

North Texas Behavioral Health Authority
CORRECTED Minutes of the Board of Directors Meeting
9441 LBJ Fwy, Ste 350, Dallas, TX 75243
February 8, 2017 at 12:00 PM

2017 Attendance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ron Stretcher, <u>Chair</u> Dallas County	X	X										
Judge B. Michael Chitty, <u>Vice-Chair</u> Kaufman County	X	A										
Ryan Brown, <u>Treasurer</u> Dallas County	X	X										
Janis Burdett, <u>Secretary</u> Ellis County	X	X										
Commissioner Elba Garcia, DDS Dallas County	X	X										
Gordon Hikel Dallas County	X	X										
Sherry Sheffield, PhD Hunt County	X	X										
Lt. Michael Blum Navarro County	X	X										
Major Todd Calkins Rockwall County	A	A										

Attendance Legend:

X = Attended monthly BOD meeting

A = Absent

L = Late arrival; missed votes to approve minutes and/or financial report

R = Resigned

- = Position not appointed

N = No meeting held

Item #1

Call to Order, Declaration of Quorum, and First Order of Business

Ron Stretcher, Chair, presided.

- Quorum Announced. Mr. Stretcher brought the meeting to order and declared a quorum at 12:00 p.m. Those in attendance included:
 - Board members noted above;
 - Various NTBHA staff members; and
 - Approximately 35 visitors and speakers.
- Suspended Agenda. Mr. Stretcher asked for a motion to suspend the agenda by moving the CEO report until after other reports (after Item #10 listed on the agenda) and leading into the resolutions. This cleaner format will be planned for future meetings.
Vote. Mr. Gordon Hikel motioned that the agenda be suspended as described. Supported by Commissioner Dr. Elba Garcia, the motion carried.

Item #2**Secretary's Report****Janis Burdett, Secretary, reported.**

- Minutes. Minutes from the board meeting on January 11, 2017 were presented for approval with no corrections reported.
Vote. Ms. Burdett motioned for approval of the minutes. Seconded by Commissioner Dr. Elba Garcia, the motion carried.

Item #3**Treasurer's Report****Ryan Brown, Treasurer, reported.**

- Finance Report. The reports prepared by NTBHA Finance staff for the four months ending December 31, 2016, were presented.
Discussion. Mr. Brown will continue reviewing the full report but designed a four-page summary for review by the full board with no changes noted.
Vote. Mr. Brown motioned approval of the finance reports. Seconded by Dr. Garcia, the motion carried.

Item #4**Public Commentary**

- None.

Item #5**Chief Executive Officer's Report****Carol Lucky, NTBHA CEO, reported.**

- Suspended Agenda Item. The CEO's Report was suspended until it could be included in Item 11 on the agenda.

Item #6**Consumer and Family Advisory Council Report****No report was given.**

- Meeting. The CFAC did not meet in the month of February since several members were involved in the NAMI/MHA-facilitated trip to the Mental Health Day Rally in Austin.

Item #7**Provider Advisory Council Report****Jackie Mahoney of Turtle Creek Recovery, PAC Vice-Chair, reported.**

- Meeting. The PAC meeting was held the second week after the transition on January 1.
- Transition. By the end of the second week, most difficulties resulting from the transition had been resolved. Dilemmas from the CMBHS side are still being addressed.
- Housing Funds. PAC members asked about how supported housing and temporary rental assistance funds through NTBHA would be utilized. Will they be accessible to people with Medicaid or only to NTBHA's indigent consumers? Some clarification is still being obtained by NTBHA staff
- Future Input. PAC hopes to increase membership to collect more input into the NTBHA system in the future.

Discussion. Are the hospital providers involved in PAC? They are invited, but John Henry, the Provider Relations Manager, will be reaching out to each of them to formally ask them to join. Sherry Cusumano of Green Oaks Hospital is the Chair and is actively involved. Other hospitals have been involved to some extent.

Item #8

Psychiatrists Leadership and Advocacy Group Report

Dr. Judith Hunter, Medical Director of Dallas Metrocare Services, Chair of the PLAG, reported.

- Meeting. The PLAG met on February 1.
- CMBHS. Dr. Hunter reported that six employees at her clinic were sitting in a room hand-sorting several thousand pages from CMBHS due to problems with that system.
- NTBHA Medical Director. The PLAG was pleased with the appointment of Dr. Patrick Young as the Medical Director for NTBHA. He is a longstanding colleague and highly respected clinician in the community. They also welcomed Dr. Deanna Dial as the Assistant Medical Director.
- Pharmacy Benefits. There were issues in January that have now been resolved except for consumers who have old NorthSTAR prescriptions written prior to January 1 and can't get them filled.
- Hospital Services. NTBHA staff continue to resolve clinical issues, working closely with new hospitals that have come on board to offer inpatient treatment.
- Metrocare RAP Team. The Metrocare RAP team needs to be optimized within the parameters of their 1115 Waiver DSRIP milestone project.

Item #9

Caruth Smart Justice Planning Grant Update

Dr. Jacqueline Stephens of Meadows Mental Health Policy Institute reported.

- Project Update. The program is in full implementation. Fire Rescue and Dallas PD have completed their segment of work with job descriptions completed. They are working on drafting policies and the contract is going to the city council, up for approval in mid-February. Regarding the jails and the courts, three workgroups have introduced themselves to the new DA and are finalizing procedures and forms.
- Training. A scaled down version of ACT/FACT training will be conducted for the courts. Clinical organizations were selected who will provide the ACT and FACT teams in the community. These include IPS, Transicare, Child and Family Guidance, and Dallas Metrocare. A 2-day TMACT (Tool for Measurement of Assertive Community Treatment) training with Dr. Maria Monroe-DeVita, PhD, has been planned.

Discussion. There is driver to get the ACT teams TMACT compliant. Meadows is bringing in national experts. There will be cutting edge processes around criminogenic drivers of mental health treatment with a tailored menu of intervention based on the risk assessments and clinical assessments.

- Housing. Housing is fundamental to behavioral health, so housing expert Ann Denton was brought in to discuss opportunities in planning.

Discussion. What government support of housing projects exist in certain areas? Per Ron, the mayor had a Homeless Commission that generated a report with some very concrete things to do as a community. The first was to establish an intergovernmental authority. Housing is very siloed. The city council and the court will be briefed on findings resulting in the "Partnership to End Homelessness." A housing navigator has been hired to work with Transicare to identify everyone and get them transitioned to the correct place. Ann Denton along with Caruth is working on the plan for how to use \$300,000 in flexible funds to get people into housing. It is

critical to leverage governmental authority to make everyone accountable. There is a lot of outreach in the community, but not necessarily all tied to actual housing. It is a real opportunity to maximize the work being done. There will be 11 seats appointed and one of them will be for NTBHA.

- Introduction. Dr. Stephens introduced Jennifer Jaynes, MPH, who is the new Project Manager for the Smart Justice Project. Questions about the project may be addressed to either Dr. Stephens or Ms. Jaynes.

Discussions and Possible Approvals

Item #10

Legislative Steering Committee Report

Matt Roberts, President of Mental Health America of Greater Dallas, reported.

- Mental Health Day. Many advocates are in Austin to speak with legislators and their staff about funding needs of behavioral health.
- Social Media. Mr. Roberts invited everyone to follow MHA Dallas on Facebook or ask to be put on Janie Metzinger's distribution list. "MHA Dallas" may be texted to 22828 to automatically be added to the distribution list and receive action alerts.
- Legislative Session. The Senate is quickly moving bills to the House. However, the House has not yet set their committees in order to know who will be serving on which committees.
- Child Protective Services. The new exceptional item for improvements to CPS is \$1,060,000,000.
- Other Bills. Sanctuary Cities and Bathroom Bills are other items that have the potential to create a legislative logjam that blocks behavioral health bills from being addressed quickly.
- Bridge Funding. The State allocated \$8,400,000 in funding to bridge NTBHA services from the old system to the new. Bridge funding pays for services providers are already providing, so that funding needs to stay. There is not a bridge; there are ongoing services that require ongoing money. The status of bridge funding in detail is unknown.
Discussion. Carol Lucky shared a memo concerning the bridge funding that summarizes the position on the \$8,400,000 funds as a top priority for those who advocate. Mr. Stretcher suggested that population growth and inflation not be factored into discussions with the State, but approach legislators about the \$8,400,000 that ties into numbers they have access to. Anyone with contacts in Austin is encouraged to use Ms. Lucky's report and reach out and connect her to those who can help. Legislators also need to understand that without the \$8,400,000 bridge funding, there will be a waitlist. Legislators put focus on wait lists every session. Since our system was designed without waitlists, they need to be educated about how loss of these funds could create a waitlist here. Some of the preliminary funding addresses waitlists and needs to be discussed there.
- Meadows Mental Health Policy Institute Initiatives. MHA will follow the MMHPI initiatives specifically around early intervention and other issues.
- House Select Committee on Mental Health. The select committee's work will be followed to see what bills come out of that for behavioral health. They did not produce any joint recommendations, so it is necessary to watch the individual committee members to see what bills they put on the agenda.
- Boarding Home Reform. There are misguided elements in boarding home reform that may go out, so they are hoping to get those elements changed.
- Children's Legislation. This is also being tracked.
- Deadlines. There are deadlines and measurements that happen along the way. The filing deadline occurs in March.

Item #11**Indigent Behavioral Healthcare Transition Work Plan and Action Items**

Carol Lucky, NTBHA Chief Executive Officer, reported.

- CEO's Report. The suspended CEO's report was included just before the resolutions.
- Transition Update. Issues have been confronted in January and some things have been resolved well.
- Pharmacy System. In January, all refills were being covered by ValueOptions. However, effective February 1, there were many people who hit the front door of the pharmacy system, potentially with refills who had not been through services under NTBHA, so they did not know what their new ID number was. NTBHA has been working closely with IPM, the PBM, to make sure everyone in the pharmacy network knows how to look up those numbers when folks come in.
- Bed Day Utilization. Inpatient and 23-hour observation services are high. There are not enough hospital beds. People are on the waitlist to get into hospitals. Expanding the capacity will be needed. The former NorthSTAR Medicaid consumers are also using those beds and the hospitals are full. People are not being moved from med/surge hospital rooms to the Green Oaks ER. If they need inpatient hospital, they are waiting at whichever hospital they entered until a bed is ready so as to minimize the movement, the most clinically appropriate option.
- Outpatient Mental Health and Substance Use Disorder Treatment. People are getting services, but the data from January is not due until February 10th. Reports will be produced from the data next month.
- ABC Behavioral Health. ABC is closing effective February 28. This is not a NTBHA problem, because they had been looking at potential closure for over a year. Myrl Humphrey has been working with other providers to let them know what services are available. It is a loss for the community as ABC filled a special niche, much like a clubhouse community center for consumers. Several providers were interested in the clinic, but it was decided to close it rather than selling it.
Discussion. Mr. Stretcher commended ABC for the specialized work they did to serve consumers and asked that what they did with groups, supported housing, and showing people love and compassion be leveraged and not lost in the community. Ms. Humphrey asked that ABC staff be considered for any job openings.
- Utilization Management. Ms. Lucky introduced Dr. Dial. She is the Associate Medical Director who has conducted doctor to doctor conferences. Dr. Dial is a child and adolescent psychiatrist as well as an adult psychiatrist, and she is bilingual in English and Spanish. She has worked in the public and public hospital systems and in outpatient settings. She is working with NTBHA UM staff currently and is ensuring that treatment goals have been identified, connecting them to outpatient providers through a multi-disciplinary approach. Dr. Dial and Dr. Young, who will be the Medical Director, both bring an impressive set of skills.
- Data Processing. The PIGEON system keeps getting tweaked. Authorizations for hospitals and crisis residential services are now available there. Eventually all the outpatient authorizations will be implemented.
- Outpatient Development. A lot of money is spent on front-end services, but diluted funding has resulted in loss of the strength of the outpatient providers. People will not stay out of acute care services until they are engaged in strong outpatient programs. Outpatient providers need to be adequately staffed in order to send someone to engage the consumer in acute services and connect them to their clinics.
Discussion. Per Mr. Stretcher, the work of the Caruth Smart Justice project concerning ACT/FACT and TMACT will involve an outreach and engagement component. This will tie in with a quick notification system when someone reaches a hospital. ACT teams will respond within 2 hours.

- ValueOptions Underspend. The State approved several projects which are very clearly defined as to what can be requested. The money is about \$2,000,000 – less than originally expected. Currently, the plan is in legal review for approval. The budget has been approved, but it is not in our performance contract yet. However, there is a very tight turnaround involved with an August 31 deadline to spend the funds.
Discussion. The wishlist of projects for which providers submitted ideas got rejected by the State which requested that NTBHA start over with specific categories of projects that align with certain State funding strategies. NTBHA will attempt to distribute use of funds across all our counties.
 - Crisis Hub. NTBHA is interested in setting up a crisis hub with a triage center, 23-hour observation, crisis respite, etc. Mobile Hospital Assessment Teams are under consideration via contract with ACS MCOT. More time spent in the hospital to triage clients will provide better informed decisions concerning the needs of the individual.
 - LOC-5 Services. In NorthSTAR, LOC-5 did not exist, but the function fell under the PATS (Post-Acute Transitional Services) program. PATS will be added for a very limited number of people and will be done by the CMHPs.
 - CMHP Addition. NTBHA is interested in adding another CMHP that can focus on specialty services such as COPSD. However, these funds are only for mental health services, so consumers must be in a LOC for mental health. This type of treatment will address the needs of those who use emergency services inappropriately. The RFP for the expansion of the CMHPs has been issued as that service is supposed to kick off in March. Ms. Lucky will not be bringing back any contracts to the board until funded to do so. However, due to the time requirements, a special board meeting may need to be called to address that single topic before March 1.
Discussion. Per Ms. Burdett, Ellis County has one mental health clinic and no substance use disorder clinics. However, they depend upon the individual providers in the NorthSTAR system to bridge that gap. One of the schools has asked Ms. Burdett for treatment options for a kiddo with an SUD issue, but now she is not able to refer them to some of the individual providers who served that population in NorthSTAR. According to Ms. Lucky, if it is a kid, there is a good chance they are covered by Medicaid and can see individual providers in the MCOs network. However, many of the CMHPs have secured subcontracts with individual providers to continue serving those types of needs. Unlike the NorthSTAR system, however, there is the extra step – people must be in a level of care which requires additional work. Ms. Lucky suggested that Ms. Burdett talk to Andy Wolfskill of Child and Family Guidance to understand how the Waxahachie clinic has subcontracted to secure the needed services. According to Brittony McNaughton, some of the restrictions related to funding streams for SUD services involved contracting only with non-profit SUD clinics. However, NTBHA has an OSAR team available to provide initial screening and supports to consumers seeking SUD services and their family members to try to troubleshoot and reduce barriers to care. They don't provide direct services, but can do some motivational interviewing and engagement. OSAR services are especially becoming useful in rural counties, but NTBHA is still trying to secure space in Ellis County. Cheryl Gayles, OSAR Team Lead at NTBHA, should be contacted to see how she or her team can assist someone in Ellis County. School counselors are welcome to reach out to Ms. Gayles.
 - OCR Expansion. \$120,000 over the current budget for OCR was received to expand the program.
 - Supported Housing Funds. Short-term, three-month funding may be utilized under this program, but nothing longer since it is unknown if additional funding will renew.
 - TANF and Title XX Services. The State asked for projects for TANF and XX Services. Programs for domestic abuse were discussed as well as education and

support for transient families, money for homeless families, etc. However, it is unknown how these programs could be developed.

- HHSC Funds. NTBHA has deposited its first HHSC check for normal operations and is providing funds to providers. Fortunately, the Dallas County match up front filled a financial gap until HHSC funds could be obtained. A strategy to build up reserves must be implemented to avoid future problems.
 - Housing. A process is in place for Temporary Rental Assistance and Supported Housing and will be communicated to the providers. Providers will get approval to pay for it and will invoice NTBHA for those services. It is mental health money, so it will be utilized through CMHPs. John Henry will send out detailed requirements to providers. Temporary Rental Assistance is a value-added program that fills an immediate need to get someone out of the state hospital and into the community as soon as possible. Supported Housing requires a plan and is granted for a minimum of 90 days up to a year. It is available to both indigent and Medicaid consumers, because it is not something normally covered by Medicaid. Larger CMHPs have been pre-paid for this service and funds are being used.
- Discussion. Mr. Stretcher wants reporting to identify what level of care housing consumers are in and what services they receive. According to Ms. Lucky, the majority of consumers utilizing these housing funds are ACT consumers.

Action Items

- Resolution 002-2017 – Issuance of Request for Proposals and/or Request for Applications. ***IT IS THEREFORE RESOLVED*** that the North Texas Behavioral Health Authority Board of Directors has authorized the NTBHA staff to release Request for Proposals and/or Request for Applications in order to facilitate provider network development that meets the needs of the community in relation to access, choice, and availability of services to special populations. Any RFPs/RFAs issued will be in line with budgetary requirements and changes, including the allocation/reallocation of funds for service transitions and to allocate additional funds, received from the State of Texas, in accordance with State requirements and the NTBHA Performance Contracts.
- Details. As funding opportunities with quick turnaround arise, it is important that NTBHA can issue RFPs or RFAs as soon as possible, even though staff would not enter contracts without board approval. This resolution asks the board to allow NTBHA staff to post RFPs and RFAs without board approval to maintain business continuity. This would be contingent upon consulting with Carvin Adkins, NTBHA's general counsel, prior to posting.
- Discussion. Since RFPs can become terms and conditions of contracts for which the board is responsible, Mr. Hikel requested that the board members receive notification of the RFPs before posting. He stated that it would be okay for staff to submit the RFP to legal counsel first, but ratification of the RFPs should be put on the next board meeting's agenda for board approval before posting. Protocol regarding bringing an RFP and contract for approval at the same board meeting was discussed, but the RFP must be posted and made public for a period of time to obtain the greatest number of proposals. This resolution is a proposal to allow Ms. Lucky, with legal counsel's review, to post RFPs without board approval (until ratification at the next board meeting) in order to maintain timely flow of the process that would otherwise be delayed in multiple board meetings to first approve the RFP and then approve proposers for awards and finally the contracts. According to Ms. Lucky, quickly needed RFPs will be for hospital beds and potentially for the Title XX TANF funds, which is part of those that must be spent by August 31.
- Action. Since the main source of communication is the NTBHA website, when an RFP for services is posted, all providers and others who have asked to be added to the distribution list are notified of the posting via mail. Mr. Stretcher suggested that a link be added to the

Procurement page on the NTBHA website that allows website visitors to be added to notifications.

Vote. Resolution 002-2017 was motioned for approval by Dr. Garcia with support from Ms. Burdett and the motion carried.

- Resolution 003-2017 – Issuance of Contract Amendments.
IT IS THEREFORE RESOLVED that the North Texas Behavioral Health Authority Board of Directors has authorized the NTBHA staff to amend contracts as needed to meet budgetary requirements and changes, including the allocation/reallocation of funds for service transitions and to allocate additional funds, received from the State of Texas, in accordance with State requirements and the NTBHA Performance Contracts.
Details. This addresses minor amendments that would be made to contracts. For example, ABC is closing, so money should shift to providers who will be receiving these clients. Or if pre-paid housing funds are not spent by one provider, they should be redistributed to another. NTBHA must ensure that all funds are spent where needed which may require contract amendments. Ms. Carol asked that staff be allowed, without prior board approval, to make minor adjustments to contracts to move funds from one provider to another as necessary to maintain business without increasing the budget unless additional allocation of funds came in. Many of these types of modifications need to be done quickly to meet the needs of program.
Discussion. The language of the resolution only speaks to amending the contract, not just amending a contract where money needs to be moved within the budgetary confinement. Mr. Hikel asked that general counsel review prior to making any contract changes, but agrees that it should not have to come back to the board as long the attorney agrees it is within the confines of the existing contract. Currently, the hospital spend is below budget and other services are over budget. However, those funds cannot be shifted. The system needs more beds that are not available through existing contracted providers. The intent is to obtain a target number of beds for the system, but decline transfers from other hospitals beyond the planned capacity.
Amendment. It was suggested that the resolution be reworded to say, "...the North Texas Behavioral Health Authority Board of Directors has authorized the NTBHA staff to amend contracts as needed to meet budgetary requirements and changes *upon review by counsel...*" (amendment in italics).
Vote. Mr. Hikel motioned that the resolution be made with the amended language. Seconded by Dr. Garcia, the motion carried.
- Resolution 004-2017 – Employee Vacation Policy.
IT IS THEREFORE RESOLVED that the North Texas Behavioral Health Authority Board of Directors has approved the one-time payout of vacation time for hours accrued in excess of the allowable accrual amount of 200 hours. The payout is granted due to the inability of staff to use vacation time during the NorthSTAR to NTBHA system transition in 2016-2017.
Details. This request is for a one-time exception to the vacation accrual policy. There is a 200 hour limit for vacation time accrual. However, there are two long-term employees who have accrued more than that limit, mostly because it has not been reasonable for them to take vacation over the past year. It is a total of about \$5,000 in excess accrual. Ms. Lucky asked to do a one-time payout for the excess hours and pay them down to 200. Henceforth, it would be their responsibility to use those hours and NTBHA would allow them to do so.
Discussion. Mr. Brown asked if it is possible for these employees to take the excess time off in the next six months. Ms. Lucky did not feel that they could take that much time off, but could take time off going forward to keep their accruals below 200 hours. According to Mr. Hikel, there is a Texas Constitutional Principle that prohibits a public body from taking actions to benefit a particular person. This may not apply since there are two people involved.

He asked that general counsel review if this decision violates this principle. Mr. Brown pointed out that the hours were unable to be taken due to the decision of the director and the hours belonged to the employee in an employment type relationship, so it does not appear to be related to a decision to benefit two particular people. The exception did not exist in policy prior to the request, but the circumstances requiring it were not outlined in policy either. It should be reviewed by the attorney.

Tabled Resolution. An amendment was discussed to approve this exception with general counsel review. **CORRECTION by Dr. Garcia as mentioned at the March 8, 2017**

NTBHA Board Meeting: Dr. Garcia stated that she would not approve an exception.

Therefore, Dr. Garcia motioned that it be tabled until the next board meeting with the review from the attorney available at that time. Seconded by Mr. Brown, the motion carried and this agenda item was tabled until the next board meeting.

- Called Board Meeting. There may be a need to have a called board meeting before the next regularly scheduled one in order to gain timely board approval of a contract.

Item #12

Executive Session

The board may go into Executive Session pursuant to chapter 551, subchapter D, Texas Government Code to consider the following matter:

- None.

Item #13

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

- None.

Item #14

Next Board of Directors Meeting

- Monthly Meeting. The NTBHA Board will meet on March 8, 2017 at 12:00 noon.

Item #15

Adjournment

- There being no further business to discuss, the meeting adjourned at 1:15 p.m.

Janis Burdett, Secretary

Acronyms & Terminology

340B	A federal drug pricing program
ACA	Affordable Care Act
ACO	Accountable Care Organization
ACOT	Adult Clinical Operations Team
ACS	Adapt Community Solutions (Mobile Crisis Provider for NorthSTAR, see MCOT)
ACT	Assertive Community Treatment
ADD	Attention Deficit Disorder
AICPA	American Institute of Certified Public Accountants
ANSA	Adult Needs and Strengths Assessment
AOT	Assisted Outpatient Treatment
APAA	Association of Persons Affected by Addiction (an RCO)
APN	Advanced Practice Nurse
APOWW	Apprehension by a Police Officer Without a Warrant
ARA	Affordable Healthcare Act (aka "Obamacare")
ASAP	Association of Substance Abuse Programs
ASO	Administrative Service Organization
AWP	Average Wholesale Price (pharmacy pricing benchmark)
BH	Behavioral Health (includes MH and CD)
BHLT	Behavioral Health Leadership Team
BHO	Behavioral Health Organization (ValueOptions)
BOD	Board of Directors
BPD	Bipolar Disorder
The Bridge	Homeless Assistance Center in Dallas
C&A	Child and Adolescent
CANS	Child and Adolescent Needs and Strengths Assessment
CAP	Corrective Action Plan
CBC	Complete Blood Count
CBT	Cognitive Behavioral Therapy
CCART	Collin County Area Regional Transit
CD	Chemical Dependency
CFAC	Consumer and Family Advisory Council
CFGC	Child and Family Guidance Center
CHIP	Children's Health Insurance Program (aka SCHIP)
CIT	Crisis Intervention Training (40 hour event sponsored by the City of Dallas Police Dept.)
CJAB	Dallas County Criminal Justice Advisory Board
CMBHS	Clinical Management of Behavioral Health Services
CMO	Chief Medical Officer
CMP	Comprehensive Metabolic Panel
CMS	Centers for Medicaid and Medicare Services
COC	Continuum Of Care
COMI	Coalition on Mental Illness
COPSD	Co-Occurring Psychiatric and Substance use Disorders services
CPI	Consumer Price Index
CPL	Clinical Pathology Laboratories
CPS	Child Protective Services
CRCG	Consumer Resource Coordination Group
CSH	Cooperation for Supportive Housing

DARS	Texas Department of Assistive and Rehabilitative Services
DBH	Dallas Behavioral Healthcare Hospital
DBSA	Depression and Bipolar Support Alliance
DDC	Dual Diagnosis Center
DEA	Drug Enforcement Administration
DHA	Dallas Housing Authority
DOORS	Dallas One-stop Optimized Reentry System
DPS	Department of Public Safety
DFPS	Department of Family and Protective Services
DIR	Texas Department of Information Resources
DSCT	Direct Services Cost Target
DSHS	Texas Department of State Health Services
DSRIP	Delivery System Reform Incentive Payment
EBP	Evidence-Based Practice
ECHPP	Enhanced Comprehensive HIV Prevention Plan
ECT	Electroconvulsive Therapy.
ED	Executive Director
EHR	Electronic Health Record
EMR	Electronic Medical Record
EMTALA	Emergency Medical Treatment and Labor Act
ER	Emergency Roomy
FACT	Family Child and Adolescent Team (Meeting)
FACT	Forensic Assertive Community Treatment
FDU	Forensic Diversion Unit
FMAP	Federal Medical Assistance Percentage for Medicaid
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FSP	Free Standing Psychiatric (facility)
FTE	Full-time Employee
GAAP	Generally Accepted Accounting Principles
GASB	Governmental Accounting Standards Board
GOH	Green Oaks Hospital
GR	General Revenue
HCBS	Home and Community-Based Services
HCIC	Health Care Innovation Challenge (grant)
HEDIS	Health Plan Employer Data and Information Set
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act of 1996
HUD	Housing and Urban Development
ICM	Intensive Case Management
ICW	Inpatient Care Waitlist
IDD	Intellectual and Developmental Disabilities (old term is MR)
IGT	Intergovernmental Transfer
ILA	Interlocal Agreement
IMD	Institutions for Mental Disease
IOP	Intensive Outpatient Treatment
LAR	Legislative Appropriations Request
LBB	Legislative Budget Board
LBHA	Local Behavioral Health Authority

LCDC	Licensed Chemical Dependency Counselor
LCN	Local Case Number
LCSW	Licensed Clinical Social Worker
LMHA	Local Mental Health Authority
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)
LPC	Licensed Professional Counselor
LPHA	Licensed Professional of the Healing Arts (Graduate degrees with specific licenses)
LSAP	Local Service Area Plan
LTSS	Long-Term Services and Support
MAC	Medical Advisory Council
MAT	Medication-Assisted Treatment
MCO	Managed Care Organization
MCOT	Mobile Crisis Outreach Team (In NorthSTAR, ACS is the MCOT, providing phone and face-to-face intervention.)
MDD	Major Depressive Disorder
MDHA	Metro Dallas Homeless Alliance
MH	Mental Health
MHA	Mental Health America
MHFA	Mental Health First Aid
MIMR	Mental Illness Mental Retardation (probation officers)
MIW	Mental Illness Warrant
MLR	Medical Loss Ratio
MOE	Maintenance Of Effort
MOU	Memorandum Of Understanding
MR	Mental Retardation (new term is IDD)
NADAC	National Average Drug Acquisition Cost (pharmacy pricing benchmark)
NAMI	National Alliance for the Mentally Ill
NARSAD	National Alliance for Research on Schizophrenia and Depression
NIMH	National Institute of Mental Health
NTBHA	North Texas Behavioral Health Authority
NTSPP	North Texas Society of Psychiatric Physicians
OCR	Outpatient Competency Restoration
OIG	Office of Inspector General
ONDCP	Office of National Drug Control Policy
OPC	Order of Protective Custody
OSAR	Outreach, Screening, Assessment, and Referral (SUD program)
OSDA	Other Service Delivery Areas
P&Ps	Policies and Procedures
P&T Committee	VO's Pharmacy and Therapeutics Committee
PA	Pre-authorization
PAC	Provider Advisory Council
PAP	Pharmaceutical Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATS	Post-Acute Transitional Services
PBM	Pharmacy Benefit Manager
PCAS	Protective Custody Approval Services (formerly known as SPA)

PCG	Public Consulting Group
PCP	Person-Centered Planning (utilized by the SDC program)
PDR	Physician Desk Reference
PE&O	Prevention, Education, and Outreach
PESC	Psychiatric Emergency Service Center (aka 23-Hour Observation)
PHI	Protected Health Information (related to HIPAA)
PIF	Penalty and Incentive Funds
PIGEON	NTBHA's Provider Integration Gathering Eligibility ONline System
PLAG	Psychiatrists Leadership and Advocacy Group [formerly known as NTBHA Physician Advisory Panel (PAP)]
PLAN	Planned Living Assistance Network of North Texas, Inc.
PMPM	Per Member Per Month
PNAC	Planning and Network Advisory Committee (for NTBHA)
PSH	Permanent Supportive Housing
PTSD	Post-Traumatic Stress Disorder
QM	Quality Management
QMHP	Qualified Mental Health Professional (Bachelor's degree in specific helping field majors)
RAP	Rapid Assessment and Prevention
RCO	Recovery Community Organization
RDM	Resiliency and Disease Management
RLSC	Regional Legislative Steering Committee
RFI	Request For Information
RFA	Request For Application
RFP	Request For Proposal
RHP	Regional Healthcare Partnership
ROI	Return On Investment
ROSC	Recovery Oriented System of Care
RR	Recidivism Rate
SA	Substance Abuse
SABH	Southern Area Behavioral Healthcare
SAMHSA	Substance Abuse and Mental Health Services Administration
SCA	Single Case Agreement
SCHIP	State Children's Health Insurance Program
SDA	Service Delivery Area (the seven NorthSTAR counties)
SDC	Self-Directed Care
SED	Severe Emotional Disturbances
SFY12, SFY13, SFY14, SFY15, etc.	State Fiscal Years. SFY15 began September 1, 2014 and will end August 31, 2015.
SGA	Second Generation Atypical Antipsychotics (class of medication)
SIM	Sequential Intercept Model (source: SAMHSA)
SME	Subject Matter Expert
SMI	Serious Mental Illness (also see SPMI)
SNF	Skilled Nursing Facility
SNOP	Special Needs Offender Program
SNRI	Selective Norepinephrine Reuptake Inhibitor
SOP	Supportive Outpatient Treatment
SOS	Stamp Out Stigma (ValueOptions' anti-stigma campaign)

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 (see acronym for PCAS)
SPMI	Serious and Persistent Mental Illness, alternately, Severe and Persistent Mental Illness (also see SMI)
SPN	Specialty Provider Network
SSRI	Selective Serotonin Reuptake Inhibitor
SUD	Substance Use Disorder
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TCADA	Texas Commission on Alcohol and Drug Abuse
TCJD	Texas Criminal Justice Division
TCM	Targeted Case Management (coordination of care with the Collin County Jail)
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDC	Texas Department of Corrections (now known as TDCJ)
TDCJ	Texas Department of Criminal Justice (formerly known as TDC)
TDI	Texas Department of Insurance
TEE	Temporary Emergency Enrollments (for consumers in crisis while in the NorthSTAR catchment area who do not reside here)
TIMA	Texas Implementation of Medication Algorithms
TMACT	Tool for Measurement of Assertive Community Treatment
TJPC	Texas Juvenile Probation Commission
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
TRR	Texas Resilience and Recovery
TSH	Terrell State Hospital
TXMAS	Texas Multiple Award Schedule
UA	Uniform Assessment
UC	Uncompensated Care
UM	Utilization Management
UPL	Medicaid Upper Payment Limit funds
UPPL	Uniform (Accident and Sickness) Policy Provision Law
URAC	Utilization Review Accreditation Committee
UTMB	University of Texas Medical Branch
UTSW	University of Texas Southwestern
VA	Veterans Administration
VO	ValueOptions (the NorthSTAR BHO)
WBC	White Blood Cell
WRAP	Wellness Recovery Action Plan
YES Waiver Program	Youth Empowerment Services Waiver Program

