Dallas County Behavioral Health Leadership Team
Thursday, January 14, 2016
Henry Wade Juvenile Justice Center
2600 Lone Star Drive, Dallas, TX
Room 203-A at 9:30 -11:30 a.m.

I. Welcome and Call to Order

II. Review/ Approval of Minutes from last meeting*

III. NTBHA Indigent Services Plan

IV. The Stepping Up/ Caruth SMART Justice Initiative Update

V. Dallas County Behavioral Health Housing Workgroup

VI. 1115 Waiver Crisis Services Project Update

VII. NorthSTAR Update
- NTBHA Update
- ValueOptions NorthSTAR Update
- State Advisory Committees

VIII. The Cottages at Hickory Crossing Update

IX. Funding Opportunities

X. Upcoming Events and Notifications

XI. Public Comments

XII. Adjournment

Dallas County Behavioral Health Leadership Team
Meeting Notes
Thursday, December 10, 2015

Welcome and Call to Order
The meeting was called to order by Commissioner John Wiley Price at 9:32 AM.

Review/Approval of Minutes
The minutes from the BHLT meeting held on November 12, 2015 were included in the meeting packet. BHLT committee members voted to approve the minutes with one modification. Commissioner Price stated that the grant writer for the SAMHSA grant was not paid for with SAMHSA funds as previously reported.

NTBHA Indigent Services Plan and Updates:
Mr. Stretcher stated that NTBHA staff and board members have been activiely working with a contractor, Mellissa Rowan, to understand the changes to NTBHA that will be required in the new system. Ms. Rowan is also working on a revised timeline and work plan for the transition.

Stepping Up Initiative Update/Caruth Grant:
There are no updates at this time.

Behavioral Health Housing Work Group (BHHWG) Update:
Commissioner Daniel stated that the Behavioral Health Housing Workgroup (BHHWG) continues to move forward and work with landlords to develop better communication and participation. Commissioner Price inquired if BHHWG was addressing issues with the housing voucher program in which landlords in the north request and receive more money for their property than those in the south. Commissioner Daiel stated that the Inclusive Community Project (ICP) is working on this issue.

1115 Waiver Crisis Services Project Update:
Charlene Randolph reported that all metrics reported achieved in October were approved by HHSC. CSP should receive $4.2 million funds by the end of January 2016. There were also two metrics that were approved to be carried forward, and CSP will report on their achievement during the April DY5 reporting period. The two carry forward metrics are worth approximately $900,000 and, if approved by HHSC, CSP will receive the funds July 2016.

NorthSTAR Update
- **NTBHA Update:** Alex Smith stated that DSHS had recently completed the desk audit on NTBHA.. Mr. Smith reported that NTBHA did not meet this month and he had no further updates.
- **ValueOptions NorthSTAR Update:** Matt Wolf stated that they will be conducting a meeting with DSHS to prepare themselves for the transition.

- **State Advisory Committees:** There was no update given.

The Cottages at Hickory Crossing Update:
Mr. Stretcher stated that construction continues on the Cottages and it should be completed by March 1, 2016.

Funding Opportunities:
There are no updates at this time.

Upcoming Events and Notifications:
Janie Metzinger announced that on Dec. 16, 2015 MHA will host the annual boarding home meeting. Ms. Metzinger also stated that at the next COMI meeting there will be speakers from the South Dallas Drug Court. Commissioner Price asked if there was a list of boarding homes and where they were located (requested a copy). Commissioner Price announced that Kwanzaa Fest would be held on Saturday and acknowledged all the contributers and supporters. Commissioner Price stated that over the past 10yrs Kwanzza Fest has contributed $5 million worth of services to the community.

Public Comments:
No comments were made.

Adjournment:
A motion was made by Commissioner Daniel, seconded by Sharon Phillips, and was approved to adjourn at 9:57 AM.

DRAFT

Local Plan for Indigent Behavioral Health Services

Request for Revised Agreement with HHSC and DSHS

Pursuant to the Report and Decisions of the
Sunset Advisory Commission Study of HHSC

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

Representing Dallas County, Ellis County, Navarro County, Rockwall County, Hunt County, and Kaufman County

Submitted

January 15, 2016

EXECUTIVE SUMMARY

This Revised Local Plan for Indigent Behavioral Health Services (Revised Plan) serves as a request for approval of a key changes to the Final Plan submitted on September 25, 2015 and approved by the Texas Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC). This Revised Plan is being submitted by the North Texas Behavioral Health Authority (NTBHA) Board of Directors on behalf of a six county regional partnership under an interlocal agreement that includes Dallas County, Ellis County, Rockwall County, Navarro County, Hunt County and Kaufman County. These partnering counties are committed to engagement in local planning, design and implementation of an updated model of indigent behavioral health services as required by the Sunset Advisory Commission. The partnering counties will utilize NTBHA as the Local Behavioral Health Authority (LBHA) for the service delivery area. The primary goal of NTBHA is to develop a recovery and resiliency oriented system of behavioral health care for eligible indigent consumers with close coordination with the Medicaid managed care organizations and local primary care providers. The current NorthSTAR network of traditional providers will be maintained to the greatest extent possible to ensure consumer choice and prevent unnecessary disruption of ongoing services. At the same time, NTBHA will look for and capitalize on opportunities to improve the service system and provide the best experience of care for the individuals it serves.

The Revised Plan reflects a change from the initial plan of using a competitive procurement process to select an administrative service organization (ASO) to manage the indigent care system. NTBHA has determined that instead using an open enrollment process to procure a robust provider network is the best option for our community. This revision also provides an update on the NTBHA transitional planning process, operational work plan and timelines as well as describes decision points to date that represent significant positive deviations from the Final Plan submission. NTBHA has adopted a strategy for implementation that retains control and ***operations*** at the local authority, with support from partners in the community. This Revised Plan will detail the proposed structure, functions, and timelines to allow for a successful transition from the current NorthSTAR program to an updated system of indigent behavioral healthcare.

I. Applicant Organization: North Texas Behavioral Health Authority

The North Texas Behavioral Health Authority (NTBHA) Board of Directors is submitting this Revised Local Plan for Indigent Behavioral Health Services (Revised Plan) on behalf of a six county regional partnership under an interlocal agreement that includes Dallas County, Ellis County, Rockwall County, Navarro County, Hunt County and Kaufman County. NTBHA has served as the Local Behavioral Health Authority (LBHA) for this region since 1999. Each of the six counties have agreed to continue to operate under a regional partnership for the provision of indigent behavioral health services with NTBHA serving as the LBHA.

A. Status as a Public Entity

NTBHA currently acts as the LBHA for the NorthSTAR program in accordance with Health & Safety Code § 533.0356. NTBHA will continue to serve as the LBHA for Dallas County, Ellis

County, Rockwall County, Navarro County, Hunt County, and Kaufman County. An LBHA as designated under Health & Safety Code § 533.0356 has all the responsibilities and duties of a Local Mental Health Authority provided by Section 533.035 and by Subchapter B, Chapter 534; and the responsibility and duty to ensure that chemical dependency services are provided in the service area as described by the statewide service delivery plan adopted under Section 461.0124. NTBHA maintains that as an LBHA created under interlocal agreement to function as an administrative agency, NTBHA is a distinct governmental entity performing a governmental function for a public purpose and that NTBHA is entitled to exercise the rights and privileges of the partnering counties as a distinct governmental entity. NTBHA has obtained a legal opinion in support of this position (Attachment 1). NTBHA believes this position allows for full participation as an Intergovernmental ~~t~~Transfer (IGT) entity in the 1115 Medicaid Transformation Waiver.

B. Overall intent to integrate health and behavioral health services

NTBHA recognizes the importance of the integration of primary care and behavioral health services for the individuals served through the system as well as the positive impact of integration on recovery, quality of life, and long-term wellness. System design will include a focus on strategies aimed at identifying and addressing gaps in services as well as integration of primary care and behavioral health services. NTBHA is committed to identifying innovative solutions that improve health and wellbeing while promoting recovery for the individuals we serve. As part of the system design, NTBHA will continue to identify and collaborate with providers within its service delivery network that have taken measures to integrate health and behavioral health services. Methods to further incentivize movement of all network providers toward fully integrated care will be explored and implemented.

II. Proposed Organizational Structure

NTBHA will serve as the LBHA for the identified service delivery area. A Board of Trustees will be appointed by county leadership and composed of not fewer than five or more than 13 members. The partnering counties will enter into an agreement that stipulates the number of board members and the group from which the members are chosen. The partnering counties will, in appointing the members, attempt to reflect the ethnic and geographic diversity of the local service area.

The DSHS will contract directly with NTBHA under performance contracts as the LBHA; and Outpatient, Screening, Assessment, and Referral Center (OSAR) for: Mental Health Services, Substance Use Disorder Assessment and Treatment, Crisis Services, and State Hospital Utilization. NTBHA will carry out all functions and responsibilities in accordance with requirements under applicable laws, contracts, and policies. NTBHA will receive and administer indigent behavioral health funds for the system. This updated model under NTBHA will continue to separate the oversight, control, and financial management from the contracted providers of service.

NTBHA recognizes that outside expertise is required to develop and shape some aspects of the updated system of care and has identified and initiated coordination with community supports and subject matter experts accordingly. NTBHA has entered into a Memoranda of Understanding with the Meadows Mental Health Policy Institute for consultation and assistance in transition planning. In addition, NTBHA sought and engaged Melissa Rowan, Partner at Wertz&Rowan, to facilitate an intensive two-day strategic planning session. The NTBHA staff and Board of Directors conducted a rigorous review of the existing transition plan and timeline as well as roles/responsibilities to be delegated to a contracted Administrative Services Organization (ASO). After careful consideration, NTBHA has decided to alter a key element of the local plan for indigent behavioral health services submitted on September 25, 2015. NTBHA will not be moving forward with the plan to enter into a contractual agreement with an outside entity to serve as an ASO to administer specific aspects of the system. As NTBHA went through the process of developing a Request for Proposal for an ASO, it became clear that this was not the best option for the developing system. NTBHA has determined that the functions that were to be delegated to the ASO can be developed and implemented within NTBHA in a way that is more effective, cost efficient, and responsive to community values and needs.

NTBHA's scope of responsibilities and activities will change significantly under the new model. The ongoing planning and implementation process involves a careful analysis of the infrastructure needed to meet all requirements outlined in the DSHS performance contract. To support the transition and to implement the infrastructure changes needed in the short-term, NTBHA submitted a budget request of $462,000 to the Dallas County Commissioner's Court. On January 5, 2016 the request was approved. With these funds, NTBHA has begun implementing staffing changes to accelerate its transition and ensure readiness to manage the newly designed system.

NTBHA has created a position for a Transition Director, directly reporting to the NTBHA Board of Directors. The **Transition Director** will be responsible for: overseeing the transition planning process; ensuring adherence to timeline requirements and readiness milestones; development of necessary programming, policies and procedures; coordination with the DSHS transition team; and providing routine updates and reports to the NTBHA Board, County leadership, community partners, consumers and family members. A position is being created for a **Chief Financial Officer** responsible for serving as the lead for developing business processes, contracting and ongoing financial management. NTBHA will be hiring or contracting with a **Management Information System/IT Specialist** to ensure that appropriate systems and processes are in place to meet requirements for data exchange and CMBHS. NTBHA will also be engaging a part-time or contract **Medical Director.** Further development of a staffing plan and information systems capacity is underway in anticipation of the availability of transition funding starting September 1, 2016.

NTBHA is continuing to work in close coordination with the DSHS transition team to ensure that all contract elements are addressed and key milestones are met in order to meet readiness review criteria and be fully prepared for a January 1, 2017 implementation.

III. Planning Process – Meetings and Participants

NTBHA will preserve the unprecedented stakeholder participation and cooperation historically seen under the NorthSTAR System in making decisions about the structure of the model and the evolution of the system. This will be achieved through regular attendance and active participation by local stakeholders from government, law enforcement, the provider system, persons using services, family members, advocacy groups, social services agencies, physicians' groups and others at meetings organized by NTBHA and other stakeholder meetings. All community members will be welcomed to join in the dialogue that drives changes in the system.

Development of this plan has been an extension of existing community planning activities. NTBHA and its working groups, the Dallas County Behavioral Health Leadership Team (BHLT) and its working groups, the Ellis County Behavioral Health Alliance, and other key stakeholders have provided input that is the foundation of this plan. These groups are supportive of the changes proposed in this Revised Plan.

Planning for the transition from the NorthSTAR system to an updated system of indigent behavioral health services under NTBHA in January 2017 has been ongoing since December 2014. An initial steering committee, appointed by the Dallas BHLT, was tasked with spearheading the development of the preliminary plan submitted to DSHS in March of 2015. This five person team included the Executive Director of an SUD provider, the CEO of a Specialty Provider Network (SPN) provider, the President of Mental Health America of Greater Dallas, the NTBHA Executive Director, and the NTBHA Board of Directors Chair. Meeting activities and outcomes were reported through the NTBHA Board and the Dallas County BHLT on a routine basis. The standing advisory committees of the NTBHA Board: Provider Advisory Council (PAC), Psychiatrists Leadership and Advocacy Group (PLAG), and Consumer and Family Advisory Council (CFAC) were all involved in the ongoing transitional planning process and the development of the Final Plan submitted on September 25, 2015.

Upon approval of the preliminary plan submitted by NTBHA, the planning and vetting process expanded to include a workgroup of twenty-five stakeholders as NTBHA determined that a larger, more comprehensive group representative of our stakeholders community was in order to advance the planning process. This team of twenty-five began meeting in July of 2015 and continues on an as needed basis. Input and discussion generated through these meetings held in July and August 2015 were considered in the development of the Final Plan.

NTBHA conducted needs assessment surveys and town hall meetings in order to allow for additional opportunities for consumer, family, provider, and stakeholder input on local strategic and transition planning. Needs assessment surveys were completed in each of the seven NorthSTAR counties. Town Hall Meetings were held in Dallas County, Ellis County, Kaufman County, Hunt County, Rockwall County and Navarro County.

NTBHA staff are engaged in bi-weekly and as needed phone conferences with the DSHS transition team to address technical assistance needs and maintain close coordination with DSHS throughout the planning process. NTBHA has also started a process of engagement with the Texas Council of Community Centers and other Texas community centers and Local Mental Health Authorities in order to identify best practices across the state.

The NTBHA Board of Directors was briefed on key changes outlined in this Revised Plan on December 9, 2015 and provided NTBHA staff with approval to move forward. NTBHA provided updates on transition planning and the submission of this Revised Plan through the January 13, 2016 NTBHA Board of Directors meeting. NTBHA also provided an overview of changes presented in this plan through the regularly scheduled meetings of the PAC, PLAG, and CFAC.

The NTBHA Transition Director will immediately implement a plan for engagement with stakeholders that includes monthly formal updates to the NTBHA Board during open meetings, bi-weekly meetings with providers, monthly meetings with County Judges and legislators, and monthly reports to the Dallas County Commissioners Court. The NTBHA Transition Director will continue to provide updates and solicit feedback through the regularly scheduled meetings of the PAC, PLAG, and CFAC.

IV. Time Lines for Implementation

The partnering counties reached a preliminary agreement with HHSC and DSHS on April 1, 2015 for this plan to deliver indigent behavioral health services. NTBHA, in coordination with County leadership and community stakeholders, immediately began the process of working towards the Final Plan in order to finalize an agreement with HHSC and DSHS by October 1, 2015.

Since that time, NTBHA has developed an operational work plan through a process of careful strategic planning. The operational work plan (Attachment 2) outlines key tasks critical to the successful implementation of this plan. The identification of these key tasks has been informed by review of the DSHS performance contract, input from the DSHS transition team, and targeted strategic planning. NTBHA has identified specific plans, steps and timelines for each identified task. NTBHA has also identified appropriate community resources and subject matter experts for each task and has started the process of engaging with these in order to draw from existing models and best practices across the State. The operational work plan will be regularly reviewed, evaluated and expanded as needed as NTBHA works towards the successful implementation of this plan.

V. Services Plan

A. Existing provider network

This updated model of indigent behavioral healthcare will build on the strong provider network developed and fostered since 1999 under the NorthSTAR System. The existing provider network is comprised of Specialty Provider Network (SPN) providers, outpatient clinics (non-SPN), Substance Use Disorder (SUD) clinic providers, SUD residential treatment providers, individual mental health providers, individual substance use disorder

providers, community hospitals, and crisis service providers. Terrell State Hospital serves as the primary State Hospital for the service area with other State Hospitals utilized as needed. The existing provider network offers many strengths and innovations to build on under the updated model. This approach is also in line with the Sunset Commission directive that significant traditional providers be offered contracts for services. NTBHA recognizes that there will be a number of current providers excluded from this provision due to Federal and State contracting requirements. One area of impact on the current provider network will be seen in the case of SUD services as current directives indicate that Federal Block Grant funds may not be used under contracts with private for profit organizations. NTBHA has and will continue to communicate any potential changes to the provider network to allow opportunities for impacted providers to come into compliance.

There are currently twenty-one SPN clinic locations available in Dallas County, 2 SPN locations available in Ellis County, one SPN location available in Rockwall County,2 SPN locations available in Navarro County, 2 SPN locations available in Hunt County, and 3 SPN locations available in Kaufman County . There are currently 5 outpatient clinics (non-SPN) available in Dallas County and 3 available in Ellis County. There are currently 21 outpatient SUD treatment clinic locations in Dallas County, 3 in Ellis County, one in Rockwall County, one in Navarro County, one in Hunt County and one in Kaufman County. There are 4 provider locations in Dallas County that offer residential SUD services. The individual providers contracted through the existing network include 124 mental health providers and 35 SUD providers located in Dallas County, 19 mental health providers and 5 SUD providers in Ellis County, 7 mental health providers and 2 SUD providers in Rockwall County, 10 mental health providers and 2 SUD providers in Navarro County, 14 mental health providers and one SUD provider in Hunt County, and 7 mental health providers in Kaufman County. The provider network also includes 3 hospital providers located in Dallas County, one hospital provider located in Hunt County, and one after-hours crisis clinic located in Dallas County.

The provider network is also bolstered by contracted providers who offer a wide array of crisis services and value-added services including Crisis Hotline and Mobile Crisis Outreach Teams (MCOT), 23-hour Crisis Observation Program, Crisis Residential Services, walk-in crisis services, Post-Acute Transitional Services (PATS), Intensive Case Management (ICM), Peer Navigators and Peer Services, enhanced shelter-based services for the homeless, and Assisted Outpatient Treatment.

B. Minimum required services per statutory mandates

NTBHA will ensure the provisions of all required services in accordance with Texas statutes and contracts. NTBHA, with input from the leadership of participating counties and community stakeholders, will ensure that the model design provides for, at a minimum, the community-based services outlined in Health and Safety Code Chapter 534, § 534.053 including: 24-hour emergency screening and rapid crisis stabilization services; community-based crisis residential services or hospitalization; community-based assessment; family support services; case management services; medication-related services; and psychosocial rehabilitation programs. NTBHA will also ensure that all

required Substance Use Disorder Services are provided in accordance with State requirements and the executed performance contract. NTBHA will take stock of required and value-added services currently offered under the NorthSTAR model, available funding, and number of eligible members in order to create a service array that offers quality and cost efficiency. NTBHA will ensure maintenance of a toll free phone number for routine services and for crisis services.

The design and structure of the updated model will strive to engender a recovery and resiliency oriented, trauma-informed system of care. System planning and development will be done with a focus on creating a model that instills and sustains trauma awareness; knowledge; and skills into the cultures, practices, and policies of the behavioral health system and service providers.

C. Overall approach to the Texas Resilience and Recovery Model

1. Priority Populations

The model will serve, at a minimum, the priority MH and priority SA populations as defined by DSHS. Individuals seeking services will be assessed to determine if they meet the requirements of the priority population.

NTBHA will look for opportunities to extend services to individuals who fall outside of the designated target and priority populations whenever possible. NTBHA will strive, in coordination with community partners and stakeholders, to identify and create new opportunities to make additional resources available to the service area.

2. Level of Care

NTBHA will ensure that the system, through contracting providers, offers each Level of Care (LOC) as outlined in the Texas Resilience and Recovery (TRR) Utilization Guidelines and provides the core services within each LOC to members through face-to-face encounters or via tele-medicine/tele-health. NTBHA will provide oversight to ensure compliance with, and the quality of, TRR practices. This will include ensuring that all providers are implementing TRR as specified by DSHS and administering evidence-based practices in accordance with the Fidelity Manual.

The existing provider network offers an array of providers already knowledgeable and skilled in the execution of TRR with staff qualified to administer all aspects of TRR including the appropriate training and/or certification required for the administration of the CANS/ANSA and DSHS-approved evidence-based practices.

NTBHA will implement a Utilization Management Program using DSHS's approved Texas Resilience and Recovery Utilization Management Guidelines that includes documented and approved processes and

procedures for authorization and reauthorization of LOC for outpatient services. NTBHA's Utilization Management Committee will work collaboratively with network providers to review data, resolve issues, improve utilization management processes and provide recommendations for how to maximize consistency with state guidelines while promoting the most effective and efficient clinical outcomes.

D. Proposed New Structure of Services for Adult and Children

1. Outpatient Services

a) Mental Health

NTBHA will ensure that all required mental health services are provided in compliance with DSHS guidelines. NTBHA will work collaboratively with providers to design an outpatient service structure that matches the needs and resources of the community.

b) Substance Abuse

NTBHA will ensure that all required SUD services are provided in compliance with DSHS guidelines. NTBHA will work with DSHS and community stakeholders to ensure a smooth transition from the current NorthSTAR SUD service delivery model to the SUD model that exists in the rest of the state. NTBHA will develop a plan to ensure that members receiving SUD services at the time of transition are placed in a comparable service under the new model. These decisions will be guided by clinical evidence. This plan will include assistance with transition to new providers or identifying an alternative funding source if the current SUD provider is excluded from contracting under regulations of the Federal Block Grant.

NTBHA will ensure OSAR services are in place for the six county service area to provide coordinated access to a continuum of SUD services. As noted in its operational work plan, NTBHA is currently examining the models used by existing LMHAs in other parts of the state to determine the best approach for the NTBHA catchment area.

2. Crisis Services

NTBHA will implement crisis services in compliance with the standards outlined by DSHS. NTBHA will work with community partners to develop a continuum of crisis services designed to meet the needs of the service area.

3. Inpatient Services

NTBHA will design a structure for inpatient hospitalization and emergency behavioral health services that is in compliance with the standards outlined by DSHS.

4. Special Population Services

NTBHA will identify service needs and structure services for special populations such as individuals experiencing mental health and homelessness; individuals with complex needs and repeated hospitalizations; veterans; individuals at risk of incarceration or formerly incarcerated; those in need of competency restoration services; victims of trauma; and racial, ethnic, and cultural minorities.

NTBHA will assess need and funding availability in implementing additional value-added services. Attention will be given to enhancing the continuum of peer and recovery oriented services. The structure design will also include a focus on cultural competency in order to ensure a system well-equipped to provide care to individuals with diverse values, beliefs and behaviors, in a manner that is respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse members.

NTBHA will fulfill any requirements of its contract with DSHS, to participate in Medicaid mental health case management and rehabilitative services and recognizes that any funding received through billings to the Texas Medicaid & Healthcare Partnership (TMHP) for either Medicaid MH Case Management Services or Medicaid MH Rehabilitative Services represents both the federal share and the state match of the costs for such services.

Comment [A1]: Are we clear what this would look like.

E. Access to care/consumer choice

It is NTBHA's goal to maintain an open access system with no waiting list and all planning is designed to fulfill that goal. NTBHA recognizes, however, that actual funding levels may not be sufficient to realize this goal. Pending receipt of current utilization data, NTBHA will conduct an analysis of past utilization patterns in order to generate estimates of projected needs. This analysis will serve to inform system design and provider contracting. NTBHA will be responsible for any changes to this priority goal, including extensive stakeholder and consumer input into any changes in access to care. Although open access has consistently been a top priority for all stakeholders, SFY 2017 funding projections suggest that contingency plans must be developed to address the transition of currently authorized services and levels of care and implementation and maintenance of a waiting list. NTBHA will form a workgroup comprised of representatives from the Provider Advisory Council (PAC), Psychiatrists Leadership and Advocacy Group (PLAG), Consumer and Family Advisory Council (CFAC) and other relevant stakeholder groups. This group will be tasked with providing input for the development of a contingency plan detailing how the transition of currently authorized services and levels of care will be coordinated in the event that available funding is not sufficient funding to serve the current six-county caseload.

The plan for this transition will be objective and based on clinical evidence that provides guidelines for the decision and provision of clinically appropriate, least restrictive, cost-effective services. The plan will also uphold the principles of recovery and resiliency that are a hallmark of our behavioral health community. The development of the criteria should

consider factors such as acuity, severity of condition, the presence of high risk clinical factors, and psychosocial factors.

NTBHA, in coordination with the appointed workgroup, will develop this plan and corresponding policies and procedures for the transition of currently authorized services and levels of care which will include a process for communicating any changes in access to members and families as appropriate. This plan will also address the potential need for a waiting list and ensure compliance with the DSHS Texas Resilience and Recovery Waiting List Maintenance requirements. NTBHA will develop a detailed timeline for implementation. NTBHA recognizes that this process will require a layered, clinically sound approach.

Consumers will have the right to choose among in-network providers and the right to change providers if they wish. NTBHA will ensure that there is a process in place for informing consumers of these rights, providing a list of available service providers, and assisting consumers in finding a provider that they feel is right for them.

F. Local Provider Network

Providers of indigent services in the NTBHA network will also be enrolled as Medicaid providers to assure quality of care for individuals who gain and/or lose Medicaid coverage over a given period of time.

NTBHA will provide for the development and maintenance of a network of qualified service providers in compliance with 25 TAC, Chapter 412, Subchapter P and follow any applicable DSHS directives related to the development and implementation of the Local Provider Network Development Plan (LPND). NTBHA will establish a Planning and Network Advisory Committee (PNAC) to assist in the development of the LPND plan.

NTBHA will contract directly with providers and manage the provider network. NTBHA will work to secure a robust network of providers capable of providing broad access to services. NTBHA intends to initially develop the provider network through an open enrollment process. NTBHA will endeavor to create a collaborative network of providers invested in integrating health and behavioral health services, meeting DSHS requirements, creating positive outcomes, achieving cost efficiencies, and engendering ongoing system improvements and advancements in system design. NTBHA will make significant efforts to retain traditional providers currently contracted under NorthSTAR through VO in order to facilitate successful transitions for consumers from NorthSTAR to the new indigent behavioral health system. NTBHA recognizes that retention of the individual providers currently contracted under NorthSTAR through VO will be difficult due to funding limitations and design of the new system. Consumers will continue to have a choice among all eligible network providers.

NTBHA will develop both short-term and long-term plans for the provision of inpatient and crisis services that maintain individuals in the community when at all possible. NTBHA will

develop strategies to create additional alternatives to inpatient beds such as crisis respite, crisis residential, and 23-hour observation.

NTBHA will directly oversee procurement and management of contracts for Crisis Line and Mobile Crisis Outreach Teams and Single Portal Authority Functions.

G. Integrated health and behavioral health services

NTBHA will work with its provider network and explore strategies to further integrate primary care and behavioral health services to the greatest extent possible given available funding. Although NTBHA and the local community recognize the importance of primary care and behavioral health integration, there are existing barriers in place that will require thoughtful innovation coupled with adequate funding to overcome.

The region is rich with pioneering 1115 Waiver Delivery System Incentive Reform Projects (DSRIP) that focus on the integration of primary care and behavioral health services. Medical City Dallas, a 586-bed acute care hospital in Dallas, has a project that includes an integrated primary and behavioral health clinic that provides primary care for patients receiving outpatient psychiatric care at Green Oaks Hospital. Metrocare Services has multiple DSRIP projects including two projects focused on primary and behavioral healthcare integration. These Metrocare Services projects create an integrated model of easy, open access to primary care services for persons who are receiving behavioral health services in their community based behavioral health clinics. This effectively establishes a “one stop shop” for patients to receive both behavioral and primary care services on the same day. Lakes Regional MHMR has integrated primary healthcare services into three existing rural behavioral health centers (Paris, Mt. Pleasant and Sulphur Springs). The project provides currently served individuals with serious mental illness and without PCP access to integrated physical healthcare through a mobile medical unit. Although the focus of this project falls outside the NTBHA service delivery area, it offers a potential model for integration. Children’s Medical Center, Parkland Hospital and the Baylor health system also have projects designed to support integration of physical and behavioral health care. NTBHA will look to 1115 Waiver DSRIP projects currently underway within the community in order to strengthen local partnerships and gain knowledge and insight from initiatives that are producing positive outcomes.

As a governmental entity eligible to put up non-federal funds to match federal DSRIP payments, NTBHA is also committed to expending general revenue for DSRIP projects relating to the integration of behavioral health with primary healthcare and other community-based supports. In the event that there is an opportunity for new DSRIP submissions, NTBHA is committed to expending general revenue for DSRIP in accordance with the executed contract and applicable state regulations. The design of NTBHA DSRIP projects will include evidence-based or evidence-informed strategies linked to data-driven strategic improvement goals. DSRIP project planning will be related to one or more of the following priority transformative areas that:

a) provide alternatives to inappropriate settings of care (e.g.: potentially preventable inpatient psychiatric care, emergency departments, jails, juvenile detention);
b) improve and expand the behavioral health workforce;
c) integrate mental health and substance use disorder services with physical health and other community-based supports;
d) prevent long term or permanent out of home placement for children with severe emotional disturbance.

As NTBHA is committed to ensuring planning efforts include strategies aimed at achieving integration of primary care and behavioral health services, special consideration will be given to projects that promote innovative approaches to integrating care. NTBHA has closely monitored the development, implementation, and progress of local DSRIP projects in an effort to learn from the successes and positive outcomes being realized in our community. NTBHA is prepared to build on the strong foundation of our local behavioral health system, provider network, and stakeholders to maximize any additional opportunities available through DSRIP.

There are a number of current providers making strides to integrate primary and behavioral healthcare through strategies unrelated to DSRIP funding. One SPN, Child and Family Guidance Center, added a pediatrician in August 2015. Parkland Hospital coordinates a mobile unit that services a local substance use disorder provider, Homeward Bound. NTBHA will conduct a detailed analysis of existing projects targeting integration in order to build an inventory and identify programs that lend themselves to expansion. NTBHA will work closely with its consumers, family members, providers, advocates, and other stakeholders to identify gaps in integration, greatest primary healthcare needs, and existing capacity.

NTBHA will work to strengthen relationships with local Federally Qualified Health Centers (FQHCs), Parkland Health & Hospital System (Dallas County's public health system) and other providers of primary and behavioral healthcare in order to identify opportunities for collaboration and coordination. NTBHA will explore pathways for agreements with local FQHCs (four in Dallas County, one in Ellis County and one in Hunt County) and other low cost primary care clinics to facilitate reciprocal referrals with NTBHA service providers.

NTBHA recognizes the importance of well-established relationships with the MCOs in its service delivery area. VO is currently participating in data sharing initiatives with MCOs that are expected to increase NorthSTAR coordination between behavioral health and medical services. One initiative uses data elements from the Child and Adolescent Needs and Strengths assessment (CANS) that identify and rate the severity of health needs. Members who are scored as having significant health issues trigger the data for those members to be sent to the respective MCOs. NTBHA will continue the efforts currently underway as they highlight opportunities for collaboration as members fluctuate between indigent and Medicaid coverage.

VI. Authority – Provider Structure and Function

A. Anticipated Structure

NTBHA will serve as the Local Behavioral Health Authority for the six county regional partnership under an interlocal agreement. Dallas County, Ellis County, Rockwall County, Navarro County, Hunt County, and Kaufman County will execute a new interlocal agreement specific to the updated system of indigent behavioral health services.

NTBHA will retain authority functions and responsibilities while meeting requirements for provider functions through contracts with outside providers. This structure will maintain the separation of system oversight, control, and financial management from the contracted providers of services.

B. Functions

NTBHA will be responsible for all requirements outlined in the DSHS performance contracts. These functions will include, at a minimum those listed below. NTBHA will perform many of these functions directly, but may elect to contract some functions to outside entities to achieve maximum system performance and efficiencies.

Local Planning

NTBHA will be responsible for all local planning including the development and implementation of the Consolidated Local Service Plan (CLSP), including Local Provider Network Development (LPND) Plan. NTBHA will involve community stakeholders in local planning development, implementation, monitoring, and revisions to local plans. NTBHA will maintain a current version of the CLSP and the LPND Plan on the LBHA's website, with revision dates noted for each plan revision.

Local Priorities

NTBHA will work with contractors and other stakeholders to set priorities and goals, and to evaluate the extent to which they are being met.

Policy Development and Management

NTBHA will develop, implement, and update policies and procedures according to the needs of the local service area in accordance with contract requirements and state and federal laws. Policies will be informed by stakeholder input, best value, and client care issues.

Coordination of Service System with Community and DSHS

NTBHA will ensure coordination of services within the service delivery area. NTBHA will maintain records of coordination through memorandums of agreement, memorandums of understanding, sign-in sheets from community meetings and strategic planning activities, or sign-in sheets from community-based focus group meetings.

OSAR

NTBHA will evaluate the best method for ensuring that the requirements of the OSAR are executed for the six county service area to provide coordinated access to a continuum of SUD services. NTBHA will design and implement a plan to provide all OSAR services according to DSHS contract requirements. NTBHA will assess the benefits of providing OSAR services directly by building the internal infrastructure to execute the functions of the OSAR versus subcontracting this function out to an existing experienced OSAR provider in order to determine the most appropriate strategy for initial implementation. NTBHA is scheduling meetings with existing DSHS contracted OSAR providers and subcontractors in order to inform this decision.

Single Portal Authority

NTBHA will execute Single Portal Authority (SPA) functions such as requirements relating to orders of protective custody and commitments for mental health services through an agreement with a subcontracted entity, but NTBHA will retain full responsibility for compliance with such requirements. NTBHA will facilitate an appropriate procurement process that will include detailed requirements for these specific functions. NTBHA will provide direct contract management and oversight of the subcontractor and all related activities.

Hotline and Mobile Crisis Outreach Team Management

NTBHA will ensure the availability of Hotline and mobile crisis outreach teams through an agreement with one or more subcontracted entities. The current arrangement includes subcontracting both services to a single provider. NTBHA will facilitate an appropriate procurement process that will include detailed requirements for the hotline and mobile crisis outreach services and will allow for those to be provided by a single or multiple entities. NTBHA will explore potential collaborations with existing hotline systems for increased efficiencies and cost savings.

Suicide Prevention Coordinator

NTBHA will designate a qualified staff member to serve as the LMHA's Suicide Prevention Coordinator. The Suicide Prevention Coordinator will work collaboratively with local staff, LMHA suicide prevention staff statewide, and DSHS's Suicide Prevention Office to reduce suicide deaths and attempts.

Community Resource Coordination Groups (CRCGs)

NTBHA currently participates in the CRCGs for each of the six partnering counties. NTBHA will continue active participation and support of the CRCGs in the service delivery area.

Jail/Hospital Liaisons

NTBHA currently employs one Jail and State Hospital Liaison. This staff member is responsible for facilitating forensic commitments from the County Jails to the State Hospital as well as providing linkages to community services as appropriate. NTBHA will evaluate the need for additional support staff to ensure effective coordination with criminal justice entities and State Hospitals. This program will be expanded to include design,

implementation, and oversight related to continuity of care and services program for offenders with mental impairments, in compliance with Texas Health & Safety Code Chapter 614, and the guidelines outlined in the performance contract; technical assistance and training to criminal justice entities on behavioral health and related issues; assist criminal justice and judicial agencies with the identification, and diversion of offenders who have a history of state mental health care through a local continuity of care and services program; ensure provision of services to clients referred by the Texas Juvenile Justice Department; and Identify and document clients who have been court-ordered to receive outpatient mental health treatment. NTBHA will manage initiatives related to Jail Diversion and Outpatient Competency Restoration.

Financial Management

NTBHA will ensure a fiscal structure that separates local authority and provider functions and meets all contractual reporting requirements. NTBHA will determine the most appropriate payment structure for service providers.

Contract Management

NTBHA will employ qualified contract management staff to ensure compliance with the DSHS performance contract and provide oversight and monitoring of the procurement and compliance of subcontractors to ensure that all contract management activities are in compliance with 25 TAC 412-B.

State Hospital Care Coordination and Management

NTBHA will hire appropriate staff to provide state hospital care coordination and discharge planning. These services will include hospital liaisons, some of which will be stationed on site at Terrell State Hospital.

Utilization Management

NTBHA will implement a Utilization Management Program using DSHS's approved Texas Resilience and Recovery Utilization Management Guidelines that includes documented and approved processes and procedures for: (1) Authorization and reauthorization of LOC for outpatient services; (2) Authorization of inpatient admissions to state hospitals and to community psychiatric hospitals and reauthorization for continued stay when general revenue allocation or local match funding is being used for all or part of that hospitalization; (3) Verification and documentation that services provided are medically necessary; (4) The role for UM in ensuring continuity and coordination of services among multiple mental health community service providers; (5) A timely authorization system designed to ensure medically necessary services are delivered without delay and after requested services have been authorized (6) Automatic authorization processes shall be based on a documented agreement with providers that only allows automatic authorization if the LOC recommended is the same as the LOC to be authorized, and only with providers who have documented competence in assessment using the Uniform Assessment (UA); (7) Timely notification of clients and providers of the authorization determinations; (8) A timely and objective appeal process in accordance with 25 TAC

§401.464 and for Medicaid recipients, in accordance with 25 TAC §412.313(b) (2) (c), and procedures to give notice of fair hearings; and (9) Maintaining documentation on appeals.

NTBHA will maintain a Utilization Management Committee that includes appropriate required staff. NTBHA will ensure that the UM Committee meets at least quarterly to ensure effective management of clinical resources, fiscal resources, and the efficiency and ongoing improvement of the UM process. Utilization Management activities shall be consistent with the DSHS vision of a consumer-and-family driven, recovery-oriented system of care and outline how improved outcomes will be promoted at lower costs for individuals with complex needs, particularly those who present in crisis and at risk of hospitalization, incarceration and homelessness.

Quality Management

NTBHA will implement a Quality Management Program that includes all elements outlined in the DSHS performance contract. The Quality Management Program will include oversight by staff members with adequate and appropriate experience in quality management. The program will involve coordination of activities and information with the Utilization Management Program including participation in UM oversight activities. NTBHA will develop a biennial Quality Management Plan approved through the Board of Directors. Some areas of focus for planning include outcome monitoring; complaints tracking; analysis of grievance, appeal, fair hearings, and expedited hearings; mortality, and incident/accident data; monitoring of the quality of access to services, service delivery, and continuity of services; oversight to ensure compliance with and the quality of the TRR practices; and provision of technical assistance to providers related to quality oversight necessary to improve the quality and accountability of provider services.

Resource development and management

NTBHA will identify and create opportunities to make additional resources available to the service area. NTBHA will implement strategies to minimize overhead and administrative costs and achieve purchasing efficiencies in order to enhance earned revenues and maximize dollars available to service providers. NTBHA will ensure network management practices promote the effectiveness and stability of the provider network and that a solid provider relations process is in place. NTBHA will ensure that providers are monitored and contracts are enforced in accordance with applicable laws and 25 TAC Chapter 412, Subchapter B.

NTBHA will explore a variety of strategies for securing additional funding for indigent behavioral health services including focused efforts to screen for benefits eligibility and assist with application processes, facilitating Insurance Exchange Enrollments, Medicaid Administrative Claiming (MAC), utilization of a Patient Assistance Program (PAP), and developing proposals for available community, state, and federal grants. NTBHA will reach out to other LMHAs to identify and draw from successful resource development strategies across the state, including the development and maintenance of other funding streams. NTBHA will also look for opportunities to engage with other local authorities in

joint efforts on planning, administrative, purchasing and procurement, other authority functions, and service delivery activities in order to facilitate collaboration and achieve economies of scale.

Client Benefits Plan

NTBHA will develop and maintain a Client Benefits Plan to ensure a system is in place to provide for screening, application, and enrollment in Medicaid, Social Security Disability and/or Supplemental Security Income and other benefits for all clients. NTBHA will hire and train Consumer Benefits Office staff to be stationed within the larger provider clinics. In addition, NTBHA will explore the potential for using a rotating NTBHA presence and telemedicine equipment to link in smaller clinics. NTBHA will provide appropriate coordination with service providers in the development and implementation of this plan.

Comment [A2]: Is this supposed to be SSDI? If so, that is associated with Medicare.

NTBHA will coordinate with providers to reach out to consumers through various communications and workshops to provide information on Medicaid, Medicare, SSI, other benefits resources, and Affordable Care Act enrollment. NTBHA will also partner with community stakeholders and support initiatives to increase access to and enrollment for benefit resources. For example, the National Alliance on Mental Illness and Mental Health America of Greater Dallas are currently collaborating to develop a program to help families assist loved ones with qualifying for SSI. They are also hoping to offer additional training opportunities for case managers.

Ombudsman Services

NTBHA provides ombudsman services in line with the current performance contract. NTBHA will continue to provide this service to address inquiries and resolve complaints of consumers, family members, advocates, providers, and other stakeholders.

Disaster Services

In the event of a local, state or federal emergency, NTBHA will assist DSHS and/or the DSHS Disaster behavioral Health Services program in providing services to mitigate the psychological trauma experienced by victims, survivors, and responders to such an emergency or event.

IT and Data Management: Data Collection, Output and Outcomes Reporting

NTBHA will utilize all State required data reporting systems in order to meet all contractual data collection and reporting requirements. NTBHA is working closely with DSHS to ensure appropriate processes are in place to successfully meet requirements for CMBHS data exchange and encounter data submissions.

Network Management

NTBHA will be responsible for contracting with a network of traditional providers and ensuring providers are monitored and contracts are enforced in accordance with applicable laws and 25 TAC Chapter 412, Subchapter B. NTBHA will carry out responsibilities related to contracting, credentialing, and training. NTBHA will initially develop the provider network through an open enrollment process.

NTBHA will implement network management practices to promote the effectiveness and stability of the provider network, including an appropriate credentialing and re-credentialing process as well as a provider relations process to provide the support and resources necessary for maintaining an available and appropriate provider network.

Pharmacy Benefits Management

NTBHA will design a pharmacy benefit that ensures appropriate clinical and financial management. NTBHA will create a system for management of pharmacy services that includes strategies to ensure best pricing. NTBHA will create and maintain a formulary for pharmacy benefits and ensure oversight by a Pharmacy and Therapeutics Committee.

NTBHA understands the importance of cost saving measures such as the utilization of a Patient Assistance Program (PAP) for indigent clients. NTBHA will develop procedures to ensure that PAP services are available for all clients who are eligible to receive PAP covered medications. NTBHA will ensure that participation in PAP is a requirement built into all provider contracts. NTBHA will provide training and guidance to all providers in the network to maximize the PAP benefit.

C. Local matching funds

NTBHA has worked closely with county judges of the six partnering counties to ensure that local match requirements are met. Each of the partnering counties recognize that DSHS will require a local match of approximately 10% of the state general revenue funding contracted to NTBHA. Rockwall County and Navarro County have both contributed local match funds since at least SFY 2009. Dallas County provided match funds from NorthSTAR's inception through SFY 2013. At that point Dallas County funds were reallocated to the IGT funds for an 1115 Waiver DSRIP project. Dallas County took this action only because NTBHA was not authorized by HHSC to provide IGT funding or to serve as a performing provider.

NTBHA has provided each County Judge with section 534.066 of the Health & Safety Code as well as correspondence outlining expectations related to local match. NTBHA provided additional information to the Judges that allowed for in kind considerations and a transition period, during which they could work toward their 10% county match total. The NTBHA Executive Director has held face to face meetings with each County Judge and various County Commissioners from January 2015 to date to provide updates on transition planning and specifically discuss local match obligations, working with individual counties to determine how and when counties will begin providing match.

NTBHA convened a meeting on September 3, 2015 of County Judges or their designated representatives from each of the six partnering counties. The status of NTBHA's transitional plan was reviewed with the judges along with discussion of county match funds during SFY16 and continuing into SFY17 when the new system is in place. Each of the judges indicated the allocation of local matching funds was to be on their respective

Commissioner's Court Agendas. Rockwall and Navarro Counties currently provide matching funds. On January 5, 2016, the Dallas County Commissioners Court allocated funding of $462,000 to NTBHA to support transition planning. This funding will allow NTBHA to add staff dedicated to the transition and provide access to contracted resources as needed.

NTBHA is working with each county to conduct a detailed analysis of activities currently being funded that may qualify as in kind match to ensure a full and accurate accounting of eligible matching funds.

Each county has pledged to designate their full portion of local match during their FY 2017 budget allocations.

The progress of these discussions has been reported to the NTBHA Board comprised of members appointed by each of the six counties. These efforts are ongoing and will involve continued coordination throughout the remaining transition planning process.

D. Planning and Network Advisory Committees

Through its Board of Trustees, NTBHA will appoint, charge and support one or more Planning and Network Advisory Committees (PNACs) necessary to perform the committee's advisory functions. The PNAC will be structured to meet all statutes, rules, and regulations of the State of Texas. The PNAC will be composed of at least nine (9) members, 50 percent of whom will be clients or family members of clients, including family members of children or youth. PNAC members will receive sufficient training and information to fulfill their responsibilities and meet set objectives. The PNACs will have access to and report to NTBHA's Board of Trustees monthly on issues related to: the needs and priorities of the service area; quality of care; implementation of plans and contracts; and the PNAC's actions that respond to special assignments given to the PNAC by the board.

The PNAC will be actively involved in the development and implementation of the Consolidated Local Service Plan (CLSP), including the Local Provider Network Development (LPND) Plan . The biennial LPND Plan will guide the development and maintenance of the provider network. NTBHA is committed to designing a network development plan and maintaining a robust network of providers that reflect local needs and priorities while maximizing access and offering clients a choice of qualified providers. NTBHA will assemble and maintain a network of qualified service providers and serve as a provider of services in compliance with 25 TAC, Chapter 412, Subchapter P and follow any applicable directives related to the development and implementation of the provider network development plan.

The NTBHA Board of Trustees will build on the infrastructure in place through current NorthSTAR advisory groups such as the Consumer and Family Advisory Council (CFAC), Provider Advisory Council (PAC), and Psychiatrists Leadership and Advocacy Group

(PLAG). These groups have been longstanding sources of consumer, family, and provider engagement and feedback, and will be a valuable resource in the development of this updated model of indigent behavioral health services.

E. Utilization Management (UM)
NTBHA will implement utilization management strategies and programming in compliance with all mental health and substance use disorder contract requirements. NTBHA will implement a UM Program using DSHS's approved Texas Resilience and Recovery Utilization Management Guidelines. NTBHA will maintain a UM Committee that meets at least quarterly to ensure effective management of clinical resources, fiscal resources, and the efficiency and ongoing improvement of the process. The UM Committee will review appropriateness of eligibility determinations, use of exceptions and overrides to service authorizations ensuring decisions are clinically appropriate and documented appropriately' over- and under-utilization, appeals and denials, fairness and equity, and cost effectiveness of services provided.

F. Reporting (Performance, Financial, Outcomes)
NTBHA will provide performance, financial and outcomes reporting through a process that is in compliance with DSHS reporting guidelines and requirements identified through the executed performance contract.

NTBHA will develop the appropriate infrastructure to guarantee the local authority has the organizational structure, personnel, and capacity to satisfy all reporting requirements. NTBHA recognizes that data collection, management, and reporting processes will increase and is dedicating significant resources to ensure that necessary infrastructure and systems are in place. NTBHA will be adding essential staff as needed to plan and manage these changes to existing operations, including hiring or contracting with a Management Information System/IT Specialist to ensure that appropriate systems and processes are in place for executing all related transitional planning activities including processes for meeting requirements for CMBHS data exchange and encounter data submission.

NTBHA is reaching out to other LMHAs to learn about their reporting processes and identify processes that are being successfully carried out in other service areas. NTBHA is also working closely with existing providers to provide updates and solicit feedback related to key decisions points.

NTBHA has determined that the purchase and implementation of an EHR is not a viable strategy for data collection, data submission, and reporting due to existing financial and time constraints. NTBHA is engaged in planning efforts with DSHS to ensure appropriate systems and processes are in place to begin CMBHS testing by July 1, 2016 and successfully meet IT readiness review criteria. NTBHA reached a general agreement with DSHS on a process to allow providers to submit data directly to CMBHS via either batch or direct entry. NTBHA and DSHS are also finalizing details of a plan to ensure that each client is assigned a unique local case number. The issue of finalizing a mechanism for

completing authorizations is still under review. NTBHA is also currently working on a strategy for receiving encounter data from providers and completing the encounter data submission to DSHS. NTBHA has scheduled meetings with providers to discuss the issue of encounter data file submission and determine the best approach to successfully meeting this requirement.

NTBHA will ensure structures are in place to submit all financial reporting as required by DSHS.

VII. Anticipated Transition Process

A. Formulating partnerships

Many partnerships and collaborations are in place and will continue and be strengthened. Both Dallas County and Ellis County have existing behavioral health leadership groups and a similar group will be encouraged for Rockwall County, Navarro County, Hunt County and Kaufman County. At the authority and provider level, there are strong partnerships with the 1115 Waiver DSRIP projects, the criminal justice system (jail, courts, diversion, probation and parole), primary care providers, homeless services providers and reentry providers. A key priority will be to establish and maintain close partnerships among the NTBHA counties and Collin County. The new LBHAs will continue to share consumers and providers and must remain strong partners to be effective.

NTBHA is also working to build relationships with other LMHA's and the Texas Council for Community Centers in order to draw from the expertise and years of experience of the organizations.

B. Negotiating contracts for services

NTBHA will solicit legal guidance and assistance to ensure appropriate contracting practices and procedures. NTBHA will comply with 25 TAC Chapter 412, Subchapter B in contracting for services and building the provider network.

Provider Contracting

NTBHA will contract with qualified providers to participate in the LBHA provider network. NTBHA. NTBHA will issue a Request for Applications (RFA) to procure community services through an open enrollment process.

Single Portal Authority Procurement and Contracting

NTBHA will execute Single Portal Authority (SPA) functions through an agreement with a subcontracted entity. NTBHA will facilitate an appropriate procurement process that will include detailed requirements for SPA functions. NTBHA will provide direct contract management and oversight of the subcontractor and all SPA activities.

Hotline and Mobile Crisis Outreach Team Management

NTBHA will ensure the availability of Hotline and Mobile Crisis Outreach teams through an agreement with one or more subcontracted entities. NTBHA will facilitate an appropriate procurement process that will include detailed requirements for the hotline and mobile crisis outreach services and will allow for those to be provided by a single or multiple entities.

C. Utilization Management Systems

NTBHA will have the necessary utilization management systems to collect and provide data on outputs and outcomes. NTBHA, in coordination with providers and stakeholders will review this data at monthly meetings and make changes in service delivery as indicated by outcome data. The 1115 Waiver DSRIP process has significantly increased local capacity for continuous quality improvement activities. NTBHA will use these processes and mechanisms and be committed to constant quality improvement with evidenced based decision making.

D. Challenges and Opportunities

The Sunset decision requires a complete re-engineering of a service delivery system that has functioned since 1999. NTBHA as an organization, the consumers currently served under the current system and other stakeholders have moved to implement the actions needed to ensure the new service delivery system works. There are significant challenges and opportunities that are already identified and it is almost certain that more will be found as we move towards implementing the new system.

Key Challenges:

1. The fiscal impact of removing the blended funding of Medicaid and indigent funds is not fully known. While the “bridge” funding for FY 2017 allocated by the Legislature will help limit the negative impact, it is almost certain not to be sufficient to maintain current service levels.
2. Although NTBHA and the Dallas County BHLT have initiated coordination with the HHSC Health Plan Management team, significant ongoing communication and collaboration will be needed to ensure close coordination of indigent services with the MCO’s. Current providers will be faced with having to deal with multiple payer sources (the different MCO’s and NTBHA) instead of the single payer in the current NorthSTAR system.
3. The new system will require significant redesign of how consumers access crisis services as now authorizations will have to come from multiple payers. A particular challenge is the fact that most NorthSTAR crisis services have been centered in Dallas County and there are established access patterns for consumers. NTBHA will work closely with the new Collin County LBHA to ensure consumers are aware of where to access services.

Key Opportunities:

1. This transitional planning and redesign process provides an opportunity for NTBHA to be established as a true authority for the system, managing funds for

services at the local level. This evolution of NTBHA has been an idea supported by stakeholders and providers for a number of years.

2. This process also offers an opportunity for evaluation and restructuring of the current crisis services delivery structure. Ongoing transition planning and system design will focus on reducing overreliance on higher levels of care, shifting more resources to community based services, and increasing focus and priorities to prevention.
3. Innovation: Transition planning and system redesign will provide a unique opportunity for innovations related to service delivery, community partnerships, and NTBHA's access to available funding sources.

VIII. Assurances and Endorsements

A. Compliance with requirement that providers serve both indigent and Medicaid populations
B. Compliance with State methodology for quantitative goals (persons served and performance measures)
C. Compliance with reporting
D. Compliance with other State or Federal requirements

NTBHA assures that it will comply with all requirements of the State of Texas related to the delivery of indigent behavioral health services. NTBHA will comply with all contracting and provider requirements, State methodologies for quantitative goals and reporting, and with all other relevant State and Federal requirements.

Meadows Mental Health Policy Institute

Caruth Smart Justice Planning Grant

Community Stakeholders Project Status Update – January 2016

The Caruth Smart Justice Planning Grant continues to progress with Phase I community assessment functions and the Grant Planning Team remains on track to provide the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas with the completed community assessment in January 2016. It is anticipated the final findings from the Phase I assessment will be presented at the Behavioral Health Leadership Team meeting in February 2016.

Sequential Intercept Model

Intercept 1 (Law Enforcement)

The Grant Planning Team concluded the last law enforcement focus groups of 2015 on December 18, 2015. As of that time, 58 focus groups have been hosted with an average of five officers per group. In 2016, additional groups will be completed, however this information will not be included in the Phase I report. It will instead assist in informing the Work Group process and be provided in final review of the community assessment.

Intercept 2 (Initial Detention/Initial Court Hearings)

On December 14, 2015 the Grant Planning Team assisted in co-leading and planning the first meeting of the Intercept 2 Work Groups in partnership with the Dallas County Criminal Justice Division and The Council of State Govenrments Justice Center. The next groups will be held on January 21, 2016 with invitations to be distributed by Michael Laughlin with Dallas County Criminal Justice Division.

Intercept 3 (Jails/Courts) / Intercept 4 (Re-Entry) / Intercept 5 (Community Corrections)

The Grant Planning Team has completed the Key Informant Interviews. Many thanks to all those who aided in our process either by participating as an interviewee or providing capacity data. We sincerely appreciate your time and help with our interview process.

Other Progress

Information Sharing

The Information Sharing Work Group originally scheduled for December 2015 was cancelled due to scheduling conflicts. The Grant Planning Team plans to reschedule this Work Group in the coming weeks.

Trainings

Thank you to all the community stakeholders who attended the final Sequential Intercept Model training on December 4, 2015. If you would like to request another chance to attend this training, please contact Brittany Lash (blash@texasstateofmind.org).

In conjunction with the community work groups, the Grant Planning Team will conduct a training on the basics of LEAN A3 Problem-Solving. This technique will be utilized as a guiding structure for the work groups. The LEAN A3 model was developed to create a clearly defined pathway to system transformation. The first training will be held in late January or early February. Please inform Brittany Lash (blash@texasstateofmind.org) if you are interested in attending.

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
December 2, 2015 Minutes

Mission Statement: The Dallas County BH Housing Work Group, with diverse representation, will formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration.

Success will be measured in placement of consumers in housing and the decreased utilization of higher levels of care (hospitals and emergency care visits) and reduced incarceration in the Dallas County Jail. The Dallas County BH Housing Work Group is committed to a data driven decision-making process with a focus on data supported outcomes.

ATTENDEES:

Dr. Theresa Daniel, Commissioner; Jim Mattingly, LumaCorp; Bernadette Mitchell, City of Dallas; Charletra Sharp, City of Dallas; Ikenna Mogbo, Metrocare; James McClinton, Metrocare; Ron Stretcher, CJ; Zachary Thompson, DCHHS; Thomas Lewis, DCHHS; Charles Gulley, CG Consulting; Cathy Packard, Family Gateway, Christina Gonzales, CJ; Dr. David Woody, The Bridge; Janie Metzinger, MHA; Terry Gipson, Dallas, County, Germaine White and Claudia Vargas, Dallas County.

CALL TO ORDER:

Commissioner Daniel opened the meeting with introductions and a review of the October 28, 2015 minutes. The minutes were approved with no changes. Bernadette Mitchell was congratulated on her promotion to Director of Housing for the City of Dallas. Commissioner Daniel welcomed Charletra Sharp, City of Dallas, as well.

PIPELINE DEVELOPMENT REPORT: **Brooke Etie, Chair**

James McClinton reported that the Housing and Services Partnership Academy initial webinar is Wednesday, December 9, 2015.

DHA held a Voucher Issuance and Landlord Leasing Fair and discussed strategies to increase landlord participation; very few attended. There are 2,000 individuals with vouchers having a difficult time finding a place to accept them. Brooke Etie contacted the Independent Rental Owners, IRO, who represents the small landlords, those with 4 to 400 units. Brooke Etie, Cathy Packard and Jim Mattingly will attend the January IRO's meeting to discuss these initiatives and the streamlined process DHA created for those willing to accept vouchers.

With the high occupancy rates, the committee believes that new development is required as well as the funding. Cathy Packard shared that she has been working with Bernadette Mitchell regarding a project in the downtown location. This particular project has run into environmental issues that need to be repaired by Oncor. It will take roughly six months before the repairs are completed. Charles Gully met a developer who is interested in accepting voucher holders if it represents a steady stream of income. This developer stated he could turnaround properties within a year. Mr. Gully will pursue this opportunity as the committee searches for more solutions.

The City of Dallas Housing Committee is focused on topics that will prepare them in setting policy for affordable housing; the new policy should be announced in March or April 2016. The City of Houston will present their equity plan to the housing committee at their December meeting and Austin is attending their meeting in January. The topics will focus on placement, market areas, market driven projects, sources of income discrimination, etc

Doctor's building @ 7525 Scyene Road Update: – Charles Gulley provided an update on the Doctor's building. The current vision is to have the building converted into a multi-use facility with multiple tenants, providing crisis respite services, sobering unit, possibly a 24 hour police station, walk-in clinic, etc. The ideal scenario is where people can be monitored, treated, referred for services and ultimately placed in permanent supportive housing.

The facility is appraised at $7.1 million. There were no major findings from the environmental study assessment. The original part of the building dates back to the 1950's and there may be a small amount of asbestos. The hospital was expanded in the 1990's and additional work was performed later. Commissioner Daniel informed the group that the tax information and liens are also under review as part of the overall evaluation.

Mr. Gulley is in contact with a private investor that expressed interest in purchasing the building with the intent to lease spaces to multiple organizations and service providers. This strategy would fast track the use of the facility in providing services. Initially, the owners were open to a deep discounted offer; however, they may be in discussions with another interested investor. Mr. Gulley will continue to report on the progress.

COORDINATED ACCESS REPORT: Cindy Crain, Chair

Cindy Crain will be demonstrating the Coordinated Access System at the next CoC Assembly meeting which will be held on Tuesday, December 8, 2015 at 9:00 am. Please email Ms. Crain directly if you would like to attend.

At the last meeting, concerns were raised regarding the potential of defunding some CoC projects and redirecting the funds to support the coordinated access system. According to Bernadette Mitchell, HUD has a tiered approach to scoring projects, separating them into tier 1 and tier 2. All projects are submitted to HUD and HUD determines which projects will be funded. Last year, they approved funding for both tiers and it is anticipated they will do the same this year. Ikenna Mogbo indicated that HUD is now requiring that 15% of projects be in tier 2, much more than in the past and is riskier for a community. HUD funds what is in tier 1, such as HMIS and coordinated access system. Tier 2 projects, however, are now in competition with the country, not just our local area.

RESOURCES REPORT: Jay Dunn and Dr. David Woody, Co-Chairs

The co-chairs are reviewing the charge of the committee to ensure it is consistent with the progress of BH/HWG. The full committee will meet prior to the next BH/HWG meeting in January. Bernadette Mitchell, Ikenna Mogbo, along with other members of the BH/HWG, discussed the status and inner-workings of DSHS' Healthy Communities Collaborative grant program.

BEST PRACTICES REPORT: Commissioner Theresa Daniel, Chair

The Best Practices committee met to discuss the latest version of the matrix, recognizing it is an organizing tool inclusive of the various discussions surrounding housing units, funding, a coordinated access system, etc. Commissioner Daniel asked everyone to review the document and to provide feedback to her or Germaine White. The committee is tasked with developing a brochure that highlights the importance of housing for special populations that may be used with legislators, donors, taxpayers, constituents and other stakeholders.

Ikenna Mogbo shared that the developer he was working with on a new property stepped away from the project due to the length of time it was taking to bring it to a close. Members of the BH/HWG discussed the issues with the 1915i Waiver program – its timing and low rates – which creates many challenges experienced by this project.

INDUSTRY UPDATES

SAMHSA Grant – Christina Gonzales is managing the grant and its implementation. The Criminal Justice department will begin placing women in residential treatment at Nexus soon.

Stepping Up Initiative & the Caruth Planning Grant/Meadows MHI – December 14, 2015 is the next meeting of the planning team. This meeting is to create the work groups within criminal justice that will focus on several opportunities to identify and redirect those arrested with mental illness. Meadows MHI will have the law enforcement report in early January. According to Ron Stretcher, the Meadows MHI support and technical assistance provided on this project and their involvement with NorthSTAR has been phenomenal.

ANNOUNCEMENTS

Janie Metzinger invited everyone to attend a holiday reception for licensed boarding home owners on Wednesday, December 16, 2015 at 2pm. More information will be shared on this event.

Commissioner Daniel adjourned the meeting at 11:30am.

Next Meeting: Wednesday, January 27, 2016 at 10:00 am

Dallas County Administration Building, 411 Elm Street, 1st Floor, Allen Clemson Courtroom

If you need parking, please contact Claudia Vargas

Dallas County 1115 Waiver- Crisis Services Project
Demonstration Year 4 Cash Flow

	Beginning	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Total
Funds on hand (beginning of month)	2,650,706.14	2,650,706.14	2,336,192.44	2,268,475.13	1,899,031.34	6,393,314.49	6,381,077.12	6,235,517.43	5,596,095.02	5,400,082.83	4,871,553.43	4,539,377.85	4,345,569.77	
CSP Revenue Metrics														
Continue CSP Services					879,062.00									879,062.00
Crisis Cost Containment (N/A)					0.00									0.00
Improve CSP- BHLT					879,062.00									879,062.00
Bi-weekly meetings					879,062.00									879,062.00
Test new ideas					879,062.00									879,062.00
Learning Collaborative					879,062.00									879,062.00
Category 3- Recidivism					122,092.00									122,092.00
Category 3- 7/30 day Follow-up					122,092.00									122,092.00
TOTAL Revenue		0.00	0.00	0.00	4,639,494.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,639,494.00
Total Funds available	2,650,706.14	2,650,706.14	2,336,192.44	2,268,475.13	6,538,525.34	6,393,314.49	6,381,077.12	6,235,517.43	5,596,095.02	5,400,082.83	4,871,553.43	4,539,377.85	4,345,569.77	
CSP Expenses	**Current Budgeted Amount**													
Adapt	1,425,559.19	53,409.71	0.00	192,177.66	117,934.26	0.00	124,992.15	181,433.18	99,539.02	126,044.13	94,687.53	0.00	213,365.10	1,203,582.74
Transicare	1,526,803.00	110,960.41	61,445.14	151,655.99	0.00	0.00	0.00	207,764.01	72,988.63	107,108.62	88,875.72	171,887.70	0.00	972,686.22
Harris Logic- 2nd year license	260,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250,000.00	0.00	0.00	2,000.00	252,000.00
Metrocare/ FDU (billed quarterly)	537,213.00	141,193.15	0.00	0.00	0.00	0.00	0.00	228,704.59	0.00	0.00	118,835.04	0.00	0.00	488,732.78
Value Options Care Coordinator	112,000.00	3,666.66	0.00	14,666.66	9,333.33	0.00	9,333.33	9,333.33	9,333.33	18,666.66	9,333.33	9,333.33	9,333.33	102,333.29
Serial Inebriate Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dallas County Salaries/ Benefits- Project Analyst, Administrative Assistant, and Court Appointed Care Manager (not hired to date)	149,501.00	4,968.00	6,272.17	10,943.48	17,943.26	11,637.30	11,234.21	11,234.19	12,098.89	11,629.32	17,443.96	11,986.75	18,579.46	145,970.99
Computer Hardware	10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Consulting Fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Training Supplies	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Travel/ Trainings	10,000.00	315.77	0.00	0.00	0.00	600.07	0.00	953.11	15.00	909.88	0.00	600.30	240.17	3,634.30
Bus Passes (5000 count)	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,000.00	0.00	0.00	3,000.00
After-care Engagement Package	216,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Speciality Court After-Care Engagement	224,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transitional Housing- CSCD (12 female beds at Salvation Army)	122,640.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,364.00	7,364.00
Transitional Housing- CSP (8 male beds at Salvation Army)	81,760.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	112.00	112.00
New Space Renovations/ Office Supplies (cubicles, wiring, phones, renovations, chairs, etc.)	20,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,037.32	14,170.79	0.00	0.00	0.00	16,208.11
SUBTOTAL		314,513.70	67,717.31	369,443.79	145,210.85	12,237.37	145,559.69	639,422.41	196,012.19	528,529.40	332,175.58	193,808.08	250,994.06	3,195,624.43
TOTAL Expenses		314,513.70	67,717.31	369,443.79	145,210.85	12,237.37	145,559.69	639,422.41	196,012.19	528,529.40	332,175.58	193,808.08	250,994.06	3,195,624.43
Funds on hand (end of month)	2,650,706.14	2,336,192.44	2,268,475.13	1,899,031.34	6,393,314.49	6,381,077.12	6,235,517.43	5,596,095.02	5,400,082.83	4,871,553.43	4,539,377.85	4,345,569.77	4,094,575.71	

Dallas County 1115 Waiver- Crisis Services Project
Demonstration Year 5 Cash Flow

	Beginning	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Total
Funds on hand (beginning of month)	4,094,575.71	4,094,575.71	3,725,895.81	3,441,584.00	3,042,232.62	6,687,794.21	6,288,442.83	5,889,091.45	5,355,436.82	4,956,085.44	4,307,643.15	4,818,564.30	4,419,212.92	
CSP Revenue Metrics														
Continue CSP Services					783,660.00									783,660.00
Crisis Cost Containment					0.00						783,660.00			783,660.00
Improve CSP- BHLT					783,660.00									783,660.00
Bi-weekly meetings					783,660.00									783,660.00
Test new ideas					783,660.00									783,660.00
Learning Collaborative					783,660.00									783,660.00
Category 3- Recidivism					260,916.00									260,916.00
Category 3- 7/30 day Follow-up					0.00						260,916.00			260,916.00
TOTAL Revenue		0.00	0.00	0.00	4,179,216.00	0.00	0.00	0.00	0.00	0.00	1,044,576.00	0.00	0.00	5,223,792.00
Total Funds available	4,094,575.71	4,094,575.71	3,725,895.81	3,441,584.00	7,221,448.62	6,687,794.21	6,288,442.83	5,889,091.45	5,355,436.82	4,956,085.44	5,352,219.15	4,818,564.30	4,419,212.92	
CSP Expenses	**Current Budgeted Amount**													
Adapt	1,282,428.00	159,411.32	125,114.83	106,869.00	106,869.00	106,869.00	106,869.00	106,869.00	106,869.00	106,869.00	106,869.00	106,869.00	106,869.00	1,353,216.15
Transicare	2,017,480.00	192,812.91	109,656.92	168,123.33	168,123.33	168,123.33	168,123.33	168,123.33	168,123.33	168,123.33	168,123.33	168,123.33	168,123.37	1,983,703.17
Harris Logic- 2nd year license	260,000.00	0.00	623.45	909.09	909.09	909.09	909.09	909.09	909.09	250,000.00	909.09	909.09	909.10	258,805.27
Metrocare/ FDU (billed quarterly)	537,213.00	0.00	0.00	0.00	134,303.03	0.00	0.00	134,303.25	0.00	0.00	134,303.47	0.00	0.00	402,909.75
Cottages/ FDU	250,000.00	0.00	0.00	20,833.33	20,833.33	20,833.33	20,833.33	20,833.33	20,833.33	20,833.33	20,833.33	20,833.33	20,833.37	208,333.34
Value Options Care Coordinator	112,000.00	9,333.33	9,333.33	9,333.33	9,333.33	9,333.33	9,333.33	9,333.33	9,333.33	9,333.33	9,333.33	9,333.33	9,333.37	112,000.00
Serial Inebriate Program	50,000.00	0.00	0.00	4,166.66	4,166.66	4,166.66	4,166.66	4,166.66	4,166.66	4,166.66	4,166.66	4,166.66	4,166.74	41,666.68
Dallas County Salaries/ Benefits- Project Analyst, Administrative Assistant, Program Coordinator	300,000.00	7,122.34	11,918.76	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	319,041.10
Computer Hardware	10,000.00	0.00	3,521.80	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.37	11,855.14
Consulting Fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Training Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Travel/ Trainings	20,000.00	0.00	0.00	1,666.66	1,666.66	1,666.66	1,666.66	1,666.66	1,666.66	1,666.66	1,666.66	1,666.66	1,666.74	16,666.68
Bus Passes (5000 count)	15,000.00	0.00	0.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	12,500.00
After-care Engagement Package	216,000.00	0.00	0.00	18,000.00	18,000.00	18,000.00	18,000.00	18,000.00	18,000.00	18,000.00	18,000.00	18,000.00	18,000.00	180,000.00
Speciality Court After-Care Engagement	224,000.00	0.00	16,330.72	18,666.66	18,666.66	18,666.66	18,666.66	18,666.66	18,666.66	18,666.66	18,666.66	18,666.66	18,666.66	202,997.32
Transitional Housing- CSCD (12 female beds at Salvation Army)	122,640.00	0.00	7,504.00	10,220.00	10,220.00	10,220.00	10,220.00	10,220.00	10,220.00	10,220.00	10,220.00	10,220.00	10,220.00	109,704.00
Transitional Housing- CSP (8 male beds at Salvation Army)	81,760.00	0.00	308.00	6,813.33	6,813.33	6,813.33	6,813.33	6,813.33	6,813.33	6,813.33	6,813.33	6,813.33	6,813.37	68,441.34
New Space Renovations/ Office Supplies (cubicles, wiring, phones, renovations, chairs, etc.)	20,000.00	0.00	0.00	1,666.66	1,666.66	1,666.66	1,666.66	1,666.66	1,666.66	1,666.66	1,666.66	1,666.66	1,666.74	16,666.68
SUBTOTAL		368,679.90	284,311.81	399,351.38	533,654.41	399,351.38	399,351.38	533,654.63	399,351.38	648,442.29	533,654.85	399,351.38	399,351.83	5,298,506.62
TOTAL Expenses		368,679.90	284,311.81	399,351.38	533,654.41	399,351.38	399,351.38	533,654.63	399,351.38	648,442.29	533,654.85	399,351.38	399,351.83	5,298,506.62
Funds on hand (end of month)	4,094,575.71	3,725,895.81	3,441,584.00	3,042,232.62	6,687,794.21	6,288,442.83	5,889,091.45	5,355,436.82	4,956,085.44	4,307,643.15	4,818,564.30	4,419,212.92	4,019,861.09	

	2015-10	2015-11	Average:	Sum:
Service Episodes:	829	780	**804.5**	**1,609**

Unique Consumers:	2015-10	2015-11	Average:	Sum:
By N* ID	757	643	**700**	**1,400**
By Client ID	53	85	**69**	**138**
TOTAL Unique Consumers:	**810**	**728**	**769**	**1,538**
TOTAL Unique Consumers as %:	**97.71%**	**93.33%**		

Unique F2F:	2015-10	2015-11	Average:	Sum:
By N* ID	234	199	**216.5**	**433**
By Client ID	18	17	**17.5**	**35**
TOTAL Unique F2F:	**252**	**216**	**156**	**468**
TOTAL Unique F2F as %:	**88.73%**	**80.90%**		

	2015-10	2015-11	Average:	Sum:
F2F Percentages:	34.26%	34.23%	**34.24%**	**68.49%**

Encounters by Type:	2015-10	2015-11	Average:	Sum:
Triage	829	780	**804.5**	**1,609**
Care Coordination	3,140	2,973	**3,056.5**	**6,113**
F2F Encounter	284	267	**275.5**	**551**
TOTAL Encounters:	**4,253**	**4,020**	**4,136.5**	**8,273**

Female:	2015-10	2015-11	Average:	Sum:
Black	121	119	**120**	**240**
Hispanic	38	34	**36**	**72**
Other	1	1	**1**	**2**
Unknown	2	1	**1.5**	**3**
White	84	65	**74.5**	**149**
TOTAL Female:	**246**	**220**	**233**	**466**

Male:	2015-10	2015-11	Average:	Sum:
Black	345	278	**311.5**	**623**
Hispanic	75	79	**77**	**154**
Other	4	4	**4**	**8**
Unknown	5	5	**5**	**10**
White	135	142	**138.5**	**277**
TOTAL Male:	**564**	**508**	**536**	**1,072**

Triage 12	1,539
Recidivism 12-12	72
Recidivism 12-12%	4.68%

Triage 6	1,539
Recidivism 6-6	72
Recidivism 6-6%	4.68%

Triage 6	1,539
Recidivism 6-12	72
Recidivism 6-12%	4.68%

	October	November	December	January	February	March	April	May	June	July	August	September
Triage 12-12	810	1539										
Recidivism 12-12	19	72										
Recidivism 12-12%	2.35%	4.68%										
Triages 6-6	810	1539										
Recidivism 6-6	19	72										
Recidivism 6-6%	2.35%	4.68%										
Triage 6-12	810	1539										
Recidivism 6-12	19	72										
Recidivism 6-12%	2.35%	4.68%										

Transicare Reporting
Crisis Services Project

		2015-09	2015-10	2015-11
1	**Beginning Census**	**62**	**67**	**69**
2	REFERRALS	*33*	*38*	*29*
3	**Admissions**			
4	**Referred Admitted**	***9***	***14***	***7***
5	No Admit Client Refusal	1	2	0
6	No Admit Criteria	15	8	5
7	No Admit Structural	3	3	4
8	Pending	5	11	7
9	*PRIOR PENDING*			
10	**Pending Admitted**	***3***	***2***	***9***
11	No Admit Client Refusal	1	0	3
12	No Admit Criteria	6	2	2
13	No Admit Structural	0	0	0
14				
15	**Total Admissions**	**12**	**16**	**16**
16				
17	**Discharges**			
18	Success Transfer	1	0	5
19	DC Midterm Disengage	4	6	6
20	DC Rapid Disengage	1	1	2
21	DC Structural	1	7	4
22	**Total Discharged**	**7**	**14**	**17**
23	Active End Of Month	67	69	68
24				
25	**Outcome Data**			
26	*Terrell State Hospital Linkages*			
27	≤7 Connect To Prescriber	4	3	2
28	≤30 Connect To Prescriber	0	0	0
29	Missed Metric	0	0	0
30	Total Released	4	3	2
31				
32	**Cummulative ≤7 Connect %**	**80.6%**	**100.0%**	**100.0%**
33	**Cummulative ≤30 Connect %**	**87.1%**	**100.0%**	**100.0%**
34	**Missed Metric**	**12.9%**	**0.0%**	**0.0%**
35	*Unduplicated Served*			
36	**Monthly Unduplicated**	**91**	**89**	**81**
37	DSRIP YTD Unduplicated Served	349	89	114
38				
39	*Encounter Data*			
40	F2F Encounter	407	388	335
41	Care Coord	163	174	143
42	Total	570	562	478

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of VO's Monthly Activities	Numeric Outcomes Reporting
1	**Adapt Community Solutions (ACS) -** Targets members released from jail using both ACS to ensure continuity of care.	Conducted case consultations on approximately 24 cases this month	VO-CSP Outcomes Report
2	**Transicare Post Acute Transitional Services (PATS) -** Targets high utilizers released from jail with more intensive need to ensure continuity of care.	Available for case consults/clinical support for Transicare Post-Acute Transitional Services (PATS)-Clinical Rounds Updated Flags-add/discharges-Monthly reconciliation Supported 7-day after-care appts. (7-ICR/7 jail discharges)	Flags in system - VO outcomes reports in progress.
3	**After-care Extension IOP/SOP (SUD) -** Provides extension of SUD supportive services when VO's IOP/SOP benefits have been completed and exhausted	Reviewed members for extended after-care services to ensure IOP/SOP benefit exhaustion (7 additions)	Not Applicable
4	**ACT FDU - Provides ACT for high utilizers of the legal system-Responsible for approving evaluations of FDU referrals**	Clinical Review of cases for appropriate LOC/recommendations on 25 FDU referrals	Not Applicable
5	**CSP-Systemic Operations** Continuing to develop program infrastructure for After-care Engagement Package (AEP) Implemented Quarterly Conference Call with Dallas Metrocare (Provider with largest volume of CSP clients) FDU-Oversight	Follow-up on referrals (6-new referrals) Introduced the development of quarterly calls to reduce clinic wait times for our members and discuss system improvements Reviewed treatment treatment plans/Engaged Medical Director for psychiatric consultation to ensure appropriate discharge planning and review medications	Not Applicable Not Applicable Not Applicable