

North Texas Behavioral Health Authority
Minutes of the Board of Directors Meeting
Date of Meeting: December 9, 2009 at 12:00 PM

2009 Attendance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Judge Michael Chitty, <u>Chair</u> Kaufman County	X	X	X	X	X	X	-	X	-. C	X	X	X
Andrew Dillard, M.D., <u>Vice-Chair</u> Rockwall County	X	X	X	X	X	X	X	X	X, C	X	X	-
Ryan Brown, <u>Treasurer</u> Dallas County	-	X	X	X	X	X	X	L2	X, C	-	X	X
Richard Scotch, PhD, <u>Secretary</u> Dallas County	X	X	X	X	X	X	X	X	X, -	X	X	X
Pat Lawson Collin County	X	X	X	X	X	X	-	X	X, C	X	X	L
Susan Miles Collin County	X	-	X	X	X	X	X	X	X, C	X	X	-
Ron Stretcher Dallas County	X	X	X	X	X	X	X	X	X, C	X	X	X
Zachary Thompson Dallas County	X	X	X	L	X	-	L	X	L2, C	X	L	-
Janis Burdett Ellis County	-	-	-	-	-	-	-	-	-	X	X	L
Matt Wolff Hunt County	X	X	X	X	L	X	X	X	X, C	X	L	X
Commissioner Kit Herrington Navarro County	X	-	X	X	X	-	L	-	L2, -	-	X	X

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 12:02 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 November 11, 2009 regular meeting of the board of directors be approved as circulated. This was seconded by Ron Stretcher and the motion carried.

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

- Ryan Brown reported that financial statements for the two months ending October 31, 2009 have been circulated and there are no outstanding issues.
- Ryan Brown moved that the financial reports for the two months ending October 31, 2009 be approved as circulated. This was seconded by Kit Herrington and the motion carried.

Item #4**Public Commentary**

- **James Williams, with Lakes Regional MHMR**, and also an advocate. Mike Maples met in early November talking with providers, attendees included board members, commissioners and people from Collin County. The focus of the meeting questions to Mike Maples were regarding local planning and Mike suggested James Williams get involved in local planning aspect. Williams distributed two graphs to the board, regarding the population census and poverty levels for North Texas and the NorthSTAR population. These graphs are fairly typical. However, they do not illustrate or distinguish a rural area or very impoverished area because the sheer numbers are not revealing. Translated into a bar graph, these numbers show the population of Dallas or Collin County as larger than the other North Texas counties combined, and also illustrate Collin County and Rockwall counties as the richest counties in North Texas. In terms of local planning, 41% of the Navarro County population is impoverished, versus a 12% poverty level in Collin County. These statistics must be considered when looking at equity compared to the rest of the State but also how these control our resources in terms of deploying those resources within NorthSTAR. Here we have tremendous local control.
 - Traditionally, new money is given to those below the equity line so as to bring them up so that everyone is coming up to this average. In difficult time like these, when dollars must be reduced and pulled out of community-based services, then

- the impoverished areas and rural areas should not be reduced to the same extent on a proportional basis.
- We should consider that the larger and richer counties are better able to sustain a certain level of reduction in funding and/or services than the less populated and poorer counties in the region.
 - Lakes Regional is on the agenda for the update meeting with Mike Maples and is very interested in speaking to these points at that time.
- **Mike Katz, Advocate.** There are many NorthSTAR task forces and he would encourage everyone to ensure that consumers and family members have an opportunity to be involved and participate. Specifically, consumers should represent grass-roots individuals not employed by NorthSTAR providers, advocacy groups, employees of government entities or the "system", all of whom are vested in NorthSTAR behavioral healthcare delivery or policy; except as an advocate. That is what transformation, the President's confirmation, the state task forces, and policy dictate that we have; true representation from consumers and family members.
 - Ron Stretcher expressed appreciation of Mike's advocacy for representation and if there are task forces or activities that the board can facilitate or reach out to find representatives to sit on the various task forces.

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:
- Contracts. The protocol now is that contracts using the blended case rate are signed by the Executive Director on behalf of the board and reported to the board.
 - Lakes Regional Contract. The contract with Lakes that uses the blended case rate method has now been executed.
 - There is an agreement in principle at least between Providence and Youth Advocacy Programs in VO, so we anticipate something to occur shortly.
- Physicians Advisory Panel. PAP is still developing and meeting with both in-system physicians and physicians outside the NorthSTAR system. Currently, they are in the process of selecting a chairman and when that occurs they will be put on the Agenda to advise and work with the board on clinical issues. The following are concerns:

- NorthSTAR's failure to deliver a pharmaceutical practice comparative analysis report which was requested several months ago. This report will provide a comparative analysis and may impact the use of high-cost prescriptive drugs.
- VO Quarterly Phone Conference Call. PAP has requested that the VO medical director attend the conference call and stay in attendance for the duration of the call in order to provide interaction with the physicians in our network.
- Rider 65. Rider 65 requires that we at NTBHA, VO, and develop a plan for the expenditure of the \$4 million of crisis funding. A plan is being developed and should be available soon on how the \$4 million in our system will be spent.
- Transfer of Authority. We have started to set up a schedule to train our staff on use of the data warehouse in Austin.
 - Matt Ferrara suggested a format on implementation of the transition of authority to NTBHA, presented as a starting basis which will be developed over the next 30 days. After the first of the year, specifics of the method and time table will be looked at regarding what we are going to transfer and how it will be done, and a time frame.
 - Judge Chitty reactivated the committee chaired by Dr. Scotch to work with Executive Director Alex Smith, the NTBHA staff and state representatives to develop plans to proceed with recommendations made by Matt Ferrara.
- Record of original authorization of the NTBHA Board. Executive Director Alex Smith thanked Janis Burdett of Ellis County for obtaining a copy of the inter-county agreement signed by the Ellis County commissioner – this is in addition to the Dallas County signed agreement. Research is continuing to obtain copies of signatures of the other county commissioners appointing the original board to NTBHA in 1998. This is a record-keeping matter; it does not change anything.

Item #6

Behavioral Health Organization Report

Jack Szczepanowski, Executive Director of Value Options, reported:

- The BHO report was circulated to the board in advance of the meeting. Highlights of the report are as follows:
- Outpatient Case Rates. Update on the case rate restructuring in the outpatient system. Approximately 75% of outpatient services are contracted to be imbedded in the case rate model and expectation is that all will be in the case rate model by January 1st. Sensitivity

to rural issues and children's issues, working with Alex and other to make potential accommodations in terms of specific needs in the community.

- General Outcomes. One large provider has been under contract for over two months and there are seasonal issues regarding measurements. To date, there is no indication of an increase of higher levels of care, nor lower diversion rates, and there has been no change in the jail situation. Although it is still very early, there are no precipitous issues resulting from having at least 50% of the system live on the case rate model. This is being gauged on a monthly basis and at weekly clinical meetings with the provider network regarding the implementation. We are developing metrics to measure the success of these outcomes for these contracts.
 - Ron Stretcher stated that it is critical to have metrics and a clear plan to gauge the impact and be able determine if it is driving up the higher levels of care, if there are access issues where clients are not able to get in at all, and removing administrative burden and reducing paperwork and financial impact.
- Pharmacy Benefits Management.
 - Alex Smith asked again about the detailed comparative analysis report formulary management and impact. NorthSTAR has a raw report showing overall utilization.
 - Jack stated that he has been struggling to get the contractor (the pharmacy benefits manager who is the intermediary that runs the reports for NorthSTAR) to produce the kind of reports we needed, however, he will produce the reports in the near term. What is being requested is core pharmacy management benefits reports. The problem seems to be the eligibility files with 340b which should be easily overcome.
 - Jack noted that the annual allocation is being exceeded by about \$2M. This level of penetration in the system is affecting the pharmacy spend and with DSHS support the way the rider is structured can be renegotiated. We can always reinvest in levels of care if we go below the cap, right now we are exceeding it significantly, and physician input on ways to control the utilization in a more constructive manner will be useful. Some possibilities are patient assistance programs and restructuring the waiting list for second generation medications.
- First Quarter Financial Status. Jack presented an update on first quarter projections and the completion factor based on the first two months roll-out; there are still some unprocessed claims.

- Based on the first two months figures, the \$35.3M Medical Expense represents a 5% decrease compared to the previous quarter.
- Medical Loss Ratio for the quarter is 93.9%.
- \$2M shortfall for the quarter relative to budget, on an annualized basis.
- Main contributing factors are the implementation of the case rate model, increase in pharmacy spend, and intense higher levels of care management. Green Oaks and Parkland have increased their diversion rates up to the high 60%.
- Rider 65 Plan for the NorthSTAR program.
 - The plan continues to be a work in progress and needs a strong local planning component.
 - Rider 65 is to fund transitional and ongoing intensive services, meaning transition from crisis services into core intensive outpatient services.
 - A study and feedback is needed on how to most constructively spend the funds allocated.
 - The Executive Director and staff have been working with VO and DSHS to prepare a framework for the plan to present to DSHS; work on the framework for the plan is going forward.
 - These services in the crisis plan are available to all seven counties in the NTBHA system. Efforts are being made to alert the communities that these services are available to them.
 - An obstacle to higher utilization of the services is the screening process.
- Health Care Reform.
 - Jack briefly reported on several meetings in Washington D.C. recently with health care reform advocates. In terms of local planning it is worthwhile to look at potential impact analysis for our system of care. We likely will experience 30% to 45% increase in Medicaid membership possibly without the requisite level of federal funding attached, so that will have an impact on our system.
 - This calls for exploring opportunities of better integration, with primary care services, with thoroughly qualified health centers or county hospitals.
 - There is a RFP for a Star+PLUS roll-out in Dallas and Tarrant counties for service to a segment of the behavioral health population, and this is worth monitoring as an alternative or in conjunction with the services that NorthSTAR provides for this region.

- The key will be to look at gap analysis relative to residential programs, alternatives to higher levels of care and integration with primary care services.
 - Jack offered to invite some of the experts in health care reform to speak at an educational forum.
- South Dallas After-Hours Clinic.
 - The clinic is open and currently averages 3-4 individuals per day which is lower than expected. Efforts are being made to reach out and determine if the need is really there.
 - LifeNet's residential program is having a significant positive effect on both outcomes for recidivism rates and referrals from the state hospital and from ER and other higher levels of care.
- Additional Comments.
 - Dr. Frank Webster addressed several obstacles to the seamless transfer of patients from the Emergency Room to LifeNet, including (a) getting client records from the ER; (b) the requirement to self-present – need to facilitate getting from the ER to the LifeNet facility; (c) issues with screening, which should be a seamless process; (d) hand-off process overall that requires more involvement and supervision for the client which would tend to lower the high recidivism rate.
 - Mike Faenza, President of Metro Dallas Homeless Alliance. Part of MDHA's task is to manage The Bridge. The Bridge now has 800 people every day of which 500 are NorthSTAR patients, so we are hopeful that with access to the program the outcomes will be better over time.
 - James Williams. Regarding Rider 65 dollars, two or three months ago he asked questions of board members, of VO, of NTBHA, and of MHA legislative meetings in an effort to get information about what is the local plan for Rider 65 dollars. James expressed concern that a plan for spending the \$4M available through Rider 65 should include input on the local level, from local people. This is much broader than the network providers and should include advocates in general and others interested in Rider 65 dollars.
 - Executive Director Alex Smith stated that in the last day or so he received clarification as to how these funds may be utilized, and now we can move forward with input from local stakeholders.
 - KJ Scheib clarified that Rider 65 funds may be used for "Traditional and Ongoing Services" to bolster the core services in view of the increase in the number of people in the system and the resulting increase in demand for services.

- Jack Szczepanowski. From the local planning standpoint, we need to look at the total available revenue for other levels of care. This is net revenue that is determined by the state in addition to the core budget for the next two years. Also note that the first quarter was negatively impacted by Collin County's action to cease its NorthSTAR contribution, with a result of a net \$500,000 annualized reduction in total revenue available.
- Mike Katz requested disseminating a copy of Rider 65 prior to the public forum in order for stakeholders to become familiar with the provisions and make comment.
- At Judge Chitty's suggestion, a decision was made to hold a public forum on Rider 65 beginning at 11:00 a.m. immediately prior to the January board meeting. The Executive Director will present the current plan and then invite public comments and input.
- The Executive Director Alex Smith, working with KJ and Jack, is asked to prepare a bullet-point for distribution prior to the public forum.
- Ron Stretcher reported that Dallas County cut approx 10% (\$440,000) out of its match and there is every intention to come back to that once funding is available. Did Collin County provide any explanation if their cut is dependent on a circumstance, with an expectation to restore that funding at some point in the future? Jack stated he is having conversations with Collin County administrators about their concerns. Alex Smith added that NTBHA requested patient specific information (names, address, phone numbers) from DSHS and Collin County; however DSHS advised Collin County that DSHS owns the data and is not entitled to release it. The Collin County MOU was not signed, and Collin County's continuing payments were in error and have been suspended pending signing the MOU. At issue is release of patient-specific information. At this point we are uncertain whether or not Collin County will sign the MOU.
- Alex Smith made two additional comments directed to Jack Szczepanowski regarding Quarterly Expenditures.
 - He reiterated the urgent need for more timely financial information regarding income and expenses because we are already into our second quarter and we do not have a clear picture yet of the financials for the first quarter other than it looks the only way to manage these dollars is to have the real time spend – we need to know now if we need to tighten up.

- One of the physicians reported that VO had sent word out to suspend the Collin County clinic – is that a formal directive or a discussion. Jack clarified they are were not satisfied with the structure and are having a discussion with the vendor. VO's intent is to move forward with the crisis center and to find more constructive ways to utilize crisis intervention dollars to have an effect on county institutions, Collin County jail.
- Liam Mulvaney elaborated on the Independent Living Housing Project. It has 20 apartment units and is designed for clients coming out of an institutional setting transitioning to permanent supported housing, generally a 60-day length of stay working with staff to prepare them and help them locate permanent housing. It is set up with VO as the gate-keeper and all referrals flow through VO.

Re-Open Public Commentary

Mike Faenza, President of Metro Dallas Homeless Alliance, presented two documents to the board drafted by MDHA.

- Letter to Mike Maples concerning the tremendous challenges faced by the system. This is a time for the state of Texas to use creative thinking to assist NorthSTAR in securing additional funds to avert individual and community tragedy. Attached to the letter is a page of communications and suggestions to the NTBHA board since the actions that may be taken by the state will require the support of NTBHA. The letter acknowledges the great job NorthSTAR has done with available resources, funds that are not on par with funding throughout the state.
- The solution is permanent supported housing that costs NorthSTAR nothing but needs NorthSTAR reimbursed substance-abuse and mental health services to maintain clients who have been chronically homeless in that housing. In the coming months there will be several hundred beds that will open up. Those programs will fail without adequate behavioral health supports. LifeNet is playing a central role.
- MDHA's goal is to end chronic homelessness by 2014. The Bridge was designed for 400 beds, currently they have as many as 800 on a daily basis – this situation is not sustainable.
- MDHA's three recommendations to NTBHA:
 - Review the current impact of the new case rate on behavioral health services to formerly homeless individuals who are in permanent supported housing. Insure that the upcoming

- projects are adequately served through NorthSTAR reimbursed services.
- Explore transferring some resources to support placement in Dallas and North Central Texas rather than placing Dallas area residents in the Terrell State Hospital and explore local hospital programs that might produce similar or better outcomes with less funding.
 - Develop a concept for a grant proposal that could be funded through partnership with NTBHA and other funding sources including private foundations and other grant sources. The focus would be to identify homeless individuals with addictions and mental illness that are in the system and provide increased resources for services for those homeless individuals through special agreements with specific providers and provide increased resources for homeless individuals who need more intensive services at the front end of placement in permanent supported housing.

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 met on December 1, 2009 in conjunction with the MetroCare Altshuler Adult Clinic and Eastside Children's Center with an attendance of 35. The speakers were Cindy Herzog from Easter Seals who discussed the Social Security Administration and Social Security Insurance, and Diane Walker with CompCare who discussed SCHIP.
- It was noted that LifeNet and Child and Family Guidance Center have offered to host future meetings.
- CFAC will return to its usual meeting format for the January 2010 meeting.

Item #8**Provider Advisory Council Report****Liam Mulvaney, CEO of LifeNet, reported:**

- Liam reported that next week PAC will hold a combined November/December meeting; therefore there is no November meeting report at this time.

Item #9

NTSPP Report**Edgar Nace, M.D., President of NTSPP, reported:**

- The NTSPP previously circulated two papers to the board. Dr. Nace noted a special emphasis on the paper entitled Medication Access and Continuity.
- Dr. Nace asked if it would be feasible for LifeNet to process the screening process for the 20-bed facility in Duncanville. Judge Chitty asked that Jack and Liam (and possibly Alex) work together with Dr. Nace to look into the issues that are a roadblock in filling those beds, and report to the board at the January meeting.
- Part of the issue is the intake process, the screening process, finding a candidate who meets all the criteria, and coordinating the entire process from initiation to handoff. A meeting and consensus of all stakeholders is important. Liam Mulvaney, Tom Collins and Frank Webster were asked to work with LifeNet in order to facilitate and streamline the screening/intake process.
- Dr. Nace presented some specific concerns of NTSPP.
 - 1) Transportation vouchers from DART. Clients need DART passes to be able to get to appointments with providers and pharmacy.
 - 2) E-mail confirmation of receipt of requests for medications. There is a new multiple screen data entry test set up in response to the previously faxed system. The email system is cumbersome and not functioning well, and does not assist the physician in delivering services efficiently.
 - 3) Quarterly Conference call between Specialty Provider Network psychiatrists and Value Options physicians. Dr. Nace suggested an agenda be set in advance of the meetings so it becomes a meaningful conference call. The physicians need the support from the administration and the ability to give input since they are face to face with clients on a daily basis.
 - 4) Possibility of a waiting list for second-generation anti-psychotic medications – concern that this may come to pass.
 - 5) Transfer of Authority from DSHS to NTBHA. NTSPP strongly supports the transfer of authority from DSHS to NTBHA and makes the suggestion to employ the services of an attorney and an account for assistance in making this a transparent process and to determine the appropriate steps, the costs involved, the staffing needed.

- Judge Chitty requested investigation and designated persons to report back to the board on the above questions, as follows:
 - 1) Transportation/DART - Executive Director Alex Smith
 - 2) Email prescriptions – Jack Szczepanowski
 - 3) Quarterly conference call – Jack Szczepanowski
 - 4) Second-generation anti-psychotic medications – Jack Szczepanowski
 - 5) Transfer of Authority – Dr. Scotch’s committee is addressing this matter. Dr. Nace offered lobbying support and resources.

Item #10

Discussions and possible approval

- DSHS/NTBHA – Authority transfer.
 - As discussed earlier in the meeting; nothing further to report.
- Lakes Regional Contract – status report.
 - As discussed earlier in the meeting. Additional comments from James Williams.
- TSH-Transitional Housing - status
 - Jack stated there is nothing further to report at this time.
- Atypical Medications – status.
 - Alex stated there is nothing further to report at this time.
- Collin County MOU –
 - As discussed earlier, we are still waiting for a response from Collin County; nothing further to report at this time.
- Legislative update.
 - Discussion. Janie Metzinger of MHA reported on a meeting of the regional legislative steering committee held on November 24th. The major priorities for the coming legislative session emerged as follows:
 - 1) Funding for behavioral health services, including community based services, substance abuse treatment proposals as introduced last session, and crisis services as an item in the base budget, and funding for state hospitals.
 - 2) Housing and funding for transitional services and permanent support housing. Funding can be provided by Texas Department of Community Affairs and other sources, not solely from and mental health funding.
 - 3) Proven methods that reduce incarceration, hospitalization and reduce homelessness, particularly outpatient competency restoration and the assisted

outpatient treatment types of approaches that are helpful to those people who are very fragile.

- These types of recommendations will be made to the legislators at the meeting on Friday.
 - Additionally, we want to involve family members and people with mental illness and consumers in the process. MHA and NAMI have agreed to collaborate and also involve the consumer advisory panel in a county by county process and make a basic explanation of NorthSTAR and listen to what they like , what they do not like and what they would like to see in their services to meet their needs. We anticipate beginning with Hunt Count in January, and then move on to Navarro County to listen and work our way around the region to gather input. This will build up the advisory panel and will serve to identify the advocacy leaders in each of the counties in preparation for the next legislative session.
- Other Business:
It was noted that the Executive Director's contract will expire next month. The Executive Director was asked to place on the agenda for next month a review and consideration for extending the Executive Director's contract.

Item #12

Executive Session

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

- None

Item #13

Discussion and possible vote in open session on matters considered in Executive Session

- None.

Item #14

Next Board of Directors Meeting

- January 13, 2010 at 12:00 Noon

Item #15

Adjournment

- The board meeting adjourned at 1:38 p.m.

Dr. Richard Scotch, Secretary

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
	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