



# Preliminary Local Plan for Indigent Behavioral Health Services

## Request for Preliminary Agreement with HHSC and DSHS

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

**Collin County, Texas**

*Submitted*

**March 2, 2015**

This document is an application to the State of Texas in keeping with the directions of the Sunset Advisory Commission staff report of December 2014 regarding Issue 9. The Collin County Commissioners Court has identified both strengths and limitations in the existing behavioral health services system. This preliminary plan addresses how a new Local Mental Health Authority would build on existing strengths and address critical gaps in services, and assures that the proposed LMHA will fulfill all requirements of applicable state, local and federal regulations.

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## EXECUTIVE SUMMARY

Collin County is a current member of the NorthSTAR program, with a representative of county government on the North Texas Behavioral Health Authority Board. ValueOptions of Texas, Inc. contracts directly with individual providers in Collin County. In this system, services have been increasingly centralized diminishing local control over how to most effectively and efficiently configure indigent behavioral health services. Individual proprietary contracts have clouded the transparency expected in a public system of care. Perhaps unintended consequences of this practice are fragmentation and duplication of services across among providers.

We believe that a separate Local Mental Health Authority (LMHA) and a fresh perspective on the provider network will empower our communities to create a more robust and accessible system. Therefore we are submitting this Preliminary Local Plan for Indigent Behavioral Health Services to communicate our desire and intent to establish a separate LMHA in Collin County. On February 9, 2015, the Collin County Commissioners Court nominated Collin County MHMR, dba LifePath Systems, as the proposed LMHA.

This preliminary plan addresses elements that the Texas Sunset Commission, Department of State Health Services and Health and Human Services Commission require regarding structure and function for indigent behavioral health services. In this plan, we have described how the proposed LMHA would be organized and how it would approach and perform authority functions for mental health and substance use disorders programs. The current organizational structure positions LifePath Systems to effectively and efficiently assume the role of the LMHA. The Collin County Commissioners Court will work with the LifePath Systems Board of Trustees to ensure its capacity for fostering an open access system of services, responsive to diverse and growing community needs.

The planning process to develop a final plan by October 1, 2015, is already underway. Collin County has an experienced Core Transition Team with county leadership and our consultants. We are convening stakeholders around common goals and interests to identify gaps and develop deeper services options for indigent clients. A workgroup with representatives from law enforcement and the county judicial system has been formed, and a planning team with advocates, families and consumers is being developed. All of these and any additional planning groups will share information and periodically participate in joint sessions. Current NorthSTAR provider network organizations are also working together to plan for and ensure a smooth transition out of NorthSTAR as of 1 October 2016.

Collin County's contribution of IGT funds to local Delivery System Reform Incentive Program (DSRIP) projects totals approximately \$2 million over five years, and LifePath Systems alone has a commitment of approximately \$19 million in DSRIP IGT over five years. The commissioners court has also allocated approximately \$1 million annually for local indigent care. Furthermore, although the contribution to the NorthSTAR program was discontinued, the county commissioners court will ensure matching funds are committed according to the state formula or between approximately 10 and 14 percent of state general revenue allocated for a Collin County indigent behavioral health system.

The overall goal of this Preliminary Local Plan for Indigent Behavioral Health Services is to communicate our vision of a new and re-designed system of behavioral health services and resources in Collin County that includes effective partnerships to achieve optimum outcomes and efficiencies. This new system of care will adhere to all state policies, procedures, rules and regulations such as the Texas Resilience and Recovery model, priority population definitions, and contractual performance measures.

The preliminary plan has been approved by the Commissioners Court and the Board of Trustees of the local community center, listed in Attachments 1 and 2. Letters indicating a willingness to work together toward a new LMHA structure in Collin County are under Attachment 3.

## I. Applicant Organization

The current applicant organization is Collin County government. The Collin County Commissioners Court voted on February 9, 2015 to nominate LifePath as the proposed Local Mental Health Authority (LMHA) in Collin County. The commissioners court currently appoint members of the LifePath Board of Trustees (the Trustees).

### A. Status as a public entity

Collin County MHMR, doing business as LifePath Systems (LifePath), is a public entity organized under the statutes that govern community mental health and mental retardation centers in the State of Texas.

### B. Overall intent to integrate health and behavioral health services

Integration of behavioral health and primary care has begun through several 1115 Waiver projects in our Regional Healthcare Partnership 18. For example, LifePath has a clinic in Plano where primary care providers from UT Southwestern see priority population patients. Children's Health clinics in Collin County provide integrated behavioral health and primary care to indigent patients. The Collin County Adult Clinic system in Plano provides primary care to indigent patients, and would be an important provider to expand integration of care. The Collin County LMHA 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 Systems Board of Trustees would assume the role of the LMHA for Collin County. LifePath was created in 1986 as Collin County MHMR, and is the local authority for the state in Intellectual and Developmental Disabilities (IDD) services. Collin County and LifePath Trustees will review the membership together to ensure adequate and appropriate representation to conduct authority business, and clear lines of separation between authority and provider functions. This new local arrangement will restore transparency to the planning and contracting process and foster effective communications and coordination among network and other providers.

## III. Planning Process – Meetings and Participants

Collin County has established a Core Transition Team listed on page 10, and several additional planning groups. Current planning groups include one with current NorthSTAR provider agencies in Collin County with plans to include other providers, and one with representatives from law enforcement and the county judicial system. A roster of law enforcement participants at the initial meeting on February 11<sup>th</sup>, is Attachment 4. A planning group of advocates, families and consumers is being developed, and additional planning teams will be established after the Preliminary Agreement is in place with DSHS and HHSC. These planning teams will have opportunities to work together and share information.

During January and February 2015, we collected preliminary quantitative data, qualitative input, and other fact-based materials to help shape this Preliminary Plan. The Transition Team is in communication with the LifePath Trustees, the Dallas Behavioral Health Leadership Team, ValueOptions of Texas, Inc. (VO), and other NorthSTAR stakeholders, and has established on-going communications with the HHSC and DSHS liaison team. We have held informational meetings with Bluebonnet Trails Community Services, MHMR of Tarrant County, the Texas Council of Community Centers, and other similar organizations.

On January 30, 2015 Collin County held a stakeholders' meeting with a widely distributed invitation. The meeting's goal was to share information and clarify planning time lines. Thirty-six participants, representing providers, consumers, families and advocates, law enforcement, and the judicial system, contributed to this Preliminary Plan. The draft Preliminary Plan was widely distributed for comments.

## IV. Time Lines for Implementation

LifePath is the existing local authority for IDD, thus facilitating the transition to the role of the Collin County LMHA. There will be other authority functions for both mental health and substance abuse services management that will require time between now and September, 2015 to address more specifically than we are able to address them in this preliminary plan. The goal is to re-design the array of indigent care behavioral health services in Collin County for a locally accessible full continuum of mental health and substance abuse services. We expect to completely transition out of NorthSTAR as of 1 October 2016.

## V. Services Plan

In this section of the plan we address what and how we will enhance and expand behavioral health services in Collin County. The overall goal of this Preliminary Local Plan for Indigent Behavioral Health Services is to communicate our vision of a new and re-designed system of behavioral health services and resources in Collin County that includes effective partnerships to achieve optimum outcomes and efficiencies. Specifically we describe how Collin County will build on existing system's strengths and expand the services mix to be more responsive to local needs. An important focus of our future planning will be a redesign of essential services that are currently centralized in Dallas County. Another area of focus will be establishing services not currently available in Collin County in sufficient quantity including but not limited to jail diversion and post-release options, residential SUD options, disaster response services, intensive outpatient and partial hospitalization; inpatient; and substance abuse residential treatment.

### A. Existing provider network

Collin County has four outstanding 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. In the current system network providers have been competitive, thereby inhibiting collaboration and cooperation. However as we make progress in developing the final plan for indigent behavioral health services in Collin County, we will reach out to other local providers to include them in the planning process including for example, MedPro methadone clinics and Galaxy Counseling and multiple individual private practitioners. Providers of laboratory services, transportation, and other support services will also be contacted to explore agreements/contracts.

### B. Minimum required services per statutory mandates

As the proposed LMHA, LifePath would ensure the provision of all required services according to Texas statutes and contracts. At a minimum the following is a brief list: Continuous accessible telephone service; Benefits screening and enrollment assistance; Outreach, screening, assessment and testing; Outpatient therapies, case management services, and rehabilitative services; Emergency, crisis, and respite care programs; Consumer peer-support programs; Inpatient services; and Medication-related services. Network providers will participate in and provide disaster services as needed, ensure continuity of care for persons released from hospitals, jails, and other restrictive settings, 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 LMHA, LifePath would ensure adherence to priority populations definitions across the provider network. The LMHA would ensure compliance with all guidelines for evaluating individuals who present for treatment to achieve a carefully derived diagnostic determination. Assessments are and will continue to be thorough and address every aspect of the individual's health including but not limited to evaluating health status, co-occurring psychiatric and SUD, social support resources, and financial resources. This ensures a comprehensive profile can be developed to address the whole person in the environment, thus guiding the approach to treatment.

## 2. Level of Care

Levels of Care (LOC) defined in the TRR UM guidelines for adults and for children and adolescents will facilitate a coordinated approach to services planning. UM monitoring processes will engage the provider network in data-driven decision making. In cooperation with the Department of State Health Services, the LMHA would monitor LOC deviations, complaints, and trends. Personnel will be trained in the Children and Adolescents Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA), with documented proficiencies. Personnel will use appropriate clinical judgment in applying LOC guidelines, and information will be readily available to consumers and advocates regarding these guidelines.

## D. Proposed New Structure of Services for Adults and Children

In September 2009, Collin County commissioned a study that was completed in 2011. That study described expenditure and services utilization patterns relative to Collin County residents enrolled in the NorthSTAR program, and identified strengths and limitations of NorthSTAR vis-à-vis services in Collin County. From our initial assessment of data for calendar year 2014, those patterns, strengths and limitations have not changed.

Then and now, Collin County law enforcement depend heavily on the centralized 23 hour observation program at Green Oaks Hospital. Data 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 is needed as described in section 2 below.

Neither Crisis Redesign nor TCOOMMI funds through VO, were utilized in Collin County. Collin County acquired a competitive grant from the Texas Indigent Defense Commission for over \$300,000 in 2013 and renewed in 2014, for services for offenders with mental illness. The county commissioners recognize that pre-adjudication diversion and post-incarceration reintegration are two areas in need of strengthening and expanding. Enhancing and expanding care locally will fill critical gaps in community reintegration from hospitals and jails.

Regarding the overall need for behavioral health services in Collin County, scholarly published data are mixed on the prevalence and incidence of mental illness in the context of socioeconomic (SES) factors. Evidence does suggest however, that a downward drift in SES tends to occur following use of behavioral health services, and dependence on treatment location fosters residential clustering. Collin County leaders and stakeholders are interested in slowing the geographic drift to centralized services by increasing locally accessible resources throughout the county.

There are six broad areas of focus for system redesign, not in a priority order listed below.

1. Establish well-coordinated early detection and intervention/prevention programs for adults and child/adolescent populations;
2. Establish a full continuum of outpatient care including at a minimum, partial-hospitalization, intensive outpatient, supervised outpatient, and expanded intensive case management on a continuum, for adults and adolescents;
3. Re-design existing crisis response and intervention systems and prevent unnecessary use of inpatient/emergency departments for all ages;

4. Expand inpatient treatment options with improved discharge planning and aftercare for all populations;
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. Enhance and expand pre-adjudication, post-release, and community supervision programs for persons with mental illnesses – adults and adolescents.

## 1. Outpatient Services

### a) *Mental Health*

The current outpatient mental health provider network for indigent care in Collin County is strong, but system gaps underscore the need for enhancement and expansion of that network. In addition to Child and Family Guidance and Adapt of Texas we will work with Metrocare and LifeNet Texas (the Skillman Clinic and the Bridge). 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 planning process. The focus in this Preliminary Plan is on addressing gaps in the current system while continuing to provide current high quality programs.

In addressing mental health services priorities, specifically we can provide two examples of existing gaps that will be addressed. First, more Collin County residents were authorized at LifeNet and Metrocare than at LifePath, to receive a higher level of care than originally recommended. This suggests that more severe cases are being seen in Dallas County. Second, one approach to preventing unnecessary use of homeless services in Dallas is by providing supported housing and employment locally.

There are other specific services needing expansion, such as outpatient competency restoration, intensive outpatient and assertive community treatment and children's services, that will be addressed in more detail in the final plan. Administratively there are enhancements and expansions as well. For example, we will need to engage in health information exchange systems and create a centralized data bank for more effective continuity of care and crisis intervention.

### b) *Substance Abuse*

Collin County has a limited array of SUD programs, for both single and co-occurring conditions. We expect to continue to work with Life Management Resources in Plano and Wyllie, and with Homeward Bound, Inc. in Dallas, for planning services contracts. Under the LMHA, resources would be solicited to expand local residential treatment and detox services. This will require close cooperation among our existing providers and engaging new providers for local access. Regarding the Outreach, Screening, Assessment and Referral functions, the LMHA will connect with Allen Community Outreach, Community Lifeline, and Assistance Center of Collin County and others currently involved in the Outreach, Screening, Assessment and Referral services (OSAR process), and coordinate other services with them.

## 2. Crisis services

Collin County has had limited access to crisis redesign funding through VO, and limited opportunity to participate in planning for crisis services for Collin County. A multi-layered crisis system will be an essential element of a new system. Adapt of Texas currently provides some crisis services that we would expect to continue, and yet there are other elements of an effective crisis management system that we need to enhance and expand, including mobile crisis outreach, respite care and timely peer support .

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. Although data reflect 425 of these individuals were in the custody of law enforcement, these data need further examination and careful analysis to define 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.

Specifically we have already begun to consult with law enforcement and existing local hospitals including HCA Green Oaks leadership, in designing a multi-layered network of easily accessible crisis intervention, response, and management services. This multi-layered network will include for example, one or two facilities with medical and psychiatric personnel, for easy access by law enforcement and other first responders, immediate telephone response for pre-presentation consultations, rapid assessment of risks, clinical and social triage protocols for effective and immediate interventions and referrals, and mechanisms for intensive follow-up and review of outcomes.

### **3. Inpatient services**

Inpatient services coordination will work in cooperation with the state hospital system and local inpatient programs. Local inpatient behavioral health services in Collin County for indigent patients are minimal at best. Patients hospitalized locally at the Green Oaks facility at the Wysong Campus are referred from Green Oaks in Dallas. Local NorthSTAR providers receive referrals for VO NorthSTAR patients but we do not have specific data at this time to inform our planning. Transicare handles referrals. For local inpatient care many organizations will be involved in the planning, both current and new potential providers. We will investigate existing programs such as Timberlawn, Green Oaks and other hospitals. We will also initiate discussions with local hospitals including Texas Health Presbyterian in Allen, Baylor Medical Center, and others with interest in providing psychiatric care.

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

### **4. 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.

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

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. Our plan will address how we will preserve client care arrangements under the new Authority system while planning for local resources to fill existing gaps, and make arrangements for future reciprocity. Our Collin County network will provide open access with quality management review processes. We will ensure consumer choice and advocacy according to all existing rules and regulations.

## F. Local provider network

The current provider network agencies in Collin County are individually strong, but recognize the need for network expansion and enhancement. Current NorthSTAR providers and other new partners will work with us in the planning process to ensure the best array and mix of services to meet local needs through agreements and contracts. For future network expansion, the LMHA will provide consumers with choices of qualified providers to the maximum extent possible, using an “any willing provider model,” as long as those providers meet standards.

## G. 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 provided with some real time insights into the health status of our behavioral health clients. As we plan the new local system of care in Collin County, our provider network will collaborate in identifying targeted health needs of our clients. At this time, we anticipate that health education and treatment for diabetes, hypertension, and nutrition may be among the top priorities for our population. Early intervention for persons at risk for developing disease conditions will be included in our plans for integrating health and behavioral health services. Further, we understand that the managed care organizations will be integrating behavioral health services into the management of primary care services. We will collaborate and coordinate with them in any initiatives addressing integrated care.

# VI. Authority – Provider Structure and Function

LifePath Systems, as Collin County MHMR, is a public entity meeting criteria for designation as the Collin County LMHA, and serves as the current Authority for IDD services.

## A. Anticipated structure

LifePath has been nominated by the Collin County Commissioners Court to be the LMHA for Collin County. As such, LifePath would meet all requirements of statute and of the Performance Contract Notebook and related documents. LifePath will establish an administrative structure that separates local authority and provider functions. Specifically, the authority structure will be constructed in a transparent manner, comparable to other existing LMHAs outside of the NorthSTAR system. Personnel performing authority functions at LifePath would perform their duties separate from services personnel responsible for intake, outpatient Mental Health and SUD treatment services, crisis services, continuity of care, and peer services.

## B. Functions

As described in the Performance Contract Notebook and related documents, the Authority will both perform and contract for specific Authority functions. These functions include but may not be limited to the following. Policy development/deployment and monitoring, local planning, development, allocation, and coordination of resources, local provider network development and management/training, credentialing and training personnel, claims processing and payments, managing access and coordinating services, consumer relations and rights protection, quality and utilization management and information systems design, utilization and security. As the LMHA, LifePath would serve as liaison for the service system with the community and the State, and manage the new generation medication program.

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

### C. Local matching funds

Collin County's contribution of IGT funds to DSRIP projects totals approximately \$2 million over five years. LifePath has a commitment of approximately \$19 million over five years. The commissioners court has allocated approximately \$1 million annually for indigent care. Furthermore, although the contribution to the NorthSTAR program was discontinued, the county commissioners court is committed to ensuring a community wide investment of local matching funds according to the state formula, or between 10 and 14% of the state general revenue appropriated for a Collin County indigent behavioral health system.

Further, working together the community will also be able to secure additional local dollars for indigent behavioral health services. 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 Authority 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 Authority 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 LMHA on the completeness of the provider network, problems that require LMHA intervention and opportunities for improving or expanding the network. In assembling the network, the LMHA 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 LMHA is more experienced on the behavioral health planning activities.

### E. Utilization Management (UM)

As defined in the DSHS Performance Contract Notebook, the LMHA would implement a UM program based on the Texas Resiliency and Recovery UM Guidelines. The LMHA UM program would 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 LMHA will comply with all SUD UM requirements.

### F. Reporting (Performance, Financial, Outcomes)

The LMHA 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 LMHA 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 LMHA at LifePath would 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 LMHA 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 LMHA.

The LMHA will also participate in and report under the requirements for SUD 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 Core Transition Team includes three expert consultants who will continue to organize, convene, and facilitate planning meetings to engage new and existing stakeholders in the process of transition. Following approval of this Preliminary Plan we will continue to work with these consultants through the next stages of planning a robust, responsive, innovative, and open system of care. Our understanding of timelines provides us with six to seven months of working together to craft a truly local community plan.

### A. Formulating partnerships

Our Core 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. We will increase our networking activities across the Collin County community, and expand participation in our open meeting series scheduled to begin March 27, 2015. Existing Collin County NorthSTAR providers will be meeting twice monthly beginning in March 2015. Our law enforcement and family/consumer planning groups will also be meeting regularly. Other partnerships will include organizations noted in earlier sections of this preliminary plan.

Our transition team consultants, who also manage Collin, Rockwall and Grayson County 1115 Waiver projects, are in communications with the Dallas transition team on several aspects of planning at this early stage of the process. Following approval of the Preliminary Plan however, we will engage more fully with our colleagues in contiguous LMHAs to plan together how to ensure continuity of care, reciprocal agreements for clients who cross LMHA borders for services, and to share ideas for innovation and expansion of programs, and avoid unnecessary duplication of services.

Also, LifePath has existing agreements with UT Southwestern, Collin County Adult Clinic, Collin County's Adult Probation, Drug and Teen Courts, and Managed Care Counsel, several school districts, local colleges, Metrocare for pharmacy services, Helen Farabee Center for the Medical Director, and Child Protective Services. Based on input from community stakeholders and a plan to gain the greatest efficiencies, LifePath will continue to explore new partnerships to perform selected provider and authority functions.

### 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 LMHA will restore transparency in seeking providers and establishing contractual relationships. As the proposed LMHA, LifePath has extensive experience developing, negotiating,

managing and monitoring contracts. Future contract negotiations would focus on meeting requirements of funding sources and internal quality assurance policies. The LMHA will comply with Texas Administrative Code Title 25, Part 1, Chapter 412, Subchapter P, Rule 412.755 Conditions Permitting LMHA Service Delivery.

### 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. Keeping the responsibility for the more complex or clinically ambiguous cases in-house, the LMHA for Collin County would have “boots on the ground” for conducting concurrent chart reviews, face to face discussions with the clients’ clinical team and ability to better recognize and act on information not generally used in the standard UM process.

### D. Challenges and Opportunities

Immediately following approval of the Preliminary Plan for Collin County, we will begin in earnest on a six month planning process. Our Core Transition Team will be working closely with stakeholders and interested other constituents to clarify priorities with the best available data in a participatory planning process. This process will help us to delineate in a final plan, the goals that will guide the enhancement and expansion of indigent behavioral health care in Collin County. This opportunity to take a fresh look at our local behavioral health system has encouraged our stakeholders and other partners to identify and pursue common goals in innovation and expansion of locally accessible and integrated behavioral and primary healthcare services.

We expect to face unforeseen challenges and to embrace perhaps unforeseen opportunities. Our current list of challenges and opportunities is provided below.

#### **Challenges we have identified include but are not limited to:**

- Making decisions about how to best construct and perform Authority functions with transparency and appropriate checks and balances;
- Establishing effective cooperation agreements between a new LMHA and Dallas County based providers
- Coordinating between Medicaid and Indigent Care programs when eligibility changes
- Creating new local emergency and inpatient programs and facilities.
- Increasing SUD treatment options.
- Implementing administrative systems for authority functions in both mental health and SUD
- Guarding against waiting lists
- Coordinating with other systems of care such as the Veteran’s Administration, Social Security, non-network providers and resources

#### **Opportunities we have identified include but are not limited to:**

- Convening stakeholders around common goals
- Innovating and developing a more robust system of resources for behavioral healthcare locally
- Accessing funding sources heretofore inaccessible to Collin County
- Improved coordination and reduced duplication of services among providers
- Closer working relationships with other agencies and resources such as the Department of Assistive and Rehabilitative Services (DARS)

This preliminary plan has been approved by the Commissioners Court and the Board of Trustees of the local community center, listed in Attachments 1 and 2. Letters indicating a willingness to work together toward a new LMHA structure in Collin County are under Attachment 3. The roster of the initial Law Enforcement Planning Group is Attachment 4.

## Summary

An Attachment 5 to this plan document provides a recent statement of the aspects of a new public mental health system subscribed to by the North Texas Society of Psychiatric Physicians and a one-page summary of Collin County: Aims For A New LMHA in the form of nine problems and solutions statements.

## VIII. Assurances and Endorsements

- A Compliance with requirement that providers serve both indigent and Medicaid populations No contracts will be let with providers that do not serve both indigent and Medicaid patients/clients.
- B Compliance with State methodology for quantitative goals (persons served and performance measures) The LMHA will comply with the State methodology for persons served and performance goals as stated in the Performance Contract Notebook and associated documents. Specifically, the LMHA 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 LMHA 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 LMHA will comply with State methodologies for quantitative goals and reporting, and with all other relevant State and Federal requirements.

## The Core Transition Team includes

Keith Self, Collin County Judge  
Commissioner Cheryl Williams, Collin County Precinct 2  
Bill Bilyeu, County Administrator  
des Anges Cruser, PhD, MPA  
Leigh Hornsby, PhD, M.C.M.  
Claudia Coggin, PhD, MS, CHES

With the state's approval of this Preliminary Plan,  
Randy Routon, PhD Chief Executive Officer, LifePath Systems will join the Core Transition Team.

## **IX. Signature Pages**

### **Attachment 1**

Collin County Commissioners Court Resolution: February 24, 2015

### **Attachment 2**

LifePath Systems Board of Trustees Resolution: February 26, 2015

### **Attachment 3**

Letters of working agreement

- Adapt of Texas
- Bickford, Dana and Janice – Family Members
- Child and Family Guidance Center
- Chief of Police, Town of Prosper
- Green Oaks Hospital
- Life Management Resources
- Metrocare

### **Attachment 4**

- Stakeholders Meeting roster 1.30.15
- Law Enforcement Meeting Roster 2.11.15  
(starred names indicate interest in on-going planning group)

### **Attachment 5**

- North Texas Society of Psychiatric Physicians Aspects of a New Public Mental Health System
- Collin County: Aims For A New LMHA (summary of problems and solutions addressed in this preliminary plan)
- Summary of final draft preliminary plan comments received and addressed

## Attachment 1

Collin County Commissioners Court Resolution

February 24, 2015

THE STATE OF TEXAS

COUNTY OF COLLIN

Subject: LMHA Plan – Administrative Services

On February 24, 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  
Cheryl Williams  
Chris Hill  
Duncan Webb Not Present

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 of the Preliminary Local Plan for Indigent Behavioral Health Services.

Thereupon, a motion was made, seconded and carried with a majority vote of the court for approval of the Preliminary Local Plan for Indigent Behavioral Health Services. Same is hereby approved in accordance with the attached documentation.



Keith Self, County Judge

Susan Fletcher, Commissioner, Pct. 1

Cheryl Williams, Commissioner, Pct. 2

Chris Hill, Commissioner, Pct. 3

Not Present

Duncan Webb, Commissioner, Pct. 4

ATTEST:

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

## **Attachment 2**

**LifePath Systems Board of Trustees Resolution**

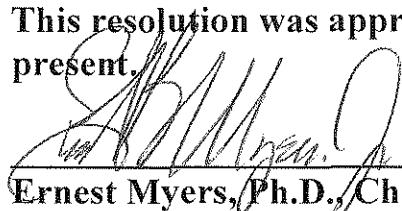
**February 24, 2015**

# **RESOLUTION OF THE BOARD OF TRUSTEES *LIFE PATH SYSTEMS***

The Board of Trustees of Collin County Mental Health Mental Retardation Center, dba *LifePath Systems*, convened in a regularly scheduled meeting on this date, February 26, 2015 and approved the following resolution:

**“Be it resolved that the Board of Trustees of LifePath Systems approves and will support the *Preliminary Local Plan for Indigent Behavioral Health Services* to be submitted to Texas Health and Human Services Commission by Collin County.”**

This resolution was approved by a majority of the Board members present.

  
Ernest Myers, Ph.D., Chairman

  
P. Dee Roessler, JD, Secretary

## Attachment 3

### Letters of working agreement

Adapt of Texas

Bickford, Dana and Janice – Family Members

Child and Family Guidance Center

Chief of Police, Town of Prosper

Green Oaks Hospital

Life Management Resources

Metrocare



**Adapt of Texas  
1305 West Jefferson, Suite 210  
Waxahachie, Texas 75165  
(866) 935-9796**

February 24, 2015

Collin County Judge  
The Honorable Keith Self  
2300 Bloomdale Rd.  
McKinney, TX 75071

Dear Judge Self:

I am writing to express my support of Collin County's efforts to form a Local Mental Health Authority (LMHA). Continuity of care for the people who are being served in Collin County must be a top priority. I look forward to working with you and your team to shape the Indigent Behavioral Health System under this new LMHA.

Sincerely,

A handwritten signature in black ink that reads "Todd Wright".

Todd Wright, LPC-S  
Executive Director  
Adapt of Texas

910 Twin Creeks Drive  
Allen, TX 75013

February 28, 2015

Judge Self  
Collin County Judge  
2300 Bloomdale Road  
McKinney, TX 75071

Dear Judge Self:

As involved parents of a dual diagnosis young man, we have been engrossed in local patient care issues among the indigent mental health and substance abuse populations in Travis, Dallas and Collin Counties. We are blessed that he is considered a success story and is currently enrolled in the NorthSTAR system as both a patient and a provider. Our son's experiences in the legacy MHMR systems in Travis and Dallas Counties over a period of several years were inadequate, unhelpful, unacceptable, and life-threatening.

We greatly appreciate your efforts to transform Collin County's mental health and substance abuse services out of the NorthSTAR program to a new and independent Collin County Local Mental Health Authority. While NorthSTAR was a life saver for our son and in view of the county's significant ongoing growth, we strongly support Collin County's efforts to improve and deepen these services with a locally run program that is effective, consistently responsive, and more efficient. We believe Collin County is off to a good start with strong support from key stakeholders and we want to help, so call on us any time you need support. I can be reached at 214-289-3866 and Janice can be reached at 972-898-6581.

Having seen the MHMR and NorthSTAR models up close, we know we can do better. Spending more effectively on well-functioning mental health, substance abuse and jail diversion programs for indigent citizens has the potential to benefit Collin County for decades to come with an improved quality of life for all its citizens. Done well, I'd like to think we could provide a model for other counties throughout Texas.

Sincerely,

  
Janice and Dana Bickford



**child&family**

Child & Family Guidance Center

February 18, 2015

The Honorable Keith Self,  
Collin County Commissioners Court  
Collin County Administration Building  
2300 Bloomdale Rd., Suite 4192  
McKinney, TX 75071

RE: Intent to Continue Service Provision to Indigent Collin County Residents

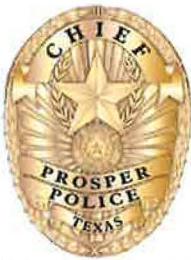
Child and Family Guidance Center (CFGC) is incorporated as a 501 c-3, not-for-profit agency. Established in 1896, CFGC has provided outstanding services for over a century to North Texas communities, making it one of the area's most experienced providers of mental health services. Providing services to Collin County residents has been an important component of our mission, "To provide quality, accessible mental health services to strengthen children, families, and communities," for many years.

Currently, Child and Family Guidance Center, offers a wide variety of behavioral health services to Collin County residents under the multiple payment systems, including a large number of services paid via the NorthSTAR program. Thus, with the selection of LifePath Systems as the new LMHA for Collin County, it is the desire of CFGC, as a key traditional provider in Collin County, to continue serving indigent consumers. Therefore, it is the intent of CFGC to work cooperatively with the newly established LMHA to negotiate a contract for the ongoing provision of behavioral health services.

I appreciate the opportunity to state, on behalf of CFGC, our interest in continued participation in the Collin County behavioral health system. If you have any questions, or need additional information, please feel free to contact me at 214-956-3517 or by email at [clucky@childrenandfamilies.org](mailto:clucky@childrenandfamilies.org).

Sincerely,

Carol E. Lucky, CEO



## Prosper Police Department

P.O. Box 307  
101 South Main  
Prosper, TX 75078  
Administration (972) 347-9002 Fax (972) 347-9003 Dispatch (972) 347-2226

Chief of Police - Douglas A. Kowalski

---

The Honorable Keith Self  
Collin County Judge  
2300 Bloomdale Road  
McKinney, TX 75071

Dear Judge Self,

Please accept this letter as my commitment to work with you as Collin County makes the transition out of the North Texas Behavioral Health Authority to establish an independent Collin County Local Mental Health Authority. As a member of law enforcement leadership in Collin County, I have a great deal of familiarity with issues of public safety and mental health. News of this proposed change in the way we conduct our business in behavioral health related crisis management naturally raised some initial concerns among some of my colleagues.

On February 11, you and your transition team invested considerable time in a meeting with about 40 members of the law enforcement community from Collin County. I appreciate that you and your team are sensitive to our concerns regarding modifications to the current procedures. A law enforcement planning group was formed and we will begin our deliberations this month. Because of my role in law enforcement and my position on the LifePath Board of Trustees, I have volunteered to be a part of that team. I absolutely believe that together we can create a better system of behavioral health related crisis management in Collin County.

As always, thank you for your time and dedication to improving the quality of life for all segments of our community. Please feel free to call on me any time as we move forward in this plan for improving indigent behavioral health services.

Best regards,

Doug Kowalski  
Chief of Police  
Town of Prosper



GREEN OAKS

GREEN OAKS

February 24, 2015

Collin County Judge  
The Honorable Keith Self  
2300 Bloomdale Road  
McKinney, Texas 75071

Dear Judge Self:

I am writing to express my support of Collin County's efforts to form a Local Mental Health Authority (LMHA). I am representing those being served by our Wysong and Green Oaks facilities. Continuity of care for the people who are being served in Collin County must be a top priority. I look forward to working with you and your team to shape the Indigent Behavioral Health System under this new LMHA.

Sincerely,

Thomas M. Collins  
President, Chairman and CEO  
Green Oaks Hospital

2301 Ohio Dr., Suite 150  
Plano, TX. 75093  
972.985.7565  
Fax 888.664.0571

# Life Management Resources

February 18, 2015

Honorable Keith Self  
Judge Collin County Commissioners Court  
2301 Bloomdale Rd.  
McKinney, TX 75071

Dear Judge Self:

In 1999 I was given the opportunity to be a part of a new program that would make access to treatment and quality of treatment significantly better for the indigent population in Collin County. That program was of course NorthStar.

Despite its frailties, NorthStar has significantly improved access to treatment and medication management which in turn has saved countless lives. Certainly we experienced many problems with NorthStar and Value Options. At times we all threw our hands up wanted to just be done with the entire system. But collectively we hung together and weathered the storm. We commiserated together, brainstormed together and gave each other a sense of comfort.

I anticipate that is much the experience we will be facing with a new entity. But I know that collectively we all aspire to a better way to help those in need. I am confident that today we don't have all the answers. But knowing the major players in this, Randy, Carol and Todd, I am confident that we can work to make this new program a major success. We will no doubt go through the same mental gymnastics we did with NorthStar, but we are now one step improved and should be able to achieve great success.

I am a willing and ready participant to take on whatever is required to make improvements in our care for those in need.

*Life Management Resources is:*  
**Dr. Fred J. Hansen, PhD, BCP, LPC, CEO**  
**Dr. Noor Gajraj, M.D., Medical Director**  
**Kimberly K. Fred, BS - Administrative Director**  
**Christi Nelson, LCDC - McKinney Director**  
**Jessica Fred, LCDC - Counselor**  
**Matt Osborn, LCDCI-Counselor**  
**Misty Harris, LCDC- Adolescent and Adult Counselor**  
**Casey Cobb, MA, LPC, Counselor**  
**DeAndrea Lozano, LCDC, Wylie Facilitator**  
**Marieta J. Hansen, BA - Community Outreach**  
**Sabina Stern, MS - Evaluator**  
**Rhonda Blackmore - Plano Administration**  
**Crystal DePiazza - Billing Coordinator**  
**"A Partnership of Caring Mental Health Professionals"**



Fred J. Hansen, Ph.D., BCP, LPC, CEO



February 19, 2015

The Honorable Keith Self  
Collin County Judge  
2300 Bloomdale Rd.  
McKinney, TX 75071

RE: Collin County Preliminary Plan for Indigent Behavioral Health Services Plan

Dear Judge Self,

On behalf of Metrocare Services, I would like to submit this letter of support in the County's decision to develop a final plan for the new proposed Collin County Local Mental Health Authority.

Collin County believes in self-determination and choice for individuals living with mental illness and substance abuse disorders. Collin County understands that it will be necessary to develop a recovery oriented system of behavioral health care for eligible indigent consumers, and coordinate with the Medicaid managed care organizations and local physical health providers.

Metrocare Services is pleased to support this opportunity and is willing to work with Collin County in their effort to serve as the new Local Mental Health Authority.

Sincerely,

Linda Thompson  
Chief Operating Officer

## **Attachment 4**

**Stakeholders Meeting Roster**

**1.30.15**

**Law Enforcement Meeting Roster**

**2.11.15**

# COLLIN COUNTY BEHAVIORAL HEALTH PROJECT MEETING SIGN-IN SHEET

January 30, 2015

Collin County Jack Hatchell Administration Building

## PLEASE PRINT

	Name	Organization Representing	E-mail Address	Telephone
17	MATHEW BRIGGS	Frisco PD	MBriggs@friscotexas.gov	972-292-6000 x4258
18	Candy Blair	CCHCS	CBair@coll.tx.us	972-548-5504
19	Carol LUCKY	Child & Family Guidance Ctr	clucky@childrenandfamilies.org	214 956 3517
20	Janice BICKFORD	910 Twin Creeks	bickfordjanice@tx.rr.com	972-727-3863
21	Amye NASH	GreenOaks	Amye.NASH@HeaHealthcare.com	972 548 5474
22	Dana BICKFORD		Dana.BICKFORD@tx.rr.com	214 289-3866
23	Tammy Mahan	LifePath	t.mahan@lifepathsystems.org	972-422-5939
24	Randy Rounton	"		
25	Jane Metzinger	Mental Health America	JMetzinger@mhdallas.org	214- 811-2420 X114
26	Nicole Bowers	Plano PD	nicoleb@plano.gov	972-941-2292
27	JIM DAVIS	Establishing Ciphers	cypressranger@gmail.com	214-994-3449
28	Fred Hansen	Life Management	fres@LIFETEXAS.com	972-985-7565
29	Doug Denton	Homeward Bound, Inc	ddenton@homewardboundinc.org	214-941-3500
30	Jonathan Kim	NAMI Dallas	jonathankim228@yahoo.com	469-952-7103
31	Randy Clark		CLARK24NOV77@aol.com	214-240-2347
32	Burch Thornhill	Sheriff Office	Bthornhill@w.willin.tx.us	972-547-5125
33	Andy Kelle	TM Luce (MHT)	akelle@texasstatefound.org	231 881 0770

# COLLIN COUNTY BEHAVIORAL HEALTH PROJECT MEETING SIGN-IN SHEET

January 30, 2015

Collin County Jack Hatchell Administration Building

## PLEASE PRINT

Name	Organization Representing	E-mail Address	Telephone
1 John Delaney	Lakes Regional	john.delaney@lrmhmrc.org	972-948-5173
2 John Horn	Hunt County	jhorna.huntcounty.net	903-408-4146
3 John Wallace	Lakes Regional	JamesW@LakesRegional.org	972-578-5964
4 Kelli Walker	Lakes Regional	Kelli.Walker@lrmhmrc.org	972-345-0493
5 Dan Corley	Lakes Regional	dan.c@lrmhmrc.org	972-382-9600
6 Tom Erwin	NAMI	TCE556@gmail.com	972-595-2490
7 Ron Stretcher	Dallas County	Ron.Stretcher@Dallascounty.org	469-385-1120
8 Sonja Gaines	FHSC		
9 Alyde Ferguson	MHM Collin Co	aferguson@co.collin.tx.us	214-491-4805
10 Herbert Cotner	Dallas PD	herbert.cotner@dpd.ci.dallas.tx.us	214-681-1795
11 Terry McCraw	Collin Co. Sheriff Office	Tmccraw@co.collin.tx.us	972-547-5249
12 Rik Lindahl	Life Path	rlindahl@life path systems.org	214-357-9444
13 Richard Ferguson	ALLEN Police DEPT.	rferguson@cityofallen.org	214.509.4210
14 Tom Collins	GreenOak's	Tom.Collins@HCHealthcare.com	972-770-0850
15 Preston Looper	Adapt/Harris LOGIC	PrestonLooper@adapt.us	214-966-4607
16 Sharon DeBlanc	NAMI Collin Co.	Sharon.deblanc@valueoptions.com	469-441-6754

1/30/15

Name	Organization	e-Mail	Phone
34 Sherry Cusumano	NAMI Green Oaks Plano P.D.	Sherry.Cusumano@ HCAHealthcare.com edde@gmail.com	214-212-8746
35 Ed Dein	Collin Co SO.		972-941-2412
36 Pam Palmisano	HHS	palmisano@Co.Collin.tx	972-547-5116
37 Debra Gonzales	DSHS	debra.gonzales@hhsc.state.tx.us	
38 Caryl Chambliss	MHA	caryl.chambliss@dshs.state.tx.us	
39 Matt Roberts	DSHS	mroberts@MHA Dallas.org	214 571 2420
40 Mike Maples	HHS		
41 Joey Reed			

NAME	AGENCY	EMAIL
Butch Thornhill	CCSO	bthornhill@co.collin.tx.us
Pam Palmisano	CCSO	p.palmisano@co.collin.tx.us
Jammy Knapp	Constable Pct3	sknapp@co.collin.tx.us
Claudia Coggins	Collin Co Transum	claudia.coggins@gmail.com
Randy Rounton	LifePath	rrounton@lifepathsystems.org
Tammy Mahan	LifePath	t.mahan@lifepathsystems.org
* Alyse Ferguson	Collin Co MHMC	aferguson@co.collin.tx.us
* MAT Briggs	Frisco PD	Mbriggs@friscotexas.gov
* David Crump	FRISCO PD	d.crump@frisco.texas.gov
* Herb Cotner	Dallas PD	herbert.cotner@dpd.ci.dallas.tx.us
Kenyon Pace	PARKER PD	kprice@parker.texas.us
Bill Brushung	PARKER FD	brushing@parker.texas.us
Mark Sanderson	Collin Co. S.O.	sandersonm@collincountytx.gov
Gary Edwards	Constable Pct2	gedwards@co.collin.TX.us
Tony Ray	S. Kerriff	skerriff@co.collin.TX.us
Bill Dobiganski	D.A.'s Office	bdobiganski@co.collin.tx.us
* Doug Kowalski	Prosper PD	doug.kowalski@prospertx.gov

February 11, 2015 Collin County Law Enforcement meeting roster

<u>Name</u>	<u>Agency</u>	<u>Email</u>
Tonya Smith Sgt Ellenburg	Collin Co. S.O. McKinney P.D.	tsmith@co.collin.tx.us jelleenburg@mckinney.texas.org
* Terry Qualls	McKinney P.D.	tqualls@mckinney.texas.org
* Richard Ferguson	ALLEN P.D.	rferguson@cityoffallen.org
Brian Harvey	ALLEN PD	bharvey@cityoffallen.org
* Michael Sullivan	Farmersville PD	m.sullivan@farmersvilletx.com
Ed Drain	Plano P.D.	<del>eddrain</del> eddrain@plano.gov
* Elly Elder	JOSEPHINE PD	eelder@cityofjosephinetx.com
* Joe Wetzell	Murphy PD	jwetzell@murphytx.org
Connie Evans	Collin County	Cevans@collincountytx.gov
* Nicole Bowers	Plano	nicoledbowers@plano.gov
* A.D Paul	Plano	apaul@plano.gov
Jerry Amon	Collin Co. S.O.	jamon@co.collin.tx.us
* Terry McCraw	Collin Co. S.O.	Tmcraw@co.collin.tx.us

## Attachment 5

### Other Supporting & Summary Documents

North Texas Society of Psychiatric Physicians: Aspects of a New Public Mental Health System

Collin County: Aims For A New LMHA  
*(a one-page summary of problems and solutions addressed in this preliminary plan)*

*and*

*Copy of slide used at Collin County Commissioners Court and LifePath Systems Board of Trustees meetings providing a summary of comments received from stakeholders on the final draft of this preliminary plan document*

## KEY ASPECTS OF A NEW PUBLIC MENTAL HEALTH SYSTEM

Edgar P. Nace, M.D.  
Chair – Public Psychiatry Committee  
North Texas Society of Psychiatric Physicians

1. Managed Care Organization (MCO) or not:
  - A. If a MCO is to be used as Value Options was in NorthSTAR it is crucial to have 2 or more MCOs to promote competition and to avoid the issue of one MCO dominating the system. Patients need a choice and providers need to evaluate how an MCO responds to utilization requests. This would allow pressure to be put on a MCO that was unreasonable in allowing services. It would also minimize the intimidation that clinics experienced with Value Options.
  - B. An MCO isn't necessary. An insurance company or other accounting entity can provide administrative services only (ACO). The local authority would then conduct utilization review and clinicians would not be hand-cuffed by the insurance company nor would patients be restricted from receiving necessary services. Tarrant County is one example of this approach.
2. Individualized treatment plans formulated by collaboration between the patient, the doctor and the clinical team. Insurance driven or DSHS driven plans as to how often a patient can or cannot be seen needs to be avoided so the clinical team can do what is best for the patient at any given time.
3. Integration of primary medical care into the psychiatric care of each mental health clinic is essential and required by DSHS.
4. Integrated treatment of comorbid addiction and other psychiatric disorders is essential. This has not been accomplished in any meaningful way in the NorthSTAR system nor very much so across the state. Close to 50% of patients in the public system will have a "dual diagnosis"; i.e., co-occurring addiction with another psychiatric illness. In fiscal year 2014, only 4.6% of NorthSTAR patients received mental health and substance use disorder services in the same quarter. Outcomes are improved when both disorders are treated in synchrony. Clinical approaches to dual diagnosis have been available for decades. (SEE HANDOUT - PAGE 7 -TITLED "MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES) from "collaborative report - December 2014" available at [www.ntbha.org](http://www.ntbha.org).

5. The local authority for a county(s) mental health system must be proactive in seeking out patient satisfaction or patient complaints as well as obtaining feedback from the clinicians providing services. The North Texas Behavioral Authority passively accepted complaints from patients and providers with very little understanding of the magnitude of the issues and apparently no capacity for improving the system. Any surveys should be done with valid sampling techniques; not samples of convenience. (SEE PAGES 6 AND PAGES 27 AND 28 WITH A BLUE DOT). The latter pages (6) show number served in NorthSTAR and enrollees and providers complaint numbers ( pages 27 and 28).
6. A psychiatrist (or psychiatrists) needs to be available to each local authority as a medical director (full or part-time) or as a consultant. The psychiatrist(s) may be called upon to evaluate issues of over-treatment and under-treatment. The psychiatrist(s) will resolve disputes as they might occur over decisions about level of care, use of certain medications, etc. This quality control measure will prevent an insurance company (or other fiscal entity) from dominating the decision making process and will enable medically informed opinion to shape clinical practices with an eye toward efficiency and effectiveness.
7. Assisted Outpatient Treatment(AOT): Texas is one of 27 states that has involuntary outpatient commitment available for patients based on, not only danger to self or others, but based on "need for treatment". AOT is rarely used in North Texas. As a result a significant number of "high utilizers" continue to have emergency department visits, hospitalizations, or jail time without benefit of mandated structured outpatient treatment. (SEE PAGES 1 AND 2 OF 3 IN HANDOUT).  
[www.treatmentadvocacycenter.org](http://www.treatmentadvocacycenter.org) is a good resource on this topic.
8. Open-ended hospitalization and/or assertive community treatment (ACT) for those in need: The seriously and persistently mentally ill and addicted will often require extended time in ACT or in the hospital. Premature discharges lead to relapses and further costly treatment as well as suffering on the part of the patients.
9. Avoid discontinuities in treatment: When patients don't receive medicine in a timely manner, or don't get to an outpatient treatment clinic in a timely manner the rates of re-hospitalizations, emergency contacts, or arrests go up. SEE PAGES 16-21 WITH A BLUE DOT (from "collaborative report-December 2014"). The latter document that nearly 1/3 of patients discharged from a psychiatric hospital in the NorthSTAR system are readmitted within 1 year. 36 to 42 % receive community services within 7 days of discharge form a psychiatric hospital and 55-57% receive community services within 30 days after discharge from a psychiatric hospital. Only 8-11% see a prescriber within 7 days after discharge from a psychiatric hospital (Terrell State Hospital provides 7 days of medication upon discharge). 19-21% of discharged patients see a prescriber within 30 days.



# Collin County: Aims For A New LMHA

**Aim:** Establish a new Local Mental Health Authority (LMHA) according to the provisions of the Texas Sunset Advisory Commission report of December 2014. LMHA functions will be performed or secured by Collin County MHMR dba LifePath Systems, in accordance with all applicable guidelines and contractual agreements. This new LMHA will vest in Collin County the policy and decision making authority for planning, development, allocation, and coordination of local behavioral health resources for which Collin County believes it should be responsible. These nine problems and solutions summarize our plans.

**Problem:** A two year study of behavioral health services in Collin County identified gaps and inefficiencies in local services under NorthSTAR, that persist today. Gaps exist in crisis services, continuity of care, and intensive outpatient options for all populations.

**Solution:** A new Collin County LMHA will produce better outcomes by closing gaps in the system and improving efficiencies in local public behavioral health services.

**Problem:** Proprietary contracts have clouded the transparency expected in a public system of care, and contributed to fragmentation and duplication of services.

**Solution:** Collin County LMHA will ensure a transparent bid and contracting process responsive to local needs and plans. Constituents will be engaged in meaningful dialogue and problem solving, reducing fragmentation and improving outcomes.

**Problem:** Collin County had no direct crisis redesign funding through VO, thus no breadth of local services. Furthermore, local law enforcement personnel depend heavily on the Dallas-based 23 hour observation system.

**Solution:** We will create a multi-layered crisis system including mobile crisis outreach, respite care and timely peer support. There will be one or two local facilities with medical and psychiatric personnel, with easy access for law enforcement, preventive telephone consultations/screening, rapid risk assessments and triage protocols, and mechanisms for intensive follow-up. There will be local options to prevent unnecessary use of inpatient and protective custody.

**Problem:** Hospital discharge referrals are not managed locally, impeding effective continuity of care.

**Solution:** Local providers will be more involved in discharge planning and continuity of care, aimed at preventing relapse. LifePath currently performs and will continue to perform Single Portal Authority functions for state hospital admissions.

**Problem:** TCOOMMI funding has not been distributed to Collin County, limiting jail diversion and other judicial/forensic services.

**Solution:** The new LMHA can acquire TCOOMMI funds with a local match to improve jail diversion and post-incarceration reintegration, and to integrate behavioral health and medical care. Additional supervised community treatment options will be created.

**Problem:** Collin County has too few substance abuse treatment programs.

**Solution:** We will provide local detox and residential treatment services.

**Problem:** Services that prevent unnecessary use of higher cost services are unavailable locally.

**Solution:** Provide supported housing and employment locally to reduce need for higher cost services.

**Problem:** Decision making data are not routinely shared across the NorthSTAR system.

**Solution:** Collin County will be able to participate in health information exchange (HIE) systems, and improve local data systems to promote continuity of care and timely interventions aimed at preventing unnecessary hospitalization or use of more restrictive services.

**Problem:** Integrated care is not addressed in NorthSTAR

**Solution:** We have several 1115 Waiver DSRIP projects in integrated care. A new LMHA will ensure expansion of integrated care clinics and early intervention for persons with health risks.



## **Summary of Comments on the Collin County Preliminary Indigent Care Plan: received and addressed**

1. Concerns about the Authority – Provider separation, access/waiting lists and choice
2. Support for need substance abuse treatment options in the County
3. Apprehensions about a redesign of crisis services
4. Misunderstandings about losing services or benefits
5. Concerns funding will not support ambitious plan
6. Request to include the clubhouse model
7. Questions about data integrity (services and expenditures)
8. Refuting statements that certain services have not been provided in the County by NorthSTAR system
9. Support for funding allocation based on percent poverty in the county
10. Disagree that proprietary contracts discourage provider collaboration