



**NORTH TEXAS
BEHAVIORAL HEALTH
AUTHORITY**

**BOARD OF DIRECTORS
MEETING**

April 12, 2017

12:00 NOON

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

Board of Directors Meeting

April 12, 2017 @ 12:00 PM

9441 LBJ Frwy., Suite 350; Dallas, TX 75243

A G E N D A

The NTBHA Board of Directors will meet in a regularly scheduled and posted open meeting to consider, discuss and possibly take action on: **denotes item which requires a vote*

Item #	Agenda Item	Attachment
1.	Call to Order and Declaration of Quorum Ron Stretcher, Chair	
2.	Public Commentary - <i>Limited to 2 minutes – only those that are registered</i>	
3.	Consumer & Family Advisory Council Update Mary Ann Miles/ Jeanine Hayes	X
4.	Provider Advisory Council Update Sherry Cusumano/ Jackie Mahoney	X
5.	Psychiatrists Leadership & Advocacy Group Update Dr. Judith Hunter	
6.	Caruth Smart Justice Planning Grant Update Dr. Jacqualene Stephens	X
7.	Legislative Update Janie Metzinger	
8.	Secretary's Report <i>*Present Minutes for approval: March 8, 2017</i>	X
9.	Finance Committee Report <i>*Financial Reports for approval: February 2017</i>	X
10.	Presentation and Acceptance of External Financial Audit <i>*Resolution 010-2017 Acceptance of Financial Audit for Fiscal Year ending August 31, 2016</i>	X
11.	Chief Executive Officer's Report Carol Lucky	X
12.	Ron Stretcher, Chairman, Announcement on Board of Director Membership	
13.	<i>*Appoint Nominating Committee to Slate Officers for Election/Reelection at May 2017 Board of Director's Meeting</i>	
14.	<i>*Resolution 008-2017 – Contract Approval Additional Psychiatric Beds</i>	X
15.	<i>*Resolution 009-2017 – Rental space at 9441 LBJ Freeway, Dallas, Texas</i>	X
16.	Executive Session <i>The Board may go into Executive Session pursuant to Chapter 551, Subchapter D, Texas Govt. Codes as shown below:</i>	
17.	Discussion and possible vote in open session on matters considered in Executive Session:	
18.	Next Board of Directors Meeting: May 10, 2017 at 12:00 Noon	
19.	Adjourn	

***Action Items - Discussions and possible approval**

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

Board of Directors Meeting

April 12, 2017 @ 12:00 PM

9441 LBJ Frwy., Suite 350; Dallas, TX 75243

If during the course of the meeting covered by this notice the Board of Directors should determine that a closed or executive meeting or session of the Board of Directors is required, then such closed or executive meeting or session is authorized by the Texas Open Meetings Act, Texas Government Code, Section 551.001 et seq., including but not limited to the following sections and purposes:

Tex. Gov't Code § 551.071 – Consultation with attorney to seek advice on legal matters.

Tex. Gov't Code § 551.072 – Discussion of purchase, exchange, lease, or value of real property.

Tex. Gov't Code § 551.073 – Deliberations regarding gifts and donations.

Tex. Gov't Code § 551.074 – Deliberations regarding the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee.

Tex. Gov't Code § 551.076 – Deliberations regarding security devices or security audits.

Tex. Gov't Code § 551.087 – Deliberations regarding Economic Development negotiations.



Consumer Family Advisory Council (CFAC) Minutes

Meeting

- The CFAC meeting was held on April 4, 2017 at 6:00pm at Green Oaks' conference room in the Three Forest Plaza building at 12221 Merit Drive, Suite 400, Dallas, TX. Green Oaks provided dinner and the meeting was chaired by Mary Ann Niles.

Business

- Legislative Update
 - Guest speakers were Janie Metzinger of Mental Health America and Sherry Cusumano of NAMI Dallas.
 - Riders exist to reinstate missing funds from the budget that serve 5,735 existing NTBHA consumers who will have to go on a waitlist if these funds are not restored. Another rider would also address the missing funds for Collin County's opioid services.
 - The State has a \$62,000,000 pool of money that will be distributed to other parts of the State to address their waitlists of 800 people statewide. Some of these funds came out of the old NorthSTAR budget, but none were reallocated to our area, because NorthSTAR did not have a waitlist in April 2016 which is the month the State chose to base the LMHA allocations upon.
 - Actions:
 - Ms. Metzinger will send out an updated legislative action alert to the BHLT and to NTBHA for CFAC distribution. Community advocates for behavioral health services can simply click on links to send fact-based information regarding the needs of this community to their legislators. Due to a vote in the house this week, this is an urgent call to action or the riders will die.
 - Ms. Cusumano will reach out to NAMI in Denton County where constituents of Sen. Jane Nelson, Chair of the Senate Committee on Finance, live to ask for their support by participating in the advocacy action alert.
 - Ms. Niles will investigate sending the action alert to the Dallas-Fort Worth Hospital Council.

Announcements

- NTBHA is forming a Planning and Network Advisory Committee (PNAC) that will be comprised of consumers, family members and community stakeholders who will work on ways to improve the system of care. Committee members will be board appointed for alternating 2 year terms (some for 3-year terms initially). The nomination form may be found on the NTBHA website: http://www.ntbha.org/docs/2017_PNAC_Nomination_2_28_17.pdf.

Next Meeting.

- The next CFAC meeting is scheduled for May 2, 2017.



Provider Advisory Council:

Date: The PAC meeting was held on March 31, 2017 in the NTBHA Conference Room.

The PAC meeting was scheduled adjacent to the SPN meeting as was decided after receiving feedback from the providers in the last meeting.

The PAC chair had requested agenda items via email but received no response. When the PAC Chair opened the meeting, and asked for provider issues, providers continually directed questions to the NTBHA staff member for direction and clarification. During the previous meeting, that was defined by providers as a process that was appropriate for the SPN meeting and not for the PAC Meeting. This was reflected to the group and a suggestion was offered to have a set agenda for future PAC meetings.

Topics suggested were:

1. Issues with Auths
2. Issues with CMBHS
3. Issues with contracts
4. Issues with reconciliation
5. Issues with OSAR
6. Waitlist management
7. Clinical issues/gaps/pharmacy issues
8. Other issues

PAC Chair will create that set agenda which will be followed. The rest of the meeting was taken up with questions to NTBHA staff about processes needing clarification and questions. Everyone agreed that at this time, providers have a need to learn the new system and they need clarification and information from the NTBHA staff. With the system being so new, there is no real need YET for PAC, however, as the new system continues to unfold, it will be important to have the PAC discussions. The agenda will be created for use when system understanding is clearer and there is a need for PAC discussion about the emerging processes and providers have feedback and suggestions to offer the board.

Meadows Mental Health Policy Institute

Community Stakeholder Project Status Update—April 2017

The Caruth Smart Justice Planning Grant Phase II proposal was submitted to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas on July 15, 2016, followed by the board presentation on September 27, 2016. On October 5, 2016, the trustees of the W.W. Caruth Foundation at the Communities Foundation of Texas approved the grant proposal, which enables the Meadows Mental Health Policy Institute to work closely with Dallas County, the City of Dallas, and a broad array of partners to implement the Dallas County Smart Justice Project.

MMHPI and its partners began implementation of this project in January 2017, ensuring that it is aligned with and supports the North Texas Behavioral Health Authority (NTBHA) transition. We will continue to engage local and state philanthropists to seek matching funds to support implementation. Additionally, we continue to seek the support of local private hospital providers to help bridge the gap between the private health care system and the public behavioral health and criminal justice communities.

Intercept 1 (Law Enforcement)

MMHPI staff continues to provide technical assistance to stakeholders with the Dallas Fire-Rescue Department (DFR) and the Dallas Police Department (DPD) as they coordinate efforts to identify programming and logistical needs. Both DPD and DFR have completed statements of work (SOW) and the contract and job descriptions have been submitted to the city attorney for final approval. DPD and DFR met with community clinical providers on March 24, 2017 to discuss the transition from field to community provider services. The date of the next Intercept 1 workgroup meeting is to be determined.

Intercept 2 (Initial Detention/Initial Court Hearings) / Intercept 3 (Jails/Courts) / Intercept 4 (Re-Entry)

With the award of the Caruth implementation grant, the three work groups with the Dallas County Criminal Justice Department are finalizing key tasks for initiating implementation of the project and are moving toward a pre-launch training session for all stakeholders. Each department and agency represented is finalizing documents, procedures, and system changes in support of the implementation.

A jail tour was conducted for MMHPI staff and Loopback Analytics on March 10, 2017 to provide more information on the new bond release opportunities and processes provided by the grant. Additionally, county jail and criminal justice department staff are finalizing work on

Caruth Smart Justice Planning Grant, Community Stakeholder Project Status Update

establishing new locations for defendant contacts; this work accommodates changes included in the implementation of the grant. Various clinical and policy staff are completing improvements to the processes for referring and connecting defendant to treatment services.

Criminal justice department pretrial staff were recently trained on new bond interviews, risk assessments, and supervision. The last three pretrial officers to be added to the project are currently undergoing recruitment, hiring, and training.

Intercept 5 (Community Corrections and Services)

With support from the MMHPI team, Ann Denton (national expert on evidence-based supportive housing and President of the Board of the Travis County Strategic Housing Finance Corporation) conducted a Permanent Supportive Housing training on March 23, 2017 for ACT and FACT housing specialists.

The statement of work (SOW) and budget are awaiting final internal review. When this review is completed, the SOW will be forwarded to City Council for final approval.

**North Texas Behavioral Health Authority
Minutes of the Board of Directors Meeting
9441 LBJ Fwy, Ste 350, Dallas, TX 75243
March 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	X									
Judge B. Michael Chitty, <u>Vice-Chair</u> Kaufman County	X	A	X									
Ryan Brown, <u>Treasurer</u> Dallas County	X	X	X									
Janis Burdett, <u>Secretary</u> Ellis County	X	X	X									
Commissioner Elba Garcia, DDS Dallas County	X	X	X									
Gordon Hikel Dallas County	X	X	X									
Sherry Sheffield, PhD Hunt County	X	X	A									
Lt. Michael Blum Navarro County	X	X	X									
Major Todd Calkins Rockwall County	A	A	X									

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.

Item #2

Secretary's Report

Janis Burdett, Secretary, reported.

- Minutes. The minutes were presented to the board for a vote.
Discussion. A correction was noted for the minutes of the February 8, 2017 board meeting. According to Dr. Garcia, on page 9, when Resolution 004-2017 was tabled until the next board meeting, an amendment was discussed to approve the exception with general counsel's review. Dr. Garcia stated that she had said she would not support it if it was an exception and this was left out of the minutes.

Action. Mr. Stretcher asked Carol Lucky to ensure that the correction was made.

Vote. With the noted correction, Dr. Garcia motioned approval of the minutes which was seconded by Ryan Brown. The motion carried.

Item #3

Treasurer's Report

Ryan Brown, Treasurer, reported.

- Finance Report. The finance reports were not presented for a vote.
Discussion. Due to a staffing change in the Finance Department, the financials were late getting out and came out in a different format. Having had no opportunity to review them, Mr. Brown stated that they were not distributed to the board in advance, but a copy was provided in the board packet.
Action. Mr. Brown will meet with new staff to have the report put in the preferred format next month.

Item #4

Public Commentary

- James Williams. Mr. Williams stated that the original goal of the transition was to have as little change as possible. He asked that the board packet be posted online a day before the meeting.
 - Level of Care Changes. He addressed a lower substance use disorder rate for outpatient provider treatment. There are fewer private practice practitioners in the current system resulting in a loss. A couple of SPN locations (aka CMHPs) are no longer providing services. There are more hospital contracts offering higher levels of care and less on the outpatient community-based side. The pyramid is upside down and there should be more outpatient services.
 - PAC Meetings. Mr. Williams said that the PAC meeting has turned into more of a SPN meeting rather than having provider networking meetings with agendas and minutes of those meetings. The PAC meetings are usually less of providers talking about their issues and more about what a SPN meeting used to be. Is there a requirement to have a PAC meeting? Mr. Williams made an observation that NTBHA had went from having a PAC meeting to not having one and having SPN meetings where there are no agendas.
 - Financial Eligibility Issues. Due to confusion regarding the financial eligibility requirements (to be completed on the consumer's birthday or not), consumers could not pick up their medications at pharmacies.
 - Prior Authorizations. Providers received an email late on March 6 stating that effective March 8, prior authorization must be given for many of the medications – effectively giving providers only a day to implement the change. Previously, the providers, ValueOptions, and the NTBHA Board worked hard to get more medications on the formulary making it easier to obtain them. However, giving such a short notice to the medical community with multiple locations was difficult. Mr. Williams asked that the system move back to a partnership between NTBHA and the providers.
- Carolyn Lennox. Ms. Lennox spoke as a private citizen, urging the board to approve adult comprehensive mental health services. When ABC Behavioral Health closed, it left a void in the East Dallas community. All other parts of town have choices between a Child and Family Guidance clinic and a Metrocare clinic. But East Dallas, Pleasant Grove – that part of town – does not. A lot of people want to continue to receive services locally, but some of them don't want to go to Metrocare for one reason or another. The new entity will carry on with some of the good traditions that ABC started such as a focus on using peer support specialists, a focus on providing psychosocial training with a group program that was very popular and beneficial. The new agency has a commitment to providing Hispanic-friendly services. That part of town

is roughly 40% Hispanic, 40% African-American and about 20% other. Having an agency there that serves those demographics would be extremely valuable.

Item #5

Consumer and Family Advisory Council Report

Mary Ann Niles, CFAC Co-Chair, reported.

- Meeting. The CFAC met on March 7, 2017.
- NTBHA Presentation. Ms. Niles thanked John Henry, NTBHA's Provider Relations Manager, who spoke at the CFAC meeting about the initial weeks of the transition.
- Legislative Activities. CFAC had been cancelled in January and February in lieu of legislative advocacy activities that several members were involved in. People in the community were trained by NAMI Dallas and MHA and met with legislators to discuss the needs of this community regarding behavioral health funding. The legislators were very positive and received the message well.

Item #6

Provider Advisory Council Report

Sherry Cusumano of Medical City Green Oaks Hospital, the PAC Chair, reported.

- Meeting. The PAC meeting was held on February 24.
- Billing Issues. Problems with CMBHS were discussed. John Henry was very helpful in addressing these issues and communicated what NTBHA is doing to resolve identified problems.
- PAC or SPN Meeting. What the PAC has turned into is more like the ValueOptions SPN meeting – a place where outpatient providers bring up questions and issues that VO traditionally addressed. Therefore, the mission of the PAC is not occurring. Questions arose concerning whether the PAC is required to meet and what is the board's pleasure. They discussed doing both meeting functions in one vs. doing away with PAC. Ms. Cusumano asked for the board's direction.

Discussion. The PAC needs a place to discuss the issues they are having that can be brought back to the board. They want to continue having a PAC, but they also need a SPN meeting. Ms. Cusumano suggested sending out a survey to all PAC members asking if they wish to have two separate meetings or back-to-back in the same meeting time. Or do they want to do away with PAC? They need an avenue to bring up questions and get guidance and information – the mechanics of billing, authorizations, claims, etc. The SPN meeting was more technical in nature and authority driven with opportunity to get problems addressed with the State if necessary. The PAC was more geared toward networking and exchanging information between providers to see what common issues they are experiencing and bringing it to the board. It also gives them an opportunity to support one another and obtain feedback from each other. The SPN meeting was for the mental health outpatient providers, but the PAC meeting was open to hospitals too. Mr. Stretcher mentioned the upcoming appointments for the PNAC (Planning and Network Advisory Committee), but said that a forum needs to be in place for the providers and NTBHA staff to interact and solve problems in whatever means the providers believe they need. The PAC has shifted to more authority-driven focus mostly due to the transition and the need to communicate information and develop solutions to problems as they occur. Perhaps the agenda could be composed of both types of issues – provider-driven agenda items for the first 45 minutes followed by things NTBHA needs to address.

Action. Ms. Cusumano took an action to compose a message to the PAC members that John Henry can send to the members to obtain feedback on how to proceed.

Item #7**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 March 1.
- Pharmacy Reporting. PBM staff was present and will work with the PLAG to create reports that will help providers with Utilization Management as well as Quality Management initiatives.
- Pharmacy Trends. Costs are up due to the initial formulary being a “prescribers dream formulary.” There will be more controls around that for which the PLAG gave good input. It is still a very reasonable formulary, much like that of private insurance or Medicaid where inexpensive things are easier to get and the more expensive medications require more criteria and justification.

Discussion. The financials indicate that NTBHA is spending more on meds than budgeted. Is it more people or more use of higher cost medications? Per Brittony McNaughton, it is driven by the more open formulary. The number of users is comparable to that of NorthSTAR. Some of the higher medications that were opened up with the formulary NTBHA used in January and February doubled due to no prior authorization process. Some of the injectables, which are higher cost medications were used. A prior authorization process governing more of the medications has been put in place with a tiered format requiring failed trials of lower tier medication in order to request a higher tiered medication. Dr. Dial is tightening that up to stay within budget. A standard prior authorization form can be submitted via email or fax and they are being processed within two business days (often within the same day). Staff will be adjusted to prepare for that in order to give timely responses. IPM, the PBM, is working closely and providing support to get quick overrides when the prior authorizations are approved. In February, the costs were \$1,300,000 in total pharmacy costs which is about \$300,000 over budget and it is already trending up for March as well. Are the more expensive drugs providing better outcomes? According to Dr. Hunter, drug studies indicate that efficacy of medications is fairly similar within a class. However, there are side effect profiles for some patients. Some doctors like certain meds better than others. Individual patients may experience a slightly better response from one medication or another. Prescribers might prefer a monthly injection to a twice monthly injection if easily available. Most of our consumers have tried many medications in the past and some may qualify for higher tiered medications. The prior authorization form is very user friendly and clear in what must be demonstrated to move into a more expensive tier of medication. In the opinion of Dr. Hunter, it is not unreasonable. Each Medicaid MCO has its own formulary and prior authorization process that prescribers must use for Medicaid patients. Pharmacy reports will help identify prescribing patterns for each prescriber. Doctors in the system want to be cost effective and utilize the limited resources wisely while offering good clinical care.

Item #8**Caruth Smart Justice Planning Grant Update**

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

- Scope of Work. MMHPI has been pursuing contracts with first responders and clinical providers.
- Training. Separate training for first responders and the clinical providers has been conducted. Now they will be brought together on March 10 for additional training for working together in the field. Light training sessions with a criminal justice focus have also been held for the judges and other stakeholders on the TMACT, risk need, responsivity. The clinical providers participated in a two-day TMACT training with Dr. Maria Monroe-DeVita. A housing training has been scheduled for March 23.

Discussion. Mr. Stretcher received good feedback from the judges who attending training regarding TMACT. It helped them understand the process and what they will be referring people to. The contract with the first responders must go before the Dallas City Council for approval in the next few weeks.

Introduction. Mr. Stretcher introduced Judge Margaret Jones Johnson from Probate Court #3, the Mental Illness Court in Dallas. She asked how the mental illness warrant is to be incorporated through the first responders. When they respond to the crisis, they should also educate the families for how to obtain a warrant so they won't get to a crisis situation in every event. According to Dr. Stephens, the ACT/FACT team will be working with families, but prior to that, they need to think through in a more in-depth visit.

Action. Dr. Stevens will connect with Judge Johnson on that.

Item #9

Legislative Steering Committee Report

Janie Metzinger, Public Policy Director of Mental Health America of Greater Dallas, reported.

- Call to Action. Per Ms. Metzinger, the next two weeks are critical. She asked everyone to communicate with their legislators and ask others to write a letter to the legislators.
- Budget. In looking at the proposed budget, they have shorted the NTBHA budget by \$11,100,000 per year! NorthSTAR had its own separate line item, but now NTBHA is lumped into mental health services for adults and mental health services for kids in a combined sum that is difficult to figure out. NorthSTAR ended in the middle of the 2017 fiscal year. They gave NorthSTAR the funding from September 1, 2016 to December 31, 2016, then they zeroed that out for the rest of the fiscal year, giving NTBHA funding from January 1 to August 31, 2017. NorthSTAR was providing about \$8,400,000 more dollars in indigent services than we had indigent money in the system. About 60% of the consumers using services were indigent and about 40% were Medicaid consumers, but the spend was just the opposite. The Bridge Funding of \$8,400,000 the State gave ensured that everyone stayed in care for the entire fiscal year. They prorated this amount for the new budget which is about \$5,500,000 for the 2017 portion from January to August. In the new fiscal year 2018-2019 budget, they zeroed that out. They zeroed out that continuity of care, waitlist prevention funding. There was also a line item for private psychiatric beds that they prorated, about \$8,300,000, which was prorated for this second half of the fiscal year. They cut and pasted the 8-month figure into each 12-month fiscal year. Instead of being \$8,400,000, it was about \$2,700,000 short. Adding \$8,400,000 to \$2,700,000, it means at least \$11,100,000 the budget is short as currently proposed. The Appropriations Committee includes State Reps. Toni Rose, Linda Koop, and Helen Giddings. They are looking at a way to restore funding to the base budget for NTBHA. The HHSC shorted LifePath similarly. The legislature is looking at developing funding for waitlists, but have suggested that NTBHA put people on a waitlist. The financial shortfall accounts for 5,735 people on a waitlist come September 1 not including new people who might present for care next fiscal year, perhaps 6,000 people total will be decompensating off their meds. When they proposed the waitlist money, they calculated \$5,000 per person. If we put 5,735 on a waitlist at \$5,000 each, it is over \$28,000,000.

Discussion. Rep. Rose filed a rider bill yesterday for additional funds for NTBHA. The rider reads that of the waitlist money, \$8,400,000 should be reserved for NTBHA for a total of \$11,100,000 that includes the \$2,700,000 missing on the private psychiatric beds. No one seems to acknowledge that it was an error. The \$5,500,000 were dollars put aside for a limited number of private psychiatric beds but was never be prorated out. That wasn't a specific error, but it will still be a shortfall. Outcry from this community is needed before they have a hearing on the riders. Ms. Metzinger has visited all members of the Appropriations Committee and has stopped by all the offices of those legislators in the six counties. She will be doing that again with the rider-specific language. Judge Johnson reported seeing an increased number of aging

people in her mental health court who also suffer from dementia-related behavioral problems that get them discharged from nursing homes. Since many of these people are on Medicaid, Ms. Metzinger responded that the MCOs need to be monitored concerning how they provide mental health care and truly integrate it into the rest of the Medicaid services, part of why they are responsible for mental healthcare now. If these people's conditions are deteriorating to the point that they are getting removed from nursing homes, it is important to investigate. The justice system has experienced a lot of issues with folks with organic brain injuries that lack the type of services necessary beyond mental health treatment to help with the core issue. They need a safe environment in facilities to care for those who suffer permanent damage and cannot conform or comply. Doug Denton stated that Rep. Moody out of El Paso has filed a bill to have all substance abuse money throughout the state routed through all the LMHAs. The bill could disrupt how services are provided around the state which could negatively affect how they view what is being done here. There is not a lot of ability to separate authority and providers in many other LMHA jurisdictions.

Action. Mr. Denton will send a copy of the bill to Ms. Metzinger.

Action. Janie Metzinger has written up points that she will share with everyone on her distribution list to communicate to their legislators prior to the hearing for the rider. She also noted that the deadline to file bills is Friday (March 12).

Item #10

Chief Executive Officer's Report

Carol Lucky, NTBHA's CEO, reported.

- New Board Liaison. Ms. Lucky introduced Meliah Martinez, formerly known as Maria Martinez from ValueOptions. She knows the system, all the people involved, is English-Spanish bilingual and brings a lot to NTBHA.
- New Housing Specialist. Myrl Humphrey, former CEO of ABC, has joined NTBHA, bringing good knowledge of housing.
- Hospital Beds. An RFP for additional hospital beds has been released. There are more hospitals participating in the network, but the actual spend is down for hospital beds. Often there are people who need inpatient services, but the hospital beds are full with others including non-NTBHA consumers. NTBHA still must limit how many people are put in beds, because we are not at-risk. VO was in a situation in which they had to pay for that level of care, but we don't have the same obligation, so the funding mix is different. NTBHA has more ability to control who is going into beds, when they are moving, and triaging to ensure that those most in need are getting beds instead of just those showing up at a hospital door. Ms. Lucky has been meeting with outpatient providers to identify how to get patients out of very expensive beds and into outpatient clinics. She asked Metrocare and Child and Family Guidance to do some cost analysis concerning several ideas involving shifting of money while at the same time providing better services in a less restrictive environment. She will be working with providers in rural areas as well as others in Dallas.
- Outpatient Mental Health and Substance Use Disorder Services. What is expected of outpatient providers given the rates carried forward from the NorthSTAR system are very, very low. Moving into the upcoming year, more money must be shifted as they cannot do much more with what they have right now.
- Prescriptions. As stated earlier, this is an area where costs must be managed better by working with the PLAG. Dr. Dial and the PLAG will work on that.
- Pharmacy Assistance Program. We are working with our PBM to secure free medications for consumers which counts as match dollars for NTBHA, reducing pharmacy costs.
- Funding. Lots of numbers and information and letters are going out to address the additional \$8,400,000 to \$1,100,000 dollars needed. Substance Use Disorder treatment funding is expected to remain level.

- Utilization Management. We need to manage the 23-hour observation bed days which is in an overspend, but we have an underspend on inpatient beds. We also have an overspend in Crisis Residential, but this is a good alternative to inpatient services when appropriate and less expensive. This requires a lot of process flow as we get the initial data and work with providers.
- Data Processes Issues. There have been some problems, much having to do with data processing with the State. Per Henson Rogers, CIO, many errors were encountered in the January encounters regarding the Local Case Numbers (LCNs). There are some system issues on the State's side where the LCNs are not syncing with their systems as it should. So NTBHA is working with them in the hopes of getting it resolved before the February encounters are submitted, producing the same type of errors. So far, there is not a clear picture concerning what the problem is, but the State is investigating. Per Ms. Lucky, the process has been burdensome on the provider. Everyone had to change everything from setting up their accounts from billing to NorthSTAR to billing NTBHA and the different MCOs. NTBHA is probably one of the smaller parts of the change for some. We are learning to be patient and asking for extensions when it is something we can't control.
- Finance Department. Nike Onayemi, CPA, CMGA, MBA was hired to head up the Finance Department and will bring many useful skills to NTBHA. A staff accountant will also be hired for the department. Ms. Lucky introduced Myron Albert, Finance Manager, who has been covering a lot of extra duties until the department can be fully staffed.
- VO Underspend. The State has confirmed verbally that the proposals are good and documents have been submitted for signature. However, the funds have still not been released, but must be spent by August 31. Some of the projects can be started up (to make use of the funds before the fiscal year ends) with little impact if they must be pulled back. However, others must wait until the funds are received.
- National Changes. Watch for things that may impact the NTBHA system as the new administration makes changes, there could be an impact to Medicaid Block Grants that could result in negative impacts regarding how Texas is funded and how individuals receive benefits that fund their behavioral healthcare. Additionally, changes to the Affordable Care Act could result in people who had insurance falling into the indigent category and requiring NTBHA funded services if they have behavioral health issues.
- New Reports. A report to track inpatient and crisis residential utilization by facility has been created for the board packet. It also includes reporting on the Crisis Hotline/MCOT calls and the number of members per SPN utilizing pharmacy services, pharmacy costs per utilizer per month, etc. OSAR counselors screened 40 people in the month of February. Cheryl Gayles, the OSAR Team Lead has done a great job getting out in the community to work with hospitals and the crisis residential providers. She has obtained space at Child and Family Guidance locations and there is potential funding from the State to staff an LCDC position on the team.
Discussion. 43,000 people have been deemed eligible for NTBHA funded services, but the active service number by service category needs to be captured once the encounter data issues with the State system get resolved.

Item #11**Action Items**

Carol Lucky, NTBHA Chief Executive Officer, presented.

Resolution 005-2017 – IT IS THEREFORE RESOLVED that the North Texas Behavioral Health Authority Board of Directors has approved the recommendation to award Proposer 2, Proposer 3 and Proposer 5. The Board of Directors further authorizes the NTBHA Chief Executive Officer to execute and sign final contracts with Proposer 2, Proposer 3 and Proposer 5 for Adult Comprehensive Mental Health Services using the contract template previously approved by the Board of Directors and general counsel.

- This is the RFP to expand the CMHPs that would be funded by the additional State dollars and the VO underspend. The project is to add one to three adult comprehensive mental health providers (CMHPS, aka SPNs). We are looking at CMHPs that can implement immediately with staffing and IT in place currently, who brought forth a proposal to coordinate services giving us something we don't currently don't have in our system that would be of benefit to our consumers. Seven responses were received and three providers were awarded to begin contract negotiations. Each of these providers scored very high and bring diversity to their services. They are already valued partners and providers. They have prescribers and are already staffed appropriately to begin offering services. Ms. Lucky asked the board to give approval to begin contract negotiations with these organizations.
 - IPS – They already do a lot of our SUD services including methadone treatment. They work extensively with the justice system probation and parole agencies. Many of their consumers have co-occurring disorders and they are having to refer them to other providers instead of continuing services with them there. NTBHA wants to work with them on a co-occurring process to better serve their clients and offer more coordinated services.
 - Homeward Bound, Inc. – They are already contracted for crisis residential services and work with co-occurring disorders. By adding them into the system, individuals who already have a clinical connection with them through crisis residential services can continue to receive services through that program in addition to serving others with co-occurring disorders.
 - Southern Area Behavioral Healthcare – They provide crisis services in the southern sector. Many people come and go there without getting connected in services at other clinics. Their award is a little more short-term to work with people to provide more comprehensive services, eventually getting them transitioned into a more permanent CMHP.

Discussion. No organizations outside of Dallas made proposals. The EEO-1 form was completed for each organization and each one offers language services at least via a language line. It was noted that CMHP (Comprehensive Mental Health Providers) offer a full array of services from prescribing medication to counseling and many other services, medical records, etc., while having administrative processes in place to support the operation. It was also mentioned that anyone contracted with NTBHA must also have a Medicaid and Medicare number to serve those consumers. Many of the NTBHA CMHPs have also contracted with various private insurance companies as well. Anyone who is indigent or has Medicaid and/or Medicare can be seen by our providers and will be served regardless of the payer source. However, not all SUD providers are fully contracted to serve the Medicare population since Medicare doesn't fund many of those services.

Action. Ms. Lucky will notify the four other providers who did not win an award and they will be notified of the appeals process. She was also asked to compile an updated list (upon contract execution) of providers showing who they are, what services they provide and where they provide services.

Vote. Dr. Garcia motioned approval of Resolution 005-2017 which was supported by Mr. Hikel. The motioned carried.

Resolution 006-2017 – NTBHA Lease Space at 9441 LBJ Frwy, Dallas, TX 75243 was cancelled, so no discussion or vote was required this month.

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 April 12, 2017 at 12:00 noon.

Item #15

Adjournment

- There being no further business to discuss, Dr. Garcia and Judge Chitty motioned that the meeting be concluded and it was adjourned at 1:19 p.m.

Janis Burdett, Secretary

Pending Board Approval

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

Pending Board Approval



Chief Executive Officer Report

April 12, 2017

1. Implementation - Key Activities:

- The development of and transition to a new system is a work in progress. The operational requirements of NTBHA and ValueOptions/NorthSTAR, are being identified, and we are slowly changing the structure. Key areas of difference/change include how inpatient/emergency services are provided and accessed, changes to service eligibility for people over 200% of poverty, and the need to strengthen our outpatient providers to ensure a recovery oriented system of care.
- Problems with data reporting to the State are being resolved. This has been a difficult process for our providers and for NTBHA due to the time required to set up the thousands of accounts for individuals served by NTBHA.
- Outpatient Mental Health and Substance Abuse Services seem to be performing well. The initial data was received in February. Due to the complexities of reporting to the State, and the failure of some data to merge forward from VO to NTBHA, we are having problems using the data. The State has given us additional time to report, and the IT departments at the State and NTBHA are working to resolve the issues. Reports on numbers served will follow.
- Currently continuing to develop and improve the NTBHA enrollment system to include ability to pay data, and to provide better feedback to providers.
- The need for additional hospital beds has continued to be an issue, and NTBHA will be presenting two contract proposals to help ameliorate the shortage.
- With the implementation of the new formulary, we are seeing a slow trend toward reducing pharmacy costs. We are also in process in implementing the Prescription Assistance Program in coordination with our Pharmacy Benefits Management company, IPM.
- The CMHP system has been expanded to include Integrated Psychotherapeutic Services (IPS), Homeward Bound, and Southern Area Behavioral Health.

2. Funding for FY 18-19

- Continuing to monitor and provide data relevant to the potential funding reduction in the upcoming biennium. NTBHA is hoping that the legislature will restore the \$8.4 base/bridge funding reduction for the upcoming years, as well as the potential \$2.8 million reduction in Private Psychiatric Beds.

3. Utilization Management Processes:

- NTBHA staff are currently operationalizing the UM processes for service authorization. Dr. Deanna Dial and the NTBHA UM staff are developing new protocols to ensure the most in-need individuals receive access to higher levels of



care, and that individuals are moved to lower levels of care whenever appropriate. We are also working with outpatient providers to implement enhanced post emergency/inpatient care services to assist consumers' ability to access and engage in care.

- NTBHA is also continuing to explore software options to better support the UM functions. After reviewing the available options, and assessing the costs and implementation time, we are exploring the internal development of a product as well as external options.

4. Staffing:

- NTBHA is continuing to staff for all key positions in accordance with the NTBHA budget, and in consideration of the planning needs made by NTBHA staff and the consultants. The most recent focus has been the development of the Financial Department Staff.

5. VO Underspend:

- We are still awaiting a formal contract amendment, but are preparing to respond quickly to implement services. We have issued an RFP for the service expansion, and are prepared to amend contracts to increase amounts for the additional funding of current services as soon as final approval is received in writing.

6. Texas HHSC Status Updates:

- Continue to work with staff to complete the transition process and to request equitable funding for the coming year.

7. Other Issues / Business