SECTION TWO
Strategies for Each of Six Recommendations

Recommendation 1 Incorporate within the existing Health Care Services department, a dedicated position for a Collin County Behavioral Health Services Director.

Why should Collin County have a Behavioral Health Services Director?

21st Century public health and welfare models will integrate medical and behavioral health care for seamless, proactive, prevention, treatment and safety net applications.

The current behavioral health services system in Collin County is fragmented and lacks systematic monitoring and planning.

A well integrated management and reporting structure will improve the coordination across an increasingly complex system of delivering behavioral health services to Collin County residents, thus averting future problems and improving efficiencies.

A clearly defined behavioral health services accountability source improves information dissemination and decision making.

Continuing along the same road as in the past may result in missed opportunities and further inefficiencies.

Plausible qualifications, role and scope

Qualifications

- Master of Science degree, doctorate preferred
- At least five years of experience in public mental health and substance abuse services in a complex system of care/large single or multi county system.
- Demonstrates competencies in health planning and development, principles of managed care, public financing, public-private entrepreneurial partnerships, interdisciplinary team dynamics, large data systems, problem solving, and consensus building.

Role

- Reports to the County Administrator and the County Commissioners, through the County Health Department Director, for management of all agreements and accounts that support County provided and contracted behavioral health services;
- Provides routine reports, conducts planning, develops and monitors goals and metrics;
- Cooperates with units of county and municipal governments to achieve efficiencies and targeted outcomes in behavioral health services delivery to Collin County residents.

Scope

- Accountable for all behavioral health services delivered by or contracted by the County for residents of Collin County, including those related to the judicial, law enforcement and correctional systems;
- Serves as the clearinghouse office for all intra-governmental behavioral health related communications across units of county government and across municipal borders;
- Coordinates all inter-governmental behavioral health related communications across county lines, with agents of local, state and federal governments, with directors and boards of private for profit and private not-for-profit organizations affiliated with the delivery of publicly supported behavioral health services;
- Cooperates with and acquires services for educational and social services organizations with behavioral health program needs.

Recommendation 2 **Establish an ad hoc committee reporting to county government and key stakeholders to create a business plan to guide the public behavioral health services system in Collin County.**

We suggest that the County Commissioners establish a cross-functional blue ribbon, ad hoc committee to create a business plan for the Collin County Behavioral Health Services System. The business plan development process could be managed out of the office of the Behavioral Health Services Director. This Behavioral Health Services Business Plan would set forth principles on which the County's total system of behavioral health services would operate, estimate needs, outline partnerships, describe strategies, and identify resources to support the plan.

Members of the committee should include *at minimum* representation from:

- ◊ Boards of directors of the major private not-for-profit agencies providing behavioral health or related services to Collin County residents
- ◊ Medical Association
- ◊ Community Corrections
- ◊ Department of State Health Services
- ◊ Hospital Association
- ◊ Law Enforcement
- ◊ Civil Courts
- ◊ Social Services and School Districts

SUGGESTED BUSINESS PLAN OUTLINE

I. Mission of Collin County in the delivery and oversight of public behavioral health services
   - A. The role of government
   - B. Public-Private Partnerships
   - C. Principles of operations

II. Current configuration
   - A. Services organizations
   - B. Financing
   - C. Expenditures

III. Estimated needs and demands for services
   - A. System utilization trends
   - B. Current gaps or limitations
   - C. Estimate growth needs and demands for services
   - D. Efficiencies desired in future system

IV. Partners
   - A. Managed Care, Benefits Coverage, Providers
   - B. Community resources

V. Operational Plans
   - A. Goals
   - B. Strategies

VI. Financial Plans
   - A. Demands
   - B. Criteria
   - C. Financing strategies

Recommendation 3 **Investigate the feasibility of a novel behavioral health services model for Collin County.**

Collin County has the option to create a separate county-wide collaborative Mental Health Authority (MHA) that continues participation in the NorthSTAR system while establishing a unique identity. A Collin County MHA could facilitate certain efficiencies in the organization and delivery of behavioral health services (BHS) in the County.

As described in the Phase II report, the drawback to comparing Collin County to other counties in an attempt to emulate another existing system, is that each geopolitical area covered by a Texas LMHA is distinct, and many have been in place for decades. Moreover, comparable out-of-state counties have remarkably higher per capita spending for public mental health services than Texas. In actuality, Collin County is unique and should be treated in a unique way for behavioral health services.

Creating a Collin County county-wide representative LMHA would be challenging to the status quo. Texas statutes governing the delivery of health and medical care are different from those governing the planning, financing, and delivery of BHS. BHS are more privatized than general health care, and in many ways more complex when considering the inpatient and crisis response aspects of BHS for example. The rising costs associated with "indigent health care" whether for general medical or behavioral health problems, are of mounting concern to all sectors of government. In some areas of health or BHS, costs may be managed more effectively by a unit of government providing the services versus contracting for the services.

Today, the head of County government is a member of the NTBHA board. This is an historic step toward strong representation in a rapidly changing publicly funded BHS environment in North Texas. Nonetheless the burden of representing the multifaceted, highly demanding whole county behavioral health services machine should not fall to one person. Collin County needs representation in the process of planning and policy development occurring across the work groups of the Dallas County Behavioral Health Leadership Team, as well as increased interagency communications within the County. This will require a systematic, organized approach that is functional on a regular and continuing basis.

In the **2006 Technical Report of the Collin County Task Force on Indigent Health Care**, Dodson, Willard and Scotch reported findings from a study of the indigent care program serving persons with less than the Federal Poverty Level (FPL) income. While there are some parallels between those findings and this BHS study, NorthSTAR/VO covers both indigent/Medicaid clients and also persons whose income is up to 200% of the FPL. In 2008, compared to the data used in the 2006 report, there were approximately 22% more individuals in Collin County earning up to 200% of poverty.

In that 2006 report, the authors outlined specific steps that could be taken to create a novel indigent health care model, including increasing primary care access points, expanding community outreach and education, and strengthening leadership and management structures.

Limited primary care access points

In BHS the system is driven by the amount Value Options pays to a provider. Therefore, the access points are actually limited in Collin County particularly in light of the case rate limitations on the contracted number of clients any agency may serve. Referrals to other providers are successful, according to reports, but waiting times are increasing. A single portal for BHS in Collin County should be considered.

Furthermore, emergency departments (EDs) at local hospitals are seeing increases in the number of psychiatric related problems. Police and sheriff departments should be providing monthly reports to the County on their psychiatric and alcohol/drug crisis calls taken to local EDs.

Community outreach and education

The Mental Health America of Greater Dallas can be an ally in community education and outreach. This excellent resource is insufficiently utilized. A chapter of the MHA should exist in and for Collin County with the name reflecting the affiliation. School based education, early intervention, prevention, and treatment referral programs should be developed.

Leadership and Management

BHS can be integrated with health care to create a medical home model in which the medical/health and behavioral health needs of qualified persons can be addressed and managed seamlessly. Collin County would qualify as a provider in the NorthSTAR system for BHS. Further, the County has an opportunity at this time (five years after the 2006 report on indigent care) to reposition itself as a leader in innovative models of health and behavioral health.

The status quo versus plausible novel approaches

In brief, there are many possible ways to provide mental health and behavioral health benefits within traditional insurance plans, most of which work by restricting or limiting choices in treatment and care, similarly to NorthSTAR. There are also models for integrated and flexible approaches that have proven benefits.

- The current system operates on an "open access" principle. It may be an advantage for clients to go to anyone they choose under the Value Options plan. However there is only one plan thus choice of treatments is limited. Without competition between plans, profits and cost controls drive the system thus fostering competition among providers for limited plan resources. Providers compete for money, not for clients. The method of payment is not sensitive to patients' needs, but to the "loss-ratio."
- In total systems of care an effective authority structure negotiates boundaries between rules for setting plan payments from rules for setting enrollee benefits. The current system does not include sufficient authority structures.
- More effective strategies are available to bundle services under primary care to facilitate continuity of care, wrap-around services, and better outcomes. Federally funded demonstration programs have integrated public mental health and chemical dependency services into primary care programs.

Potential implications of Health Care Reform

Much discussion and speculation is occurring about the potential implications of the federal Patient Protection and Affordable Care Act (PPACA). Although it might at first appear coverage is expanding for many patients, MH benefits might be less generous than those currently in state-funded programs. Experts indicate private health insurance has not always provided adequately for those with mental illness[1], yet expansion enrollees in Medicaid under PPACA may only receive “benchmark-equivalent” services currently available in typical private plans. Many individuals with mental illnesses or substance use disorders, particularly those with serious and chronic disorders that need multiple services or long term care, will continue to face gaps in covered services to meet their needs. [2]

Experts suggest that integration of primary care and mental health care will be critical for both optimum outcomes and cost containment. [3] Key aspects of successful partnerships will require clear pathways of accountability, effective communication, and rigorous monitoring of outcomes and feedback from stakeholders, consumers, and providers.

1 McGuire TG, Sinaiko AD. Regulating a health insurance exchange: implications for individuals with mental illness. *Psych Services* 61:1074–1080, 2010.
2 Garfield RL, Lave JR, Donohue JM. Health reform and the scope of benefits for mental health and substance use disorder services. *Psych Services* 61:1081–1086, 2010.
3 Druss BG, Mauer BJ. Health care reform and care at the behavioral health–primary care interface. *Psych Services* 61:1087–1092, 2010.

Recommendation 4 Establish and support a full range of local behavioral health services consistent with the "recovery model."

Certain public behavioral health services have been identified as insufficient or missing within the geopolitical boundaries of Collin County. These services were identified in the Phase II report, and also by the Collin County behavioral health planning group, and by NTBHA in their 2010 Survey.

The following list of services and program needs were identified as a result of our analyses of services utilization data and our community behavioral health needs assessment.

Needs identified in the Phase I and Phase II reports include

- Integration of BHS with primary care
- Supported employment and job coaching in rehabilitation sectors
- Jail based interventions to facilitate effective aftercare and prevention of reincarceration
- Outpatient (court) commitments
- School based screening and short term prevention/education and early interventions
- Shelter with intensive transitional services
- Linkage with Collin County admissions to 23 hour observations
- Court based services
- Detoxification services
- Residential chemical dependency services for adolescents
- Community case-based coordination council/roundtables

Another measure of "services need" was taken at the study kick-off meeting in October 2009, when stakeholders registered their concerns about the services system at that time. In order to compare the needs identified in Phase II with the pre-study issues identified by the key stakeholders, we consolidated the kick-off issues into unduplicated categories with 13 services and 13 systems' issues emerging. These 26 issues are presented in Appendix II. Using the ranking sheet in Appendix II, we asked participants at the Collin County behavioral health planning group meeting on April 7, 2011, to rank, the importance of those 13 services and 13 systems' issues on a scale of low (1) to high (5).

We have reported the top five issues in each category (services and system) in the following two tables. These tables display the percent of all participants that ranked that issue among their top three priorities. It also presents an "average importance" score that includes all participants' assignment of that issue's importance. For example, 43% of participants ranked transportation as one of their top three issues, and on average transportation was considered to be of moderately high importance.

Top Five Services Issues - Collin County Planning Meeting

23 Participants Rating Services and Programs	Percent ranking this issue as a 1, 2 or 3 priority	Average Importance Low 1, High-5
1. Overcome barriers to access to care: Transportation	43%	3.8
2. Increase family/home-based services: including emergency, post-hospitalization, or to prevent hospitalization or crisis	39%	3.7
3. Improve access to and availability of alcohol and drug detox services	35%	4.4
4. Homelessness services	30%	4.0
5. Jail diversion and Post-jail and prison case management for continuity of care, and linkages to providers and liaison with community corrections programs	26%	4.1

Top Five Systems Issues - Collin County Planning Meeting

22 Participants Rating Behavioral Health Systems Issues	Percent ranking this issue as a 1, 2 or 3 priority	Average Importance Low 1, High 5
6. Identify and remove barriers to access to emergency services	50%	4.0
7. Create an organized system of after-care linkages to community post-hospitalization or post-crisis	41%	4.2
8. Define and identify issues with "indigent" but not qualified for NorthSTAR services	23%	4.0
9. Create a full range (continuum) of services, with individualized treatment planning with provider linkages	23%	4.0
10. Identify and eliminate barriers: efficiencies, add locations, culturally responsive services, and court-based liaisons	23%	3.8

The NTBHA 2010 Survey (reported here with permission), also asked consumers, stakeholders, and providers questions about what services they considered to be missing or of insufficient supply in the NorthSTAR system overall. Respondents included 915 consumers, 32 stakeholders, and 53 providers. Among the consumers, there were 59 respondents from Child and Family Guidance, 83 from Life Management Resources in Plano, and no respondents from LifePath Systems. Housing and transportation were the two most frequently cited missing or insufficient services.

The survey provided a list of 22 services for respondents to check if they considered them to be missing or needing expansion. Detailed results are provided in Appendix II. Services most often identified by respondents as being needed in greater quantity are consistent with those identified in the Phase II Community Needs Assessment and by Collin County stakeholders, including:

Housing/Homelessness Services	Family/home based services
Supported Employment	Transportation

Among the stakeholders, only 10 identified their agency type. Six were from the criminal justice/judicial system, and 2 from health care. One was from Collin County, and Hunt had the highest number of stakeholder respondents at 8. Of the 32 stakeholders responding, 25 (78%) believed the system offers a wide range of services. Only 2 stakeholders reported an overall satisfaction with NorthSTAR as poor.

Of the 53 providers completing the survey, 9 were from mental health and 18 were from chemical dependency provider locations, 12 were from both. There were no agency directors, and no members of agency boards identified among the types of providers. Only providers from Dallas reported their county in the provider data base; with Dallas providers representing 75% (40) of the provider respondents. Only 9 (17%) of the providers rated their overall satisfaction with NorthSTAR as poor. Providers identified housing, insufficient "length of stay" in hospital, and qualification barriers among the top problems in the system.

Collin County currently has an advantage in the NorthSTAR system by having resources in Dallas County to which to refer or to which clients who would otherwise seek services in Collin County tend to gravitate. Moreover, current behavioral health services needs in Collin County may appear to exist at a rate below the national average. Nonetheless, there are gaps in the existing system involving access to services and a suitable mix of services to meet Collin County's growing and changing population needs. Indicators of risk and estimated need were provided in the Phase II report in detail.

Another consideration in planning BHS for Collin County is the patterns of utilization. All data used in these studies have included services information for Collin County residents regardless of which agency the clients used.

Previous utilization of NorthSTAR services by Collin County clients elucidates the types of services recently used by the community and therefore likely to describe ongoing needs. The following table illustrates the types of clients seen by the top six agencies serving Collin County NorthSTAR clients using psychiatric/mental health services based on their service authorization. This includes the most recent 2009 authorization for each individual where Collin County was the county of residence at time of service authorization.

Adult and Child Clients Served by Agency 2009 by Service Package Authorized (unduplicated for client)

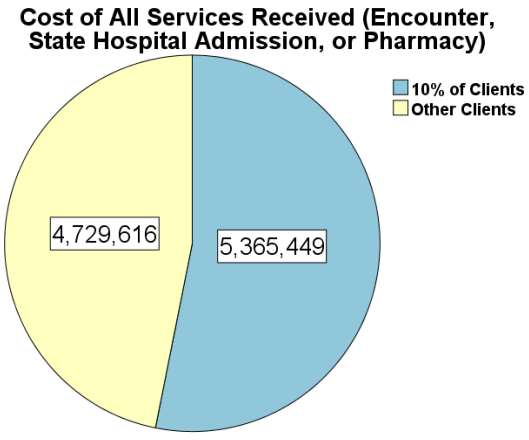
2009 Adult	Service 1: Pharmacy Management and Case Coordination	Service II: Pharmacy Management, Case Coordination, & Psychotherapy	Service III: Pharmacy Management and Rehab Case Management	Service IV: ACT or ACT Alternative	Total
ADAPT	465 (91%)	0 (0%)	43 (8%)	3 (1%)	511
Child and Family Guidance	40 (44%)	39 (43%)	11 (12%)	0 (0%)	90
Dallas Metro Care	121 (61%)	17 (9%)	58 (29%)	2 (1%)	198
Lakes MHMR	25 (83%)	0 (0%)	5 (17%)	0 (0%)	30
LifePath	1455 (95%)	59 (4%)	9 (1%)	7 (0%)	1530
Life Net	19 (48%)	2 (5%)	15 (38%)	4 (10%)	40

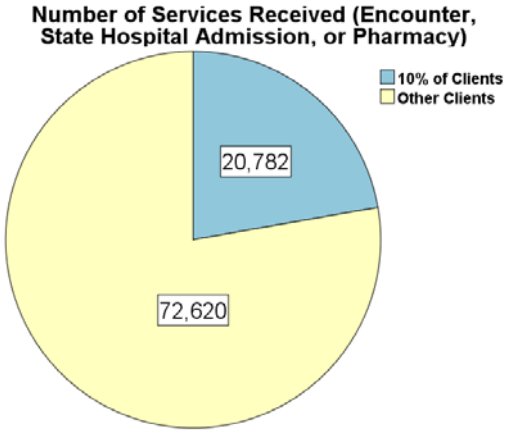
2009 Child	Aftercare	Brief Outpatient: Externalizing	Brief Outpatient: Internalizing	Intensive Outpatient	Total
Child and Family Guidance	62 (25%)	146 (58%)	33 (13%)	11 (4%)	252
Dallas Metro Care	11 (21%)	33 (62%)	3 (6%)	6 (11%)	53
Lakes MHMR	3 (43%)	4 (57%)	0 (0%)	0 (0%)	7
LifePath	129 (47%)	116 (42%)	31 (11%)	0 (0%)	276
Life Net	0 (0%)	2 (100%)	0 (0%)	0 (0%)	2
Providence	7 (27%)	18 (69%)	0 (0%)	1 (4%)	26

The client receives a score based on the RDM and is assigned to a "service package" that indicates the client's level of need. Although the "case rate" no longer compensates providers by service package, the agency must continue to assess the client for need, report that need through the RDM system, and "invoice" Value Options for that expense. Regardless of the "expense" the provider is paid the case rate in the contract.

In an imbalanced system of care, where a full continuum of services is not in place to support a recovery model, typically a small number of clients tend to use a larger relative proportion of services. For 2009, 5,395 clients received NorthSTAR behavioral health services while living in Collin County. These services included pharmacy, outpatient, community inpatient, and state hospital admissions. Of these, 10% (540 individuals) used a disproportionate share of all services, at 22% accounting for 53% of the expenditures.

Cost and number of services associated with 10% of the clients





These clients are making appreciably more visits per person with an average of 22 encounters and 16 prescriptions in the year compared to less than 9 encounters on average and only 6 prescriptions. Also, the majority of State Hospital admissions are made by these high need users.

Details for services used by high and low cost Collin County users of NorthSTAR services

	10% of Clients		Other Clients (90%)	
	Total Number of Services or Admissions	**Total Cost**	**Total Number of Services or Admissions**	**Total Cost**
Encounters (Outpatient and Community Inpatient)	**11,969**	**$2,035,849.00**	**41,577**	**$3,515,650.00**
Medicaid	6,201	$981,424.00	11,478	$992,202.00
Non-Medicaid Funded	5,768	$1,054,425.00	30,099	$2,523,448.00
Pharmacy	**8,673**	**$1,488,316.00**	**30,976**	**$1,138,095.00**
Medicaid	3,800	$1,125,216.00	5,468	$579,302.00
Non-Medicaid Funded	4,873	$363,100.00	25,508	$558,793.00
State Hospital	**140**	**$1,841,283.82**	**67**	**$75,870.85**
Total	**20,782**	**$5,365,448.82**	**72,620**	**$4,729,615.85**

In general, clients who utilized nearly a quarter of the services in 2009 were more likely to have a diagnosis of bipolar disorder or schizophrenia/psychotic disorder. The other 90% of clients were more likely to be diagnosed with depression or drug/alcohol disorders.

For the 10% of clients who used a disproportionate share of resources, 9% of encounters were for community inpatient services and 32% were for rehabilitation services (compared to 2% and 17% respectively for the other 90%). For both groups, approximately a quarter of all encounters were related to medication services. Additionally, this same 10% of clients received almost all of the ACT services, and used far more state hospital bed days, with longer lengths of stay.

The most effective means of ensuring that Collin County prepares for the future of BHS needs is to conduct a prospective study of utilization patterns and associated costs in the current open access environment. This type of information is essential for effective planning. To acquire a more realistic estimate of the number of Collin County residents (adults and children) requiring behavioral health services and who might be eligible for publically funded services, an epidemiological survey using a randomized representative sample would be needed. Direct and detailed assessments of current mental health status, alcohol and drug use, family size, other socio-demographic risk factors, and financial status would be required. Funding might be provided by VO or DSHS for example, to conduct such a study.

Prospective data is of greater value in this type of system than retrospective analyses particularly as the system continues to change. For example, the first entry to the NorthSTAR system continues to be emergency or crisis and yet the way Value Options compensates mental health providers compared to chemical dependency services providers communicates a philosophy that one-size fits all. Meanwhile the DSHS policy to require classification of individuals with the Resiliency and Disease Management (RDM) system remains in place. The system is not operating with consistency in its policies. Every policy change affects the system in ways that cannot be measured without prospective research.

Recommendation 5 **Create and sustain a fact-based quarterly behavioral health services report to enable decision/policy makers to monitor key performance indicators in Collin County.**

A quarterly metric-driven behavioral health services and trends report would be useful for planning and policy-making. The report may be compiled by any individual with timely access to the relevant data.

Collin County stakeholders, decision-makers, and policy-makers have limited access to routine, consistent, data driven reports of behavioral health services, or metrics to plan and shape the system for optimum outcomes. In the absence of consistent and routine data driven reports, decisions tend to be made with qualitative information that is either unreliable or un-validated.

Local provider agencies may already utilize management metrics, but the Value Options driven NorthSTAR program obfuscates the use of simple, clear, practical, well defined, and directly applicable data at the county level. Also, it is often unclear where those data originated within the system. Furthermore, an organized approach to sharing useful information across providers in Collin County is lacking. Data needs to be timely, relevant, and clear.

Another example of a critical area for timely and useable data is the Collin County Jail behavioral health component. The contractor provides a mental health report that contains monthly information on numbers and categories of jail detainees with mental health needs. However, these data are not formulated for a broader scope of planning or decision making, in part because such an application has not been required or requested.

Why should Collin County have a routinely reviewed management report on behavioral health services?

Accurate and consistent information improves policy decisions.

A well crafted and accurate set of data can improve problem solving, avert unforeseen difficulties, and foster quality improvement.

An efficient system operates on clearly defined and monitored metrics.

Continuing along the same road as in the past may result in missed opportunities and further inefficiencies.

A metric driven report would better inform decision makers regarding need and use of mental health and chemical dependency services inside the jail as well as spot problems early, and predict pre-adjudication and post-incarceration needs.

Without simplifying the complex data in the NorthSTAR system and combining it with management level data such as tracking admissions to crisis inpatient, and tracking miles or time used by sheriff's deputies and other law enforcement in managing crisis calls, decisions are based on isolated, anecdotal information at worst, and on either too much or irrelevant data at best. A report such as this would enable all stakeholders to utilize consistent data. Such a report would help identify gaps as well as areas in need of improvement, and could also provide monitoring of processes that are designed to improve services.

Appendix III contains a recommended jail report, and a recommended behavioral health services report. In these proposed reports, each data point would be acquired from multiple sources (for example, NTBHA for the "NorthSTAR Performance Related to Collin County Residents," "New Enrollees," and "NorthSTAR Financial Indicators for Collin County Residents" sections, and LifePath, Child and Family Guidance for the "Provider Agencies" section). Once organized, the report becomes routine unless policy and decision makers or other stakeholders request modifications.

Recommendation 6 **Create mechanisms to engage local behavioral health and general health care leaders and policy makers in cross-functional communications and planning.**

It was noted in the September 2010 Collaborative Review and Discussion of the NorthSTAR System Performance and Trending Data that the momentum and efforts of the workgroups from Dallas County Behavioral Health Leadership Team need to be sustained. It was further stated that NTBHA needs to be engaged and serve as the vehicle for analysis, planning, coordination and oversight as we move forward with their strengthened role.

Currently key Collin County leadership is not actively participating in the DBHLT work groups. Engaging local leaders and policy makers in cross-functional, inter-organizational communications is essential to effective planning and management, and the DBHLT is actively engaged in systems redesign.

With a single point of contact for behavioral health services issues in Collin County (a Behavioral Health Services Director) consistent engagement in the whole system of care would be assured in a way that represents Collin County as a full partner in the business of public service. There is an abundance of information that should be parsimoniously reported to county government that is absent from the current docket on a consistent basis.