

NorthSTAR System Overview

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What is NorthSTAR?

- Implemented in 1999
- Integrated funding, managed care delivery of mental health and substance use disorder services
- Collin, Dallas, Rockwall, Navarro, Kaufman, Hunt, Ellis Counties
- Combines local, state and federal funding into a single program budget
- Serves eligible Medicaid and medically indigent individuals
- A single behavioral health organization (BHO), Value Options, manages a network of providers located throughout the NorthSTAR region

What is NorthSTAR?

- Value Options is “at risk” financially to serve all eligible consumers with clinically appropriate services
- Open access for consumers - No waiting lists for services, including New Generation Medications
- Clinical need drives the services provided
- The NorthSTAR region comprises 14% of total Texas population and 32% of total Texas population who are below 200% of the Federal Poverty Level

What is NTBHA?

- North Texas Behavioral Health Authority (was originally called Dallas Area NorthSTAR Authority – DANSA)
- Statutory Local Mental Health Authority for NorthSTAR region operating under a contract with Department of State Health Services
- 11 board members appointed by County Commissioners of the 7 NorthSTAR Counties; Dallas has four members, Collin has two members and the remaining Counties have one member each
- Board includes: Collin County Judge, County Commissioner from Dallas and Navarro Counties, criminal justice and juvenile justice professionals, professor from local state university, a county budget director and legislative staff
- NTBHA provides NO direct services – separation of authority and provider functions
- NTBHA monitors the contract with the BHO (Value Options), coordinates local input into regional planning, provides ombudsmen services for consumer complaints, conducts audits for the BHO and providers to ensure quality of care, and monitors quality improvement projects. NTBHA has seven staff to conduct all contracted activities and deliverables.

Stakeholder Input to NTBHA

- NTBHA actively seeks and promotes strong community and stakeholder input into regional planning, BHO contract monitoring, and service delivery. Formalized input comes from several sources, each of which submits a written report that is presented at monthly Board meetings:
- Provider Advisory Council – representing the NorthSTAR service providers
- Consumer and Family Advisory Council – representing NorthSTAR consumers and family members
- Psychiatrist Leadership and Advocacy Group – represents physicians both within and without the NorthSTAR providers
- County-based stakeholder groups – Dallas, Ellis and Rockwall Counties have formalized stakeholder groups who provide regular input to NTBHA

Who Provides NorthSTAR Services?

- 200+ active providers under contract with Value Options
- 35-40 providers serve on average more than 50 NorthSTAR consumers at any time
- 10 Specialty Provider Networks – large providers of a full range of comprehensive services that typically serve as enrollment sites for entry into NorthSTAR services
- Includes a full range of hospitals, clinics, substance abuse treatment and individual providers located throughout the NorthSTAR region
- There is at least one mental health clinic in each of the seven Counties and one substance use clinic in each County except for Ellis County (very close to having a substance use disorder clinic in Ellis Co.)

Who Receives NorthSTAR Services?

- Adults, children and adolescents
- SSI and TANF recipients and medically indigent (<200% of Federal Poverty Level)
- Substance Use diagnosis only – 4%
- Mental Health diagnosis only – 69%
- Dual diagnosis – 27%
- 15% of NorthSTAR consumers served in 2011 were new to the system

NorthSTAR Array of Services

Outpatient Mental Health Services

- Adult RDM Service Packages
- Child and Adolescent Service Packages
- Crisis Intervention
- Psychosocial Rehabilitation
- Skills Training and Development
- Medication Training and Support
- Counseling and Psychotherapy
- Assertive Community Treatment (ACT)
- Case Management
- Home-based Behavioral Health Treatment
- Supported Employment

Acute Mental Health Inpatient Hospitalization

NorthSTAR Array of Services

Substance Use Disorder Services

- Inpatient and Outpatient Detoxification Services
- Residential Rehabilitation
- Partial Hospitalization
- Outpatient Treatment
- Medication Assisted Treatment (Methadone/Suboxone)

NorthSTAR Array of Services

Crisis Services

- Mobile Crisis
- Crisis Hotline
- 23 Hour Observation/Treatment (hospital based)
- Emergency Room Services
- Intensive Crisis Residential (1-14 days)
- After Hours Crisis Clinic

NorthSTAR Array of Services

Specialty Children's Programs

- Early Childhood Pre-School Day Treatment
- Children and Youth Wrap-around Services
- Mental Health Services (birth to age 6)
- Foster Care Treatment

NorthSTAR Array of Services

Value-Added Services

- Special Populations Outreach and Advocacy
- Family Support Groups
- Peer Education, Support and Counseling
- School-based prevention
- Dual Diagnosis Support Groups
- Targeted Case Management
- Jail Diversion
- Outpatient Competency Restoration
- Transportation for Medicaid Consumers

Snapshot of Volume of Services

In 2011, the following services were provided to the listed number of NorthSTAR consumers per quarter:

- 73,474 consumers received at least one paid service
- 42,911 unique consumers served per quarter
- 16,959 received RDM services of rehabilitation, mental health outpatient, case management and/or ACT
- 1,457 received community inpatient services
- 3,057 received emergency room or 23 hour observation services
- 27,187 received medication services
- 988 received substance abuse residential or inpatient services
- 2,112 received substance abuse outpatient or non-residential services
- 16,853 received other community based services, including peer support
- 987 NorthSTAR consumers were in state hospitals for a total of 37,581 days per quarter in 2011

Funding and Services in NorthSTAR

There has been a steady and consistent growth of individuals receiving NorthSTAR services:

- 30,742 served in 2000
- 53,620 served in 2008 74% increase from 2000
- 67,592 served in 2010 Up 120% from 2000, 26% from 2008

Funding has not kept up with increase in consumers served:

- 2000: \$ 78,787,144 \$2,563 per consumer served
- 2008: \$100,496,696 \$1,874 per consumer served (-27%)
- 2010: \$117,876,394 \$1,744 per consumer served (-32%)

From 2000 to 2010, the number served by NorthSTAR increased by 120% while funding only increased by 50%. Funding per member served actually decreased by 32%.

NorthSTAR response to funding deficit

- Implemented a “case rate” in 2010 for outpatient mental health services that shifted some of the risk to providers, with a monthly rate of \$140 per consumer, which must cover all service cost except for medication
- Further reduced the case rate in 2011 to \$100 for indigent consumers, maintaining the \$140 rate for Medicaid consumers, increasing the number of NorthSTAR consumers who only received medication management services
- Reduced funding for important “value added” services such as training for psychiatric residents, housing and employment support for persons not in SP3, peer services, and drop-in centers
- Negotiated rate decreases with the primary provider of inpatient and 23 hour observation services along with a capitated arrangement that shifted some risk to the provider
- Closed one of two after hours crisis clinics
- These changes were painful to the system and resulted in a reduction of almost 100 case managers and other providers and increased the time it takes to see a physician at our community clinics
- The changes have allowed NorthSTAR to maintain our “open access” and ensure that all eligible consumers will have access to behavioral health services when needed

Key Outcomes and Performance Indicators for NorthSTAR

- NorthSTAR served 23% of the State's consumers of substance use disorders in 2010
- NorthSTAR served 27% of the State's consumers of non-Medicaid (Indigent) mental health services in 2010
- 42% of NorthSTAR consumers receive community based services within 30 days of discharge from emergency room or 23 hour observation services
- 48% of NorthSTAR consumers receive community based services within 7 days of state hospital discharge, with 66% served within 30 days of discharge
- 27% of NorthSTAR consumers receive an outpatient substance use service within 15 days of discharge from residential services
- 2.7% of NorthSTAR consumers who complete substance use treatment are readmitted to treatment within one year
- 76.8% of NorthSTAR consumers surveyed in 2011 report being satisfied or very satisfied with their progress towards their personal goals
- 84.5% report being satisfied or very satisfied with how often they are seen at their clinic
- 82.8% report being satisfied or very satisfied with the overall services received

“Lessons Learned” from NorthSTAR

- It takes time to establish a functioning local authority that is empowered by stakeholders to provide meaningful oversight and direction to service delivery
- Local problems require local solutions
- Combining urban and rural communities into a single region presents both challenges and opportunities
- The three-way relationship among the local authority, BHO and DSHS is a delicate balance
- Establishing and maintaining an open access system in a limited funding environment requires difficult decisions about managing services

Challenges for NorthSTAR

- Like all areas of the state, funding is not keeping up with the growth in need for services
- There is considerable confusion over how NorthSTAR will fit with the new 1115 Waiver process
- Services must constantly be realigned with available funding – results in less intensive services for more consumers (for example, 23% of NorthSTAR consumers receive only medication management services – up from 14% in 2007)
- Research shows that integrating physical health care with behavioral health care improves outcomes and controls cost; however, this is very hard to accomplish under the current funding mechanisms
- NorthSTAR must operate under the same administrative requirements as community mental health centers, while employing a fundamentally different delivery system

NorthSTAR is by no means a “perfect” system, but it is the system that works best for our seven counties. We continue to work to make it as successful as possible in the limited funding environment we all operate under.

How the Legislature Can Help

- Adequately fund behavioral health services throughout the State
- As new funding models are examined, be assured that NorthSTAR is ready to participate in a meaningful review of system change that improves access to services and outcomes for our consumers and understands that changes will most likely be needed in the NorthSTAR model
- Ensure that funding mechanisms promote improved integration of physical and behavioral health care
- Revise reporting requirements to account for the NorthSTAR service delivery model