



A STUDY OF THE COLLIN COUNTY TEXAS BEHAVIORAL HEALTH SERVICES SYSTEM

A NorthSTAR County
PHASE ONE REPORT

MAY 2010

*ANALYSIS AND RECOMMENDATIONS
FOR THE MANAGEMENT AND FINANCING
OF BEHAVIORAL HEALTH SERVICES
IN COLLIN COUNTY, TEXAS*

Collin County Study Phases

Phase One

Describe

Collin County's "share" of
NorthSTAR expenditures

Describe

The Utilization of NorthSTAR
Services
by Collin County Residents

Evaluate

The Organizational Structure and
Communications

Phase Two

Analyze

The Services Utilization
by Indication of Need
(diagnoses, risk)

Assess

Community Needs

Recommend

A Services Plan

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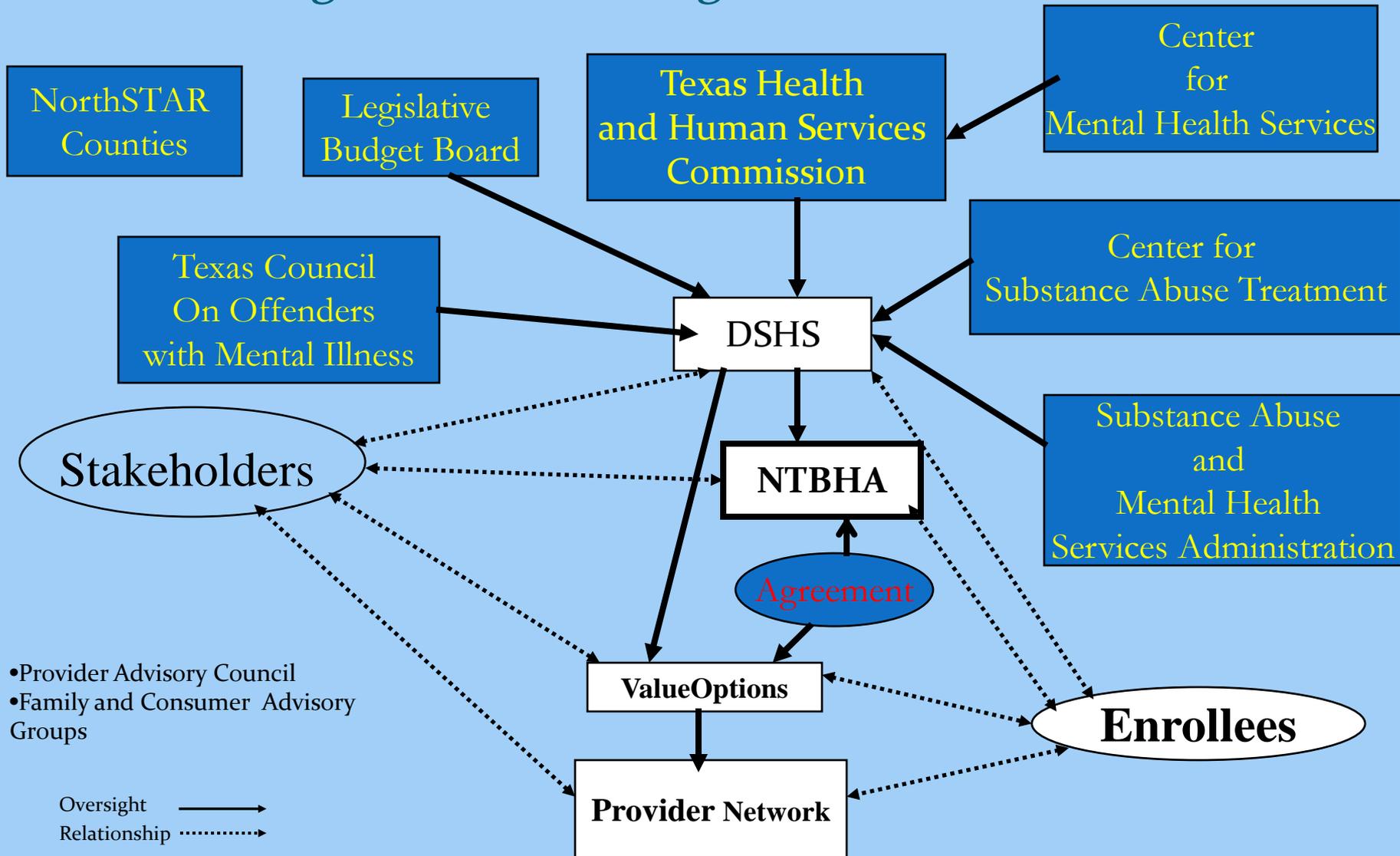
Principles in preparing the report

- Respect for individuals
- Recognize all systems have strengths and limitations
- Acknowledge concerns about public tax-payer funds used for profit
- Respect political perspectives
- Inspire meaningful discussions to address stakeholders' mutual concerns and serve the needs of Collin County as it grows and changes

What is NorthSTAR?

- A financially and programmatically blended system of mental health and chemical dependency services for all ages of residents of Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties
- A diverse and fast growing area of 5,430 square miles, with a population of approximately 3.8 million.
- Population growth varies across these counties between 15% and 42% since 2000
- Collin and Rockwall Counties almost doubled in population
- Hunt and Navarro defined as rural
- Texas overall growth 12.7% in the same time period

NorthSTAR Organizational Design (source DSHS acronyms detailed)



Pooled Purchasing

- Separate and unique systems of care and funding sources are blended into one
- Reduced State and provider administrative costs
(*Centralized local authority for spending and managing services is VO*)
- Provides comprehensive benefit package for eligible Medicaid and medically indigent individuals
 - (*this is changing with reductions in services*)
- Access to services determined by clinical need and financial eligibility
- Continuation of services regardless of Medicaid status

Four key findings

- No evidence of systematic disparities or differential treatment for Collin County residents compared to the rest of NorthSTAR and no discernable differences between any previous reports taken as a whole, and these DSHS data
- If the “recovery” model is the foundation, certain services are under-resourced
- Confounded communications in provider negotiations, client/customer service, and services evaluation and planning
- Confounding in the organizational structures and processes (tension between power groups)

Financing Behavioral Health Care in NorthSTAR Counties

Estimated NorthSTAR budget State FY 2008-09 NTBHA Plan		
Local	\$	4,600,000
SA Block	\$	10,252,711
Other DSHS	\$	32,954,942
TCOOMMI	\$	1,750,000
Outpatient Competency Restoration	\$	578,773
Crisis Re-Design	\$	4,461,410
Medicaid	\$	51,648,281
State Hospital	\$	34,968,007
	\$	<u>141,214,124</u>

<u>Median Household Income 2009</u>	(% of Texas)
Collin \$81,875	(163.6%)
Dallas \$47,155	(94.2%)
Ellis \$63,500	(126.9%)
Hunt (rural) \$45,396	(90.7%)
Kaufman \$58,497	(116.9%)
Navarro (rural) \$40,730	(81.4%)
Rockwall \$79,703	(159.2%)

Matching reports

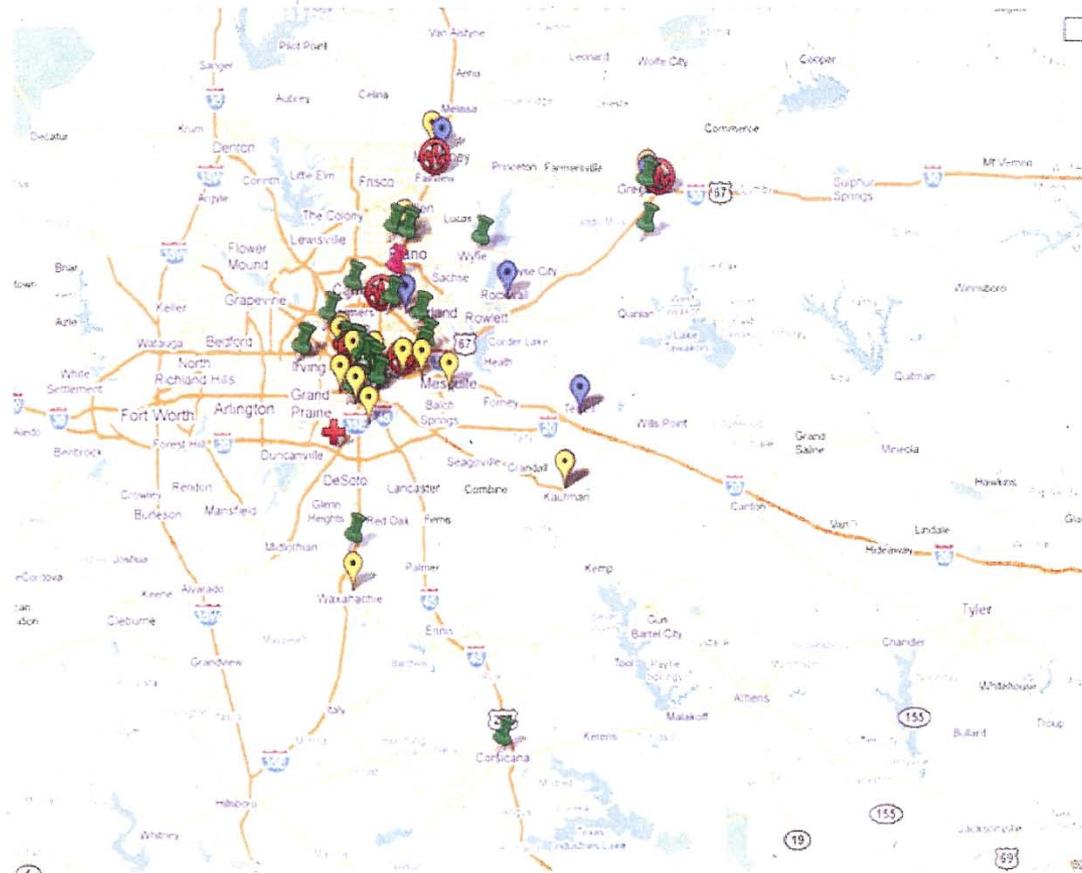
FUNDING SOURCE	Funds (Actual) source DSHS website	Source NTBHA Plan	Plus competency funds	Plus supplemental	Add difference in Crisis funding	
DSHS State Funds (includes Supplemental)	\$ 38,933,724	\$ 32,954,942	\$ 33,533,715	\$ 38,533,715	same	
Medicaid	\$ 51,321,173	\$ 51,648,281	same	same	same	
Substance Abuse Block Grant	\$ 10,252,716	\$ 10,252,711	same	same	same	
Local County Funds	\$ 4,781,208	\$ 4,600,000	same	same	same	
Interagency Receipts	\$ 2,133,714		\$ 1,750,000	same	same	<u>\$ 383,714</u>
Crisis Redesign Funding	\$ 5,040,180	\$ 4,461,410	same	same	\$ 578,770	
State Hospital	\$ 34,968,007	\$ 34,968,007	same	same	same	
	\$147,430,722	\$ 138,885,351	\$ 141,214,124	\$ 146,214,124	\$ 146,792,894	<u>\$ 637,828</u>

- Collin County utilizes approximately 5.47% of the total NorthSTAR allocated state hospital bed costs, and 8.69% of all other services dollars
- Collin County residents may receive some benefit from the crisis funding, although it receives limited direct funds at this time, and receives no TCOOMMI funding at this time.

Additional observations regarding expenditures for behavioral health services in NorthSTAR

- Between 2004 and 2009
 - Total number of individuals receiving services annually increased from 18,000 to 22,000
 - Emergency room and 23-hour care costs nearly doubled, from \$3.9 million to \$7.8 million
 - Inpatient expenditures increased from \$8 million to \$14 million, thus 23-hour care did not appear to reduce the need for inpatient
 - Outpatient expenditures increased by only 10% from \$38 to \$43 million
 - Medication expenditures decreased by 50% from \$22 to \$10 million
- According to data on the DSHS web site, Value Options has acquired profit equal to or exceeding \$ 25 million in the past three years.

GEOGRAPHIC DIVERSITY OF SITES OF SERVICE



KEY:

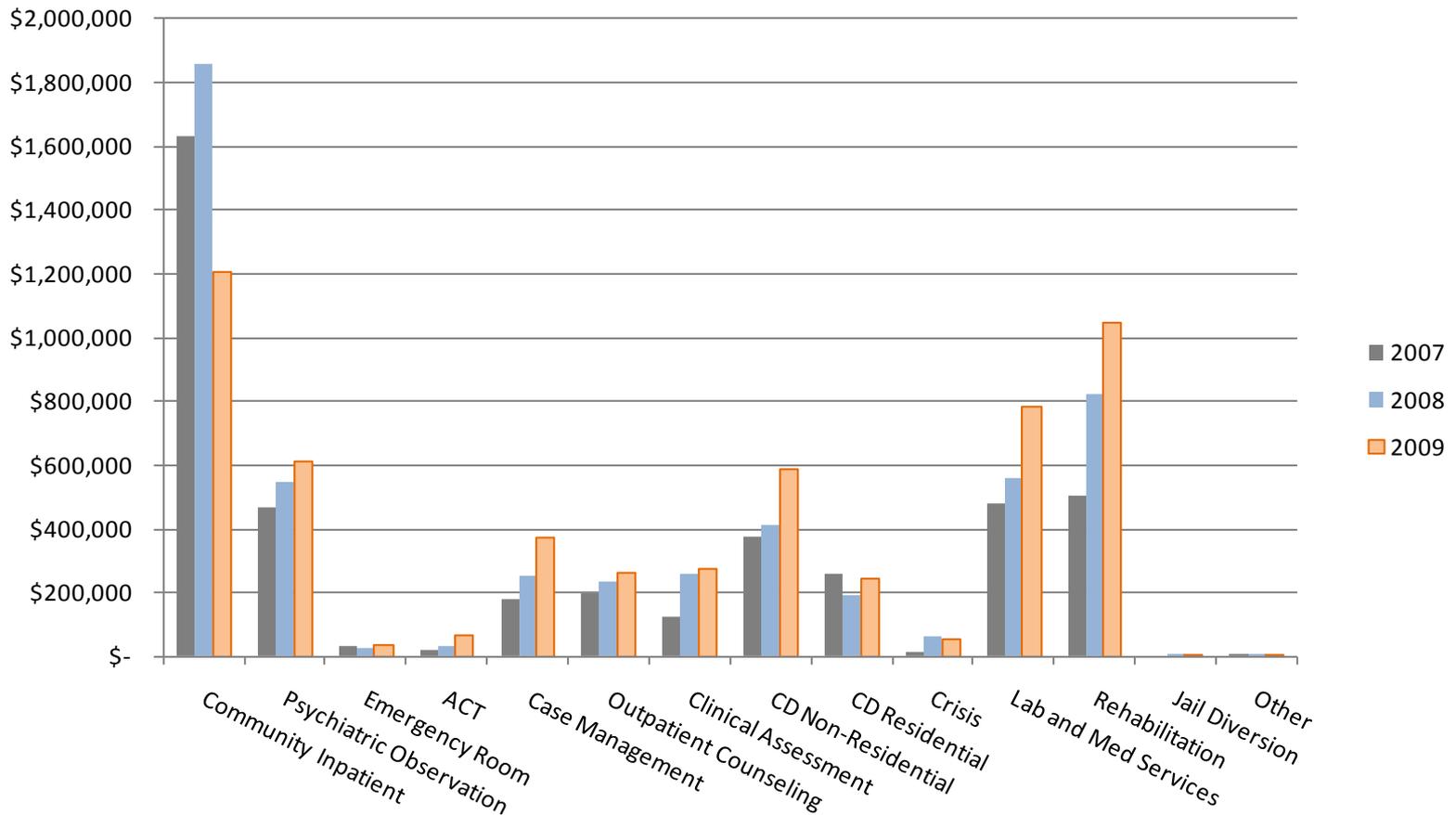
- **Mental Health Providers = Yellow Balloons**
- **Chemical Dependency Providers = Green Pins**
- **Both CD and MH Providers = Purple Balloons**
- **Hospitals = Red Cross**
- **The Bridge Homeless Shelter = Green People**
- **NTBHA = Pink Pin**

Which providers received payment for services to Collin County residents?

▪

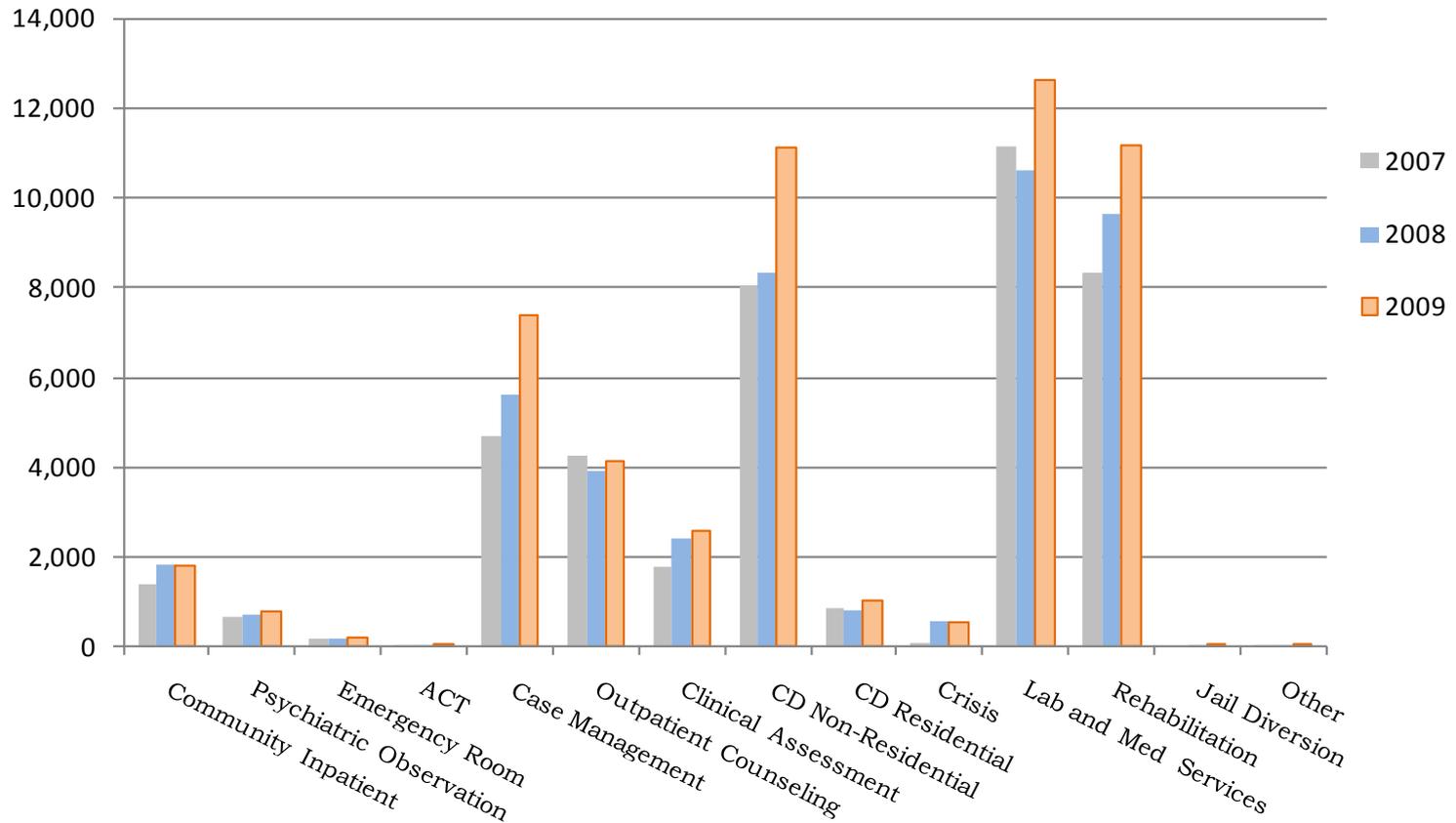
Page 11 Expenditures

Figure 2. Expenditures by Service Category: Collin County Residents Each Study Year



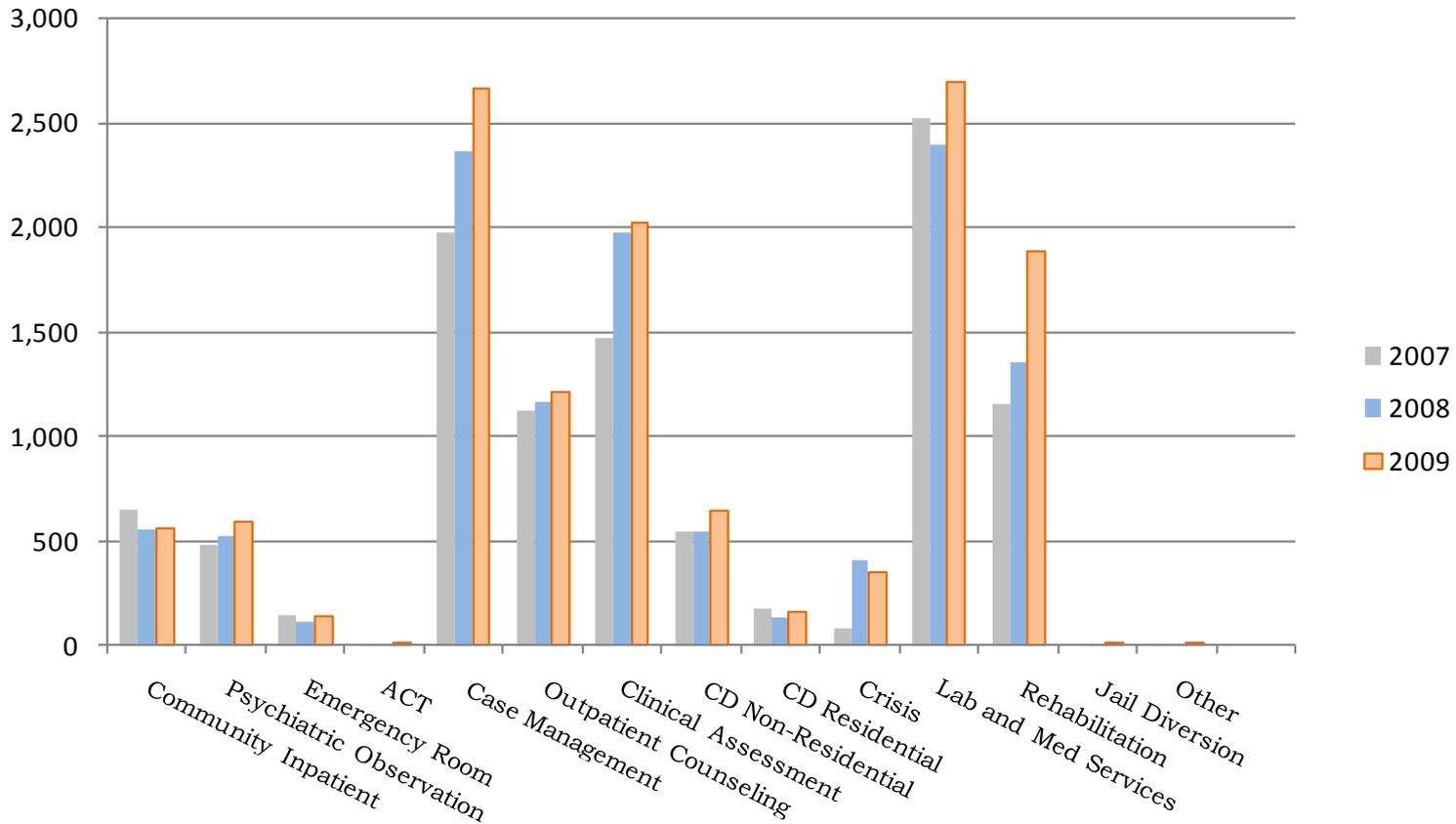
Page 12 Encounters

Figure 3. Encounters by Service Category Collin County Residents Each Study Year

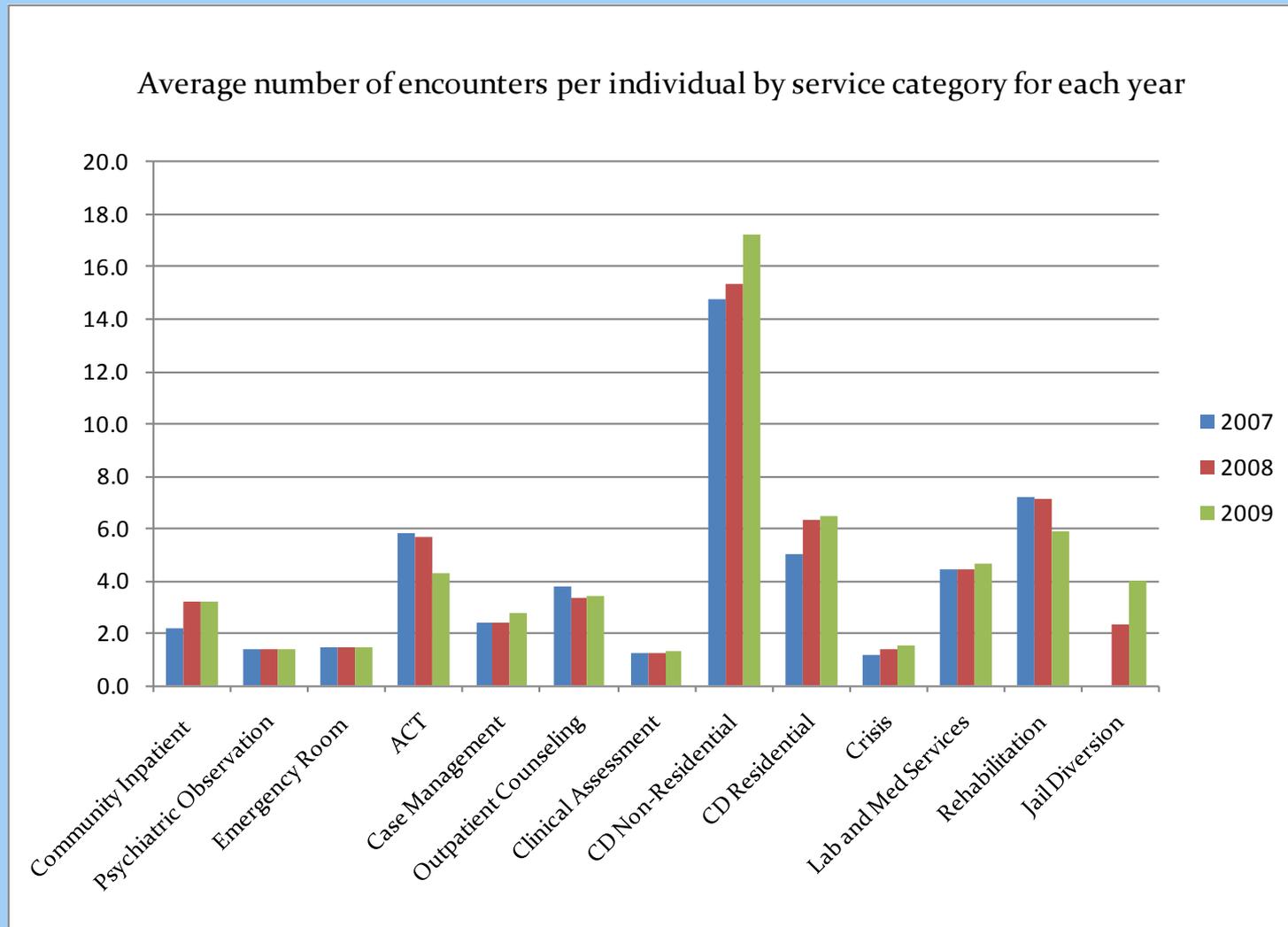


Page 12 - Individuals

Figure 4. Individual Collin County Residents Served by Service Category Each Study



Perspective: Average number of encounters per individual Collin County client of the system



Comparing Reports

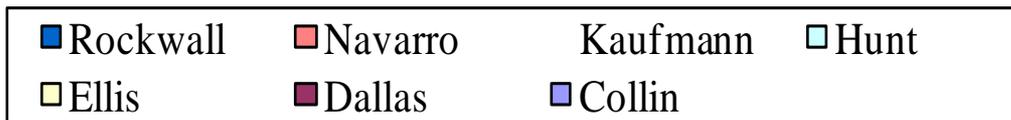
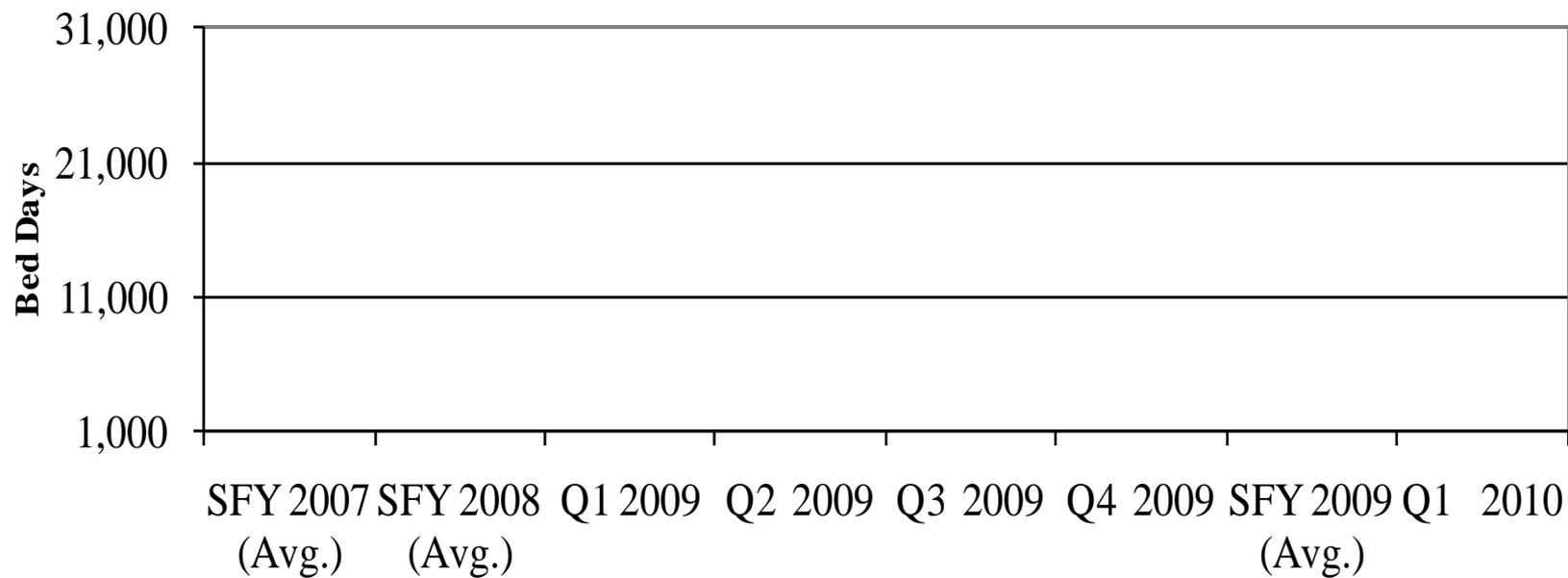
All NorthSTAR										
	<u>Average Cost per All Enrollees</u>			<u>Average Cost per Person Receiving Service</u>			<u>Collin County Data</u>			
	FY07 Ave/Per Enrollee	FY08 Ave/Per Enrollee	FY09 Ave/Per Enrollee	FY07 Ave/Person	FY08 Ave/Person	FY09 Ave/Person	2007 Ave Cost/Person	2008 Ave Cost/Person	2009 Ave Cost/Person	
Community Inpatient	\$ 237	\$ 260	\$ 214	\$ 2,566.36	\$ 2,845.67	\$ 2,616.68	\$ 2,512	\$ 3,310	\$ 2,130	
23 Hour Obs	\$ 136	\$ 137	\$ 127	\$ 1,133.14	\$ 1,214.41	\$ 1,241.51	\$ 974	\$ 1,032	\$ 1,039	
ER	\$ 20	\$ 15	\$ 16	\$ 213.82	\$ 200.18	\$ 224.00	\$ 222	\$ 202	\$ 245	
ACT	\$ 80	\$ 82	\$ 83	\$ 5,814.43	\$ 6,555.07	\$ 6,934.78	\$ 4,640	\$ 5,167	\$ 4,100	
Case Mgt	\$ 74	\$ 69	\$ 72	\$ 162.69	\$ 153.67	\$ 189.38	\$ 91	\$ 107	\$ 140	
Counseling	\$ 34	\$ 34	\$ 36	\$ 213.93	\$ 247.08	\$ 256.29	\$ 177	\$ 202	\$ 217	
Assessment	\$ 27	\$ 43	\$ 53	\$ 78.24	\$ 105.75	\$ 127.58	\$ 83	\$ 131	\$ 137	
CD Non Residential	\$ 98	\$ 98	\$ 100	\$ 759.51	\$ 735.92	\$ 756.44	\$ 694	\$ 756	\$ 912	
CD Residential	\$ 97	\$ 83	\$ 77	\$ 1,480.17	\$ 1,545.90	\$ 1,556.23	\$ 1,477	\$ 1,460	\$ 1,517	
Crisis							\$ 175	\$ 151	\$ 150	
Medication Services	\$ 106	\$ 129	\$ 150	\$ 202.35	\$ 238.25	\$ 263.91	\$ 192	\$ 234	\$ 291	
Rehab Services	\$ 238	\$ 284	\$ 360	\$ 528.36	\$ 627.20	\$ 678.39	\$ 440	\$ 605	\$ 554	

Questions we have heard... and so has the LBB

(source Texas State Government Effectiveness and Efficiency January 2009)

- There aren't enough providers
- Children aren't being served
- People can't get enrolled
- People aren't getting services they need
- People have to drive long distances for services especially crisis and inpatient
- Outcome measures are not transparent or examined by stakeholders

State Hospital Bed Days per 100,000 Population Below 200% Federal Poverty Level by County



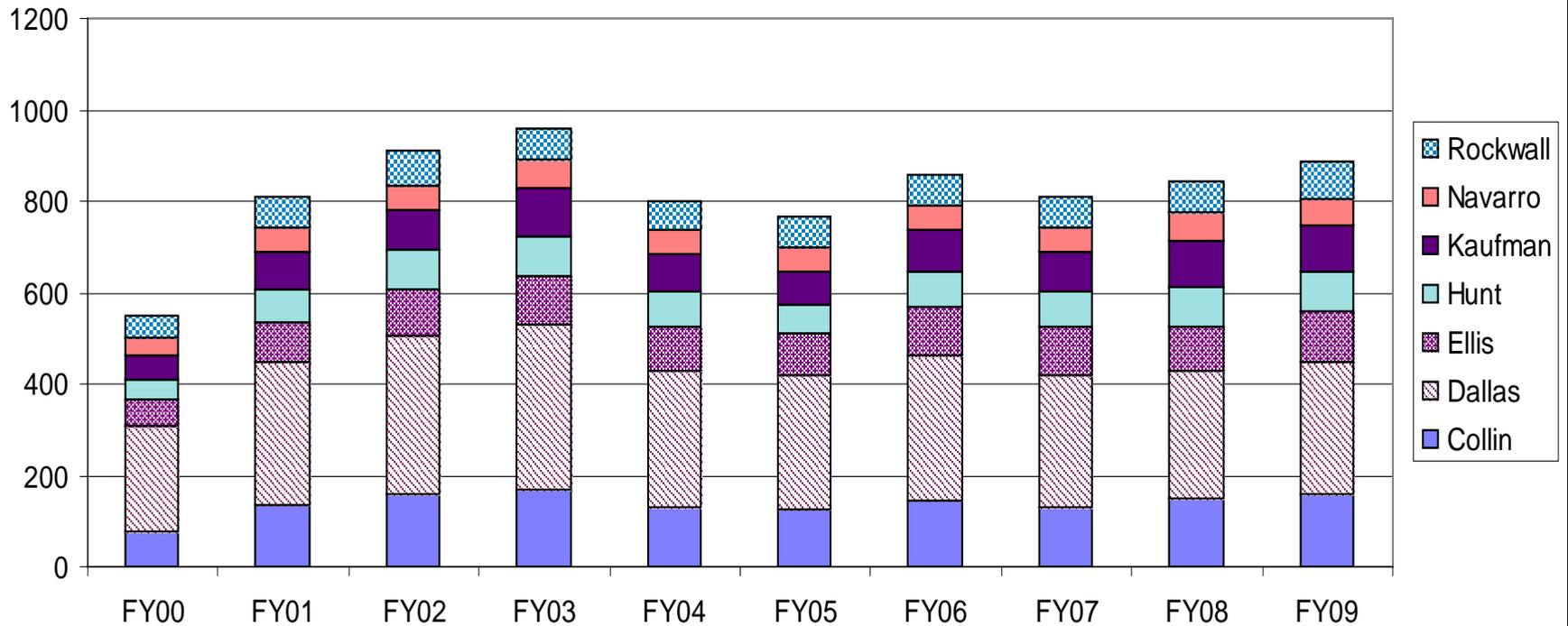
Medicaid providers?

- 1,162 medical offices were surveyed between September and March 2008 . Dallas had a Medicaid acceptance rate of 38.6 percent, compared with the national average of 55 percent.
- Dallas ranks **last** among 15 major cities in the percentage of physicians accepting Medicaid

(source: a study by Merritt Hawkins & Associates, an Irving-based health care consulting and recruiting company)

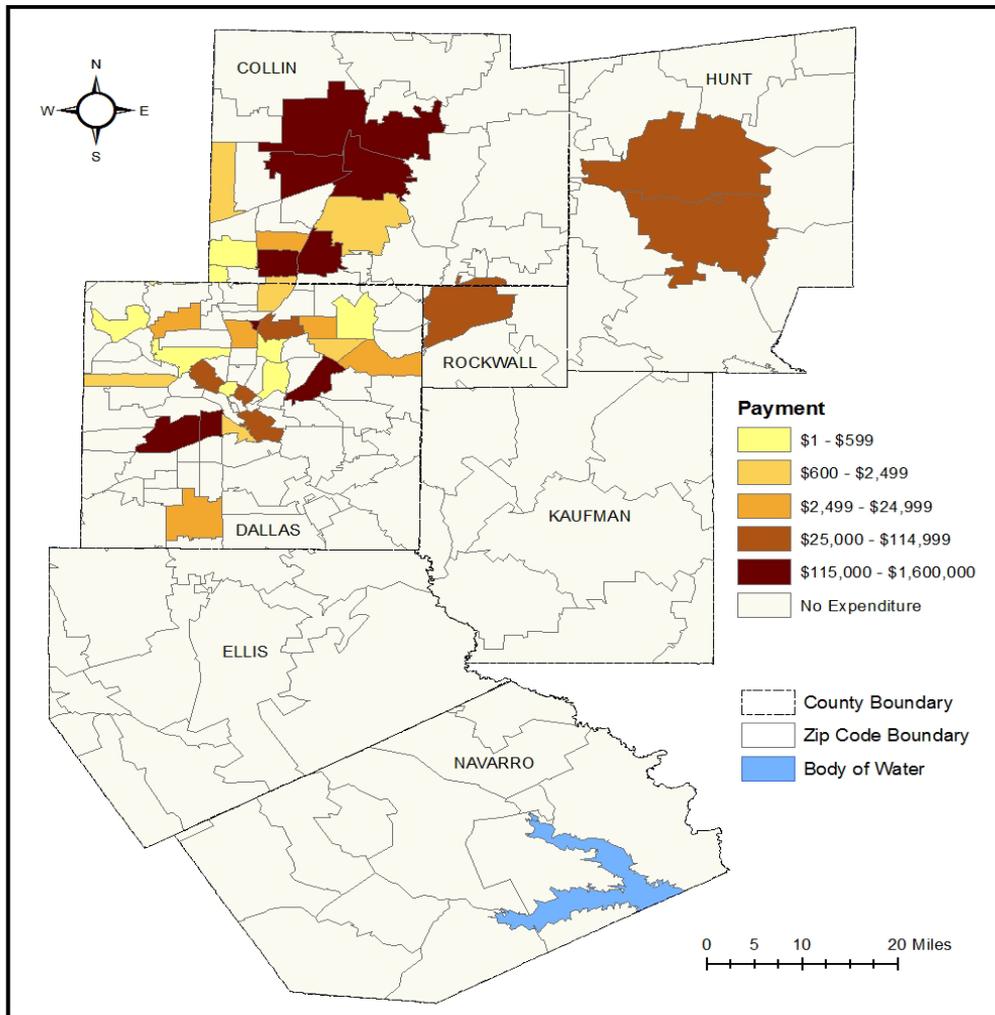
Increased Choice of Providers who can Serve Medicaid and non-Medicaid Public Sector Clients

Providers That Have Served at Least One NorthSTAR Enrollee by County



Map 2

2009 Payments to Providers by Provider Zip Code for Community Based Services to Collin County Residents

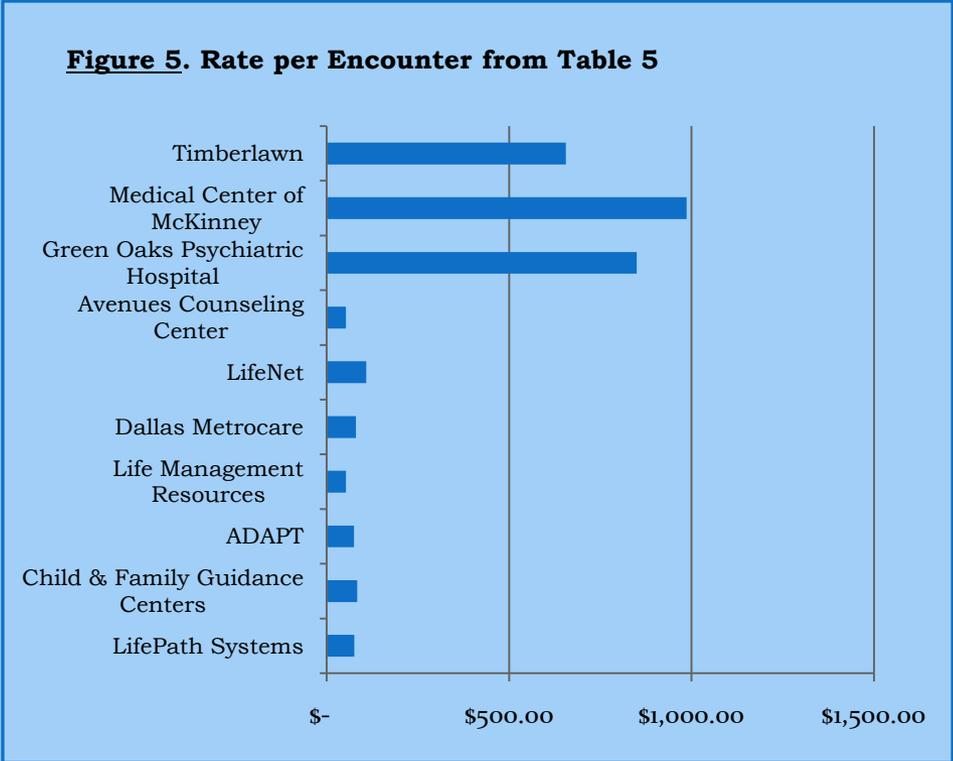


Map created April 22, 2010 by the Mental Sciences Institute at UNTHSC. Map based on expenditures data from the Texas Department of State Health Services, and provider zip code information obtained from the Value Options NorthSTAR Member Information and Provider Directory published March 1, 2010. 2007 ESRI shapefiles provided by the Collin County GIS Department.

Page 16 Payments to providers

Table 5. Top 10 Largest Agency Providers of Community Based Services to Collin County Residents in NorthSTAR by Encounters, Amount Paid, Individuals and Average Rates Paid 2009

<u>Outpatient</u>	2009		
	Encounters	Paid	Average Rate/ Encounter
LifePath Systems	18,786	\$ 1,418,189	\$ 75.49
Child & Family Guidance Centers	6,341	\$ 530,674	\$ 83.69
ADAPT	4,870	\$ 364,037	\$ 74.75
Life Management Resources	5,143	\$ 274,395	\$ 53.35
Dallas Metrocare	2,149	\$ 171,768	\$ 79.93
LifeNet	459	\$ 49,907	\$ 108.73
Avenues Counseling Center	2,796	\$ 147,545	\$ 52.77
<u>Inpatient</u>			
Green Oaks Psychiatric Hospital	1,621	\$ 1,378,068	\$ 850.13
Medical Center of McKinney	166	\$ 163,799	\$ 986.74
Timberlawn	330	\$ 216,420	\$ 655.82

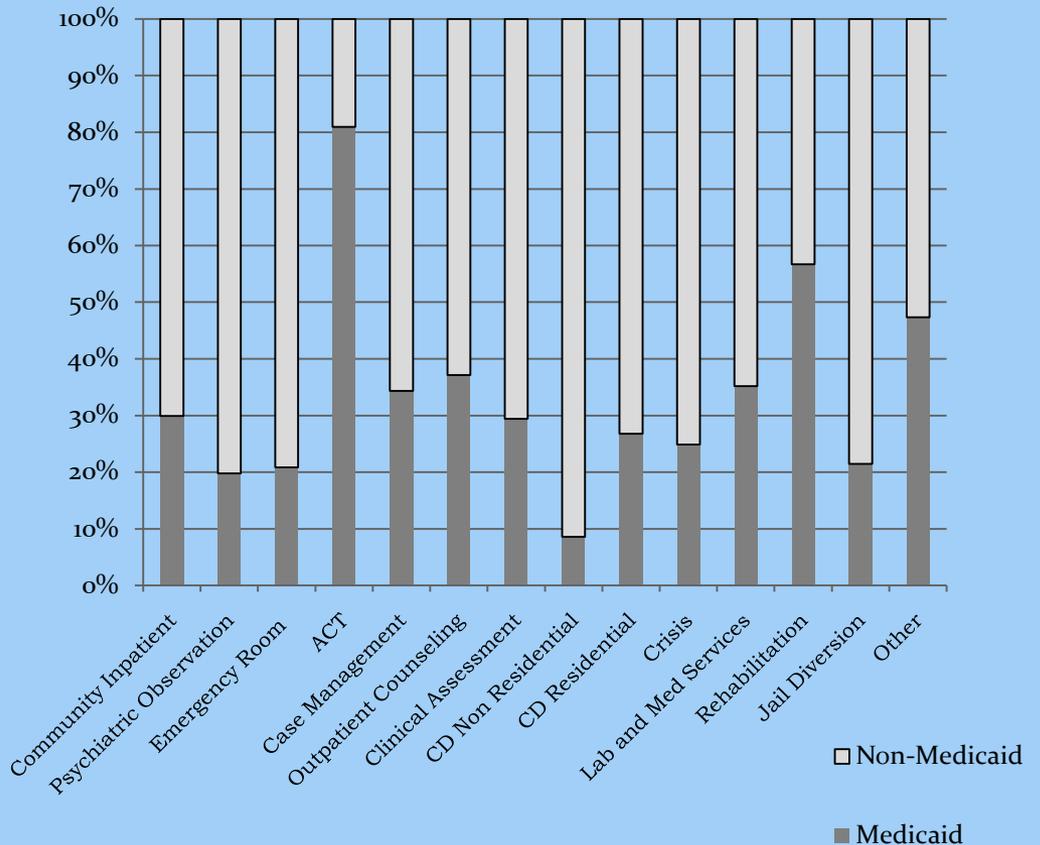


NorthSTAR covers more persons in need than other mental health authorities

(page 16-17)

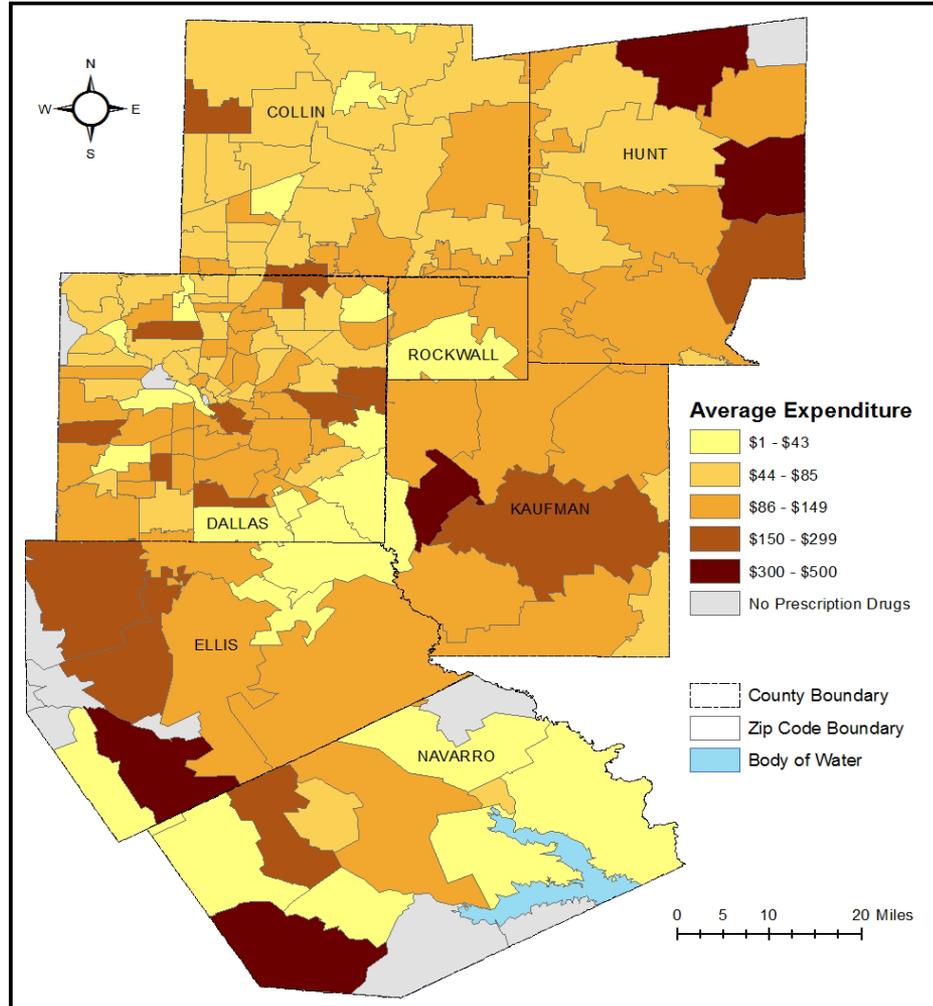
- Medicaid and persons up to 200% of poverty
- Eligibility guidelines differ
- Poverty for family of 4 is about \$22,000 per year
- 200% is about \$44,000 per year
- Medicaid is “impoverished” i.e. no assets except perhaps a house
- Poverty you can still have a job

Figure 6. Proportion of Expenditures, Collin County Residents by Medicaid Status: All Study Years



Map 5

Average Prescription Drug Expenditure by Billing Zip Code All NorthSTAR Counties in 2009



Map created April 23, 2010 by the Mental Sciences Institute at UNTHSC. Map based on prescription medication data from the Texas Department of State Health Services, using 2007 ESRI shapefiles provided by the Collin County GIS Department.

Table 9. State Hospital Utilization Collin County Residents Each Study Year

Calendar Year	Persons in the Hospital	Bed Days	Average Length of Stay (for this year only)	Allocation of "Cost"	Average Expenditure Per Person (for this year only)
2007	151	5,940	39.34	\$ 1,442,360	\$ 9,552
2008	182	6,806	37.40	\$ 1,934,653	\$ 10,630
2009	165	6,792	41.00	\$ 1,912,280	\$ 11,590
<u>Sums</u>		<u>19,538</u>		<u>\$ 5,289,293</u>	<u>\$ 13,493</u>

All NorthSTAR 2007-09

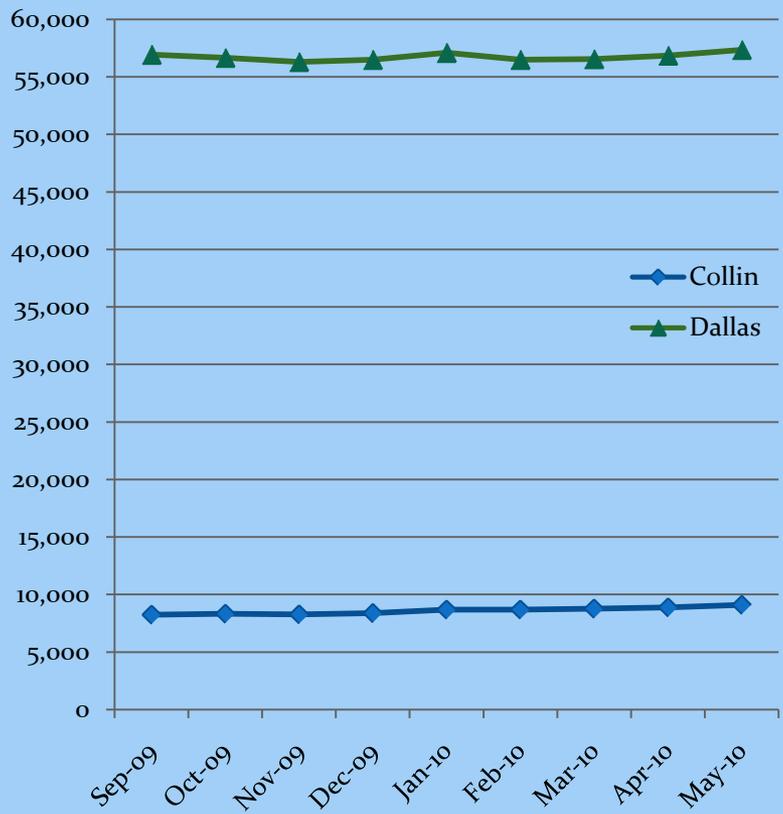
State Hospital	\$ 563	\$ 667	\$ 567		\$ 12,087.96	\$15,367.67	\$ 14,967.97
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Table 10. Invoiced Expenditures Attributed to Collin County All Study Years

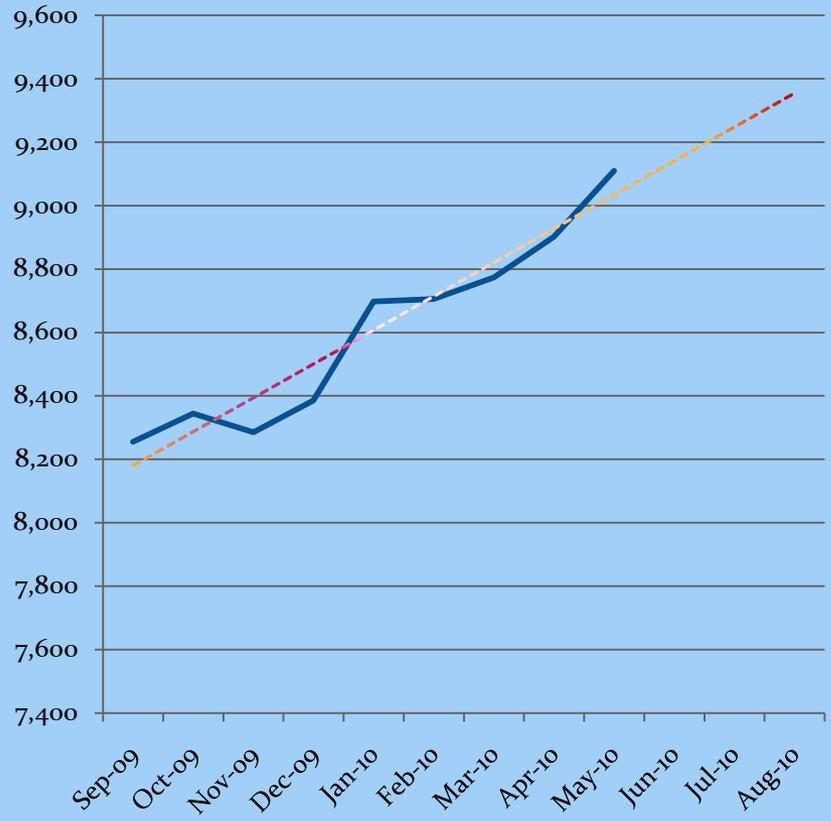
	State Fiscal Year 2007	State Fiscal Year 2008	State Fiscal Year 2009
Total NorthSTAR Invoiced Expenses	\$ 4,533,918.59	\$ 5,318,835.22	\$ 7,414,082.00
Percent Attributed to Collin County	7.10%	6.90%	6.85%
Amount Attributed to Collin County	\$ 321,908.22	\$ 366,999.63	\$ 507,977.25
<u>Total All Years</u>			\$ 1,196,885.10

Trends in Enrollment in Children's Health Insurance Program

Texas CHIP Enrollment State FY 2010
Dallas and Collin Counties

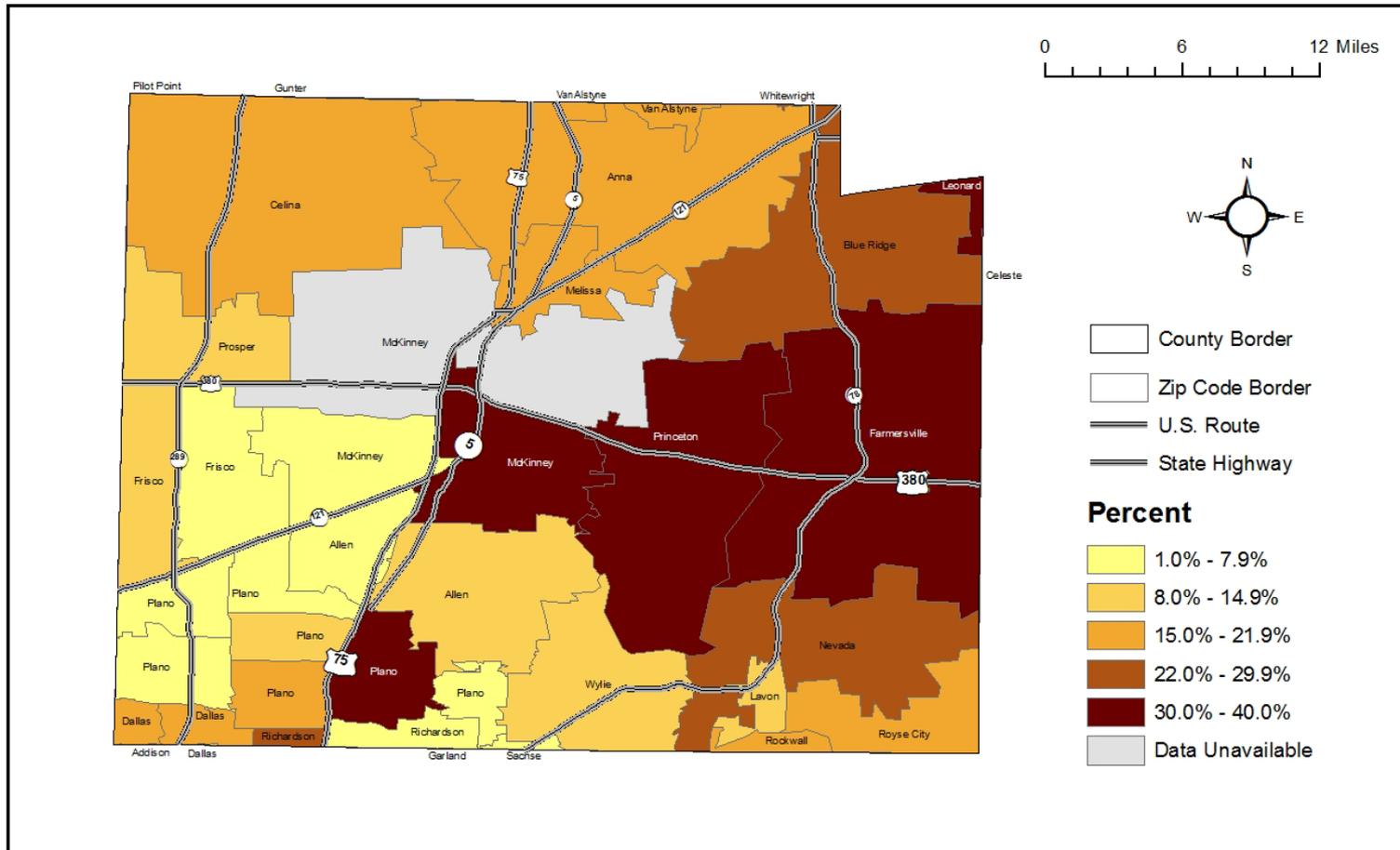


Texas CHIP Enrollment State FY 2010
Collin County With Trend Line



Map 6

Percent of Population At or Below 200% of Federal Poverty Level Collin County 2008 Estimates by Zip Code



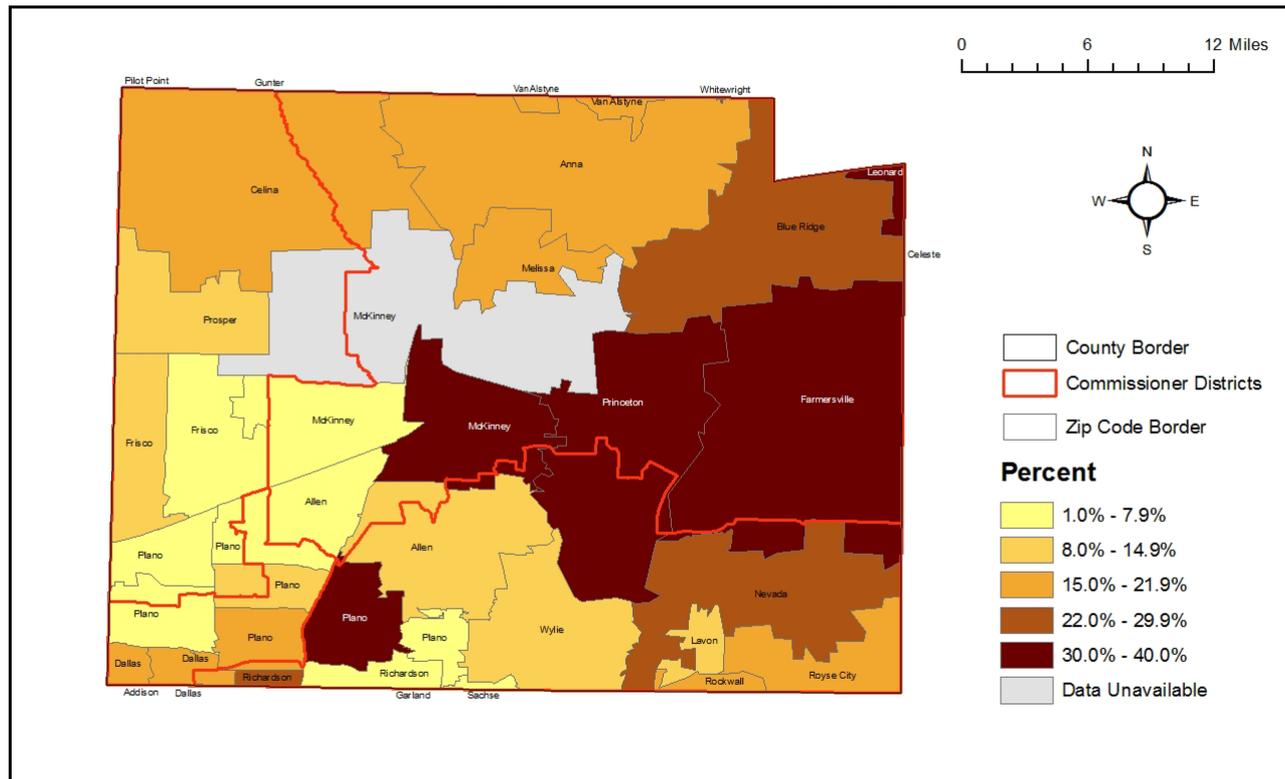
Map created April 24, 2010 by the Mental Sciences Institute at UNTHSC. Map based on 2008 estimates of population at or below 200% of federal poverty level by zip code provided by the Texas Department of State Health Services, using 2007 ESRI shapefiles provided by the Collin County GIS Department.

Population risk rates published by the National Institutes of Health (NIH)

- In the uninsured group of Collin County residents under 200% of poverty, 3,577 may have a serious mental illness (schizophrenia, major depressive disorder, or bipolar disorder)
- An additional 11,328 may have a mental health problem needing treatment.
- Among those Collin County residents with an income above 200% of poverty, 9.93% (67,372) are estimated to be uninsured, adding an additional risk population to the estimates above.

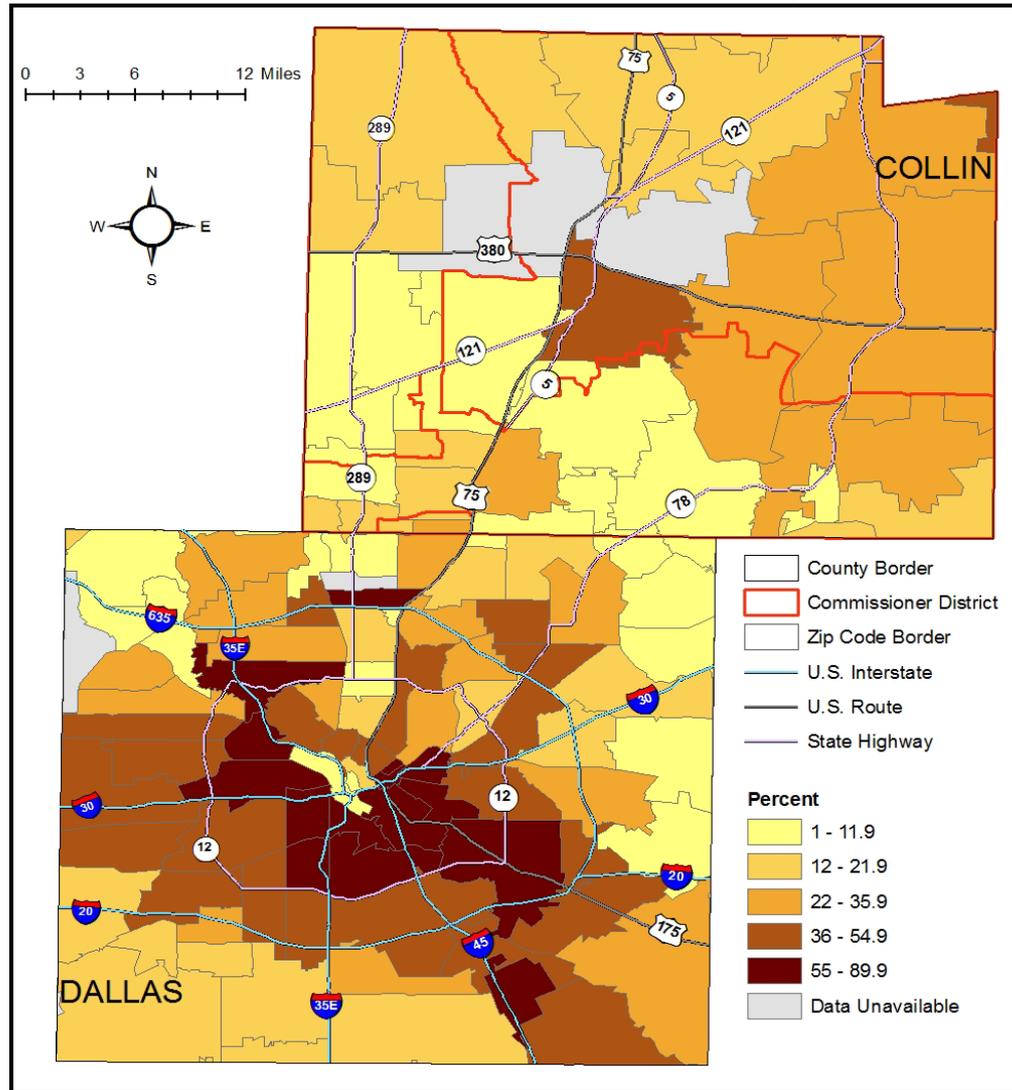
Map 6

Percent of Population At or Below 200% of Federal Poverty Level Collin County 2008 Estimates by Zip Code



Map created April 24, 2010 by the Mental Sciences Institute at UNTHSC. Map based on 2008 estimates of population at or below 200% of federal poverty level by zip code provided by the Texas Department of State Health Services, using 2007 ESRI shapefiles provided by the Collin County GIS Department.

Percent of Population At or Below 200% of Federal Poverty Level Collin and Dallas Counties 2008 Estimates by Zip Code



Map created June 7, 2010 by the Mental Sciences Institute at UNTHSC. Map based on 2008 estimates of population at or below 200% of federal poverty level by zip code provided by the Texas Department of State Health Services, using 2007 ESRI shapefiles provided by the Collin County GIS Department.

Source: Medicaid waiver application for 2007-09

To assure that consumers and the local community were given a voice in the implementation and ongoing oversight of NorthSTAR, the State created an independent Local Behavioral Health Authority (LBHA) which came to be known as the North Texas Behavioral Health Authority (NTBHA).

- **Ombudsman** services to NorthSTAR enrollees,
- **Staff to serve** on the Quality Improvement Committee of [Value Options] the contracted Behavioral Health Organizations
- **Conduit** to relay issues of community concern and complaints directly to the State.
- **Meets regularly with** various community based organizations, consumer and advocacy groups, managed care coordination groups as well as NorthSTAR service providers.

Six Recommendations

1. Hire a behavioral health administrator/director for Collin County positioned in the County Health Department
2. Have a strong presence throughout the system
3. Decentralize some of VO's current functions to re-empower local communities (e.g. advocacy, case management)
4. Require a bidding process for new services
5. Reorganize the NTBHA (e.g. create local enfranchised coordination boards; ensure NTBHA effectively interfaces with the PAC)
6. Reinvest local dollars with a memorandum of understanding or contract for the deployment of those dollars.