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A STUDY OF THE COLLIN COUNTY TEXAS BEHAVIORAL HEALTH SERVICES SYSTEM

A NorthSTAR County

FINAL DRAFT

PHASE THREE REPORT

JUNE 10, 2011: 5PM

RECOMMENDATIONS FOR STRATEGIC PLANNING OF BEHAVIORAL HEALTH SERVICES IN COLLIN COUNTY, TEXAS

EXECUTIVE SUMMARY

A STUDY OF THE COLLIN COUNTY TEXAS BEHAVIORAL HEALTH SERVICES SYSTEM

This report concludes the third and final phase of the study conducted by the University of North Texas Health Science Center. This study was aimed at recommending actions for improving the availability of and access to public behavioral health services for residents of Collin County (the County), Texas. Public behavioral health services are defined as those supported in whole or in part by government in its role of preserving the health and welfare of the community at large.

The Robert Wood Johnson Foundation's 2009 Health Policy Brief reviewed perceptions about the role of government in health care, and provided a précis of how "America's Affordable Health Choices Act of 2009" might affect the status quo. As the US population ages and we experience an increase in the proportion of individuals and families without health care insurance, spending increases exponentially unless cost sharing and cost saving mechanisms are utilized.

Among the least effective cost saving methods used by government are cost cutting and expenditure reduction. Some of the most effective cost saving methods are cost sharing, cost control, and consumer investment in the program of care. Government and the consumer can effectively manage health status and costs together with clearly defined roles. Uninsured, financially eligible individuals/families covered by a tax-supported health care plan who share the cost of care have made an investment in their own health status and in the health status of the community.

Phase One reported fact-based expenditures and services utilization, and commented on the existing system of behavioral health care for the County's residents under the NorthSTAR program.

Phase Two reported on the trends in services utilization and estimated future behavioral health care needs.

Phase Three presents a vision, strategies for each of the six final recommendations, and a compilation of the priorities for services and systems issues developed by stakeholders in the County's behavioral healthcare system.

PHASES ONE AND TWO RECOMMENDATIONS

1. **Incorporate within the existing Health Care Services department, a dedicated position for a Collin County Behavioral Health Services Director.**
2. **Establish an ad hoc committee reporting to county government and key stakeholders to produce a business plan to guide the public behavioral health services system in Collin County.**
3. **Investigate the feasibility of a novel behavioral health services model for Collin County.**
4. **Establish and support a full range of local behavioral health services consistent with the "recovery model."**

PHASE THREE RECOMMENDATIONS

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

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SECTION ONE
VISION

In a meeting on May 12, 2011 with stakeholders in the Collin County behavioral health services system, we solicited participants' perspectives on a vision of behavioral health services in Collin County in the year 2015. Individual statements are provided verbatim in Appendix I. The following statement is a synthesis of these statements formulated as a proposed Vision for the behavioral health services system serving Collin County.

> *In 2015, the behavioral health services system in Collin County will provide seamless access to a range of services of such quantity and quality that promote optimum outcomes for financially disenfranchised persons of all ages with major mental illnesses, emergent psychiatric conditions, and chemical dependency problems, by using efficient cost sharing, management, and clinical infrastructures that encourage choice and participation, and support prevention, early intervention, advocacy, and follow-up while protecting individual rights and the public health and safety of the community.*

In the reports from Phases I and II, we described trends in the utilization of mental health (MH) and chemical dependency (CD) treatment services by Collin County residents in the NorthSTAR program. The reports identified strengths and limitations of the existing public behavioral health system serving Collin County that is funded by state, federal and local sources, operated by one managed care organization, and controlled by legislative action. The scope of the study thus addressed only one component of a complex array of public and private organizations that have contact with persons in need of MH or CD treatment services. This limited scope has a narrow focus, leaving some of the important elements of a complete public behavioral health system unaddressed. Some of these important elements are under-resourced in the NorthSTAR system, including for example, school based programs, the demands on local hospitals for indigent care, and law enforcement, correctional, and judicial systems' contacts with persons needing MH or CD treatment services.

However, those currently under-resourced elements of a complete public behavioral health services system may appropriately be under the purview and funding authority of NorthSTAR/Value Options, but Collin County may not be sufficiently incorporating them so as to continually improve its local system of behavioral health services.

If Collin County stakeholders adopt this vision statement, or a variation of it, there will be a solid framework on which to build a complete system. This Phase III report is provided to assist the County identify ways to invest resources in a strong and stable future for behavioral health services as the backbone of a healthy community. The six recommendations in this final report are provided as key activities to guide future planning and development of the County's behavioral health services system.

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)

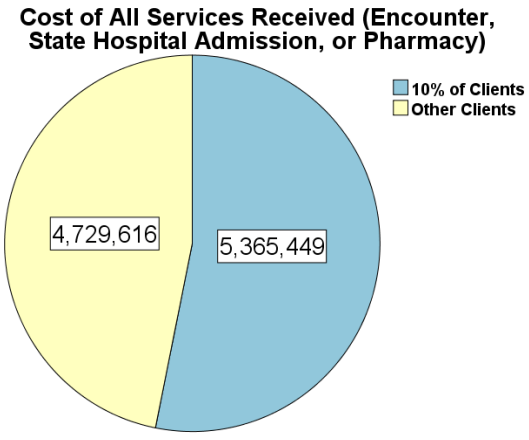
2009 Adult	Service 1: Pharmacy Management and Case Coordination	Service II: Pharmacy Management, Case Coordination, & Psychotherapy	Service III: Pharmacy Management and Rehab Case Management	Service IV: ACT or ACT Alternative	Total
ADAPT	465 (91%)	0 (0%)	43 (8%)	3 (1%)	511
Child and Family Guidance	40 (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

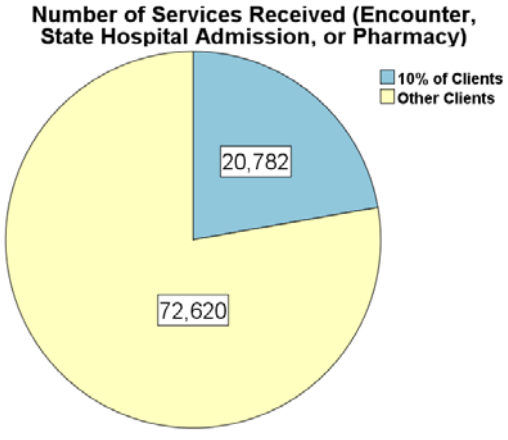
2009 Child	Aftercare	Brief Outpatient: Externalizing	Brief Outpatient: Internalizing	Intensive Outpatient	Total
Child and Family Guidance	62 (25%)	146 (58%)	33 (13%)	11 (4%)	252
Dallas Metro Care	11 (21%)	33 (62%)	3 (6%)	6 (11%)	53
Lakes MHMR	3 (43%)	4 (57%)	0 (0%)	0 (0%)	7
LifePath	129 (47%)	116 (42%)	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.

APPENDICES

I Vision and Strategy Statements

II Services and Systems Priorities

III Report Examples and Templates

APPENDIX I
Vision and Strategies Statements

VISION A

CONSUMERS WHO DESIRE AND NEED MENTAL HEALTH SERVICES WOULD HAVE ACCESS IN TIMELY MANNER AND SERVICES WOULD BE FUNDED.

ACTION STEP 1.

ALL LEVELS OF SERVICE WOULD EXIST IN COLLIN COUNTY INPATIENT - PARTIAL HOSPITAL – INTENSIVE OUTPATIENT - RESIDENTIAL TREATMENT - OUTPATIENT TREATMENT ALL WITHIN COLLIN COUNTY

STRATEGIES

- DESIGN A WAY FOR PATIENTS TO HAVE ACCESS (TRANSPORTATION) TO SERVICE. CAN WE FUND A TRANSPORT SERVICE TO LOCAL CARE?
- FUND PROVIDERS TO BE ABLE TO PROVIDE ALL LEVELS OF CARE.
- EXPANSION OF EMERGENCY SHELTER FOR COLLIN COUNTY. SOME SERVICES AVAILABLE ON-SITE AT SHELTERS.

ACTION STEP 2.

IF ALCOHOL AND DRUG SERVICES ARE MOST USED, DEVELOP MORE SERVICES IN COLLIN COUNTY AREA THAT ARE FUNDED.

STRATEGIES

- HAVE IN-PATIENT CD BEDS AVAILABLE FOR DETOXIFICATION. A RESIDENTIAL CD CENTER IN COLLIN COUNTY.
- CONTINUE COLLABORATION BETWEEN SERVICE PROVIDERS IN COLLIN COUNTY.
- STRENGTHEN COHESIVENESS AND VOICES.

VISION B

CONSUMERS WILL HAVE ACCESS TO THE SAME LEVEL OF SERVICES AVAILABLE IN DALLAS COUNTY.

ACTION STEP 1.

DEVELOP HOMELESS SHELTERS AND HOUSING FOR PERSONS WITH PSYCHIATRIC ILLNESS.

STRATEGIES

- CONSIDER CORPORATE SPONSORSHIP AND/OR PRIVATE FUNDRAISING IN COMMUNITY-COMMUNITY BOARD.
- REGULAR MEETINGS OF MENTAL HEALTH PROFESSIONALS IN COMMUNITY ALONG WITH LOCAL BUSINESS PROFESSIONALS AND COMMUNITY LEADERS WITH INVESTMENT IN LOCAL COMMUNITY TO CREATE BOARD AND PERFORM FUNDRAISING.

ACTION STEP 2.

DEVELOP MORE PROGRAMS FOR INPATIENT TREATMENT (DETOX) OF ALCOHOL AND DRUG DEPENDENCE.

STRATEGIES

- DESIGNATE SOME CURRENT INPATIENT BEDS FOR THIS PURPOSE AS THESE ARE LOCAL HOSPITALS WITH STAFF THAT ARE TRAINED IN THIS AREA (UNSURE ABOUT FINDING REIMBURSEMENTS, ETC).

VISION C

RESIDENTS OF COLLIN COUNTY WILL HAVE ACCESS TO A COMPREHENSIVE BEHAVIORAL HEALTH CARE SYSTEM AND WILL BE ABLE TO GET WHATEVER CARE IS NEEDED FOR THEIR INDIVIDUAL ISSUES.

ACTION STEP 1.

MAP ALL CURRENT SERVICES AVAILABLE AND IDENTIFY GAPS IN SERVICES.

STRATEGIES

- PULL TOGETHER PROVIDER GROUPS AND INCLUDE STAKEHOLDERS (LAW ENFORCEMENT, COURT SYSTEM, AND CONSUMERS) TO IDENTIFY CURRENT SYSTEM.
- IMPROVE COORDINATION AMONG EXISTING PROVIDERS AND INCREASE AWARENESS OF CURRENT SERVICES AVAILABLE.
- MAP OUT CURRENT SERVICES AND HOW THEY "FLOW" - IDENTIFY GAPS.

ACTION STEP 2.

IDENTIFY CURRENT SATISFACTION LEVEL OF FAMILY MEMBERS AND CONSUMERS OF THE SYSTEM.

STRATEGIES

- MEET WITH ADVOCACY GROUPS IN COLLIN COUNTY- (NAMI COLLIN COUNTY) AND ASK ABOUT EFFECTIVENESS OF SYSTEM. MEET MONTHLY.
- EDUCATE ADVOCACY GROUPS TO BECOME CONSCIOUS ABOUT ACTION STEP #1 INFORMATION AND ENCOURAGE THEIR INVOLVEMENT IN THE PROCESS.
- INCLUDE ADVOCACY GROUP MEMBERS IN SYSTEM DESIGN MEETING.

VISION D

A COMMUNITY-BASED INDIVIDUAL IN NEIGHBORHOODS TO DEVELOP SPECIFIC NETWORK OF SERVICES THAT ADDRESSES SERVICES SPECIFIC TO THAT COMMUNITY.

ACTION STEP 1.

TO IDENTIFY SPECIFIC NEEDS IN EACH AREA THAT WILL ASSIST IN DEVELOPING A PLAN OF ACTION TO IMPROVE SERVICES.

STRATEGIES

- CALL A MEETING WITH COMMUNITY LEADERS ON THE AREA'S NEEDS TO ACHIEVE IMPROVED SERVICES THROUGH ORGANIZATION OF AN EXPLORATORY TEAM.
- REGULARLY SCHEDULED MEETINGS TO DISCUSS FINDINGS WITH COMMUNITY.
- PRIORITIZE THE NEEDS OF THE AREA; EVALUATE HOW THE COMMUNITY CAN MOVE FORWARD WITH AVAILABLE RESOURCES.

VISION E

CCART EXPANDED COUNTY WIDE TO PROVIDE ON-DEMAND TRANSPORTATION TO MENTAL HEALTH SERVICES. "DAY" FACILITY AVAILABLE FOR PERSON WITH MENTAL HEALTH ISSUES. AN EFFECTIVE JAIL DIVERSION PROGRAM. AN OMNIBUS PERSON WHOSE PRIMARY FUNCTION IS COORDINATION OF SERVICES FOR ALL NEED FOR HEALTH CLIENTS INCLUDING THOSE IN JAIL AND THOSE POST-HOSPITAL AND THOSE HOMELESS OR CHEMICAL DEPENDENT.

ACTION STEP 1.

FIND FUNDING TO EXPAND CCART COUNTY WIDE ON-DEMAND SERVICES TO ALL PEOPLE NEEDING TRANSPORTATION TO MEDICAL FACILITIES.

STRATEGIES

- CHARGE FOR TRANSPORTATION BASED ON ABILITY TO PAY AND POSSIBLE COVERAGE BY INSURANCE OR MEDICARE/MEDICAID.
- SELL ADVERTISING SPACE ON TRANSPORTATION VEHICLES-SOME MEDICAL PROVIDERS SUCH AS PHARMACY MIGHT BUY SPACE.
- SEEK GRANT FUNDS.

ACTION STEP 2.

ESTABLISH A "DAY" FACILITY CENTRALIZED AND NEED PUBLIC TRANSPORTATION FOR ALL PERSONS WITH MENTAL HEALTH ISSUES-PROVIDE PHARMACY SERVICES, COUNSELING PERSONAL CARE TRAINING, ETC. TO KEEP THEM FUNCTIONING AND OUT OF MORE COSTLY CARE.

STRATEGIES

- CHARGE MINIMAL AMOUNTS BASED ON ABILITY-TO-PAY.
- CONSIDER THIS AS A DIVERSION FORM MORE EXPENSIVE CARE AND USE SOME AVAILABLE FUNDS IF PROVEN TO ACTUALLY DIVERT FROM CURRENT FUNDING.
- HAVE THE OMBUDSMAN EITHER OFFICE HERE OR VISIT HERE ON A REGULAR SCHEDULED TIMES TO BE AVAILABLE TO CLIENTS.

ACTION STEP 3.

HAVE PAID STAFF PERSON ASSIGNED TO DO JAIL DIVERSION AND ACT AS OMBUDSMAN UNTIL WE CAN HAVE ONE OF EACH.

STRATEGIES

- CONSIDER PAYING OR FUNDING PERSON BASED ON COST TO BE IN JAIL PER DAY TIMES NUMBER OF DAYS THAT PERSON WOULD BE IN JAIL TIMES A PERCENTAGE (50%?)
- HOLD REGULAR SCHEDULED MONTHLY (OR 2 TIMES PER MONTH) INFORMATION EXCHANGE MEETINGS WHERE PROVIDERS PRESENT THEIR NEEDS AND CAPABILITIES FOR CLIENTS; I HAVE A CLIENT WHO NEEDS _____.
- ALSO LOOK FOR GRANT FUNDS FOR THESE POSITIONS

VISION F

A CENTRAL PERSON AT THE COUNTY LEVEL-COORDINATING MENTAL HEALTH SERVICES AND A LIAISON TO THE STAKEHOLDER GROUPS TO REPRESENT THE INTERESTS OF COLLIN COUNTY. COMMUNITY ACCESS POINTS TO MENTAL HEALTH RESOURCES (FQHC'S, NON-PROFIT CLINICS, COUNTY SERVICE LOCATIONS) SERVICE COORDINATION BETWEEN POPULATIONS FOR TRANSPORTATION, CRISIS, RESOURCE NETWORK.

ACTION STEP 1.

HIRE A COLLIN COUNTY MENTAL HEALTH LIAISON AND COORDINATOR OF SERVICES.

STRATEGIES

- COMMISSIONER COURT TO AGREE TO THIS POSITION AND FUND/SUPPORT IT.

ACTION STEP 2.

CREATE AN ACCESS NETWORK WITH CURRENT PROVIDER INFORMATION AND SUPPORT TO APPLY FOR RESOURCES.

STRATEGIES

- HAVE A COMPUTER NETWORK/DATABASE OF PROVIDERS AND REFERRAL AGENCIES TO HELP THOSE IN NEED ACCESS THE SYSTEM.
- TRACK AND FOLLOW-UP ON THOSE ENTERING THE SYSTEM AND RECEIVING CARE.
- EVALUATE OUTCOMES.

ACTION STEP 3.

ADDRESS TRANSPORTATION AT A COUNTY LEVEL TO PROVIDE MOBILITY TO MANY "AT-RISK" POPULATIONS THAT NEED ACCESS TO SERVICES. MENTAL HEALTH, IDD, INDIGENT HOMELESS, UNEMPLOYED ALL NEED TO GET TO APPOINTMENTS AND TREATMENT.

STRATEGIES

- COORDINATE VEHICLES OWNED BY THE COUNTY, CHURCHES, ETC. TO BE ABLE TO PROVIDE TRANSPORTATION TO PEOPLE IN NEED OF GETTING TO SERVICES.

ACTION STEP 4.

PROMOTE FQHC'S TO BRING ACCESS POINTS FOR MENTAL HEALTH/SUBSTANCE ABUSE AND HEALTH INFORMATION TO THE PUBLIC. (1-MCKINNEY, 1-PLANO, 1-FRISCO)

STRATEGIES

- ENCOURAGE COLLIN COUNTY COMMISSIONERS COURT TO SUPPORT THESE CLINICS TO PROVIDE GREATER ACCESS TO A WIDE ARRAY OF SERVICES AT A CENTRALLY LOCATED FACILITY. STRATEGICALLY LOCATED IN MUA'S (MEDICALLY UNDERSERVED AREAS).

VISION G

PROVIDE AND PROMOTE READY ACCESS TO ALL LEVELS OF BEHAVIORAL HEALTH SERVICES WITHOUT ELIGIBILITY RESTRICTIONS.

ACTION STEP 1.

DEVELOP WALK-IN BEHAVIORAL HEALTH PRIMARY SERVICE CLINICS. SOLICIT/BORROW EXISTING HIGH TRAFFIC/VISIBLE SITES IN THE COUNTY, STAFFED BY VOLUNTEER PROVIDERS AND STUDENTS.

STRATEGIES

- DEVELOP INTEGRATIVE HEALTH CARE SERVICES COMBINING MEDICAL/MENTAL HEALTH. PROVIDE MENTAL HEALTH SERVICES IN COLLABORATION WITH MEDICAL PROVIDERS AT FREE CLINICS AND OTHER FACILITIES.
- DEVELOP AND PROMOTE COMMUNITY EDUCATION/INVOLVEMENT PROGRAMS. DEVELOP AND ACTIVATE A CORPORATION OF VOLUNTEER REPRESENTATIVES UTILIZING STRUCTURED PROGRAMS SUCH AS "MEDICAL FIRST AID" TO ORGANIZATIONS AND BUSINESSES.
- ELIMINATE/MINIMIZE PROVIDER COMPETITION WHICH DILUTES SERVICE ACCESS AND IS AN OBSTACLE TO EFFECTIVE CARE. FORM A COALITION OF THE MANY NON-PROFITS TO PROVIDE SERVICES.

ACTION STEP 2.

DEVELOP AN ELECTRONIC COMMUNICATION SYSTEM TO COORDINATE SERVICES BETWEEN PROVIDERS.

STRATEGIES

- CONCENTRATE ON THE NON-ELIGIBLE COLLIN COUNTY RESIDENTS.

VISION H

SEAMLESS REFERRAL AND ELIGIBILITY PROCESS INCLUDING ADEQUATE LOCAL ACCESS TO ALL NEEDED SERVICES.

ACTION STEP 1.

CREATE MORE PUBLICITY FOR THE EXISTING SYSTEM. INCLUDE A NUMBER OF PATIENT SERVICES CURRENTLY PROVIDED ELSEWHERE THAT SHOULD BE PROVIDED LOCALLY.

STRATEGIES

- REGULAR MEETINGS OF WORK GROUP TO UNDERSTAND EXISTING SYSTEM.
- INCLUSION OF REFERRAL AGENCIES, GOVERNMENT, CHURCHES, MEDICAL
- THIRD PARTY PAYERS RECOGNIZE NEED FOR SUCCESS LOCALLY CREATING MORE DEMAND AND CAPACITY.

ACTION STEP 2.

IDENTIFY TREATABLE ISSUES EXISTING, PROVIDE THOSE SERVICES LOCALLY.

STRATEGIES

- MORE TRAINING OR FRONT LINE EMPLOYEE FOR EARLIER IDENTIFICATION.
- EXPAND NUMBER OF FRONT LINE EMPLOYEES TO LOCAL BUSINESS ABATEMENT (PLANO), PUBLIC WORKS, ETC.

VISION I

ALL INDIVIDUALS WHO HAVE MENTAL HEALTH NEEDS HAVE ACCESS TO A COORDINATED SYSTEM OF CARE LOCATED IN COLLIN COUNTY THAT INCLUDES EDUCATION, PREVENTION, TREATMENT, AND SUPPORTS. THIS SYSTEM IS MANAGED BY A COLLIN COUNTY AUTHORITY.

ACTION STEP 1.

CREATE A LOCAL AUTHORITY.

STRATEGIES

- IDENTIFY THE RESPONSIBILITIES OF A REAL AUTHORITY IN TEXAS.
- ESTABLISH THE MISSION AND BYLAWS OF THE AUTHORITY.

ACTION STEP 2.

CREATE A COUNTY-WIDE ADVISORY BOARD MADE UP OF ADVOCATES, PROVIDERS, FAMILIES, BUSINESSES AND GOVERNMENT REPRESENTATIVES.

STRATEGIES

- GIVE THE MANDATE TO THE ADVISORY BOARD TO IDENTIFY MENTAL HEALTH NEEDS IN JOBS, HOMES AND SCHOOLS, AND TO ESTABLISH PROGRAMS THAT WILL SIGNIFICANTLY IMPROVE THE MENTAL HEALTH OF COLLIN COUNTY RESIDENTS.
- FOCUS ON FORMING PARTNERSHIPS WITH BUSINESSES, SCHOOLS, FUNDING AGENCIES AND HOUSING AUTHORITIES.

ACTION STEP 3.

ADVOCATE FOR STATE AND FEDERAL FUNDING TO BE SENT TO THE COLLIN COUNTY AUTHORITY.

STRATEGIES

- WORK WITH STATE AND FEDERAL LEGISLATORS TO HELP THEM UNDERSTAND THE UNIQUE NEEDS OF COLLIN COUNTY, AND THE NEED FOR A RESPONSIVE, LOCALLY GOVERNED BH SYSTEM.
- FOCUS ON LOCAL CONTROL AND THE DEVELOPMENT OF SERVICES SPREAD THROUGHOUT THE COUNTY.

VISION J

OPEN ACCESS TO COLLIN COUNTY SERVICES-EVALUATIONS, TREATMENT ALL LEVELS-INVESTIGATION OF NS OR A CONTINUAL SYSTEM THAT IS SIMILAR; IMPROVED COORDINATION OF CARE BETWEEN ALL HEALTH CARE FACILITIES-PROFIT AND NON-PROFIT; TEMPORARY HOUSING.

ACTION STEP 1.

REQUIRE CONTINUATION OF A PROGRAM SIMILAR TO N.S. OR AT LEAST A PROGRAM THAT CAN FIND SERVICES FOR INDIGENTS AT A DECENT RATE.

STRATEGIES

- SLIDING SCALE FOR ENTRY TO SERVICES. 20% POVERTY LEVEL TRULY LEAVES TO MANY PEOPLE OUT.
- CONTINUED ACCESS TO CREATION OF NEW DRUG CENTER. COUNTY SAVE ENORMOUS AMOUNTS OF $ EACH YEAR. HELP ILL PATIENTS BETTER BY "TREATING" THEM THAN "INCARCERATING" THEM. THEY ARE CURRENTLY VERY SUCCESSFUL IN COLLIN COUNTY.

ACTION STEP 2.

MONTHLY MEETING WITH ALL PROVIDERS AND THEIR REPRESENTATIVES.

STRATEGIES

- PRINTED BROCHURES THAT IDENTIFY SPECIFICALLY WHAT EACH FACILITY DOES AND WHO IS ELIGIBLE.

ACTION STEP 3.

PROVIDE VOUCHERS AT LOCAL SHELTERS FOR QUALIFIED PEOPLE.

STRATEGIES

- ACQUIRE FACILITY AND EQUIPMENT WITH ACCESS TO TREATMENT.
- SOLICIT SUPPORT FROM LOCAL CHURCHES TO PROVIDE MANPOWER AND $ SUPPORT- CAN BE A "PARTNERS IN MISSION" PROGRAM.

APPENDIX II
SERVICES AND SYSTEMS PRIORITIES

Services and Programs	Ranking 1-13	Importance of this issue for the Collin County				
	Ranking	Low		Moderate		High
1. School-based services: early response, referrals, consultations, and continuing education for teachers		1	2	3	4	5
2. Pro-active transitional services from child to adult status		1	2	3	4	5
3. Child and Adolescent residential and emergency services		1	2	3	4	5
4. Post-release (jail, prison) continuity of care, and provider linkages to community corrections (probation, parole)		1	2	3	4	5
5. Court-based liaisons for behavioral health		1	2	3	4	5
6. Services for victims-of-crimes		1	2	3	4	5
7. Outpatient commitment options		1	2	3	4	5
8. Homeless services		1	2	3	4	5
9. Early intervention and prevention programs		1	2	3	4	5
10. Improve access to and availability of alcohol and drug detox services		1	2	3	4	5
11. Transportation limitations are barriers to access to care		1	2	3	4	5
12. Services for special populations: elderly, medically indigent, veterans		1	2	3	4	5
13. Family-home-based services: Emergency, post-release-hospital, or in-lieu of hospital or crisis services		1	2	3	4	5

Systems' Issues	Ranking 1-13	Importance of this issue for the Collin County				
	Ranking	Low		Moderate		High
1. Need consistency and stability in policies and linkages across services/organizations		1	2	3	4	5
2. Identify and eliminate barriers: efficiencies, add locations, culturally responsive, and court-based liaisons		1	2	3	4	5
3. Create a full range (continuum) of services, with individualized treatment planning with provider linkages		1	2	3	4	5
4. Create an organized system of after-care linkages to community post-hospitalization or post-crisis		1	2	3	4	5
5. Identify gaps and improve coordination of dual diagnosis services		1	2	3	4	5
6. Identify and remove barriers to access to emergency services		1	2	3	4	5
7. Create mechanisms for collaboration/agreements (MOUs) across providers and organizations		1	2	3	4	5
8. Need a Collin County Community Resource Coordination Group (CRCG)		1	2	3	4	5
9. More effective Forensic (Court and Criminal Justice) Mental Health system, including services victims-services		1	2	3	4	5
10. Crisis Services: first-responders training, and improve local hospital ER-police communications/waiting times		1	2	3	4	5
11. Establish a program of community engagement and education		1	2	3	4	5
12. Establish partnerships/communications with faith-based organizations		1	2	3	4	5
13. Define and identify issues with “indigent” but not qualified for NorthSTAR services		1	2	3	4	5

NTBHA Survey: What NorthSTAR services do you think are missing or need to be expanded?

Services	*Providers N=53*	*Stakeholders N=32*	*Consumers N=915*	*Total N=999*
Housing Services	33 (62.3%)	9 (28.1%)	223 (24.4%)	265 (26.5%)
Therapeutic Foster Care	3 (5.7%)	4 (12.5%)	16 (1.7%)	23 (2.3%)
Transportation to Appointments	24 (45.3%)	6 (18.8%)	218 (23.8%)	248 (24.8%)
Transportation for Other	9 (17.0%)	2 (6.3%)	100 (10.9%)	111 (11.1%)
Skills Training (parenting, anger mgmt, etc)	24 (45.3%)	7 (21.9%)	137 (15.0%)	168 (16.8%)
In Home and Family Support	12 (22.6%)	8 (25.0%)	89 (9.7%)	109 (10.9%)
Family Counseling/Support without Patient Present	27 (50.9%)	12 (37.5%)	89 (9.7%)	128 (12.8%)
Work Assistance and Support	17 (32.1%)	5 (15.6%)	168 (18.4%)	190 (19.0%)
Medication	18 (34.0%)	6 (18.8%)	146 (16.0%)	170 (17.0%)
24 hour Clinics/Aftercare	15 (28.3%)	9 (28.1%)	140 (15.3%)	164 (16.4%)
Substance Abuse and Mental Illness Education and Prevention	19 (35.8%)	6 (18.8%)	91 (9.9%)	116 (11.6%)
Intensive Case Management for Chemical Dependency	13 (24.5%)	5 (15.6%)	48 (5.2%)	63 (6.3%)
Longer Stays in Treatment	39 (73.6%)	8 (25.0%)	96 (10.5%)	143 (14.3%)
School Based Programs	11 (20.8%)	9 (28.1%)	121 (13.2%)	141 (14.1%)
Clubhouse/Drop-In Center	9 (17.0%)	4 (12.5%)	57 (6.2%)	70 (7.0%)
Peer Services	9 (17.0%)	5 (15.6%)	58 (6.3%)	72 (7.2%)
Local Residential Treatment for Youth	12 (22.6%)	12 (37.5%)	38 (4.2%)	62 (6.2%)
Jail Diversion	10 (18.9%)	6 (18.8%)	69 (7.5%)	85 (8.5%)
Special Mental Health Services for the Elderly	13 (24.5%)	3 (9.4%)	49 (5.2%)	65 (6.5%)
Respite Care	3 (5.7%)	5 (15.6%)	14 (1.5%)	22 (2.2%)
Dual Diagnosis Treatment	16 (30.2%)	6 (18.8%)	72 (7.9%)	94 (9.4%)
Care Coordination	6 (11.3%)	4 (12.5%)	51 (5.6%)	61 (6.1%)

APPENDIX III
Report Examples and Templates

SUGGESTED QUARTERLY/MONTHLY COLLIN COUNTY JAIL	MONTH	MONTH	MONTH	QUARTER
Average Daily Jail Census and Average Length of Stay				
REFERRALS				
Mental Health Referrals to Psychiatrist				
Mental Health Referrals to mental health counselors (non-psychiatrist)				
PHARMACY Number Inmates on Psychotropic Medications/Total Cost				
MENTAL HEALTH Number of Mental Health Beds				
Admitted to Mental Health Service				
Total Days in Mental Health Service				
Average Mental Health LOS				
Total with validated diagnosis				
Schizophrenia or other thought disorder				
Bipolar Disorder				
Major Depressive Disorder (MDD)				
Adjustment Disorder and Antisocial Personality Disorder				
Borderline IQ and Cognitive Disorders				
Poly-Substance Dependence				
Brain Injury/Neurological Disorder				
Malingering/Anxiety				
ADHD				
PTSD				
County Jail NorthSTAR Enrollment				
Number Eligible for NorthSTAR				
Previous enrollee/Enrolled at jail				
Jail Intensive Case Management				
Referred to post-release transition service				
Connected post-release to transition service				
Pre-Adjudication Competency				
Remanded to state hospital for competency restoration				
Received from state hospital for competency hearing				
Time between jail admission and release to state hospital				

SUGGESTED QUARTERLY BEHAVIORAL HEALTH SERVICES REPORT	FY2010 Q3	FY2010 Q4	FY2011 Q1	FY2011 Q2	FY2011 Q3	FY2011 Q4
INDICATOR						
TOTAL individuals served						
Single Diagnosed Psychiatric Adult						
Single Diagnosed Chemical Dependence Adult						
Dually diagnosed Psychiatric and CD Adult						
Single Diagnosed Psychiatric Child and Adolescent						
Single Diagnosed Chemical Dependence Child and Adolescent						
Dually diagnosed Psychiatric and CD Child and Adolescent						
Community Inpatient						
Number individual persons admitted and discharged						
Total inpatient days						
Average and range of cost per person						
Number active clients						
Number new clients						
State Hospital Utilization						
Number individual persons admitted and discharged						
Total inpatient days						
Average and range of cost per person						
Percent within 30 Days						
Total releases						
Readmission to Any Inpatient						
Number of individuals readmitted with in the quarter						
Number of readmission events						
Reasons						
Agency referral - Detail by agency						
Family contact law enforcement						
Court re-commitment						

SUGGESTED QUARTERLY BEHAVIORAL HEALTH SERVICES REPORT	FY2010 Q3	FY2010 Q4	FY2011 Q1	FY2011 Q2	FY2011 Q3	FY2011 Q4
Clients Served by eligibility status and age groups (N/%)						
Medicaid						
Non-Medicaid						
Over age 65						
Adults (21 to 65)						
Children and Adolescents (0-20 yrs)						
TOTAL						
Forensic Services						
Commitment Hearings						
Civil Mental Health Commitments						
Orders of Protective Custody						
Court requests for mental health services adults						
Court requests for Chemical Dependency services adults						
Court requests for mental health services child and adolescents						
Court requests for Chemical Dependency services child and adolescents						
Court requests family services						
Crisis						
Law enforcement crisis calls						
Law enforcement transports to community inpatient (adult/child)						
Law enforcement transports state hospitals (adult/child)						
Law enforcement transport to court commitment hearings						
Source for law enforcement crisis calls						
Collin County Sheriff						
Plano PD						
McKinney PD						

SUGGESTED QUARTERLY BEHAVIORAL HEALTH SERVICES REPORT	FY2010 Q3	FY2010 Q4	FY2011 Q1	FY2011 Q2	FY2011 Q3	FY2011 Q4
Persons Served						
Persons served over case rate "cap" or maximum (by provider)						
Difference between billed amount and case rate						
Eligible NorthSTAR applicants referred and seen (by provider)						
Eligible NorthSTAR applicants referred and waiting (by provider)						
Collin County residents served out of county (by provider)						
Number persons seen by agency						
New Enrollees						
Number of new clients enrolled from Collin County						
Number dropped from Collin County rolls; still served in system						
Number dropped from Collin County rolls: no longer seen in system						
Expenditures						
Total Encounters						
Average per encounter						
Medications total						
Invoiced expenses for Collin County (detail attached)						
Case Rate “reconciliation payment”						
Services and Meds TOTAL in $$						
Location of service						
Proportion Collin County seen in county						
Proportion Collin County seen outside of county						
Homeless count seen in Collin County						
Homeless count from the Bridge and other non Collin County sites						

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