

2022 Local Planning & Network Development Plan

Complete and submit in **Word** format (**not PDF**) to Performance.Contracts@hhs.texas.gov no later than December 31, 2022.

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 Planning and Network Advisory Committee (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 2020 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 Mental and Behavioral Health Outpatient Warehouse (MBOW), using data from the following report: The most recent MBOW data set regarding LMHA/LBHA Area and Population Stats (in the General Warehouse folder).

Population	1,305,154	Number of counties (total)	1
Square miles	994.05	♦ Number of urban counties	1
Population density	1297.9	♦ Number of rural counties	0

Major populations centers (add additional rows as needed):

Name of City	Name of County	City Population	County Population	County Population Density	County Percent of Total Population
Austin	Travis	964,177	1,305,154	1297.9	73.87%

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 the most recent MBOW data set.
- 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 (Level of Care)-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 2022 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 2021. 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	Most recent service capacity (non-Medicaid only)	Estimated FY 2022 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2021*
Adult LOC 1m	0	0	0
Adult LOC 1s	3,263	3,263	0
Adult LOC 2	111	111	0
Adult LOC 3	296	296	0

Adult LOC 4	63	63	0
Adult LOC 5	31	31	0

Child and Youth Services: Complete Levels of Care	Most recent service capacity (non-Medicaid only)	Estimated FY 2022 service capacity (non- Medicaid only)	Percent total non- Medicaid capacity provided by external providers in FY 2021*
Children's LOC 1	72	72	0
Children's LOC 2	480	480	0
Children's LOC 3	197	197	0
Children's LOC 4	16	16	0
Children's LOCYC	21	21	0
Children's LOC 5	1	1	0

Crisis Services	FY 2021 service capacity	Estimated FY 2022 service capacity	Percent total capacity provided by external providers in FY 2021*
Crisis Hotline	38,409	38,409	0
Mobile Crisis Outreach Team	6,094	6,094	0
Other - Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis	3,933	3,933	0

Services Psychiatric Emergency Services (PES)			
PESC hospital services	339	339	100%
Private Psychiatric Bed (PPB) hospital services	450	450	100%
Respite	926	926	100% of Direct Services

- 4) List **all** your FY 2021 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.
- a) 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").
- b) 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.).

Provider Organizations	Service(s)
A to Z Healthcare Service	Supervised Living, Supported Home Living, In-home Respite, Out-of-home Respite
Austin Area Mental Health Consumers	Peer Support

Provider Organizations	Service(s)
Austin Lakes Hospital (Horizon Healthcare) (until impending closure)	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
Blessings Fundamental Day Services	Day Habilitation (IDD), Community Support (IDD), Respite (IDD)
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 dba Advocates for Mental Health	Advocacy, Mentoring, Parent Coaching, Wraparound Team, Crisis Support, Camp, Respite, Tutoring, Life Skills Training, YES Waiver In-home Respite, YES Waiver Paraprofessional Services, Respite (IDD)
Carma Health, PLLC	Psychiatric Medical Services, Buprenorphine Bundled Treatment
City of Austin Parks and Recreation Department	Day Habilitation (IDD), Respite (IDD)
Communities for Recovery	Peer Recovery Coaching

Individual Practitioners	Service(s)
Adrian B. Croom, QIDPP	Community Support (IDD), Respite (IDD)
Adrian Marchi, QIDDP	Respite (IDD)
Addison Dinkins, QIDPP	Respite (IDD)
Adrienne Isom, NTP, CSP-Y	Advocacy, Behavior Aide, Crisis Support, Employment Assistance, Life Skills Training, Mentoring, Respite, Supported Employment, Tutoring, Wraparound Team Meeting, YES Waiver Employment Assistance, YES Waiver Supported Employment, Community Support (IDD), Employment Assistance (IDD), Respite (IDD), Supported Employment (IDD)
Alejandra Frias, NTP	Advocacy, Behavior Aide, Crisis Support, Curriculum-based Parent Coaching, Employment Assistance, Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
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, Community Support (IDD)
Alejandrina Valdez, LPC	Counseling, Trauma Informed Therapy, Pro-social Skills Acquisition Group, Wraparound Team Meeting
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

Individual Practitioners	Service(s)
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 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, Community Support (IDD), Respite (IDD)
Ana G. Macias, NTP, CSP	Curriculum-based Parent Coaching, Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Ana Marin, QIDPP	Respite (IDD)
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
Araceli Castro, QIDPP	Respite (IDD)
Benita Prol, QIDPP	Community Support (IDD), Respite (IDD)
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 In-home Respite, YES Waiver Paraprofessional Services, Community Support (IDD), Respite (IDD)
Bernard Martinez-Brown, NTP, CSP-Y	Camp, Mentoring, Parent Coach, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Brianna Valdez, QIDPP	Respite (IDD)

Individual Practitioners	Service(s)
Carmen A. Alvarado, NTP, CSP-Y	Advocacy, Behavior Aide, Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services; Community Support (IDD)
Cherri Storey, QIDPP	Community Support (IDD), Respite (IDD)
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
Christian Hyun, CTRS	Mentoring, Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Christi MacWilliams, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Christopher S. Purkiss, BCBA, LBA	Behavior Support/Therapy, Wraparound Team Meeting
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, 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

Individual Practitioners	Service(s)
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
Debra Marion Samuel, QIDPP	Respite (IDD)
Debra Noble, QIDPP	Respite (IDD)
Demetria Wiley, CSP-Y, FP	Advocacy, After-school Group Supports, Camp, Crisis Support, Mentoring, Parent Coaching, Respite, Wraparound Team Meeting, YES Waiver Family Supports, YES Waiver In-home Respite, YES Waiver Paraprofessional Services
Deniserose LeFebvre-Torres, LCSW, QMHP-CS, QCC	Crisis Support, Wraparound Team Meeting, Counseling, Diagnostic Assessment, Psychotherapy, YES Waiver Community Living Supports, YES Waiver Paraprofessional Services
Dennis Goering, DDS	Dental 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
Estrella Tavera, QIDPP	Respite (IDD)
Falon Bridwell, CTRS	YES Waiver Recreation Therapy
Francisco Arias, QIDPP	Respite (IDD), Community Support (IDD)
Francisco Tejero, NTP	Mentoring, Wraparound Team Meeting

Individual Practitioners	Service(s)
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
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
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
Jose Robles, QIDPP	Respite (IDD)
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
Kirill Gillespie, NTP	Mentoring, Tutoring, Wraparound Team Meeting

Individual Practitioners	Service(s)
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
Latronda Washington, QIDPP	Community Support (IDD), Respite (IDD)
Laurel Crawford, DTR	Dance/Movement Therapy, Wraparound Team Meeting
Linda Williams, QIDPP	Community Support (IDD), Respite (IDD)
Maria Matos, QIDPP	Respite (IDD)
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
Michelle Bouma, NTP	Individual Mentoring, Wraparound Team Meeting
Miguel A. Quintero Naranjo, NTP, CSP-Y	Life Skills Training, Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Natalie Beck, LCSW dba Be the Sunshine, LLC	Counseling/Therapy, Trauma Informed Therapy, Therapeutic Parent Coaching, Wraparound Team Meeting

Individual Practitioners	Service(s)
Quyntiana Burdett, NTP	Behavior Aide, Group After-School Supports, Life Skills Training, Mentoring, Respite, Wraparound Team Meeting
Rachelle Honohan, LPC	Counseling, Wraparound Team Meeting
Rebecca Boudreaux, QIDPP	Community Support (IDD), Respite (IDD), Employment Assistance (IDD), Supported Employment (IDD)
Rickey Harrison, QIDPP	Respite (IDD)
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, FP	Mentoring, Parent Coaching, Tutoring, Wraparound Team Meeting, YES Waiver Family Supports
Ruben Hernandez, NTP, CSP-Y	Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services
Russell McFarlane, DDS dba McFarlane Dental	Dental Services (IDD)
Saif Abdulqader, QIDPP	Respite (IDD)
Samantha Sanchez, BCBA, LBA	Behavior Support/Therapy, Wraparound Team Meeting
Scarlett McCarther, QIDPP	Respite (IDD)
Sergio Lopez, QIDPP	Community Support (IDD), Respite (IDD)
Shannon Y. Robertson, LPC	Counseling, Wraparound Team Meeting, Diagnostic Assessment, Psychotherapy
Shaylyn A. Bliss, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy

Individual Practitioners	Service(s)
Shirley Gottsch-Hill, QMHP-CS	Advocacy, Crisis Support, Curriculum-based Parent Coaching, Parent Coaching, Wraparound Team Meeting
Sonia Hernandez, NTP	Community Support (IDD), Respite (IDD)
Susanna Cohen, NTP	Behavior Aide, Mentoring, Life Skills Training, Wraparound Team Meeting
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	Life Skills Training, Mentoring, Parent Coaching, Respite, Tutoring, Wraparound Team Meeting, YES Waiver Paraprofessional Services, Respite (IDD), Community Support (IDD)
Tiyona Marshall, CTRS	Recreation Therapy, Wraparound Team Meeting, YES Waiver Recreation Therapy
Yakoubou Yacoubou, NTP	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"> • Created an Open Access dashboard with enhanced widgets to display current and expiring documentation to reduce staff burden of manual chart review.
<ul style="list-style-type: none"> • Designed a custom appointment scheduler allowing call center staff to schedule multiple appointments with one click, and a system that automatically sends out virtual appointment links to all parties eliminating the manual creation of appointments and emails.
<ul style="list-style-type: none"> • Introduced a clinical documentation assistant known as Bells.AI to assist clinicians with their progress note documentation by suggesting the most person-centered language, correcting grammatical errors, and allowing staff to complete documentation on mobile devices when in the community setting.
<ul style="list-style-type: none"> • Use of ScriptLink on multiple forms in the EHR to ensure regulatory requirements are met when providing services, reducing documentation errors and administrative corrections.
<ul style="list-style-type: none"> • Automated the MCOT and EMCOT dispatching process allowing staff to send a notification to our mobile teams when someone is in need of a crisis response. This saves at least 10 minutes for each community dispatch, ensures timely notification to all parties, and offers reporting capabilities for clinical leadership.
<ul style="list-style-type: none"> • Created an Open Access dashboard with enhanced widgets to display current and expiring documentation to reduce staff burden of manual chart review.
<ul style="list-style-type: none"> • Designed a custom appointment scheduler allowing call center staff to schedule multiple appointments with one click, and a system that automatically sends out virtual appointment links to all parties reducing the manual creation of appointments and emails.

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
2010	StarCare Specialty Care	Integral Care provides Physician consultation for utilization management appeals
2015	Bluebonnet Trails, Helen Farabee, Tropical Texas, StarCare, Tarrant, Burke	Worked 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, Home and Community Based Services (HCBS) providers, and past/interested providers via phone and email; contacting your existing network, Managed Care Organizations (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.

<ul style="list-style-type: none"> • Checked HHSC LPND page for inquiries
<ul style="list-style-type: none"> • Posted Request for Interest (RFI) on Integral Care website
<ul style="list-style-type: none"> • Sent email notification of RFI posting to existing organizational providers on Integral Care network, YES waiver and HCBS providers and Managed Care Organizations
<ul style="list-style-type: none"> • Included notification of RFI posting in Integral Care’s Transparencies
<ul style="list-style-type: none"> • Provided information to other interested providers who made inquiries

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 2020 LPND 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 September 1, 2022. **Note:** Do not finalize your provider availability assessment or post the LPND plan for public comment before June 1, 2022.

- ♦ 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.

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Amu Patel, MHA Interim Chief Operating Officer - Ascension Seton Williamson	Response to RFI	Email correspondence	Given the heightened demand for patient care, ASSC will need to dedicate all available resources and staff to meet acute adult psychiatry care.
Ashley Ernst Managed Care Contracting & Relationship Coordinator Community	Response to RFI	Email correspondence	We are currently an Integral Care Provider. Is this an additional service, or am I missing something?

Medical Services			
Stacy Henderson, CEO, The Wood Group	Response to RFI	Email correspondence	Expressed interest in continuing to provide crisis residential and respite services and LOC 3 services

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.

Texas Administrative Code (TAC) Title 26, Part I, Chapter 301, subchapter F 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.

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

- ◆ 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 Request for Application (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
Crisis Respite Services	41 beds	RFP	Travis	January 11, 2023	February 2023	June 2, 2023
Crisis residential respite Services	15 beds	RFP	Travis	January 11, 2023	February 2023	June 2, 2023
TRR LOC 3 Services	100	RFP	Travis	March 2023	April 2023	August 2023

Rationale for Limitations

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

9) Complete the following table. Please review TAC Title 26, Part I §301, subchapter F 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 TAC Title 26, Part I §301, subchapter F.

- ♦ *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		An RFP will be used to procure these services. Integral Care will accept as many proposals as qualified in relation to the need for the service and provide client choice.

10) *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

11) *In the table below, document your procurement activity since the submission of your 2020 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)
2020	Locums Tenens & Permanent Placement	2 providers; 100% of capacity

2021	TRR LOC 3 Services	none
2022	Extended Observation Services	1 provider; 100% of direct service capacity
2022	Crisis Residential Services	1 provider; 100% of direct service capacity
2022	Temporary Nurse Staffing	3 providers; 100% capacity
2022	Telepsychiatry Services	2 providers; 100% capacity

PART III: Required for all LMHA/LBHAs

PNAC Involvement

12) *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
12/10/2020	Texas Children's Health Access Through Telemedicine (TCHAT) Overview
12/10/2020	Recommended the Board of Trustees to approve the Intensive Community Integrated Service Team- Health Care for the Homeless HUB
01/14/2021	Recommended the Board of Trustees to approve Connected Care Grant

02/11/2021	Recommended the Board of Trustees to approve the Austin Public Health Substance Misuse Services application
02/11/2021	Recommended the Board of Trustees to approve the DVISD Truancy Prevention Program
02/11/2021	Recommended the Board of Trustees to approve the SAMHSA Mental Health Awareness Training
02/11/2021	Recommended the Board of Trustees to approve the SAMHSA Youth and Family Tree
02/11/2021	Recommended the Board of Trustees to approve the SAMHSA CCBHC Expansion Grants
02/11/2021	Recommended the Board of Trustees to approve Awarding Contract(s) for Locum Tenens Permanent Placement of Psychiatric and Telepsychiatric Prescribers
02/11/2021	Exceptional Item (EI) 22: Outpatient Behavioral Health Services for People with IDD (OBI) – Pilot Project
03/12/2021	Recommended the Board of Trustees to approve the Texas Health and Human Services Healthy Community Collaborative Program
03/12/2021	Sobering Center and the collaborative grant application with Integral Care
04/08/2021	Recommended the Board of Trustees to approve the Expansion of Cancer Prevention Services to Rural and Medically Underserved Populations
4/08/2021	Recommended the Board of Trustees to approve the Property Management Request for Proposal
04/08/2021	Crisis Call Diversion Program: Expanded Mobile Crisis Outreach Team at the 911 Call Center
04/08/2021	Del Valle Healthy Adolescent Program
04/08/2021	2021 Update to the Travis County Plan for Children's Mental Health
05/13/2021	Recommended the Board of Trustees to approve the Austin ISD/Alternative Learning Center-Mental Health and Substance Use Services

05/13/2021	Recommended the Board of Trustees to approve the Grant Award for Crisis Counseling Program Service
05/13/2021	CCP ISP Update, Virtual Response Teams and Community Response
05/13/2021	Solicit PNAC Input: FY2022 Budget
06/10/2021	Recommended the Board of Trustees to approve the Community Mental Health Centers (CMHC) Grant
06/10/2021	Recommended the Board of Trustees to approve Psychwire for DBT Skills and DBT Skills for Adolescents and Families Contract
07/08/2021	Recommended the Board of Trustees to approve the Community Diversion Coordinator Grant Application: Texas Judicial Commission on Mental Health
07/08/2021	Recommendation to approve the Community Diversion Coordinator Grant Application: Texas Judicial Commission on Mental Health
07/08/2021	Recommended the Board of Trustees to approve the Lone Star Circle of Care Contract as Primary Care Provider at Terrace at Oak Springs
07/14/2022	PNAC CLSP & LPND Requirements Training
08/12/2021	Recommended the Board of Trustees to approve the Contract with APH and Front Steps for Behavioral Health Support at Bridge Shelters
08/12/2021	Recommended the Board of Trustees to approve the Contract with Austin Public Health for Permanent Supported Housing North
09/08/2022	Recommendation to post the Draft CLSP & LPND for public comment on 9/16/2022

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 June 1, 2022.

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
Do you know of any grants available to provide DBT or TFCBT training for mental health providers then pay them for providing services? And, do you know of any practitioners with this training? I hope that this need is highlighted by the IC equity committee in the long run. The need is high.	Eloise Sepeda Mission Capital, Interim co-lead, Collective Impact & Senior Manager, Child Welfare	Comment accepted. Included recruitment of bilingual providers that engage in trauma informed practice to Consolidated Local Service Plan (CLSP)

COMPLETE AND SUBMIT ENTIRE PLAN TO Performance.Contracts@hhs.texas.gov by December 30, 2022.

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

TAC Title 26, Part I §301, subchapter F. 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, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission Rider (139)):

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.