

# 2020 Provider Network Development Plan

Complete and submit in **Word** format (**not PDF**) to [Performance.Contracts@hhsc.state.tx.us](mailto:Performance.Contracts@hhsc.state.tx.us) no later than April 30, 2020.

All Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA/LBHAs) must complete Part I, which includes baseline data about services and contracts and documentation of the LMHA/LBHA's assessment of provider availability, and Part III, which documents PNAC involvement and public comment.

Only LMHA/LBHAs with interested providers are required to complete Part II, which includes procurement plans.

When completing the template:

- ♦ Be concise, concrete, and specific. Use bullet format whenever possible.
- ♦ Provide information only for the period since submission of the 2018 Local Provider Network Development Plan (LPND Plan).
- ♦ When completing a table, insert additional rows as needed.

NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (PCN); it does not apply to services funded through Medicaid Managed Care. Throughout the document, data is requested only for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Routine or discrete outpatient services and services provided by individual practitioners are governed by local needs and priorities and are not included in the assessment of provider availability or plans for procurement.

## PART I: Required for all LMHA/LBHAs

### Local Service Area

1) 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: 2018 LMHA/LBHA Area and Population Stats (in the General Warehouse folder).

<b>Population</b>	964,254 = 2018 ( 2019 not available)	<b>Number of counties (total)</b>	1
<b>Square miles</b>	990.2	♦ <b>Number of urban counties</b>	1
<b>Population density</b>	1,240	♦ <b>Number of rural counties</b>	0

Major populations centers (add additional rows as needed):

<b>Name of City</b>	<b>Name of County</b>	<b>City Population</b>	<b>County Population</b>	<b>County Population Density</b>	<b>County Percent of Total Population</b>
Austin	Travis	964,254 = 2018 ( 2019 not available)	1,273,954	1,240	4.39%

## Current Services and Contracts

- 2) Complete the table below to provide an overview of current services and contracts. Insert additional rows as needed within each section.
- 3) List the service capacity based on FY 2019 data.
  - a) For Levels of Care, list the non-Medicaid average monthly served. (Note: This information can be found in MBOW, using data from the following report in the General Warehouse folder: LOC-A by Center (Non-Medicaid Only and All Clients).
  - b) For residential programs, list the total number of beds and total discharges (all clients).
  - c) For other services, identify the unit of service (all clients).
  - d) Estimate the FY 2020 service capacity. If no change is anticipated, enter the same information as Column A.
  - e) State the total percent of each service contracted out to external providers in 2019. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.

Adult Services: Complete Levels of Care	FY 2019 service capacity (non-Medicaid only)	Estimated FY 2020 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2019*
Adult LOC 1m	2	2	0
Adult LOC 1s	3,986	3,986	0
Adult LOC 2	137	137	0
Adult LOC 3	429	429	0
Adult LOC 4	77	77	0
Adult LOC 5	56	56	0

Child and Youth Services: Complete Levels of Care	FY 2019 service capacity (non-Medicaid only)	Estimated FY 2020 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2019*
Children's LOC 1	87	87	0
Children's LOC 2	510	510	0

Children's LOC 3	206	206	0
Children's LOC 4	7	7	0
Children's CYC	15	15	0
Children's LOC 5	1	1	0

<b>Crisis Services</b>	<b>FY 2019 service capacity 9/1/18-8/31/19</b>	<b>Estimated FY 20 service capacity 9/1/19-8/31/20</b>	<b>Percent total capacity provided by external providers in FY 2019*</b>
Crisis Hotline	65,494	77,188	0
Mobile Crisis Outreach Team	1,772	1,404	0
Other (Please list all PESC Projects and other Crisis Services): Psychiatric Emergency Services (PES)	6,373	4,979	
PESC Crisis Respite	596	278	100%
PESC hospital services	334	334	100%
PPB hospital services	353	353	100%
Respite			

- 4) List **all** of your FY 2019 Contracts in the tables below. Include contracts with provider organizations and individual practitioners for discrete services. If you have a lengthy list, you may submit it as an attachment using the same format.
- In the Provider column, list the name of the provider organization or individual practitioner. The LMHA/LBHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., "3 Individuals").
  - List the services provided by each contractor, including full levels of care, discrete services (such as CBT, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

<b>Provider Organizations</b>	<b>Service(s)</b>
A New Entry	Diagnostic Assessment, Low Intensity Residential Treatment, High Intensity Residential Treatment
Austin Area Mental Health Consumers	Peer Support Group (General), Peer Support Group (Art Wellness), Peer Support Group (COPSD), One-to-One Peer Support
Austin Lakes Hospital (Horizon Healthcare)	Acute inpatient services and subsequent inpatient and hospital-based ambulatory services related to the acute inpatient service; Medically Managed Inpatient Detox; Intensive Outpatient Services
Austin Oaks Hospital (Texas Oaks Psychiatric Hospital)	Acute inpatient services and subsequent inpatient and hospital-based ambulatory services related to the acute inpatient service; Medically Managed Inpatient Detox
Austin Recovery	Diagnostic Assessment, Intensive Outpatient Services, Group Psychotherapy, Individual Psychotherapy, Low Intensity Residential Treatment- Woman w Minor Child, High Intensity Residential Treatment- Woman w Minor Child.
Blue Sky Abilities	Advocacy, Mentoring, Music Therapy, Parent Coaching, Recreation Therapy, Wraparound Team Meeting, YES Waiver Family Supports, YES Waiver Music Therapy, YES Waiver, Paraprofessional Services, YES Waiver Recreation Therapy
Care Strategies	Advocacy, Life Skills Training, Mentoring, Parent Coaching, Therapy/Counseling, Tutoring, Wraparound Team, Crisis Support, Camp, Respite, Case Management, Massage Therapy, YES Waiver In-home Respite, YES Waiver Paraprofessional Services
Carma Health, PLLC	Psychiatric Services, Buprenorphine Bundled Treatment
Cenikor Foundation	Medically Monitored In-patient Detox, Diagnostic Assessment, Low Intensity Residential Treatment
Changing How I Live Life	Diagnostic Assessment, Intensive outpatient services, Group Psychotherapy, Individual Psychotherapy
Community Health and Wellness	Mentoring, Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Community Medical Services	Buprenorphine Bundled Treatment, Methadone Bundled Treatment
Complete Therapies, LLC	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy

Cross Creek Hospital	Acute inpatient services and subsequent inpatient and hospital-based ambulatory services related to the acute inpatient service; Medically Managed Inpatient Detox; Intensive Outpatient Services
Dean's Professional Staffing Services, Inc.	Nursing Services
Friend of A Friend Youth and Family Services	Advocacy, Behavior Aide, Camp, Crisis Support, Employment Assistance, Group After-School Supports, Life Skills Training, Mentoring, Parent Coaching, Respite, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services
Georgetown Behavioral Health Institute, LLC	Acute inpatient services and subsequent inpatient and hospital-based ambulatory services related to the acute inpatient service; Medically Managed Inpatient Detox; Intensive Outpatient Services
Goodwill Industries of Central Texas	Job Development and Placement
Healing with Horses Ranch	Animal Assisted Therapy – Equine, Wraparound Team Meeting, YES Waiver Animal Assisted Therapy
Iris Telehealth Medical Group, PA	Telemedicine Services
JSA Health Corporation	Telemedicine Services
Jus'Kare Support Services, LLC	Advocacy, Behavior Aide, Camp, Crisis Support, Employment Assistance, Group After-School Supports, Life Skills Training, Mentoring, Parent Coaching, Respite, Supported Employment, Tutoring, Wraparound Team Meeting
Locumtenens.com	Telemedicine Services and Supplemental Psychiatric Emergency Staffing
Maxim Staffing Solutions	Nursing Services
Music Therapy Services of Austin, LLC	Music Therapy, Wraparound Team Meeting, YES Waiver Music Therapy
Seton Family of Hospitals (dba Seton Shoal Creek and dba Dell Children's Medical Center of Central Texas)	Acute inpatient services and subsequent inpatient and hospital-based ambulatory services related to the acute inpatient service; Medically Managed Inpatient Detox; Intensive Outpatient Services
Southwestern Music Therapy, LLC	Music Therapy, Wraparound Team Meeting, YES Waiver Music Therapy
Sterling Advantage Consumer Services	Advocacy, Behavior Aide, Camp, Crisis Support, Group After-School Supports, Life Skills Training, Mentoring, Parent Coaching, Employment Assistance, Supported Employment, Respite, Tutoring, Wraparound Team Meeting, YES Waiver Family Support Service, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services, YES Waiver Employment Assistance, YES Waiver Supported Employment
The Hope Project of Central Texas	Advocacy, Camp, Counseling, Employment Assistance, Supported Employment, Crisis

	Support, Mentoring, Tutoring, Parent Coaching, Wraparound Team Meeting, YES Waiver Community Living Supports, YES Waiver Paraprofessional Services, YES Waiver Supported Employment, YES Waiver Employment Assistance
The Wood Group	Crisis Residential Program (residential component), Crisis Respite Program (residential component), Respite Recovery Program (residential component), and Emergency Stabilization Unit (residential component)
Vega Integrity Services	Behavior Aide, Camp, Crisis Support, Employment Assistance, Life Skills Training, Mentoring, Parent Coaching, Respite, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services
Westways Staffing Services, Inc.	Nursing Services

Individual Practitioners	Service(s)
Adrian B. Croom, NTP, CSP-Y, QIDPP	Behavior Aide, Crisis Support, Life Skills Training, Mentoring, Respite, Tutoring, Wraparound Team Meeting, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services
Alejandra Frias, NTP	Advocacy, Behavior Aide, Crisis Support, Employment Assistance, Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Alejandrina Valdez, LPC	Counseling, Trauma Informed Therapy, Pro-social Skills Acquisition Group, Wraparound Team Meeting, Diagnostic Assessment, Individual Psychotherapy
Adrienne Isom, NTP, CSP-Y	Advocacy, Behavior Aide, Crisis Support, Life Skills Training, Mentoring, Respite, Tutoring, Wraparound Team Meeting, Employment Assistance, Supported Employment, YES Waiver Employment Assistance, YES Waiver Supported Employment
Alejandra I. Saldana Garza, NTP, CSP-Y	Advocacy, Behavior Aide, Crisis Support, Mentoring, Curriculum-based Parent Coaching, Parent Coaching, Pro-social Skills Acquisition Group, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Alice H. Lockhart, NTP, CSP-Y, Family Partner	Advocacy, Behavior Aide, Crisis Support, Mentoring, Parent Coaching, Respite, Wraparound Team Meeting, YES Waiver Employment Assistance, YES Waiver Family Supports, YES Waiver Paraprofessional Services
Alicia Saldana-Garza, NTP, QMHP-CS	Advocacy, Life Skills Training, Mentoring, Curriculum-based Parent Coaching, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Community Living

Individual Practitioners	Service(s)
	Supports
Amy M. Carrola, NTP, QMHP-MY	Advocacy, Behavior Aide, Employment Assistance, Life Skills Training, Mentoring, Parent Coaching, Pro-social Skills Acquisition Group, Respite, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver Community Living Supports, YES Waiver Employment Assistance, YES Waiver Paraprofessional Services, YES Waiver Supported Employment
Ana G. Macias, NTP, CSP	Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Angela Tuivale, Family Partner	YES Waiver Family Supports
Angelique M Dean, NTP, QMHP-CS	Behavior Aide, Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, Supported Employment, Employment Assistance, YES Waiver Community Living Supports, YES Waiver In-home Respite, YES Waiver Paraprofessional Services
Bernadine Samuel, NTP, CSP-Y, Family Partner	Behavior Aide, Life Skills Training, Mentoring, Parent Coaching, Respite, Tutoring, Wraparound Team Meeting, YES Waiver Family Supports, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services
Bernard Martinez-Brown, NTP, CSP-Y	Camp, Mentoring, Parent Coach, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Carmen A. Alvarado, NTP, CSP-Y	Advocacy, Behavior Aide, Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Cheryl Pellete, QMHP-CS	Advocacy, Behavior Aide, Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, Supported Employment, Employment Assistance, Respite, YES Waiver Community Living Supports, YES Waiver In-home Respite, YES Waiver Paraprofessional Services
Christi Zwicke, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Christopher S. Purkiss, BCBA, LBA	Behavior Support/Therapy, Wraparound Team Meeting
Christian Hyun, CTRS	Mentoring, Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Christopher Wellington, NTP, CSP-MY	Crisis Support, Employment Assistance, Life Skills Training, Mentoring, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver Community Living Support, YES Waiver Employment Assistance, YES Waiver Supported Employment,



Individual Practitioners	Service(s)
	YES Waiver Paraprofessional Services
Constance M. Clemons, NTP, CSP-Y	Behavior Aide, Crisis Support, Employment Assistance, Life Skills Training, Mentoring, Respite, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services
Daniel Miranda, NTP	Life Skills Training, Mentoring, Supported Employment, Tutoring, Wraparound Team Meeting, Respite, Parent Coaching, Pro-Social Skills Acquisition Group
Dawn Burnside, NTP	Advocacy, Behavior Aide, Crisis Support, Employment Assistance, Group After-School Supports, Life Skills Training, Mentoring, Respite, Supported Employment, Tutoring, Wraparound Team Meeting
Deanna McAlpine, NTP	Advocacy, Behavior Aide, Crisis Support, Employment Assistance, Life Skills Training, Mentoring, Parent Coaching, Respite, Supported Employment, Tutoring, Wraparound Team Meeting
Denisrose LeFebvre-Torres, LCSW, QMHP-CS, QCC	Crisis Support, Wraparound Team Meeting, Counseling, Diagnostic Assessment, Psychotherapy, YES Waiver Community Living Supports, YES Waiver Paraprofessional Services
Ebonie Eboh, CSP-Y	Respite, Tutoring, Wraparound Team Meeting, YES Waiver In-home Respite
Erin E. Acevedo, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Falon Bridwell, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Francisco Tejero, NTP	Mentoring, Wraparound Team Meeting
Garrett Prochaska, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Gerald R. Willie, NTP, CSP-Y	Advocacy, Behavior Aide, Camp, Crisis Support, Mentoring, Respite, Tutoring, Wraparound Team Meeting, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services
Hilda Rivas, QMHP-CS	Advocacy, Crisis Support, Employment Assistance, Mentoring, Parent Coaching, Curriculum-based Parent Coaching, Tutoring, Wraparound Team Meeting
Hope S. Jaimes, NTP, CSP-Y, Family Partner	Advocacy, Crisis Support, Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Family Supports, YES Waiver Paraprofessional Services
James D. Black, NTP, CSP-Y	Camp, Life Skills Training, Mentoring, Respite, Tutoring, Wraparound Team Meeting, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services

Individual Practitioners	Service(s)
Janelle E. Dolphin, NTP, CSP-Y, Family Partner	Advocacy, Behavior Aide, Camp, Crisis Support, Life Skills Training, Mentoring, Parent Coaching, Respite, Wraparound Team Meeting, YES Waiver Family Supports, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services
Jenee Hucks, NTP	Advocacy, Behavior Aide, Camp, Crisis Support, Employment Assistance, Group After-School Supports, Life Skills Training, Mentoring, Respite, Supported Employment, Tutoring, Wraparound Team Meeting
Jessica Coronado, NTP, CSP-Y	Behavior Aide, Crisis Support, Employment Assistance, Life Skills Training, Mentoring, Parent Coaching, Respite, Tutoring, Wraparound Team Meeting, YES Waiver Employment Assistance, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services, YES Waiver Supported Employment
Jessica Kennedy, NTP	Employment Assistance, Life Skills training, Mentoring, Supported Employment, Wraparound Team Meeting
Joanna Korein, ATR	Art Therapy, Wraparound Team Meeting, YES Waiver Art Therapy
Jodie McGarity, NTP, CSP-Y	Advocacy, Behavior Aide, Crisis Support, Employment Assistance, Group After-School Support, Life Skills Training, Mentoring, Parent Coaching, Respite, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Julia K. Compton, LPC, QMHP-CS	Counseling, Therapeutic Parent Coaching, EDMR Therapy, Play Therapy, Wraparound Team Meeting
Kathryn A. Hopkins, NTP	Crisis Support, Group After-School Supports, Life Skills Training, Mentoring, Parent Coaching, Respite, Tutoring, Wraparound Team Meeting
Kristie Hudspeth, NTP	Mentoring, Tutoring, Wraparound Team Meeting
Krystal Lofton, NTP, QMHP-MY	Camp, Employment Assistance, Mentoring, Parent Coaching, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver Employment Assistance, YES Waiver Paraprofessional Services, YES Waiver Supported Employment
Lana F. Reed, NTP, CSP-Y	Advocacy, Behavior Aide, Crisis Support, Employment Assistance, Life Skills Training, Mentoring, Parent Coaching, Respite, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services
Larissa Gomez, NTP, LMSW	Therapeutic Parent Coaching, Tutoring, Wraparound Team Meeting
Lynda J. Coleman, NTP, CSP-Y	Advocacy, Behavior Aide, Crisis Support, Employment Assistance, Life Skills Training, Mentoring, Parent Coaching, Respite, Tutoring, Wraparound Team Meeting, YES

Individual Practitioners	Service(s)
	Waiver Employment Assistance, YES Waiver Paraprofessional Services
Mala Zamrick, NTP, CSP-Y	Crisis Support, Mentoring, Parent Coaching, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver Supported Employment, YES Waiver Paraprofessional Services
Meshalique D. Hubert, NTP, CSP-Y	Advocacy, Behavior Aide, Camp, Crisis Support, Life Skills Training, Mentoring, Parent Coaching, Respite, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services, YES Waiver In-home Respite
Miguel A. Quintero Naranjo, NTP, CSP-Y	Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Quyntiana Burdett, NTP	Behavior Aide, Group After-School Supports, Life Skills Training, Mentoring, Respite, Wraparound Team Meeting
Rachelle Honohan, LPC	Counseling, Wraparound Team Meeting
Rob Rodriquez, NTP, Family Partner	Behavior Aide, Crisis Support, Mentoring, Parent Coaching, Wraparound Team Meeting, YES Waiver Family Supports
Robert L. Alsman, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Robert Broadhead, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Rosa Gormaz, NTP, Family Partner	Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Family Supports
Rosemary Alston, NTP	Advocacy, Life Skills Training, Mentoring, Parent Coaching, Respite, Tutoring, Wraparound Team Meeting
Ruben Hernandez, NTP, CSP-Y	Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Samantha Sanchez, BCBA, LBA	Behavior Support/Therapy, Wraparound Team Meeting
Shannon Y. Robertson, LPC	Counseling, Wraparound Team Meeting, Diagnostic Assessment, Psychotherapy
Shaylyn A. Bliss, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Sheila Haywood, NTP, CSP-Y	Life Skills Training, Mentoring, Parent Coaching, Respite, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Shirley Gottsch-Hill, QMHP-CS	Advocacy, Crisis Support, Curriculum-based Parent Coaching, Parent Coaching, Wraparound Team Meeting
Steve Morris, NTP	Crisis Support, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting
Susanna Cohen, NTP	Behavior Aide, Mentoring, Life Skills Training, Wraparound Team Meeting

Individual Practitioners	Service(s)
Teneisha Evans, NTP, CSP-Y	Advocacy, Behavior Aide, Crisis Support, Group After-School Supports, Life Skills Training, Mentoring, Parent Coaching, Wraparound Team Meeting, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services
Terrie Franklin, NTP, CSP, Family Partner	Advocacy, Behavior Aide, Camp, Crisis Support, Employment Assistance, Group After-School Supports, Life Skills Training, Mentoring, Parent Coaching, Respite, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver Family Support, YES Waiver In-Home Respite, YES Waiver Paraprofessional Services
Thelma Bell, LPC	Counseling, EMDR Therapy, Trauma Informed Therapy, Wraparound Team Meeting
Tika T. Artis, NTP, CSP-Y	Advocacy, Life Skills Training, Mentoring, Parent Coaching, Respite, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver In-home Respite, YES Waiver Paraprofessional Services
Tiyona Marshall, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Trevor Tomlin, NTP, CSP-Y Yakoubou Yacoubou, NTP	Mentoring, Tutoring, Wraparound Team Meeting, YES Waiver Hourly In-home Respite, YES Waiver Paraprofessional Services Crisis Support, Mentoring, Tutoring, Wraparound Team Meeting

### **Administrative Efficiencies**

5) *Using bullet format, describe the strategies the LMHA/LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).*

<ul style="list-style-type: none"> <li>Central Health, CommUnity Care (CuC) and Integral developed a medication assisted treatment (MAT) The MAT/ Substance Use Disorder Services is program with the goal of reducing overall healthcare costs to a group of 50 patients diagnosed with opioid use disorder by reducing the number of days they use opiates.</li> </ul>
<ul style="list-style-type: none"> <li>Integral Care has collaborated with UT Dell Medical School in developing integrated physical and mental health services and provided training to medical school residents interested in community mental health.</li> </ul>
<ul style="list-style-type: none"> <li>Integral Care currently answers National Suicide Prevention Line (NSPL) calls and is scheduled to increase call volume to 62 Texas Counties.</li> </ul>
<ul style="list-style-type: none"> <li>Integral Care is a member of the Tejas Behavioral Health Management Association with five other community centers to</li> </ul>

create administrative and business functions and expand provider services.
<ul style="list-style-type: none"> <li>Working with Managed Care Organizations on Alternate and Value Based Payment arrangements based on measurements that improve the overall health of the individual and potentially lower the overall cost of care for the individual.</li> </ul>
<ul style="list-style-type: none"> <li>Moved help line to a cloud based system with increased functionality and reporting capability.</li> </ul>
<ul style="list-style-type: none"> <li>Enrolled all licensed providers in Council for Affordable Quality Healthcare to reduce administrative burden by streamlining credentialing by private insurance plans.</li> </ul>
<ul style="list-style-type: none"> <li>Added automated access to language line so an individual contacting the call center or hotline is initially connected with an appropriate interpreter in order to gain efficiency.</li> </ul>

6) *List partnerships with other LMHA/LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery. Include only current, ongoing partnerships.*

Start Date	Partner(s)	Functions
2000	Bluebonnet Trails, Hill Country, Emergence, Center for Health Care, Tropical Texas	Expand Provider Services through contracts with health plans and negotiation of alternate payment arrangements
2000	Bluebonnet Trails	Share in IT support; OSAR Services
2015	Bluebonnet Trails, Helen Farabee, Tropical Texas, StarCare, Tarrant, Burke	Working to implement best practices within guidelines of the Certified Community Behavioral Health Clinic model

## **Provider Availability**

*NOTE: The LPND process is specific to provider organizations interested in providing full levels of care to the non-Medicaid population or specialty services. It is not necessary to assess the availability of individual practitioners. Procurement for the services of individual practitioners is governed by local needs and priorities.*

7) *Using bullet format, describe steps the LMHA/LBHA took to identify potential external providers for this planning cycle. Please be as specific as possible. For example, if you posted information on your website, how were providers notified that the information was available? Other strategies that might be considered include reaching out to YES waiver providers, HCBS providers, and past/interested providers via phone and email; contacting your existing network, MCOs, and behavioral health organizations in*

*the local service area via phone and email; emailing and sending letters to local psychiatrists and professional associations; meeting with stakeholders, circulating information at networking events, seeking input from your PNAC about local providers.*

• Checked HHSC LPND page for inquiries
• Posted Request for Interest (RFI) on Integral Care website
• Sent email notification of RFI posting to existing organizational providers on Integral Care network, YES waiver and HCBS providers
• Included notification of RFI posting in Integral Care's Transparencies
• Provided information to other interested providers who made inquiries

8) Complete the following table, inserting additional rows as needed.

- ♦ List each potential provider identified during the process described in Item 7 of this section. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of 2018LPND plan. You will receive notification from HHSC if a provider expresses interest in contracting with you via the HHSC website. Provider inquiry forms will be accepted through the HHSC website through February 28, 2020. **Note:** Do not finalize your provider availability assessment or post the LPND plan for public comment before March 1, 2020.
- ♦ Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA/LBHA 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 14 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.

<b>Provider</b>	<b>Source of Identification</b>	<b>Summary of Follow-up Meeting or Teleconference</b>	<b>Assessment of Provider Availability, Services, and Capacity</b>
The Wood Group	Current network provider	Stacy Vrooman expressed interest in continuing to provide residential respite services and LOC 3 services. Our capacity for these services will be 50-100 adults, with a guarantee of at least 25 individuals in LOC 3 to start. This would allow us to hire an employee who meets criteria as a QMHP with Integral	50 to 100 adults serviced in LOC 3

		Care to be able to provide the psychosocial rehabilitation for these individuals. As the caseload rises, we would add on more staff to meet the needs. The Wood Group is only interested in providing case management services for the LOC 3 individuals with Integral Care providing the medical/psychiatric component.	
Family Eldercare	Current network provider	Joyce Heffner and Cheryl Young discussed in home counseling program and the barriers to locating prescriber services.	Interested in providing in-home counseling services to older adults
CHILL	Current network provider	Lori Wilson inquired about the types of services that were identified in the RFI; information about TRR services was provided via email link.	There is no further follow-up planned
Southwest Key	Email inquiry and HHSC/LPND website	Jacqueline Tobar-Lax made an inquiry about providing children's wraparound services.	Southwest Key is working on developing infrastructure to prepare for subsequent procurement participation
Prestige Staffing	Email correspondence and telephone contact	Meagan Coon stated they would definitely help recruit for the roles outlined on the Utilization Management Guidelines and Manual (PDF) found on the link provided.  Inquired about using a staffing agency to find candidates for permanent, contract to hire, and contract placements on a contingency basis.	This is a professional staffing agency that is interested in applying for an RFP for permanent nursing placement
NDANDO House	Attempted telephone contact and Email Inquiry	In his initial response, Mr. Victor Ndando anticipated providing the following if applicable: <ul style="list-style-type: none"> <li>• HCBS-AMH</li> <li>• Permanent Supportive Housing</li> <li>• Supported Employment</li> </ul>	There is no further follow-up planned

		<ul style="list-style-type: none"> <li>• Healthy Community Collaborative, and</li> <li>• Certified Community Behavioral Health Clinic</li> </ul> <p>Mr. Ndando was provided a link to information concerning TRR requirements from the LPND website.</p>	
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## Part II: Required for LMHA/LBHAs with potential for network development

### Procurement Plans

*If the assessment of provider availability indicates potential for network development, the LMHA/LBHA must initiate procurement. 25 TAC §412.754 describes the conditions under which an LMHA/LBHA may continue to provide services when there are available and appropriate external providers. Include plans to procure complete levels of care or specialty services from provider organizations. Do not include procurement for individual practitioners to provide discrete services.*

9) Complete the following table, inserting additional rows as need.

- ♦ Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.
- ♦ State the capacity to be procured, and the percent of total capacity for that service.
- ♦ Identify the geographic area for which the service will be procured: all counties or name selected counties.
- ♦ State the method of procurement—open enrollment (RFA) or request for proposal.
- ♦ Document the planned begin and end dates for the procurement, and the planned contract start date.

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date
Temporary Nurse Staffing	PRN	RFP	Travis	October 2020	December 2020	January 2021
Locum Tenens, permanent placement of psychiatric and tele-psychiatry prescribers	PRN	RFP	Travis	February 2021	March 2021	April 2021

LOC 3 services for adults	100	RFP	Travis	May 2021	July 2021	August 2021
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## ***Rationale for Limitations***

**NOTE: Network development includes the addition of new provider organizations, services, or capacity to an LMHA/LBHA's external provider network.**

*10) Complete the following table. Please review 25 TAC §412.755 carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).*

- ♦ *Based on the LMHA/LBHA's assessment of provider availability, respond to each of the following questions.*
- ♦ *If the response to any question is Yes, provide a clear rationale for the restriction based on one of the conditions described in 25 TAC §412.755.*
- ♦ *If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all of the restricted procurements.*
- ♦ *The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA/LBHA.*

	Yes	No	Rationale
1) Are there any services with potential for network development that are not scheduled for procurement?		X	
2) Are any limitations being placed on percentage of total capacity or volume of services external providers will be able to provide for any service?		X	
3) Are any of the procurements limited to certain counties within the local service area?		X	

4) Is there a limitation on the number of providers that will be accepted for any of the procurements?	X		Integral Care will accept as many proposals as qualified in relation to the need for the service and provide consumer choice.
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*11) If the LMHA/LBHA will not be procuring all available capacity offered by external contractors for one or more services, identify the planned transition period and the year in which the LMHA/LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA/LBHA's capacity).*

Service	Transition Period	Year of Full Procurement
N/A		

## Capacity Development

*12) In the table below, document your procurement activity since the submission of your 2018 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurements for complete levels of care and specialty services that have been conducted.*

- ♦ *List each service separately, including the percent of capacity offered 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 contracted as a result of the procurement. If no providers were obtained as a result of procurement efforts, state "none."*

Year	Procurement (Service, Percent of Capacity, Geographic Area)	Results (Providers and Capacity)
2018	Crisis Respite Services	100%
2018	Crisis Residential Services	100%

## PART III: Required for all LMHA/LBHAs

### **PNAC Involvement**

*13) 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.*

<b>Date</b>	<b>PNAC Activity and Recommendations</b>
1/10/2019	City of Austin RFA Housing Focused Supportive Services Downtown Austin Community Court for PNAC members to review and provide feedback opportunity
1/10/2019	Update on the Children's Mental Health Crisis Task Force
2/14/2020	LBHA training
5/9/2019	Minority AIDS Initiative – Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS
5/9/2019	AISD Proposal for School Based Services 2019-20 Academic Year for PNAC members to review and provide feedback opportunity
6/13/2019	Texas System of Care Expansion and Sustainability Proposal for PNAC members to review and provide feedback opportunity
8/8/2019	Travis County Children's Mental Health Plan Update
11/14/2019	Local Planning & Network Development Plan PNAC Responsibilities
11/14/2019	Training/orientation for PNAC members by the Network Provider and Authority Officer
11/14/2019	PNAC discussion of the Network Development Rule and review of the CLSP/LPND plan template and feedback opportunities
3/12/2020	Authority Focus: Draft Consolidated Local Service Plan (CLSP) FY 2020-2022
6/11/2020	PNAC discussion and review of CLSP/LPND draft plan and approval to post for public comment
8/13/2020	PNAC discussion and review of the CLSP/LPND draft plan with public comments and recommends approval

	of the plans to the Integral Care Board of Trustees
8-18-2020	P&O Board Committee approval of the CLSP and LPND
8-27-2020	Board of Trustees approval of the CLSP and LPND

## Stakeholder Comments on Draft Plan and LMHA/LBHA Response

Allow at least 30 days for public comment on draft plan. Do not post plans for public comment before March 1, 2020.

In the following table, summarize the public comments received on the draft plan. If no comments were received, state “None.” 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/LBHA’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/LBHA’s rationale for rejecting the comment.

Comment	Stakeholder Group(s)	LMHA/LBHA Response and Rationale
There is a critical need to better engage centers like Mulva in improving treatments for persons with IDD and particularly those struggling with comorbid conditions such as mental illness or Autism. A wrap around approach - such as neuro-medicine and dietary care - can make a huge difference and yet the expertise of professionals with experience in IDD is lacking in Austin.	Debbie Hizer— parent and provider	Accepting comment in part and making corresponding modifications to the CLSP.  Integral Care participates in a group with the Texas Council (community center’s trade organization) and HHSC and four other LIDDAs to engage in planning for the needs of individuals with co-occurring disorders. A pilot of these practices is planned for November 2020. Integral Care also works closely with Dell Medical School to bring innovative practices to Integral Care’s program services in collaboration with the medical school.
Ground your plans for EMCOT in metrics related to the measurable need, including the need to move first response away from law enforcement to the greatest extent possible under law.	Kathy Mitchell, Just Liberty	Accepting comment in part and making corresponding modifications to the CLSP  Our current efforts include engaging the City of Austin to reduce the involvement of law enforcement in crisis response through a collaboration at the 911 Call Center, co-response with EMS and telehealth access for first responders.

<p>We call particular attention to the section of the plan related to people who need a bed but there is no bed available (p. 50 of the draft.) A much better plan would include a baseline (again, exactly how frequently does this happen, and where do these folks end up) and then a plan for how to bridge the gap between need and service.</p>	<p>Kathy Mitchell, Just Liberty</p>	<p>Accepting comment in part and making corresponding modifications to the CLSP.</p> <p>In regards to page 50 of the Plan, individuals who present at the emergency department for inpatient services can be evaluated by Integral Care's traditional Mobile Crisis Outreach Team (MCOT) and do not need to rely on an involuntary detention to receive hospital level of care.</p>
<p>I am concerned with the continued dependence on law enforcement to address psychiatric crisis in Travis County. The #1 Stakeholder Group identified on page 43 of the CLSP is "Law Enforcement (police/sheriff and jails)." Travis County must continue to move away from law enforcement as The First Responder for psychiatric crises. If not, the consequences are deadly for people with severe, untreated mental illnesses when encountering law enforcement.</p>	<p>Celina Galvan, family member</p>	<p>Accepting comment in part and making corresponding modifications to the CLSP.</p> <p>Integral Care provides a variety of services with multiply entry points to divert individuals from emergency departments and the criminal justice system, including walk in services at the Psychiatric Emergency Services (PES), Mobile Crisis Outreach Team (MCOT) and the Herman Center.</p>
<p>I also believe Integral Care needs to rethink why its Psychiatric Emergency Plan continues to require only referrals from law enforcement agencies for services for psychiatric crisis. See page 15 and 32 of the CLSP.</p>	<p>Celina Galvan, family member</p>	<p>Accepting comment in part and making corresponding modifications to the CLSP.</p> <p>The Herman Center is the only Integral Care program that can accept involuntary detentions. As you are aware, there are policy and legislative barriers in place that make it necessary to involve law enforcement in involuntary detentions. However, the Herman Center does take referrals from Integral Care program services, emergency departments and other medical facilities as well as law enforcement.</p>

**COMPLETE AND SUBMIT ENTIRE PLAN TO [Performance.Contracts@hhsc.state.tx.us](mailto:Performance.Contracts@hhsc.state.tx.us) by April 30, 2020.**

## **Appendix A**

### **Assessing Provider Availability**

Provider organizations can indicate interest in contracting with an LMHA/LBHA through the [LPND website](#) or by contacting the LMHA/LBHA directly. On the LPND website, a provider organization can submit a Provider Inquiry Form that includes key information about the provider. HHSC will notify both the provider and the LMHA/LBHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA/LBHA to contact potential providers to schedule a time for further discussion. This discussion provides both the LMHA/LBHA and the provider an opportunity to share information so that both parties can make a more informed decision about potential procurements.

The LMHA/LBHA must work with the provider to find a mutually convenient time. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 14 days of the LMHA/LBHA's initial contact, the LMHA/LBHA may conclude that the provider is not interested in contracting with the LMHA/LBHA.

If the LMHA/LBHA does not contact the provider, the LMHA/LBHA must assume the provider is interested in contracting with the LMHA/LBHA.

An LMHA/LBHA may not eliminate the provider from consideration during the planning process without evidence that the provider is no longer interested or is clearly not qualified or capable of provider services in accordance with applicable state and local laws and regulations.



## **Appendix B**

### **25 TAC §412.755. Conditions Permitting LMHA Service Delivery.**

An LMHA may only provide services if one or more of the following conditions is present.

- (1) The LMHA determines that interested, qualified providers are not available to provide services in the LMHA's service area or that no providers meet procurement specifications.
- (2) The network of external providers does not provide the minimum level of individual choice. A minimal level of individual choice is present if individuals and their legally authorized representatives can choose from two or more qualified providers.
- (3) The network of external providers does not provide individuals with access to services that is equal to or better than the level of access in the local network, including services provided by the LMHA, as of a date determined by the department. An LMHA relying on this condition must submit the information necessary for the department to verify the level of access.
- (4) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each level of care identified in the LMHA's plan.
- (5) Existing agreements restrict the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's plan. If the LMHA relies on this condition, the department shall require the LMHA to submit copies of relevant agreements.
- (6) The LMHA documents that it is necessary for the LMHA to provide specified services during the two-year period covered by the LMHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA relying on this condition must:
  - (A) document that it has evaluated a range of other measures to ensure continuous delivery of services, including but not limited to those identified by the LANAC and the department at the beginning of each planning cycle;
  - (B) document implementation of appropriate other measures;

(C) identify a timeframe for transitioning to an external provider network, during which the LMHA shall procure an increasing proportion of the service capacity from external provider in successive procurement cycles; and

(D) give up its role as a service provider at the end of the transition period if the network has multiple external providers and the LMHA determines that external providers are willing and able to provide sufficient added service volume within a reasonable period of time to compensate for service volume lost should any one of the external provider contracts be terminated.

### **Appendix C**

House Bill 1, 85<sup>th</sup> Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission Rider 147):

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. The Health and Human Services Commission shall ensure that the local mental health authorities and local intellectual disability authorities that receive allocations from the funds appropriated above to the Health and Human Services Commission shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third party billing opportunities, including to Medicare and Medicaid. Funds appropriated above to the Health and Human Services Commission in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID services. (Former Special Provisions Sec. 34)