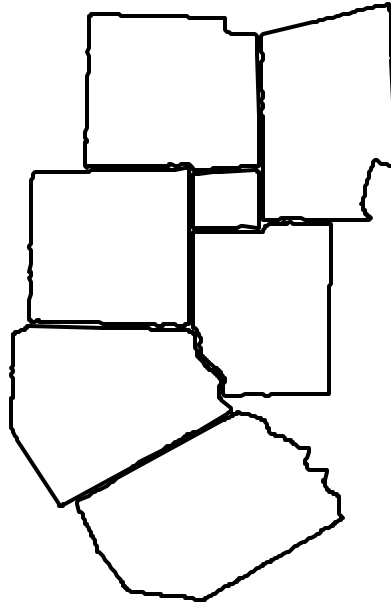


# NorthSTAR Regional Plan

## 2001

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*DANSA*

*Serving Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties*

*...Think populations, see individuals.*

**Prepared by the  
Dallas Area NorthSTAR Authority  
March 8, 2001**

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## **Executive Summary**

*...Think populations, see individuals.*

The mission of the Dallas Area NorthSTAR Authority is to effect a well managed system of behavioral health services available to qualified consumers in the NorthSTAR region.

Several factors may have an affect on the desired outcomes of the Dallas Area NorthSTAR Authority. Chief among these is increased funding. If the NorthSTAR Service Delivery Area were allocated the funds necessary (approximately \$6 million) to rise from the bottom of state funded regions to the average, a change in service design might not occur and a period of stability would occur. In addition to increased funding, the State policy makers may choose, as a result of lobbying efforts, to alter the design of the service delivery system in the seven counties that make up NorthSTAR.

### Strengths:

- ◆ A wide array of providers affording consumers ample choice, with the exception of rural counties;
- ◆ A dedicated group of consumers and family members who are willing to go beyond the call of duty to improve services
- ◆ A strong mental health advocacy community
- ◆ A growing substance abuse advocacy community
- ◆ Dedicated LBHA Board of Directors
- ◆ Support from Dallas County and Collin County Commissioners
- ◆ Strong Provider Advisory Council

### Weaknesses:

- ◆ Frequent programmatic modifications
- ◆ Inability to attract psychiatrists, particularly child psychiatrists
- ◆ Inability to attract any provider to the rural counties, thus providing little choice
- ◆ The loss of one BHO
- ◆ Inadequate long term care alternatives
- ◆ Difficulty with some counties filling Board vacancies

### **Local Authority Service Priorities**

1. Increased funding:
2. Clarification of the role of the Local Behavioral Health Authority
3. Increased housing: Housing continues to be a critical need. Gains made in treatment can rarely be sustained without adequate and safe housing.
4. Establishment of an Adult CRCG
5. Participation of STAR and CHIP Plans
6. Period of stability
7. Identification of Performance Indicators
8. Development of a Safe Haven

## Goals and Objectives

### Planning

- To assess the behavioral health needs in the NorthSTAR region to identify needs and gaps and set priorities through a comprehensive regional plan
  - ◆ Facilitate the involvement of the community in the development of a regional action plan designed to address the behavioral health needs of our communities
  - ◆ Explore and determine the need for additional Advisory Committees (i.e., Children's Regional Behavioral Health Team, Providers, Stakeholders, etc.), whether standing committees or single-focus work groups, to insure that all segments of the community have opportunities to provide input
  - ◆ Coordinate the development of an annual NorthSTAR Regional Plan, a written plan identifying issues, gaps in services, unmet needs and proposed resolutions regarding the delivery/availability of behavioral health services in the NorthSTAR Service Delivery Area

### Policy Development

- To assess and develop policies regarding the structure, process, and outcomes of the NorthSTAR behavioral health services delivery system
  - ◆ Develop specific performance measures through which fulfillment of the contract can be measured
  - ◆ Report results of monitoring activity to local and state officials
  - ◆ Submit recommendations, based upon contract monitoring, to the State for incentive awards and/or sanctions
  - ◆ Monitor the Behavioral Health Organization's provider panel to insure access to care as well as choices of providers to all NorthSTAR Consumers
  - ◆ Develop a performance monitoring system to insure that local governments are kept abreast of the impact of NorthSTAR upon their constituents
  - ◆ Participate in work-groups as requested by local governments
  - ◆ Formulate recommendations for local governments, as well as the State, to consider
  - ◆ Serves as liaison to the Texas State Legislature to advocate for mental health and substance abuse funding, and increase awareness of the region's issues through education and advocacy to legislators on the NorthSTAR system.
  - ◆ Advocate for regional parity in the funding of new generation pharmaceuticals relative to other systems in the State
    - ◆ Develop specific policies and procedures to provide guidance and consistency throughout the NorthSTAR system.
    - ◆ Make recommendations to the State on policies and procedures which will effect the efficient allocation and use of resources in accordance with local community needs and desires.

### Coordination

- To facilitate education and problem resolution for stakeholders
  - ◆ Develop data collection systems to facilitate the identification and tracking of trends and issues in relation to NorthSTAR

- ◆ Collaborate with the State and the BHOs in the definitions and recording of complaints
  - ◆ Assist consumers, family members, providers, and other stakeholders in the resolution of complaints as well as facilitate access to care
  - ◆ Conduct impartial investigations into complaints
  - ◆ Develop policies and procedures to monitor those SPA activities which have been delegated to the BHOs
  - ◆ Coordinate commitment activities with the mental health courts of each county, the local mental health centers, and the BHOs
  - ◆ Educate, if needed, local judicial officials regarding mental health commitment statutes
  - ◆ Conduct public forums in each county through which consumers, community leaders, providers, stakeholders, etc. may offer comments, register complaints and acquire information relative to the public behavioral health service delivery system
  - ◆ Encourage and, where possible, facilitate outreach efforts to the region's underrepresented population
  - ◆ Conduct and/or encourage training sessions for providers to enable a more effective and smoother transition into managed care
  - ◆ Build and maintain an interactive web site through which consumers, providers, stakeholders, the general public, etc. may access information, interact with DANSA staff, provide input about DANSA and NorthSTAR.
  - ◆ Provide educational seminars, throughout the NorthSTAR Service Delivery Region, for law enforcement personnel through whom officers gain an increased understanding of behavioral health issues and resources to enable officers to identify and respond to person with MI/SA.
  - ◆ Provide regional coordination of CRCGs and represent the region's CRCGs to the State liaison.
  - ◆ Increase case coordination beginning at the pre-staffing level through problem resolution.
- To partner with stakeholders in the planning, development, implementation, and evaluation of behavioral health services
    - ◆ Collaborate with the Behavioral Health Organizations in the development and implementation of a contract in which the delegated, Single Portal Authority (SPA) Responsibilities are detailed
    - ◆ Generate specific recommendations, based upon data assimilated, to enhance and insure the delivery of services
    - ◆ Report systems concerns as they arise and to monitor any program changes
    - ◆ Develop and implement evaluative methods to be utilized to assist in measuring overall project effectiveness
    - ◆ Develop specific performance measures to insure effective delivery of services as well as the overall effectiveness of NorthSTAR
    - ◆ Develop an integrated data management system that combines existing and new data tools developed in this project.
    - ◆ Participate in the Continuous Quality Improvement Programs of the Behavioral Health Organization
    - ◆ Work collaboratively with the region's stakeholders to develop and implement identified performance measures and targets in model development and planning process

Identify and develop alternative ways to meet needs of youth and their families through integration of funding streams, building collaborative initiatives, and strengthening agency partnerships

#### Resource Development

- Identify and develop additional funding to facilitate the development and sustenance of a comprehensive service delivery system
  - ◆ Identify funding opportunities that support, enhance, or expand current CRCGs activities related to youth, families, and CRCG membership
  - ◆ Procure, or assist in procuring, funding for needs and sub-contract for direct services
  - ◆ Procure additional resources to address unmet needs, gaps in services, and priority services identified in the NorthSTAR Regional Plan.

#### Resource Allocation

- To effect the efficient allocation and use of resources

## **I. Vision, Mission, and Philosophy (Draft by Staff)**

### **Vision**

*The vision of the Dallas Area NorthSTAR Authority is a behavioral health care delivery system that provides appropriate care, in a timely manner to all individuals experiencing a mental illness and/or a substance use disorder.*

The Dallas Area NorthSTAR Authority (DANSA) seeks to promote a collaborative system of care for individuals with a behavioral health disorder. Collaborating parties include consumers, family members, advocates, providers, and other stakeholders. Collaborative responsibility is the belief that the public healthcare system, which serves a community, is the responsibility of that community. Stakeholders, in cooperation with each other; develop, implement, evaluate, and amend an integrated service delivery system which provides appropriate and timely services with significant and positive results for the people who receive them. A public health service system built with collaborative responsibility is:

- Sustainable,
- Supported and by the community it serves, and
- Overseen locally.

Collaborative Responsibility, in the behavioral health arena, is based upon forming partnerships with all stakeholders in the delivery of mental health and substance abuse services. Community partners collectively develop indicators for measuring the quality of care provided and for developing criteria for the compassionate and responsible distribution of care. The resulting system of behavioral healthcare should be designed to enhance the health of the entire community. This principle of Collaborative Responsibility will provide the framework for the development of the envisioned NorthSTAR system of care.

The design of any health system should have the following statement as the guiding parameter:  
*...Think populations, see individuals.*

### **Mission**

*The mission of DANSA is to effect a well managed system of behavioral health services available to qualified consumers in the NorthSTAR region.*

Although there are multiple theories regarding the most efficacious manner to manage publicly funded, behavioral health services, the Dallas Area NorthSTAR Authority seeks a system that provides the best care for the most individuals with the limited funds available. DANSA seeks to bring about a system of care which accomplishes this goal.

### **Philosophy/Values (Draft by Staff)**

The philosophy and values of any agency establishes the culture of the agency. The philosophy and core values of the Local Behavioral Health Authority should be reflective of the community it serves. Based upon input from various stakeholders, the following are core values of DANSA:

- The local authority should be accountable to the public it serves.
- The behavioral health services delivery system should be accountable to the communities through the local authority.
- The behavioral health services delivery system should be an integrated service system that maximizes the use of all available funds.
- The behavioral health services delivery system should be one that matches the level of care to level of need, regardless of the individual's ability to pay.
- The behavioral health services delivery system should ensure a seamless continuity of care encompassing prevention, treatment, after-care, and support services.
- The behavioral health services delivery system should utilize evidence-based practices and be outcome based.
- The behavioral health services delivery system should ensure access to recovery-based services that are responsive to the needs of the consumer.
- The behavioral health services delivery system should effect the efficient use of funds and prudent, compassionate distribution of care to ensure eligible populations receive the needed services from competent providers at a reasonable cost.
- The behavioral health services delivery system should be effective, fiscally efficient and sustainable over time.
- The behavioral health services delivery system should promote community education and anti-stigma programs to encourage and assist the community it serves to value people with mental illness and substance abuse disorders.
- The behavioral health services delivery system should provide an avenue for consumers, family members, advocates, providers and stakeholders to seek resolution of complaints, whether against the BHO or the provider, and decisions rendered by the authorizing agency.
- An independent and objective Ombudsman Service must be included in any behavioral health care delivery system.

## **II. Local Planning Process**

### **Planning Process**

The Dallas Area NorthSTAR Authority is unique in the State of Texas inasmuch as it is the only Authority that represents both mental health and substance abuse service delivery systems. The fact that DANSA is the only Authority in Texas that is not concurrently a provider precludes the ability to follow a model for the local plan. By virtue of this uniqueness, DANSA's local plan may not be comparable to those of other Authorities.

Inasmuch as DANSA was created simultaneously with the implementation of the NorthSTAR Medicaid Managed Care Pilot, DANSA did not have input into the previous plans for the NorthSTAR Service Delivery Area. Prior to the implementation of NorthSTAR, each Community Mental Health Center was responsible for developing plans for the counties they represented.

Prevalent in DANSA's planning processes was the fact that significant changes in the services delivery system occurred with the initiation of the NorthSTAR Pilot. These changes affected the entire community (consumers, family members, advocates, providers, and other stakeholders). As a result of the changes and the adaptation to them, much of the planning activity has been focused upon issues and improvements in the current service delivery system.

The foundation of Collaborative Responsibility, as well as local planning, is input from the various stakeholders. As the local authority, DANSA has coordinated, or been involved in, a number of planning activities designed to solicit input from the community. These activities include, but not exclusively:

- ◆ Community forums,
- ◆ Public commentary provided during meetings of the Board of Directors,
- ◆ Community-based, agency-specific (i.e., juvenile departments) planning groups,
- ◆ An analysis of complaint data,
- ◆ Data gathered from the Community Resource Coordination Groups,
- ◆ Feedback from the Consumer Advisory Council,
- ◆ Feedback from the Provider Advisory Council, and
- ◆ An analysis of questionnaires distributed to and completed by consumers, family members, advocates, providers, and other community stakeholders.

Methodology for this plan includes data collection regarding priority services, unmet needs, priority populations, and the role of the Local Behavioral Health Authority in the NorthSTAR Project. Table 1 illustrates the data collection methodologies utilized to assure ample opportunity for community input.

**Table 1: Data Collection Methods for Community Input**

County	Methodology	Respondents							
		Consumers	Family/ Advocates	Providers	Policy Makers	Physicians	Child Agencies	General Public	Other
Collin	Advisory Councils	Yes	Yes	Yes	No	No	Yes	No	No
	Public Forums	Yes	Yes	Yes	Yes	Yes	No	No	Yes
	Surveys	Yes	Yes	Yes	Yes	No	Yes	No	No
	Other	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dallas	Advisory Councils	Yes	Yes	Yes	Yes	Yes	Yes	No	No
	Public Forums	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Surveys	Yes	Yes	Yes	Yes	Yes	Yes	No	No
	Other	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ellis	Advisory Councils	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
	Public Forums	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Surveys	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
	Other	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hunt	Advisory Councils	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
	Public Forums	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Surveys	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
	Other	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kaufman	Advisory Councils	No	Yes	Yes	No	No	Yes	No	No
	Public Forums	Yes	Yes	Yes	Yes	No	Yes	No	No
	Surveys	Yes	Yes	Yes	No	No	Yes	No	No
	Other	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Navarro	Advisory Councils	Yes	Yes	Yes	No	No	Yes	Yes	No
	Public Forums	Yes	Yes	Yes	Yes	No	Yes	Yes	No
	Surveys	Yes	Yes	Yes	Yes	No	Yes	Yes	No
	Other	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Rockwall	Advisory Councils	Yes	Yes	Yes	No	No	Yes	No	No
	Public Forums	No	No	Yes	Yes	No	Yes	No	No
	Surveys	Yes	Yes	Yes	No	No	Yes	No	No
	Other	No	Yes	Yes	Yes	No	Yes	Yes	Yes

\*Other includes all other methods of input including face-to-face contacts, meetings, CRCG participation, Ombudsman complaints and grievances, etc.

Task-Specific Workgroups

Due to the novel nature of the NorthSTAR pilot, in its attempt to blend Medicaid, block grant, and general revenue funds, several work and planning groups have been a necessary part of NorthSTAR. These groups focused upon specific issues, which arose throughout the implementation process:

Issue: Inpatient psychiatric treatment was exceeding projections and thus was utilizing funds intended for community services.

Workgroup DANSA  
All of the local, private psychiatric hospitals  
Dallas County medical Society  
Magellan  
ValueOptions  
Parkland Psychiatric Emergency Room

Task: To decrease the numbers of admissions to private hospitals via an assessment by the Community Mental Health Centers' mobile crisis team at the time the consumer presents at the hospital. This would involve credentialing the crisis team by the respective hospital as well as require the consumer to undergo an additional assessment. Hospitals cited significant liability issues in waiting for the mobile crisis team to arrive. The Behavioral Health Organizations and the Community Mental Health Centers cited the differing view of the need for inpatient treatment.

Outcome: Unresolved: A few hospitals permitted mobile crisis teams access and others did not. DANSA suggestion to develop a 23-hour observation unit was not followed.

Issue: Treatment gains were often negated by the lack of coordination between physical health and behavioral health, primarily resulting from an absence of a communication structure between the providers and as well as between the managed care organizations.

Workgroup Medical Directors of the STAR managed care organizations  
Medical Directors of the Behavioral Health Organizations  
Dallas County Medical Society  
TDMHMR NorthSTAR staff  
DANSA

Task: To develop the structure and mechanisms necessary for the coordination of physical and behavioral health.

Outcome: A limited ability to determine a consumer's enrollment in STAR and/or NorthSTAR. This should facilitate more appropriate and timely referrals

across systems. In addition, the group, led by the Medical Director of ValueOptions, initiated the idea of a symposium on behavioral health and managed care.

**Issue:** The cost of medications was increasingly dramatically resulting in expenditures exceeding projections by 100%.

**Workgroup:** Consumers  
Advocates  
Providers  
Stakeholders  
Magellan  
ValueOptions  
DANSA

**Task:** To examine the escalating pharmaceutical costs and to develop a pharmacy formulary designed to reduce the overall pharmaceutical expenditures.

**Outcome:** Although DANSA's initial request for this workgroup was denied, a workgroup was formed and a formulary was drafted and subsequently approved by the State. However, a reduction in the costs of medication has not been reported and was cited as a major factor in Magellan's decision to withdraw from the NorthSTAR pilot and ValueOptions' losses. This planning process illustrated the fact that the community will support a collaborative decision even if they do not like making the decision.

**Issue:** NorthSTAR and the psychiatric hospital of the county hospital system were not as integrated as needed, resulting in lost revenue for the hospital district and increased dwell time in the emergency room while awaiting approval for care and subsequent transfer. Sustained dwell times often resulted in over-crowding and, subsequently, dangerous conditions.

**Workgroup:** Parkland Hospital  
Elected Officials  
Magellan  
ValueOptions  
DANSA

**Task:** To develop a system of stabilization that would require the authorization of care as well as transfer to a designated facility in a timely manner.

**Outcome:** Parkland continues to report extended dwell times often in excess of 12 hours. DANSA's Ombudsman activities attempted to resolve issues on a day-to-day basis.

**Issue:** The Single Portal Authority was not diverting patients from hospitalization to the extent desired by the Behavioral Health Organizations. According to the BHOs, this lack of diversion resulted in increased hospitalizations and unnecessary commitments to involuntary treatment. The impact was that the BHOs had far exceeded the budgeted bed-days for inpatient care. The Mental Health Court, the Public Defenders' Office, and the private psychiatric hospitals voiced concern regarding the process.

**Workgroup:** Dallas County Mental Health Court  
Dallas County Public Defenders' Office  
Dallas County Commissioners' Court  
Magellan  
ValueOptions  
Dallas Metrocare Services (formerly Dallas Co. MHMR)  
Private psychiatric hospitals  
DANSA

**Task:** The development of a systemic flow that would simplify and expedite the activities of the Single Portal Authority.

**Outcome:** An easy-to-follow flow chart was developed and approved by the Dallas County Mental Health Court. However, ValueOptions, the sole remaining BHO, has since asserted that there continues to be an inordinate number of commitments to involuntary treatment. It was further determined, during the next fiscal year, that the processes of the Single Portal Authority were different in each of the seven counties.

**Issue:** Authorized lengths-of-stay in residential alcohol and drug treatment did not meet the needs of the consumer nor meet the standards set forth in the regulations promulgated by the Texas Department of Insurance. In addition, "benching" (the process of referring authorizations to a supervisor within the BHO) was reported to have increased significantly.

**Workgroup:** Dallas County Medical Society  
Private psychiatric hospitals  
Homeward Bound, Inc.  
Nexus Recovery Center  
Gateway-Help Is Possible  
Texas Commission on Alcohol and Drug Abuse  
TDMHMR NorthSTAR Staff  
DANSA

**Task:** The primary goal of the workgroup was to seek clarification from the Clinical Director of the Texas Commission on Alcohol and Drug Abuse (TCADA) regarding the issue and to ask that TCADA generate a "letter of understanding" that would result in a decreased in "benching" and

approved lengths of stay more closely approximating the standards set forth by the Texas Department of Insurance.

**Outcome:** TCADA's Clinical Director, in consultation with the Medical Director's of the BHOs and TDMHMR's NorthSTAR staff, issued a written memorandum clarifying TCADA's expectations. Some improvement was noted by the providers although some claimed retaliation evidenced by slower approvals or increased denials of requests for residential care. In addition, providers continue to voice concerns regarding the length-of-stay.

**Issue:** The largest provide in the NorthSTAR network, serving several thousand consumers, reported ongoing financial difficulties and the subsequent exhaustion of its reserves. Consequently, the agency publicly stated that closure was a distinct possibility.

**Workgroup:** Dallas Metrocare Services  
ADAPT of Texas  
LifeNet  
Telecare-NorthSTAR  
Dallas Behavioral Health Network  
Dallas County Commissioners  
ValueOptions  
DANSA

**Task:** To develop a contingency plan that would insure continuity of care in the event that the provider ceased providing services.

**Outcome:** ValueOptions indicated that they had been working on a contingency plan that included the provision of services by a subsidiary of ValueOptions. Consequently, ValueOptions asserted that a contingency plan was not needed. Dallas Metrocare Services and ValueOptions settled the disagreement and Dallas Metrocare Services chose to continue providing services.

**Issue:** Magellan announced the decision to withdraw from the NorthSTAR project thus necessitating ValueOptions assuming Magellan's members (approximately one half of total NorthSTAR consumers in treatment) as well as the responsibility Magellan enrollees (approximately one half of total NorthSTAR enrollees). Many Magellan members expressed fear and confusion regarding Magellan's withdrawl and its impact on their ability to access services.

**Workgroup:** Consumers  
Family members  
Advocates  
Providers

ValueOptions  
DANSA

Task: To assure consumers affected by Magellan's decision that their care and medications would continue and that ValueOptions, as their new BHO, would do everything possible to insure a smooth transition.

Outcome: Consumer questions were answered and their fears were addressed. The assumption of Magellan consumers by ValueOptions was relatively unnoticed by consumers in that the primary differences were who the provider submitted claims to .

Issue: Providers and the community expressed concern regarding the reduction of TCADA's contribution to the NorthSTAR pilot.

Workgroup: Consumers  
Family members  
Advocates  
Providers  
Licensed Chemical Dependency Counselors  
Veteran's Affairs Administration-Hospital  
Magellan  
ValueOptions  
TDMHMR NorthSTAR staff  
DANSA

Task: To seek clarification of and an explanation for the significant reduction in TCADA's contribution to NorthSTAR.

Outcome: Although significant frustration was expressed, clarifications and explanations were provided by TDMHMR NorthSTAR staff.

Issue: The State and ValueOptions were in the process of negotiating the new contract and the community wanted to provide some input into this contract since they did not have the opportunity in the original contract.

Workgroup: Consumers  
Family members  
Advocates  
Providers  
Other stakeholders  
DANSA

Task: To generate specific recommendations for the contract between the State and ValueOptions.

Outcome: An extensive list of recommendations (Appendix A) was generated and shared with the State's NorthSTAR staff.

Issue: Providers had filed numerous complaints and some were actually refusing to see additional NorthSTAR consumers due to the significant "paperwork" required.

Workgroup: Dallas County Commissioners  
Dallas County Medical Society  
Mental health providers  
Substance abuse providers  
TDMHMR NorthSTAR staff  
DANSA

Task: To identify critical data elements and eliminate superfluous information gathered by providers and to propose a reduced data requirement.

Outcome: Although significant time was required, the paperwork associated with NorthSTAR was significantly reduced.

Issue: The number of mentally ill individuals being incarcerated is staggering and tends to neglect the mental health factors leading to arrest.

Workgroup: Dallas County Commissioners  
Mental Health Association (National and Dallas)  
Consumers  
Family members  
Advocates  
Providers  
Dallas County Law Enforcement  
ValueOptions  
DANSA

Task: To establish the need for a jail diversion program and to initiate discussion into such a diversion program.

Outcome: The workgroup was able to achieve collective consensus and the need for a jail diversion program received unanimous support. The development and implementation of an actual plan as well as the acquisition of funding dedicated to a jail diversion program is a long-term goal and will not be immediately realized. Additional meetings have been scheduled.

Issue: The NorthSTAR pilot is severely under-funded and several programmatic and contractual changes have been implemented in an effort to stabilize the fiscal aspects of the program. In January, 2001, ValueOptions issued the State a letter requesting an emergency appropriation of \$10 million. In forums in which ValueOptions explained the most recent changes., they publicly stated that (1) it is doubtful that the most recent changes

would generate sufficient savings to achieve fiscal stabilization and (2) without additional funding, the NorthSTAR pilot would close and any gains made via NorthSTAR would be lost.

Workgroup: Consumers  
Family members  
Advocates  
Dallas County Commissioners  
Stakeholders  
Providers  
Community Resource Coordination Groups  
ValueOptions  
TDMHMR NorthSTAR staff

Task: To develop (1) specific programmatic recommendations designed to preclude further changes in the event that ValueOptions remains the vendor for NorthSTAR and (2) to develop a contingency plan that promulgates the desires of the community to submit to the State in the event that ValueOptions makes the decision to withdraw from the pilot.

Outcome: The actual planning processes are occurring and will not be completed prior to the submission of the report. To date, a public forum and specific workgroups have been scheduled and agreement to participate has been received from over 100 individuals and agencies, including TDMHMR NorthSTAR staff and ValueOptions. Whichever plan is needed, as a result of ValueOptions decisions, will be forwarded to the decision and policy makers.

Issue: Navarro County was experiencing difficulty and confusion regarding the activities of the mobile crisis team. County officials were concerned that what they classified as emergencies, the mobile crisis team did not. IN addition, there was confusion regarding the processes regarding crises,

Workgroup: Navarro County Consumers  
Navarro County Sheriff's Department  
Navarro County Juvenile Department  
Johnson-Ellis-Navarro MHMR  
Telecare (the mobile crisis provider)  
Navarro Regional Medical Center  
Corsicana Police Department  
DANSA

Task: To identify specific roles, to resolve confusion and to arrive at mutually agreeable processes.

Outcome: The NorthSTAR project and the need for managed care were explained to the participants. An agreement was reached regarding the processes and communication needs between the mobile crisis team and county officials.

Other planning activities have involved public forums in each of the seven counties. The communities were notified of the forums via radio and news print as well as through providers and other stakeholders. Although attendance varied across the seven counties, DANSA will continue holding periodic public forums to solicit ideas regarding needs. The initial public forum was the more structured of the two forums. Special invitations to speak were extended to two consumers/advocates (one mental health consumer and one substance abuse consumer), two providers (one mental health provider and one substance abuse provider), and the state’s Director of the NorthSTAR pilot. Presentations were made by each consumer/advocate, each provider, as well as DANSA Board and staff. The state did not make a presentation. Presentations (Appendix B) were copied and distributed to all in attendance as well as local and state policy makers who were not able to attend. Table 2 below summarizes the presentations by consumers/advocates and providers.

**Table 2: Forum Presentations**

Presenter	Strengths	Concerns
Mental Health Advocate	<ul style="list-style-type: none"> <li>• Increased access</li> <li>• Ability of the consumer to choose provider</li> <li>• Improvement of care as a result of competition</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of support for the model by providers</li> </ul>
Substance Abuse Consumer	<ul style="list-style-type: none"> <li>• Increased access to care by individuals who might not have otherwise qualified for treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced length of stay, particularly in residential treatment jeopardizes treatment outcomes</li> <li>• Providers’ financial difficulties</li> </ul>
Mental Health Provider	<ul style="list-style-type: none"> <li>• More individuals in need are enrolled</li> <li>• Less delay for intake appointments</li> <li>• Defined benefit plan</li> <li>• Better productivity measures</li> <li>• Pilot had “galvanized” local governing boards</li> </ul>	<ul style="list-style-type: none"> <li>• Client satisfaction has declined</li> <li>• Provider choice is decreasing</li> <li>• Loss of local control</li> <li>• Doubled administrative costs by adding an additional level via the BHO</li> <li>• Additional community resources (e.g., Provider reserve funds) are subsidizing the pilot</li> </ul>
Substance Abuse Provider	<ul style="list-style-type: none"> <li>• Licensed Chemical</li> </ul>	<ul style="list-style-type: none"> <li>• Many providers have</li> </ul>

	<p>Dependency Counselors are able, for the first time, to contract with the BHOs</p> <ul style="list-style-type: none"> <li>Expanded geographic access to treatment services</li> </ul>	<p>either closed or shifted focus to other populations (i.e., Juvenile Justice)</p> <ul style="list-style-type: none"> <li>Lengths of stay in residential treatment has been significantly reduced</li> <li>Most providers did not have reserves to bridge the transition into managed care</li> <li>Continuum of care is in jeopardy</li> <li>Providers are being asked to treat more people with less funding</li> </ul>
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DANSA staff provided an assessment of the pilot to date. This assessment indicated:

- Significantly increased access
- Significant increase in the number of persons served
- Elimination of waiting lists
- Integrated funding streams
- Financially ailing providers

Challenges included:

- Balancing access and choice
- Insufficient funding for any system to obtain pilot goals
- Expansion of wrap-around services
- Absence of local county match from Ellis, Hunt, Kaufman, Navarro and Rockwall Counties
- Budget cuts by the Texas Commission on Alcohol and Drug Abuse and the Texas Department of Mental Health and Mental Retardation.
- The concept of “rationing care”; with limited funding, who is served and who is not?

The intended purpose of the forum was to provide the community with an update of the NorthSTAR pilot. NorthSTAR had generated considerable individual feedback but there had not been a forum to collectively look upon the impact on consumers/advocates and the service delivery communities. DANSA’s initial public forum was attended by 107 individuals.

A second, less structured public forum was held in the Fall of 2000. This forum was co-sponsored with the Mental Health Association of Greater Dallas. Due to feedback from the community, a decision was made not to have formal presentations but rather to seek public commentary from all in attendance.

This forum, unfortunately conducted at the same time as the initial Presidential Debate, was attended by approximately 95 individuals. Six consumers/family members, four advocates, nine providers, and ValueOptions offered input. Comments could be characterized into the following categories:

#### Authority for the Dallas Area NorthSTAR Authority

- Increased authority for DANSA
- Funds should flow through the local authority (DANSA)
- DANSA should only be second in importance to the funds
- The state has not allowed DANSA to have the authority envisioned by the community

#### Access

- More people are receiving care than prior to NorthSTAR
- A question was raised: “Is treating more people-but treating them inadequately-the right approach?”
- There appears to be a significant decrease in the number of Hispanics receiving alcohol and drug treatment indicating a need for increased outreach,
- There is a discrepancy in the way services were counted pre-NorthSTAR and the way services are counted in NorthSTAR, indicating a need to clarify data elements and to compare like data elements
- There appears to be a decrease in the number of adolescents seeking alcohol and drug treatment, primarily resulting from Dallas County Juvenile Department’s decision to provide these services internally
- Outreach to schools appears to have been eliminated

#### Funding

- Texas ranks 43<sup>rd</sup> in the nation for mental health funding and 48<sup>th</sup> for substance abuse funding
- The NorthSTAR Service Delivery Area ranks 35<sup>th</sup> (out of 42) in the state for mental health funding
- Increased funding would not necessarily solve all of the problems in the service delivery system
- State hospitals should compete for their funding

#### Additional programs needed

- There is a need for a jail diversion program

#### Other models, specifically the 2377 model

- NorthSTAR should be replaced with the 2377 model
- The 2377 model is not as successful as has been reported and that a blended model (combining the best of NorthSTAR with the best of the 2377 model) is the most appropriate approach

#### Treatment

- NorthSTAR has not yielded many benefits for people seeking alcohol and drug treatment,

- Quality of mental health treatment, specifically time with the physician, has decreased,
- Some programs, such as Family In-Home Crisis Counseling, are no longer available
- There is a need for a 5-year plan with clinical indicators,
- Treatment should occur close to the consumer's home,
- Shortened lengths of stay in alcohol and drug treatment raises the question, "Are we meeting the consumer's needs?"
- There seems to be a push to "force" a mental health diagnosis upon singularly diagnosed individuals with substance use disorders
- "Benching" (BHO's care manager reviewing the case with a supervisor) is increasing and takes time away from consumers,
- Two systems of care exist: public health and through the prison system. More people are being treated in the prison system than in the public behavioral health care system.
- Managed care has not produced any positive treatment changes anywhere in the United States
- Specific outcome measures, as they relate to consumers, need developed, and
- State hospital beds are being over-utilized.

#### Financial impact upon providers

- There is a significant delay between claims submission and payment
- It is unclear if the interest earned on the "float" by the BHO is part of their 14% or is it unreported income for the BHO
- With ValueOptions as the sole BHO, the administrative costs have risen from 14% to 21% as they are receiving a percentage for not managing the state hospital beds
- Some rates paid to providers are less than pre-NorthSTAR rates
- Community mental health centers have depleted over \$6 million in reserve funds,
- The true administrative costs for the pilot is 27%: 14% for ValueOptions and 13% for the provider.

#### Other

- NorthSTAR was and is a systems change test
- Consumers now have a choice
- The Ombudsman services are a positive addition to the service array
- Consumer satisfaction should be examined from those who actually receive services through NorthSTAR rather than just those enrolled and who may never access the services.

DANSA has also participated in the planning processes for Dallas County Juvenile Department. Through this workgroup, DANSA both provided and received information relevant to unmet need.

Planning for implementation of a different model for the SPA has been ongoing. The structure of the SPA in the NorthSTAR pilot is unique in the State of Texas. Planning and coordination was required to insure that (1) consumers received needed services and (2) statutes and regulations were followed. Participants included the BHO, Dallas County Mental Health Court, the local psychiatric emergency room, private psychiatric hospitals, and elected officials.

Although the processes have not been thoroughly refined, a model has been implemented in Dallas that will serve as a model for other counties.

Specific planning activities were conducted with each local Community Resource Coordination Group (CRCG). These planning sessions typically identify unmet needs. Participants vary but these workgroups generally include: VO, the local school district, the local community mental health center, the Department of Protective and Regulatory Services, and the respective juvenile department. Others, such as the Texas Commission for the Blind, participate on an as needed basis.

In addition to the aforementioned activities, DANSA analyzed complaint data in an effort to identify trends, gaps in service, and, unmet needs.

The DANSA Board of Directors receives ongoing information at Board meetings regarding services, unmet needs, stakeholder testimony, and ongoing issues regarding the NorthSTAR Project. The Board receives additional information through its two advisory councils: the Provider Advisory Council (PAC) and Consumer Advisory Council (CAC).

The PAC was created to represent provider interests in the NorthSTAR pilot and to provide input in regional planning and development initiatives. The PAC meets monthly and serves the Board in an advisory capacity. Membership is evenly divided to represent both adult and children's behavioral health.

The CAC was formed to represent consumer interest in the NorthSTAR pilot as well as regional planning and development and to make specific recommendations regarding the need for and delivery of behavioral health services in the NorthSTAR delivery area. CAC members are appointed by the Board and serve to advise the Board. Input from the CAC is included in this plan.

The NorthSTAR CRCGs are a network of county interagency groups which operate on a county by county basis but are coordinated for the region by DANSA. CRCG participation is an unfunded mandate for 10 child-serving agencies and collaborative partnerships between TDPRS, Juvenile Justice, school districts, healthcare and NorthSTAR providers, VO, and MR providers to develop individual service plans for youth whose needs can be met only through interagency cooperation. The youth staffed by CRCGs present with multiple problems and receive services from more than one agency. Because the youth that are presented to the CRCGs are in need of additional services and service coordination, the CRCGs routinely identify unmet needs and gaps within and between child service delivery systems. The State has also mandated that CRCGs have the decision-making authority for youth placement in nursing homes, entry to state schools, non-educational community based support funds, and Medicaid managed care. Input from the CRCGs is included in this plan.

The Board of Directors of the Dallas Area NorthSTAR Authority provides opportunities in every Board Meeting to receive public input. Comments are reflective of those presentations and comments made in the public forums.

As part of the planning process, DANSA staff developed a survey instrument to solicit input from NorthSTAR stakeholders. The data collection methodology used in distribution of the survey and in the collection of the resulting data is a non-experimental design. The survey is simply structured to enable respondents of varying functionality and ability to understand and respond. Questions were presented in both Spanish and English. The instrument was an open question design to allow for the greatest variance of responses to four questions designed to solicit the following:

1. Priority mental health/substance abuse services for adults
2. Priority mental health/substance abuse services for youth
3. Unmet needs
4. The role of the LBHA in NorthSTAR

Responses have been classified where possible and are included in this plan. Approximately 500 surveys were distributed via NAMI-Dallas, NAMI-Collin County, the Association of Persons Affected by Addiction, providers, email, and board meetings. One hundred thirty-six surveys were returned. Table 3 represents respondents by stakeholder type:

**Table 3 Survey Respondents**

<u>Count of Survey Respondents</u>	
Advocate/Family Member	26
Citizen	8
Consumer	27
Government Agent	8
Other	21
Physician	1
Provider	45
<b>Grand Total</b>	<b>136</b>

The survey instrument is included in the Appendix C.

Methodology for this plan includes data collection of priority services, unmet needs, priority populations, and the role of the LBHA in the NorthSTAR Project.

Survey Results

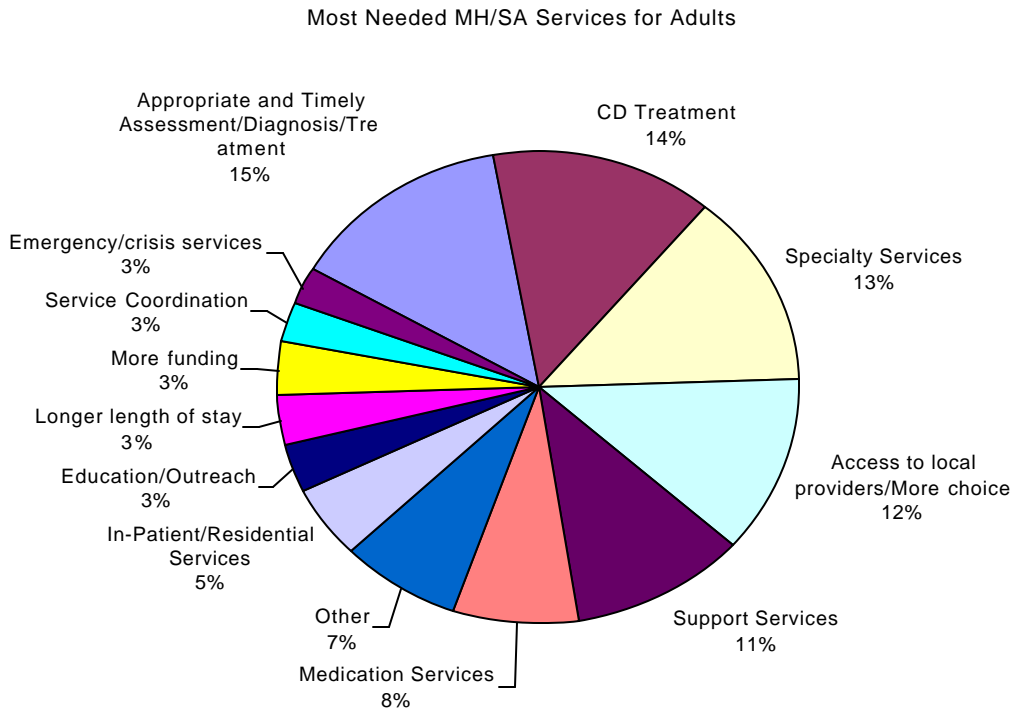
This survey is a non-experimental design and includes data collected in varying formats. The open-ended questions allowed responses to vary freely. Responses have been grouped to provide meaningful aggregation of the data.

*Adult MI/SA Priority Services*

In response to the question, “Please list the five most important adult mental health/ substance abuse services for your county”, the largest category (15%) of priority services identifies existing services of NorthSTAR. This category, Appropriate and Timely Assessment/Diagnosis/ Treatment, includes identified needs for quality and timeliness of needed services. The second

greatest number (14%) of responses identifies CD services as priority for NorthSTAR. Figure 1 ranks the categories of services respondents identified as priority services for adult mental health and substance abuse.

**Figure 1 Adult MH/SA Priority Services**



The category labeled “Specialty Services” includes specifically identified services or services for specifically identified populations. Table 4 ranks the priority services included in this category are varied but have been standardized to the following:

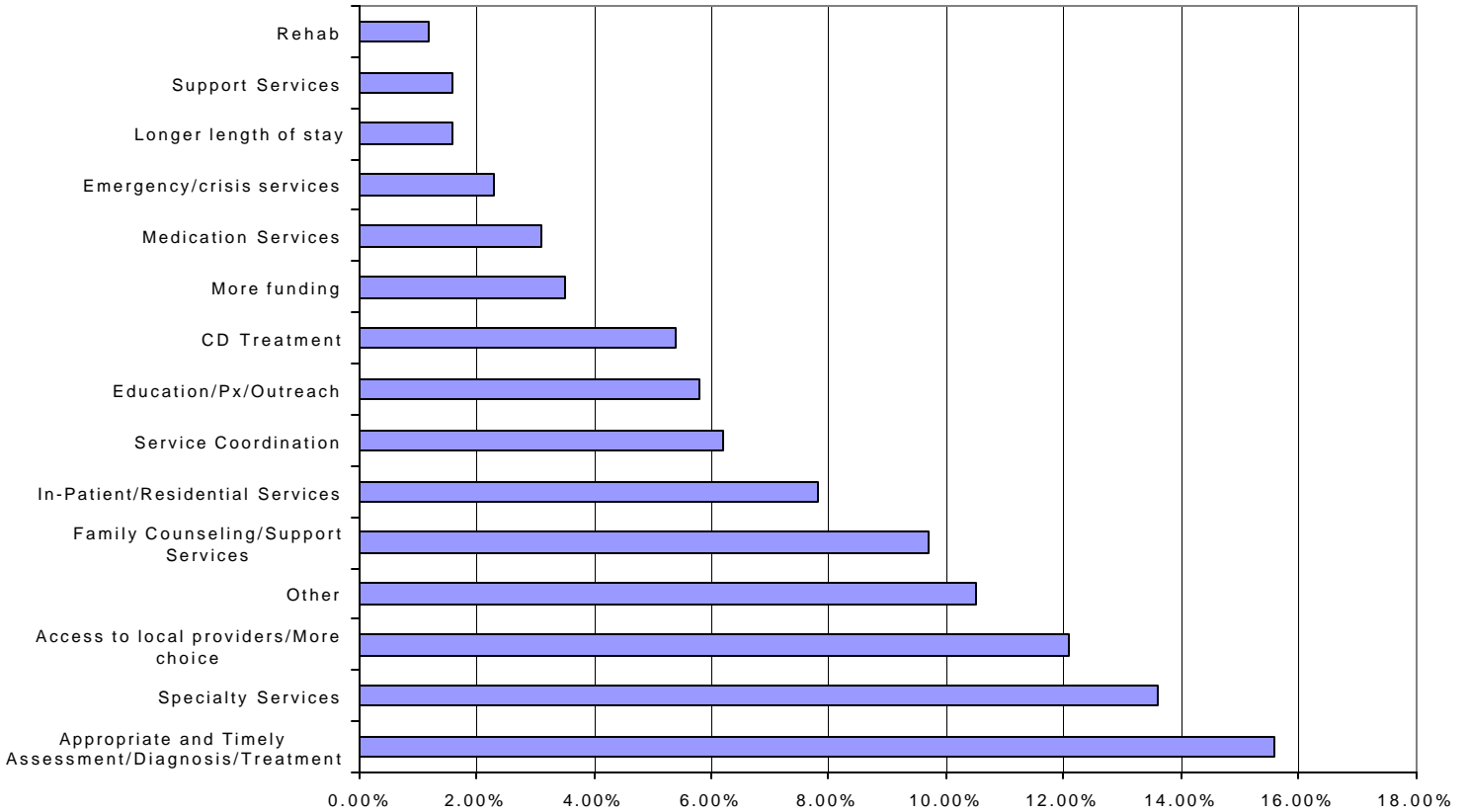
**Table 4 Detail of Specialty Services for Adults**

1. Family Counseling And Supports	11. Adult CRCG
2. Vocational Support	12. Adult Day Care
3. Anger Management	13. Character Development Education
4. Support Groups	14. Day Resource Center For Homeless
5. Parenting Education	15. HIV Education Services
6. ACT Team	16. Personal Needs Funds
7. Domestic Violence And Treatment Resources	17. Sexual Abuse Trauma
8. Advocacy/Services For Incarcerated MI	18. Supervised Shelters
9. Jail Diversion	19. Tobacco Addiction Services
10. Spanish Interpreters	20. Treatment For Pedophiles

Youth SED/SA Priority Services

Figure 2 illustrates the categories of identified services listed in response to the survey question; “Please list the five most important children’s mental health/substance abuse services for your county”

**Figure 2 Priority Services for Youth**



Like the categorized responses for Adult MI/SA Priority Services, the category, *Appropriate and Timely Assessment/Diagnosis/Treatment*, is ranked highest (15.6%) in frequency of responses for Youth priority services. This includes clinical services already provided in NorthSTAR together with identified quality and timeliness priorities for existing services. Table 5 provides detail of *Specialty Services* (13.6% of responses). This category includes services not currently included as a NorthSTAR benefit or existing services specifically identified as a specialty service under the existing benefit package as well as services identified as a priority for a specific population.

**Table 5 Detail of Specialty Services for Youth**

<u>Detail of Specialty Services</u>	
1. Transportation	16. Family Counseling
2. Child Care	17. Foster Care
3. Respite Care	18. Homeless - Holmes Street Foundation
4. In-Home Treatment And Rehab	19. Homeless - Promise House
5. Jail Diversion Programs	20. Individual Play Therapy
6. Physical/Sexual Abuse Services	21. In-School Services
7. Sex Offender And Victim Treatment Service	22. Letot
8. Act Teams	23. Outpatient Groups / Support
9. ADHD Treatment	24. Primary Support Group – Family Services
10. Anger Management	25. Psychosocial And Environmental Services
11. Collaborative Partnerships To Serve Multi-Need Kids	26. Specialized Or "Wrap-Around" Services
12. Day Program	27. Support Groups For Children Of MI
13. Day Treatment	28. Translators For Spanish Speaking Families
14. Divorce Counseling	29. Transportation To SPN For Enrollment
15. Educational Services	30. TRC

Identified Service Needs

Responses to the survey question, “What services are missing?” varied greatly and a full list of responses are included as Appendix D of this document. Table 6 lists the top ten identified service needs by all respondents.

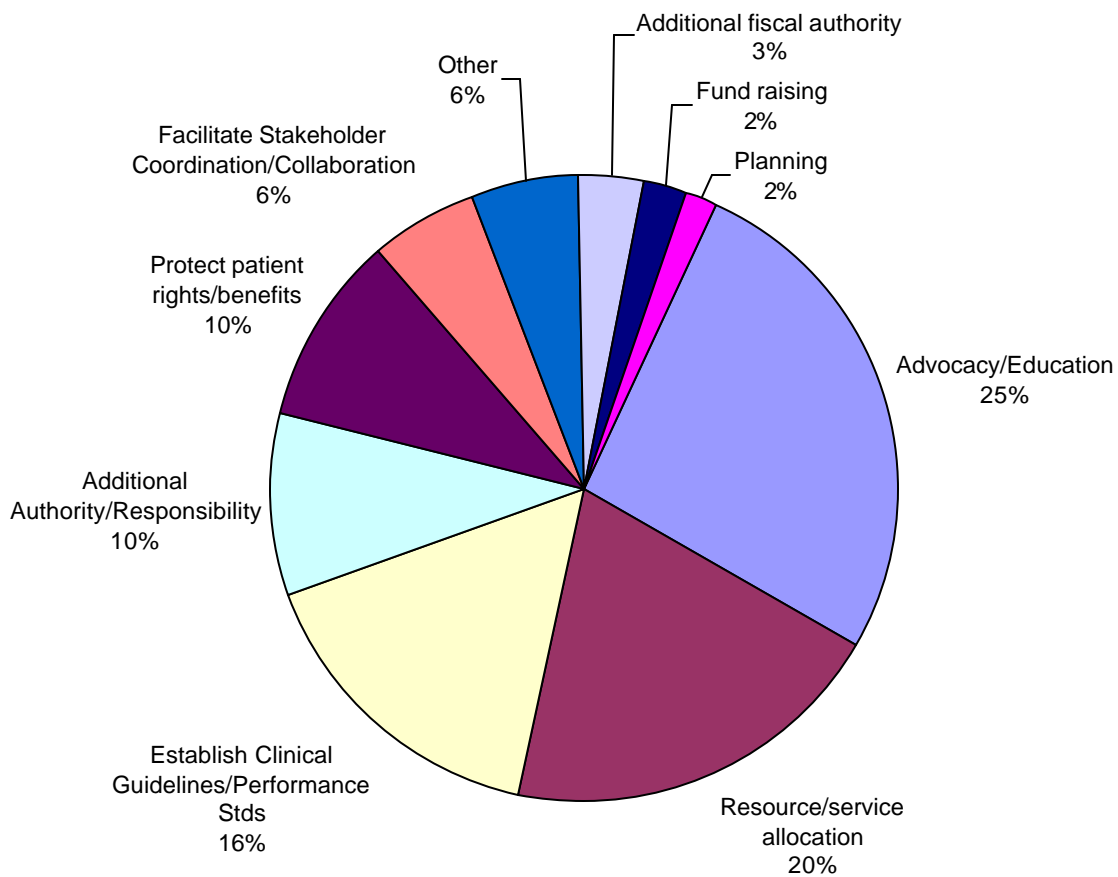
**Table 6 Unmet Needs Responses**

<u>Unmet Needs Responses</u>
1. In-Patient/Residential Treatment Programs
2. Family Counseling
3. Respite Care
4. Transportation
5. Supportive Housing
6. Vocational Training And Support
7. Clubhouse/Drop-In Center/Socialization
8. Day Treatment
9. Parenting Classes For Teens
10. Shelters

Responsibility of the LBHA (DANSA)

The final question of the survey, “What do you think the Local Behavioral Health Authority (DANSA) should be doing for you?” had a more limited response. Many respondents are unaware of the role and/or responsibilities of the LBHA and indicated by a “?” or response of “I don’t know.” For those that did respond, answers were categorized to allow for meaningful aggregation of the data represented in Figure 3 below:

**Figure 3 Survey Responses of NorthSTAR LBHA Role**



### NorthSTAR Complaints

Enrollees and Service Providers have multiple avenues in which to express dissatisfaction with aspects of the NorthSTAR program. These avenues include addressing any NorthSTAR related dissatisfaction to:

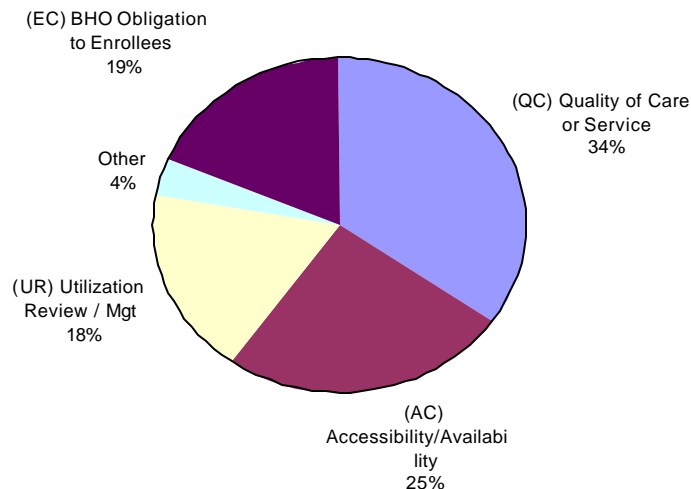
- DANSA
- BHO's
- MHMR Client Services and Rights Protection,
- TCADA Client Services
- Texas Department of Insurance

All complaint information received by the above sources is compiled by the State into an unduplicated report. The complaint information is separated into two sections, consumer (enrollee) complaints and provider complaints. Slightly over half of the enrollee complaints received to date are against a treating provider, with the remaining percentage against a BHO. According to the State Report for the Dallas Commissioners' Court, the volume of complaints has varied substantially over time. The increase in May/June 2000 may be due to implementation of poverty cap and preferred medication program. Decreases, July through September, are consistent with seasonal variation. The spike in October continues that expected variation and includes an increase the seems related to the transition of members to VO from Magellan benefit plans. (TDMHMR, 2001)

Figure 4 illustrates complaint categories from all complainants. The largest type of complaint relates to the Quality of Care or Service (34%) and represents complainants who are consumers

**Figure 4 Complaint Categories for NorthSTAR**

**NorthSTAR Complaints by Category: 7/00 - 1/01**



and/or family members. Twenty-five percent of complaints are related to accessibility and or availability of services. Complaints relating to the BHO’s obligation to enrollees and Utilization Review and Management represent 37% of the remaining complaints. The remaining categories represent 4% of all complaints and are included in the category marked “Other”.

In evaluating individual types of complaints however, the most common complaints received was Denial/Non-payment of Prescriptions. The frequency of this complaint increased as a drug approval algorithm was implemented to reduce the rising cost of new generation medications. Table 7 lists the top nine complaints received from July, 2000 to January, 2001. These complaints total 261 and comprise 72.5% of the 360 unduplicated complaints received during this time period.

**Table 7 Top Nine Complaints Reported for 7/00 - 1/01**

UR5 Denial/Nonpayment-Prescription	48
EC11 Enrollment, re-enrollment, cancellation	37
QC5 Treatment inappropriate, ineffective	34
AC0 Other	32
QC0 Other	26
EC6 Claims reimbursement/balance billing	22
QC15 Provider attitude inappropriate	19
QC16 Provider abuse or neglect	17
AC1 In-Network Provider Access	14
QC10 Ineffective communication	12
<hr/>	
<b>Total Complaints</b>	<b>261</b>

The number of consumer complaints is lower than expected and may indicate the vast majority of consumers are satisfied with the services and benefits they receive. However, providers have worked to maintain consistent service delivery to consumers as other factors in the NorthSTAR system have changed. The low number of complaints may be the result of the “shielding” effect by providers or a lack of awareness or confidence on the part of consumers of the complaint/appeal process.

**Plan Review**

Monitoring of the local plan and its implementation will also adhere to the principle of Collaborative Responsibility. The plan belongs to the communities for which it was written. Consequently, the involvement of the stakeholders is critical.

With input from the community, specific monitors and benchmarks will be developed. Monitoring will include quarterly reports, incorporated into the Executive Director’s Narrative Report for the month ending the quarter. Reports to the Board of Directors and to DANSA’s Community Partners will detail the status and/or progress of each goal and accompanying action step. An examination of the previous year’s plan, as an integral part of this plan, is not feasible because DANSA was not the Local Behavioral Health Authority in previous years and the plans

written in those years did not incorporate planning for the entire NorthSTAR Region nor did they address planning needs specific to a managed care service delivery system.

### Utilization of Community Input

The Board of Directors recently conducted a 1 ½ day retreat in which the results of all of the planning activities were considered. In addition, special invitations were extended to a mental health advocate, a substance abuse consumer, and the chair of the Provider Advisory Council. Also attending was one county commissioner and the State Director of NorthSTAR.

The purpose of the retreat was to develop a collective, “Board”, view as opposed to individual views. Invitees were requested to provide input into DANSA as an authority and as an organization. Much of the feedback mirrored the data describe above. However, the Board was challenged to increase advocacy efforts, particularly in the area of funding.

## **III. External/Internal Assessment**

NorthSTAR has impacted the service delivery system such as no other change. This pilot has generated considerable passion, both for and against. This passion and the resultant actions have each sought to influence the future of NorthSTAR and the subsequent ability of DANSA to fulfill its mission. There are a multitude of factors that contribute to the overall success of an agency in achieving its mission and goals. Influencing factors are both external and internal. External factors are those that are not within the control of the agency but can significantly impact the agency’s ability to carry through with its mission. Internal factors are those that are in the control of the agency’s Board of Directors and/or staff.

### **External Factors**

There are a plethora of circumstances, events, situations, etc. that can influence the success of an authority.

1. Future of the service delivery system: There are several attempts to either cancel or revise NorthSTAR. The decision of the policy makers with regard to the future design of service delivery has the potential for dramatically impacting the local authority’s ability to fulfill its mission and achieve its goals.
2. Single Portal Authority: Each of the seven counties has different procedures and data collection. DANSA’s ability to gather and report data regarding consumers receiving involuntary treatment is greatly affected by this disparity among courts.
3. Additional LBHA responsibilities: Since inception, additional responsibilities have either been assigned or revealed; hence, the potential of causing the agency to be inadequately staffed and/or funded.
4. View of the LBHA: Views regarding the role of the agency vary across stakeholders. This variance has created confusion throughout the seven counties.
5. Funding: Due to the fact that the NorthSTAR pilot is severely under-funded, a number modifications and contract changes have been implemented in an effort to insure that the funds were expended as intended. With the exception of the pharmaceutical formulary,

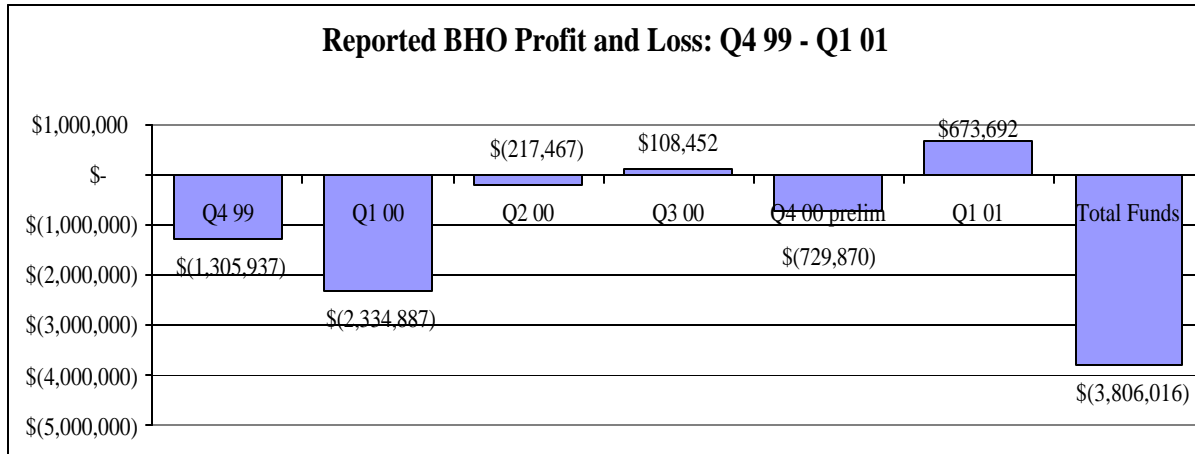
the modifications were developed between the TDMHMR and the BHOs. Regardless of the point of development, it is important to identify the modifications are a direct result of inadequate funding. Inasmuch as DANSA is prohibited from lobbying and is only permitted to “educate”, the agency’s ability to influence the amount of funding is limited. Between July 1, 1999 and November 30, 2001, the BHOs reported expending approximately \$3.8 million above state payments (see Figure 1). The majority of losses occurred during the partial roll out (4<sup>th</sup> Quarter, 99 and 1<sup>st</sup> Quarter, 00). The following chart (Figure 5) illustrates the losses of the BHOs. The reported losses are the result of several factors:

- ◆ The partial rollout of NorthSTAR in the 4<sup>th</sup> Quarter of 1999. Both BHOs built capacity and staffed for a full roll out. However, due to the delay in the addition of Medicaid consumers, payments to the BHOs included only funds for indigent members.
- ◆ County match funds were planned for but not received. The NorthSTAR County matches prior to NorthSTAR were included in the overall NorthSTAR budget. Prior to NorthSTAR only Dallas and Collin Counties contributed actual funds. Both continue to do so. The remaining five counties have historically used in-kind match and did not provide actual funds. They continue to do so. Anecdotal data indicates that the amount of in-kind match has not decreased. This lack of “planned for cash” resulted in a sizable reduction in NorthSTAR funding. There has been concern expressed by Dallas and Collin Counties regarding the matching funds of the remaining five counties. TDMHMR NorthSTAR staff that the entire pilot would “crash” in the event that Dallas County chose not to contribute. Any loss of funds would have a devastating impact on the success of the pilot.
- ◆ TCADA, as a result of budget problems, reduced its contribution to NorthSTAR significantly, approximately \$1 million.
- ◆ Higher than expected hospitalization rates were evident from the beginning of the pilot until March 2001. Increased use of the more expensive benefit further reduced the available funds for community based services. In addition, consumers admitted to the state hospitals were often placed throughout the state as Terrell State Hospital and North Texas State Hospital reached capacity. This statewide placement increased the level of difficulty relating to the activities of all parties.
- ◆ Pharmaceutical costs increased dramatically. The increase in pharmaceutical costs was the result of (1) rapidly increasing costs and (2) the number of consumers receiving medications exceeded projections.
- ◆ Although NorthSTAR was designed to, in part, reduce cost shifting, the reverse has occurred. Due to the ease of enrollment, many consumers who had benefits through other sources or received “charity care” from area hospitals and providers enrolled in and received services via NorthSTAR. In some cases, consumers from other states “moved” to the Service Delivery Area simply to receive NorthSTAR benefits.
- ◆ TDMHMR, as a result of budget issues reduced its contribution to NorthSTAR by approximately \$2 million. The 76<sup>th</sup> Legislature appropriated new funding for new generation medications. The NorthSTAR region was allocated an additional \$2 million. These funds were to be managed by the BHOs but could only be expended on new generation medications. Concurrently, TDMHMR reduced allocated NorthSTAR funding by approximately \$2 million. Although this was not a reduction

in the overall amount, the result was a reduction of funds allocated and available for other services.

- ◆ The utilization of the benefit package (e.g., the number of consumers seeking care) far exceeded projections. NorthSTAR eliminated waiting lists and guaranteed services within specified time frames. This “treatment on demand” system was new to the region and was inadequately funded.

**Figure 5 BHO Reported Loss for Q4 99 to Q1 01**



As a result of the inadequate funding, program modifications/contract changes were designed by the State in an attempt to enable the BHO to achieve financial viability. These changes include:

- A new drug formulary
- Addition of a \$20 co-pay on some medications
- A waiting list for new generation medications was approved although this measure has been unnecessary to date.
- Reduced eligibility requirements to 200% of the Federal Poverty Level.
- Pro-rate the costs for over-utilization of state hospital beds. The required payment was waived until November 2000.

Unfortunately, the above modifications were not sufficient. In January, 2001, ValueOptions issued a letter to TDMHMR requesting an emergency appropriation of \$10 million. In lieu of the State’s rejection of this request, ValueOptions was approved to implement the following:

Enrollment - Potential NorthSTAR enrollees will be directed to an SPN (Specialty Provider Network) or chemical dependency (CD) treatment facility for enrollment. A more detailed financial assessment has been implemented to better screen potential members for financial eligibility for NorthSTAR. For emergency enrollment for adult indigent patients, three facilities have been designated as the “front door” for crisis services:

- ◆ Green Oaks at Medical City Dallas
- ◆ Glen Oaks Hospital in Greenville
- ◆ Medical Center of McKinney (will only accept involuntary consumers)

In-patient crisis stabilization for adult indigent patients is limited to 60 community beds. If the bed-day capacity has been reached, ValueOptions will review the individual case and either agree to exceed the capacity or refuse enrollment unless it can be determined that a less restrictive level of care is appropriate. In the event that a less restrictive level of care is not appropriate, the consumer may be placed on a waiting list and the needed care will be the responsibility of the initiating facility. Current enrollment algorithms fully delineating the revised process are included as Appendix E of this report.

Outpatient Services and Rehabilitation Services - If a patient received an outpatient service, such as counseling, he or she will be automatically authorized 10 units, effective February 15, 2001 (excludes medication checks). Previously, the limit had been 40 units.

For the Supportive Outpatient Program (CD treatment service), the authorized level will be set at 20 units per year; and for rehabilitation services, the total combined units of rehabilitation without authorization will be 200 units per year. Prior to the modifications, there was essentially no limit placed on Supportive Outpatient Chemical Dependency Services.

Service Coordination Fees - All SPN providers have been re-contracted with a reduced (40%) fee for service coordination services effective March 1, 2001. The allotted number of service units will be four units per member per year as opposed to twelve units. In a review of claims, ValueOptions determined that claims had not been submitted for services other than service coordination and/or medication. Providers asserted that coordination involved services other than those provided through NorthSTAR and that claims would not reflect these services.

The above changes prompted two of the largest providers in the NorthSTAR network, Dallas MetroCare Services (DMS) and Lifepath of Collin County, to examine the services they were providing. DMS chose to modify the agency's strategic focus from being the safety net for the community to that of a provider. DMS chose, due to fiscal implications, to close one clinic, move another clinic, and to cease providing medication only services. Lifepath considered closing mental health services. Fortunately, Lifepath's Board of Directors chose to continue providing services to residents of Collin County.

6. Magellan's Withdrawal: In June 2000, Magellan announced it would not renew its NorthSTAR contract for the upcoming year and ceased serving members in September 2000. The primary causal agent was continued financial losses resulting from rapidly increasing pharmaceutical costs and the funding structure for State hospitals. In response, ValueOptions assumed the entire contract for NorthSTAR. Transition of Magellan consumers to ValueOptions was relatively seamless for consumers.

7. Individual Providers: Through the course of NorthSTAR, several providers have ceased operations. These include: New Place, Oak Lawn Community Services, Texas Serenity Metroplex, and Daytop Village. Some closures were directly related to NorthSTAR, either financially or philosophically. The decision to close is one over which DANSA, ValueOptions, or the State have no control. Although there have been no complaints regarding access to care other than residential substance abuse treatment for adolescents, DANSA remains concerned that others may follow suit. Consequently, the network may not be able to meet the need. This will be monitored throughout the next year.

### **Internal Factors**

DANSA is unique. Consequently, there is no “blueprint” for development. Many of the internal, influencing factors are intangible. Yet each of these factors, collectively or individually, can “make or break” the agency. These include, but not exclusively,

1. Role definition of Agency, Board, and staff: The role the Board of Directors establishes is critical for the agency. The Board of Directors has been in an ongoing process of defining the agency.
2. Clarity of goals and action steps: Agency goals are often broad and subject to individual interpretation. As DANSA matures, goals will be clarified and clear, measurable action steps will be developed.
3. Additional funding: DANSA changed an Ombudsman position to a development position with the responsibility of identifying funding sources and seeking funding to augment existing services, fill gaps in existing services, etc. Our ability to acquire these funds will impact the fulfillment of our mission.
4. Cohesiveness: Gaining cohesiveness has been a challenge among Board members. Factors that have contributed to this have included confusion associated with start-up, attendance, and turnover of Board members. The Board of Directors recently held a retreat in which several of these issues were addressed.
5. Creditability: As a result of uncertain roles, credibility in the community has suffered. As the agency is able to become more pro-active, as opposed to re-active, it will be able to focus on system improvements and present a clearer vision of DANSA’s role both internally and to the NorthSTAR community.

## **IV. Local Authority Assessment Components**

### **History and Overview of the Agency**

To gain a complete understanding of the development of the Dallas Area NorthSTAR Authority, it is necessary to provide some data relating to the development and implementation of NorthSTAR as well as a description of the pre-NorthSTAR environment as it relates to the local authority.

## History of NorthSTAR

The Texas Medicaid Managed Care (TMMC) project is a public health managed care initiative in the North Texas Region. The TMMC Region is comprised of Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties. Public health for this region is delivered by the STAR medical managed care program and the NorthSTAR managed care pilot project for mental health and substance abuse intervention and treatment services. Demographically, the TMMC region varies from the urban areas of Dallas to very rural farm communities generally characterized by limited service availability and higher percentages of the population living at or below the federal poverty level.

TMMC was developed in response to significant increases in Medicaid cost in the early 1990's. The chosen model for this 1915(b) waiver was a fully integrated service system with blended funding sources for medical, mental health, and substance abuse prevention, intervention, and treatment services. Prior to startup on July 1999, a number of problems were identified preventing the inclusion of some funding streams, which were to have been part of the TMMC model. Additional issues arose involving the ability of the model's capacity to provide the quality of care and consumer choice components of the model that the State deemed priorities. These concerns were solved by dividing the model into two separate systems of care: STAR to manage physical health and NorthSTAR; the behavioral health carve-out to be shared between two contracted behavioral health organizations (BHO's): Magellan and ValueOptions. Due to concerns regarding the lack of adequate design, the region's substance abuse prevention providers petitioned TCADA to exclude prevention funds from the TMMC project. The state agreed and currently continues to fund prevention efforts under a grant-awarded funding structure independent of NorthSTAR.

## Local Authority Pre-NorthSTAR Environment

Prior to the implementation of the NorthSTAR Pilot, the seven counties of the Service Delivery Area were served by five (5) separate Local Mental Health Authorities. Each of the Authorities was also a provider in that they were the Community Mental Health Centers serving that particular county. In this scenario, the Local Authority controlled access and local funding for services. In addition, the Local Authority had the ability to directly sub-contract with providers to provide other services. Each of the Local Authorities' Boards of Directors was appointed by the respective County Commissioners' Court, thereby indicating that the local authority was a quasi-governmental body.

Prior to the implementation of the NorthSTAR Pilot, the alcohol and drug intervention and treatment providers did not have a Local Authority. Rather, their contracts were directly with the Texas Commission on Alcohol and Drug Abuse (TCADA). Through these contracts, TCADA was able to monitor and evaluate performance.

DANSA was created via an inter-local agreement (Appendix F) between the seven counties to serve as the Local Behavioral Health Authority and the Single Portal Authority; thereby replacing each of the five Community Mental Health Centers as the Local Authority. The Inter-local agreement directed the new authority to provide local input, monitoring, planning, resource

identification and procurement, ombudsman services, and to serve in a leadership capacity for the region in advocacy, collaboration, and integrating service delivery systems. The eleven member Board of Directors is representative of each of the counties and each is appointed by their respective County Commissioner's Courts. The Board consists of two appointees from Collin County, four appointees from Dallas County, and one appointee from each of the remaining counties. A current roster of Board members is included in Appendix G.

### Local Funding Structure Prior to NorthSTAR

Prior to NorthSTAR, counties were required, by statute, to provide county match funds. The amount of the match was based upon a formula, which is calculated based on the county's population and income per capita. Only two counties contributed actual monies as match: Collin and Dallas. The other counties contributed in-kind matches. Anecdotal information regarding the nature of the in-kind matches revealed that some counties provided rent-free office space, others provided volunteers and board members, and other provided referrals with the ability to pay for services,

### Dallas Area NorthSTAR Authority

The Dallas Area NorthSTAR Authority (DANSA) is the LBHA for the NorthSTAR service delivery area. DANSA provides planning, facilitation, and coordination or services for Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties. The agency is designed to ensure that local communities are given a voice in the delivery of the NorthSTAR publicly funded managed behavioral healthcare. Specific functions include:

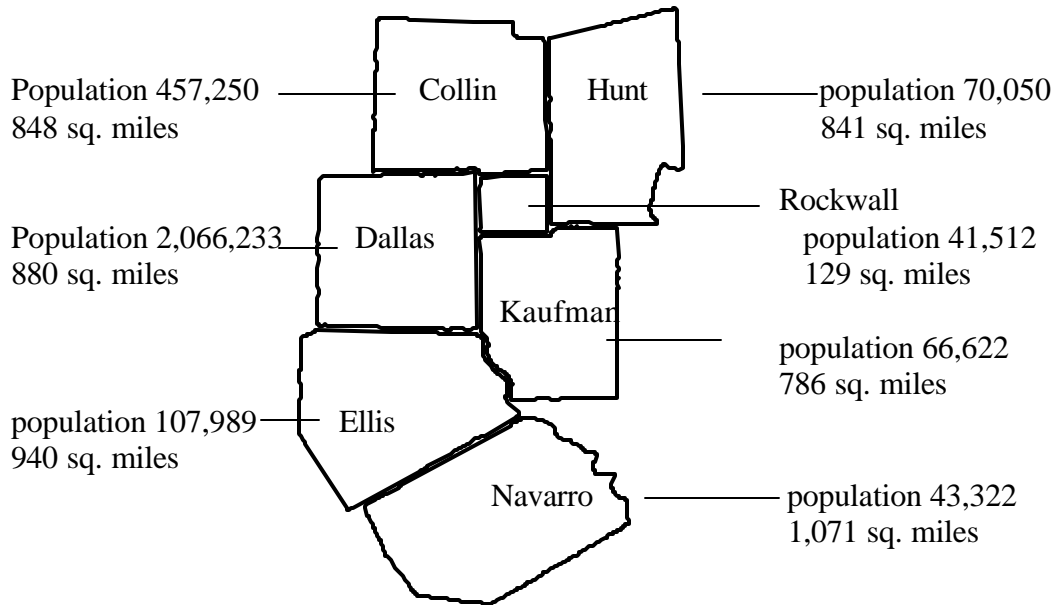
1. Policy Development
2. Problem Identification and Resolution
  - a) Liaison Activities
  - b) Ombudsman Services
3. Regional/Community Resource Planning, Development, and Coordination
  - a) Community Resource Coordinating Groups (CRCG)
  - b) Resource Identification and Procurement
  - c) Regional Planning
4. Monitoring and Oversight of the NorthSTAR Pilot Program
5. Forensic Education
6. Mental Health Authority
  - a) Single Portal Authority
  - b) Nursing Home Placement

## **Population**

### Demographics

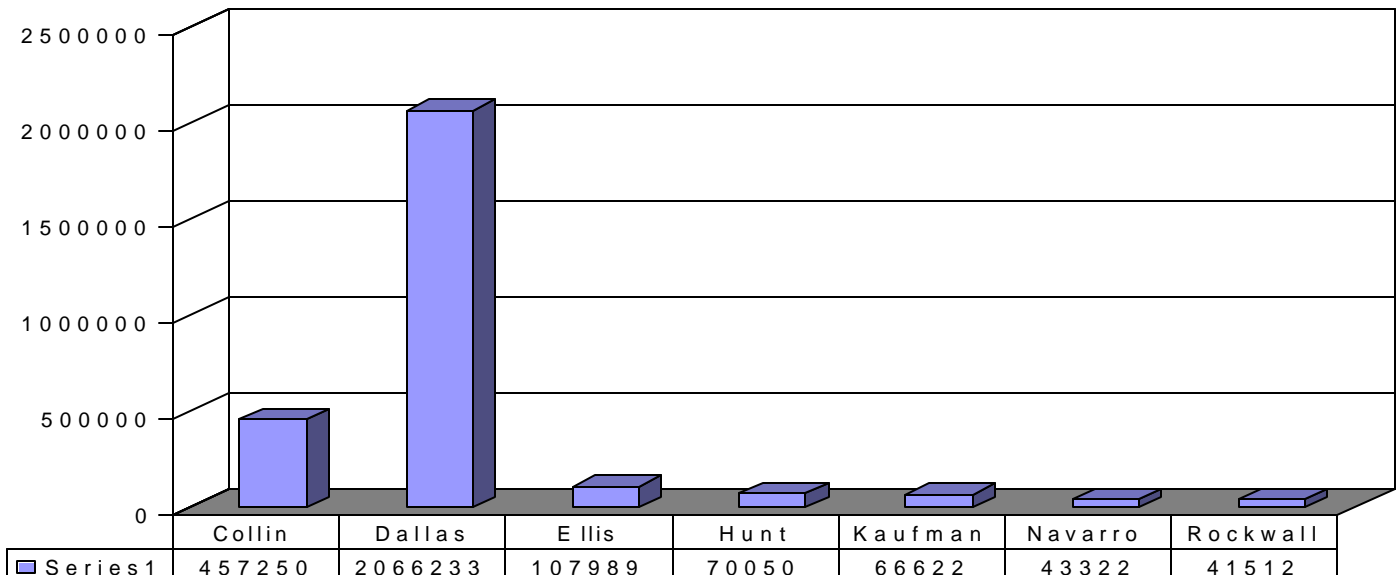
The NorthSTAR Region is comprised of seven (7) counties with a culturally diverse population of 2,864,781. (U.S. Census Bureau 2000 Estimate). As Figure 6 illustrates, the NorthSTAR Region covers 7,283 square miles.

**Figure 6 NorthSTAR Region by Population/Sq. Miles**



Dallas County is substantially larger than any of the other counties (see Figure 7). The large variance in Dallas' population and that of the other counties, presents a challenge in developing a fair distribution of NorthSTAR funds across counties

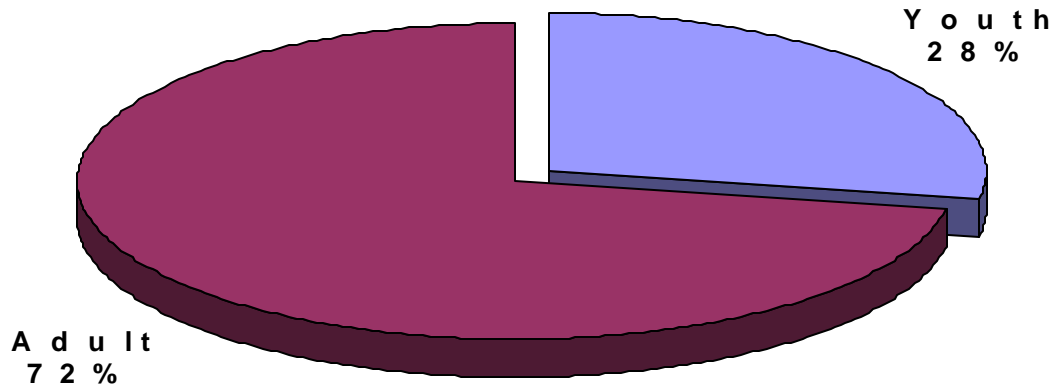
**Figure 7 NorthSTAR Population Distribution**



Demographics for this region vary greatly from the urban Dallas Metropolitan area to very rural communities with few resources. The youth population for the NorthSTAR Region is estimated

at 792,066 with adults and the elderly comprising the remaining population of over 2 million (See Figure 8).

**Figure 8 NorthSTAR Population Distribution by Age**



Youth who are at or below the poverty level range from 7.5% in Collin County to 27.6% in Navarro County. For the NorthSTAR Service Delivery Area, approximately 17.9% (142,000) of the youth are at, or below, the federal poverty level. Regional measures indicate heightened levels of child abuse/neglect and domestic violence in some counties. Reported STD cases (including HIV/AIDS) range widely across counties from 17.3 to 83.0 cases per 10,000 population.

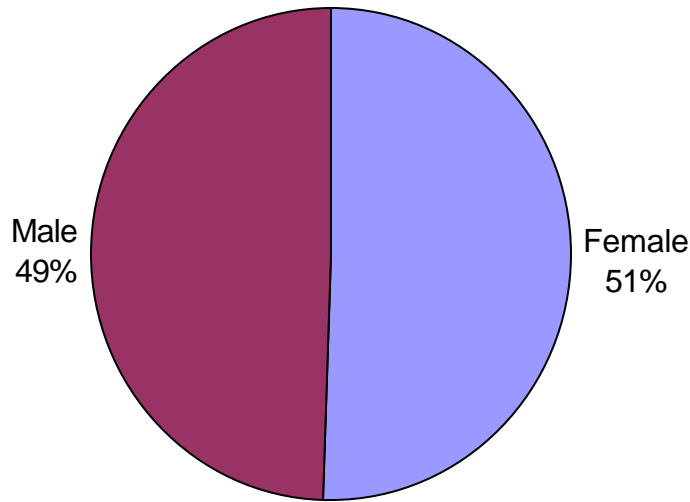
The NorthSTAR Service Delivery Area is an ethnically diverse population. As Table 8 indicates, Rockwall County is the least diverse of the seven counties while Dallas is the most diverse. The diversity of the population, approximately 37% minority, presents a challenge for the Behavioral Health Organization in attempting to insure an equally diverse provider panel.

**Table 8 NorthSTAR by County/Ethnicity**

Ethnicity	Collin County	Dallas County	Ellis County	Hunt County	Kaufman County	Navarro County	Rockwall County
African American	3.9%	19.8%	8.6%	10.8%	12.2%	18.6%	2.6%
Caucasian	83.6%	56.5%	74.6%	82.3%	78.3%	70.0%	88.2%
Hispanic	8.1%	20.4%	15.9%	5.9%	8.5%	10.1%	7.8%
Other	4.4%	3.3%	0.9%	1.0%	1.0%	1.3%	1.4%

The NorthSTAR Service Delivery Area is equally divided between males and females. As Figure 9 illustrates, small variance (2%) indicates that females slightly outnumber males.

**Figure 9 NorthSTAR Population Distribution by Gender**



The following table (Table 9) delineates a few state-recognized indicators of the need for mental health and/or substance abuse services. When appropriate, the percentage of the entire population has been extrapolated and expressed parenthetically.

**Table 9 MH/CD Indicators for NorthSTAR**

Population Indicator	Counties						
	Collin	Dallas	Ellis	Hunt	Kaufman	Navarro	Rockwall
Substance Related Arrests-Possession	789 (0.17%)	11,268 (0.55%)	399 (0.37%)	293 (0.41%)	400 (0.59%)	284 (0.68%)	443 (1.12%)
Suicides	46	205	8	14	7	6	7
Incidents of Family Violence per 10,000 population	57.7 (0.58%)	136.9 (1.37%)	51.8 (0.52%)	139.1 (1.39%)	63.7 (0.64%)	124.9 (1.25%)	52.6 (0.53%)
Incidents of Child Abuse / Neglect per 10,000 population	10 (0.10%)	22 (0.22%)	14.7 (0.15%)	22.7 (0.23%)	17.3 (0.17%)	38 (0.38%)	15.9 (0.16%)

Individuals qualify for NorthSTAR Behavioral Health Services by virtue of (1) county of residence, (2) clinical need, and (3) financial status. Individuals who are eligible to enroll in NorthSTAR must have a family income that does not exceed 200% of the Federal Poverty Level. Table 10 examines a few economic indicators of the NorthSTAR counties, which impact the number of eligible persons for NorthSTAR enrollment.

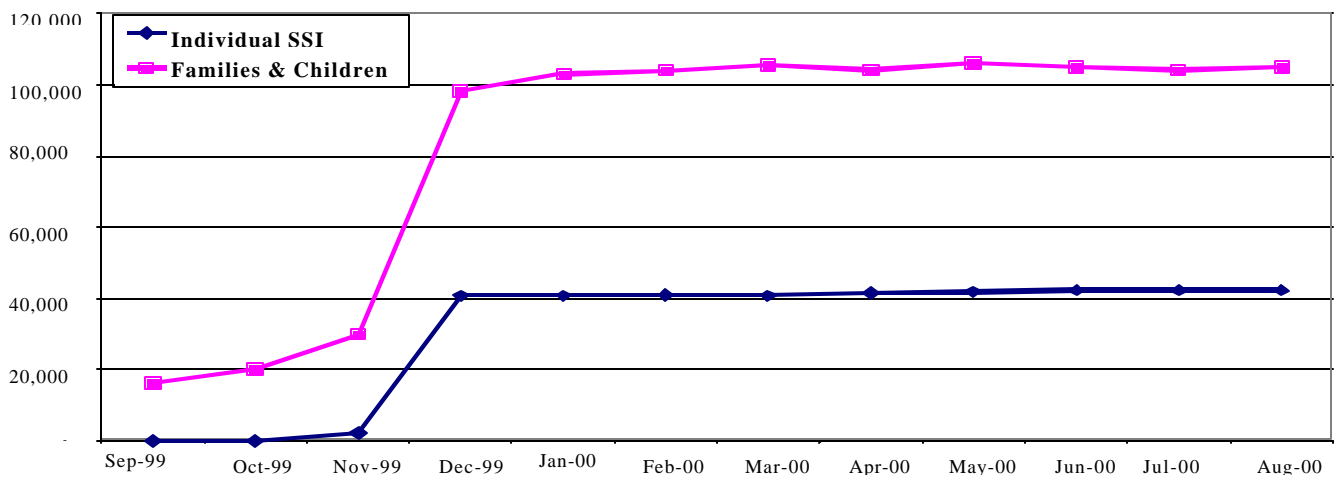
**Table 10 NorthSTAR Economic Indicators**

Indicators	County						
	Collin	Dallas	Ellis	Hunt	Kaufman	Navarro	Rockwall
Median Income	\$65,814	\$40,960	\$39,855	\$31,542	\$35,477	\$28,217	\$57,397
Unemployment Rate	2.10%	3.50%	3.10%	3.80%	4.00%	4.50%	2.10%
Monthly Food Stamps	3,403 (0.75%)	83,525 (4.05%)	3,864 (3.59%)	4,418 (6.16%)	3,404 (5.00%)	3,594 (8.58%)	727 (1.84%)
Monthly TANF	973 (0.21%)	32,243 (1.56%)	1,183 (1.10%)	1,131 (1.58%)	834 (1.23%)	939 (2.24%)	141 (0.36%)
School Dropout Rate	0.40%	2.40%	0.30%	1.60%	0.10%	1.70%	1.20%

**Services And Supports**

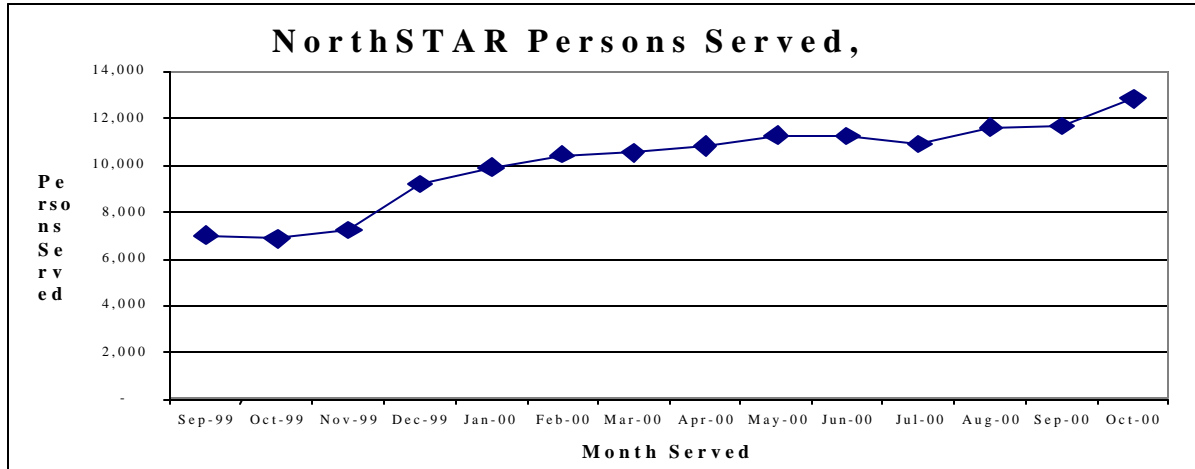
NorthSTAR began July 1, 1999 with full behavioral health coverage for all Non-Medicaid eligible indigent persons in the seven NorthSTAR Counties. Full roll-out of the NorthSTAR Project occurred in December 1999, when a mandatory enrollment of most Medicaid-eligible individuals into the NorthSTAR project occurred. The significant increase illustrated in Figure 10, which occurred in December 1999 is the result of this mandatory enrollment. Once the full roll-out was completed, the number of Medicaid covered lives has remained relatively stable. This is due, in part to a relatively stable economy. Should the economy experience a dramatic decline, the number of covered lives could potentially increase accordingly.

**Figure 10 NorthSTAR Covered Lives**



While the number of Medicaid covered lives has remained relatively stable, the number of persons served has not. As Figure 11 illustrates, persons served per month by NorthSTAR has doubled between September, 1999 and October, 2000. This increase is due in part to the addition

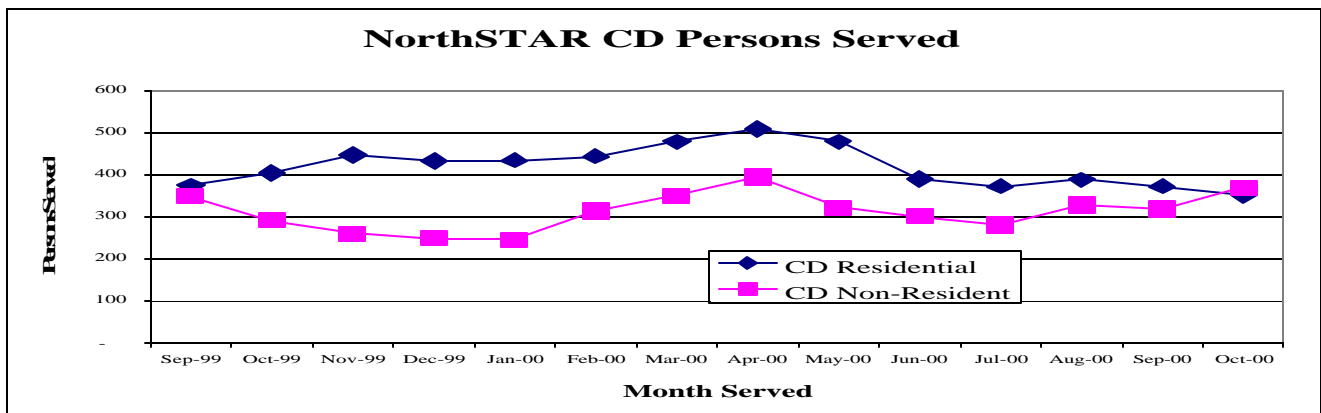
**Figure 11 NorthSTAR Persons Served - Sept. '99 to Oct. '00**



of Medicaid enrolled lives in December, 1999 but continues to swell due to the number of indigent members which continue to be enrolled. This increase is the identified cause of the current contract revisions outlined in this document.

Figure 12 illustrates the number of persons receiving substance abuse treatment during this same time period. This number has remained relatively constant with an overall decrease over time from 374 persons receiving residential treatment in September, 1999 to 350 persons in October, 2000. Number of persons receiving non-residential treatment ranged from a minimum of 246 in January, 2000 to a maximum of 394 in April, 2000. (TDMHMR, 2001)

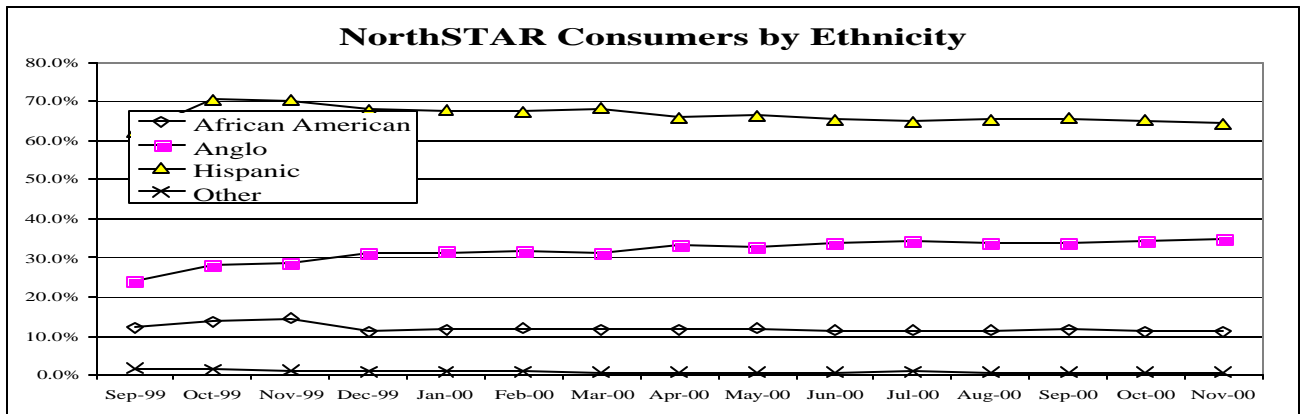
**Figure 12 CD Persons Served in NorthSTAR - Sept. '99 to Oct. '00**



Persons served by ethnicity

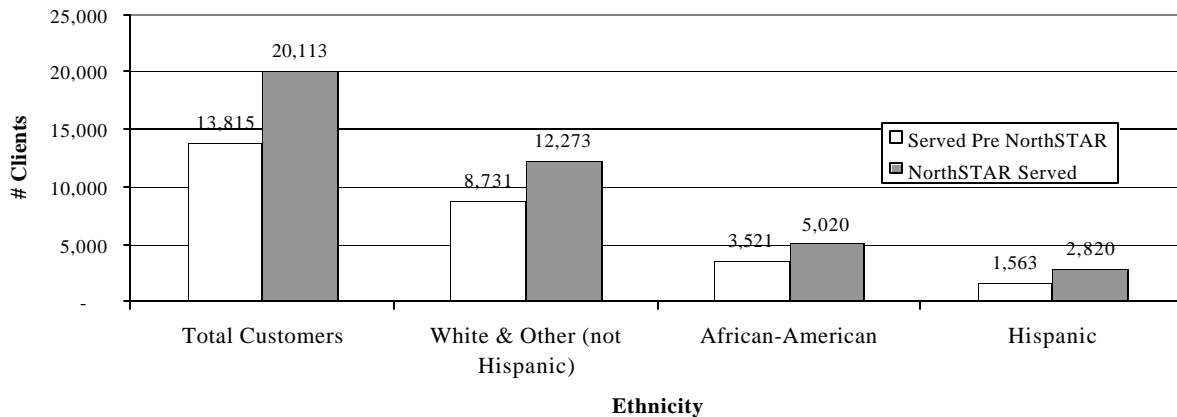
Persons served by ethnicity reflects the population of the region. African Americans comprise 16.2% of the population, Anglos 60.4%, Hispanics 19.5% and Other 3.9%. As Figure 13 illustrates, Anglo persons served are slightly over-represented ranging from 64-70% as are African Americans ranging from 25-35% of persons served. Hispanics are under-represented at 10-14%. Persons served of ethnicities other than African American, Anglo, or Hispanic is included in Other and is consistent with aggregate population estimates.

**Figure 13 NorthSTAR Consumers by Ethnicity**



According to TDMHMR data, NorthSTAR has increased the number of behavioral health uninsured (and not Medicaid eligible) persons receiving services by over 40% (Figure 14). Numbers of Hispanic individuals served has nearly doubled representing a singular increase from pre-NorthSTAR to NorthSTAR. However, pre-NorthSTAR data is recognized as unreliable and DANSA staff have been unable to confirm these figures (TDMHMR, 2001)

**Figure 14 Indigent Persons Served: Pre-NorthSTAR and NorthSTAR**



NorthSTAR Provider Network

As reported by ValueOptions (February 2001) NorthSTAR has 66 contracted facilities in the network, with 168 locations in the NorthSTAR and surrounding counties. Facilities include Hospitals, MHMRs, CD residential programs and group practices. This is a 10% increase in locations since August 2000. The majority of the increase in locations is within Dallas County with most of the remaining increase in out-of-area facilities. The new providers are primarily outpatient clinics and three MH residential treatment locations. In the last quarter of SFY 2000, 50 of the 55 contracted facility providers received payment for services to NorthSTAR consumers.

The contract standard for facility services is that members have access to clinically appropriate inpatient and residential services within 75 miles of their residence. Most of the available inpatient and residential services are located in Dallas. Navarro County has no residential facilities located within the county.

Individual Providers: NorthSTAR has 467 individual providers contracted. This is a 17% increase since August 2000. Most of the increase was 37 new Psychiatrists, plus 18 professional counselors. In the fourth quarter (October – December) of 2000, just over half of the individual providers received payment for services to NorthSTAR consumers. A large but unknown portion of individual providers receive payment through a facility. This leaves the availability of private providers difficult to ascertain. Despite multiple efforts, DANSA staff has been unable to confirm the total number of providers still actively accepting NorthSTAR members but several listed have been confirmed as non-practicing.

Access: Access to providers is easiest in Dallas County and most difficult in outlying areas. Since August 2000, Collin County has added one facility site and one psychologist. Ellis County has no psychiatrist based in the county. Since 9/1/00 VO has added 11 facility providers, 5 in surrounding counties. They have added 69 individual providers (37 psychiatrists). Two psychiatrists are in each of Collin and Rockwall counties however at least one of these providers only provides services on an inpatient basis. Ten therapists are outside Dallas County. As Table 11 illustrates, based on population, Ellis and Navarro counties are most under-served.

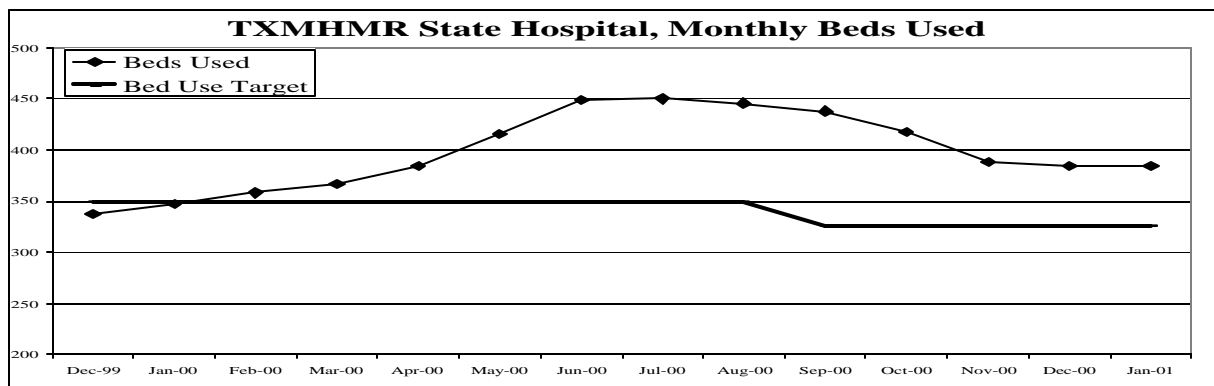
**Table 11 Distribution of Providers by Population**

<u>Proportional Distribution</u>	<u>Collin</u>	<u>Dallas</u>	<u>Ellis</u>	<u>Hunt</u>	<u>Kaufman</u>	<u>Navarro</u>	<u>Rockwall</u>
Percent of Population	14%	75%	4%	2%	2%	2%	1.4%
Percent of Facility Locations (168)	2.4%	78.0%	1.2%	8.3%	1.8%	0.0%	0.6%
Percent of Individual Providers (467)	7.1%	71.5%	1.9%	3.9%	3.0%	0.6%	1.9%

State Hospitals

Prior to NorthSTAR, three different systems recorded inpatient utilization for persons who are now NorthSTAR eligible, Medicaid, TDMHMR 's CARE system and charity care documented by local hospitals. It is not possible to obtain complete local data and to accurately combine the data from these three sources. However, NorthSTAR utilization of the state hospitals began exceeding projections with the full rollout in December 1999. The increases are most notable in May and June, peaking at nearly 100 beds over utilization June through August. Several factors contributed to NorthSTAR over-utilizing the State Hospitals. Beginning in September 2000, TDMHMR mental health facilities management initiated a work group including TDH, TDMHMR, state hospitals, DANSA, VO, and the State NorthSTAR staff, to solve the problems of over utilization and convert the bed allocation system to the financial allocation methodology being implemented for the balance of the state. The efforts of this group have resulted in reducing over utilization by 40 beds. Additional efforts continue as the number of beds hovers at 63 over the targeted allocation in November. Figure 15 illustrates the bed use over time. (TDMHMR, 2001)

**Figure 15 State Hospital Monthly Beds Used**



**Resource Development and Allocation**

Full responsibility for the NorthSTAR Counties CRCG operations was assumed from the Mental Health Association (MHA) in July 2000. The direct coordination of CRCGs by the Local Behavioral Health Authority (LBHA) made it possible to provide stipends (averaging \$4000) to six of the NorthSTAR county groups, excluding Dallas. The Dallas CRCG elected to forego the stipend because, historically, the Dallas community has easier access to transportation, more providers, and service options than the outlying counties. Use of the stipend monies is limited to non-duplication of NorthSTAR covered services and approval of the CRCG membership. Intensive case management, follow-up and local coordination have been identified by several groups for expenditure. CRCG member agencies are responsible for interagency cost-sharing and coordination of funding streams to address identified service gaps.

In addition, DANSA has authored three grants through which wrap-around services could be provided to victims of crimes would. A total annual amount of \$440,000.00 would be available to for the seven counties.

## Community Needs and Priorities

Many of the needs identified through the planning processes are currently services available through NorthSTAR. Throughout the planning processes, certain themes began to emerge. These needs include:

- **Increased funding:** The NorthSTAR Service Delivery Area is approximately \$6 million under-funded when compared to other counties throughout the state. It is estimated that between \$6 million and \$10 million is needed to adequately fund the existing services.
- **Increased blending of funds:** Currently, only Dallas County, Collin County, TDMHMR, and TCADA contribute to the behavioral health care of the seven counties. Other agencies, such as the Texas Department of Protective and Regulatory Services and Criminal Justice, have funding for behavioral health services but have chosen not to blend those funds into NorthSTAR. This absence of truly blended funds has the potential to increase cost shifting and establishing confusing and contradictory standards of care.
- **Increased authority for the local authority:** Clarification of the role of the Local Behavioral Health Authority is needed. Many have called for authority to (1) impose financial sanctions against both the BHO and providers, (2) manage the entire contract, (3) be an equal partner in the contract between the state and the BHO, and/or (4) monitor the quality of care and conduct satisfaction surveys. While others see the role of the local authority similar to that of a consultant in which no direct authority is vested.
- **Increased housing:** Housing continues to be a critical need. Gains made in treatment can rarely be sustained without adequate and safe housing. There is a severe disparity of housing in the seven counties. The lack of housing for both individuals with a mental illness and/or a substance use disorder facilitates relapse and often results in a need for costlier services.
- **Increased casemanagement:** Only individuals with certain diagnoses are eligible for case management/service coordination services. Research has clearly demonstrated that a significant correlation exists between case management services and maintenance of treatment gains and a resultant increase in the quality of life.
- **Establishment of an Adult CRCG (Community Resource Coordination Group):** Currently, a child/adolescent CRCG is mandated as is participation by certain agencies. The purpose is to bring community agencies together to collectively address the needs of the most difficult youth consumers; consumers involved in more than one agency and who have not experienced a significant degree of success in their current arrangement. Such a structure is needed for adults as well. An Adult CRCG might lessen recidivism, cost shifting, and provide a holistic approach to the individual.
- **Participation of STAR and CHIP Plans:** Participation of the STAR and CHIP plans, particularly in regards to children and youth, is critical to treating the “whole consumer”. Full participation would result in decreased cost shifting and increased cost sharing.
- **Larger Provider Networks in the rural counties:** Consumers in the rural counties (non-Dallas and non-Collin Counties) do not have the same choices as consumers in the larger metropolitan areas. There is simply a paucity of providers. Although this is not unique to NorthSTAR and is a systemic issue throughout the country, a larger provider network is needed if consumers in these counties realize the full benefits of NorthSTAR.

- **Period of stability:** Since the inception of NorthSTAR, multiple programmatic changes/modifications have occurred that are directly related to the level of funding. Change is difficult, particularly for individuals experiencing a mental illness and/or a substance use disorder. Frequent program changes facilitates confusion for the consumer, the providers, advocates, and the community as a whole. A sustained period of stability will provide the opportunity to determine the viability of the pilot.
- **Identification of Performance Indicators:** Contractually, the BHO is incentivized dependent upon the time taken to pay claims, the time taken to answer telephone calls, etc. Very little measurement is occurring to determine if the consumer's quality of life is improving. Performance indicators would facilitate the development/determination of clinical pathways and/or treatment protocols.
- **Development of a Safe Haven:** Many consumers must be ready for treatment if the treatment gains are to be sustained. The fact is that many consumers are not ready. A Safe Haven would provide a safe refuge for individuals as a pre-engagement activity. An excellent model is found in Fort Worth, Texas. The Safe Haven could be operated by an existing NorthSTAR provider or another agency with expertise with similar projects.

### **Impact of Key Forces**

Several factors may have an affect on the desired outcomes of the Dallas Area NorthSTAR Authority. Chief among these is increased funding. If the NorthSTAR Service Delivery Area were allocated the funds necessary (approximately \$6 million) to rise from the bottom of state funded regions to the average, a change in service design might not occur and a period of stability would occur. In addition to increased funding, the State policy makers may choose, as a result of lobbying efforts, to alter the design of the service delivery system in the seven counties that make up NorthSTAR.

#### Strengths:

- ◆ A wide array of providers affording consumers ample choice, with the exception of rural counties;
- ◆ A dedicated group of consumers and family members who are willing to go beyond the call of duty to improve services
- ◆ A strong mental health advocacy community
- ◆ A growing substance abuse advocacy community
- ◆ Dedicated LBHA Board of Directors
- ◆ Support from Dallas County and Collin County Commissioners
- ◆ Strong Provider Advisory Council

#### Weaknesses:

- ◆ Frequent programmatic modifications
- ◆ Inability to attract psychiatrists, particularly child psychiatrists
- ◆ Inability to attract any provider to the rural counties, thus providing little choice
- ◆ The loss of one BHO
- ◆ Inadequate long term care alternatives
- ◆ Difficulty with some counties filling Board vacancies

Opportunities:

- ◆ Increased funding through advocacy efforts and grant writing;
- ◆ Increased commitment of the Consumer Advisory Council
- ◆ Development of a Public Policy Committee
- ◆ Stability of the program
- ◆ Collaborative approaches to solving the communities needs
- ◆ Clarifying the role of the LBHA

Threat:

- ◆ Lobbying efforts to cancel NorthSTAR and return to the pre-NorthSTAR service delivery system
- ◆ Additional reductions in funding

**Local Authority Service Priorities**

4. Increased funding: The NorthSTAR Service Delivery Area needs additional funding to strengthen the existing programs and to provide for identified gaps.
5. Increased blending of funds: Blended funding would insure a coordinated and collaborative approach to the behavioral health needs of the NorthSTAR Service Delivery Area. Blended funding would reduce cost shifting.
6. Clarification of the role of the Local Behavioral Health Authority: Much attention and energy has focused on “what the LBHA should be”. This needs to be definitively determined.
9. Increased housing: Housing continues to be a critical need. Gains made in treatment can rarely be sustained without adequate and safe housing.
10. Establishment of an Adult CRCG (Community Resource Coordination Group): Such a group would provide for client-specific care collaboration and coordination, thereby improving the opportunity for the consumer to achieve treatment goals and to maintain treatment gains. Such a group would also develop client-specific expectations.
11. Participation of STAR and CHIP Plans: Participation of the STAR and CHIP plans, particularly in regards to children and youth, is critical to treating the “whole consumer”.
12. Period of stability: Instability breeds confusion and discontent. A sustained period of stability would lessen the confusion and discontent.
13. Identification of Performance Indicators: There are no measures looking at the quality of life. “Is what we are doing making a difference?” After nearly two years of operation, it is time to develop those monitors/indicators, which indicate quality of care.
14. Development of a Safe Haven: Mentally ill consumers who are not currently in care do not have a “safe” place to go. Such a place would provide opportunities to work with the consumer during the pre-engagement phase of treatment. Many consumers are wary of providers and/or treatment. The nature of their illness often interferes with their ability and willingness to seek care. A Safe Haven would provide a place for the consumer until he/she is ready for treatment.

## V. Local Authority Goals

### Goals and Objectives

The Board of Directors recently held a two-day retreat in which the goals of the agency were delineated. The roles of the LBHA, as delineated in statute and departmental regulations, provided the guidance necessary for goal development. The goals of the Dallas Area NorthSTAR Authority

#### Planning

- To assess the behavioral health needs in the NorthSTAR region to identify needs and gaps and set priorities through a comprehensive regional plan
  - ◆ Facilitate the involvement of the community in the development of a regional action plan designed to address the behavioral health needs of our communities
  - ◆ Explore and determine the need for additional Advisory Committees (i.e., Children's Regional Behavioral Health Team, Providers, Stakeholders, etc.), whether standing committees or single-focus work groups, to insure that all segments of the community have opportunities to provide input
  - ◆ Coordinate the development of an annual NorthSTAR Regional Plan, a written plan identifying issues, gaps in services, unmet needs and proposed resolutions regarding the delivery/availability of behavioral health services in the NorthSTAR Service Delivery Area

#### Policy Development

- To assess and develop policies regarding the structure, process, and outcomes of the NorthSTAR behavioral health services delivery system
  - ◆ Develop specific performance measures through which fulfillment of the contract can be measured
  - ◆ Report results of monitoring activity to local and state officials
  - ◆ Submit recommendations, based upon contract monitoring, to the State for incentive awards and/or sanctions
  - ◆ Monitor the Behavioral Health Organization's provider panel to insure access to care as well as choices of providers to all NorthSTAR Consumers
  - ◆ Develop a performance monitoring system to insure that local governments are kept abreast of the impact of NorthSTAR upon their constituents
  - ◆ Participate in work-groups as requested by local governments
  - ◆ Formulate recommendations for local governments, as well as the State, to consider
  - ◆ Serves as liaison to the Texas State Legislature to advocate for mental health and substance abuse funding, and increase awareness of the region's issues through education and advocacy to legislators on the NorthSTAR system.
  - ◆ Advocate for regional parity in the funding of new generation pharmaceuticals relative to other systems in the State
    - ◆ Develop specific policies and procedures to provide guidance and consistency throughout the NorthSTAR system.

- ◆ Make recommendations to the State on policies and procedures which will effect the efficient allocation and use of resources in accordance with local community needs and desires.

#### Coordination

- To facilitate education and problem resolution for stakeholders
  - ◆ Develop data collection systems to facilitate the identification and tracking of trends and issues in relation to NorthSTAR
  - ◆ Collaborate with the State and the BHOs in the definitions and recording of complaints
  - ◆ Assist consumers, family members, providers, and other stakeholders in the resolution of complaints as well as facilitate access to care
  - ◆ Conduct impartial investigations into complaints
  - ◆ Develop policies and procedures to monitor those SPA activities which have been delegated to the BHOs
  - ◆ Coordinate commitment activities with the mental health courts of each county, the local mental health centers, and the BHOs
  - ◆ Educate, if needed, local judicial officials regarding mental health commitment statutes
  - ◆ Conduct public forums in each county through which consumers, community leaders, providers, stakeholders, etc. may offer comments, register complaints and acquire information relative to the public behavioral health service delivery system
  - ◆ Encourage and, where possible, facilitate outreach efforts to the region's underrepresented population
  - ◆ Conduct and/or encourage training sessions for providers to enable a more effective and smoother transition into managed care
  - ◆ Build and maintain an interactive web site through which consumers, providers, stakeholders, the general public, etc. may access information, interact with DANSA staff, provide input about DANSA and NorthSTAR.
  - ◆ Provide educational seminars, throughout the NorthSTAR Service Delivery Region, for law enforcement personnel through whom officers gain an increased understanding of behavioral health issues and resources to enable officers to identify and respond to person with MI/SA.
  - ◆ Provide regional coordination of CRCGs and represent the region's CRCGs to the State liaison.
  - ◆ Increase case coordination beginning at the pre-staffing level through problem resolution.
- To partner with stakeholders in the planning, development, implementation, and evaluation of behavioral health services
  - ◆ Collaborate with the Behavioral Health Organizations in the development and implementation of a contract in which the delegated, Single Portal Authority (SPA) Responsibilities are detailed
  - ◆ Generate specific recommendations, based upon data assimilated, to enhance and insure the delivery of services
  - ◆ Report systems concerns as they arise and to monitor any program changes
  - ◆ Develop and implement evaluative methods to be utilized to assist in measuring overall project effectiveness

- ◆ Develop specific performance measures to insure effective delivery of services as well as the overall effectiveness of NorthSTAR
- ◆ Develop an integrated data management system that combines existing and new data tools developed in this project.
- ◆ Participate in the Continuous Quality Improvement Programs of the Behavioral Health Organization
- ◆ Work collaboratively with the region's stakeholders to develop and implement identified performance measures and targets in model development and planning process  
Identify and develop alternative ways to meet needs of youth and their families through integration of funding streams, building collaborative initiatives, and strengthening agency partnerships

#### Resource Development

- Identify and develop additional funding to facilitate the development and sustenance of a comprehensive service delivery system
  - ◆ Identify funding opportunities that support, enhance, or expand current CRCGs activities related to youth, families, and CRCG membership
  - ◆ Procure, or assist in procuring, funding for needs and sub-contract for direct services
  - ◆ Procure additional resources to address unmet needs, gaps in services, and priority services identified in the NorthSTAR Regional Plan.

#### Resource Allocation

- To effect the efficient allocation and use of resources

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## **Appendices**