups meeting regularly with the Dallas County and Rockwall County groups being recognized and supported by their County Commissioners.

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

Crisis Services Plan

The 80th and 81st Legislatures appropriated funding for community mental health crisis redesign. The intent of the Crisis Redesign funding across Texas was to implement crisis services (ie, 23/hr observation rooms and MCOT services). NorthSTAR already had an established crisis services array and was therefore offered the flexibility to enhance existing crisis services as well as expand to include some new crisis services.

Description: NorthSTAR Crisis Response System

Mobile Crisis Response/Crisis Hotline

Adapt Community Solutions (ACS) provides mobile crisis response through their Mobile Crisis Outreach

Teams (MCOT) and telephonic crisis services are available 24/7/365 to the seven county NorthSTAR region. MCOT and crisis hotline services are available to all residents in the service delivery area regardless of whether or not they are enrolled in NorthSTAR. ACS provides a combination of services including telephonic services, face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention to children, adolescents, and adults. Services are provided to individuals in their place of residence, school and or other community-based locations deemed as safe. In many cases the MCOT can resolve crises and divert individuals from higher levels of care.

For emergent crisis situations, the MCOT is deployed within one hour. For urgent crisis situations the team is deployed within 8 hours. Initial crisis follow-up and relapse prevention services are conducted within 24 hours of the first call or contact.

Walk-In Crisis Services

Southern Area Behavioral Healthcare (SABH), located in South Dallas, serves as the Urgent Care Walk-in Clinic for NorthSTAR. This after hours clinic was developed to provide a place for persons experiencing urgent behavioral health issues, but who do not need emergency room care, to access services after usual business hours and on weekends. SABH offers office-based crisis services including prompt screening and assessment, crisis stabilization, crisis resolution, and linkage to appropriate community services while preventing admissions to higher levels of care.

Front Door Crisis System

NorthSTAR offers a single location, Green Oaks Hospital, to provide emergency psychiatric services, a 23-hour observation unit, and inpatient services in order to evaluate, stabilize, and treat behavioral health crises that require a higher level of intervention than can be provided in the community.

Extended Observation Unit

NorthSTAR features a 23-hour observation unit through Green Oaks Hospital. The 23-hour observation unit provides emergency stabilization in an environment that is secure and protected. This unit provides an appropriate environment for short-term stabilization of behavioral health issues. Individuals in need of longer term care to ensure stabilization are linked to the appropriate level of care such as inpatient hospitalization.

Inpatient Hospital Services

NorthSTAR utilizes seven community hospitals located across three NorthSTAR counties to provide inpatient hospitalization services. Hospital services are provided by qualified medical and nursing staff ensuring 24-hour monitoring, supervision, and assistance in a safe, secure setting. Intensive services are designed to reduce acuity and restore the individual's ability to function at a lower level of care.

Crisis Residential

NorthSTAR has a Crisis Residential Unit through Homeward Bound for individuals whose needs are greater than can be addressed through community services, but do not require an inpatient level of care. This program provides 24-hour residential services that are short-term, community-based crisis treatment in a safe, fully staffed environment. The length of stay typically ranges from 1 to 14 days.

Crisis Respite and Transitional Housing

NTBHA received approval from DSHS to allocate $100,000 in SFY 2013 Penalty and Incentive Funds to Homeward Bound to establish a Crisis Respite and Transitional Housing Program in order to fill a gap in the continuum of housing assistance available to people who have serious behavioral health problems and have nowhere to live after stabilizing from a crisis and to reduce unnecessary utilization of psychiatric emergency services, inpatient hospitalization, and criminal justice involvement. Crisis respite services provide short-term, community-based residential crisis treatment which typically occurs in houses, apartments, or other community living environments. Homeward Bound has made significant process towards renovations to establish 12 units of an acquired 24 unit apartment building for the purpose of Crisis Respite and Transitional Housing. Homeward Bound served 34 men through this project between May 1 and August 31, 2013 and projects to serve a total of 136 individuals for the year.

Other Services Integral to the NorthSTAR Crisis Service Delivery System

- Post Acute Transitional Services (PATS) program – designed to target individuals who need additional wrap around services, engagement, and creative recovery planning to increase and maintain engagement in community services. Transicare currently provides this level of services. Individualized treatment planning and service delivery is targeted at increasing community linkages and reducing recidivism to acute levels of care and the criminal justice system.

- Intensive Case Management (ICM) program – developed by VO utilizing a predictive model to identify individuals who utilize acute levels of care at a high rate but do not successfully engage in ongoing community services following discharge. VO Care Managers provide intensive case management and facilitate engagement in ongoing community based services.
- Peer Navigators program – developed in collaboration with the Association of Persons Affected by Addictions (APAA) to provide peers to offer support and engagement to individuals presenting at the "front door" acute setting to encourage linkages to community supports and engagement in aftercare services. APAA reports that peer navigators see approximately 1500 peers/consumers per month with resulting outcomes such as decreased ER visits and increased behavioral health and medical appointment follow-ups.

Although NorthSTAR offers a wide variety of crisis services, this is an area that warrants continued attention and efforts to develop strategies to assure rapid response to persons in crisis and stabilization at the least restrictive level of care. The collaboration of NTBHA, VO, providers, and community stakeholders is necessary to continue to identify and address gaps in the delivery of crisis services in order to reduce utilization of state hospital beds, the criminal justice system, and emergency healthcare resources. Areas of continued focus include the following.

1. Explore alternatives to 23/hr observation - this option would represent a level of service that falls between 23/hr observation and after-hours services or SPN services. More efficient utilization of Crisis Residential Services may be one strategy to fill this gap as this has been identified as an underutilized service with potential to be an important component of the crisis continuum (Tri West).
2. Wrap-around services – continue focus on increasing wrap-around services for consumers discharging from community inpatient settings with a warm handoff into community based services. This would help ensure more effective coordination of care while increasing community engagement post discharge and reducing recidivism to acute levels of care.
3. Mental Health First Aid (MHFA) Training – NTBHA in collaboration with MHA, Dallas Metrocare Services, and Life Path submitted a MHFA Training grant proposal to DSHS. NTBHA was awarded the grant and will engage MHA, Dallas Metrocare and LifePath as subcontractors to provide MHFA training to educators. Through this grant, NTBHA will be positioned to expand MHFA training to school personnel within the NorthSTAR region in order to maximize the number of children who have direct contact with an individual trained in MHFA.

4. Improved discharge planning and aftercare coordination – conduct an assessment of current discharge processes and identify areas for improvement and implementation of more efficient strategies that are consistent across the system in order to increase aftercare engagement and reduce repeated readmissions related to behavioral health crises.
5. Monitoring of State Hospital Bed Capacity – The current issues and restructuring occurring at Terrell State Hospital have resulted in a reduction of SH bed capacity available to NorthSTAR. The NorthSTAR TSH census prior to reductions was approximately 230beds. That number has been reduced to fewer than 200 beds at times in recent months. This reduction in SH bed capacity available to NorthSTAR is resulting in a backlog of consumers lingering in community inpatient beds and a significant increase in costs related to community inpatient hospitalization due to increased lengths of stay. There is ongoing coordination between TSH, DSHS, VO, and NTBHA to identify solutions including diverting forensic commitments to other State Hospitals, reassessing discharge planning options for individual who have been in TSH for over 180 days, and improved coordination between TSH and VO. This is an issue that will require careful monitoring and thought as the potential clinical and fiscal impact on the NorthSTAR system is significant.
6. Utilization of Crisis Services by individuals residing outside of the service delivery area – NTBHA and VO are currently monitoring the incidence of individuals residing in non-NorthSTAR counties presenting for crisis services in our area. In these cases, NorthSTAR is responsible for providing behavioral health services required to stabilize the crisis. This results in increased acute care costs and impacts the number of community beds available to NorthSTAR eligible members. VO monitors and provides a report to NTBHA identifying these cases. NTBHA coordinates with the LMHAs in some surrounding counties in order to alert the center of the hospitalization and encourage aftercare follow-ups. NTBHA will make efforts to develop processes with additional LMHAs as needed. NTBHA also assists in providing education to area law enforcement on appropriate processes through Crisis Intervention Team (CIT) trainings. NTBHA will also provide outreach to other LMHAs and law enforcement agencies in order to address any unusual trends in service access.

Diversion Action Plan and Continuity of Care Services

Criminal Justice and Juvenile Justice are two areas in which collaboration is imperative between 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 (Tri-West Zia). As in past NorthSTAR strategic planning, addressing this critical issue remains a top priority in this 2014-2015 LSAP.

Jail Diversion and Outpatient Competency Restoration

Jail Diversion within NorthSTAR is accessible in two counties – Dallas County and Kaufman County. Collin County recently started a Case Management Aftercare Pilot Program for coordinating mental health and substance abuse treatment for inmates once released from custody. Grant money from TCOOMMI (Texas Correctional Office on Offenders with Medical or Mental Impairments) is used to operate Dallas County misdemeanor and felony mental health jail diversion programs. Grant money from Texas Indigent Defense is used to operate Kaufman County and Collin County Programs.

The Dallas County Jail Diversion Program has been successfully diverting mentally ill offenders from jail to treatment programs in the community. The implementation of these programs has aided Dallas County in keeping the jail population to a manageable level. Jail Diversion is a collaborative approach between law enforcement and mental health professionals that focuses on creating alternatives to arrest and jail detention for individuals who come in contact with law enforcement and could benefit from mental health and substance abuse services or other social services. The goal of the program is to provide intensive case management, sanctions and judicial monitoring. The average rate of monthly referrals is 35 misdemeanor offenders and 43 felony offenders participating in Dallas County Jail Diversion Programs. During the month of September 2013 there were 71 referrals received for misdemeanor offenders to participate in jail diversion with 21 receiving assessments and 6 being admitted for jail diversion. There were 11 referrals received for felony offenders to participate in jail diversion with 11 receiving assessments and 5 being admitted for jail diversion. Jail Diversion Programs have been very successful. The Dallas County Misdemeanor Jail Diversion Program is run by Judge Kristin Wade who meets with the clients several times a month. The program is individualized

and focuses on goals such as education, employment, medication compliance and drug and alcohol treatment. The program is about 6 months long and a successful completion of the program means the client's criminal case is dismissed. The Dallas County Felony Jail Diversion Program is called Achieving True Liberty and Success (ATLAS). ATLAS is a last chance program for persons with major mental illness who are on probation. The program goal is not to revoke probation on these clients, but to offer a one year period to help clients comply with probation by providing intensive case management, education, medication compliance, sanctions and judicial monitoring.

Judge Doug Skemp oversees the Outpatient Competency Restoration (OCR) Court. The program allows a person with mental illness to seek treatment in the community, thus reducing the burden on the State Hospital. The person has been found incompetent and restores their competency in the community by receiving intensive case management, medication compliance and judicial monitoring. Misdemeanor and felony cases are considered for OCR since all candidates are carefully screened and evaluated by the court before sending recommendations to Value Options for approval. Once a candidate has been approved to start OCR a service provider in the community is identified to provide case management and treatment toward helping the individual to regain competency and stabilization. The treatment is individualized and ongoing court hearings are scheduled for judicial monitoring. The program is typically granted for a 90 -120 day period. If OCR conditions are violated the Judge determines the nature of the penalty. The penalty could warrant a return to jail to be reassessed for appropriateness in continuing in the program. Once OCR is successfully completed and the defendant is deemed competent to stand trial a court hearing is scheduled. The successful candidate can enter a plea bargain or often have their cases dismissed. On average, about 50 individuals are participating in OCR every month.

The Kaufman County Substance Abuse and Mental Health Diversion Program is run by Judge B. Michael Chitty and has been operating for two years. The program has seen success and resulted in reduced recidivism. The program currently has 14 people who are receiving the intensive services. There have been several individuals who have graduated from the program. There are steady referrals from probation officers, public defenders, district attorneys and judges. The goal of the program is to provide treatment for substance abuse and mental health services to individuals who have a felony and/or misdemeanor charge. Kaufman County collaborates with Lakes Regional Mental Health to provide the services. Lakes Regional Mental Health Services serves an integral role in the Kaufman County program providing comprehensive assessments to

determine if the individuals meet criteria for outpatient services in the community. If the individual meets criteria for the program, Lakes Regional requests approval through NorthSTAR. The individuals often qualify for a higher level of services which includes case management, medication monitoring and substance abuse services. The individuals also receive judicial monitoring. The length of stay in the program is typically 18 months depending on the progress and recovery treatment plan. The program has been successful in helping to lower the recidivism rate in Kaufman County and ensuring consumers with substance abuse and mental health issues connect with treatment providers in the community.

Collin County received a grant from Texas Indigent Defense to provide defense services to indigent defendants with mental illness. The Collin County Mental Health Management Council Program seeks systemic solutions to divert mentally ill defendants out the criminal justice system and reduce recidivism. The program currently has 25 people receiving intensive case management services. Since July 2013 there have been a total of 110 referrals and assessments completed for the program. The individuals that are identified with having a mental illness in jail are immediately assessed and referred to receive an array of treatment if program criteria are met. They are promptly assigned counsel with specialized knowledge in mental health defense, streamlined coordination of competency restoration or stabilization, and provided case management to assist attorneys through mental health case management, mitigation strategy assistance, and defendant advocacy. The local mental health service providers in Collin County are an essential part of the Collin County Mental Health Management Program. The length of stay in the program is typically dependent on the progress of the recovery treatment plan and the deposition of the case. The program has been successful in helping to lower the recidivism level and helping consumers with substance abuse and mental health issues connect with treatment providers in the community.

A successful Jail Diversion Program will improve efforts to provide effective treatment services to individuals in the legal system with mental illness and substance abuse disorders, with the goal of reducing recidivism rates with most cases resulting in dispositions such as reduced sentences, probation, and regular and conditional dismissals which helps to reduce the numbers in the criminal justice system.

Outpatient Competency Restoration is vitally important to the NorthSTAR community. OCR takes individuals from the judicial system who have been found incompetent and restores their competency in

the community, thus reducing the burden on the State Hospital and making the hospital accessible for the most chronically ill. The wait for a State Hospital bed across NorthSTAR over SFY13 Q4 was approximately 15-25 awaiting a Terrell State Hospital bed and 15-25 awaiting a Vernon State Hospital bed.

NTBHA supports education and outreach as a critical component of Jail Diversion and Outpatient Restoration Programs. Other programs of note that relate to diversion and continuity of care include the following:

- Assisted Outpatient Treatment (AOT) Court
- Mental Health Courts
- Provision of Mental Health Assessment Services in Rural Counties
- TCOOMMI services

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. NTBHA actively participates in local criminal justice task forces. The Dallas County Behavioral Health Steering Committee and the Rockwall County Behavioral Health Committee meet monthly with a primary focus on jail diversion and issues related to criminal justice involvement. The NTBHA Jail and State Hospital Liaison engages in monthly meetings with criminal justice staff in the other NorthSTAR counties in order to provide support, education, and ensure counties are aware of the services available through NorthSTAR and processes for accessing these 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. 2011 242 trained
   ii. 2012 191 trained
   iii. 2013 118 trained to date
b. Other Police Departments in NorthSTAR –
   i. 2011 276 trained
   ii. 2012 306 trained
   iii. 2013 264 trained to date
c. Non-Police Officers Trained –
   i. 2012 & 2013 17 trained
d. TOTAL of 1,414 trained in CIT between January 2011 and September 2013

To date Dallas County is scheduled to conduct CIT training to the following in 2013–

- Frisco PD
- DeSoto PD
- Garland 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 – Primary care integration is a significant need for the individuals served through the NorthSTAR program. It is important for a variety of different community partners and services providers to come together to develop strategies 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 need is not addressed. In the NorthSTAR system of care, integration of care is emerging with more targeted focus.

There are some specific initiatives under way to begin improving collaboration and integration and reviewing outcomes for individuals and the system of care related to those projects. Projects include: 1) DSRIP projects currently underway through Dallas Metrocare and Lakes Regional MHMR, 2) Efforts to increase participation of indigent members in the 340B Drug Program in order to improve outcomes for members with physical healthcare needs as identified through 340B health screens, and 3) increased coordination between VO and other MCOs. 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

NTBHA has identified the following BHO performance measures based on needs assessment data, community input and current NorthSTAR priorities. NTBHA will expand and build upon these measures throughout the contract period as additional needs emerge and system priorities shift. NTBHA will monitor these identified performance measures and report on the BHO's performance.

1. **Goal:** Improved discharge planning and coordination of aftercare.

   Performance Measures:

   - Development of clear, consistent, uniform guidelines for NorthSTAR discharge processes and continuity of care coordination.
   - Improvement in outcome measures related to community service follow-up, prescriber follow-up, and readmissions after discharge from inpatient hospitalization.
   - Shared responsibility for effective discharge planning by creating a system by which the discharging facility and accepting provider would share an incentive payment for meeting above expected, and share in penalty if below expected follow-up and readmission rates. Shared accountability would encourage increased collaboration and acknowledge important roles of both discharging facilities and outpatient providers in coordination of aftercare.
   - Targets would be determined for each facility/provider based on past utilization patterns of assigned patients assigned to that provider.
   - Reduction in number of members who have been in State Hospital for longer than 180 days.

2. **Goal:** Increased participation by the indigent population in the 340B Drug Program in order to reduce system wide prescription costs and increase integration of behavioral health and primary healthcare through increased number of completed 340B health screens.

   Performance Measures:

   - BHO will assess current processes related to 340B Drug Program and make recommendations for improvement.
   - Increased participation in 340B program by eligible consumers with a target of 50% of eligible consumers enrolled and active in 340B by the end of SFY 2014.
   - Reduction in prescription costs for indigent enrollees.

3. **Goal:** Focus on increased outreach to underserved minority populations and increased participation by these groups in the NorthSTAR program.

   Performance Measure:

- Increased availability of NorthSTAR materials in Spanish.
  - Annual VO Satisfaction Survey made available in Spanish.
  - NorthSTAR Member Information and Provider Directory and other written materials made available in Spanish.
  - Increased outreach to Hispanic population resulting in enrollment numbers more closely aligned with population.
- Provision of system-wide provider trainings related to diversity, multi-cultural competencies, etc.
- Targeted outreach/education on mental illness and substance use disorders as well as anti-stigma messaging focused on reaching minority groups and communities.

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

Performance Incentives:

- **Housing**:
  - Improve system wide tracking of housing instability and homelessness.
  - Ensure supportive housing services are being documented utilizing appropriate service codes in order to more accurately track services provided and outcomes.
  - Set targets for identifying homeless members 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.

5. **Goal:** Develop and expand programming targeting high utilizers.

   Performance Measures:
   - Continue to monitor and analyze outcome data related to PATS and ICM programs to inform decisions regarding expansion of these programs.
   - Continue collaboration with Dallas County BHLT Adult Clinical Operation Team which is currently looking at individuals with a high rate of APOWWs and acute services and low rate of engagement in aftercare services. Identify specific barriers to engagement and design programming responsive to these needs.
   - Address system interest in diagnosis expansion by looking at subgroup of high utilizers who experience barriers to engagement in community based services due to not meeting priority population criteria based on diagnosis. This would include individuals discharging from residential SUD services and experiencing barriers to accessing ongoing MH treatment due to diagnosis restrictions. Identify characteristics and costs related to this subgroup in order to inform development of appropriate program design.

6. **Goals:** Ensure ongoing training is available to providers related to TRR requirements and competencies.

   Performance Measure:
   - BHO will coordinate with DSHS to ensure that needed trainings are made available to providers in the most time and cost efficient manner available.

<u>BHO Oversight Plan</u> –

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. **<u>Utilization Management</u>** – There are several UM activities that NTBHA will target in FY14 and FY15, which will be accomplished through a multitude of avenues.

   a. **<u>Mental Health Outpatient</u>** - 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. This is especially important given the recent transition from RDM to TRR. NTBHA will continue to participate in SPN Quality Audits to ensure quality provision and documentation of services.

   b. **<u>Substance Use Disorder</u>** – NTBHA will continue 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. **<u>Acute Services</u>** – NTBHA will conduct at least yearly audits to review adverse determinations for community inpatient and the level of appropriateness of those determinations.

   d. **<u>Discharge Process</u>** – NTBHA will review current community inpatient and State Hospital discharge planning processes in order to ensure that there is effective communication and coordination between hospital facilities, outpatient providers, and VO to facilitate appropriate continuity of care and continued engagement. NTBHA will monitor outcome measures related to 7 and 30 day follow-ups and hospital readmissions. NTBHA will collaborate with VO and providers to explore options for improving discharge planning in order to increase follow-up rates and decrease readmissions to higher levels of care.

2. **Quality Management** - NTBHA will target several QM activities in FY14 and FY15, which will be accomplished through a multitude of avenues. Since FY11 NTBHA and VO have convened a 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. NTBHA reviews data provided by VO regarding their QIPs. VO has focused on the same two projects for four consecutive years.

   b. 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. Like the other QIP, measurements are done for Q1 data each year for consistent comparison. This QIP monitors engagement at 7-day and 14-day intervals after hospitalization. The baseline measure for SFY10 was 31% of consumers saw a prescriber within 7-days after discharge and 42% within 14-days after discharge. SFY11 was 33% for 7-day follow-ups and 45% within 14-days.

Both measures increased after one (1) year. However, there were significant drops in both in SFY12 and SFY13 – down to 24% and 25% respectively for the 7-Day follow ups and down to 33% and 34% respectively for the 14-Day follow ups. VO plans to continue this QIP into SFY14 and beyond, so NTBHA will continue monitoring progress in this area.

c. **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 trainings to provide law enforcement officers robust crisis training, education, and resources to ensure consumers are brought to the most appropriate level of care, which is oftentimes not jail. NTBHA 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 wraparound services from acute care settings 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 who were previously nearly impossible to engage. Additionally, NTBHA is working with Green Oaks to establish an informative brochure that will help consumers new to the system know what to expect at their first SPN appointment and suggest ideas for how to participate in training, advocacy, and peer-led groups and other events sponsored by local advocacy organizations.

ii. **Community Education and Outreach** - In addition to participating in CIT training events, NTBHA will collaborate with VO in their Stamp Out Stigma (SOS) campaign to promote mental health awareness and offer information about services. At the same time, the state has elected to fund a "surge" program that will use paid advertizing to generate awareness about behavioral health and treatment available to consumers. These programs will attempt to engage consumers in outpatient services throughout the community prior to escalation to crisis levels of need.

iii. MCOT/hotline services are another area NTBHA will continue to focus on. NTBHA participates in monthly calls with ACS and VO aimed at monitoring performance measures, addressing pertinent issues, and staffing difficult cases. NTBHA will continue to monitor trends related to call volume and face to face encounter capacity. NTBHA will conduct biennial 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 identify and implement a monitoring plan to more closely track outcomes related to MCOT/hotline activities.

3. **Provider Network** – NTBHA monitors appointment access for mental health SPN services. This is largely to ensure provider network adequacy based on the availability of timely appointment access and determine 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 reviews appointment access

monitoring data with VO to identify and address deficits and ensure that routine appointment access is available within 14 days. Action to address deficits typically includes informal follow-up by NTBHA or a formal request by VO for a Corrective Action Plan depending on the nature of identified deficits. NTBHA participates in ValueOptions Provider Review Committee meetings to review applicants seeking to join the NorthSTAR network to ensure new providers are appropriately afforded access to the network. The PRC committee takes into consideration factors such as geographical location, provider saturation, language and multi-cultural competency, and specialized skill sets when considering applicants for nomination to the provider 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 allows NTBHA to 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 variety of scenarios and 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. NTBHA will continue 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 despite continued growth without the commensurate funding, NorthSTAR's outcomes 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 initiate quarterly meetings with ValueOptions to oversee their court-ordered behavioral health services work and monitor their progress.

7. **TRR and CMBHS Implementation** – NTBHA will continue to monitor the impact of TRR and CMBHS implementation and work with DSHS, VO, and providers to address any issues. NTBHA will monitor outcomes and fidelity related to TRR implementation. NTBHA will review TRR criteria and uniform assessment practices. NTBHA will solicit input from providers regarding ongoing training needs.

8. **BHO Incentives** – NTBHA reviewed and signaled approval of DSHS proposed changes to the BHO Performance Incentives and Performance Sanctions and Penalties included in the 2014/2015 DSHS/VO contract. Some changes were made in order to facilitate more accurate comparisons between the performance of NorthSTAR and non-NorthSTAR LMHAs. Some adjustments were also necessary due to changes related to TRR implementation. NTBHA will monitor these measures and report on any significant performance outcomes in our summaries of activities reports due to DSHS quarterly.

Additions/Changes to Performance Sanctions and Penalties of note included in the 2014/2015 DSHS contract include the following:

1. Jail Crisis Diversion: Adults – Penalties will be assessed as follows:
    a. >14.0% of valid bookings across the population with a match (TLETS Population Ratio).
2. Acute services/ Effectiveness: Adult, Child and Adolescent – Penalties will be assessed as follows:
    a. <90.0% of enrollees receiving a crisis service {Mobile Crisis Outreach Team service or 23 hour observation services} avoid a psychiatric hospitalization within 30 days.
3. Access to Care – Penalties will be assessed as follows:
    a. <54.0% of Adult enrollees authorized in a full level of care receiving at least one service encounter each month.
    b. <77.0% of Child and adolescent enrollees authorized in a full level of care receiving at least one service encounter each month.
    c. <26.0% of enrollees receive community services within 7 days of 23 hour observation or ER discharge.
    d. <38.0% of enrollees receive community services within 7 days of Community Hospital discharge.
    e. <14.0% of enrollees follow up with community services within 7 days of State Hospital discharge.
4. TRR Measures – Penalties will be assessed as follows:
    a. <10.0 % of adult enrollees authorized in a full level of care who have independent employment.

b. < 97of adult enrollees authorized in a full level of care who live independently or in a group home.
c. <20% of enrollees authorized in a full level of care have shown reliable improvement in one or more domains on the ANSA.
d. <25% of enrollees authorized in a full level of care have shown reliable improvement in one or more domains on the CANS.
e. <97% of Child and Adolescent enrollees in a full level of care have acceptable or improved juvenile justice involvement.

9. **Primary Care Integration** – 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 Organizations
  (MCO's) that manage Medicaid, CHIP, and the STAR+Plus programs that offer physical and behavioral healthcare to our consumers.
- NorthSTAR Providers are audited to ensure they are exhibiting proper care coordination; especially with physical health plans.
- NTBHA will monitor regional 1115 Waiver DSRIP projects targeting primary care integration in order to look at how these initiatives might fit within the NorthSTAR model.

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