



Local Plan for Indigent Behavioral Health Services

**Collin County, Texas
&
LifePath Systems**

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EXECUTIVE SUMMARY

This Final Local Plan for Indigent Behavioral Health Services (Final Plan) expands the preliminary plan approved April 1, 2015 by the Texas Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC). This Final Plan is being submitted jointly by the Collin County Commissioners Court and LifePath Systems, with the approvals of the Collin County Commissioners Court and the LifePath Systems Board of Trustees. As a public entity organized under the statutes that govern community mental health and mental retardation centers in the State of Texas, LifePath Systems will serve as the Collin County Local Behavioral Health Authority (LBHA). This document has been prepared by the Consultant Team at Public Information Associates that conducted the planning process under contract with Collin County, in cooperation with LifePath Systems.

The aim of this Final Plan is to describe, based on current information, the proposed structure, functions and timelines associated with a successful transition out of the NorthSTAR system to a locally managed program of mental health and substance abuse services referred to as a behavioral health system for indigent clients. The overall goal of this material is to inform the reader about the envisioned system of services, the principles on which that new system will be based, and strategies associated with developing it.

To the best of our knowledge at this time, this Final Plan addresses the current requirements of the State of Texas for establishing a new LBHA. In this Final Plan, we describe 1) the proposed LBHA organization structure 2) the planning process used to develop the plan, 3) timelines and tasks associated with the transition process, 4) the anticipated services array, and 5) the policies and procedures for performing authority functions. To the best of our knowledge, we have addressed all known required elements from checklists, guidelines, review comments, and relevant communiques regarding the plan content.

LifePath Systems will adhere to all state policies, procedures, rules and regulations including the Texas Resilience and Recovery model, priority population definitions, and performance contract measures. LifePath Systems will establish an Assistant Director Position in the Division of Behavioral Health, reporting to the Director for Behavioral Health who reports directly to the CEO of LifePath Systems who is hired by the Board. The new assistant director will establish and supervise authority functions. Some of these functions already exist in the organization, thus prompting a review and reorganization to ensure effective and efficient operations, performance, oversight, and desired/required results. The transition period will focus on developing appropriate management infrastructures associated with authority functions and state performance contract requirements, engaging with stakeholders, and developing resources heretofore not accessible. The Collin County Commissioners Court will ensure matching funds are committed according to the state formula for local authorities.

Successful reengineering the way behavioral health services are organized and delivered in Collin County depends on effectively engaging all stakeholders in changing the way we think and work together. Stakeholders have endorsed this plan as responsive to our diverse and growing community needs. Upon approval of this Final Plan, the Collin County Commissioners Court will continue during the transition to engage with the currently existing system of care, local community stakeholders, and the leadership at LifePath Systems. LifePath Systems will work directly with the Department of State Health Services and Health and Human Services Commission transition team personnel toward a performance contract under the new Collin County Local Behavioral Health Authority with an anticipated effective date of 1 January 2017.

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I. Applicant Organization

The Collin County Commissioners Court and Collin County Mental Health Mental Retardation (MHMR), dba LifePath Systems (LifePath), are jointly submitting this Final Local Plan for Indigent Behavioral Health Services. In a regularly scheduled court session on February 9, 2015, the Collin County Commissioners Court voted to nominate LifePath as the Local Behavioral Health Authority (LBHA) for Collin County. The Commissioners Court originally established Collin County MHMR in 1986, and continues to appoint the members of the LifePath Board of Trustees.

LifePath Systems has created an internal transition team to work directly with the DSHS/HHSC transition team for developing management infrastructures, policies and procedures that will facilitate assumption of the authority functions as the Collin County LBHA effective 1 January 2017.

A. Status as a public entity

LifePath is a public entity organized under the statutes that govern community mental health and mental retardation centers in the State of Texas. The LifePath Board of Trustees (the Board) was established by the Collin County Commissioners' Court acting as a local agency within the meaning of Section 3 of the Texas Mental Health and Mental Retardation Act, pursuant to the authority granted in Section 3.01 of the Act, Tex. Rev. Civ. Stat. Ann. Art. 5547-203, S 3.01 (Vernon 1986 Suppl.). According to Section 3.01(c) of the Act, the Center (LifePath Systems) is an agency of the State and a unit of government under the sponsorship of the Collin County Commissioners' Court.

B. Overall intent to integrate health and behavioral health services

Although the current system has not provided any funding or initiatives in this direction, integration of behavioral health and primary care has begun through collaborations in several 1115 Waiver projects in our Regional Healthcare Partnership 18. LifePath has clinics in Plano and McKinney where primary care providers from UT Southwestern provide treatment for priority population patients. The Collin County Adult Clinic in Plano provides primary care to indigent patients, and is working with LifePath Systems to integrate medical with mental health care for both agencies' clients. The LBHA will encourage integrated care at all network provider clinics, through policies and contracts. Local integrated care programs will adhere to the state's goals and policies directed at improving the health status of the priority populations.

II. Proposed Organizational Structure

LifePath was created in 1986 as Collin County MHMR. LifePath is the designated local authority for the state's Intellectual and Developmental Disabilities (IDD) services. Collin County will follow its established procedures, annually reviewing its appointments to the LifePath Board to ensure transparent and fully compliant oversight and fiduciary operations. The LifePath Systems organization structure meets all current standards such that no governance or organizations changes appear to be necessary. However, LifePath Systems will review its policies during the transition period to ensure there are adequate structure, guidance and regular monitoring to conduct authority business, and to delineate clear lines of checks and balances between authority and provider functions.

Authority functions described in the DSHS performance contract for mental health services are being identified as part of the ongoing planning process. LifePath leadership will consider carefully, and in cooperation with the DSHS transition team, how to organize the Behavioral Health Division to incorporate and perform LBHA functions under applicable law, policies and contracts. The County Commissioners and the LifePath Board will be informed of progress related to this project on a scheduled basis throughout the transition.

A position will be created for an Assistant Director for Behavioral Health, directly reporting to Tammy Mahan, MA, LPC-S, the Director for Behavioral Health. Ms. Mahan reports directly to the CEO of LifePath Systems, Randy Routon, PhD, hired by the Board. The new position will be responsible for assigning, hiring, and leading/supervising positions that will perform authority functions. Anticipated roles or positions include but may not be limited to key/lead personnel for Utilization Management, Quality Management, Consumer Benefits (eligibility, enrollment, patient-assistance-programs, and Medicaid coordination), Continuity of Care Coordination, Crisis Services, Credentialing and Training providers, Mortality review. Some of these functions already exist in the organization, thus prompting a review and reorganization to ensure effective and efficient operations, performance, oversight, and desired/required results.

III. Planning Process – Meetings and Participants

Under contract with Public Information Associates a Consultant Team has conducted the planning process since January 2015, in coordination with the County Commissioners, the County Administrator, and LifePath Systems leadership. The planning groups described in the preliminary plan have continued to meet to identify strengths and limitations of the current system, provide input to this Local Plan, and to review and comment on each Local Plan document. The Consultant Team has also provided communications bridges across stakeholder groups to facilitate information sharing, problem solving, and effective communications.

The local planning groups have met three times since April 2015, facilitated by the Consultant Team, LifePath Systems leadership and Collin County Commissioners, with communications between and after those meetings. All input and discussions have been documented, and rosters and summary comments are in Attachment 4. The challenges in this process have been primarily: a) clarifying terminology to reflect critical aspects of the services array with sufficient detail but also with parsimony, b) sufficiently addressing the generally expected anxieties associated with change and system redesign with the intent of building trust and securing investment in the upcoming transition process, and c) acquiring data of sufficient validity and reliability satisfactory to the stakeholders.

The LifePath Systems internal transition team (including the CEO, the Behavioral Health Director, the Chief Financial Officer, the Information Technology Director, Compliance Director, Medical Director, Nursing Manager and Behavioral Health Program Administrators) has met regularly since the submission of the Preliminary Plan. This group is working with the newly created DSHS/HHSC transition team on tasks to be completed over the next 15 months to facilitate smooth transition steps. LifePath's internal transition team has also identified areas of expertise from which it can benefit through meetings with other Texas community centers and Local Mental Health Authorities.

The Consultant Team, reporting to the Collin County Commissioners Court, has been working with the Sunset Advisory Commission HHSC/DSHS Transition Team, the NTBHA leadership, the Dallas Behavioral Health Leadership Team, ValueOptions of Texas, Inc. (VO), and other NorthSTAR stakeholders. Along with LifePath Systems, the Consultant Team has engaged in informational meetings with Bluebonnet Trails Community Services, MHMR of Tarrant County, the Texas Council of Community Centers, and other similar organizations. As part of this planning process, the Consultant Team assisted LifePath Systems to develop the proposal for crisis services expansion submitted in July, 2015, and approved in August, 2015.

IV. Time Lines for Implementation

Effective with the approval of this Final Plan, The LifePath Systems' transition team will assume responsibility for all transition related tasks. The Consultant Team will modify its tasks to assist in creating a "Mental Health Connection" of Collin County, on the model of the Mental Health Connection of Tarrant County, and to provide by the end of February 2016, a status report on Collin County residents NorthSTAR services utilization patterns for Fiscal Year 2014-15 to the County Commissioners Court and LifePath Systems.

LifePath Systems' Transition Team has created a Transition Task and Timelines chart that is a working document for the next 15 months. This team has identified 21 activities crucial to successful implementation of this plan. These activities have been drawn from current DSHS Performance Contract information and from stakeholder input. We have assigned each activity to one of three priority levels, and each activity has a series of steps/objectives that must be accomplished to accomplish its goals. The Task Chart with the timelines for each activity is Attachment 3.

Priority 1 activities are defined as new and complex, and critical for the system's success, or that offer financial savings over the current system design. Examples include the crisis system redesign, expanding crisis alternatives, and establishing local inpatient contracts. As a Priority I, work on these projects began as early as June 2015 and will intensify as we move into FY16.

Priority 2 activities consist of new or moderately complex services areas that are considered to be building blocks for the new system. These activities include for example, the preponderance of the authority functions, data management and reporting, and substance abuse service system design. Much of the work in priority II areas began in early August 2015 and will continue with the assistance of the transition team at DSHS.

Priority 3 projects consist of minimally complex activities that will need enhancements or improvements, such as in the outpatient services menu.

V. Services Plan

We have approached the crafting of a new plan for indigent behavioral health services in Collin County with the perspective that the system needs to be rebalanced toward crisis prevention, outreach, education, and early intervention with on-going supportive therapies and evidence-based models of care including peer supported programs, day programs, and residential options. We intend to accomplish this by enhancing access to outpatient services, following DSHS performance contract standards, expanding the crisis alternatives available in the community such as extended observation and crisis respite units, improving access to mobile crisis outreach teams and strengthening utilization management. An important focus of the transition will be establishing local resources for improved responsiveness and access to replace those currently centralized in Dallas County. These include for example, local crisis response and resources, expanded jail diversion and post-release options, disaster response services; and local inpatient options.

Regarding capacities for the number of indigent clients served and anticipated, LifePath assures that any transition from currently authorized services and levels of care will be based on acuity and conducted in a planned and clinically sound manner with clear communication to consumers and families.

A. Existing provider network

Under NorthSTAR, Collin County has four outpatient provider agencies that contract with VO: LifePath Systems, Child and Family Guidance Center, Adapt of Texas, and Life Management Resources. These four agencies have a presence in contiguous counties; thus have worked effectively with other systems of care.

Specialty Network Providers (SPNs) in Dallas County, and providers in other continuous counties have Collin County enrollees/clients. Also, other smaller Collin County based providers have proprietary contracts with VO to serve Collin County residents.

As required by the Sunset Commission, significant traditional providers will be offered contracts for services by the LBHA, if legally allowed to do so. However, as in the case of substance abuse services, the LBHA must come into compliance with all Federal and State requirements. One example of change that must be addressed in the transition is the requirement that Federal Block Grant funds may not be contracted/paid to private for profit organizations. At this time, all significant traditional providers mentioned above have provisionally agreed to participate in the Collin County LBHA network after the transition.

In addition to the four largest outpatient providers listed above, other contracts will be established as necessary including, but not limited to: laboratory services, inpatient services, crisis alternatives. It is LifePath's intent to expand and enhance the provider network in a variety of areas so that consumers have choices. The assistant director for behavioral health will work with existing providers in the NorthSTAR system to ensure that agreements are established between the new LBHAs that address coordination for access to and coordination of care between geopolitical boundaries. A Planning and Network Advisory Committee (PNAC) will be established in compliance with the Texas Administrative Code to help the Collin County LBHA move to an "any willing provider" approach. LifePath is committed to serve as the provider of last resort if qualified external providers are not available

B. Minimum required services per statutory mandates

As the Collin County LBHA, LifePath will ensure the provision of all required services according to Texas statutes and contracts. At a minimum these services will include:

- Continuous accessible telephone service that responds to callers 24 hours per day, 7 days per week
- Benefits screening and enrollment assistance, and client advocacy
- Outreach, screening, assessment and referral
- Outpatient therapies, medication training and support, case management and rehabilitative services
- Assertive Community Treatment (ACT)
- Mobile Crisis Outreach, emergency, crisis, and respite care programs with 24 hour access
- Consumer peer-support programs
- Supported employment, supported housing
- Inpatient services
- Medication-related services, including psychiatric diagnostic exam and pharmacological management
- Supplemental nursing services
- Co-occurring disorders treatment
- Continuity of care program for offenders with mental impairments, including juveniles

In addition to these minimally required services, the LBHA intends to develop other services through state contracts and other sources. Some of these programs are:

- Outpatient Competency Restoration (OCR)
- Pre-Admission Screening and Residency Review (PASRR)
- Military Veterans Peer Network Coordinator (MVPN)
- Youth Empowerment Services (YES) Medicaid Waiver
- Detoxification for substance abuse treatment according to available resources
- Other evidence-based programs to strengthen community tenure (Residential, Clubhouse, other)

The LBHA will coordinate disaster services as needed, ensure continuity of care for persons released from hospitals, jails, and other restrictive settings, will designate a Suicide Prevention Coordinator, and ensure that all required SUD-related services are provided.

C. Overall approach to the Texas Resilience and Recovery (TRR) Model

The Collin County provider network will work within the TRR model as promulgated by the state, and adhere to the Utilization Management Guidelines for all populations for mental health and substance use services. Mechanisms will be in place to apply the clinical algorithms for assigning Level of Care, and to evaluate both cost and clinical outcomes and utilize these data for planning and decision making.

1. Priority Populations

As the LBHA, LifePath will ensure adherence to priority populations' definitions across the provider network. Effective January 2017, there are two critical changes expected from the existing system:

- 1) Medicaid services and the Medicaid provider network will be managed by the MCOs through contracts with individual providers, and
- 2) Open access (while still a goal) will take a lesser priority to meeting the needs of the DSHS-designated priority population.

The new LBHA will face challenges not addressed in the current system for over 15 years. One of these challenges will be how to increase Medicaid enrollment and manage the changes in eligibility that will affect indigent care services for all providers.

In order to ensure compliance with all guidelines for evaluating and classifying the treatment needs of presenting adults, children, and families, the LBHA will establish regularly scheduled quality management meetings for case reviews. All individuals who present for treatment will receive the same diagnostic assessment, thorough and comprehensive, including but not limited to evaluating health status, co-occurring psychiatric and SUD, social support resources, and financial resources. A comprehensive profile will address the whole person in the environment, thus guiding the approach to treatment using objective methodologies that can be reviewed for learning and for improving outcomes across the system of care.

2. Level of Care

As the LBHA for Collin County, LifePath Systems will assume responsibility for managing Levels of Care (LOC). While the LOC process as defined in the TRR Utilization Management (UM) guidelines for adults and for children and adolescents facilitates a coordinated approach to services planning, the network providers in Collin County will be interacting in a different way with the new LBHA. This LBHA has experience with the LOC procedures and policies, and will follow the structure similarly in place for the IDD component. Having a local versus a remote UM process will add value to the examination of LOC procedures. A UM Committee headed by the LifePath medical director, will engage the provider network in data-driven analyses and decision making.

In cooperation with the Department of State Health Services, the LBHA will monitor LOC deviations, complaints, and trends. Current and future providers will report through the LBHA. Clinical personnel at all contracted provider organizations will be trained in the administration and use of the Child and Adolescent Needs and Strengths (CANS) or the Adult Needs and Strengths Assessment (ANSA) utilizing the Texas Centralized Training website. Annual updates will be required. LBHA UM personnel will use appropriate clinical judgment in applying LOC guidelines, and information will be readily available to consumers and advocates regarding these guidelines. Documented processes and procedures will be established for the UM Department and available for review.

D. Proposed New Structure of Services for Adults and Children

Collin County envisions a stronger, more robust, accessible system of care, operated in a transparent fashion by a collaborative network of provider and stakeholders in pursuit of commonly held health outcome goals. In all areas the new system will pursue evidence-based models that are cost effective and efficient in their performance. This Final Plan includes input from local stakeholders and constituents of the existing system of care under NorthSTAR.

The focus is on creating responsive, accessible, and robust systems of services to reduce the current reliance on crisis services. As in the rest of the State, resource allocation, capacity considerations, cost effectiveness and efficiencies of various models will be factors in final program design decisions. The preliminary plan cited six broad areas of focus for system redesign. The six areas listed below are addressed in subsections 1 through 6 of Section V.D.

1. Re-design existing crisis response and intervention systems and prevent unnecessary use of inpatient/emergency departments for all ages;
2. Enhance and expand pre-adjudication, post-release, and community supervision programs for persons with mental illnesses – adults and adolescents.
3. Expand inpatient treatment options with improved discharge planning and aftercare for all populations;
4. Establish a full continuum of outpatient care including at a minimum, full utilization of the TRR levels of care with compliance with State minimum average monthly hours per LOC for adults and adolescents;
5. Expand treatment options for substance use disorders including detoxification services, residential treatment, and treatment for co-occurring substance use and psychiatric disorders – for adults and adolescents;
6. Establish well-coordinated early detection and intervention/prevention programs for adults and child/adolescent populations;

V.D.1.Re-design existing crisis response and intervention systems and prevent unnecessary use of inpatient/emergency departments for all ages;

Collin County will develop a multi-layered crisis system that will be directed locally and will differ from the way crisis services currently operate in NorthSTAR. Over the next 15 months, LifePath Systems will establish crisis-related programs that will differ from the existing system. LifePath will work with the new Dallas based LBHA to ensure effective, efficient, and high quality coordination of crisis response systems.

Data suggest that Collin County law enforcement depend heavily on the centralized 23 hour observation program at Green Oaks Hospital in Dallas. Data also indicate that there are inadequacies in the post-discharge referral mechanisms back to Collin County providers, and there are missed opportunities to prevent unnecessary use of the 23-hour program. A redesign of this system will be undertaken as a cooperative effort among existing providers so that by January 1, 2017 a new structure will be launched. The goal for this change will be to enhance utilization management, create less intensive/less expensive options and create more satisfying and appropriate levels of intervention for our clients.

LifePath Systems has received funding to expand crisis services in Collin County in FY2016. The expansion includes a part-time law enforcement liaison and a new crisis clinic for weekday evenings and weekends. This expansion will provide resources currently unavailable to assist law enforcement with crisis response and divert adults from unnecessary use of the 23-hour observation program, local emergency facilities, and inpatient services. The crisis clinic will work with existing mobile crisis outreach teams, law enforcement, and hospital based programs to more effectively intervene in crisis cases to improve community tenure and long term outcomes.

Data indicate that over half of the Collin County admissions to the 23-hour observation service at HCA Green Oaks Hospital in Dallas were for persons with affective disorders, and just over 10% for thought disorders. According to recent information, in calendar year 2014, approximately 1,470 individuals were admitted to that service from Collin County zip codes. These data need further examination and careful analysis to better understand current patterns of use. Our goal is to introduce programs that will prevent unnecessary use of this type of service through improved triage and referral, intensive case management and outpatient treatment options, and other interventions and prevention strategies.

While the planning process includes discussions with law enforcement and those hospital-based psychiatric emergency programs upon which VO depends, designing a fully functional, efficient, responsive and responsible, multi-layered crisis services will require intensive planning and negotiations over the coming 15 months. The envisioned crisis evaluation center will include an extended observation unit and a crisis respite unit. This will be an extended observation unit for emergency stabilization for individuals in behavioral health crisis. It will provide a 24/7 easy access location for law enforcement to bring individuals on emergency detention. It will also be a service to which other crisis responders can direct all potential crises for immediate evaluation, rapid assessment of risks, clinical and social triage protocols for effective and immediate interventions and referrals, and mechanisms for transfers to higher levels of care if needed and intensive follow-up and review of outcomes.

In addition to the crisis evaluation center, an enhanced mobile crisis outreach team will be established, peer support services specially trained to work in crisis services will be identified, and other crisis alternatives will be considered.

V.D.2. Enhance and expand pre-adjudication, post-release, and community supervision programs for persons with mental illnesses – adults and adolescents.

Collin County acquired a small competitive grant from the Texas Indigent Defense Commission to establish a program of attorney representation for persons with serious mental illness charged with misdemeanors that began in 2013, and will end in 2015. The Collin County Commissioners Court is currently reviewing this program. While local providers have not been awarded any crisis funds prior to FY2016, nor have they received funding from the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), LifePath Systems has been utilizing an 1115 Waiver project to proactively divert individuals currently unnecessarily incarcerated in the county jail in collaboration with the Mental Health Managed Care Counsel and provide post-incarceration reintegration. However, we plan to expand on this 1115 project and strengthen this needed service.

Services for adults and juveniles will include pro-active engagement with civil and criminal courts to evaluate risk factors for persons with mental illness charged with criminal offenses, and to create intensive intervention strategies and services to prevent unnecessary incarceration and re-offending behaviors.

V.D.3. Expand inpatient treatment options with improved discharge planning and aftercare for all populations;

Currently the inpatient treatment assessment, referral, admission, interventions and discharge process occur for the most part, without engagement of community outpatient personnel and without requirements for this coordination. This new configuration of mental health services in Collin County will require the LBHA to coordinate all hospital admissions and discharges to ensure contracted providers are receiving the information they need to follow up on assigned cases.

There are currently very limited local inpatient behavioral health services in Collin County for indigent or for Medicaid patients. Patients hospitalized locally at the Green Oaks facility at the Wysong Campus are referred from Green Oaks in Dallas, without linkages through any of the Collin County mental health providers contracting with VO. Currently the local NorthSTAR providers do not consistently receive discharge referrals from inpatient providers for VO NorthSTAR patients. Valid and reliable data on the quantity and flow of discharge referrals have not yet been provided to the Transition Team. We will be working to acquire data going forward so that we can adequately plan for the future. During the next 12 months LifePath Systems will initiate discussions with local hospitals including Green Oaks, Haven Behavioral, Sundance, Texas Health Resources, Presbyterian Hospital, Baylor Medical Center, and all others with interest in providing psychiatric care.

State hospital beds will be managed through the new LBHA in a process that complies with all contract requirements. Preadmission screening and discharge procedures will be handled by the LBHA continuity of care division. LifePath currently performs Single Portal Authority (SPA) functions in cooperation with the Collin County Civil Mental Health Court, and will assume responsibility for the wait list. SPA functions will coordinate with the continuity of care division.

V.D.4. Establish a full continuum of outpatient care including at a minimum full utilization of the TRR levels of care with compliance with State minimum average monthly hours per LOC for adults and adolescents;

The current outpatient mental health provider network for indigent care in Collin County is less than robust. Providers have identified gaps that underscore the need for improving the array of services and strengthening the capacity of the providers to respond on the front end to high risk and emergent condition patients to reduce risk for crisis, and be more responsive to rapid reengagement of clients post hospital discharge and criminal justice system release. Service gaps exist not only in terms of the quantity and array of services but also in terms of populations.

Over the course of the transition, LifePath Systems and the Consultant Team will continue discussions and strategic planning activities with stakeholders. Providers will participate in planning the array of services required within each Level of Care (LOC) and the average minimum hours required per LOC. Some of the substance abuse treatment providers serve dually diagnosed patients (psychiatric and substance abuse). *Thus we will be working closely with existing mental health outpatient and substance abuse treatment providers in Collin and Dallas Counties to make plans to continue existing services and to refine our knowledge of and plan to address system gaps.* Furthermore, there are a number of providers in Collin County that are not in the NorthSTAR program with whom we will connect in the upcoming months following approval of this Final Plan.

The focus at this point in time (September 2015) is on a) determining gaps in the current system, b) developing strategies for continuing to provide current high quality programs, and c) devising plausible sketches of services needed for a whole, robust, responsive, and high quality mental healthcare program for Collin County, separate from the current seven county configuration, exemplary in its use of cost effective and outcome driven models of care.

Under the current NorthSTAR/VO system, none of the local Collin County providers would meet the LOC guidelines' UM Standard Average Hours for adults or children per the DSHs Performance Contract except in the ACT program. Thus the LOC process will change under the new LBHA system.

V.D.5. Expand treatment options for substance use disorders including detoxification services, residential treatment, and treatment for co-occurring substance use and psychiatric disorders – for adults and adolescents;

Collin County has a limited array of SUD programs, for both single and co-occurring conditions, as higher level treatment options have been centralized in Dallas County for efficiency, thus limiting local access and close linkages with local providers in the Collin County community. Ongoing discussions with the DSHS's transition team will be required to better understand the division of substance abuse funds between the NorthSTAR counties, how this division of funds affects the determined service array, and how the region will work together as a whole to meet the needs of its residents.

To the best of our understanding at this time, it is the policy of the State of Texas that Federal substance abuse block grant funds may not be contracted to for-profit substance abuse treatment (SA) providers. The State is reviewing this policy per the 2009 SAMHSA policy statement that grants may not be made but contracts may be with all applicable compliance procedures. Pending clarification of this policy, the current SA providers will be notified of the policy so they may respond. We expect to continue to work with existing SA providers to adjust for any policy requirements (Life Management Resources is an example of the for-profit status, although that provider may be able to adjust to a non-profit structure). We plan to work with Homeward Bound, Inc. and Nexus in Dallas to plan for future services through their specialized DSHS contracts for statewide services.

While data indicate that additional SA treatment resources are needed locally, substance abuse funds are extremely limited with an estimated \$1.5 Million for Collin County in FY2017. A letter is in Attachment 5 to outline our concerns in these areas. Thus the LBHA will conduct a needs assessment and consider the benefits of developing additional local resources versus continuing to work with Dallas and Statewide based providers. The Medicaid substance abuse benefit will be used whenever appropriate to expand and continue services.

Outreach, Screening, Assessment and Referral services (OSAR) will be shaped according to contract requirements to achieve quality outcomes, efficiencies, and demonstrably effective programs. LifePath has existing relationships with stakeholders required to participate in OSAR collaborative meetings, experience in establishing MOUs with agencies, delivering motivational interviewing services, completing financial eligibility, and we have LCDC staff currently. Dedicated and informed project planning will be necessary in order to be able to provide all OSAR services, but LifePath is confident that this can be accomplished within the next 15 months.

SUMMARY OF SERVICES STRUCTURE – per DSHS Checklist item 4

Identify in specific terms, the existing services that will be available to Collin County residents after transition. For each required service, identify the providers who have (provisionally) agreed to participate in the LifePath (Collin County) network after transition.

The process of reviewing services or contracts has not begun, and under the existing system the VO contracts are treated as proprietary, inhibiting dialogue among providers. At a time to be determined in the transition months ahead however, LifePath Systems will begin to hold focused discussions with current providers about expectations and plans for working in a new LBHA system; how the contracting process will proceed; and what the complete network structure might look like, establishing the PNAC and other issues.

In the interest of further clarification, existing NorthSTAR providers have participated in planning groups and review and comment meetings held by the Consultant Team. Letters of working agreements were attached to the approved Preliminary Plan from Adapt of Texas, family advocates, Child and Family Guidance Center, law enforcement, Green Oaks Hospital, Life Management Resources, and Metrocare. Although a letter was not obtained from MHA of Greater Dallas at that time, the CEO and his key liaison are active participants in the current process. No providers/organizations have stated any known reluctance to work with LifePath Systems in the upcoming transition process or in the new Collin County LBHA system.

Section V.B. above lists the required services and additional desired services for Collin County residents after 1 January 2017. Nonetheless, it may be premature to identify which providers will provide each of these services. The VO provider network contracts will be in place through SFY16 and the first quarter of SFY17. This will require close communication, cooperation and coordination between the developing Collin County LBHA at LifePath, the DSHS, HHSC, the existing NTBHA and VO to inspire confidence in the existing provider network that encourages them to communicate and begin to negotiate toward a new environment.

E. Special population services

Our local planning process will specifically examine and address gaps in services for persons considered as “special populations,” such as those charged with or convicted of criminal offenses, aging adults, adolescents transitioning to adult status, children and adolescents, and persons with co-occurring disorders including SUD and IDD with mental illness. Known gaps at this time are primarily in the areas of crisis interventions, discharge or release planning, wrap-around intensive case management, and access to social services and consumer benefits/advocacy programs. Plans to address these gaps are included in the LifePath Transition Team Task Chart.

F. Access to care/consumer choice

The new LBHA fully intends to expand access to all levels of care in Collin County. There is one current issue that will require agreements between the former NorthSTAR counties. Data indicate that about 30% of NorthSTAR outpatient expenditures for Collin County residents were for services delivered by providers outside of this county, and it is also true that Collin County providers serve clients from other counties. We plan to develop an inter-local reciprocal agreement with the adjoining LBHA (NTBHA), in order to allow for indigent clients who have already chosen a provider outside the county line to continue to receive services from that provider. At the end of each period (yet to be determined), we will propose to reconcile the number of clients served in the other county. We will ensure consumer choice and advocacy according to all existing rules and regulations.

Wait-List Issues and Strategies

The subject of waiting lists has arisen in the review and comment sessions for this plan. Under Section V.C.1.2), the statement “Open access (while still a goal) will take a lesser priority to meeting the needs of the DSHS-designated priority population,” may be clarified: Open access must be balanced with our aims to reduce reliance on crisis services and meet the performance contract targets including average hours per LOC. The new system in Collin County will focus on developing and supporting a provider network that helps to prevent waiting lists, in a re-balanced, more robust system, with greater depth and breadth of outpatient services aimed at successful community tenure and optimal health outcomes. Further, DSHS performance contracts delineate “wait-listing” procedures, and general revenue funds have historically been appropriated to address wait-lists in some service areas. The new system will participate in the state hospital bed-days pool, further complicating access to care strategies.

Contingency Planning

The DSHS/HHSC transition team has requested a contingency plan if funding is insufficient to serve Collin County’s current population in need of services. The Consultant Team will work with LifePath Systems and the Collin County Commissioners Court to analyze FY2015 services utilization patterns and produce an estimate of projected needs to be completed by or before June 1, 2016. This will help to inform a well-considered contingency plan.

G. Local provider network

The current provider network agencies in Collin County (listed previously in this plan) are individually strong, but recognize the need for network expansion and enhancement. LifePath will establish a Planning and Network Advisory Committee who will assist in the development of the Local Provider Network Development Plan. This plan will seek to provide a diverse set of providers for the individuals of Collin County requiring Behavioral Health Services and will move toward an “any willing provider” approach.

H. Integrated Health and Behavioral Health Services

Under the 1115 Waiver program in Regional Healthcare Partnership 18 (Collin, Grayson & Rockwall counties) LifePath and UT Southwestern are integrating primary care with behavioral health services in new clinics. This has underscored the medical health status of the behavioral health clients. We will collaborate across the new network to identify intersecting medical, substance abuse, psychiatric and related health needs of our clients and address these through several strategies, such as health education and self-care skill development for diabetes, hypertension, and nutrition. Plans are being discussed for early intervention programs for persons at risk for developing certain disease conditions. We will coordinate and collaborate with the MCOs as they integrate primary care and behavioral health services

VI. Authority – Provider Structure and Function

The Board of Trustees

LifePath Systems is a public entity meeting criteria for designation as the Collin County LBHA, and serves as the current authority for IDD services. The Collin County Commissioners Court appoints the nine members of the LifePath Board. Six of the nine members have family members who have received similar services to those offered under this plan. Professions represented on the Board include a private practice psychologist, a financial trust officer, an attorney, a fundraiser, a commercial loan officer, a chief of police, a city mayor and a real estate broker, a contracts administrator, and a retired IRS agent.

Our Approach to the LBHA functions

LifePath was selected by the Collin County Commissioners Court to be the LBHA for Collin County. As such, LifePath will meet all requirements of statutes and of the Performance Contract and related documents. The values to which we subscribe in approaching the assumption of authority functions include: 1) demonstrated effective management practices of checks and balances compliant with state laws, rules and regulations, 2) transparency and fairness of procedures for government functions of developing a robust, responsive, high performance and cost effective provider network, 3) network cooperation in UM and QM processes that promote and produce systems improvements and optimum health outcomes, and 4) continuous engagement with consumers, families, advocates and other community stakeholders. Discussions have occurred several times in the planning process regarding how to organize the UM and QM processes. Some ideas are to utilize several layered models such as a mixed method with external oversight/reviews and local report cards, satisfaction surveys, and incorporation of consumer & advocacy roles in the process. This will be part of the on-going dialogues in the transition period.

A. Anticipated structure

Over the course of the transition, LifePath will establish an administrative structure that clearly defines and delineates the local authority functions in a way that maximizes efficiency and productivity while incorporating all checks and balances needed to ensure quality performance that meets all state requirements and pursues goals associated with a healthy community.

Specifically, the authority structure will be constructed in a transparent manner, comparable to other existing LMHAs outside of the NorthSTAR system, such as the MHMR of Tarrant County. Personnel performing authority functions at LifePath would perform their duties separate from service delivery, and perform authority functions per contract.

B. Functions

As described in the Performance Contract Notebook and related documents, the LBHA will perform and may consider contracting for some authority functions along the lines of existing models in the Texas MHMR system. These functions include but may not be limited to those listed below for mental health services, and will be refined during the 15-month transition period.

Authority Functions

- Policy development/deployment and monitoring,
- Local planning, development,
- Allocation and coordination of resources,
- Local provider network development
- Credentialing, oversight of licenses to practice, and training clinical personnel
- Claims processing and payments,
- Managing access and coordinating services,
- Consumer benefits including consumer relations, enrollment and rights protection,
- Utilization Management functions
- Quality Management functions
- Information systems structures, utilization and security.

As the Collin County LBHA, LifePath will serve as liaison between the community and the State, create a provider network and manage wait lists, and manage all aspects of the pharmacy benefit.

The LBHA will coordinate, maintain, update, monitor and timely submit the Consolidated Local Service and the Local Provider Network Development Plans to the state in compliance with Texas Administrative Code.

Substance abuse treatment program authority functions have not been fully delineated at this point in the transition planning. With our track record providing substance abuse treatment services, and our near 30-year history of dedication to integrating, while respectful of any requirements also to separate mental health and substance abuse systems, we expect to conduct business as required by the rules and regulations of the State of Texas regarding substance abuse services. Senate Bill 1507, 84th Legislature directs DSHS to contract only with local MH/BH authorities for OSAR functions. This requires a NCA if there is accommodation for Collin County in the FY2017 contract review. This will be a focused topic of deliberation for the internal transition team and for the broader stakeholders' discussion and planning groups.

C. Local funds

Matching General Revenue in a new LBHA

Collin County funds have historically been invested in LifePath Systems for indigent care. These funds currently include approximately \$300,000 annually, and new matching funds for the Crisis Expansion project approved in August, 2015. The Commissioners Court acknowledges the state formula requirement that calls for local funds in amount between 9 and 14 percent of the state general revenue contracted to the LBHA. We also recognize that there are many different sources for local funds to be invested in the Collin County Behavioral Health Service Area. At the time when a contract amount is presented, local funds will be documented, and generally provided on a prospective quarterly basis.

Regarding Medicaid match, the County will cover the state match for fee-for-service Medicaid billing currently estimated at \$10,000 annually.

Intergovernmental Transfer Funds to Match Medicaid Waiver Funds

Collin County's contribution of IGT funds to current Medicaid Waiver (DSRIP) projects totals approximately \$2 million over five years. LifePath Systems itself has a commitment of approximately \$19 million over five years. Resources generated in DSRIP projects using General Revenue funds will be spent consistent with the original purpose of state funding used to generate those resources.

Maximizing Other Funding Resources

As a new LBHA, LifePath Systems will work together with the community to secure additional local dollars for indigent behavioral health services in the form of utilizing prescription assistance program (PAP), greatly increasing client benefits enrollment programs, billing for Medicaid administrative claiming (MAC), and applications for community, state, and federal grants as they become available.

Also, LifePath has contracts with the Collin County judicial system, Child Protective Services, and other area grants. Funds acquired through the sliding fee scale will be reinvested in services.

D. Planning and Network Advisory Committees (PNAC)

According to the statutes, rules and regulations of the State of Texas, the LBHA will establish a PNAC of at least nine members, 50% of whom will be clients or family members of clients including children or adolescent clients. PNAC members will receive training, information and support to fulfill their roles in the local planning and advisory activities. The LBHA will engage the PNAC in the development of the Local Service Area Plan according to all guidelines and contractual agreements.

The PNAC will be responsible for offering independent advice to the LBHA on the completeness of the provider network, problems that require LBHA intervention and opportunities for improving or expanding the network. In assembling the network, the LBHA shall seek to offer clients a choice of qualified providers to the maximum extent possible by following an "any willing provider model," as long as those providers meet minimum standards. LifePath currently has a PNAC for IDD services, and may combine these sometime after the new LBHA is more experienced on the behavioral health planning activities.

E. Utilization Management (UM)

As defined in the DSHS Performance Contract Notebook, the LBHA would implement a UM program based on the Texas Resiliency and Recovery UM Guidelines. The LBHA UM program will address, at a minimum, the suitability of eligibility and level of care determinations, exceptions or overrides to service authorizations related to clinical appropriateness and documentation in records, over- and under-utilization, appeals and denials, fairness and equity, and cost effectiveness. The LBHA will comply with all SUD UM requirements.

Quality measures will be identified with stakeholder input and as indicated by the current Performance Contract. LBHA staff will lead initiatives on key quality and compliance indicators including client satisfaction surveys, source verification of service provision, and fidelity audits. LifePath has not made a final determination but has been in conversation with administrative service organizations like the East Texas Behavioral Health Network to explore the purchase of external UM capabilities.

F. Reporting (Performance, Financial, Outcomes)

The LBHA will utilize all State required data reporting systems. LifePath currently utilizes Clinical Management for Behavioral Health Services (CMBHS) by batching data as required in the current BHO contract. This experience will enable us to expand the use of CMBHS to meet the full reporting requirements as set out in the Performance Contract Notebook and related documents.

Also, the LBHA will collect, enter, and submit information as required in the CARE and Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) systems. Currently, the LifePath LMRA staff utilize these data systems and the LBHA at LifePath will develop a process for accessing these data systems and training key staff in utilizing these systems.

Quarterly financial reporting will be completed as required, by submitting Report III in the CARE system, in accordance with the General Provisions for the Department of State Health Services Mental Health Contracts. The LBHA will submit all additional financial and performance reports as required, including, but not limited to Report IV on the local match, family size and income reports, and the budget for the LBHA.

The LBHA will also participate in and report under the requirements for SUD and OSAR performance measures and utilization management activities. While data collection, management, and reporting processes will increase, LifePath is prepared to expand its data collection and reporting capacities, and to adjust its accounting systems to document and report as required by the state. LifePath has experience with the IDD services requirements, and familiarity with the mental health and SUD service system requirements, and is capable of and willing to meet all reporting requirements.

VII. Anticipated Transition Process

The Collin County NorthSTAR Behavioral Health Transition Team has included Collin County leadership, the PIA Consultant Team, the LifePath CEO and the LifePath Director of Behavioral Health. This Final Plan will prompt a realignment of tasks and roles. Collin County Commissioners Court will continue its engagement in the community planning and discussion groups at several levels. The Consultant Team will continue to work with community stakeholders, LifePath Systems and other providers to help broker communications and information sharing through this culture change process. LifePath Systems will assume responsibility for working directly with the DSHS/HHSC transition team for management infrastructures, policies, procedures and related authority function transition tasks.

A. Formulating partnerships

The LifePath internal transition team has begun to open lines of communications with healthcare systems outside of the NorthSTAR program, and with professional organizations, social service agencies, and local advocacy organizations. The planning groups established by the Consultant Team and other stakeholders will continue to participate in the transition process. Additional discussion groups will be created as the transition issues emerge and generate broad interest topics.

In addition, Collin County Commissioners Court will continue its engagement in the community planning and discussion groups at several levels. One crucial level is engaging in and supporting the culture changes that must occur for successful transition to an independent LBHA. The Consultant Team will continue to work with community stakeholders, LifePath System, and other providers to help broker communications and information sharing. One example of this type of activity is supporting the current dialogue regarding development of a Clubhouse program and LifePath Systems' new agreement with Prosumers International. Another example is the proposed development of a permanent local organization aimed at innovation, generating resources, and maintaining effective community-wide communications. This group will be developed using demonstrated effective models such as the Mental Health Connection of Tarrant County and similar organizations in Texas and other states.

Regarding inter-organizational agreements for coordination and cooperation, LifePath works with UT Southwestern, the Collin County Adult Clinic, Collin County's Adult Probation, Drug and Teen Courts, and Managed Care Counsel, several school districts, local colleges, Metrocare (pharmacy services), Helen Farabee Center, and Child Protective Services. LifePath has executed a contract with *Prosumers International* to start a "Prosumers Group" in Collin County starting September 1, 2015. Based on input from community stakeholders, LifePath will continue to explore new partnerships to perform selected provider and authority functions.

Collin County's Consultant Team, that also manages Collin, Rockwall and Grayson County 1115 Waiver projects, have also been communicating with the Dallas-area transition team on several aspects of planning. Following approval of this Final Plan, LifePath Systems will engage more directly with contiguous counties to plan together how to ensure continuity of care, reciprocal agreements for clients who cross service area borders for services, and to share ideas for innovation and expansion of programs, and avoid unnecessary duplication of services.

B. Negotiating contracts for services

Currently there are VO contracts with four specialty network providers in Collin County, a large number of contracts with individual providers, and other services are contracted to Dallas based providers, such as transportation, emergency services, case management and some post-incarceration services, that serve residents of Collin County. A number of other services are retained by VO such as the OSAR process, and some authority functions. Current NorthSTAR network providers in Collin County subcontract to other network providers for certain services including for example, laboratory services, pharmacy services, bi-lingual translation services, and medical director functions. As the current IDD Authority, LifePath alone contracts with over 300 individuals and companies.

Under VO authority, proprietary contracts have clouded transparency expected in a public system, and impeded provider collaboration. A new Collin County LBHA will restore transparency in seeking providers and establishing contractual relationships. As the proposed LBHA, LifePath has extensive experience in competitive procurements, developing, negotiating, managing and monitoring contracts. Future contract negotiations will focus on meeting requirements of funding sources and internal quality assurance policies. The LBHA will comply with Texas Administrative Code Title 25, Part 1, Chapter 412, Subchapter P, Rule 412.755 Conditions Permitting LMHA Service Delivery.

LifePath as the existing IDD authority for Collin County pays contracted providers monthly using a reimbursement basis. As the LBHA, we expect to use the same system to pay behavioral health providers because it allows us to ensure documentation of all services is complete and sufficient, and Quality Management can focus on the quality of services received by the individual. In some cases a “case rate” contract may be used if the provider is expected to see multiple clients with ongoing needs for service. Case rates are typically paid proactively with a reconciliation at the end of a designated period. The case rate method is often preferred by providers as it allows for less administrative time upfront. In either of our two primary methods, reimbursement and quality management staff must coordinate closely to confirm that the claimed services have occurred, that documentation is adequate to withstand an external audit and that the individual served received appropriate treatment.

Regarding QM and Contract Management activities under 25 TAC 412-B addresses conflicts of interest, consumer information and access to network providers, competitive and non-competitive procurement rules, lists the Federal and State rules and regulations applicable to contracts management, and accountability in the contracting and monitoring processes. Inasmuch as this section of the TAC is aimed at compliance with the Texas Health and Safety Code Chapter 534 (052, 055, and 065), and subject to amendments passed by the 84th Legislature, Regular Session, under Senate Bill 219, the Collin County LBHA will install any and all systems to comply with contract procurement and management including a quality management monitoring process across its provider network.

C. Utilization Management (UM) systems

UM will be essential for success of the new system. During the planning process, LifePath would evaluate the merits of performing versus outsourcing various authority functions. For example, LifePath might consider a hybrid program similar to the model of the East Texas Behavioral Health Network, for basic UM systems, and retaining responsibility for managing outliers to the standard LOC guidelines. LifePath Systems proposes to retain responsibility for the more complex or clinically ambiguous cases as an in-house function. This will enable the Collin County LBHA to rapidly address complex problems through its UM and QM activities. This represents the concept of “boots on the ground” for conducting concurrent chart reviews, face to face discussions with the clients’ clinical team and a capacity for rapid identification and correction above and beyond the routine UM process.

D. Challenges and Opportunities

LifePath’s Transition Team is already working with the DSHS/HHSC combined transition team, and upon plan approval, will be working closely with other stakeholders. The Consultant Team will continue with the community planning groups that have been working since January 2015 until such time as the emerging LBHA is prepared to extend resources into that process. This will preserve its role as a provider in the existing system, and respect limited available resources. Assumption of authority functions does not occur until 1 January 2017 according to the current timelines.

This Final Plan is a beginning. We expect to face unforeseen challenges and to embrace perhaps unforeseen opportunities. Our current short list of challenges and opportunities is provided below, but may be modified by the review and comment processes of September 4 and 15, 2015.

Challenges we have identified include but are not limited to:

- Establishing effective cooperative agreements between the new Collin County LBHA in LifePath Systems and the proposed new NTBHA, and other contiguous community center service areas and providers.
- Developing appropriate SUD services array that balances the community's needs with available services dollars;
- Ensuring that community needs are met by accessing all available resources in addition to the General Revenue funding

Opportunities we have identified include but are not limited to:

- Convening stakeholders around common goals, innovation and resources generation
- Innovating and developing a more robust system of resources for local behavioral healthcare and effective mechanisms of integrated healthcare
- Accessing funding sources and other resources heretofore inaccessible to Collin County
- Improving cooperation, collaboration, and coordination and reducing duplication of services among providers

Closing Statement

Establishing a new and independent LBHA requires careful thought, consistent, open, and insightful communications, and close cooperation between multiple complex systems. The transition process from NorthSTAR to a model more consistent with the rest of the State of Texas, requires learning and addressing some unfamiliar rules, regulations, policies, and procedures. Local community stakeholders will be dealing with changes that will ultimately re-enfranchise them in local planning and decision making.

During the transition process, the emerging Collin County LBHA at LifePath Systems will establish the management infrastructure and develop policies and procedures that will foster and support a robust, accessible system of reengineered behavioral and integrated healthcare. This reengineered system will be both cost effective and efficient as it favorably impacts population health outcomes. The transition team is committed to this challenge in cooperation with a network of providers and stakeholders operating on shared values in pursuit of mutually endorsed population health outcomes, individual needs and sensitivities, and performance goals.

The values to which we subscribe in approaching the assumption of authority functions include: 1) demonstrated effective management practices of checks and balances compliant with state laws, rules and regulations, 2) transparency and fairness of procedures for government functions of developing a robust, responsive, high performance and cost effective provider network, 3) network cooperation in UM and QM processes that promote and produce systems improvements and optimum health outcomes, and 4) continuous engagement with consumers, families, advocates and other community stakeholders. The principles of access, rights, and responsiveness will be uppermost in our minds as we formulate policies and procedures and conduct the business of behavioral healthcare.

This Final Local Plan for Indigent Behavioral Health Services and Transition to a new Collin County LBHA in LifePath Systems, was reviewed and endorsed by the LifePath Board of Trustees on September 24, 2015, and by the Collin County Commissioners Court on September 28, 2015. *Attachments 1 and 2 provide approval documents.*

VIII. Assurances and Endorsements

A Compliance with requirement that providers serve both indigent and Medicaid populations All providers in the network will be required to apply to the health plans for admission to their provider panels.

B Compliance with State methodology for quantitative goals (persons served and performance measures) The LBHA will comply with the State methodology for persons served and performance goals as stated in the Performance Contract Notebook and associated documents. Specifically, the LBHA will be implementing performance targets in all provider contracts to ensure overall performance targets are met for the area. A specific plan for how the service targets will be divided among providers will be developed over the next several months in collaboration with the providers.

C Compliance with reporting Please see reporting section VI. F.

D Compliance with other relevant State or Federal requirements

As the proposed LBHA for Collin County, LifePath Systems assures that it will cooperate and comply with all requirements of the State of Texas for contracting, managing, monitoring and delivering behavioral health services to covered populations. The new LBHA will comply with State methodologies for quantitative goals and reporting, and with all other relevant State and Federal requirements.

IX. Attachments

Attachment 1

LifePath Systems Board of Trustees Resolution: September 24, 2015

Attachment 2

Collin County Commissioners Court Resolution: September 28, 2015

Attachment 3

LifePath Systems Transition Tasks and Timelines

Attachment 4

- Stakeholders Meeting rosters 9/4/15 and 9/15/15
- Stakeholders' Review and Comment Summary

Attachment 5

- Letter to K. Cole from Judge Keith Self the Collin County Commissioners Court regarding approach to funding and services structures for Substance Use Disorders.

Attachment 1

LifePath Systems Board of Trustees Resolution

September 24, 2015

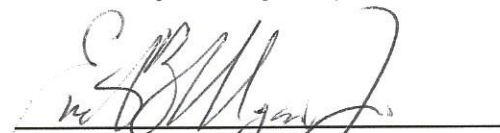
Collin County, Texas

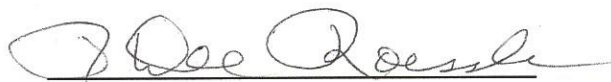
OFFICIAL ACTION
of the
LifePath Systems Board of Trustees

By a unanimous vote of the Board of Trustees of LifePath Systems in a regularly scheduled meeting, the Board supports the Final Local Plan for Indigent Behavioral Health Services as submitted September 16, 2015.

This final plan is being submitted jointly to Texas Health and Human Services and the Texas Department of State Health Services by the Collin County Commissioners and the Board of LifePath Systems. In it, LifePath is designated as the Local Behavioral Health Authority for Collin County. This document was prepared by the Consultant Team at Public Information Associates.

Passed by a majority of the Trustees present on September 24, 2015.


Ernest Myers, Chairman


P. Dee Roessler, Secretary

Attachment 2

Collin County Commissioners Court Resolution

September 28, 2015

THE STATE OF TEXAS

COUNTY OF COLLIN

Subject: Adoption, Mental Health Plan – Administrative Services

On **September 28, 2015**, the Commissioners Court of Collin County, Texas, met in **regular session** with the following members present and participating, to wit:

Keith Self
Susan Fletcher **Not Present**
Cheryl Williams
Chris Hill
Duncan Webb

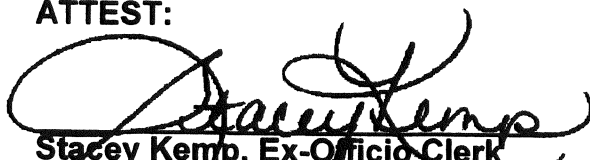
County Judge, Presiding
Commissioner, Precinct 1
Commissioner, Precinct 2
Commissioner, Precinct 3
Commissioner, Precinct 4

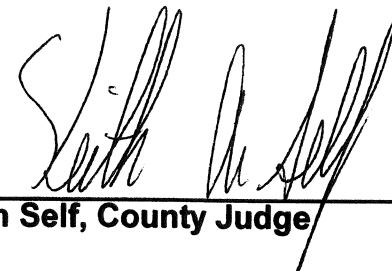
During such session the court considered a request for approval to adopt the Mental Health Plan.

Thereupon, a motion was made, seconded and carried with a majority vote of the court for approval to adopt the Mental Health Plan. Same is hereby approved in accordance with the attached documentation.



ATTEST:


Stacey Kemp, Ex-Officio Clerk
Commissioners Court
Collin County, T E X A S



Keith Self, County Judge

Not Present

Susan Fletcher, Commissioner, Pct. 1



Cheryl Williams, Commissioner, Pct. 2



Chris Hill, Commissioner, Pct. 3



Duncan Webb, Commissioner, Pct. 4

Attachment 3

LifePath Systems Transition Tasks and Timelines

Transition Tasks & Timelines

ITEM	Task Description	START	COMPLETE	PRIORITY
1	Crisis Services (Mobile Crisis)	6/15/15	1/1/2017	1
1.1	Identify and visit successful models w/first responder reps	6/15/2015	10/30/15	1
1.2	Select model and create budget	10/1/2015	10/30/2015	1
1.3	Develop procedures with law enforcement reps for crisis response	11/1/2015	2/29/2016	1
1.4	Est. ongoing communication meetings with first responders to evaluate issues, concerns, complex cases	2/1/16	1/1/17	1
1.5	Hire and orient staff	10/3/2016	1/1/17	1
2	Crisis Services (Evaluation Center)	6/15/15	1/1/17	1
2.1	Identify and visit successful models w/first responder reps	6/15/2015	10/30/2015	1
2.2	Review existing standards and continue to monitor proposed changes	7/1/2015	1/1/2017	1
2.3	Explore different locations (hospitals), other sites, or potential partnerships for Eval Center	10/1/2015	12/31/15	1
2.4	Develop procedures and budget	10/1/15	12/31/2015	1
2.5	Negotiate space and staffing arrangements	1/1/16	3/31/2016	1
2.6	Hire and orient staff	10/3/16	1/1/2017	1
3	Authority Functions	6/15/15	1/1/17	2
3.1	Est. terms of contract using other Centers and model perf contract	6/15/15	10/31/2015	2
3.2	Find space for authority in existing LPS buildings or expanded areas	6/15/15	1/1/17	2
3.3	Determine any authority functions that could be shared internally and create organization chart	7/1/2015	10/31/2015	2
3.31	Complete Job descriptions for new positions	10/1/2015	12/1/2015	2
3.32	Post and hire for positions as funding is available	10/1/2015	12/1/2016	2
3.4	Explore contract options for UM authorization process	8/3/15	9/1/2015	2
3.5	Create model contracts documents and process	8/3/2015	11/2/15	2
3.6	Development and orientation of PNAC	3/1/2016	5/31/16	2
3.7	Establish planning network advisory (PNAC) meetings	6/1/2016	6/30/16	2
3.8	Quality management system, including contract monitoring	7/1/2016	9/30/16	2
3.9	Disaster response training and procedures	7/1/2016	9/30/2016	2
3.10	Waiting lists (local and state hospital) management training and assignment	7/1/2016	9/30/2016	2
3.11	Negotiate contracts with existing significant traditional providers	7/1/2016	10/31/16	2
3.12	Resource allocation	6/1/2016	12/30/16	2
3.13	Negotiate contract with DSHS	6/1/2016	8/31/16	2

Transition Tasks & Timelines

ITEM	Task Description	START	COMPLETE	PRIORITY
4	Integration of Medicaid and DSRIP Services	7/1/2015	1/2/2017	2
4.1	Establish and monitor funding goals for DSRIP Program sustainability	7/1/15	1/2/17	2
4.2	Understand needs/aims of HMO health plans	8/3/15	9/1/15	2
4.3	Create comprehensive packages to offer HMOs that complement indigent services	11/2/2015	3/1/2016	2
4.4	Implement tracking mechanisms for Medicaid eligibility	1/1/2016	2/29/2016	2
4.5	Market packages	3/1/16	5/31/2016	2
4.6	Negotiate contracts	5/2/2016	8/1/16	2
5	Supportive Services	7/1/15	9/30/2016	2
	Evaluate DSHS requirements and dedicated funding for housing, supported employment	7/1/2015	8/31/15	2
5.1		7/1/2015	8/31/15	2
5.2	Determine variety of need and options for transportation services	3/1/16	4/29/2016	2
5.3	Explore contracts and/or staff for support services	5/2/16	9/1/2016	2
5.4	Ensure translation services are available as needed	9/1/2016	9/30/2016	2
6	Client and Family Support	7/1/2015	1/1/17	3
	Establish contract with Prosumers group and begin implementation of group meetings, newsletter	7/1/15	8/31/15	3
6.1		7/1/15	8/31/15	3
	Develop ongoing meeting with families and consumers for updates on system transition	9/1/2015	1/2/2017	3
6.2		9/1/2015	1/2/2017	3
	Explore standards and operating costs of clubhouse model; assist local group in development	10/1/2015	10/30/16	3
6.3		10/1/2015	10/30/16	3
7	Crisis Services (Options)	8/3/15	6/30/16	2
	Examine DSHS contract options for expanded alternative to inpatient or 23 hour hold	8/3/15	9/1/15	2
7.1		8/3/15	9/1/15	2
7.2	Survey local existing options	8/3/2015	9/30/2015	2
7.3	Contact other providers of options to expand alternatives and provider base	10/1/15	10/30/2015	2
7.4	Select options that are best fit/best value	1/4/16	4/1/2016	2
7.5	Negotiate contracts	3/1/2016	6/30/2016	2

Transition Tasks & Timelines

ITEM	Task Description	START	COMPLETE	PRIORITY
8	Data Management and Reporting	8/3/15	4/29/2016	2
	Understand use of CMBHS, CARE and MBOW reports and their procedures with			
8.1	DSHS	8/3/15	11/3/2015	2
8.2	Develop expertise in reconciling reports	11/2/15	1/1/2016	2
8.3	Create dashboard system using state data sources to track performance	1/1/2016	3/31/2016	2
8.4	External providers reporting process	2/1/2016	8/29/2016	2
9	Outpatient Services (Adult)	8/3/2015	1/1/17	3
9.1	Explore Anasazi capacities to automate and track individual client compliance	8/3/15	1/1/17	3
9.2	Develop network of providers in Collin County	12/1/15	3/31/16	3
9.3	Create projection of outpatient staff need based on TRR	2/1/2016	2/29/2016	3
	Est. with community input two-tier eligibility system to accommodate excess			
9.4	beyond DSHS contract and priorities for implementation	4/1/2016	6/30/16	3
9.5	Est. adult CCRG (Community Resource Coordination Group)	10/3/16	1/2/17	3
10	Outpatient Services (Child/Adolescent)	8/3/15	10/31/16	3
10.1	Explore Anasazi capacities to automate and track individual client compliance	8/3/15	11/2/15	3
10.2	Develop network of providers in Collin County	12/1/2015	3/31/16	3
10.3	Create projection of outpatient staff need based on TRR	2/1/16	2/29/16	3
	Est. with community input two-tier eligibility system to accommodate excess			
10.4	beyond DSHS contract and priorities for implementation	4/1/16	6/30/2016	3
10.5	Hire , Train Family Partner Staff member	8/1/16	8/31/16	3
10.6	Train additional staff on required competencies	4/3/16	10/31/2016	3
11	Jail Diversion	8/3/2015	1/1/2017	3
11.1	Meet with jail health provider re: formulary and referrals	8/3/15	12/31/2015	3
11.2	Est. MOU and procedure for jail diversion efforts	6/1/16	9/30/16	3
11.3	Create ongoing CARE match with jail list	8/1/16	1/1/17	3
12	Finance and Billing	9/1/15	9/30/2016	3
12.1	Confirm external contracts payment process	9/1/2015	10/30/2015	3
12.2	Review participation in various private insurance plans	10/1/15	3/31/16	3
12.3	Create sliding scale and MAP processes for client payments	4/1/2016	8/31/16	3
12.4	Receive training on BH MAC process	4/1/2016	9/30/16	3

Transition Tasks & Timelines

ITEM	Task Description	START	COMPLETE	PRIORITY
13	Crisis Services (Inpatient)	10/1/2015	10/31/16	1
13.1	Meet with all local hospitals to explore contracting options	10/1/2015	12/31/15	1
	Negotiate contracts for adult and children's inpatient services to include:			
13.2	discharge procedures, formulary and authorization process	6/1/16	10/31/2016	1
13.3	Create aftercare liason with designated state hospital	7/1/2016	9/30/2016	1
14	Intensive Services	10/1/2015	10/31/16	3
14.1	Est. need for increase in ACT services	10/1/15	12/30/2015	3
14.2	Plan graduated return of out-of-county ACT recipients	5/1/2016	12/31/2016	3
	Work with Collin County judges on expansion of Outpatient Competency			
14.3	Restoration	5/1/2016	12/31/2016	3
	Create (and hire or assign) Suicide Prevention Coordinator position; train as			
14.4	needed	10/3/16	12/31/16	3
15	Crisis Services (Hotline)	11/2/15	1/1/17	2
15.1	Identify and visit successful models	11/2/15	12/31/2015	2
	Create response procedures to hotline calls that meet standards, including follow			
15.2	up	1/1/2016	2/29/16	2
15.3	Negotiate contracts with chosen service provider	2/1/16	4/29/16	2
15.4	Publicize phone number	9/3/2016	1/1/17	2
16	Substance Abuse (Inpatient and Residential)	1/1/2016	10/31/16	2
	Review required core services and dedicated funding under LBHA standards and			
16.1	contract requirements	1/1/2016	2/29/2016	2
16.2	Create ideal array of services, including detox, residential, and inpatient	3/1/16	3/31/16	2
	Est. with community input two-tier eligibility system to accommodate excess			
16.3	beyond DSHS contract and priorities for implementation	4/1/2016	6/30/16	2
16.4	Develop network of providers through contract	7/1/2016	10/31/16	2

Transition Tasks & Timelines

ITEM	Task Description	START	COMPLETE	PRIORITY
17	Substance Abuse (Outpatient - Adolescent)	1/1/2016	10/31/16	2
	Review required core services and dedicated funding under LBHA standards and contract requirements	1/1/16	2/29/16	2
17.1	Create ideal array of services	3/1/16	3/31/16	2
17.2	Est. with community input two-tier eligibility system to accommodate excess beyond DSHS contract and priorities for implementation	4/1/16	6/30/16	2
17.3	Develop network of providers through contract and staff models	7/1/2016	10/31/16	2
17.4				
18	Substance Abuse (Outpatient - Adult)	1/1/16	10/31/16	2
	Review required core services and dedicated funding under LBHA standards and contract requirements	1/1/16	2/29/2016	2
18.1	Create ideal array of services	3/1/16	3/31/2016	2
18.2	Est. with community input two-tier eligibility system to accommodate excess beyond DSHS contract and priorities for implementation	4/1/16	6/30/2016	2
18.3	Develop network of providers through contract and staff models	7/1/16	10/31/16	2
18.4				
19	Pharmacy, Medications, and Labs	3/1/2016	10/31/16	2
19.1	Est. PAP procedures, manpower needs, and goals (all providers) for PAP	3/1/16	4/29/16	2
19.2	Determine formulary	3/1/2016	6/31/2016	2
19.3	Contract with external pharmacies	6/1/16	8/31/16	2
19.4	Contract with labs	6/1/2016	8/31/16	2
19.5	Est. procedures for New Gen uses, funds, waiting list	9/1/16	9/30/16	2
20	Discontinuation of NorthSTAR Structure	3/1/2016	12/31/2016	3
20.1	Negotiate reciprocal agreements for clients currently served out-of-county	5/1/2016	11/30/2016	3
20.2	Est. with community input two-tier eligibility system to accommodate excess beyond DSHS contract	4/1/2016	6/30/2016	3
20.3	Records transfer from VO, including all Collin County lists, current auths, and outlier approvals	9/1/16	11/30/16	3
21	Client Benefits	8/1/16	11/30/2016	3
	Create procedures within financial assesment for evaluating benefits eligibility and/or assistance to be provided	8/1/16	11/30/2016	3
21.1	Gain skills, knowledge, and expertise in assisting clients to access benefits	8/1/16	11/30/2016	3
21.2				

Attachment 4

Stakeholders Meeting Rosters

and

Comments Received with Response Actions Noted

Sept 4, 2015

Collins County Local BH Independent Care Plan
Review & Comment
V5

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Sept 4, 2015

Speakers

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des Angeles Cruz			
Claudia Caggin			
Leigh Hornsby			

MEETING SIGN-IN SHEET
COLLIN COUNTY BEHAVIORAL HEALTH PROJECT
Final Local Plan for Indigent BH Care and Transition from NorthSTAR to Collin County LBHA

September 15, 2015

2300 Bloomdale Road, McKinney TX

PLEASE PRINT

Name	Organization Representing	eMail Address	Telephone
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N.B. others' comments received by e-mail by dAC included in Plan Attachment

City

Review and Comments on Preliminary Plan submitted 3.2.2015

1. Concerns about the Authority – Provider separation, access/waiting lists and choice

This comment has been addressed through information/education for stakeholders provided by Dr. Cruser, and through narrative sections in the plan document.

2. Support the need substance abuse treatment options in the County

This comment has been addressed through several tracks: narrative sections in the plan regarding authority functions, needs assessments, current system access across geopolitical boundaries that will continue through inter-local or inter-agency agreements, and funding capacities.

3. Apprehensions about a redesign of crisis services

LifePath Systems has been awarded crisis expansion funds to begin to increase its capacity for early intervention in pending crisis situations and improved discharge planning to reduce reoccurrences with a crisis clinic weekday after hours and on weekends and a law enforcement liaison program. Additional resources will be added to rebalance the system away from depending on the 23-hour observation program as soon as either additional resources are available or the new LBHA is in place.

4. Misunderstandings about losing services or benefits

This concern has been addressed in the plan through the services sections and in planning and review meetings with stakeholders.

5. Concerns funding will not support ambitious plan

This concern is acknowledged. As planning activities move forward in the transition period, stakeholders will be involved and informed regarding funding and services requirements. This new plan incorporates a greater depth and breadth of services currently not available in Collin County.

6. Request to include the clubhouse model

This specific program model is growing in Texas and has been successful at increasing community tenure, life skills, and engagement in treatment protocols. Inasmuch as LifePath Systems and Collin County anticipate this will be a component of the service area resources, and consumers and advocates are working toward establishing a local Clubhouse program, the discussion and planning are underway.

7. Questions about data integrity (services and expenditures)

This will be addressed in early 2016, via an analysis of the State FY2014-15 and 15-16 DSHS data on services utilization in Collin County under NorthSTAR to update the previously (2011) published three-year study data from 2007-9.

Review and Comments on Final Plan between September 4 and September 28, 2015

September 4 and 15

1. Authority – Provider separation, access/waiting lists and choice

For the September 15 Review Session we provided additional information about the functions and the distinction between authority and community center or MHMR. We provided two handouts: 1) Information Item I Instructions for Local Planning, and the Texas Health and Safety Code Section 533.035 and reviewed these for the participants. We also provided a slide with urls for their use in further exploring the statutes and codes related to authority and provider (also community centers). One additional handout explained the impact of the structure of NorthSTAR regarding VO being the de-facto authority as that organization receives the funds and conducts the contract process versus the NTBHA – authority in name but not in practice – nor a provider.

2. Request to include the clubhouse model in formal dialogue with LifePath Systems (currently would pursue with NTBHA and VO)

The Consultant Team has years of experience with Clubhouse models having developed and managed them in two other states. Also, the dialogue has begun with the County and with LifePath for the consumer advocate group “Prelude Clubhouse” to address funding sources, strategies, process.

3. Expand targeted outreach and collaboration with Mental Health America (currently ‘of greater Dallas’) and other organizations.

This refers to the interest in working with MHA of Greater Dallas to become more a part of the Collin County community and partner in initiatives such as community education and information.

4. Ensure the system is pro-active and includes assertive outreach and community education/information.

This refers to several discussions, the most important and frequently addressed being that of providing both a family liaison program and ombudsman services. LifePath Systems is committed to working with the stakeholders to develop these focused programs.

5. Reach out to indigent populations and persons at-risk

This refers to services such as outreach to nursing homes, shut-ins, schools, and remote areas of the service area – North, East and Northeast in the county - particular those more rural areas. There is much to do, and although there is a clear commitment to include this aspect of a full system of care, it will require some time to address all the priorities required first in the performance contract. Meanwhile, consideration is given \.to the value of working with MHA of Greater Dallas to help move this forward.

6. Consult with existing crisis services providers to achieve maximum billing processes for crisis related services.

This comment was offered specifically by the current MCOT provider for NorthSTAR. We expect that LifePath Systems will work with the existing provider to learn and cooperate as crisis services are more fully developed and established in Collin County versus Dallas-based.

7. Identify current system efficiencies and strengths upon which to build.

This process will be incorporated into the transition process.

8. Identify gaps between homeless and at-risk populations and inpatient services.

LifePath Systems is already engaging in the inpatient infrastructure in Collin County, discussing with several large hospital systems how they can work together to ensure for example, but not limited to, that local beds are available and accessible, that referrals occur with clinical data sharing and that effective discharge planning occurs.

No other comments have been received as of 9.15.2015, 5 PM

A handwritten signature in black ink, reading "Dr. Angela Fennell, PhD". The signature is written in a cursive, flowing style.

Attachment 5

Letter to Interim Commissioner Kirk Cole

From Judge Keith Self

Re: Substance Abuse Funding and Strategies



COLLIN COUNTY

Office of the County Judge
Jack Hatchell Admin Building
2300 Bloomdale Rd., Suite 4192
McKinney, Texas 75071
Office 972-548-4631
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September 29, 2015

Kirk Cole
Interim Executive Commissioner
Texas Department of State Health Services
PO Box 149347
Austin, Texas 78714-9347

Dear Mr. Cole:

Collin County (and LifePath Systems) are very excited about moving forward with the enclosed plan for indigent behavioral healthcare. We are committed to working with the staff of HHSC and DSHS to develop and implement a system that is efficient, meets the needs of individuals and families, and helps build stronger, safer communities.

Among the changes that need to occur, one challenge stands out that will take careful coordination and continued exploration. The inclusion of substance abuse as part of the local authority's role adds considerable responsibility. Two issues make this even more complex in the Dallas area:

1. The total amount of funds designated for Collin County indigent substance abuse services is very small for the number and types of treatment services required, and for the known need in our communities. In the NorthSTAR program, mental health funds have been expended for substance abuse services. With the division of funds into their appropriate categories, it is clear that the dollars available are insufficient.
2. Another contributing factor adding to the difficulty is coming into compliance with the federal block grant requirements regarding the use of substance abuse funds. It is our intent to be in compliance with all federal and state rules and requirements. That may, however, conflict with the state's mandate to offer contracts to existing Significant Traditional Providers in the transition, as some of those are for-profit agencies.

We are prepared to proactively work together to resolve any future questions of access to care, county of residence and/or payment responsibility for substance abuse services. We wanted to bring this to your attention and hope to continue this conversation with the State's transition team to find solutions that will address this problem before January 2017.

Sincerely

Keith Self
County Judge