

North Texas Behavioral Health Authority
Minutes of the Board of Directors Meeting
Date of Meeting: January 13, 2010 at 12:00 PM

2010 Attendance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Judge Michael Chitty, <u>Chair</u> Kaufman County	X											
Andrew Dillard, M.D., <u>Vice-Chair</u> Rockwall County	X											
Ryan Brown, <u>Treasurer</u> Dallas County	X											
Richard Scotch, PhD, <u>Secretary</u> Dallas County	X											
Pat Lawson Collin County	X											
Susan Miles Collin County	X											
Ron Stretcher Dallas County	X											
Zachary Thompson Dallas County	L											
Janis Burdett Ellis County	X											
Matt Wolff Hunt County	X											
Commissioner Kit Herrington Navarro County	L											

Attendance Legend:

X = Attended monthly BOD meeting

L = Late arrival, missed votes to approve minutes and financial reports

L2 = Late arrival, missed vote to approve minutes

C = Called Board Workshop

Item #1

Call to Order and Declaration of Quorum

Judge Michael Chitty, Board Chair:

Judge Chitty brought the meeting to order at 12:07 p.m. and a quorum was declared.

Attendance included:

- Board members as noted above.
- NTBHA staff: Alex Smith, Alice Watson, Brandy Ruckdeschel and Teresa Handel.
- Approximately 30 visitors and speakers.

Item #2**Secretary's Report****Richard Scotch, Secretary reported:**

- Dr. Scotch moved that the minutes of the December 9, 2009 regular meeting of the board of directors be approved as circulated. This was seconded by Pat Lawson and the motion carried.

Item #3**Finance Committee Report****Ryan Brown, Treasurer, reported:**

- Ryan Brown reported that financial statements for the three months ending November 30, 2009 have been circulated and there are no outstanding issues.
- Ryan Brown moved that the financial reports for the three months ending November 30, 2009 be approved as circulated. This was seconded by Ron Stretcher and the motion carried.

Item #4**Public Commentary**

- **James Williams, with Lakes Regional MHMR.**
 - James stated he is very appreciative of the public forum held recently on December 11, 2009. He had raised many questions regarding Rider 65, and he is grateful for the understanding he has achieved with the information provided by the NTBHA board members, VO staff, NTBHA staff and applauded the new educational document. The public forum may have been the best opportunity to obtain the public input, yet.
 - Open Meetings. James presented a document on Open Meetings, which contained information to make the process easier and more detailed and organized.
 - He requests that board members review their function in terms of governance and management as a board. He believes the letter of the law of management is being met. However, the Governance aspect on how to obtain input from the public; you may want to embrace the full spirit as detailed in the Attorney General's opinion which gives good examples. In particular, posting of Agenda. He had brought this to the board's attention several months ago in context of voting for the new case rate system – he feels there is not a sufficient level of information in the agenda to invite public comment.
 - He gave specific examples: (i) vote on adoption the case rate method, and (ii) Rider 65 – the number of questions around this

- topic indicated that more information is needed in terms of an education meeting and garnering good public input.
- James specifically requested increased focus on governance and obtaining meaningful public input and implementing open access – make it an easier process.
 - **Mike Katz, Family Member.** In the past, meeting attendees were given complaint data and complaint resolution, which is monitored by NTBHA, DSHS, VO, and perhaps some providers through their own self-reporting. With the many changes in the system recently, the increased utilization and diminished funding, it is important to monitor complaint data and trends and provide a mechanism for investigation and correction. There may be a simple fix for some complaints, others may be more complex. In view of the numerous recent changes in the system, complaint awareness is especially important.
 - Alex Smith noted that the Executive Director's report lists the complaint activity for the prior month in terms of number of complaint calls regarding top providers and complaint calls processed.
 - James Williams suggested making the BHO(VO) report and the Executive Director's report public, and the board concurred.
 - After further discussion, and at Judge Chitty's direction, it was decided that the Executive Director's report and the BHO report will be posted on the website.
 - **Dr. Jerome Byers, Family Member, Advocate, past member of NTBHA Board.** Dr. Byers applauded the public forum organized by Senator Deuell and Judge Chitty held on December 11, 2010 in Mesquite. It was outstanding. Dr. Byers asked that a one-page summary be prepared of the data given by Ron Stretcher, Tom Collins and Jack Szczepanowski for distribution to NAMI, MHA and to members of Planned Living Assistance Network. Judge Chitty requested Jack, Ron and Tom to prepare a short summary and make it available.
 - **Mike Faenza, Advocate, President of Metro Dallas Homeless Alliance.** Mr. Faenza distributed an outline prepared by board members of The Bridge and requested assistance from NTBHA's board to develop a short term plan for better integration of care at The Bridge. The need for services is at an all-time high with an average of 950 people seeking services on a daily basis. Sixty-five percent of the total budget goes to operations to pay subcontracts for security, food service, and maintenance.

- Increased Services. The Bridge opened with a \$6.4M budget planned to serve 400 unduplicated people per day, and today the staff recommendation is for a budget of \$8.1M in keeping with greater than 100% increase in clients, from 400 unduplicated to 950 unduplicated clients daily.
- Independent Review; Recommendation. A team of independent professionals (Tom Collin, Ron Stretcher, Ray Hammer, and Paul Scott) reviewed The Bridge's program and operating procedures and determined that action must be taken quickly to improve services, efficiencies and safety. The team recommended a much higher level of integration of the behavioral health, health care and MDHA case management functions at The Bridge.
- Senior Leadership Team to propose Operating Framework. There is a need for a senior leadership team to develop an operating framework of behavioral health, health services and case management function with a goal of making it a well integrated system of collaborative services. NTBHA and VO and our partners have been very generous to The Bridge; namely there is a presence five days a week of MetroCare, TransiCare, Joe Powell's recovery program, LifeNet staff, and Parkland providing mental and health care services. It is very obvious that we find it very difficult to share information and work together in a collaborative integrated way. We recognize that every public entity is under a lot of stress. The Bridge is a very large operation that is complex and at serious risk. We are looking for a framework so we can engage service providers. We are seeing 1750 unduplicated people at The Bridge each week and there are hundreds of people that we cannot reach. After 19 months of working to bring this into integration, we are suggesting a policy executive team that maps out a framework of how we would integrate behavioral health, health care and case management.
- MDHA spends approximately \$1M annually on case management function for The Bridge; however we cannot get a handle on care to manage. We are looking to NTBHA for the development of a framework so that we can engage service providers and this is an incredible opportunity with a population with high needs in one place to really learn how to integrate mental health, substance abuse, and health care on one site.
- The expectation regarding behavioral health, at the end of the process which I hope in short-terms that there would be a RFP come out from NorthSTAR that providers would apply to for delivery of behavioral health at The Bridge.
- **Question (Alex Smith)**. Is this a precursor to The Bridge becoming a SPN in its own right?

- **Answer.** No. The principal is that The Bridge is a one-stop shopping for chronically long-term homeless people. The shops would be public and private agencies that serve that population. Our direct service goal is the case management focused on stabilizing people through coordinating care with the largest drive towards housing and employment. Per our \$1M investment in case management; we are willing at the direction of the policy planning group recommendation to re-visit how that \$1M is spent – perhaps a different method, different staffing that will integrate behavioral health and health care and other human services would be more effective. Resource utilization including the \$1M management budget, office space, exam rooms, clinic space, all of these resources are subject to examination for restructuring per expert team recommendation.
- **Question (Susan Miles).** Are you asking for someone from the NTBHA staff to be on the policy board of The Bridge?
- **Answer.** This paper lists suggested team members, including Josh Floren from Parkland, Alex Smith from NTBHA, Ron Stretcher as the County representative, Jack Szczepanowski from VO, Sharon Phillips from Parkland Community Care, and Mike Faenza with MDHA.
- ***Judge Chitty polled Alex Smith and Ron Stretcher concerning the senior leadership team to formulate recommendations as requested; both agreed to participate in this undertaking.**
- **Question (Tom Collins).** What is the provenance of the people served by The Bridge?
- **Answer.** Over 85% of the 7000 intakes since its inception twenty (20) months ago are from Dallas County, plus clients from Collin County, Denton County, Fort Worth and other areas. We are well aware of budget constraints, we are focused on a short-term plan base aimed at maximized utilization of current resources to better integrate health care, behavioral health and case management.
- **Question (Susan Miles).** How many of those served are new NorthSTAR clients, and how many are on-going NorthSTAR clients?
- **Answer.** A prior study indicated 800 people who had required psychiatric hospitalization were not enrolled in NorthSTAR, which translates to The Bridge providing the subsidy. The majority of our clients had been NorthSTAR clients actively involved in NorthSTAR.
- **Pebbles Project.** Mike Faenza also cited the cooperative partnership effort between MDHA, LifeNet and the Housing Authority known as the Pebbles Project.

Item #5**Executive Director's Report****Alex B. Smith, NTBHA's Executive Director, reported:**

- The Executive Director's report was circulated to the board in advance of the meeting. Highlights of the report are as follows:
- Transfer of Authority. Strides have been made regarding the board authority and transfer of authority. There has been a lot of discussions and some initial physical and technical steps in that direction.
- Staff training NTBHA staff has started training on the information systems and on the data warehouse in Austin.
- Texas Council. Executive Director Alex Smith has an appointment to meet with Texas Council's Executive Director which will be an opportunity to learn their perspective on NorthSTAR and perhaps determine whether NTBHA has a role to play with the Council.
- DART discussions. The Executive Director followed up on previous discussions regarding vouchers for transportation. DART declined a face to face meeting, and pointed to the DART webpage for non-profits: non-profits may get 10 day-pass vouchers for \$25/month or unlimited monthly vouchers for \$65 per individual.
- Transitional Housing. The Executive Director and Liam Mulvaney visited Terrell State Hospital and this will be covered in greater detail later in meeting.
- NorthSTAR System. The reduction in county matches for NorthSTAR at the end of last year and continuing this year has resulted in a \$1M further deficit. This means looking at our allocation of resources to determine whether to continue with the current plan or to reconsider based on our current financial condition. Jack Szczepanowski will speak to this concern in the BHO report to the board.

Item #6**Behavioral Health Organization Report****Jack Szczepanowski, Executive Director of Value Options, reported:**

- Jack introduced the new COO for Value Options, Marci Ellis who has 30 years of background and is a clinician in managed care, and most recently was with the City of Baltimore.
- The BHO report was circulated to the board in advance of the meeting. Highlights of the report are as follows:
- NorthSTAR Outcomes and Medical Expense Report. An Executive Summary is included in the BHO report that provides a comparative analysis listing all of the outcomes measures that we utilize relative to medical expense in the first quarter of the year and detailed

financial analysis. First Quarter medical expenses \$32.5M that results in 91.76% (MLR) medical loss ratio which is the percentage of every dollar that is spent on services relative to administration. Highlights of service outcomes include new services and case rated programs that are still coming on-line.

- Inpatient 30 day Readmission. The rate over the first quarter is 11% and is well within the norm. The very high level of diversion into community based care out of the 23-hour ops program at 58% is almost unprecedented on the national level. Clients are quickly stabilized at that level of care and are able to be discharged into community settings. This is relative to our contractual benchmark of 44%.
- Residential Chemical Dependency Treatment. Greater than 35% of members transition to ongoing outpatient treatment within 7 days of discharge.
- ACS Mobile Crisis Service. It is difficult to benchmark this, however the volume is tremendous in terms of the levels of calls relative to the number of individuals who are hospitalized.
 - **Question (Susan Miles)**. Are there any more statistics for Collin County?
 - **Answer**. Next month we will present a county-by-county outcomes relative to expense report, as well as more details around mobile crisis information.
- Outpatient Care, Managed Care. This is admissions to hospitals per 1,000 members which was relatively high in the summer of 2009. Recently it has dropped significantly, and it is difficult to determine if this drop is due to case rate or better diversion.
- Crisis Residential Services. These are phenomenal results and show that 89% of people treated remain stable in the community 30 days after treatment.
- Outpatient Crisis Clinics. These clinics respond to psychiatric emergencies and are open 7 days a week including evenings and weekends. The results are impressive and are the most robust from the clinics run by Dallas MetroCare. More than 300 people receive this service.
 - **Question (Alex Smith)**. Are the 300 people served per month the total for all after-hours clinics or just one?
 - **Answer**. That is the number for all clinics, and are for our unique utilizers.
- South Dallas After-Hours Clinic. This is a new clinic and it is still growing and we continue to explore any encumbrances to referral methods in order to increase the census at this location. The beginning quarter shows low numbers, which is typical of new programs, ranging from two (2) up to seven (7) people per day.

The numbers must increase in order to gauge the overall value relative outcomes compared to medical expense.

- **Question (Zachary Thompson).** Is the clinic located in Duncanville or in the City of Dallas, and is the location a factor in the low numbers of enrollment? Is bus access a factor?
- **Answer.** It is in Duncanville, and perhaps there are some of the same issues as experienced by the new crisis residential program run by LifeNet in terms of streamlining the referral methods and algorithms for admission criteria. Next month's report will have an update on progress in terms of enhancing the census in that clinic. The clinic is very well situated at Gannon and Cockrell Hill, and it is on a bus line.
- **Outcomes Data.** The State in conjunction with NTBHA is doing more comprehensive outcomes relative to expense, and the NorthSTAR VO performance matrix will also be reported to the board. The outcome report is in draft form and should be ready to present to the board next month. That report will provide more information regarding the health of the system. We welcome any comments regarding the format and data presented in our reports.
- **Residential Crisis Program.** Jack reported on progress to enhance census to reach capacity in this program. A meeting with Liam Mulvaney, Alex Smith and others to explore means of enhancing the program, and the conclusion there are multiple points of opportunities to integrate better, primarily on streamlining the criteria to facilitate entrance into the program and delegating assessment of the criteria into the referral sites, as well as increasing staffing associated with referrals and having a presence at The Bridge and at 23-hour ops.
- **Meeting at Terrell.** Exploring the possibility of using Terrell space to structure a like program to enhance the flow out of the State Hospital and open up access to both civil and forensic beds. While there are more questions to be answered, this was a very positive meeting. More discussions are needed before a firm proposal can be presented as to the funding structure and what the facility would look like, which we will have for the next board meeting. Must determine if we are using the same pool for funding it or if it would require a reallocation of resources in order to make that program effective. Duncanville results are very positive in terms of enhancing the diversion rate out of 23-hour ops as well as stabilizing people in the community and lowering recidivism rates. Preliminary outcomes with that level of care are very positive.

Collin County Clinic – Recurring Themes.

- First is the need for better integration of substance abuse care and services currently provided in the jail that would expedite stabilization in the community and post-jail stays it is difficult to get IOP and SOP care in the community and there are great opportunities to enhance those services. Consultations concerning jail diversion and jail services in Dallas County and some synergy regarding Collin County and potential discussions regarding best practices. We recognize Joe Powell has done a tremendous job in Collin County in terms of engagement with clients in the jails; however he needs more tools for securing referrals and stabilizing people in the community, especially for substance abuse patients.
- Second is the need for transportation and better coordination with a single portal authority. In Dallas, the central portal authority is through the Parkland Hospital System and is managed by TransiCare. The transportation vendor is the same as the vendor that provides determination associated with hospitalizations and they have access to a broad level of data in terms of individual's needs such as pharmacy data, current claims data and judicial involvement for that individual.
- **Question (Alex Smith)** Alex questioned the viability of the Collin County clinic, which has been an ongoing issue, and whether the clinic is slated to be closed as indicated by a comment of the Collin County Administrator in December. It was noted that the NTBHA board had made the decision to go forward with the clinic.
- **Answer.** This decision is for the NTBHA board and I have been directed by the board to move forward with the implementation of this clinic until and unless directed otherwise by NTBHA board. There are potentially more effective uses for the funding dedicated to this clinic so there are operational concerns; however the board made the decision to move forward in this endeavor which we at VO are doing.
- **Discussion** and recommendation that the board direct VO to look at its current allocation of resources in Collin County. VO should develop two alternative plans based on attach dollars, volumes, and expected outcomes and determine how these services would have a positive impact in Collin County. This should be done concurrently with the university study in order to be in a position to determination whether to put the after-hours clinic project on hold and redeploy resources to more viable projects.

- **Motion.** Dr. Scotch moved that VO be directed to review, reassess and if necessary reallocate funding for the most needed services in Collin County in conjunction with deliberations with Executive Director Alex Smith and the Collin County board members and the officials of Collin County, taking into consideration the study being conducted by UNTHSC. This was seconded by Andy Dillard and the motion carried.

Item #7

Consumer and Family Advisory Council Report

Mike Katz, Chair, reported:

- The CFAC report which was circulated to the board details the past month's activities.
- The council held a meeting on January 5, 2010 and reviewed the current happenings in NorthSTAR with some discussion about the effects of the current funding and needs.
- There was also discussion regarding the fact that the Dallas Behavioral Health System Redesign Task Force currently does not include a Consumer and a Family member. Commissioner Dickey has been made aware of this situation. After discussion with NAMI/Dallas and NAMI/Collin County and CFAC, Mike Katz has presented some names for consideration.
- Sarah Brown from the UNTHSC (University of North Texas Health Science Center) team is involved in studying mental health services in Collin County.

Item #8

Provider Advisory Council Report

Liam Mulvaney, CEO of LifeNet, reported:

- Liam reported on its December 18, 2009 meeting which was hosted by Green Oaks and it was a well attended meeting.
- PAC requested NTBHA investigate additional revenue streams beyond DSHS and the State contract, including any grants that potentially may be available.
- Providers have requested NTBHA to commission a comprehensive study regarding allocation of existing dollars across the total NorthSTAR budget in an effort to identify potential efficiencies or reallocation of funds to better meet the demand for services.
- Another concern is the "case rate" contracts that continue to require authorization from VO for service package for each client, resulting in time-consuming paperwork which is totally out of sync with case rate management, and providers are concerned about potential liability they may incur. Another liability issue that

concerns providers is the consumers and family member's perception of reduction in service compared to the recommendation; this is a difficult position for providers.

- Providers are now required to do a financial evaluation of clients twice yearly to determine their eligibility for NorthSTAR. A request has been presented to VO to return to annual evaluations.
- CHIP continues to be an issue. Providers are still not satisfactorily contracting with CHIP or being adequately reimbursed by CHIP for services provided. This board has been involved with this issue before and if there is anything else the board can do, it would be appreciated. This is a financial issue in that we are spending adult VO dollars on services for children that other companies should be paying for.
- Discussion regarding the rationale for continued requirement for information under case-rate system. Alex Smith will explore the rationale for that during the contract development. Jack added that under the DSHS contract, we must assess and gauge outcomes. The NTBHA staff has added applying for grants to its responsibilities, and Jack offered assistance from its staff grant writer. Zachary Thompson had previously been involved with CHIP and perhaps he could again be involved.

Item #9.

NTSPP Report

In the absence of Edgar Nace, M.D., the NTSPP report was given by Dr. Osman Ali.

Dr. Osman Ali introduced himself as a psychiatrist new to the North Texas area. He directs the UTSW Public Psychiatry Fellowship as part of a collaborative project between UTSW and MetroCare Services, and was recently appointed the Public Psychiatry Committee Chair of the NTSPP.

- NTSPP previously circulated its paper to the board and Dr. Ali spoke to the items that were presented.
- Physician's Advisory Panel is a panel of psychiatrists in the NorthSTAR system, in private practice and in other capacities who meet as providers with first-hand experience working within the system to discuss issues pertinent to the NTBHA board. PAP seeks to have the opportunity to present to the NTBHA board directly, beginning in February 2010. This would be in addition to NTSPP's involvement with NTBHA.
- A survey has been undertaken by Dallas County Commissioners and Parkland regarding the public mental health system. NTSPP Public Psychiatry Fellowship Committee has offered to provide the board

with consolidated information and success strategies garnered from other states concerning mental health transformation.

- **Discussion.** Judge Chitty remarked that this is in line with the issue of reassessment and reallocation of resources under discussion. Any suggestions that Public Psychiatry Committee may have to offer can be coordinated through Alex and VO as to how monies are being allocated or better allocated. Alex noted that NTSP is represented on the PAP panel and the intended purpose of this panel is to communicate with the board. If the board has any specific requests for information the board would go through them. There is no need to duplicate by having both NTSP and PAP on the routine agenda of the monthly board meetings. Judge Chitty added that if additional information is needed and would be useful, the board will look to working with Dr. Ali on the Physicians Advisory Panel.

Item #10

Discussions and possible approval

- TSH-Transitional Housing - status
 - Dr. Finch briefly reported on a meeting with Liam Mulvaney, Alex Smith and a VO representative to tour facilities. There are some additional questions that will require more time to explore.
- Atypical Medications - status
 - Alex reminded that Jack reported earlier \$300,000 overspent on pharmaceuticals. Jack stated that they have initial exploration of implementing a patient assistance program for supplementing the cost of medications to reduce expenses associated with SGA's.
- Collin County MOU – status.
 - Alex stated there is nothing further to report at this time.
- Legislative update. Janie Metzinger of MHA.
 - Janie Metzinger reaffirmed the success of the December 11th public forum; however attendance at the meeting was impacted by a conflict with a conference in San Diego on that week involving many of the representatives.
 - There may be an opportunity to host an event in early summer that representatives would attend.
 - MHA/NAMI will be doing one-on-one meetings with legislators throughout the spring and summer.
 - Last year's tour of NorthSTAR with its managers and staff was very well received. It gave attendees a really good view of the system, and this would be an opportunity to work with GOH and VO on hosting a similar tour this year.

- Priorities working in conjunction with the Regional Legislative Steering Committee:
 - Funding
 - Housing
 - Evidence based practices to reduce recidivism, and identification of targeted initiatives to focus on for legislative session.
- 12/17/09 meeting in Austin with Tom Collins, Tom Valentine and Dr. Charles Bell to reiterate support for funding for NorthSTAR region. Dr. Bell recommended having a specific targeted to bring services to the region and this should be our focus for the future.
- MHA/NAMI are working together to hold a series of listening meetings beginning with Hunt County on January 26th. We are asking for an overview of the NorthSTAR system, followed by public input of likes/dislikes of the system and what are the needs. This will be repeated in all the counties.
- Workshops are planned for the spring on the topics of the implications of Health Care reform for mental health and substance abuse. If the bill is passed, what will that mean for our state and our region?
- March 26, 2010 a Law Enforcement and Mental Health Conference will be held on bipolar disorder ("BPD"). Previous topics have covered CIT, PTSD, and SA.
- MHA/Texas has gotten a grant for Boarding Home Reform. We worked on the Boarding Home HB216 in each region and we will ask for recommendations from each county.
- September 1, 2010 starts the implementation of boarding home reform. HHS commission has prepared a first draft of statewide standards that would allow local implementation of the statewide system. Localities may collect fees and fines locally and keep them in county, resulting in additional moneys which may roll to local programs for the mentally ill and disabled.
- Grants. Janie will direct notice information regarding grants to NTBHA, and we should be working together as a region to seek grants across system. Jack stated that VO received a grant to hire grant writers. This is a resource that NTBHA and all in the umbrella may access.
- February 15, 2010 there is a free CIT class at Medical City Dallas with space for 187 participants and an information letter will be sent to law enforcement officers. This will earn them 40 continuing education hours.

- Renewal/extension of Executive Director's employment contract.

Item #11

Executive Session

The board may go into Executive Session pursuant to chapter 551, subchapter D, Texas Govt. Code.

- Upon motion made and seconded, the board went into Executive Session at 1:50 p.m. to consider the renewal and extension of Executive Director Alex Smith's employment contract for 2010.

Re-Open the Open Session

The open session of the board meeting resumed at 2:12 p.m.

Item #12

Discussion and possible vote in open session on matters considered in Executive Session. Vote on extension/renewal of the Executive Director's contract.

- Pat Lawson moved that Executive Director Alex Smith's contract be renewed for 2010. This was seconded by Matt Wolff and the motion carried unanimously.

Item #13

Other Business

- None.

Item #14

Next Board of Directors Meeting

- February 10, 2010 at 12:00 Noon

Item #15

Adjournment

- The board meeting adjourned at 2:15 p.m.

Acronyms & Terminology

340B	A federal drug pricing program
ACS	Adapt Community Solutions (Mobile Crisis Provider for NorthSTAR, see MCOT)
ACT	Assertive Community Treatment
APAA	Association of Persons Affected by Addiction
APOWW	Apprehension by a Police Officer Without a Warrant
BH	Behavioral Health (includes MH and CD)
BHO	Behavioral Health Organization (ValueOptions)
BOD	Board of Directors
BPD	Bipolar Disorder
The Bridge	Homeless Assistance Center in Dallas
C&A	Child and Adolescent
CAP	Corrective Action Plan
CBT	Cognitive Behavioral Therapy
CD	Chemical Dependency
CFAC	Consumer and Family Advisory Council
CHIP	Children's Health Insurance Program (aka SCHIP)
CIT	Crisis Intervention Training (40 hour event sponsored by the City of Dallas Police Dept.)
CMBHS	Clinical Management of Behavioral Health Services
COMI	Coalition on Mental Illness
CRCG	Consumer Resource Coordination Group
DARS	Texas Department of Assistive and Rehabilitative Services
DBSA	Depression and Bipolar Support Alliance
DPS	Department of Public Safety
DSCT	Direct Services Cost Target
DSHS	Texas Department of State Health Services
FMAP	Federal Medical Assistance Percentage for Medicaid
FPL	Federal Poverty Level
FTE	Full-time Employee
GOH	Green Oaks Hospital
GR	General Revenue
HUD	Housing and Urban Development
IOP	Intensive Outpatient Treatment
LAR	Legislative Appropriations Request
LBB	Legislative Budget Board
LOC	Level of Care
LOC-A	Level of Care - Authorized (as specified by Service Packages approved by VO for a client)
LOC-R	Level of Care – Requested (by the SPN to VO)

LPHA	Licensed Professional of the Healing Arts (Graduate degrees with specific licenses)
MAC	Medical Advisory Council
MCOT	Mobile Crisis Outreach Team (In NorthSTAR, ACS is the MCOT, providing phone and face-to-face intervention.)
MDD	Major Depressive Disorder
MH	Mental Health
MHA	Mental Health America
MLR	Medical Loss Ratio
MOU	Memorandum Of Understanding
NAMI	National Alliance for the Mentally Ill
NARSAD	National Alliance for Research on Schizophrenia and Depression
NTBHA	North Texas Behavioral Health Authority
NTSPP	North Texas Society of Psychiatric Physicians
OCR	Outpatient Competency Restoration
OPC	Order of Protective Custody
P&Ps	Policies and Procedures
PA	Pre-authorization
PAC	Provider Advisory Council
PBM	Pharmacy Benefit Manager
PESC	Psychiatric Emergency Service Centers
PMPM	Per Member Per Month
QMHP	Qualified Mental Health Professional (Bachelor's degree in specific helping field majors)
RDM	Resiliency and Disease Management
RFI	Request For Information
RFP	Request For Proposal
SA	Substance Abuse
SCHIP	State Children's Health Insurance Program
SDC	Self-Directed Care
SED	Severe Emotional Disturbances
SFY07, SFY08, SFY09, SFY10, SFY11	State Fiscal Years. SFY10 began September 1, 2009 and will end August 31, 2010.
SGA	Second Generation Atypicals (medication)
SME	Subject Matter Expert
SNRI	Selective Norepinephrine Reuptake Inhibitor
SOP	Supportive Outpatient Treatment
SP-1, SP-1S, SP-2 SP-3, SP-4 (ACT)	Adult Service Packages associated with LOCs in RDM—the higher the number, the more intensive the services provided. Similarly, children have RDM service packages.
SPA	Single Portal Authority

SPN	Specialty Provider Network
SSRI	Selective Serotonin Reuptake Inhibitor
TCADA	Texas Commission on Alcohol and Drug Abuse
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDI	Texas Department of Insurance
TLETS	Texas Law Enforcement Telecommunications System
TP 55	Type of Medicaid for medically needy clients whose increased medical bills make them eligible for Medicaid (not currently eligible for NorthSTAR)
TRAG	Texas Recommended Assessment Guidelines
TSH	Terrell State Hospital
UA	Uniform Assessment
UM	Utilization Management
UTMB	University of Texas Medical Branch
VO	ValueOptions (the NorthSTAR BHO)
WRAP	Wellness Recovery Action Plan