



# NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

THE LOCAL BEHAVIORAL HEALTH AUTHORITY REPRESENTING COLLIN, DALLAS, ELLIS, HUNT, KAUFMAN, NAVARRO, AND ROCKWALL COUNTIES

October 17, 2014

Certified Mail RRR#7002 2410 0003 9520 7682

Mr. Ken Levine, Director  
Texas Sunset Commission  
P. O. Box 13066  
Austin, Texas 78711

Dear Mr. Levine:

Attached, please see the response from the North Texas Behavioral Health Authority Board to the recently published Sunset Advisory Commission Staff Report on the Health and Human Service Commission and System Issues.

Sincerely,

Richard Scotch, Ph.D.  
North Texas Behavioral Health Authority Board Chair

The North Texas Behavioral Health Authority (NTBHA) Board of Directors welcomes the opportunity to respond to the Texas Sunset Advisory Commission Staff Report on the Health and Human Services Commission, Issue 9. The NTBHA Board understands the significant challenges that staff faced in addressing the important issue of improved service delivery for the NorthSTAR service area, which includes Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties. However, the NTBHA Board of Directors cannot support the findings or recommendations of the staff report.

- The report does not provide a complete or accurate review of the system, failing to acknowledge the many strengths of the NorthSTAR system.
- The conclusions and recommendations are, in some cases, based on incorrect or incomplete information and questionable analysis.
- The very title of this section of the staff report is troubling.

The NTBHA Board and other stakeholders in the NorthSTAR service area understand and embrace the need to change. The NorthSTAR program itself clearly demonstrates that this community can work together to transform service delivery. There are many challenges facing healthcare delivery in our State and local communities. We all recognize the importance of integrating primary and specialty health care with behavioral health care. However, there is much research on this issue and many potential models for achieving integration. Each has their own strengths and weaknesses. There is no single blueprint that is best for all local communities to follow.

NorthSTAR has already shown the ability to deliver quality services in a cost effective manner. We agree and strongly support this statement from the staff report: *“The time has come to draw conclusions from the NorthSTAR model and move forward with a new approach that better services the Dallas region and state.”* However, we strongly disagree with the findings and recommendations contained in the staff report.

**We ask that the Sunset Advisory Commission instead support a process that allows the NorthSTAR area to work in conjunction with State leaders to find an enhanced model that preserves what works in NorthSTAR and allows for improvements that we all agree upon.**

## NorthSTAR Strengths

NorthSTAR is a strength-based, recovery oriented system of care that provides publically funded mental health and substance use disorder treatment and services in the above-listed seven county region.

- **Mental health and substance use disorder treatment**

NorthSTAR is an integrated mental health and substance use disorder service system, with integration of the funding streams and at the provider level. Many providers are licensed to serve both the mental health and the substance use disorder needs of NorthSTAR members.

- **Open access—no waiting lists**

According to the Houston Chronicle, last year 5515 Texans were on waiting lists. This number has been significantly decreased due to targeted funding appropriated last legislative session. A new waiting list is already forming, however, according to DSHS. A key feature of this system is that since its inception, NorthSTAR has never had a waiting list.

The importance of this feature is highlighted by the number of individuals seeking services in NorthSTAR. Prior to NorthSTAR, the seven-county region served about 10,000 individuals. Under NorthSTAR, over 73,000 individuals now receive services.

- **No Wrong Door: Blended Funding – Medicaid, Indigent and other Sources**

Funding from multiple federal, state, and local sources are combined to provide services. This blended funding allows all treatment decisions to be based upon clinical needs and not funding stream. In NorthSTAR, individuals in need do not have to understand how the Medicaid, mental health and substance use treatment systems work in order to access care. They just have to ask for help in any NorthSTAR county at any NorthSTAR provider, and they will be enrolled in the program and provided with care. There is “no wrong door” to receive care. Consumers never have switch providers or programs just because Medicaid (or other benefits) begin or end. The staff report appears to indicate that this arrangement is problematic. However, NorthSTAR operates under a 1915b Medicaid waiver, which has been renewed every 2 years since the inception of NorthSTAR, most recently in May, 2014. This blended funding is at the core of the waiver and NorthSTAR.

- **Choice of providers--competition**

In NorthSTAR, the BHO is responsible for recruiting a network of providers to serve people with mental illness or substance use disorders at any point on the continuum of care from community-based outpatient treatment, to hotline services, mobile crisis teams, psychiatric emergency services and hospitalization. These services are rendered by over 300 providers in the NorthSTAR network. NorthSTAR members can choose their provider and can change their provider for any reason. They can vote with their feet and take their business elsewhere if they are dissatisfied with the service at a given provider. This competition has resulted in an entrepreneurial spirit among NorthSTAR providers and has sparked many of the innovations that have continued to evolve the NorthSTAR model.

- **Separation of authority and provider functions**

The NorthSTAR model separates the authority functions from the provider functions, and is supported as a best practice by mental health advocates. Its purpose is to eliminate the inherent conflict of interest present in other models. The authority function oversees the provider function. In situations in which these functions both reside at the local mental health authority, then the authority is also the provider. Therefore, in circumstances in which the consumer questions an administrative or clinical decision, his or her only recourse is to appeal to the same agency with which he or she has the disagreement—thus, there is no unbiased oversight of the provider. This situation also gives very little incentive to the authority to contract with independent providers in order to give consumers true choice.

- **Accountability and Data**

Historically all quarterly reports and other data required by DSHS has been published on the North Texas Behavioral Health Authority website and the DSHS website. Outcomes for NorthSTAR members have been in the top 15% of the state.

## **NorthSTAR is ready to build on its Strengths**

The North Texas Behavioral Health Authority Board disagrees with the Sunset Staff that the NorthSTAR model stifles innovation. In the 15 years since its inception, NorthSTAR has continued to adapt, innovate, and change:

- Hotline
- Mobile Crisis
- 23-hour observation unit at Green Oaks Psychiatric Emergency Services
- Child and Adolescent Psychiatric Emergency Services at Timberlawn Hospital
- Non-Medicaid, Non-Emergent Transportation
- County-based jail diversion initiatives
- 340-B Pharmacy program
- Prostitution Diversion Initiative/New Life Opportunities
- Disaster Relief Behavioral Health Response
- Enhanced shelter-based services for people who are homeless
- After-hours clinic
- Intensive Case Management
- Dallas County Assisted Outpatient Treatment Court
- Kaufman County Behavioral Health Courts
- Post-Acute Transitional Services
- Peer navigators in Psychiatric Emergency Services
- Peer navigators at Homeward Bound residential substance use disorder treatment
- Peer support in community-based clinics
- Crisis respite unit
- Tele-psychiatry
- Outpatient Competency Restoration
- Outpatient Detox

- Online educational and recovery resources for enrollees
- Rental assistance
- Ebola quarantine counseling and services

### **Integration of Primary and Specialty Health Care into NorthSTAR**

The NTBHA Board agrees with the goal of adding primary and specialty health care to the mental health and substance use treatment and services already available in NorthSTAR.

Several of the 1115 projects in the NorthSTAR region are aimed at this goal. Other NorthSTAR providers who are not participating in those projects are independently exploring strategies to accomplish integration of physical health in their settings as well.

The BHO, ValueOptions has also developed a toolkit for developing integration in a variety of practice settings and is actively working with stakeholders to achieve this end in NorthSTAR.

### **Access to Other Federal and State Funding Sources and Opportunities**

The NTBHA Board welcomed the possibilities that the advent of the 1115 Wavier held. Unfortunately, each of NTBHA's proposed adaptations to facilitate this region's participation in the 1115 wavier were consistently dismissed by DSHS and HHSC.

Although we do not believe that total reliance on 1115 funds is a sound long-term strategy, we will propose adaptations to NorthSTAR that will allow our broader participation in a range of future funding opportunities.

### **The Future of NorthSTAR**

In the late 1990s, local and state elected officials, community stakeholders, advocates and state agency personnel came together to creatively 'think out of the box' to design NorthSTAR. The NTBHA Board believes that together, again, we can re-invent a system that builds on the successes of NorthSTAR, and that faces the challenges of a changing health care environment to enhance services and improve the lives of the people served by NorthSTAR.

Total coordinated, collaborative integration of behavioral health and the rest of healthcare has not yet been accomplished in any state or health care system. Though there are many promising models, none will be a panacea, or workable in all communities.

NorthSTAR has, since its inception, been a successful laboratory of new ideas. In fact, DSHS and HHSC have come to NorthSTAR repeatedly to pilot innovative initiatives. It has proven itself to be nimble and adaptable. The NTBHA Board looks forward to working with NorthSTAR stakeholders and state leaders to shape the NorthSTAR of the future.