Preliminary Local Plan for Indigent Behavioral Health Services

Request for Preliminary Agreement with HHSC and DSHS

Pursuant to the Report and Decisions of the Sunset Advisory Commission Study of HHSC

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY
Representing Dallas County, Ellis County, Navarro County, Rockwall County, Hunt County, and Kaufman County

Submitted

March 3, 2015
# Preliminary Local Plan for Indigent Behavioral Health Services

## Table of Contents

<table>
<thead>
<tr>
<th>Subject</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>1</td>
</tr>
<tr>
<td>I. Applicant Organization</td>
<td>1</td>
</tr>
<tr>
<td>A. Status as a public entity</td>
<td>1</td>
</tr>
<tr>
<td>B. Overall intent to integrate health and behavioral health services</td>
<td>1</td>
</tr>
<tr>
<td>II. Proposed organizational structure</td>
<td>2</td>
</tr>
<tr>
<td>III. Planning Process</td>
<td>3</td>
</tr>
<tr>
<td>A. Meetings</td>
<td>3</td>
</tr>
<tr>
<td>B. Participants</td>
<td>3</td>
</tr>
<tr>
<td>IV. Time Lines for Implementation</td>
<td>3</td>
</tr>
<tr>
<td>V. Services Plan</td>
<td>3</td>
</tr>
<tr>
<td>A. Existing provider network</td>
<td>3</td>
</tr>
<tr>
<td>B. Minimum required services per statutory mandates</td>
<td>4</td>
</tr>
<tr>
<td>C. Overall approach to the Texas Resilience and Recovery Model</td>
<td>5</td>
</tr>
<tr>
<td>1. Priority Populations</td>
<td>5</td>
</tr>
<tr>
<td>2. Level of Care</td>
<td>5</td>
</tr>
<tr>
<td>D. Proposed New Structure of Services for Adults and Children</td>
<td>5</td>
</tr>
<tr>
<td>1. Outpatient Services</td>
<td>5</td>
</tr>
<tr>
<td>a) Mental Health</td>
<td>5</td>
</tr>
<tr>
<td>b) Substance Abuse</td>
<td>5</td>
</tr>
<tr>
<td>2. Crisis Services</td>
<td>6</td>
</tr>
<tr>
<td>3. Inpatient Services</td>
<td>6</td>
</tr>
<tr>
<td>4. Special population services</td>
<td>6</td>
</tr>
<tr>
<td>E. Access to care/consumer choice</td>
<td>6</td>
</tr>
<tr>
<td>F. Local Provider Network</td>
<td>6</td>
</tr>
<tr>
<td>G. Integrated health and behavioral health services</td>
<td>7</td>
</tr>
<tr>
<td>VI. Authority - Provider Structure and Function</td>
<td>7</td>
</tr>
<tr>
<td>A. Anticipated structure</td>
<td>7</td>
</tr>
<tr>
<td>B. Functions</td>
<td>8</td>
</tr>
<tr>
<td>C. Local matching funds</td>
<td>8</td>
</tr>
<tr>
<td>D. Planning and Network Advisory Committees</td>
<td>9</td>
</tr>
</tbody>
</table>
E. Utilization Management  
F. Reporting (Performance, Financial, Outcomes)  

VII. Anticipated transition process  
A. Formulating partnerships  
B. Negotiating contracts for services  
C. Utilization Management systems  
D. Challenges and Opportunities  

VIII. Assurances and Endorsements  
A. Compliance with requirement that providers serve both indigent and Medicaid populations  
B. Compliance with State methodology for quantitative goals (persons served and performance measures)  
C. Compliance with reporting  
D. Compliance with other relevant State or Federal requirements  

IX. Signature Pages

Attachments
1. Ellis County Commissioners Court Resolution
2. Navarro County Commissioners Court Resolution
3. Rockwall County Commissioners Court Resolution
4. Kaufman County Commissioners Court Resolution
5. Hunt County Commissioners Court Resolution
6. Dallas County Commissioners Court Order
7. NTBHA Provider Advisory Council Resolution
EXECUTIVE SUMMARY

Dallas County, Ellis County, Rockwall County, Navarro County, Hunt County and Kaufman County will partner to engage in local planning, design and implementation of an updated model of indigent behavioral health services as required by the Sunset Advisory Commission. The partnering counties will utilize the North Texas Behavioral Health Authority (NTBHA) as the Local Behavioral Health Authority (LBHA) and will also designate NTBHA as the Community Mental Health Center for the service delivery area. The primary goal of NTBHA is to develop a recovery oriented system of behavioral health care for eligible indigent consumers with close coordination with the Medicaid managed care organizations and local primary care providers. The current NorthSTAR network of providers will be maintained to ensure consumer choice.

I. Applicant Organization: North Texas Behavioral Health Authority
   A. Status as a Public Entity

   The North Texas Behavioral Health Authority (NTBHA) currently acts as the Local Behavioral Health Authority (LBHA) for the NorthSTAR program in accordance with Health & Safety Code § 533.0356. NTBHA will continue to serve as the LBHA for Dallas County, Ellis County, Rockwall County, Navarro County, Hunt County, and Kaufman County. An LBHA as designated under Health & Safety Code § 533.0356 has all the responsibilities and duties of a Local Mental Health Authority provided by Section 533.035 and by Subchapter B, Chapter 534; and the responsibility and duty to ensure that chemical dependency services are provided in the service area as described by the statewide service delivery plan adopted under Section 461.0124.

   In order to establish NTBHA’s status as a public entity, County leadership representing Dallas County, Ellis County, Rockwall County, Navarro County, Hunt County, and Kaufman County have taken necessary steps to designate NTBHA as the Community Mental Health Center for their respective counties. Each of the partnering counties has provided a letter of endorsement from the County Commissioners, signed by the County Judge, naming NTBHA as the designated Community Mental Health Center for the County. The Department of State Health Services (DSHS) will review and approve NTBHA’s plan to develop and make available to the region's residents an effective behavioral health program through a community center that is appropriately structured to include the financial, physical, and personnel resources necessary to meet the region’s needs.

   HHSC/DSHS will coordinate with NTBHA to ensure that the necessary actions are taken to confirm NTBHA’s status as a public entity eligible to put up non-federal funds to match federal Delivery System Reform Incentive Payment (DSRIP) funds.

   B. Overall intent to integrate health and behavioral health services
NTBHA recognizes the importance of the integration of primary care and behavioral health services for the individuals served through the system as well as the positive impact of integration on recovery, quality of life, and long-term wellness. Planning efforts will include a focus on strategies aimed at identifying and addressing gaps in services as well as integration of primary care and behavioral health services. NTBHA is committed to identifying innovative solutions that improve health and wellbeing while promoting recovery for the individuals we serve.

II. Proposed Organizational Structure

NTBHA will serve as the LBHA for the identified service delivery area. NTBHA, through appropriate designation by County Commissioners and DSHS, will also serve as the Community Mental Health Center for the region. A Board of Trustees will be appointed by county leadership and composed of not fewer than five or more than 13 members. The partnering counties will enter into an agreement that stipulates the number of board members and the group from which the members are chosen. The partnering counties will, in appointing the members, attempt to reflect the ethnic and geographic diversity of the local service area.

The DSHS will contract directly with NTBHA under performance contracts as the LBHA; local Community Mental Health Center; and Outpatient, Screening, Assessment, and Referral Center (OSAR) for: Mental Health Services, Substance Use Disorder Assessment and Treatment, Crisis Services, and State Hospital Utilization. NTBHA will receive and administer indigent behavioral health funds for the system. This updated model under NTBHA will continue to separate the oversight, control, and financial management from the contracted providers of service.

NTBHA will enter into a contractual agreement with an outside entity to serve as an Administrative Services Organization (ASO) to administer specific aspects of the system. NTBHA will select the ASO through an appropriate procurement process. Qualities of this entity should include experience or plan to provide and coordinate integrated care for mental health, substance abuse, crisis, and prevention services. NTBHA will outline specific responsibilities to be carried out by NTBHA versus the ASO as well as costs related to the necessary authority and administrative functions under the new model.

The ASO will ensure a competitive provider market and secure a robust network of providers capable of providing broad access to services. The ASO will make significant efforts to retain providers currently contracted under NorthSTAR through ValueOptions in order to facilitate successful transitions for consumers from NorthSTAR to the new indigent behavioral health model. Retention of current providers will also serve to support community organizations and stakeholders that have contributed much to the community behavioral health system while maintaining the important quality of consumer choice that is highly valued by the community. The ASO will also look to enhance the provider network by contracting with additional providers as appropriate.

NTBHA will preserve the unprecedented stakeholder participation and cooperation historically seen under the NorthSTAR System in making decisions about the structure of the
model and the evolution of the system. This will be achieved through regular attendance and active participation by local stakeholders from government, law enforcement, the provider system, persons using services, family members, advocacy groups, social services agencies, physicians’ groups and others at meetings organized by NTBHA and other stakeholder meetings. All community members will be welcomed to join in the dialogue that drives changes in the system.

III. Planning Process

A. Meetings

Development of this plan has been an extension of existing community planning activities. NTBHA and its working groups, the Dallas County Behavioral Health Leadership Team (BHLT) and its working groups, the Ellis County Behavioral Health Alliance, and other key stakeholders have provided input that is the basis of this plan throughout the Sunset process. Specific meetings regarding this plan included:

- Dallas County BHLT, 12-11-2014, 1-8-2015, and 2-12-2015
- Ellis County Behavioral Health Alliance, 1-30-2015
- NTBHA Psychiatrists Leadership and Advocacy Group, 2-4-2015
- NTBHA Consumer Family Advisory Council, 2-4-2015
- NAMI Dallas, 2-5-2015
- MHA Dallas’ Coalition on Mental Illness, 2-18-2015

B. Participants

Development of this plan has been led by a workgroup designated by the Dallas County BHLT with staff support from NTBHA. The workgroup has met with multiple stakeholders as detailed above and received input from elected officials, providers, consumers and families, advocates and law enforcement.

IV. Time Lines for Implementation

The partnering counties will reach a preliminary agreement with HHSC and DSHS for this plan to deliver indigent behavioral health services. NTBHA, in coordination with County leadership and community stakeholders, will immediately begin the process of working towards a final agreement with HHSC and DSHS. A timeline will be set for making a final decision on the appropriate procurement mechanism for selecting an ASO and releasing a competitive RFP if it is determined one is needed. The contracted ASO will then be responsible for developing a contracting process for providers. NTBHA will design a transition plan and put in place the infrastructure necessary to implement this updated model of indigent behavioral health services.

V. Services Plan

A. Existing provider network

This updated model of indigent behavioral healthcare will build on the strong provider network developed and fostered under the NorthSTAR System. The existing provider network under the NorthSTAR model is comprised of Specialty Provider Network (SPN) providers, outpatient clinics (non-SPN), Substance Use Disorder (SUD) clinic providers,
SUD residential treatment providers, individual mental health providers, individual substance use disorder providers, community hospitals, and crisis service providers. Terrell State Hospital serves as the primary State Hospital for the service area with other State Hospitals utilized as needed. The existing provider network offers many strengths and innovations to build on under the updated model.

There are currently twenty-one SPN clinic locations available in Dallas County, 2 SPN locations available in Ellis County, one SPN location available in Rockwall County, 2 SPN locations available in Navarro County, 2 SPN locations available in Hunt County, and 3 SPN locations available in Kaufman County. There are currently 5 outpatient clinics (non-SPN) available in Dallas County and 3 available in Ellis County. There are currently 21 outpatient SUD treatment clinic locations in Dallas County, 3 in Ellis County, one in Rockwall County, one in Navarro County, one in Hunt County and one in Kaufman County. There are 4 provider locations in Dallas County that offer residential SUD services. The individual providers contracted through the existing network include 124 mental health providers and 35 SUD providers located in Dallas County, 19 mental health providers and 5 SUD providers in Ellis County, 7 mental health providers and 2 SUD providers in Rockwall County, 10 mental health providers and 2 SUD providers in Navarro County, 14 mental health providers and one SUD provider in Hunt County, and 7 mental health providers in Kaufman County. The provider network also includes 5 hospital providers located in Dallas County, one hospital provider located in Hunt County, and one after-hours crisis clinic located in Dallas County.

The provider network is also bolstered by contracted providers who offer a wide array of crisis services and value-added services including Crisis Hotline and Mobile Crisis Outreach Teams (MCOT), 23-hour Crisis Observation Program, Crisis Residential Services, walk-in crisis services, Post-Acute Transitional Services (PATS), Intensive Case Management (ICM), Peer Navigators and Peer Services, enhanced shelter-based services for the homeless, and Assisted Outpatient Treatment.

B. Minimum required services per statutory mandates
NTBHA, with input from the leadership of participating counties and community stakeholders, will ensure that the model design provides for, at a minimum, the community-based services outlined in Health and Safety Code Chapter 534, § 534.053 including: 24-hour emergency screening and rapid crisis stabilization services; community-based crisis residential services or hospitalization; community-based assessment; family support services; case management services; medication-related services; and psychosocial rehabilitation programs. NTBHA will also ensure that all required Substance Use Disorder Services are provided in accordance with State requirements and the executed performance contract. NTBHA will take stock of required and value-added services currently offered under the NorthSTAR model, available funding, and number of eligible members in order to create a service array that offers quality and cost efficiency.
The design and structure of the updated model will strive to engender a trauma-informed system of care. System planning and development will be done with a focus on creating a model that instills and sustains trauma awareness; knowledge; and skills into the cultures, practices, and policies of the behavioral health system and service providers.

C. Overall approach to the Texas Resilience and Recovery Model
   1. **Priority Populations**
      The model will serve, at a minimum, the priority MH and priority SA populations as defined by DSHS. Individuals seeking services will be assessed to determine if they meet the requirements of the priority population.

      NTBHA will look for opportunities to extend services to individuals who fall outside of the designated target and priority populations whenever possible. NTBHA will strive, in coordination with community partners and stakeholders, to identify and create new opportunities to make additional resources available to the service area.

   2. **Level of Care**
      NTBHA will ensure that the system, through contracting providers, offers each Level of Care (LOC) as outlined in the Texas Resilience and Recovery (TRR) Utilization Guidelines and provides the core services within each LOC to members through face-to-face encounters or via tele-medicine/tele-health. NTBHA, along with the contracted ASO, will provide oversight to ensure compliance with and the quality of TRR practices. This will include ensuring that all providers are implementing TRR as specified by DSHS and administering evidence-based practices in accordance with the Fidelity Manual.

      The existing provider network offers an array of providers already knowledgeable and skilled in the execution of TRR with staff qualified to administer all aspects of TRR including the appropriate training and/or certification required for the administration of the CANS/ANSA and DSHS-approved evidence-based practices.

D. Proposed New Structure of Services for Adult and Children
   1. **Outpatient Services**
      a) **Mental Health**
         NTBHA will ensure that all required mental health services are provided in compliance with DSHS guidelines.
      b) **Substance Abuse**
         NTBHA will ensure that all required substance use disorder services are provided in compliance with DSHS guidelines.
2. **Crisis Services**

   NTBHA will implement crisis services in compliance with the standards outlined by DSHS. NTBHA will work with community partners to develop a continuum of crisis services designed to meet the needs of the service area.

3. **Inpatient Services**

   NTBHA will design a structure for inpatient hospitalization and emergency behavioral health services that is in compliance with the standards outlined by DSHS.

4. **Special Population Services**

   NTBHA will identify service needs and structure services for special populations such as individuals experiencing mental health and homelessness; individuals with complex needs and repeated hospitalizations; veterans; individuals at risk of incarceration or formerly incarcerated; those in need of competency restoration services; victims of trauma; and racial, ethnic, and cultural minorities.

   NTBHA will assess need and funding availability in implementing additional value-added services. Attention will be given to enhancing the continuum of peer and recovery oriented services. The structure design will also include a focus on cultural competency in order to ensure a system well-equipped to provide care to individuals with diverse values, beliefs and behaviors, in a manner that is respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse members.

E. **Access to care/consumer choice**

   It is NTBHA’s goal to maintain an open access system with no waiting list and all planning is designed to fulfill that goal. Open access has consistently been a top priority for all stakeholders. As actual funding levels are determined, the North Texas Behavioral Health Authority will be responsible for any changes to this priority goal, including extensive stakeholder and consumer input into any changes in access to care.

   Consumers will have the right to choose among in-network providers and the right to change providers if they wish. NTBHA will ensure that there is a process in place for informing consumers of these rights, providing a list of available service providers, and assisting consumers in finding a provider that they feel is right for them.

F. **Local Provider Network**

   Providers of indigent services in the NTBHA network will also be enrolled as Medicaid providers to assure quality of care for individuals who gain and/or lose Medicaid coverage over a given period of time.
The contracted ASO will manage the provider network. The ASO will ensure a competitive provider market and secure a robust network of providers capable of providing broad access to services. The ASO will make significant efforts to retain providers currently contracted under NorthSTAR through ValueOptions in order to facilitate successful transitions for consumers from NorthSTAR to the new indigent behavioral health system. Consumers will continue to have a choice among all eligible network providers.

G. Integrated health and behavioral health services
NTBHA will explore strategies to integrate primary care and behavioral health services to the greatest extent possible given available funding. Although NTBHA and the local community recognize the importance of primary care and behavioral health integration, there are existing barriers in place that will require thoughtful innovation coupled with adequate funding to overcome.

The region is rich with pioneering 1115 Waiver DSRIP projects that focus on the integration of primary care and behavioral health services. These projects include integrated outpatient clinics operated by Green Oaks Hospital and Metrocare Services and a mobile clinic operated by Lakes Regional MHMR. Children’s Medical Center, Parkland Hospital and the Baylor health system all have projects designed to support integration of physical and behavioral health care. NTBHA will look to 1115 Waiver DSRIP projects currently underway within the community in order to strengthen local partnerships and gain knowledge and insight from initiatives that are producing positive outcomes. As a governmental entity eligible to put up non-federal funds to match federal DSRIP payments, NTBHA is also committed to expending general revenue for DSRIP projects relating to the integration of behavioral health with primary healthcare and other community-based supports in the event that there is an opportunity for new 1115 Waiver DSRIP project submissions.

NTBHA will work to strengthen relationships with local Federally Qualified Health Centers (FQHC), Parkland Health & Hospital System (Dallas County’s public health system) and other providers of primary and behavioral healthcare in order to identify opportunities for collaboration and coordination.

NTBHA will identify and create opportunities to make additional funding and resources available to the service area.

VI. Authority – Provider Structure and Function
A. Anticipated Structure
NTBHA will serve as the Local Behavioral Health Authority. NTBHA will contract with an ASO to manage the provider network, enrollments and services provided to NorthSTAR consumers.
B. Functions
Although the precise identification and division of roles and responsibilities will be determined through the planning process, the following offers an example of how authority functions might be structured.

NTBHA:

- Local planning including Local Service Area Plan
- Set local priorities, communicate priorities to contractors, and evaluate how priorities are being met
- Policy development and management
- Coordination of service system with community and DSHS
- Administrative/clinical responsibilities to include State Hospital care coordination and management; Single Portal Authority; Hotline and Mobile Crisis Outreach Team Management; Hospital Liaisons; Intensive Case Management
- Financial Management
- Contract Management
- Quality Management
- Resource development and management
- Ombudsman Services
- Output and Outcomes Reporting
- ASO bid, selection, and procurement process

ASO:

- Network Management – contracting, credentialing, training
- Pharmacy Benefits Management
- Utilization Management activities
- Clinical/Authorizations
- Claims Payment
- Eligibility and Enrollment
- IT and Data Management
- Quality – URAC compliance, outcome monitoring, complaints tracking, appeals and grievances

C. Local matching funds
NTBHA will coordinate with the Commissioners Courts of the six partner counties to ensure that local match requirements are met. Rockwall and Navarro County have both contributed match funds since at least FY 2009. Dallas County has provided local match funds from NorthSTAR’s inception through FY 2013. At that point Dallas County funds were reallocated to the IGT funds for an 1115 Waiver DSRIP project. Dallas County took this action only because NTBHA was not authorized by HHSC to provide IGT funding or to serve as a performing provider. The Dallas County DSRIP project funds existing NorthSTAR providers, targets NorthSTAR consumers in the Dallas County criminal justice system, and coordinates closely with ValueOptions. With the NorthSTAR transition, Dallas County funds will again be available for local match requirements. Leadership in
Kaufman, Hunt and Ellis Counties will address the local matching funds in their upcoming budget processes.

D. Planning and Network Advisory Committees
Through its Board of Trustees, NTBHA will appoint, charge and support one or more Planning and Network Advisory Committees (PNAC) necessary to perform the committee’s advisory functions. The PNACs will have access to and report to NTBHA’s Board of Trustees monthly on issues related to: the needs and priorities of the service area; quality of care; implementation of plans and contracts; and the PNAC’s actions that respond to special assignments given to the PNAC by the board.

The NTBHA Board of Trustees will build on the infrastructure in place through current NorthSTAR advisory groups such as the Consumer and Family Advisory Council (CFAC), Provider Advisory Council (PAC), and Psychiatrists Leadership and Advocacy Group (PLAG). These groups have been longstanding sources of consumer, family, and provider engagement and feedback under the NorthSTAR system and will be a valuable resource in the development of this updated model of indigent behavioral health services.

E. Utilization Management
NTBHA will implement utilization management strategies and programming in compliance with contract requirements.

F. Reporting (Performance, Financial, Outcomes)
NTBHA will provide performance, financial and outcomes reporting through a process that is in compliance with DSHS reporting guidelines and requirements identified through the executed performance contract.

NTBHA will develop the appropriate infrastructure to guarantee the local authority has the organizational structure, personnel, and capacity to satisfy all reporting requirements.

VII. Anticipated Transition Process

A. Formulating partnerships
Many partnerships and collaborations are in place and will continue and be strengthened. Both Dallas County and Ellis County have existing behavioral health leadership groups and a similar group will be encouraged for Rockwall County, Navarro County, Hunt County and Kaufman County. At the authority and provider level, there are strong partnerships with the 1115 Waiver DSRIP projects, the criminal justice system (jail, courts, diversion, probation and parole), primary care providers, homeless services providers and reentry providers. A key priority will be to establish and maintain close partnerships with the remaining NorthSTAR counties as well as Collin County. The new entities will continue to share consumers and providers and must remain strong partners to be effective.
B. Negotiating contracts for services
The first priority will be to finalize procurement of a qualified Administrative Service Organization (ASO). A timeline will be set for making a final decision on the appropriate procurement mechanism for selecting an ASO and releasing a competitive RFP if it is determined one is needed. The contracted ASO will then be responsible for developing a contracting process for providers.

C. Utilization Management Systems
The contracted ASO will have the necessary utilization management systems to collect and provide to the authority data on outputs and outcomes. NTBHA, in coordination with the ASO, providers and stakeholders will review this data at monthly meetings and make changes in service delivery as indicated by outcome data. The 1115 Waiver DSRIP process has significantly increased local capacity for continuous quality improvement activities. NTBHA will use these processes and mechanisms and be committed to constant quality improvement with evidenced based decision making.

D. Challenges and Opportunities
There are significant challenges and opportunities faced by NTBHA and the remaining current NorthSTAR counties in implementing the Sunset recommendations. Major issues that must be addressed now are:

- **Funding:** The impact on the seven current NorthSTAR counties remains unknown. There are significant system efficiencies that have been developed and implemented since NorthSTAR’s inception that will be lost as the system is revised. The issue of how current funds are distributed among the new entities will also be difficult. Within NorthSTAR there are historical utilization patterns that are not based on County lines. The actual history of who has provided services and where must be considered as existing funding is allocated among the new entities.

- **Service for consumers from non-participating counties:** In order to achieve efficiencies, the current NorthSTAR system tends to consolidate services rather than replicate all services in each county. As a result, some consumers may be receiving care in a county not covered in this plan and some providers in the covered service area may be serving consumers from another county. This issue is particularly true for emergency services. As an element of the final plan, this system will develop a recoupment mechanism or inter-system agreement to ensure individuals from outside NTBHA’s service delivery area have access to unique care options in a way that does not unduly burden this system.

- **Knowledge Transfer:** For NorthSTAR’s entire history, system management has been contracted to a behavioral health organization (BHO). All contracting, utilization management, fiscal and service reporting and administrative functions have been with the BHO. There must be a formal process to transfer knowledge and systems to the new entities. For the proposed “new” NTBHA, this process must be finalized and begin as soon as possible.
• **Coordination with MCO’s:** Significant guidance and assistance will be needed from DSHS and HHSC to ensure close coordination of indigent services with the MCO’s. NTBHA will require that indigent providers also are Medicaid providers. Existing providers will benefit from expedited credentialing processes. It will also be critical to ensure that Medicaid and indigent benefit package services be aligned. State guidance is needed on how the MCO’s will report to and be required to coordinate with NTBHA.

VIII. **Assurances and Endorsements**

A. Compliance with requirement that providers serve both indigent and Medicaid populations  
B. Compliance with State methodology for quantitative goals (persons served and performance measures)  
C. Compliance with reporting  
D. Compliance with other State or Federal requirements

NTBHA assures that it will comply with all requirements of the State of Texas related to the delivery of indigent behavioral health services. NTBHA will comply with all contracting and provider requirements, State methodologies for quantitative goals and reporting, and with all other relevant State and Federal requirements.

IX. **Signature Pages**

Attachment 1  
Ellis County Commissioners Court Resolution: January 26, 2015

Attachment 2  
Navarro County Commissioners Court Resolution: January 26, 2015

Attachment 3  
Rockwall County Commissioners Court Resolution: February 10, 2015

Attachment 4  
Kaufman County Commissioners Court Resolution: February 23, 2015

Attachment 5  
Hunt County Commissioners Court Resolution: February 24, 2015

Attachment 6  
Dallas County Commissioners Court Order: March 3, 2015

Attachment 7  
NTBHA Provider Advisory Council Resolution: February 27, 2015
Attachment 1

Ellis County Commissioners Court Resolution

January 26, 2015
A RESOLUTION OF THE
ELLIS COUNTY COMMISSIONERS’ COURT

WHEREAS, as in accordance with this Texas Administrative Code, Title 25, Part 1,
Chapter 411, subchapter G, and Health and Safety Code, Title 7, Chapter 534, subchapter A,
Ellis County Commissioners Court is enabled to designate the North Texas Behavioral Health
Authority (NTBHA) as the Community Mental Health Center; and

WHEREAS, in order to maintain a split between the authority and provider functions in
NorthSTAR, NTBHA will only engage in those services as provided for in the Authority’s
contract with the Department of State Health Services as well as referral and limited case
management services; and

WHEREAS, said designation would resolve certain restriction to the North Texas
Behavioral Health Authority’s ability to participate in Delivery System Reform Incentive
Payment projects (DSRIP), offered from time to time by the Center for Medicare and Medicaid
Services (CMS) and other potential funding opportunities offered by the State of Texas; and

WHEREAS, NTBHA’s participation in such funding streams could bring improvements
to the delivery of Community Mental Health Center services to the citizens of Ellis County.

NOW, THEREFORE BE IT RESOLVED that the Ellis County Commissioners’ Court
hereby designates NTBHA to be the Community Mental Health Center for Ellis County.

In witness thereof, signed the 26th day of January, 2015.

Carol Bush, County Judge

Dennis Robinson, Commissioner Precinct 1

Paul Perry, Commissioner Precinct 3

Lane Grayson, Commissioner Precinct 2

Kyle Butler, Commissioner Precinct 4

Attest: Cindy Polley, County Clerk
Attachment 2

Navarro County Commissioners Court Resolution

January 26, 2015
NAVARRO COUNTY COMMISSIONERS' COURT

Jason Grant - Precinct 1
Dick Martin - Precinct 2
David "Butch" Warren - Precinct 3
James Olsen - Precinct 4

601 North 13th Street, Suite 5
Corsicana, TX. 75110
(903) 654-3030
Fax (903) 874-6053

COUNTY LETTER OF ENDORSEMENT
FOR STATUS AS
COMMUNITY CENTER FOR MENTAL HEALTH

WHEREAS, as in accordance with this Texas Administrative Code, Title 25, Part 1, Chapter 411, subchapter G, and Health and Safety code, Title 7, Chapter 534, subchapter A, Navarro County Commissioners Court is enabled to designate the North Texas Behavioral Health Authority (NTBHA) as the Community Mental Health Center; and

WHEREAS, In order to maintain a split between the authority and provider functions in NorthSTAR, NTBHA will only engage in those services as provided for in the Authority’s contract with the Department of State Health Services as well as referral and limited case management services; and

WHEREAS, said designation would resolve certain restriction to the North Texas Behavioral Health Authority’s ability to participate in Delivery System Reform Incentive Payment projects (DSRIP), offered from time to time by the Center for Medicare and Medicaid Services (CMS) and other potential funding opportunities offered by the State of Texas; and

WHEREAS, NTBHA’s participation in such funding streams could bring improvements to the delivery of Community Mental Health Center services to the citizens of Navarro County.

NOW THEREFORE, BE IT RESOLVED that the Commissioners Court of Navarro County so designate NTBHA to be the Community Mental Health Center for Navarro County.

DONE this date at a meeting of the Navarro County Commissioners Court the 26th day of January, 2015.
H.M. Davenport, County Judge

Jason Grant, Commissioner Pct. 1

Dick Martin, Commissioner Pct. 2

David "Butch" Warren, Commissioner Pct. 3

James Olsen, Commissioner Pct. 4

ATTEST:

Sherry Dowd, County Clerk

[Seal of Navarro County Commissioners Court]
Attachment 3

Rockwall County Commissioners Court Resolution

February 10, 2015
ROCKWALL COUNTY LETTER OF ENDORSEMENT
FOR STATUS AS
COMMUNITY CENTER FOR MENTAL HEALTH

WHEREAS, as in accordance with this Texas Administrative Code, Title 25, Part 1, Chapter 411, subchapter G, and Health and Safety code, Title 7, Chapter 534, subchapter A, Rockwall County Commissioners Court is enabled to designate the North Texas Behavioral Health Authority (NTBHA) as the Community Mental Health Center; and

WHEREAS, In order to maintain a split between the authority and provider functions in NorthSTAR, NTBHA will only engage in those services as provided for in the Authority’s contract with the Department of State Health Services as well as referral and limited case management services; and

WHEREAS, said designation would resolve certain restriction to the North Texas Behavioral Health Authority’s ability to participate in Delivery System Reform Incentive Payment projects (DSRIP), offered from time to time by the Center for Medicare and Medicaid Services (CMS) and other potential funding opportunities offered by the State of Texas; and

WHEREAS, NTBHA’s participation in such funding streams could bring improvements to the delivery of Community Mental Health Center services to the citizens of Rockwall County.

NOW THEREFORE, BE IT RESOLVED that the Commissioners Court of Rockwall County so designate NTBHA to be the Community Mental Health Center for Rockwall County.

DONE IN OPEN COURT this day February 10, 2015.

[Signatures]
David Sweet
Rockwall County Judge

Cliff Servis, Comm. Pct. 1

Lee Gilbert, Comm. Pct. 2

Dennis Bailey, Comm. Pct. 3

J. David Magness, Comm. Pct. 4
Attachment 4

Kaufman County Commissioners Court Resolution

February 23, 2015
KAUFMAN COUNTY LETTER OF ENDORSEMENT
FOR STATUS AS
COMMUNITY CENTER FOR MENTAL HEALTH

WHEREAS, as in accordance with this Texas Administrative Code, Title 25, Part 1, Chapter 411, subchapter G, and Health and Safety code, Title 7, Chapter 534, subchapter A, Kaufman County Commissioners Court is enabled to designate the North Texas Behavioral Health Authority (NTBHA) as the Community Mental Health Center; and

WHEREAS, In order to maintain a split between the authority and provider functions in NorthSTAR, NTBHA will only engage in those services as provided for in the Authority’s contract with the Department of State Health Services as well as referral and limited case management services; and

WHEREAS, said designation would resolve certain restriction to the North Texas Behavioral Health Authority’s ability to participate in Delivery System Reform Incentive Payment projects (DSRIP), offered from time to time by the Center for Medicare and Medicaid Services (CMS) and other potential funding opportunities offered by the State of Texas; and

WHEREAS, NTBHA’s participation in such funding streams could bring improvements to the delivery of Community Mental Health Center services to the citizens of Kaufman County.

NOW THEREFORE, BE IT RESOLVED that the Commissioners Court of Kaufman County so designates NTBHA to be the Community Mental Health Center for Kaufman County.

DONE this 23rd day of February, 2015 at a meeting of the Kaufman County Commissioners’ Court.

Bruce Wood, Kaufman County Judge

ATTEST:

Kaufman County Clerk
Attachment 5

Hunt County Commissioners Court Resolution

February 24, 2015
A RESOLUTION OF THE COMMISSIONERS' COURT OF HUNT COUNTY
TEXAS IN SUPPORT OF DESIGNATING THE NORTH TEXAS BEHAVIORAL
HEALTH AUTHORITY AS THE COMMUNITY HEALTH CENTER

WHEREAS, in accordance with the Texas Administrative Code, Title 25, Part 1, Chapter 411, subchapter G, and Health and Safety code, Title 7, Chapter 534, subchapter A, Hunt County Commissioners Court is enabled to designate the North Texas Behavioral Health Authority (NTBHA) as the Community Mental Health Center; and

WHEREAS, in order to maintain a split between the authority and provider functions in NorthSTAR, NTBHA will only engage in those services as provided for in the Authority’s contract with the Department of State Health Services as well as referral and limited case management services; and

WHEREAS, said designation would resolve certain restrictions to the North Texas Behavioral Health Authority’s ability to participate in Delivery System Reform Incentive Payment projects (DSRIP), offered from time to time by the Center for Medicare and Medicaid Services (CMS) and other potential funding opportunities offered by the State of Texas; and

WHEREAS, NTBHA’s participation in such funding streams could bring improvements to the delivery of Community Mental Health Center services to the citizens of Hunt County; and

NOW, THEREFORE, BE IT RESOLVED that the Hunt County Commissioners’ Court so designate NTBHA to be the Community Mental Health Center for Hunt County.

APPROVED AND ADOPTED by the Commissioners’ Court of Hunt County, Texas, this 24th day of February, 2015.

Judge John L. Horn
Commissioner Eric Evans
Commissioner Tod McMaham
Commissioner Phillip Martin
Commissioner Jim Latham

FILED FOR RECORD
at 11:00 o'clock A.M. FEB 24 2015

JENNIFER LINZENZWEIG
County Clerk, Hunt County, Tex.

Attest: Jennifer Linzenzweig, County Clerk
Preliminary Local Plan for Indigent Behavioral Health Services

On a motion made by Commissioner John Wiley Price, District 3, and seconded by Commissioner Dr. Theresa M. Daniel, District 1, the following order was passed and adopted by the Commissioners Court of Dallas County, State of Texas:

BRIEFING DATE: 2/24/2015
FUNDING SOURCE: N/A

Be it resolved and ordered that the Dallas County Commissioners Court does hereby approve the Preliminary Local Plan for Indigent Behavioral Health Services and authorizes submission to the Texas Department of State Health Services and the Texas Health and Human Services Commission and designate the North Texas Behavioral Health Authority as a community mental health center.

Done in open court March 3, 2015, by the following vote:

IN FAVOR: Honorable Clay Lewis Jenkins, County Judge
Commissioner Dr. Theresa M. Daniel, District 1
Commissioner Mike Cantrell, District 2
Commissioner John Wiley Price, District 3
Commissioner Dr. Elba Garcia, District 4

OPPOSED: None
ABSTAINED: None
ABSENT: None

Recommended by: Ron Stretcher
Originating Department: Criminal Justice
Attachment 7

NTBHA Provider Advisory Council Resolution

February 27, 2015
RESOLUTION

North Texas Behavioral Health Authority Provider Advisory Council

RESOLUTION NO: 01-2015

DATE: February 27, 2015

BE IT REMEMBERED at a regular meeting of the North Texas Behavioral Health Authority (NTBHA) Provider Advisory Council (PAC) held on the 27th day of February 2015, the following Resolution was adopted:

WHEREAS, the Texas Sunset Review Commission has recommended that the NorthSTAR system for behavioral health managed care be dissolved; and

WHEREAS, the seven NorthSTAR member counties have until March 3, 2015 to submit a plan for providing behavioral health services to eligible indigent consumers through a contract with the Department of State Health Services; and

WHEREAS, the Commissioners Courts for Dallas, Ellis, Navarro, Rockwall, Hunt, and Kaufman Counties have elected to continue to partner under one behavioral health system and to utilize the NTBHA as the local behavioral health authority for the six counties and to establish the agency as a local community center for the provision of indigent behavioral health services; and

WHEREAS, the current draft “Preliminary Plan for Indigent Behavioral Health Services” has been distributed for review and comments before the plan submission on or before March 3, 2015; and

WHEREAS, the NTBHA PAC was formed, pursuant to the Bylaws of NTBHA, to represent Provider interests in the NorthSTAR pilot as well as regional planning and development and to make specific recommendations regarding the need for and delivery of behavioral health services in the NorthSTAR service delivery area; and

WHEREAS, the PAC shall consist of active, recognized NorthSTAR service providers with representation to reflect: adult/youth, mental health/substance abuse services and the geographic diversity of the NorthSTAR Region; and

WHEREAS, the preliminary plan calls for the retention of providers currently contracted under NorthSTAR through ValueOptions.

IT IS THEREFORE RESOLVED that the NTBHA PAC supports the Preliminary Plan for Indigent Behavioral Health Services and providers have signaled their intention to join the provider network under the updated system of indigent behavioral health services for Dallas, Ellis, Navarro, Rockwall, Hunt, and Kaufman Counties.

DONE IN OPEN MEETING this the 27th day of February, 2015.

Submitted By: 

Received By: 

Todd Wright
Provider Advisory Council, Chair
Adapt of Texas, Executive Director

Alex Smith
NTBHA, Executive Director