

**North Texas Behavioral Health Authority
Minutes of the Board of Directors Meeting**

**Date of Meeting:
December 14, 2011 at 12:00 PM**

2011 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	X	X	X	X	X
Judge Keith Self, <u>Vice-Chair</u> Collin County	X	X	X	X	X	X	-	X	X	X	X	-
Ryan Brown, <u>Treasurer</u> Dallas County	X	X	X	X	X	X	X	X	X	X	-	X
Richard Scotch, PhD, <u>Secretary</u> Dallas County	X	X	X	X	X	X	X	X	-	X	X	X
Bret Baldwin, PhD Collin County	-	-	-	-	-	-	-	-	X	X	X	X
Elba Garcia, DDS Dallas County	-	-	X	L	X	L	X	X	X	X	X	X
Ron Stretcher Dallas County	X	X	X	X	X	X	X	X	X	X	X	X
Janis Burdett Ellis County	X	X	X	X	X	X	X	X	X	X	-	X
Matt Wolff Hunt County	X	-	-	X	L	L	L2	L	-	X	L	X
Commissioner Kit Herrington Navarro County	-	-	X		L	-	L2	-	L	X	-	L
Andrew Dillard, MD Rockwall County	X	X	X	L	X	X	-	X	-	X	X	X
Susan Miles Collin County	X	X	X	X	X	-	X	R	R	R	R	R

Attendance Legend:

X = Attended monthly BOD meeting

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

L2 = Late arrival, missed votes to approve minutes, financial report, and state audit recommendation

R = Resigned from the board

Item #1

Call to Order and Declaration of Quorum

Judge Michael Chitty, Chair, presided.

Judge Michael Chitty brought the meeting to order at 12:02 p.m. and a quorum was declared. In attendance were:

- Board members, as noted above;
- NTBHA staff including Alex Smith, Alice Watson Kennedy, Brandy Ruckdeschel, Brittony McNaughton, and Teresa Handel;
- Approximately 35 visitors and speakers.

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

- Minutes. Dr. Scotch presented the minutes which had been circulated to the board with no comments or corrections received.
Vote. Dr. Scotch moved that the minutes of the November 9, 2011 board meeting be approved. This was seconded by Dr. Garcia, and the motion carried unanimously.

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

- Financials. Ryan Brown presented the financials for August 2011, September 2011, and October 2011. They had been reviewed by Ryan and circulated to the board with no corrections, so he moved that they be approved. This was seconded by both Dr. Garcia and Dr. Baldwin and the motion carried unanimously.

Item #4**Public Commentary**

- None.

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

- \$5,000,000 restored to NorthSTAR. A letter has been received from Commissioner Suehs of HHSC notifying NTBHA of \$5,000,000 being moved back into the NorthSTAR budget beginning January. It will be phased in at approximately \$500,000 per month. The proposed February cuts are expected to be unnecessary with this additional funding. Alex noted that the dollars were not attached to anything specific, so this leaves question as to whether the state hospital moneys may still be obtained.
Discussion. Ryan asked if there was any indication that an additional \$5,000,000 would be received for next year, but Alex received no such indication. Ron stated that the state has handed out money in multiple places, a total of \$30,000,000 to mental health of which \$5,000,000 came to NorthSTAR. He speculated that the state will probably not entertain additional petitions for state hospital funding after having given this amount, but Alex plans to pursue it. A comment was made that the federal match was diverted to other needs, indicating that obtaining the state hospital funds could be unlikely.
- Administrative relief for SPNs. NTBHA unsuccessfully petitioned the state for administrative relief last year. The state is operating an RDM redesign committee to develop recommendations for adoption by DSHS. NTBHA has drafted a new letter to be sent to DSHS defining new logic in where

potential administrative relief could be achieved, especially in the area of authorizations and uniform assessments. The letter includes technical terminology and forecasted man hours tied to these that could be saved. Since NorthSTAR is the pilot program, the letter suggests that these recommendations be tested here. A less technical companion letter to legislators has been drafted to communicate what NorthSTAR hopes to accomplish in this era of less money and more demand to ensure that the maximum use of funding is used for clinical services instead of administrative services.

Discussion. Ron asked if the drafted letter had been shared with providers for feedback. According to Alex, it had not, but it addresses all the concerns expressed in PAC meetings. Brandy Ruckdeschel stated that she has discussed the points of the letter in PAC meetings.

- Funding letters of support. Five NorthSTAR counties provided letters of support requesting reinstatement of appropriate funding. Some funds were moved back into the VO NorthSTAR budget.

Discussion. Ron asked about Rep. Zerwas' visit. Alex sat in on one his meetings. ValueOptions introduced him to the NorthSTAR system. Dr. Zerwas seemed informed about how the system operates and expressed interest on how it could be done on a statewide basis, which is in companion with the study being done by the state.

Item #6

Behavioral Health Organization Report

Eric Hunter, Chief Executive Director of ValueOptions for Texas, reported.

- Statistical measurements. Eric presented VO's operations and calls stats to the board for November.
- Network relations. The Counseling Center of Ellis County closed on December 1st. They had a census of two NorthSTAR members, but VO is trying to secure another chemical dependency treatment provider for that area. There are four contracted CD providers in Ellis County who provide individual and group CD counseling. A newly credentialed facility, Integrated Psychotherapeutic Services, is in the process of getting their CD facility license there sometime in December, then to be credentialed for CD IOP. The Open Doors Program of IOP (aka Bedrock Counseling) in Ennis is working on joining the network. They are willing to do Single Case Agreements if necessary in the interim. Several CD facilities in the southern part of Dallas County provide CD Residential and IOP services which can be utilized more if needed. Hickory Trails Hospital at DeSoto is contracted to provide adult CD IOP. The gap is being addressed.

Discussion. Alex recommended that Eric investigate ACT Counseling in Ellis County. Eric will investigate their services.

- Eligibility and enrollment. Due diligence regarding financial requirements for enrollment of the indigent population have been discussed. The last few months the percentage of newly enrolled for newly received is down into the 30-40% range compared to 75-80% at the beginning of the year.

More tools are being used to identify consumers' financial resources. There is still no indigent growth built into the 2012 budget.

Discussion. Dr. Scotch asked about the reasons people are not qualified. Eric stated that it was related primarily to assets. McKenzie Frazier, VO's Compliance Officer, has been working with SPNs regarding documentation and how to review assets to ensure that those who truly qualify are receiving the services they need first. Janice Burdett asked for a breakdown of the statistics by county from Eric. Ron asked about the "newly received" – someone who had a service and are now asking to be enrolled? He asked if providers are providing some service to folks who are denied enrollment and are then not paid for it. Eric stated that this could happen, or they would have to find other sources of payment or private insurance for those not eligible for NorthSTAR.

- FPL limit. An analysis was run to see how a change in the FPL limit would affect service dollars spent. Data for the full year of SFY11 was used to investigate the spend on indigent consumers between 133-150% of FPL, which accounted for 135 individuals who received services costing about \$200,000. Indigent consumers between 150-200% of FPL accounted for 1,189 unique members with a spend of about \$1,700,000 including pharmacy. Between 133-200% FPL accounts for about \$2,000,000 in expenditures for just under 1,400 people affected. He suggested that this be reviewed by the board Redesign Subcommittee.
- Pharmacy. Dr. Faber has been working with PLAG and the Pharmacy Therapeutics Committee and is expecting to have a revised formulary soon. They are discussing step therapies to utilize the right drugs at different levels, working with providers. Regular updates will be planned in order to keep it current with new medications.

Discussion. Alex asked about the efficacy analysis of Vivitrol to treat drug and alcohol dependency. It is a very expensive drug, but may prove cost-effective for some NorthSTAR consumers. Eric stated that it is being reviewed for the formulary.
- TCOOMMI funding. Under the staffing model of what TCOOMMI pays for, VO is working with a few different SPNs to possibly coordinate some of the work. It will cost money, but make sense for the value being accomplished in that area which will be reflected in the monthly reports. The same sets of services will include TCOOMMI and other system money.
- Lab compliance. There have been no formal complaints over the past two months regarding lab issues. UTMB worked very hard to resolve problems they have had in the past.
- Finances. Eric said the letter from the state regarding restoration of the \$5,100,000 of state hospital funds sounds like they may do something else with it. But VO intends to look at other funding sources. However, assurance of the incoming \$5,000,000 has helped avoid more serious cuts proposed for February. Even with that, the system is projected to be up to \$3,000,000 below funding to provide the same services as last year with a higher MLR and no forecasted numbers for indigent growth. There are still many challenges that will be worked with the board's System Redesign Committee. Due to the increased funds, however, hopefully the

work with the SPNs will be more positive, proactive, and preventative, not punitive.

Discussion. Alex asked if VO had begun the process of recouping funds where contractual obligations with SPNs did not meet expected standards. Eric stated that it was tied to the last contract. There were discussions regarding the February ice storms, yet some SPNs still met their goals for those times. They could not offer a blanket forgiveness since state funds had to be accounted for, but VO has been working with individual SPNs to hear particular issues regarding case rate reconciliation and quality measures recoupments. Alex noted that in prior years, there was a lot of forgiveness and asked how much notice was given out to the SPNs. Eric has mentioned it at a couple of board meetings. There was documentation that went out, but Eric could not cite a specific date in which it was communicated. Ron clarified that there were a couple of different true-ups – members served and encounters, plus quality outcome measures. He asked VO to provide a grid that shows all of that. Eric agreed to provide final outcomes to the board. Eric explained that the legal words of the contract could be interpreted to look at members served for each quarter as a whole, not the consumers served each month of a given quarter. He gave an example of a SPN that sees on average 100 consumers per month. Multiplied over three months, that would equal 300. However, if looking at unique members with encounters during the whole quarter, there may be less than 200, so that calculation significantly changed the money. There are only about 25,000 case rate users in any given month. It went from about 75,000 in the pool down to about 28,000 or 29,000. The amount of money turned out to be not as drastic up or down, but there were some SPNs who earned incentives. So the amount of money they got came down as did the amount of money owed back in penalties. Ron clarified with Eric that this is the first time VO has ever tried to recoup money for these deliverables. It was also the first time that DSHS kept VO's penalty money. Ron wants to follow the process so that the money comes back to the board for some quality improvement work. The way VO's contract is written with the state, if they get any incentive money it must be passed on to the system and is not profit. The way it is written now with the new standard of going through the board, it keeps the money in the system. Funds may be applied to particular priority things that cannot be funded through the normal service dollars. Ron expressed understanding, but stated that Eric's predecessor had always said VO would not penalize SPNs. Eric stated that he had spoken with Jack, who believes that what he said is that for the first quarter he would not penalize anyone so they could start running reports to identify statistics. It wouldn't be put in the contract if they were never going to do it. One of the concessions in the new contract was that there will be no quality penalties forced on the utilization for the first quarter, but Eric also put that in the contract to avoid confusion going forward. Ron stated that there needs to be agreement on all of the targets, looking to make sure that targets for SFY11 are appropriate for the case rate. It is critical that if the money goes down, there has to be an expectation of reductions, such as number served or other measurements. We can't take more money,

but expect the same outcome measures. Ron supports outcome measures, but insists that they are clearly defined and tied in with the money so SPNs are not caught off guard. Judge Chitty recognized James Williams of Lakes Regional MHMR who stated that when the board voted for the blended case rate model, he believed the SPNs would be responsible for serving more people with less money, but receive administrative relief. Bureaucracy, paperwork, punitive charges, and people served with less money went up, but there is more administrative work being done with less staff. He asked the board what they believed was supposed to happen. Ron stated that people would not get as robust services, perhaps getting med checks less than once a month. He stated that the board tried to pursue administrative relief in one area last year, but there had not been any concrete information from providers about how else the board can help them. He commended Brandy for trying to pursue administrative relief again. He acknowledged that services were expected to be reduced. Issues regarding housing, jail diversion, Ellis County losing providers are part of the impact. He wants providers to be held to clearly defined outcome measures that are fair in accordance with the dollars. James stated that the outcome measures involve serving more consumers with less money and expecting the same outcomes as those under the previous fee-for-service model. SPNs are being penalized for the first time too. Judge Chitty reiterated Ron's statement that the amount and quality of services delivered are expected to be impacted. Eric clarified that under the new contract, the measures are different. The old contract involved TRAG-based measures that really did depend on how often consumers can be seen and what services were provided, evaluating improvements by the TRAG. This was not done this time, because there are differences in what is expected on the outpatient level. To maintain consistency, VO used the same metrics that DSHS holds them accountable for on utilization of higher levels of care. This is crucial since 23-hour observation has been capped. VO is using the exact same DSHS measures, but with some give toward the SPNs. In fairness, for every dollar that has potential to be taken away in those measures, there is the exact amount of money available to be earned by SPNs as incentives. Yet, VO does not receive incentive money in their contract. Regarding the \$3,600,000 cuts, that was a goal, but after the concessions made on baselines, rates, etc., that number was closer to \$2,400,000. So VO didn't take all of the authorized cuts to try to minimize the pain, hoping that the utilization and encountering can be high enough to avoid taking a lot of money back. James asked what was involved in outcome measures prior to December 1st, stating that those were the same ones under fee-for-service that are being recouped now which had never been recouped before resulting in a rate reduction. Regarding the new metrics, there was no negotiation at the time of signing the contract. James quoted previous board minutes regarding penalties and incentives, to which Eric stated that there were changes when it was recalculated on a quarterly basis. Ron asked Eric to give the board the new outcomes for the new contracts and how they are measured. Ron clarified with KJ Scheib of DSHS that the outcome measures of the DSHS and VO contract

were based on levels discussed that NTBHA wanted to see. There was a NTBHA board committee which vetted out what the important indicators were for the system, but he asked VO to provide details of how that was defined in the SPN contracts. Regarding the old contract and measures, Eric stated that VO should have been taking money back, but weren't. Every quarter, even though they were not charging penalties, the statistics were being shared with every SPN through the quality process without any comments or concerns. Eric apologized if VO was not diligent in following the contract, but said that his way of doing things involves either following contract requirements or taking them out. Regarding the new measurements, there is one free quarter, but Eric is open to hearing different thoughts on other ways to measure that make more sense, but wants to make sure that there is ROI for the measurements and that they represent quality. Judge Chitty recognized Liam Mulvaney of Lifenet who stated that everything James said about the reconciliation process under the old contract was true, but explained that the process is a messy one with lots of questions about the data. There are problems from the SPN's end about how the data is sent to VO, problems on VO's end about how they capture that data. There are lots of contested numbers. He believes that the current recoupments still seem premature due to existing issues with the data and negotiations. He also stated that the SPNs put together a four-page letter to VO and NTBHA with suggestions regarding a number of things about the new contract that providers believe would help them operate more efficiently, very specific things about how to relieve administrative burdens. VO responded to a number of those, but there were several requests that could not be acted upon either because DSHS denied them or VO's corporate office said they could not be done. The providers are struggling to exist and provide good care, so the enforcement of penalties under the contract is unfortunate timing. Dr. Baldwin asked Liam to provide the provider's list of suggestions again so the System Redesign Committee can consider them going forward.

Item #7

Consumer and Family Advisory Council Report (CFAC)

Mike Katz, Chairman of CFAC, reported.

- Meeting. CFAC met December 6th with 15 in attendance.
- Resignation. Mike Katz announced his resignation as Chairman of CFAC.
- Recovery models. A literature review of best practices of recovery models around the country was compared to NorthSTAR services.
- Self-Directed Care. Several SDC consumers and staff were present to discuss the positive outcomes of the program. SDC is a research study model which may be adaptable for NorthSTAR recovery services.
- CFAC participation. A committee formed to increase consumer and family member participation discussed meeting location, DART accessibility and CFAC goals and initiatives. They are looking at advisory council models and bylaws.
- Interim chair. Ashley Zugelter of NAMI Dallas will serve for the next two months as the interim chair.

- Consumer co-chair. Randy Dobbs agreed to serve as a consumer peer co-chair.
- Recognition. Ron thanked Mike on behalf of all the work he had done for the community as a voice for the mentally ill. Judge Chitty awarded him a certificate of appreciation for his years of service from 2002 to 2012 as a staunch advocate of those served by NorthSTAR. Mike was celebrated with a standing ovation.
Discussion. Ron stated that there are real opportunities for consumers to be an active voice in providing input regarding needs and direction for changes in the system.

Item #8

Provider Advisory Council Report (PAC)

Liam Mulvaney, PAC Chair and CEO of LifeNet, had no report.

- No report. It is customary to adjust the PAC meeting schedule during the holidays. Therefore, the PAC did not meet in December prior to the board meeting. Minutes from the scheduled December 16th PAC meeting will be given during the January 2012 report.

Item #9

Psychiatrists Leadership and Advocacy Group Report (PLAG)

Dr. Ed Nace reported for the PLAG.

- Meeting. The PLAG met on December 7th.
- Prescribing reports. Physicians have requested prescribing reports so they can see what they each prescribe relative to their peers. A previous version of the report was not satisfactory. A behavioral health organization in Arizona has a program that is being investigated by Dr. Faber and some members of the PLAG.
- Pharmacy manual. Dr. Faber is also working on updating the manual. Dr. Nace commended Dr. Faber for listening to the PLAG members and has developed good rapport.
- BHLT. Committee updates were discussed at the PLAG meeting.
- CMS grant opportunity. CMS grant money was discussed and the PLAG supports NTBHA coordinating with Parkland and any other healthcare entity as collaboration is more likely to result in success.
- Data sharing. Making NorthSTAR data available to emergency rooms was discussed with a member of the Methodist Hospital board who will try to see about obtaining data from that hospital. Dr. Jim Walton heads Project Access for the Dallas County Medical Society, a voluntary program where community physicians see indigent patients in their offices at no charge. Dr. Walton has begun examining Baylor System's ER records. Looking back over the past 10 years, they only found 44 patients that were identified as NorthSTAR consumers, so this may not be accurate. He is going to use the four primary NorthSTAR diagnoses to compare to discharge data in their system. Not everyone at the Baylor ER is necessarily NorthSTAR, as some will have private insurance, but that

should be easily separated. Dr. Nace hopes to get some good results from both Baylor and Methodist.

- Vivitrol. Dr. Nace heard many talks about the use of Vivitrol in the U.S. at a meeting in Arizona recently. Columbia University completed a study on its use as well as a huge study out of Russia. He promised to email the data to Dr. Faber, stating that it is very, very encouraging.
Discussion. Ron asked about Vivitrol. Dr. Nace explained that it was FDA approved as Naltrexone around 1992 for the treatment of alcoholism. It has recently been approved for opiate addiction. There are minimal concerns about its effect on the liver. Research is very positive. According to Judge Chitty it is an \$800 shot given once a month. Per Dr. Nace, it comes in pill form, but the once a month injectible is labeled as Vivitrol. Kit Herrington asked why it costs so much. Dr. Nace stated that insurance companies don't pay the retail value, but much less. He suggested that perhaps a reduced rate could be negotiated for NorthSTAR. Judge Chitty said that private insurance is approving the drug, but does not believe that Medicaid and Medicare have put it on the approved list yet.
- Conference. Ron mentioned a community leadership case conference that is forthcoming. Dr. Stevens is helping organize it to discuss a few tough cases that have been difficult in the community and jail. Some folks in jail want meds, but others don't want to be identified with a mental health issue. The conference is intended to inform both community and jail folks what works and how to provide continuity of care. Dr. Nace spoke about research that has documented how even brief discontinuity of treatment in this population can result in significant increases in cost of care.

Item #10

Discussions and possible approvals.

Legislative Report.

Matt Roberts, President of MHA of Greater Dallas, reported.

- HHSC letter. Matt brought copies of the letter from Dr. Suehs which indicates the legislative intent that there not be a cut. Even with the initial \$5,000,000 being restored, the system is still sustaining a level of cut at this point. Matt is optimistic that using the statements of the letter, NorthSTAR can still successfully petition for more money.
- Interim charges. These activities of legislative committees won't be undertaken again until March or April, so the members will get most of their primary work activity out of the way before they return to the interim charges. Janie Metzinger has been in contact with each of the staff members responsible for those charges.
- Privatization of services. The Government Affairs Committee was tasked with looking at privatization of various services. Janie approached them to see if that could include state hospital privatization. She was told that they would do that only if specifically directed by the Speaker, because they thought that was out of their explicit expertise.
- NorthSTAR legislative tour. A very effective tour was conducted a couple of years ago for legislators. Tours are being coordinated by Janie

Metzinger of MHA, Sharon DeBlanc of VO, and Sherry Cusumano of Green Oaks. The proposed timeframe is for January or February for those legislators who are unopposed in the primaries. A second tour will be planned for mid-May for other legislators after the primary runoffs are over. The intent is to tour the Psych ER at Green Oaks, visit an outpatient clinic, go to Homeward Bound to discuss substance abuse issues, and then feed them a good lunch.

- COMI meeting. Brian Stettin, the Policy Director for the Treatment Advocacy Center, will speak at the January 18th meeting about Assisted Outpatient Treatment (AOT), aka forced meds. He was key in getting Kendra's Law in New York.
- Rider 71. The interim charge to look at how behavioral healthcare is done statewide will host regional meetings for stakeholders to provide input. They will be in town on January 13th from 10:00 a.m. to 1:00 p.m. at the Center for Community Cooperation, and everyone is encouraged to attend and voice an opinion.

NTBHA Board System Redesign Committee.

Ron Stretcher, Chair of the committee, reported.

- Work plan. Ron asked Alice Watson to post a report on the NTBHA website regarding the committee's work plan.
- Guiding principles. The initial entry into the NorthSTAR system needs to be at the lowest level of care possible, moving up as needed. Everything needs to be focused on improved outcomes for consumers. The work done by community stakeholders should be taken into account rather than starting from scratch.
- Higher levels of care. Improving the rates of admission to higher levels of care is a goal supported by metrics from previous reports. Focus should be given to readmissions, contact with providers within certain timeframes after discharge from a higher level of care. This will provide the least restrictive care needed to serve the consumers' needs. Incentive and penalty funds need to be centered on these kinds of improvements. Law enforcement needs to be included in understanding what they need and how their system works, because law enforcement is where much of the higher levels of care is driven. Representatives from mobile crisis will be invited at the next committee meeting in order to learn more about that service and how to reduce utilization of crisis services. VO will look at ACT and lengths of stay. There may be consumers who need to be in ACT services long-term, but this needs to be reviewed.
- Priority population. The committee will continue to look at the needs of the NorthSTAR priority population.
- Next meeting. The committee will meet again in January and may request various stakeholders to participate.

Discussion. Judge Chitty clarified that Ron is addressing the issues James Williams brought up about incentives and penalties, performance indicators, etc. He asked if Ron's committee had any input for the January 13th meeting to discuss the redesign of the entire state system, but Ron doesn't think they will be prepared to provide feedback at that time.

Self-Directed Care Report.**Judith Cook of the University of Illinois at Chicago, reported.**

Meadows Foundation. Judith Cook recognized the Meadows Foundation for its generous support of the Texas SDC program as well as the evaluation.

Self-Directed Care. In SDC, participants are given control over public funds to purchase services and supports for their own recovery using ValueOptions as the fiscal intermediary. Adults with severe mental illness develop person-centered recovery plans and pre-approved individual budgets that guide the purchase of services to promote recovery and rehabilitation goals. This model was used by the Centers for Medicare and Medicaid Services, but its use with individuals with psychiatric disabilities is rare. The President's New Freedom Commission report specifically recommended further development of this model for people with psychiatric disabilities, and it was used in the state of Texas' Transformation Initiative as the recovery-oriented service for adults.

Statistics. There are currently 217 individuals enrolled in the evaluation of this program. 115 were randomly assigned to the experimental condition and 102 to the control condition. After their initial interview, upon entering the study, people are interviewed one-year and two-years later. Everyone has completed their one-year, and 86 people have done the two-year interview and left the study. As promised when they joined the study, people in the experimental condition, those who had access to SDC who go back to services as usual are guaranteed an opportunity to receive SP-3 services for three months before being assessed to determine what level of services they need after that. So far, four (4) former SDC participants have transitioned back to services as usual. 31 individuals who are done with the study have been invited to remain in SDC, because they are making good progress in the model and the services and staff are available. Ms. Cook shared some preliminary findings with the board.

- From October 2010 through September 2011, the average number of psychiatric inpatient admissions for experimental condition subjects was 2.5 times lower than those of the control subjects. The length of stay was over 3 times shorter for experimental condition subjects.
- After one year in the study, 17% of SDC participants were employed compared to only 6% of those in the control group. As of October 2011, 35% of SDC participants are in the labor force.
- An independent phone survey was conducted by a research staff at the University of Illinois at Chicago. At the end of the program's first year of operation, 90% of the participants active at that time rated the program as good or excellent. When asked to compare the services they were purchasing during their time in the SDC program with the services they received prior to SDC, 74% rated SDC services better than they had been receiving. 19% said they were about the same, and 7% said that the services they were purchasing were worse. 97% would recommend the program to a friend, 3% were not sure, 0% said no.

Discussion. Judge Chitty asked questions about the research participants. Ms. Cook said they are choosing similar services, but less of them. They

are choosing more non-traditional services such as purchasing a suit for a job interview, or a cell phone to maintain contact for job interviews and with family members. She could not give specifics regarding what services were used by the control group and their outcomes as compared to SDC participants in mid-study. All participants have an Axis I DSM mental illness primary diagnosis, but most have co-occurring substance abuse disorders. A large majority also have fairly serious levels of forensic involvement compared to similar populations in other states.

CMS Innovation Challenge Grant.

Ron Stretcher reported.

- Grant distributions of \$1,000,000 to \$30,000,000 will be made. Primary care is the focus of the grant to improve outcomes and reduce costs for primary care delivery, but behavioral healthcare is embedded in that. The board is being asked to authorize NTBHA to participate in this grant as the convener who pulls in other participants. Dallas Metrocare has agreed to take the lead in putting the grant together and serving as the fiscal agent, because NTBHA does not have the structure and cannot show experience required with big federal grants. Outreach is being made to Parkland and other potential applicants to collaborate in producing one grant from this region. A letter of intent must go in by December 19th, and the board is being asked to approve NTBHA to participate as a partner, as the convener, providing any letters of support needed going forward.

Vote. Dr. Scotch moved that the board approve NTBHA to participate in the grant opportunity as described by Ron. Janis asked if it would include all of the NorthSTAR region or just Dallas County. Ron stated that the desire is to include the whole region, and there are a few ideas about how to do that using a hub with spokes out into the region. Dr. Baker is getting input to include the whole seven counties as inclusively as possible. Dr. Baldwin asked if it is possible to include this in the redesign work as a new system that needs money to move toward those goals. Ron agreed that this is what they are looking for – new delivery models and payment options. 2014 healthcare reform will bring many changes that the NorthSTAR community must be prepared for, such as being an Accountable Care Organization (ACO). The letter of intent for the grant must be submitted by December 19th and the full application is due January 27, 2012. After discussion, Dr. Baldwin seconded the motion, which carried unanimously.

- BHLT. Ron invited others to attend the BHLT on December 15th to discuss the various models. He also noted that Metrocare will be writing the grant, but VO's offered assistance, data, etc., if needed.

Item #11

Executive Session

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

- None.

Item #12

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

- None.

Item #13

Next Board of Directors Meeting

- January 11, 2012 at 12:00 Noon

Item #14

Adjournment

- There being no further business to discuss, the meeting of the NTBHA board of directors was adjourned at 1:30 p.m.

Dr. Richard Scotch, Secretary

Pending Board Approval

Acronyms & Terminology

340B	A federal drug pricing program
ACO	Accountable Care Organization
ACOT	Adult Clinical Operations Team
ACS	Adapt Community Solutions (Mobile Crisis Provider for NorthSTAR, see MCOT)
ACT	Assertive Community Treatment
AOT	Assisted Outpatient Treatment (promoted by the Treatment Advocacy Center)
APAA	Association of Persons Affected by Addiction
APOWW	Apprehension by a Police Officer Without a Warrant
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
CAP	Corrective Action Plan
CBC	Complete Blood County
CBT	Cognitive Behavioral Therapy
CCART	Collin County Area Regional Transit
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
CMO	Chief Medical Officer
CMP	Comprehensive Metabolic Panel
COC	Continuum Of Care
COMI	Coalition on Mental Illness
CRCG	Consumer Resource Coordination Group
DARS	Texas Department of Assistive and Rehabilitative Services
DBSA	Depression and Bipolar Support Alliance
DDC	Dual Diagnosis Center
DHA	Dallas Housing Authority
DOORS	Dallas One-stop Optimized Reentry System
DPS	Department of Public Safety
DSCT	Direct Services Cost Target
DSHS	Texas Department of State Health Services
ECHPP	Enhanced Comprehensive HIV Prevention Plan
ED	Executive Director
ER	Emergency Roomy
FACT	Families Adolescents Children's Team
FMAP	Federal Medical Assistance Percentage for Medicaid

FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FTE	Full-time Employee
GOH	Green Oaks Hospital
GR	General Revenue
HHSC	Health and Human Services Commission
HUD	Housing and Urban Development
ICM	Intensive Case Management
IOP	Intensive Outpatient Treatment
LAR	Legislative Appropriations Request
LBB	Legislative Budget Board
LCDC	Licensed Chemical Dependency Counselor
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)
LPHA	Licensed Professional of the Healing Arts (Graduate degrees with specific licenses)
LSAP	Local Service Area Plan
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
MDHA	Metro Dallas Homeless Alliance
MH	Mental Health
MHA	Mental Health America
MIMR	Mental Illness Mental Retardation (probation officers)
MLR	Medical Loss Ratio
MOU	Memorandum Of Understanding
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
OPC	Order of Protective Custody
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
PBM	Pharmacy Benefit Manager
PESC	Psychiatric Emergency Service Centers

PLAG	Psychiatrists Leadership and Advocacy Group [formerly known as NTBHA Physician Advisory Panel (PAP)]
PMPM	Per Member Per Month
PSH	Permanent Supportive Housing
QM	Quality Management
QMHP	Qualified Mental Health Professional (Bachelor's degree in specific helping field majors)
RDM	Resiliency and Disease Management
RFI	Request For Information
RFA	Request For Application
RFP	Request For Proposal
ROI	Return On Investment
RR	Recidivism Rate
SA	Substance Abuse
SABH	Southern Area Behavioral Healthcare
SCHIP	State Children's Health Insurance Program
SDC	Self-Directed Care
SED	Severe Emotional Disturbances
SFY10, SFY11, SFY12, SFY13, etc.	State Fiscal Years. SFY12 began September 1, 2011 and will end August 31, 2012.
SGA	Second Generation Atypicals (medication)
SME	Subject Matter Expert
SNF	Skilled Nursing Facility
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
SPMI	Serious and Persistent Mental Illness
SPN	Specialty Provider Network
SSRI	Selective Serotonin Reuptake Inhibitor
TCADA	Texas Commission on Alcohol and Drug Abuse
TCM	Targeted Case Management (coordination of care with the Collin County Jail)
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDI	Texas Department of Insurance
TIMA	Texas Implementation of Medication Algorithms
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

TSH	Terrell State Hospital
UA	Uniform Assessment
UM	Utilization Management
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

Pending Board Approval