Mental Health Mental Retardation Authority

of

Brazos Valley

Local Service Area Plan

FY 2011-2012

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MENTAL HEALTH MENTAL RETARDATION AUTHORITY OF BRAZOS VALLEY (MHMRABV)

SECTION I: Local Services Area Plan

MHMRABV is responsible for developing, updating, and maintaining a Local Service Area Plan in compliance with the Department of State Health Services Performance Contract. This Plan which is comprised of various components is designed to identify and address the local needs and priorities, allow for more consumer choice, improved access to services, make the best use of available funds and promote consumer, provider, and caregiver partnerships. The components included in this plan are the Crisis Services, Provider Network Development, and the Diversion Action Plans. Through the development and implementation of these plans MHMRABV's vision, mission and values remain in the heart of its day to day operations.

This planning process incorporates input from community service agencies, local leaders, staff, but most importantly those served and their families. To ensure service needs and culturally diversified issues are addressed, MHMRABV actively pursued community involvement through a number of methodologies. One important strategy includes stakeholders comprised of consumers, family and interested citizens who serve as members of the MHMRABV Citizen Network Advisory Committee (CNAC). During this planning cycle, the CNAC played a vital role in guiding center staff in the data collection and review process used to obtain stakeholder input from the local community, in addition to offering vital information in relation to community needs and service delivery. Staff also attended mental health clinic appointments to gather input from consumers and families in addition to gathering input from attendees of the Center's day program, advocacy organizations, staff collateral agencies, local governance, and other State agency employees via email, and face to face interviews.

To ensure the best and most cost-effective use of federal, state, and local resources, MHMRABV continually explores opportunities that not only ensures the best use of dollars, but also ensures that services to the community are of the highest quality. These opportunities include 1) collaborations with agencies that have a vested interest in our consumers, 2) use of technological advances that help streamline indirect processes and provides for real-time data, 3) maintenance of policies and procedures that achieve the highest level of productivity and accountability, and 4) seeking and obtaining funding and other resources to achieve the mission of Center.

The Center, which has moderate experience in network development, has taken a collaborative approach in developing a local network of service providers. During the past two years, procurement opportunities were explored for crisis hotline services, after-hours face to face crisis assessments, and adult mental health service packages 1-4 resulting in the addition of two providers to the network. Also during this timeframe, MHMRABV implemented the use of trained mental health deputies as part of the Crisis Intervention Team. This team, in conjunction with the mobile crisis outreach team, works to provide continuity of care services to individuals experiencing a crisis situation with the goal of diverting individuals from the criminal justice system and reducing the burden on law enforcement.

The local mental health service delivery system includes the services listed below. Mental Health crisis services are listed in the crisis services section of this plan.

- **Consumer Benefits Eligibility**- assists persons who are admitted in services or waiting to be admitted with the application and/or appeal process for benefits available through the Social Security Administration.
- **Medication Clinic**- provides regular review of psychiatric status and update on the maintenance or revision of medication, and to coordinate access to Prescription Assistance Program.
- **Routine Case Management**- provides a case manager for individuals with mental illness to facilitate access and use of supports systems both in the community and within the agency.
- **Family Education and Support-** provides support and information to families with mentally ill members to develop an awareness of the illness, treatment options, and community resources.
- **Child & Adolescent Services-** provides services and supports to improve the behavioral and overall functioning of children 3-18 with serious emotional disturbance.
- **Respite Care-** provides temporary care for the mentally disabled by a care provider in the person's home or other community setting.
- **Rehabilitative Case Management**- provides coordination and independent living skills training either in the home or community-based settings, to assist persons with mental illness or serious emotional disturbance to remain in the community.
- **Continuity of Care**- provides discharge planning and follow-along treatment planning for the mentally disabled individual returning from state facilities to promote a smooth reintegration into the community.
- **Supported Employment**- support services to enable an individual to obtain and maintain employment in the community.
- **Assertive Community Team (ACT)**- provides effective intensive comprehensive and individualized need-based community services to consumers.

SECTION II: CRISIS SERVICES PLAN

The Mental Health Mental Retardation Authority of Brazos Valley (MHMRABV) is committed to providing the highest quality services, which promote dignity and independence, to individuals and their families who are challenged with issues related to mental disabilities and developmental delays which includes the provision of quality crisis services for persons with mental illness in Brazos, Burleson, Grimes, Madison, Leon, Robertson, and Washington Counties. This seven county Brazos Valley region covers 5,109 square miles and includes a combined population of approximately 295,805 with Brazos being the largest county served. Since 2007 the demand for crisis services in the Brazos Valley region has increased by 65%.

MHMRABVs Crisis Hotline is available 24 hours a day, 365 days a year and contracted through Harris County MHMR Helpline. This crisis service which is answered by trained and competent Qualified Mental Health Professionals (QMHP) provides immediate response to a real or potential crisis situation, and immediate activation and coordination of the mental health response system. The QMHPs responsibility is to provide screening and assessment of the nature and seriousness of the call, which may result in providing information, making appropriate community referrals, or arranging a face-to-face crisis assessment which includes crisis resolution and follow-up. Crisis resolution may include accessing inpatient or outpatient psychiatric care. The face-to-face assessments are available within one hour of the determination of need in all seven counties served by MHMRABV, and are conducted at various designated sites which may include the local MHMR office, county jails, emergency rooms, and the juvenile detention centers.

During FY09, MHMRABV received 4200 calls on the crisis hotline, which resulted in 1008 face-to-face crisis assessments. Of the 1008 face-to-face assessments, 454 resulted in a state hospital admission, utilizing 10,508 adult bed days and 660 children/adolescent bed days. Additionally, MHMRABV contracts with a local psychiatric hospital for one bed (48 bed days per fiscal year), and 65 bed-days were utilized during FY09. While this bed is available in our service area, we are unable to maximize its availability due to the acuity of many of the persons experiencing psychiatric crises. It should be also noted that

a number of face-to-face crisis assessments result in psychiatric admissions to private psychiatric hospitals for those with third-party payers; however, accurate data is not available to report the total bed-day usage for these admissions.

SECTION III: Service Gaps and Community Needs

To meet the needs and priorities of the community and to meet the objectives of rapid response to crisis, MHMRABV enhanced its crisis services system. These enhancements include: an accredited hotline which is answered by qualified mental health professionals; Mobile Crisis Outreach Team; Crisis Intervention Team; additional Licensed Professional of the Healing Arts (LPHA); and psychiatrist/physician for face-to-face assessment or consultation by telephone as needed or clinically indicated.

In February 2010, MHMRABV staff hosted a community forum comprised of community stakeholders from the seven-county Brazos Valley region to update on progress related to addressing service gaps and community needs during the last biennium, as well as to identify additional needs and service gaps. Progress was noted in the following areas:

- Immediate access to doctors by contracting with Locum Tenens for on demand crisis screenings in rural counties
- Education, coordination, and ongoing follow-up treatment with family system by hosting and co-sponsoring a family education workshop series
- More expedient access/response for diagnostic assessment by offering tele-med services at each service site
- Transition/aftercare services following crises by implementing mobile crisis outreach team services
- Expansion of Crisis Intervention Team services in the rural counties by meeting with county law enforcement officials who initiated the use of POEC warrants in two counties
- Retention of competent staff by recommending salary adjustments for staff making them more competitive
- Decreased wait time for law enforcement and CPS at emergency rooms for evaluations and medical clearance by providing some face to face afterhours crisis assessments on site in Brazos county
- Enhanced aftercare follow-up for individuals discharged from private psychiatric hospitals to ensure engagement by scheduling continuity of care appointment with the doctor within 14 days in accordance with the continuity of care rules
- Crisis Respite Services by contracting with the local homeless shelter for two respite beds to be used to transition individuals out of the hospital back to the community as needed

Although progress has been noted, service gaps and community needs continue. In conjunction with completing a service satisfaction survey, stakeholders identified the following service gaps and/or community needs.

- Improved collaboration with local NAMI who offers a wide array of support and education services at no cost
- Improved consumer outcomes with engagement of NAMI as part of the continuum of care
- Utilization of NAMI as a community resource in Washington county
- Lengthy wait time for law enforcement in emergency rooms and Austin State Hospital
- Private facility requirement for medical clearance
- Flexible office hours (staff work schedule)
- Crisis Stabilization Unit
- Community referrals for individuals not meeting priority population
- Enhanced collaboration with substance abuse agencies

- Afterhours screening location in Washington county for individuals not requiring medical clearance
- Contract with physician for medical clearance in place of using ER doctors
- Jail diversion program in rural counties
- Residential placement for individuals with co-occurring disorders
- Mental health law enforcement task force
- Qualified psychiatrist for children/adolescents
- Local inpatient facility for children/adolescents
- Post booking jail diversion services for children/adolescents/collaboration with juvenile services
- School and community based programs which address child/adolescent needs
- Non-traditional alternatives of empowering individuals to their best degree of wellness

SECTION IV: Components of Existing Crisis Services System

MHMRABV provides a wide array of services for persons experiencing a mental health crisis. A summary of the type and quantity of services, descriptions of staff providing the services, and relevant statistics for each service category are listed below.

1. **Crisis Hotline Services:** MHMRABV contracts with Harris County MHMR Helpline to provide crisis hotline services 24 hours a day, 7 days per week to adults and children. The Harris County Helpline is accredited by the American Association of Suicidology (AAS). A toll free phone number is dedicated to the crisis hotline where Qualified Mental Health Professionals (QMHPs) evaluate the urgency of the call. For many consumers needing psychiatric services, the helpline serves as the first point to obtain the necessary and appropriate services. The QMHPs responsibility during both business and after-hours is to provide screening and assessment of the nature and seriousness of the call. Upon determination of the callers need, helpline staff works with the caller to resolve the crisis, or provide referral information to outpatient services or other local community resources, route call to LMHA QMHPs during business hours for face-to-face assessment, or arrange for immediate face-to-face evaluations by Treatment Assessment Services (contracted provider for after-hours face-to- face assessments) on-call staff.

2. **Mobile Crisis Outreach Team (MCOT)/Enhanced Crisis Transportation:** MHMRABV provides MCOT Services 24 hours per day, 7 days per week. The program provides emergency and urgent crisis outreach and follow-up by traveling to locations throughout the seven-county region providing services to both adults and children. Teams comprised of QMHPs along with a Brazos County Crisis Intervention Team Deputy respond to individuals experiencing crisis situations at their homes or other community settings. LPHAs and Psychiatrists provide telephone consultation to assist the QMHPs in determining appropriate crisis resolution when needed. The interfacing of both teams allows behavioral health intervention to prevent further deterioration, and/or the need for services in a more restrictive environment.

   During the past two years, MCOT has provided mobile crisis outreach to approximately 400 consumers. Possible treatment includes inpatient hospitalization, or outpatient crisis stabilization. Services provided in outpatient treatment include psychiatric diagnostic interview, assessment, pharmacological management services, crisis intervention, enhanced crisis transportation, safety monitoring, case management, monitoring and linkage to other community resources. Staff members utilize cognitive behavioral crisis stabilization techniques to assist consumers in recovering from crisis and preventing future crisis. Follow-up visits are provided to ensure continued engagement in outpatient services. When a more restrictive environment is required, MCOT will facilitate admission to a higher level of

care, as indicated. When MCOT services are completed, the client is linked with ongoing mental health services either by the Authority or other community providers. MCOT services are voluntary and the client must be willing to consent to services. MCOT is composed of 3 QMHP staff who work Monday – Friday with one staff assigned to be on call during the weekends. One MCOT case worker is on duty during peak crisis hours 56 hours per week to immediately respond to crisis calls on location.

3. **Crisis Intervention Teams:** This team is comprised of two Brazos County Sheriff Deputies who are trained mental health peace officers. These deputies have received special training in working with individuals with mental illness. The CIT deputies office is located at 804 S. Texas Avenue provides assistance to MHMR and mental health consumers on a daily basis. Some of the job duties include follow-up with severe and at risk mental health consumers, including those with violent tendencies. Additionally, CIT deputies assist with prevention of potential crisis by transporting clients to doctor appointments, to obtain food, to pay bills, and to obtain medications. CIT deputies respond to crisis situations in the community and complete initial assessments of consumers. CIT deputies coordinate with other local law enforcement agencies to advocate for mental health consumers and ensure prompt and adequate treatment. Deputies also assist with walk-in screenings at MHMR office in Bryan when volume is high. Deputies assist MHMR staff to ensure proper legal criteria are met for emergency detention to inpatient treatment. Deputies also assist in coordination of transportation of consumers to psychiatric hospitals.

4. **Crisis Outpatient/Walk-in-Services:** MHMRABV provides crisis walk-in-services for adults and children, 8:00am to 5:00pm, Monday through Friday at its outpatient clinics. Individuals are evaluated by QMHPs and LPHAs. CIT deputies also assist in evaluating these individuals. Face-to-face evaluations are provided to ensure rapid response. Approximately 32 persons per week receive walk-in-services

5. **Children's Outpatient Crisis Services:** Children receive crisis outpatient services on a walk-in or scheduled basis, often following a crisis hotline or MCOT assessment. QMHP staff monitors children assessed to be in crisis to ensure improvement. Psychiatrists provide emergency intervention as needed Monday through Friday, from 8am to 5pm. An average of two children per week receives children's outpatient crisis services.

6. **Mental Health Inpatient Services:** MHMRABV contracts with St. Joseph's Behavioral Health Unit in Grimes County for adult inpatient treatment. Of the 12 admissions in FY09, there was an average length of stay of 5 days. Once the consumer is stabilized, outpatient follow-up is provided by MHMR. If the consumer needs longer term hospitalization, a transfer to a state hospital is arranged.

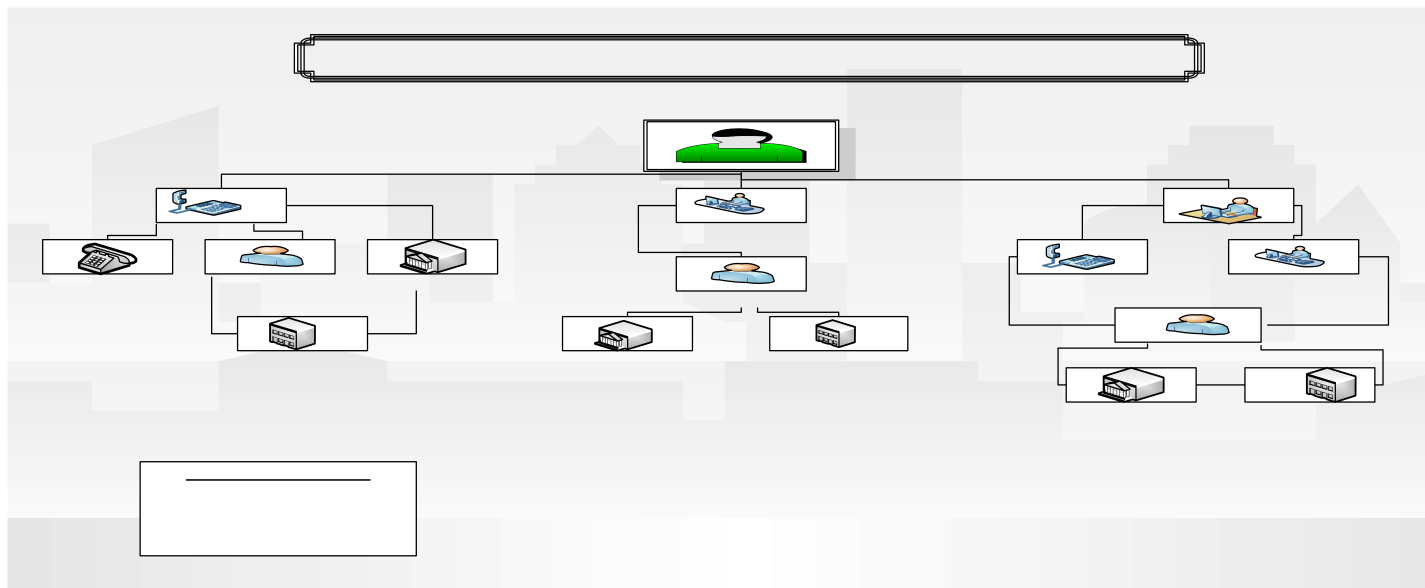
7. **Crisis Respite Services:** MHMRABV contracts with Twin City Mission, a local homeless shelter for use of two respite beds that is used to transition individuals out of the hospital back to the community. It is also used as temporary placement when lack of adequate housing is a contributing factor to the crisis situation until permanent housing is arranged.

SECTION V: Flow of Crisis Services System

Initial crisis calls come through the helpline which is contracted by MHMRABV with Harris County MHMR and accredited by the AAS. These calls are required to be answered within 3 rings by a QMHP phone counselor. If a phone counselor is not available, a recorded message asks consumer to hold for next available phone counselor. The phone counselor then completes a risk assessment using best practices in crisis intervention. The outcome of the call may result in the caller receiving basic crisis intervention via helpline staff, referral to community resources, or if necessary, the caller may be referred to emergency services. Emergency services may include mobilizing 911 the Brazos County Crisis Intervention Team. CIT deputies respond in the community and complete initial assessments of consumers.

Emergency services also include the deployment of the Mobile Crisis Outreach Team (MCOT). Referrals to MCOT may come from CIT, helpline staff, case managers and emergency screening staff from all seven counties. The MCOT responds within the timelines outlined in the Texas Administrative Code §412.321 Subchapter G (b2). Individuals receive outpatient crisis services which include crisis intervention rehabilitation, transportation, psychiatric evaluation, and medication management. Individuals may also be linked to community resources which may include mental health services, private counseling, private psychiatry, housing resources, medical clinics, and/or food pantries.

Local hospitals may also access the LMHA for a mental health consultation. The helpline staff calls the appropriate LMHA office and notifies them of the request. Within one hour as out lined in the Texas Administrative Code, the QMHP reports to hospital and completes the consultation. Based on the outcome of the risk assessment and crisis evaluation, the client is referred to outpatient resources or inpatient hospitalization as appropriate. Crisis calls which come directly to the LMHA are handled by QMHPs who complete a comprehensive risk assessment. Upon determination of the severity of the presenting problem the caller may be advised to come to the MHMRABV emergency services office. When appropriate, MCOT and CIT staff may respond to caller's location or may access 911 to respond to caller. A face-to-face evaluation is completed and based on circumstances and needs appropriate referrals are made.



SECTION VI: Crisis Services Special Populations

Children and adolescents are treated by MCOT when appropriate and then transitioned to regular services when medically necessary. In our community, most children that are victims of trauma are served through a local child advocacy center. When appropriate, they are also served by MHMRABV simultaneously. Many clients who are victims of sexual trauma are referred to the Sexual Assault Resource Center in conjunction with MHMR services. Veterans also have access to MCOT services. Depending on benefits available, inpatient care may be coordinated with a VA hospital or outpatient care may be coordinated at the local VA clinic in College Station.

SECTION VII: Crisis Services Funding:

Crisis funding comes from a variety of sources. MHMRABV established agreements with local city and county officials, and organizations in the Brazos Valley region to allocate funding for mental health crisis services. The chart below identifies services and funding sources.

SERVICE TYPE	COUNTY FUNDS	DSHS CRISIS REDESIGN	MH GR ADULT	MH GR CHILD	MH BLOCK	HOSPITAL CONTRACT
CRISIS HOTLINE		X	X	X		
MOBILE CRISIS OUTREACH		X	X	X		
CRISIS INTERVENTION TEAMS		X	X	X		
WALK IN SERVICES	X		X	X	X	X
CHILDREN'S OUTREACH CRISIS SERVICES				X		
MENTAL HEALTH INPATIENT SERVICES		X	X	X		
CRISIS RESPITE SERVICES			X	X		

SECTION VIII: DIVERSION ACTION PLAN

MHMRABV's purpose continues to be developing processes for successful jail diversion and aftercare services that will result in a reduction of recidivism, cost efficiencies for public care, and local support for community-based vs. institutional care for offenders with mental impairments while maintaining public safety. Additionally, we want to increase community participation and partnerships, as well as state and community-based funding for this under-funded and necessary program.

1) Community Stakeholders Involvement

The MHMR Authority of Brazos Valley (MHMRABV) created a Jail Diversion Task Force in 2004. There were 53 people in attendance which included MHMRABV representatives from the local Texas Commission on Offenders with Medical and Mental Impairments (TCOOMMI) program, MHMRABV Assertive Community Treatment Team, Children's Services, MHA Strategic Planning staff, the Director of Authority Services, the Executive Director and the Director of Mental Health Services. In addition County Judges, county sheriffs, police officials, juvenile justice officials, adult probation officials, substance abuse professionals, the Council of Governments, the local homeless shelter, the City of Bryan, the Brazos County district attorney's office, jail administrators, County Court at Law judges, County Commissioners, representatives from the local hospitals as well as from the Austin State hospital, consumers, family members as well as consumer advocates were present.

In the intervening five years, the Task Force has concentrated on Brazos County and a core group of individuals from the Task Force continue to meet on a quarterly basis. These include: the City of Bryan and City of College Station Police departments; Brazos County Sheriff's Office; the Brazos County Crisis Intervention Team (CIT); the Brazos County Judge; Victim's Assistance for the City of College Station; local TCOOMMI program manager and program staff; MHMRABV Jail Diversion staff; members of the MHMRABV Mobile Crisis Outreach Team (MCOT); MHMRABV grant writer and Executive Director.

2) Continuity of Care and Service Program Steering Committee

The Program Manger for our TCOOMMI program acts as liaison to this committee. Through consistent contact and sharing of information she has maintained strong working relationships with all of the stakeholders. In March 2007, to better involve the judicial community Ms. Anderson organized and led a meeting with the local Assistant District Attorneys, our jail diversion staff and Executive Director. This lunch meeting was designed to better engage the county legal staff in hopes of generating more referrals to our post-booking diversion program in the community and advocating the use of the personal recognizance bond for individuals with severe mental illness. While the meeting itself was quite positive we have seen little improvement in this area.

In 2009 a meeting was held with steering committee members and District Attorney Bill Turner, in which the District Attorney was quite positive and willing to engage in collaboration with the Jail Diversion Program. Since that time the District Attorney's office has referred several individuals to the program, however due to cuts in legislative funding in 2009, the jail diversion caseworker position was eliminated which resulted in our ability to engage only in limited post booking strategies.

3.) Agency Collaboration

To facilitate better communication with all local criminal/juvenile justice systems and other providers we have made use of several existing partnerships. MHMRABV membership in the Brazos Valley Health Partnership, Brazos Valley Homeless Coalition as well as the adult and child Community Resource Coordination Groups (CRCG) links our Jail Diversion program with the essential service providers in the community. Primary health care, substance abuse services, housing services and employment services are all represented in the Health Partnership and have made easy and coordinated access their goal. In Brazos County we are fortunate to have a Federally Qualified Health Center which acts as a one-stop shopping health care facility. In addition, the Council of Governments provides the Center for Regional Services which houses child care, housing, and employment services in one location. Clients may access these

resources using public transportation. We also have added criminal justice representatives to all CRCG meetings. The existing memberships and partnerships mean not only do we have quick access to referrals for our consumers, we are able to inform the community about jail diversion options available in the community and how each agency represented can play a role in diverting those with serious emotional disturbance and severe mental illness from jail and juvenile detention.

4.) Trainings and Technical Assistance

Ms. Anderson has provided training and education on the early identification of persons with serious emotional disturbance and severe mental illness to local service providers and is in the process of training the Brazos County Jail medical staff on appropriate referral to MHMRABV diversion program and the initial assessment of persons placed in jail or juvenile detention to see if they require a formal mental health screening. She has provided technical assistance to the Brazos County Crisis Intervention Team since its inception through regular meetings and training, as well as training to police officers and jail personnel. Through her participation in the Brazos Valley Heath Partnership and CRCG she has been able to relay any information or issues that may impact the continuity of care to the stakeholders and ensure consistent information is relayed to the community.

5.) Funding Strategies

From 2006 through 2008 the jail diversion caseworker position was funded through the federal Community Development Block Grant. The success of the program lead the Texas Commission on Offenders with Medical or Mental Impairments who was, at that time, expanding jail diversion programs, to fund the position. But this stream of funding was unexpectedly lost in 2009 due to legislative cuts and the caseworker position remains unfilled. This has dealt a serious blow to MHMRABVs ability to provide adequate jail diversion activities. We are limited to providing post booking services and services after release. However diversion staff work closely with MHMRABV's Mobile Outreach Crisis Team (MCOT) and the Brazos County Crisis Intervention Team (CIT) to ensure emergency screening and rapid crisis stabilization. After-hours face-to-face crisis assessments are provided by our contractor, Treatment Assessment Services. In addition to crisis assessments, the process for early and ongoing identification of individuals with Serious Mental Illness and Serious Emotional Disabilities who are also involved with the criminal justice system starts with the matching of CARE records to jail bookings. Because the position of caseworker is vacant, the Program Managers assumes this daily task.

6.) Program Eligibility

The majority of persons with severe mental illness are jailed for minor crimes and would be appropriate for our pre-booking jail diversion strategies. When developing the jail diversion program it was unanimously agreed that only misdemeanors and non-violent felonies could be considered for jail diversion. Violent felonies, pedophiles, etc. will not be considered for jail diversion and will follow the general legal protocol. Post-booking eligibility include: identified priority population diagnosis, misdemeanor or non violent felony charges and willingness to participate by the individual and county or District Attorney's willingness to accept referral. At the District Attorney or County Attorney's request the case may be probated to provide community supervision.

7.) Program Discharge Criteria

Clients are discharged from the jail diversion program upon completion of program, or if we are unable to locate them, they refuse the service or commit another offense. Additionally, our first encounter may be with a client who may have been in crisis and placed in Service Package 0. Once the crisis is stabilized the client transitions into the jail diversion program and an appropriate level of care (Service Packages 1, 2, 3, or 4). With successful completion of the program, the client is discharged from the jail diversion program and may transition out of MHMR services to other community providers.

8.) Diversion Strategies

Strategies to divert individuals with serious mental illness and serious emotional disturbances from the criminal justice system include both pre-booking diversion strategies that focus on diversion prior to arrest; and post-booking strategies that focus on diversion after arrest but before adjudication. Due to lack of

funding and personnel MHMRABV is unable, at this time, to provide pre-booking jail diversion strategies that go much beyond crisis intervention. MHMRABV staff is available 24 hours a day, 365 days a year to assess the need for psychiatric hospitalization or other alternatives to incarceration. Pre-booking strategies of the Jail Diversion Action Plan include law enforcement personnel and the MCOT making the clinical judgment to take an individual to jail, or the emergency room. The MHMRABV MCOT or Emergency Services Worker will assess all mental health needs. Hospitalization or other crisis intervention alternatives will be used to resolve the presenting crisis.

Our post-booking strategies are: an individual is screened by the Jail Diversion staff after arrest to determine danger to self or others as well as the need for mental health treatment; staff matches CARE records with the arrest records daily; advocacy efforts are made to obtain a MH bond for individuals who are arrested and remain in jail; and the MHMRABV physician holds a medication clinic twice a month at the Brazos County Jail. These clients are transitioned into regular MHMRABV caseloads when they are released from jail as appropriate.

9.) Barriers

The most pressing local barrier to providing pre-booking and post booking diversion is funding. Without a full time caseworker we can provide only the most limited diversion activities. While the County and District attorneys' offices are willing to participate in diversion activities that include dropping of charges if the program were completed and the use of the personal recognizance and mental health bond, lack of funding is impeding the growth of the Diversion Program. Until this issue has been adequately addressed comprehensive jail diversion activities in Brazos County will be difficult to implement.

10.) Plans to meet the needs of individuals found incompetent

In FY 09 there were ten 46.B requests in our service area. In Brazos county six were returned to the county as competent and none were returned incompetent. In both Grimes and Madison Counties one individual was returned as competent. In Washington County one individual was returned incompetent and one returned competent. The demographics for the 46.B commitments are:

- Brazos:
  - 4 White males
  - 2 African American males
- Washington:
  - 1 African American male/competent
  - 1 African American female/incompetent
- Grimes:
  - 1 White male, competent
- Madison
  - 1 White male, competent

When competency is in question, the individuals are admitted to the state hospital forensic psychiatric unit to restore competency or to be deemed incompetent to stand trial. In the Brazos Valley the competency restoration curriculum is implemented and carried out through the judicial system.

11.) Juvenile Jail Diversion Activities

In the area of juvenile jail diversion activities the following is in place: MHMRABV staff will perform an immediate face-to-face clinical crisis screening of

juveniles in crisis, regardless of funding source or financial status, located in the seven county service area of MHMRABV upon request of a juvenile detention officer, boot camp employee, or juvenile probation officer. The crisis screening shall be performed by a Qualified Mental Health Professional (QMHP) in most cases at the location where the juvenile is under the direct supervision of a juvenile detention or probation officer, including a secure juvenile detention facility or juvenile boot camp operated by the county's juvenile probation department, or the county's juvenile probation department. Juvenile Services shall contact the nearest office of MHMRABV to request a crisis screening, in accordance with their own procedures (in compliance with TAC 343 subchapter B).

For after-hours access the juvenile detention facility will contact the crisis hotline of MHMRABV. Juvenile Detention/Probation personnel will provide transportation for the youth. MHMR Authority of Brazos Valley will screen, assess, and admit juveniles in detention for community based services whose serious emotional disorder puts them at risk for additional institutional placement (e.g., inpatient or residential treatment). Treatment services for those admitted will be provided according to what is considered medically necessary. Services may include intensive skills training (with youth in detention and parent in home), intensive case management with wraparound planning, psychiatric evaluation, medication management and support; family psycho-education; family partner; family support group.

Youth who enter detention who have already been admitted to mental health services will continue to receive the services that have been authorized as medically necessary, unless further assessment indicates a change in service package or termination in services. Youth designated in Title 37, TAC, Chapter 87, Subchapter B, Discharge of Mentally Ill Youth as unable to progress in TYC because of mental illness, may be referred by TYC to MHMRABV for outpatient treatment in the community

12.) Continuity of Care Timeline Implementation

Early and on-going identification of individuals with serious mental illness and serious emotional disturbances		
Key Tasks	**Responsibility**	**Dates**
Matching of care records and jail bookings	Program Manager	Daily
Crisis Screenings	Program Manager/Case Worker	As Needed
Collaboration with Stakeholders		
Key Tasks	**Responsibility**	**Dates**
Quarterly Jail Diversion Meetings	Program Manager	Quarterly
Accept referrals from DA and CA	Program Manager/Case Worker	As Needed
Coordination with Jail Medical Staff	Program Manager/Case Worker	As Needed
Continuity of Care for Consumers		
Key Tasks	**Responsibility**	**Dates**
Medication Clinics at Jail Facility	Program Manager/MHMR Physician	Bi-Weekly
Monitor individual progress	Program Manager/Case Worker	Weekly
Assessment of need for ongoing services	Program Manager/Case Worker	Quarterly
Identifying and removing barriers to recidivism		
Key Tasks	**Responsibility**	**Dates**
Transportation to appointments to ensure compliance with legal mandates	Case Worker	As Needed
Enhancement of Natural Supports	Case Worker	Ongoing
Expansion of Funding		
Key Tasks	**Responsibility**	**Dates**
Solicit Community Partners	Stakeholders	Ongoing
State Level Advocacy	TCOOMMI/MHMRABV Liaison	Ongoing
Work to secure funding of Case Worker position	Stakeholders	FY2011

SECTION IX: PROVIDER NETWORK DEVELOPMENT PLAN

Complete and submit to performance.contracts@dshs.state.tx.us according to prescribed due date:

- *Cohort I: July 27, 2010*
- *Cohort II: July 31, 2010*
- *Cohort III: August 31, 2010*

Refer to Information Item I in the DSHS Performance Contract for a list of LMHAs in each cohort.

Responses should be concise, concrete, and specific. Use bullet format whenever possible, and note that many sections have character limits. Provide information for the past two years only (since submission of your first network development plan). When completing a table, insert additional rows as needed.

Local Service Area

Provide the following information about your local service area. Most of the data for this section can be accessed from the following reports in MBOW, using data from the following report: 2010 LMHA Area and Population Stats (in the General Warehouse folder)

Population	**302,464**
Square miles	**5,108**
Population density	**59**
Number of counties (total)	**7**
◆ **Number of urban counties**	**1**
◆ **Number of rural counties**	**4**
◆ **Number of frontier counties**	**2**

Major Populations Centers

Name of City	Name of County	City Population	County Population	County Population Density	County Population Percent of Total
Bryan	Brazos	72,357	175,512	297/sq mile	58%
College Station	Brazos	84,128	175,512	297/sq mile	58%
Texas A&M University & Blinn College	Brazos	47,000	175,512	297/sq mile	58%

Using bullet format, briefly note other significant information about your local service area relevant to provider network development. Include population characteristics that are atypical and differentiate your local services area from most other LMHAs. Distinguishing characteristics might include a high proportion of racial, ethnic, or linguistic minorities, the presence of a large military base, or other factors that must be considered in service delivery.

- Central location to the four metroplexes of Dallas, Austin, San Antonio and Houston
- Within 180 mile radius of over 80% of Texas population
- Home to Texas A&M University, Texas A&M University Health Science Center College of Medicine, George Bush Presidential Library and Museum, and Blinn College
- Employment opportunities due to natural resources (i.e., Lignite Mines in Leon County)

Provider Availability

1) Provider Recruitment

Using bullet format, list steps the LMHA took to identify and recruit external providers over the past two years. This includes but is not limited to procurement associated with the 2008 planning cycle.

- Contacted current, former and potential providers
- Personal telephone calls to providers who may have expressed an interest in working with the Center in the past
- Consulted business directories that might include mental health service providers
- Searched the internet
- Reviewed DSHS list of interested providers
- Public Advertisements: MHMR website, Local newspaper, DSHS website, Electronic State Business Daily
- Stakeholder Meetings
- Community Networking Meetings
- Mail Notification
- Published procurement for Crisis Hotline and Afterhours F/F Assessments

2) Provider Availability

List each potential provider identified during the process described in Item 1 of this section. Include all current contractors, providers who registered on the DSHS website, and providers who submitted written inquiries over the past two years. Note the source used to identify the provider (e.g., current contract, DSHS website, LMHA website, e-mail, written inquiry). Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 45 days, document your actions and the provider's response. In the final column, note the conclusion regarding the provider's availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider's service capacity.

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Treatment Assessment Services 2008	Current Contract	Responded to RFP for F/F Crisis Assessments in 2008 Written inquiry mailed 3/2010	Contract awarded F/F afterhours crisis assessments N/A

Harris Co. Helpline 2008 2010	Current Contract	Responded to RFP for Crisis Hotline services in 2008 Written inquiry mailed 3/2010.	Contract awarded to provide 24 hour crisis intervention telephone assessments N/A
Avail – 2008	LMHA website	Responded to RFP for Crisis Hotline services in 2008 Written inquiry mailed 3/2010. No response from provider	Proposal not awarded in 2008 N/A
MHMR Tarrant Co. 2008 2010	LMHA website	Responded to RFP for Crisis Hotline services in 2008 Written inquiry mailed 3/2010. No response from provider	Proposal not awarded in 2008 N/A
The Wood Group 2008 2010	DSHS website	Responded to RFP with a letter indicating that they were not interested in providing services in 2008, however they requested to be included in future RFP processes Written inquiry mailed 3/2010. Teleconference call 4/2010 and 5/2010 • Wood Group has been providing services to persons with mental illness in cooperation with MHMR Centers in Texas for 27 years. Currently providing services to 21 Community MHMR Centers in Texas, offering Crisis Residential, Crisis Respite, Residential Treatment, and Transitional Residential, Rehabilitative Skills Training, Consulting , MR Respite, and MR Community Support Services • Currently the Wood Group is not providing ACT or MCOT services and is not planning to provide them in the near future. They are not providing Children's services at this time • Mr. Parker stated that he would need to review the entire geographical region, prior to providing any services in the rural areas of the Brazos Valley. He also indicated that the Wood Group was only interested in providing discrete services at this time, but would consider packages during the next procurement cycle	Has experience providing services to persons under DSHS Resiliency and Disease Management. Only interested in providing services to individuals in SP-3 with a minimum service volume of 75. Expressed interest in Crisis Residential Services if it is to be included in the RFP
Sunwest Behavioral Health Organization 2008 2010	DSHS website	No Response from provider Written inquiry mailed 3/2010. No response from provider	N/A N/A

Local Planning

Guidelines for Gathering Community Input

CONDUCT THE PROVIDER ASSESSMENT BEFORE GATHERING INPUT FROM THE COMMUNITY. The scope and focus of community input will depend on the availability of external providers.

Seek guidance on network development based on your knowledge of provider availability at the time.

Information presented in this section of the plan should be specific to the network development plan. Ensure that stakeholders understand the statutory mandate to develop the provider network when qualified providers are available. Community input should be focused on how to use available external capacity based on local needs and priorities.

If an LMHA has no interested providers, community input should be focused on other elements of the plan (e.g., reducing identified barriers to new providers, on potential strategies for attracting external providers, improving consumer access and choice)

When gathering input, use the previous plan as the starting point for discussion, including the plans for procurement and the results.

Before finalizing your plan, review the DSHS website to identify any additional potential providers.

3) Status of provider availability assessment

Does the final assessment of provider availability documented above match the information about provider availability on hand at the time of community input?

__X___Yes _____ No *If no, briefly describe the difference.*

4) Community Engagement

In the chart below, show the process used to provide information and solicit input about provider network development from stakeholders. Include specific events as well as activities that take place over a period of time, such as surveys. Note that a variety of communication formats may be used, including telephonic, electronic, and paper. List surveys and similar activities first, including timeframes during which the activities took place, followed by events in date order. Insert additional rows as needed.

Description, Location/Format, and Date or Timeframe	**Participating Organizations (List)**	**Summary of Input** Briefly summarize input relating to the network development plan. If the LMHA has identified interested providers, include recommendations for how the LMHA should implement the mandate to develop the provider network.	**Number of Individuals**		
			Consumers	**Family**	**Other**
Meeting + Surveys Bryan, Texas February 9, 2010	BVCASA Burleson- Adult Probation Washington - Sheriff Ofc. College Station Police Dept	With a brief presentation on the history of LPND, stakeholders understood the reasoning behind Provider Network Development, their primary concern centered on service needs and gaps in the local communities. With discussion, a couple of the concerns were resolved during the meeting. ◆ Lengthy wait time for law enforcement in emergency rooms and Austin State Hospital ◆ Private facility requirement of medical clearance	2	1	49

	MHMR /CNAC / Trustee Veterans Administration Burleson- Police Dept. Faith Mission / Freedom Hill Brazos- Juvenile Services Twin City Mission Texas A&M BVCAA / NAMI Brazos County Health Dept. La Hacienda Brazos County Atty. Ofc. Washington County Atty. Ofc. Washington Community. Supv. Project Unity Hearne Police Dept. St. Joseph's Health Care Ctr. College Station Medical Center Treatment Assessment Services College Station ISD Brazos County Sheriff Ofc. Brazos County Comm. Supv.	• Flexible office hours (staff work schedule) • Crisis Stabilization Unit • Community referrals for individuals not meeting priority population • Afterhours screening location in Washington county for individuals not requiring medical clearance (resolved during stakeholders meeting) • Jail diversion program in rural counties • Residential placement for individuals with co-occurring disorders • Mental health law enforcement task force • Qualified psychiatrist for children/adolescents • Local inpatient facility for children/adolescents • Post booking jail diversion services for children/adolescents/collaboration with juvenile services • School and community based programs which address child/adolescent needs • Non-traditional alternatives of empowering individuals to their best degree of wellness The following suggestions were recommended during the meeting in regards to network development: • Collaborate with local NAMI who offers a wide array of support and education services at no cost. Engage NAMI as part of the continuum of care. • Enhance collaboration with substance abuse agencies • Contract with physician for medical clearance in place of using ER doctors			
Surveys February 17, 2010 May 7, 2010 Drop In Center- May 7, 2010 Medication Clinics Surveys Brazos - May 17, 2010 Grimes- May 19, 2010 Burleson - May 20, 2010 Robertson - May 21,	Community Partnership Board MHMR Staff Consumers Family Interested Citizens Local MH Providers Local Officials Mental Health Advocates Public Health Care Provider Private MH Provider Law	Stakeholders in the Brazos Valley completed surveys which included questions from various subjects. Survey results yielded the following: • Take a more active role in community organizations to enhance networking potential • Educate consumers on community resources and help them navigate through the system • Educate and train staff- Develop a better working relationship with community service organizations • Pool resources to maximize services • Internal and external campaigning for new providers • Advertise services / Become more visible in the community • Establish a substance abuse unit or explore opportunities for collaboration with one • Collaborate/partner with existing parenting skills programs	94	26	125

2010 Madison/Leon - May 24, 2010 Washington - May 25, 2010	Enforcement/Probation/Parole Public Service Provider Emergency Health Care Provider Other	• Enhance volunteer program • Collaborate with news agencies to educate the community on needs and opportunities			
May 14, 2010	CNAC	The Citizens Network Advisory Committee (CNAC) has been very involved in the LPND process. They are not only responsible for providing valuable input, but also the review of proposals from interested providers. The Executive Director attends CNAC meetings to ensure the committee is informed of what is happing on the State level.	2	2	6
May 19 & June 1, 2010	NAMI	• Publicize success stories • Recruitment of successful providers currently providing services elsewhere • Explore ways to increase funding • Enhance community awareness	3	21	7
		In regards to potential contracted services stakeholders feel that Adult Counseling, Psychiatric, Supported Housing, and Support Employment Services should be contracted with consideration of the following: Services available in my primary language with sensitivity to my culture 6% Other 1% Wait time to see doctor 12% Convenient Location 16% Length of time for appointment 9% Transportation Available 15% Pharmacy on site 8% Clean Environment 4% Access to equipment for persons w/hearing impairments 0% Reputation of Provider 11% Cost of Services 18% *** Graph includes results from all surveys***			

5) PNAC Involvement

Show the involvement of the Planning and Network Advisory Committee (PNAC) in the table below. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee's recommendations.

Date	PNAC Activity and Recommendations
2-9-10	Members attended the Stakeholder meeting
5-14-10	CNAC review of template, completed survey. The CNAC feels that adult counseling and peer and family support groups should be considered for contracting while keeping the following in mind: ◆ Reputation of the provider ◆ Proximity of providers to current service locations ◆ Cost of Services
6-11-10	CNAC draft plan review: Recommended including the city of College Station, Texas A&M University, and Blinn College in major population
7-9-10	CNAC review LSAP review

Provider Network Development

6) Contract Expenditures

Complete the table below. Total DSHS funding is the amount described as Total Allocation from Section VIII Budget of the DSHS Performance Contract. The Federal Rehab is equal to the amounts received as 100% payment from Medicaid less the General Revenue that is State match. These amounts should be added to arrive at the total for Adult MH and Child/Adolescent MH Services. For FY 2010 data, provide information from the first six months of the year (September 2009 through February 2010).

SERVICE CATEGORY	Total DSHS funding and Federal Rehab 2007*	External provider contract expenditures 2007		Total DSHS funding and Federal Rehab 2008*	External provider contract expenditures 2008		Total DSHS funding and Federal Rehab 2009*	External provider contract expenditures 2009		Total DSHS funding and Federal Rehab 2010* (6 months)	External provider contract expenditures 2010 (6 months)	
		Dollars	%		Dollars	%		Dollars	%		Dollars	%
Adult MH Services	$3,683,144	$882,627	24%	$4,107,381	$1,209,563	29%	$4,200,822	$1,281,344	31%	$1,991,609	$661,288	33%
Child/Adol MH Services	$526,847	$52,727	10%	$602,371	$128,869	21%	$578,385	$203,823	35%	$291,502	$86,125	30%
TOTAL MH Services	$4,209,991	$935,354	22%	$4,709,752	$1,338,432	28%	$4,779,207	$1,485,167	31%	$2,283,111	$747,413	33%
Breakout of CONTRACTED SERVICES:												
Medication and Labs		$563,521	60%		$621,153	47%		$610,232	41%		$310,672	40%
Physician Services**		$354,593	38%		$470,789	35%		$586,735	40%		$286,581	38%
Counselor Services**		$0	0%		$0	0%		$0	0%		$0	0%
Crisis Services		$0	0%		$190,200	14%		$219,240	15%		$118,700	16%
Residential Services		$14,315	2%		$28,665	2%		$38,185	3%		$12,810	2%
Inpatient Services		$2,925	0%		$27,625	2%		$30,775	2%		$18,650	2%
Other (list):			0%			0%			0%			0%
			0%			0%			0%			0%
			0%			0%			0%			0%
TOTAL		$935,354	100%		$1,338,432	100%		$1,485,167	100%		$747,413	100%

** Total DSHS funding and Federal Rehab amounts includes funding for the Authority functions of the LMHA, as well as the state match for Case Management, which may not be performed by any entity other than the LMHA.*

*** Include only contracts for physician and counselor services with no other associated services. These will generally be contacts with individual practitioners or groups of individual practitioners. List contracted service packages separately, even though they include physician and counseling services.*

7) FY 2010 Provider Contracts

List your FY 2010 Contracts in the table below. In the Provider Type column, specify whether the provider is an organization or an individual practitioner.

Provider	Service(s)	Provider Type	Dollars Allocated
Treatment Assessment Services	◆ After-hours Crisis Screening Assessments	Organization	$198,000
MHMRA of Harris Co	◆ Crisis Hotline Services	Organization	$38,400
Dr. Peter Gonzales	◆ Psychiatric Services	Individual	$124,000
Dr. Rany Cherian	◆ Psychiatric Services	Individual	$5,000
JSA Health	◆ Psychiatric Services	Organization	$213,616
TAMU Health Science Center	◆ Psychiatric Services	Organization	$166,000
Dr. Christopher Cargile, TAMU Health Science Center	◆ Medical Director Services	Organization	$80,000
Clinical Pathology Laboratory	◆ Lab Services	Organization	$20,000
Heritage Residential	◆ Residential	Organization	$38,325
The Pharmacy Shop	◆ Medications	Organization	$46,564.
St. Joseph Hospital Grimes	◆ Psychiatric Inpatient Services	Organization	$15,000.
Twin City Mission	◆ Respite Services	Organization	$9,250.
USS Script	◆ Medications	Organization	$600,000.
Cypress Creek	◆ Psychiatric Inpatient Services	Organization	$30,000

8) Current and Planned Network Development

Complete the following table. Leave cells blank if the percent is 0.

- *Column A: Document current capacity for all service packages, regardless of past or planned contracting. Current service capacity is the average monthly capacity based on service data from FY 2009 and FY 2010 through the most recent closed quarter for services controlled by the DSHS contract. Capacity for service packages is expressed as the number of clients served; use the following DSHS data warehouse report to determine current service capacity: PM Service Target LPND (Enterprise: CA Utilization Mgt: UM Service Delivery: PM Service Target LPND). If projected capacity is significantly different than current capacity, insert a footnote noting the projected capacity.*

- *Column B: State the percent of total capacity contracted to external providers in FY 2009. This is the maximum capacity to be served by external provides according to the terms of the contract.*
- *Column C: Document the percent of capacity served by contractors in FY 2009; this is the actual capacity served by contractors.*
- *Column D: State the current percent of total capacity contracted to external providers for FY 2010. This is the maximum capacity to be served by external providers according to the terms of the contract. .*
- *Column E: Document the percent of capacity served by contractors in the first six months of FY 2010 (September 2009 through February 2010); this is the actual amount paid to external providers during this period. When calculating percentages, use six month figures in both the numerator and denominator.*
- *Columns F and G: If you will be procuring complete service packages in the next biennium, state the percent of current capacity planned for contract in 2011 and in 2012.*
- *Column H: Note the number of available providers based on your provider assessment documented in the previous section.*
- *Column I: Use the following list to identify the number of the applicable condition that justifies the level of service the LMHA will continue to provide internally. Include all conditions that apply. Refer to the Appendix B for complete language as specified in 25 TAC §412.758.*
    1. *Willing and qualified providers are not available.*
    2. *The external network does not provide minimum levels of consumer choice. Use this condition if only one external provider is interested in contracting with the LMHA, and the LMHA will therefore provide up to 50% of the service. This condition does not justify the LMHA providing more than 50% of services.*
    3. *The external network does not provide equivalent access to services. Use this condition if access is the only reason the LMHA will not use all of the available external capacity. Applicability of this condition will probably be made after procurement.*
    4. *The external network does not provide sufficient capacity. Use this condition if the LMHA will use all of the available external provider capacity and directly provide only the balance of current capacity.*
    5. *Critical infrastructure must be preserved during a period of transition. Use this condition if the LMHA will not use all of the available external provider capacity. Instead, the LMHA plans a phased transition to full utilization of external provider capacity, increasing the volume of contracted services over two or more planning cycles.*
    6. *Existing agreements restrict procurement or existing circumstances would result in substantial revenue loss. Use this condition if an external restraint is the controlling factor limiting full use of external provider capacity.*

PAST and CURRENT						PLANNED			
	A	B	C	D	E	F	G	H	I
Service	**Current service capacity**	**Percent of total capacity contracted in FY 2009**	**Percent total capacity served by contract providers in FY 2009**	**Percent of total capacity contracted in FY 2010**	**Percent total capacity served by contract providers in FY 2010 (6 mo)**	**Percent of total capacity planned for contract in FY 2011**	**Percent of total capacity planned for contract in FY 2012**	**Number of available providers**	**Applicable condition**
Adult Service Packages									
Adult RDM SP 1	1180								1
Adult RDM SP 2	14								1
Adult RDM SP 3	179								1
Adult RDM SP 4	32								1
Adult RDM SP 0	40								1
Adult RDM SP 5	14								1
TOTAL Adult Services	1459								
Child Service Packages									
Children's RDM SP 1.1	104								1
Children's RDM SP 1.2	11								1
Children's RDM SP 2.1	0								1
Children's RDM SP 2.2	11								1
Children's RDM SP 2.3	1								1

Children's RDM SP 2.4	2								1
Children's RDM SP 4	22								1
Children's RDM SP 0	4								
Children's RDM SP 5	3								
TOTAL Children's Services	158								

Use the following table to list any discrete routine services or crisis services with contracting activity (2009, current, or planned) OR interested providers.

- *Leave cells blank if the percent is 0.*
- *Current service capacity is the average monthly capacity based on service data from FY 2009 and FY 2010 through the most recent closed quarter for services controlled by the DSHS contract. Capacity for discrete services is expressed as units of service delivered.*

PAST and CURRENT						**PLANNED**			
	A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
DISCRETE ROUTINE SERVICES And CRISIS SERVICES	**Units of service delivered in 2009**	**Percent of total capacity contracted in FY 2009**	**Percent total capacity served by contract providers in FY 2009**	**Percent of total capacity contracted in FY 2010**	**Percent total capacity served by contract providers in FY 2010**	**Percent of total capacity planned for contract in FY 2011**	**Percent of total capacity planned for contract in FY 2012**	**Number of available providers**	**Applicable Condition**
Crisis Afterhours Screenings	926	100%	100%	100%	100%	100%	100%	1	N/A
Crisis Hotline Services	4037	100%	100%	100%	100%	100%	100%	1	N/A
Pharmacological Mgmt.	4383	67%	67%	67%	51%	51%	51%	4	N/A
Provision of Medication	2445	56%	56%	56%	56%	56%	56%	2	N/A
Psychiatric evaluation	808	68%	68%	68%	51%	51%	51%	4	N/A
Inpatient/Hospital services	14	100%	100%	100%	100%	100%	100%	1	N/A
Residential Treatment	4	100%	100%	100%	100%	100%	100%	1	N/A
Counseling (Child/Adolescent)									
Laboratory Services	812	100%	100%	100%	100%	100%	100%	1	N/A

9) Rationale for LMHA Service Delivery

a) *Describe the rationale for your plan for network expansion, including the services to be procured and the volume of services to be procured. If only selected services are identified for procurement, explain why those services are being offered for contracting and others are not. Discuss services for adults and for children and adolescents separately.*

- MHMRABV has always sought to provide services in the most efficient manner possible and has contracted with qualified and experienced contractors to provide services when it is determined to be the best value for the center
- In accordance with the Provider Network Development Rule, a Request for Proposal (RFP) was offered in 2009 for procurement of Adult Mental Health Service Packages 1-4 in Madison, Leon, and Robertson Counties. MHMRABV received a letter from one provider who was not interested in the current procurement, however requested consideration for future RFPs.
- During this 2010 Provider Network Development planning cycle, MHMRABV advertised the request for interested providers via the website in addition to mailing notifications to current, past and potential providers. From this process, the following was noted:
    - There is only one provider interested in providing adult service package 3 services in Brazos County
    - There are no providers interested in providing MH Children's services
    - There is only one provider interested in providing Crisis Residential services
- . MHMRABV discussed planned procurement of adult service package 1-4 in Robertson, Leon, and Madison Counties with the interested provider but the provider requested a minimum service volume for individuals residing in Brazos County

b) *If the LMHA will continue to provide one or more services because the external network does not provide equivalent access (Condition 3), describe how this determination was made, including the source of data. NOTE: The LMHA must have supporting documentation that can be submitted to DSHS when requested.*
N/A

c) *If the LMHA will continue to provide one or more services because the external network does not provide sufficient capacity (Condition 4), complete the following table. Use this condition if the LMHA will use all of the available external provider capacity and directly provide only the balance of current capacity. External provider capacity is usually determined through the follow-up contacts that take place during the provider availability assessment.*

Service	Capacity Needed	External Provider Capacity	Information and Method Used to Determine External Network Capacity
N/A			

d) *If the LMHA will continue to provide the specified capacity of one or more services in order to preserve critical infrastructure to ensure continuous provision of services (Condition 5), identify the planned transition period and the year in which the LMHA anticipates procuring the full external provider capacity currently available. If the same transition period is planned for all services, only one entry is required. When different transition periods are planned, list each separately.*
NOTE: The rule states that this condition can be used only when the LMHA identifies a timeframe for transitioning to an external provider network, during which the LMHA procures an increasing proportion of the service capacity of the external provider network in successive procurement cycles. This timeframe is the LMHA's best estimate based on the limited information currently available, and does not represent a firm commitment. The timeframe will be reassessed during each planning cycle based on the results of procurement, provider performance, and new information. The current estimate should assume that proposed procurement plans are successful and the contractors prove to be stable providers and meet established performance standards.

Service	Transition Period	Year of Full Procurement
N/A		

e) *If the LMHA will continue to provide one or more services because existing agreements restrict procurement or existing circumstances would result in substantial revenue loss (Condition 6), briefly describe each of them, including the end date of any agreement. Describe any steps taken to amend the agreements or alter the conditions to allow contracting. NOTE: LMHA may be asked to submit copies of agreements or other supporting documentation.*
- N/A

10) Rationale for Volume of Services Provided by the LMHA to Preserve Financial Viability
If the percentage listed for any service is based on a determination that the service provision by the LMHA would not be financially viable at a lower level, explain the budget analysis used to arrive at the specified volume. Enter NA if you have no interested providers or if the volume of services to be provided by the LMHA is not higher than it would otherwise be to ensure financial viability. NOTE: Supporting documentation may be requested.
- NA

11) Strategies to Protect Critical Infrastructure
In bullet format, briefly describe the strategies will you implement to protect critical infrastructure and promote a stable, successful provider network. Enter NA if you have no interested providers.
- NA

12) Time to Re-establish Lost Service Capacity

Estimate the amount of time needed to re-establish the service volume lost if a contract is terminated. If time varies depending on the service type, list each separately. Enter NA if you have no interested providers.

Service(s)	Time Needed to Re-establish Service Volume
NA	

Procurement

13) Structure of Procurement(s)

In the table below, describe how the 2012 procurement will be structured, making a separate entry for each service or combination of services that will be procured as a separate contracting unit. Enter NA if you have no interested providers.

- *Note the method of procurement: competitive procurement (RFP) or open enrollment (RFA).*
- *Identify the geographic area(s) in which the service will be procured, and the percent of your clients living in the designated geographic area. Specify whether an external provider will be required to cover the entire area. If an external provider will be permitted to contract for services in only a portion of the identified area, note how the area may be partitioned.*
- *Describe the rationale for how the procurement will be structured. In the rationale the following issues must be addressed:*
    - *Method of procurement (competitive vs. open enrollment)*
    - *procurement of discrete services rather than service packages (provide a separate rationale for each discrete service)*
    - *bundling of services or service packages*
    - *service area (whether the entire local service area is included or only selected counties, and choice of individual counties)*

Date(s)	Method (RFA or RFP)	Service or Combination of Services to be Procured	Geographic Area(s) in Which Service(s) will be Procured	Percent of Clients	Rationale
NA					

14) Fidelity and Continuity of Care (complete only if discrete services will be procured)

If you plan to procure discrete services (rather than full service packages), describe how you will maintain fidelity and continuity of care in the provider network. The content of this section describes what changes or additions will be made to your standard process to address the additional fragmentation that can occur when services for a single consumer are provided by multiple contractors, often in multiple locations. Enter NA if you have no interested providers or plan to procure service packages only.

- NA

15) Enhanced Staff Qualifications

Do you require any individual practitioners to meet higher standards than those described in the DSHS performance contract?

_____Yes __X___ No

If yes, identify the practitioner(s) and the specific qualifications. Enter NA if you have no interested providers.

- NA

Consumer Choice

16) Single Provider

List all services to be provided by a single provider (regardless of provider availability) and the reason(s) for not offering consumers a choice of providers. Identify any economic factors involved in the decision. Enter NA if you have no interested providers.

Service to be Provided by a Single Provider	Reason(s) for Limiting Client Choice
Routine and Intensive Case Management	Only the LMHA may provide this service
Crisis Hotline Services	Only one provider is necessary to effectively provide this service
Inpatient/Hospital Services	The only psychiatric facility is within a 90 mile radius. Contracting with a facility that is further is cost prohibitive when providing continuity of care services.

17) Choice and Access

Using bullet format, briefly describe plans for maximizing consumers' choice of providers and access to services, including relevant procedures, procurement specifications, and contract provisions.

Choice

- Increase the number of external providers in service areas to increase choice
- Have more than one physician available at each medication clinic facility
- Offer consumers a choice of his/her service providers at each 90 day Treatment Plan review
- Clearly identify and define services

Access

- Request additional funding specifically for the provision of prescribed psychiatric medications
- Enhance direct assistance to consumers in applying for available benefits and maximized prescription assistance programs.

- Continue to ensure the best cost value of medications
- Continue to evaluate ways to ensure immediate access to services for those adjudicated within the criminal justice system
- Maintain contract with TAMU School of Rural Public Health Residency Program to provide physician services in Brazos, Madison, Grimes, and Leon Counties
- Continued utilization of telemedicine activities at rural service locations

18) <u>Diversity</u>

Using bullet format, briefly describe how the LMHA will ensure its provider network meets the diverse cultural and linguistic needs in the local community. Include relevant standards, procedures, procurement specifications, and contract provisions.

- Implement more aggressive strategies for recruitment of bi-lingual staff
- Require providers to contract with Interpreter Services and Translation Services
- Require providers to offer initial/refresher trainings on individual rights information annually
- Require providers to offer cultural diversity training to all staff
- Maintain a network which meets the needs of the local community, improves access to treatment by minorities, reduce disparities in treatment and improves quality of care.
- Meet all standards requirements in accordance with Title 25 Chapter §419.464, Subchapter 1F
- Share information/notification of diversity trainings with providers
- Based on available resources and accommodations, invite provider staff to Center diversity related trainings

Capacity Development

19) <u>Cost Efficiency</u>

Using bullet format, list steps taken in the past two years to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies. Do not report efforts included in the 2008 network development plan.

With the implementation of a Revenue Enhancement- Expenditure Reduction Plan MHMRABV was successful in minimizing overhead and administrative costs using the following methods:

- Reduced mileage reimbursement
- Reduced retirement match
- Transitioned from UTMB telemedicine to using on-site psychiatrist from Texas A&M
- Retirement forfeiture account
- Reduction in staff travel across the board
- Further grant development
- Direct/Indirect Services Reorganization
- Contracted with medical director to aid in reduction of pharmaceutical costs

List partnerships with other LMHAs related to planning, administration, purchasing and procurement or other authority functions, or service delivery. Include current, ongoing partnerships (regardless of date established) and time-limited activities that occurred over the past two years.

Start Date	Partner(s)	Functions
10/2008	MHMRA Harris County	24 hour crisis intervention helpline service

Identify any current efforts and plans to develop new opportunities for working jointly with other LMHAs.

- In regards to Crisis Respite services, the Center has engaged in discussion with Bluebonnet MHMR regarding contracting Crisis Respite beds at their facility.

20) <u>Previous Network Development Efforts</u>

In the table below, document your procurement activity over the past two years.

- *List each service separately, including the percent of capacity and the geographic area in which the service was procured.*
- *State the results, including the number of providers obtained and the percent of service capacity under contract. If no providers were obtained as a result of procurement efforts, please note under results.*

Procurement (Service, Capacity, Geographic Area)	Results (Providers and Capacity)
100 % of Adult Service Package 1 Capacity-182 Madison, Leon, and Robertson Counties	No interested providers
100% of Adult Service Package 2 Capacity- 2 Madison, Leon, and Robertson Counties	No interested providers
100% of Adult Service Package 3 Capacity-41 Madison, Leon, and Robertson Counties	No interested providers
100% of Adult Service Package 4 Capacity- 1 Madison, Leon, and Robertson Counties	No interested providers

List the comments you received after posting the draft procurement documents during the 2008 planning cycle, and how you responded to the comments, including any modifications made to the procurement document.

Comment or Suggestion	LMHA Response
No comments received	

In bullet format, list specific steps taken over the past two years to develop the LMHA's internal capacity to develop and manage the external provider network. The scope of activity should be appropriate to the level of interest from external providers.

- Due to having no (0) interested providers during the past two years MHMRABV has not addressed any potential changes within the internal system to assist in management of a external provider network.

21) <u>Barriers</u>

Identify the barriers you encountered when trying to recruit external providers, including any local circumstances that make recruitment difficult. Describe how you plan to address each barrier or reduce its impact during the 2012 procurement.

Barriers	Plans
Shortage of Providers	Continue to partner with JSA Health and TAMU Health Science Center
Rates not attractive to external providers	Continue supporting legislation and lobbying efforts to improve funding
Providers reluctant to meet DSHS Contract Requirements	Continue to work with DSHS regarding contract requirements and potential to streamline regulations
Limited public transportation	The Center will continue to collaborate with Brazos Transit and seek additional funding to support transportation needs.

22) <u>Long Term Planning</u>

Note: Long term plans are based on the limited information currently available, and will be reassessed during the next planning cycle; they do not represent a firm commitment.

If the LMHA is continuing to provide services in order to protect critical infrastructure, briefly describe your plan for transitioning to full utilization of the service capacity being offered by external providers. Assume that proposed procurement plans are successful and the contractors prove to be stable providers and meet established performance standards. The plan must include a target date for the transition and measurable objectives for each procurement period.

If your proposed procurement is successful, what are your current plans for expanding the external provider network during the 2012 cycle? Identify the services and general volume capacity you are considering for procurement in the next planning period. If this information is documented in your critical infrastructure transition plan, simply reference it. Enter NA if you have no interested providers.

NA

23) Public Comment

Using bullet format, list the steps you will take to publicize and get public comment on the draft network development plan. Include outreach and activities directed to consumers, local advocacy groups, and potential providers.

- Draft Plan will be reviewed by CNAC
- Draft Plan will be made available on the MHMRABV web-site for public review
- Community stakeholders will be notified via email and/or mail service of draft posting availability for review.
- A copy of the Draft Plan will be placed at each service site for review

Implementation

24) Procurement Timeline

Provide your procurement timelines in the following table. Allow at least 14 days for public comment to the draft procurement instrument. If more than one procurement is planned, provide a separate timeline for each (copy and paste additional rows to the table). Enter NA if you have no interested providers.

Date	Key Activities and Milestones
N/A	Draft procurement document (RFA/RFP) posted for public comment (at least 14 days)
	Publication of final procurement
	Due date for procurement responses
	Award date
	Contract start date

25) Consumer Transition

Provide your consumer transition timeline in the following table. If more than one procurement is planned, provide a separate timeline for each (copy and paste additional rows to the table). Enter NA if you have no interested providers.

Date or Timeframe	Key Activities and Milestones
NA	Date provider list will be posted to website and distributed to consumer and advocacy groups
	Timeframe for hosting provider forums to allow providers to share information with consumers
	Date to begin offering consumers choice of providers in the new network
	Period of time given to consumers to select provider
	Timeframe for transitioning current clients to new providers

Stakeholder Comments on Draft Plan and LMHA Response

Allow 14 days (minimum) for public comment on draft plan.
In the following table, summarize the public comments received on the draft plan. Use a separate line for each major point identified during the public comment period, and identify the stakeholder group(s) offering the comment. Describe the LMHA's response, which might include:

- *Accepting the comment in full and making corresponding modifications to the plan;*
- *Accepting the comment in part and making corresponding modifications to the plan; or*
- *Rejecting the comment. Please explain the LMHA's rationale for rejecting the comment.*

Comment	Stakeholder Group(s)	LMHA Response and Rationale
No comments received.		

COMPLETE AND SUBMIT ENTIRE PLAN TO performance.contracts@dshs.state.tx.us AS REQUIRED.