Integral Care

PLANNING & OPERATIONS COMMITTEE MEETING
To improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

DATE: **Tuesday, October 22, 2019**
TIME: **5:30 PM**
PLACE: **1430 Collier Street – Board Room, Austin, Texas 78704**

AGENDA

I. **Citizens' Comments** (Presentations are limited to 3 minutes)

II. **Approval of Minutes from September 17, 2019 Planning & Operations Meeting** (pgs. 2-3)

III. **Recommendation for Approval to Pursue Feasibility of Developing New Mixed Use Affordable Housing Project (Goal 1)** (Cardona-Beiler, Laguna, pgs. 5-7)

IV. **Recommendation to Approve, if Awarded, Funds from Texas Veterans Commission: Veterans Mental Health Grant (Goal 2)** (Dominguez, pgs. 8-10)

V. **Recommendation for Approval of Deborah Ratliff's Request for Membership and Appointment to the Planning and Network Advisory Committee (PNAC) (Goal 3) -** (Lynch, pg. 11)

VI. **Information Item: Board Dashboard (Goal 2) (**Weden, Handley, pgs. 12-13)

VII. **Information Item: Authority Services Report: HHSC Performance Measures for FY 2019 (Goal 1)** (Moscal, pgs. 13-20)

VIII. **Information Item: Authority Services Focus: Consumer Satisfaction and Concerns (Goal 3)** (Wolf, Moscal, pgs. 21-27)

IX. **Information Item: Stepping Up: A Call to Action (Goal 3)** (Handley, Blyth, pgs.28-33)

X. **Discussion Item: Chief Operations Officer Report** – **(Goals 2&3)** (Handley, pgs. 34-38)
   - Systems of Care Update

XI. **New Business**
   - Combined November/December Committee Meeting December 3, 2019
   - Identify Consent/Non-Consent Agenda Items

XII. **Citizens' Comments**

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Note: The full packet is available on Integral Care's webpage at: http://integralcare.org/agendas-minutes/ (Under the heading "Planning & Operations Committee") P&O Committee packets will not be available to staff/public at the meeting. Only Agendas will be available.

PLANNING & OPERATIONS COMMITTEE MINUTES

DATE: Tuesday, September 17, 2019
TIME: 5:30 PM
PLACE: 1430 Collier Street – Board Room
                    Austin, TX 78704

MEMBERS PRESENT: Dr. Guadalupe Zamora, Emmitt Hayes, Ed Calahan, and
                                        Dr. David Springer

MEMBERS ABSENT: None

OTHER BOARD MEMBERS PRESENT: None

Integral Care staff were present

The Chair, Dr. Guadalupe Zamora, called the meeting to order at 5:30 p.m.

CITIZENS' COMMENTS

None.

APPROVAL OF MINUTES

The minutes of the August 20, 2019 meeting stand approved as submitted.

INFORMATION ITEM: TAKING TEXAS TOBACCO FREE (GOALS 2&3) Bryce Kyburz provided the Committee with an update on the Taking Texas Tobacco Free Program. Mr. Kyburz provided the Committee with an update on how all LMHA's adopted 100% tobacco-free workplace policies, the number of counties served, the number of staff trained, and the number of boxes of nicotine replacement treatments provided. Discussion ensued.

INFORMATION ITEM: AUTHORITY SERVICES FOCUS – SAGEBRUSH REPORT (GOAL 2) Louise Lynch and David Weden provided the Committee with an update on the Sagebrush Report. This work plan included an organizational assessment to determine Integral Care's areas of greatest risk and opportunity. Discussion ensued.

NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) FY 2019 (GOAL 1) Louise Lynch provided the Committee with an update on the CLAS standards. The update included information on Governance, Leadership and Workforce Data. Ms. Lynch also provided an update on the 90 Day Care for Culture Impact. Discussion ensued.

DISCUSSION ITEM: CHIEF OPERATIONS OFFICER (COO) REPORT Dawn Handley provided the Committee with a brief verbal report regarding the Systems of Care update. Sherry Blyth also recognized Laura Wilson-Slocum, Marisa Aguilar and John Reynolds who went to Odessa, TX to help deal with the crisis that occurred on August 31, 2019.

The items listed below were decided for Consent/Non-Consent Agenda:

Consent:

None

Non-Consent:

None

CITIZENS' COMMENTS

None.

ADJOURNED

The meeting adjourned at 6:33 p.m.

Guadalupe Zamora	Kendra Green, Recording Secretary

Date

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Board of Trustees
Planning and Operations Committee
October 22, 2019

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I. Citizens' Comments

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II. Approval of Minutes from September 17, 2019 Planning & Operations Meeting

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III. Recommendation for Approval to Pursue Feasibility of Developing New Mixed Use Affordable Housing Project (Goal 1)

Darilynn Cardona-Beiler, MSSA, LCSW, Director of Adult Behavioral Health Systems
Chris Laguna, Ph.D., Practice Administrator – Housing and Homeless Services

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Housing is Healthcare

- Integral Care is a leader in our community
- Terrace at Oak Springs success
- Need for MORE affordable housing
- Community stakeholders asking us to do more and we know we can
- New affordable housing project for consideration

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Current request

- Looking at site of Alameda House for mixed-used affordable housing project
  - Include affordable housing for families
  - Permanent Supportive Housing for homeless families
  - Retail space for economic/employment opportunities
- Site would score well for 9% tax credit funding
- Financing to include tax credits, City of Austin, TDHCA, project-based vouchers from HACA, and private philanthropy

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Current request

- Planning and Network Advisory Committee (PNAC) recommended to the Integral Care Board of Trustees approval to pursue feasibility of the housing development project on October 10, 2019.

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Questions/Comments?

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IV. Recommendation to Approve, if Awarded, Funds from Texas Veterans Commission (TVC): Veterans Mental Health Grant
(Goal 1&2)

Robert Dominguez
Associate Director – Integrated Systems of Care
Adult Behavioral Health Systems

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TVC: Veterans Mental Health Grant

The purpose of this grant is to address the needs of 75 Veterans and their families by providing:

Clinical Counseling Services: individual counseling, group sessions, Veteran family member counseling, Post-Traumatic Stress (PTS) services, Traumatic Brain Injury (TBI) services, co-occurring diagnosis counseling, or other types of counseling.

link to other services provided both within and external to Integral Care

Support Military Families in the following areas: trauma, life transitions, re-integration post-service separation, couples and family relational issues, parenting, and children/adolescent adjustment.

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TVC: Veterans Mental Health Grant

- Provide funding for 4.5 FTE's
  - Program Manager – .5 FTE (this position is also partially funded through a SAMSHA CCBHC Expansion Grant)
  - LPHA (licensed therapists) – 3.0 FTE
  - Administrative Supervisor – 1.0 FTE

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Award Information

- Funder: TVC
- Division: Behavioral Health
- Total Funds per year   Requested $500,000
- Match Requirement: None
- Initial Contract: July 1, 2020 – June 30, 2021

- Renewal Possible: 12 months
- Location: Dove Springs
- Existing Staff: No Impact

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TVC: Veterans Mental Health Grant

The Planning and Network Advisory Committee (PNAC) recommended to the Integral Care Board of Trustees the approval of the veteran's grant on October 10, 2019.

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Questions/Comments?

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V. Recommendation for Approval of Deborah Ratliff's Request for Membership and Appointment to the Planning and Network Advisory Committee (PNAC) (Goal 3)

Louise Lynch, MSSW, LMSW-AP, CHC
Provider Network and Authority Officer

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Questions/Comments?

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VI. Information Item: Board Dashboard (Goal 2)

David Weden, Chief Administrative Officer/Chief Financial Officer
Dawn Handley, Chief Operations Officer

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Integral Care Board of Directors Dashboard

FY 19

KPI	Definition	Annual Target Goal	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	FYTD Actual	Trend Arrow
Time to Initial Evaluation; percent within 10 days	DSRIP/CCBHC definition	69.6%	77.8%	66.8%	73.9%	75.5%	75.5%	↗
IDD Intake Access	Percent of eligibility evaluations completed in less than 15 days	70%	53%	17%	6%	6%	22%	→
Budgeted Services Delivered	Percent of Medicaid budget services delivered	100%	94%	96%	102%	96%	97%	↘
HHSC Contract Targets Met	Percent of HHSC withhold targets achieved	100%	100%	100%	100%	100%	100%	→
DSRIP Goal Attainment	Percent of DSRIP metrics achieved at level required for 100% payment	95%	95%	71%	89%	100%	100%	↗
Third Party Collections	Percent of Third Party claims collected at 90 days post billing	95%	93%	92%	96%	96%	96%	→
Appropriate Reserves	Days of unrestricted fund balance	60 days	86	67	68	83	83	↗
Financial Penalties	Total dollars paid in financial penalties	<$25,000	$0	$0	$3000	$3000	$3000	→

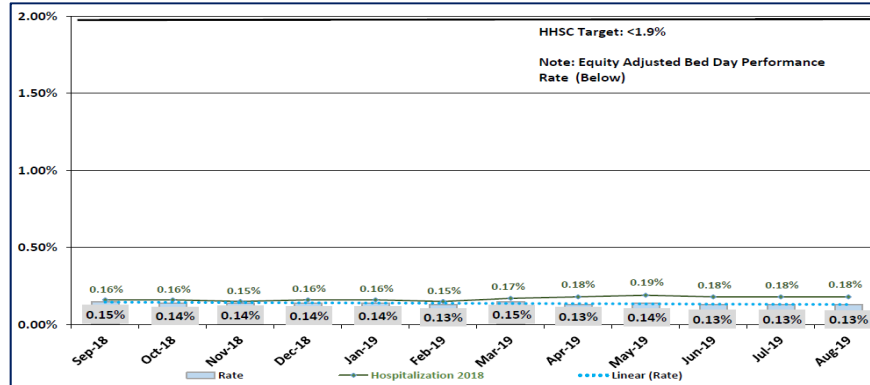**Integral Care**

Questions/Comments?

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VII. Information Item:
Authority Services Report: HHSC Performance Measures for FY 2019 (Goal 1)

Melody Moscal, ASQ Certified Quality Manager
Organizational Excellence, Quality Experience Administrator
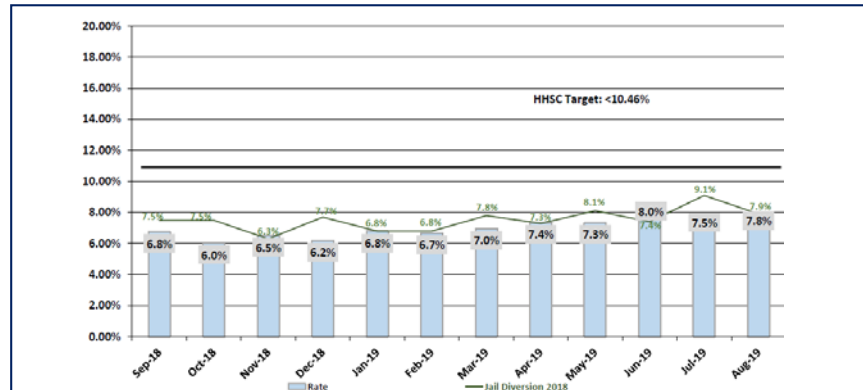
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HHSC Performance Measures – FY19 Hospitalization

HHSC Performance Measures – FY19 Jail Diversion

HHSC Performance Measures FY19 Effective Crisis Response Services
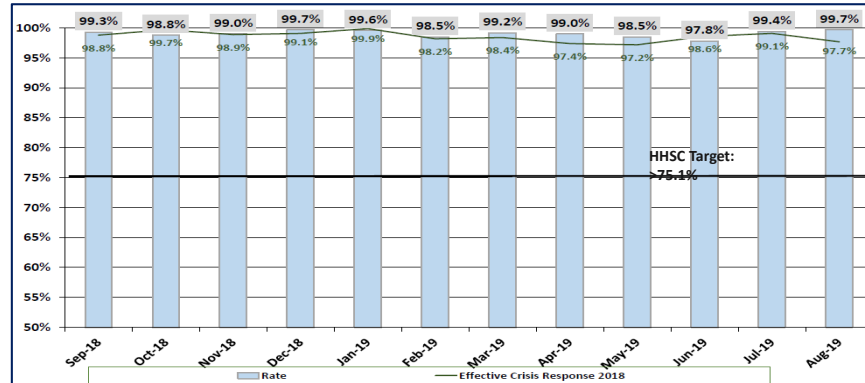
Bar values (Rate): Sep-18 99.3%, Oct-18 98.8%, Nov-18 99.0%, Dec-18 99.7%, Jan-19 99.6%, Feb-19 98.5%, Mar-19 99.2%, Apr-19 99.0%, May-19 98.5%, Jun-19 97.8%, Jul-19 99.4%, Aug-19 99.7%

Line values (Effective Crisis Response 2018): 98.8%, 99.7%, 98.9%, 99.1%, 99.9%, 98.2%, 98.4%, 97.4%, 97.2%, 98.6%, 99.1%, 97.7%

HHSC Target: >75.1%

Legend: Rate — Effective Crisis Response 2018

AVERAGE MEETS TARGET REQUIREMENT

POTENTIAL 10% WITHHOLDING

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HHSC Performance Measures FY19 - Frequent Admissions

**Months without data are due to 0 monthly admissions with 3 readmits

HHSC Target: <=0.3%

Bar values (Rate): Sep-18 0.03%, Oct-18 0.01%, Nov-18 0.01%, Feb-19 0.02%, Mar-19 0.03%, Apr-19 0.00%, May-19 0.00%, Jul-19 0.00%, Aug-19 0.01%

Line values (Frequent Admissions 2018): 0.03%, 0.01%, 0.00%, 0.00%, 0.00%, 0.03%, 0.01%, 0.01%, 0.01%, 0.03%, 0.01%, 0.01%

Legend: Rate — Frequent Admissions 2018

AVERAGE MEETS TARGET REQUIREMENT

POTENTIAL 10% WITHHOLDING

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HHSC Performance Measures FY19 - Access to Crisis Response Services
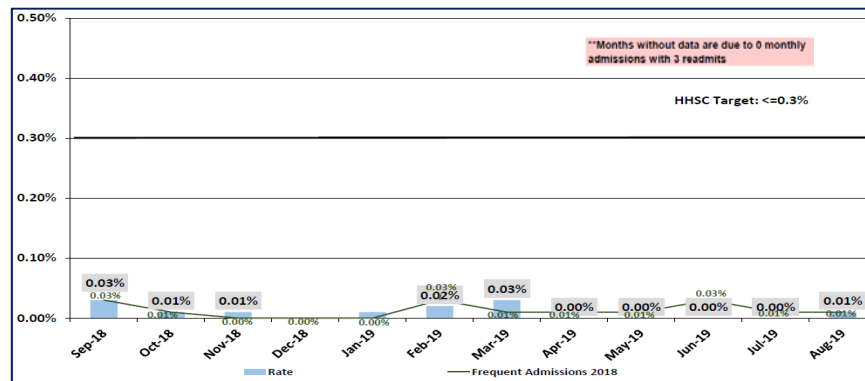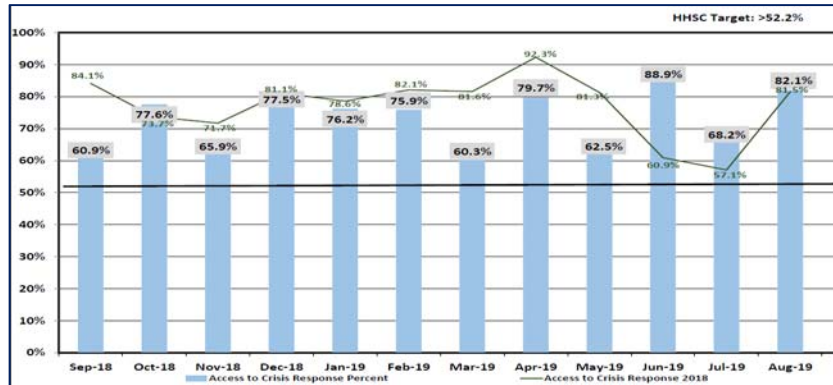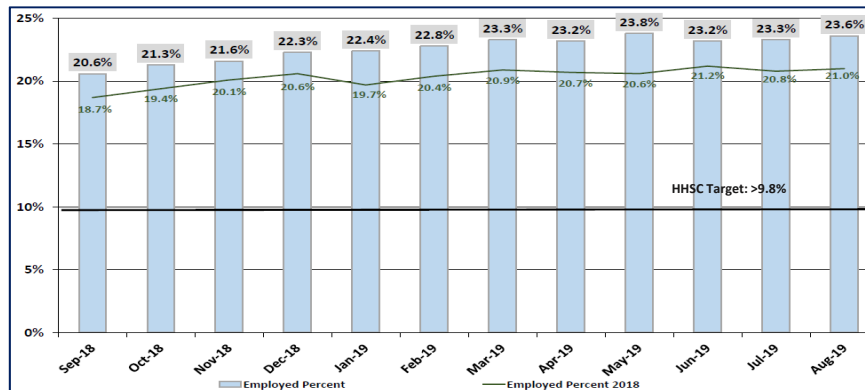
AVERAGE MEETS TARGET REQUIREMENT
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POTENTIAL 10% WITHHOLDING

HHSC Performance Measures FY19 - Employment

AVERAGE MEETS TARGET REQUIREMENT
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POTENTIAL 10% WITHHOLDING

HHSC Performance Measures FY19 - Community Tenure (AMH)

AVERAGE MEETS TARGET REQUIREMENT
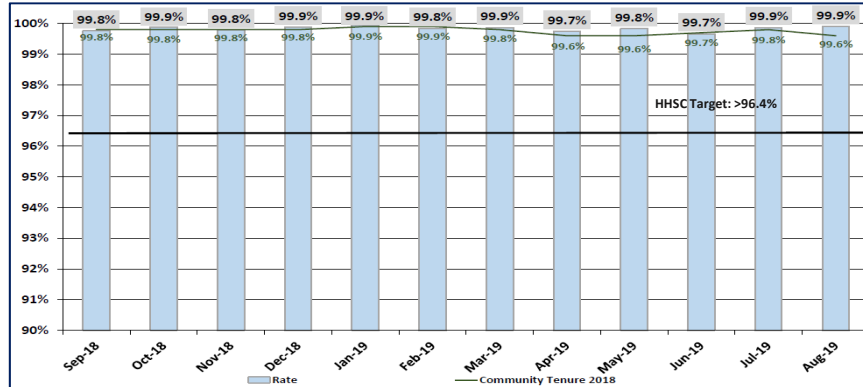
POTENTIAL 10% WITHHOLDING

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HHSC Performance Measures FY19 - Improvement (AMH)

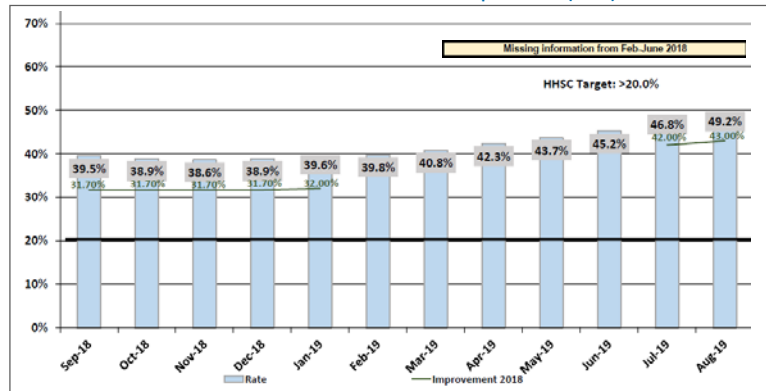AVERAGE MEETS TARGET REQUIREMENT
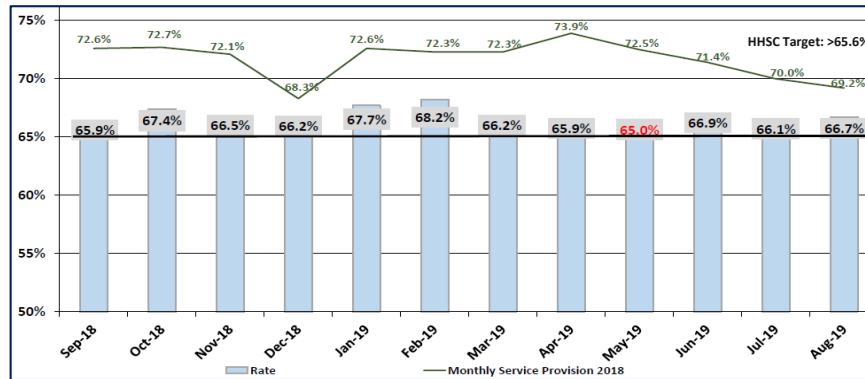
POTENTIAL 10% WITHHOLDING

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HHSC Performance Measures FY19 - Monthly Service Provision (AMH)

HHSC Target: >65.6%
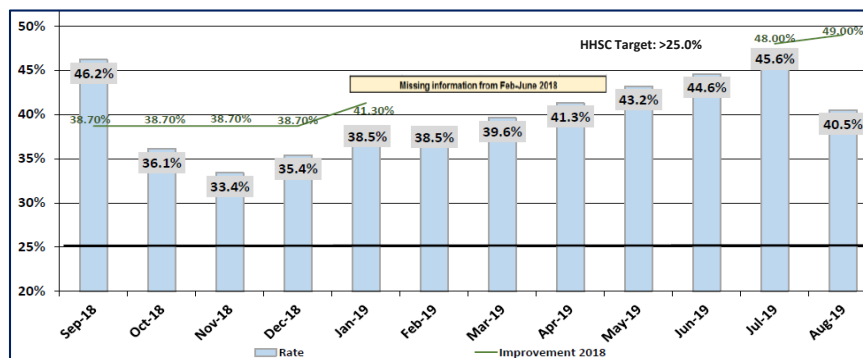
Month	Rate	Monthly Service Provision 2018
Sep-18	65.9%	72.6%
Oct-18	67.4%	72.7%
Nov-18	66.5%	72.1%
Dec-18	66.2%	68.3%
Jan-19	67.7%	72.6%
Feb-19	68.2%	72.3%
Mar-19	66.2%	72.3%
Apr-19	65.9%	73.9%
May-19	65.0%	72.5%
Jun-19	66.9%	71.4%
Jul-19	66.1%	70.0%
Aug-19	66.7%	69.2%

AVERAGE MEETS TARGET REQUIREMENT

POTENTIAL 10% WITHHOLDING

HHSC Performance Measures FY19 - Improvement (CMH)

HHSC Target: >25.0%

Missing information from Feb-June 2018

Month	Rate	Improvement 2018
Sep-18	46.2%	38.70%
Oct-18	36.1%	38.70%
Nov-18	33.4%	38.70%
Dec-18	35.4%	38.70%
Jan-19	38.5%	41.30%
Feb-19	38.5%	
Mar-19	39.6%	
Apr-19	41.3%	
May-19	43.2%	
Jun-19	44.6%	
Jul-19	45.6%	48.00%
Aug-19	40.5%	49.00%

AVERAGE MEETS TARGET REQUIREMENT

POTENTIAL 10% WITHHOLDING

HHSC Performance Measures FY19 - Community Tenure (CMH)

Rate values (inside bars): 100.0%, 99.9%, 100.0%, 100.0%, 99.9%, 100.0%, 99.9%, 100.0%, 100.0%, 100.0%, 100.0%, 99.9%

Community Tenure 2018 (line values): 99.9%, 100.0%, 100.0%, 100.0%, 100.0%, 100.0%, 99.9%, 100.0%, 99.9%, 100.0%, 100.0%, 100.0%

Months: Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19, Apr-19, May-19, Jun-19, Jul-19, Aug-19

HHSC Target: >98.1%

Legend: Rate — Community Tenure 2018

AVERAGE MEETS TARGET REQUIREMENT

POTENTIAL 10% WITHHOLDING
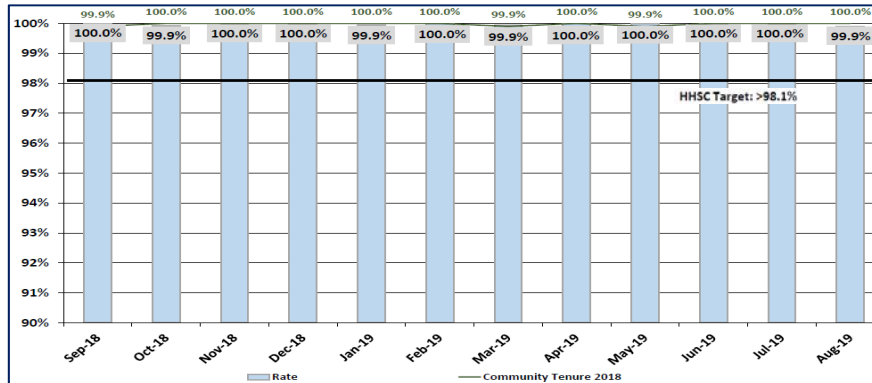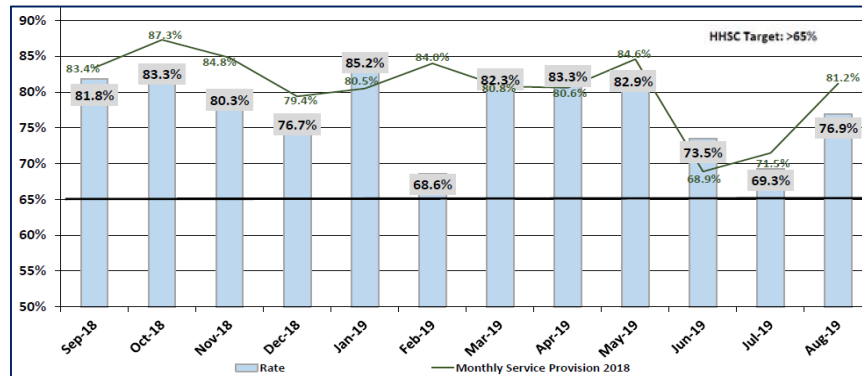
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HHSC Performance Measures FY19 - Monthly Service Provision (CMH)

Rate values (inside bars): 81.8%, 83.3%, 80.3%, 76.7%, 85.2%, 68.6%, 82.3%, 83.3%, 82.9%, 73.5%, 69.3%, 76.9%

Monthly Service Provision 2018 (line values): 83.4%, 87.3%, 84.8%, 79.4%, 80.5%, 84.0%, 80.8%, 80.6%, 84.6%, 68.9%, 71.5%, 81.2%

Months: Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19, Apr-19, May-19, Jun-19, Jul-19, Aug-19

HHSC Target: >65%

Legend: Rate — Monthly Service Provision 2018

AVERAGE MEETS TARGET REQUIREMENT
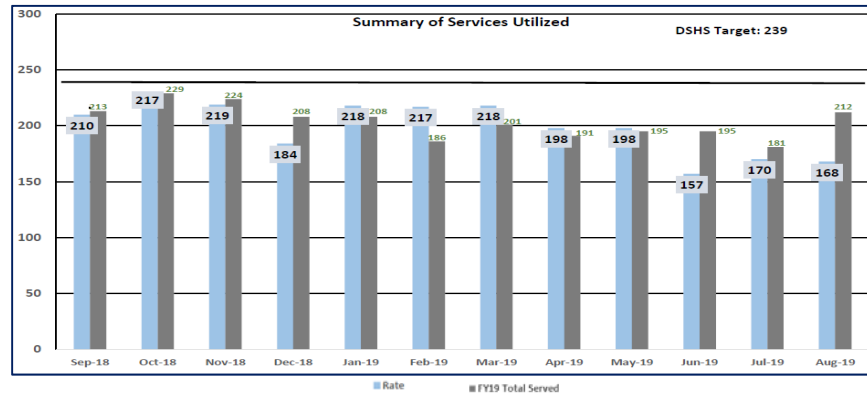
POTENTIAL 10% WITHHOLDING

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ID TARGET SERVED FY19

Summary of Services Utilized — DSHS Target: 239

Month	Rate	FY19 Total Served
Sep-18	210	213
Oct-18	217	229
Nov-18	219	224
Dec-18	184	208
Jan-19	218	208
Feb-19	217	186
Mar-19	218	201
Apr-19	198	191
May-19	198	195
Jun-19	157	195
Jul-19	170	181
Aug-19	168	212

AVERAGE DID NOT MEET TARGET REQUIREMENT
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Questions/Comments?

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VIII. Information Item:
Authority Services Focus: Consumer Satisfaction and Concerns
(Goal 3)

Phyllis Wolf, LPC-S, Ombudsman
Melody Moscal, CQE, Quality Experience Administrator

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Integral Care's Commitment

- Innovation in obtaining consumer experience that informs practice
- Ensuring a transparent process to hearing and addressing concerns
- Provision of clinical services that are trauma informed and person centered
- Quick & easy access to services

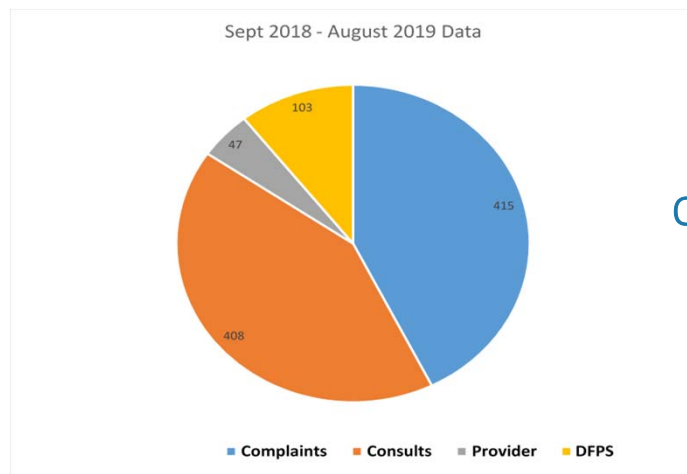**ꟷꟷ Integral Care**

Ombudsman's Office Functions

- Managing complaints and appeals process
- Provide consultation and education
- Help resolve barriers to access services, advocate and support
- Investigative Review Committee and Human Rights Committee
- Liaison with DFPS
- Provider relations functions

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Quality Experience Functions

- Measurement of Satisfaction of Clients, Staff, Providers and others via survey using Qualtrics
- Evaluation of agency risk via the Incident Report system which includes trend analysis, updating of incident codes, training and review of high risk reports at the monthly Clinical Quality Committee meeting
- Provider support via FTP site administration, SAMSO workbook metrics, rate changes and training
- Annual review of quality requirements for contracts including Interlocal, HHSC and SAMSO. On time reporting of data to meet contractual requirements
- Joint Commission Accreditation responsibility to ensure all requirements for accreditation are met on-time and accurately.

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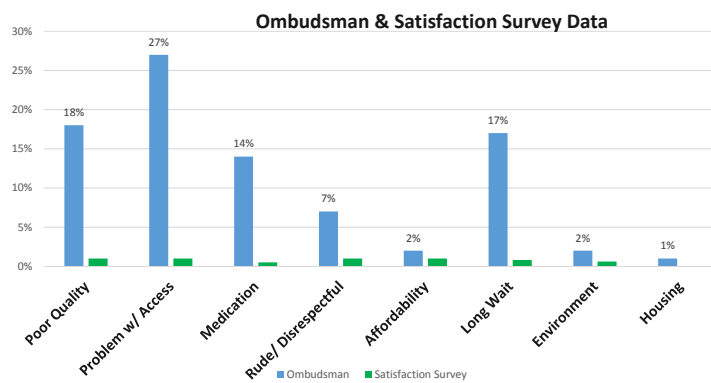Sept 2018 - August 2019 Data

- Complaints
- Consults
- Provider
- DFPS

Complaints: 415
Consults: 408
Provider: 47
DFPS: 103

Outcome Data

Outcomes

73% Satisfied   26% Unable to contact   27% Unsatisfied

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Ombudsman and Satisfaction Survey Data

Ombudsman & Satisfaction Survey Data

Poor Quality: 18%
Problem w/ Access: 27%
Medication: 14%
Rude/ Disrespectful: 7%
Affordability: 2%
Long Wait: 17%
Environment: 2%
Housing: 1%

- Ombudsman
- Satisfaction Survey

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Ombudsman FY19

- **Face to face client meetings**   17
- **Provider/Staff Training**   14
- **Developed online Relias Training**
- **Investigative Review Committees**   3
- **Medical Peer Review**   1

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Comparison of Satisfaction Surveys Collected 2018-2019

Legend: ■ 2019 ■ 2018 ⋯⋯ Linear (2019)

X-axis: Sept, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug

Y-axis: 0, 50, 100, 150, 200, 250, 300, 350, 400

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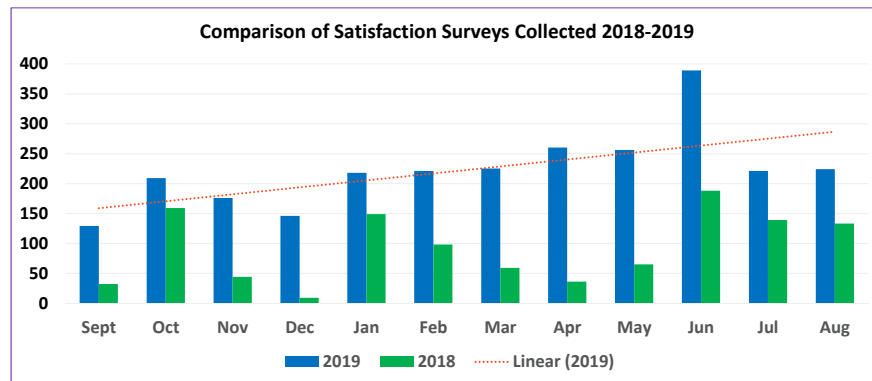
Consumer Experience Data

Total Client Satisfaction Surveys Collected in 2019: 2,727 vs. 1113 collected in 2018

Overall Satisfaction Rate: 86%

Total Tablets: 54 -

Total Kiosks (Including Terrace at Oak Springs): 17

Providers with Tablets: 4

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Satisfaction Responses by Question

- Q1: I got the services when I wanted: **84%**
- Q2: I was treated with respect by staff: **84%**
- Q3: I felt understood: **85%**
- Q4: I felt staff will do what they say they are doing to do: **86%**
- Q5: I felt safe at the clinic: **87%**
- Q6: I felt staff believed in me: **87%**
- Q7: I would recommend these services to friends and family: **87%**
- Q8: My services were explained to me: **87%**
- Q9: I was pleased with the services I received: **85%**
- Q10: My treatment goals and needs were met: **85%**

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A GLIMPSE INTO A FUTURE DASHBOARD

Review of the Three Clinic's Client Satisfaction – North Service Center, East 2nd, Dove Springs
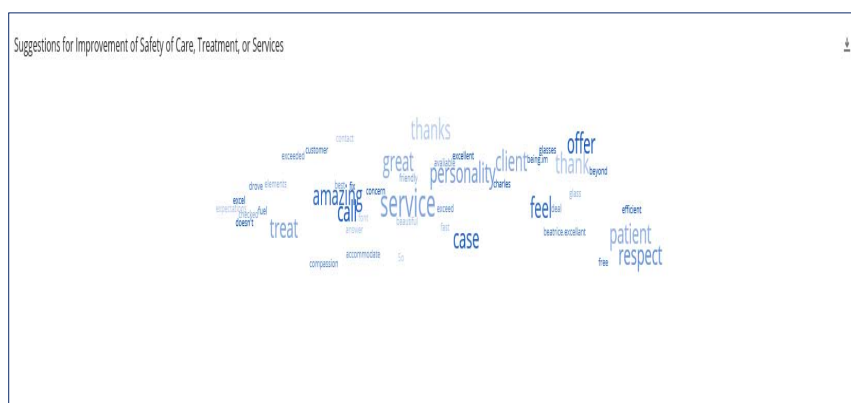
Three Clinics Word Cloud

Opportunities for FY20

- Complete Qualtrics training to build dashboard that allows for deeper drill down of data for better data analysis and presentations.

- Future plans include stakeholder surveys and a possible link to the call center for a survey to pop up after completion of the call.

- Continue to develop a better correlation of the data results from the Ombudsman's Office and Satisfaction Surveys.

- Pilot Apple I pads for instantaneous real time data results.

- Focus groups around complaint areas

- Transparency; Ombudsman Share Point page

- Monthly reporting to Credentialing for Quality Assurance

- New monthly HHSC reporting for Consumer Rights complaints

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Questions/Comments?

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IX. Information Item:
Stepping Up:
A Call to Action
(Goal 3)

Dawn Handley, Chief Operations Officer
Sherry Blyth, Director, Crisis Services, Substance Use Treatment and
Justice Initiatives

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Stepping Up: A Call to Action

➢The Stepping Up Initiative is a national effort to divert people with mental illness from jails and into treatment.

➢The campaign draws on a coalition of national organizations, including NAMI, the Council of State Governments Justice Center, the National Association of Counties, the American Psychiatric Foundation

➢Travis County Commissioners signed the Stepping Up Call to Action October 6, 2015

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Stepping Up: A Call to Action

➤ The Travis County Commissioners Court, do hereby sign on to the Call to Action to reduce the number of people with mental illnesses in our county jail, commit to sharing lessons learned with other counties in our state and across the country to support a national initiative and encourage all county officials, employees and residents to participate in *Stepping Up*.

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Stepping Up: A Call to Action

➤ Building on The Behavioral Health Advisory Committee, The Travis County Behavioral Health & Criminal Justice Advisory Committee was established in 2017

➤ Comprised of leaders and decision makers

➤ BHCJAC's mission is to develop and sustain a planning partnership to support persons with behavioral health needs and to promote justice and public safety

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Stepping Up: A Call to Action

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Stepping Up: A Call to Action

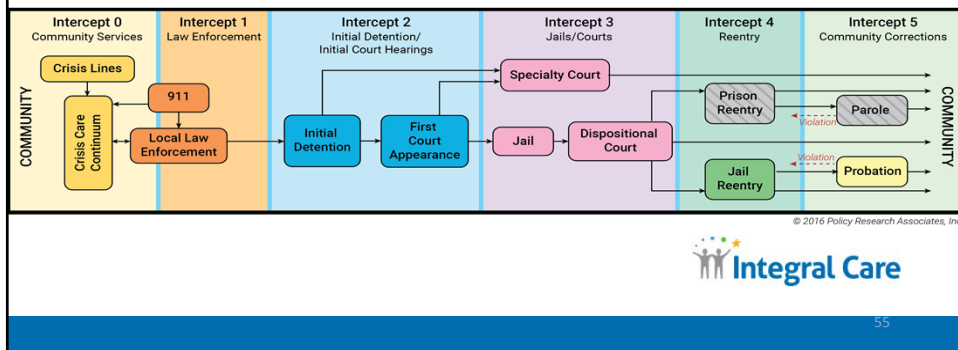## Behavioral Health Criminal Justice Advisory Committee

7 Guiding Principles based on the shared belief that behavioral health care needs of individuals in our community are not best addressed through the criminal justice system, jail or prison.

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Stepping Up: A Call to Action

➢The Sequential Intercept Model: conceptual framework

Stepping Up: A Call to Action

Travis County Behavioral Health and Criminal Justice Advisory Committee:

Sequential Intercept Model 2019 Update

➢Compendium of community services for individuals with behavioral health needs

➢Programs and services designed to assist individuals at each of the 6 intercepts

➢Mapped alongside the sequential intercept model to illustrate community investment

Stepping Up: A Call to Action

The Stepping Up Call to Action:
Partners investing

➢Integral Care

➢Travis County Justice Planning

➢ Travis County Sheriff's Department

➢Central Health

➢City of Austin: Downtown Austin Community Court

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Stepping Up: A Call to Action

Meadows Mental Health Policy Institute

and

The Travis County Behavioral Health and Criminal Justice
Advisory Committee

➢Create a Community Dashboard, inclusive of Stepping
Up Metrics

➢Develop a local Data Sharing Agreement

➢Report: Planned steps for executing a local Data Sharing
Agreement

➢Develop a methodology for analyzing the value of
community investment, economic evaluation principles
and qualitative measures of health consequences

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Questions/Comments?

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X. Discussion Item: Chief Operations Officer Report (Goal 2 & 3)

Dawn Handley
Chief Operations Officer

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Population Health at Integral Care

Brittany Alderman, Population Health Administrator
October 2019

Population Health

- SAMHSA grant "Amplify Care through CCBHC": created population management methodology to assist with data management and monitoring
- Aligns with goals of Integral Care's 2020-22 Strategic Plan and FY20 Business Plan to use data to support/drive decision making, research, and planning
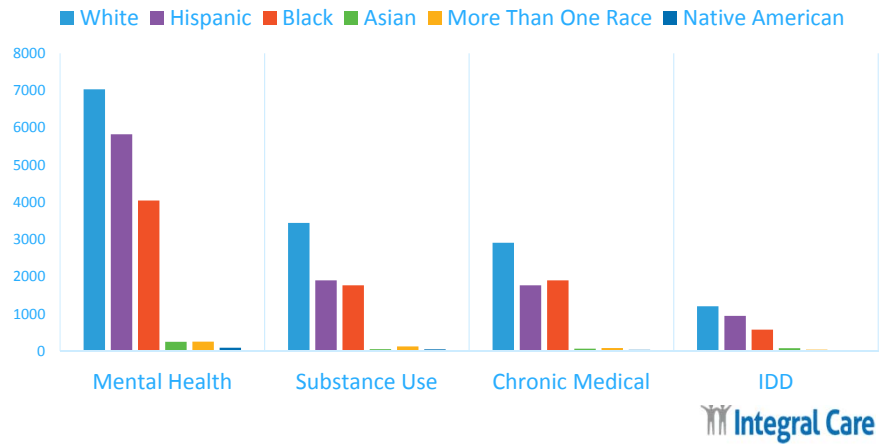

Applying Population Health: Who We Serve

- Quality measures established through the 1115 Waiver has enabled Integral Care to better collect and track critical data across wellness, medical, and psychiatric points of care

- Data is analyzed to identify and summarize demographic and diagnostic trends for client subpopulations

- Can focus on a particular condition, set of characteristics, social determinant of health, or other high risk health drivers
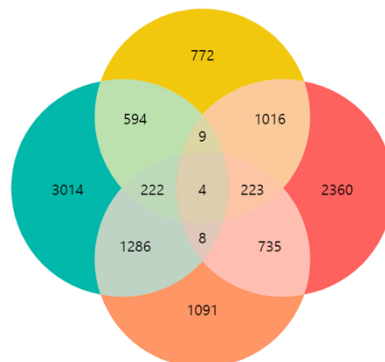
Diagnosis Category by Race/Ethnicity- FY18

■ White ■ Hispanic ■ Black ■ Asian ■ More Than One Race ■ Native American

Mental Health   Substance Use   Chronic Medical   IDD

Comorbidity Among Top 4 Diagnoses in Integral Care Population

Legend ● Bipolar Disorder ● PTSD ● Major Depressive Disorder ● Anxiety Disorder
5154   3654   4372   2925
26%   18%   22%   14%

Applying Population Health: Risk Stratification

- Risk stratification tool: used to identify trends, provide referrals, and track outcomes over time at the population level

- Identifies common characteristics such as diagnoses, comorbid mental health and substance use conditions, chronic pain, or polypharmacy to help identify patient specific actionable care gaps

- Algorithm assigns scores and weights to the data points to identify low and high risk clients

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Risk Stratification Tool

Primary Diagnosis	3 points each					2 points														1 point	
	IP Admit in Past 30 Days	30-Day Readmit	2+ IP Admits in Past Year	2+ ED Visits in Past 6 Months	High Risk of IP Admit/ED visit in Next 6 Months	Poorly Controlled Chronic Disease				Chronic Pain	End Stage Disease	8+ Active Prescriptions or Recent Change in High Risk Meds	Significant Disability Impacting Reasons for Referral	Psychosocial Risk 1	Psychosocial Risk 2	Psychosocial 3	Substance, actively using, new sober, motivated to change (alcohol, narcotics, benzodiazepines, other)	Mental health diagnosis that is severe, persistent, and uncontrolled (schizophrenia, major depression, bipolar, debilitating anxiety, other)	Number of not well controlled chronic disease, not previously noted	Difficulty Getting to Appointments
						CAD	CHF	Diabetes	COPD											
Schizophrenia	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	Y	0	N
Bipolar	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	Y	Y	Y	0	N
Bipolar	N	N	N	N	N	N	N	N	N	N	N	Y	N	Y	Y	Y	Y	Y	1	Y
Schizophrenia	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	Y	0	N
Schizophrenia	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	Y	1	N
Bipolar	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	Y	Y	1	Y
Schizophrenia	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	Y	Y	0	N
Schizophrenia	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	0	N
Schizophrenia	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	Y	2	N
Schizophrenia	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y	Y	0	N

National Council for Behavioral Health- Risk Stratification Tool

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Questions/Comments?

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XI. New Business

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XII. Citizens' Comments

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Adjournment