



**HILL COUNTRY COMMUNITY MHMR CENTER**

**LOCAL NETWORK  
DEVELOPMENT PLAN**

**FY2009-2010**

**Our mission is "Promoting Independence,  
Community Integration, and Recovery."**

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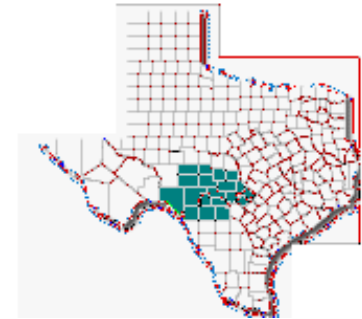
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## I. Overview of the Center

Hill Country Community MHMR Center (Hill Country) is a governmental entity formed September 1, 1997 through an inter-local agreement among 19 counties (Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde and Val Verde) to provide community mental health and mental retardation services to individuals living throughout the greater Texas Hill Country. Hill Country has its administrative headquarters in Kerrville and is designated to be the Mental Health Authority (MHA) by the Texas Department of State Health Services (DSHS) and the Mental Retardation Authority (MRA) by the Department of Aging and Disability Services (DADS) for our 19 county service area. Hill Country is also certified by DSHS as a community mental health center and designated as the single portal for admissions to the state hospitals.



Hill Country is licensed by both the Texas Department of State Health Services, as a provider of substance abuse services and the Texas Department of Aging and Disability Services as a Home and Community Services provider and a Texas Home Living provider. We are governed by a Board of Trustees who are appointed by and accountable to the 19 counties who serve as our sponsoring entities. The board has established a Citizen's Advisory Committee to ensure services are responsive to the overall needs of the local communities. The Board of Trustees, Citizen's Advisory Committee, and Hill Country staff all work in tandem in order to provide mental health, mental retardation and substance abuse services across the life span to citizens throughout our nineteen county local service area.

Hill Country provides timely, comprehensive community-based interventions to thousands of people, keeping them out of hospitals, jails, institutions and nursing homes. We continue to operate as a safety net for the poor and uninsured with complex service needs, while setting national best practice standards in a variety of service areas. Our Adult Mental Health Services provides a basic array of mental health treatment, rehabilitation and support services to people with mental illness, primarily those with severe and persistent mental illnesses (diagnosis of Schizophrenia, Bipolar Disorder, and/or Major Depression).

The overarching challenge facing Hill Country is to be responsive and open to the community needs of the hundreds of communities in the nineteen county service region while ensuring an efficient and cost effective operation and use of the public dollar. It is anticipated that Hill Country Community MHMR will continue to meet this challenge with the support of our diverse staff, the active support of the Citizen's Advisory Committee, our active nurturance and expansion of relationships with other community providers and the Board of Trustees.

## II. Mission and Values

Prior to becoming a Community Center in 1997, components of six different State facility Community Service divisions were merged to form a State-Operated Community Service organization in September of 1996. As part of the initial formation, staff met to develop the Mission and Values as a foundation for the newly formed organization. The Mission and Values have since been endorsed by the Board of Trustees and have been a foundation of new employee and Advisory Committee orientation.

### Mission

Hill Country's mission is "Promoting Independence, Community Integration, and Recovery."

### Values

- We are responsible first and foremost to the people we serve.
- We treat all people with respect and dignity.
- We foster an environment of integrity and trust.
- Responsible and creative use of resources allows us to provide the most effective and efficient services possible.
- We value personal uniqueness and acknowledge that people share needs, rights, desires, and capabilities.
- We understand our responsibility to educate people and maximize learning opportunities.
- With information and support, people have the opportunity to make informed personal choices and become more self-reliant.
- We recognize the importance of, and foster, family involvement in peoples' lives.
- We operate in partnership with the community, appreciating its uniqueness and strength.
- We strive for excellence, using continuous quality improvement. Quality is linked to customer satisfaction - both ultimately measured by our ability to meet the individual requirements of people we serve.

### III. Service Area and Demographics

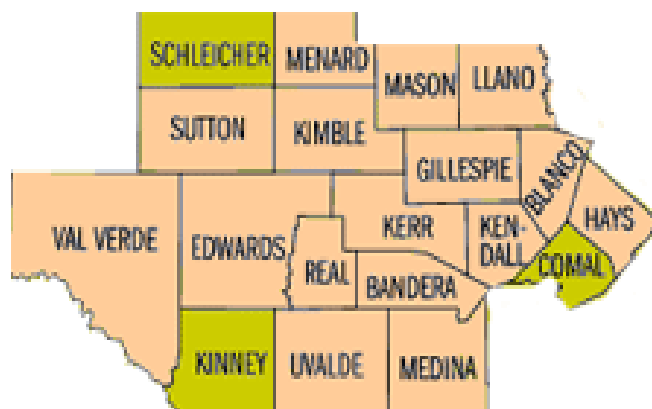
Hill Country serves a 22,000 square mile region of the state that cannot be narrowly defined. There are pockets of the region with high rates of population growth particularly in those counties contiguous to Travis and Bexar counties, such as Hays, Comal and Kendall counties. Some of the region is sparsely populated with few, if any, alternative resources for mental health and mental retardation services. A section of the region is on or close to the border of Mexico where we face the challenge of ensuring a provider network that is culturally competent and enlightened.

The total population according to the 2007 Census Bureau estimates is 541,292 for all nineteen counties. In the last 6 years, Hays, Comal, and Kendall counties were the fastest growing counties in the service area according to the 2006 Census Bureau. During this 6 year period, Hays County grew by 33%, Comal County by 29%, and Kendall County by 27%. The State average for growth during this period of time was 12%.

Hill Country’s service area is culturally diverse ranging from 78% Hispanic in Val Verde County to 72% Caucasian in Comal County. Understandably, Spanish is spoken frequently at service sites in Del Rio and Uvalde, whereas, English is the common language in most of the other Hill Country service locations, while providing translation services as needed.

Across the 19 county service area, 61% of the people we serve are Caucasian (many have German backgrounds), 33% Hispanic, 3% African American, 1% Native American, and 1% Asian.

#### South Texas Counties



## **IV. Mental Health Services (DSHS)**

### **A. Local Planning Process**

#### **1. Summary of Planning Process**

Hill Country regards its Local Network Development Plan as the framework which outlines and communicates the Center's short-term and long-term goals and objectives aimed at providing, improving and expanding services and supports in the communities the Center serves. The Plan also provides a foundation which guides the allocation of resources to meet the communities' identified needs and priorities, and influences the design and management of the provider network to meet these needs.

Hill Country is committed to continually obtaining as much input from as many sources as possible into the process of developing the Local Network Development Plan. The most significant contributions to the Plan come from the community stakeholders. While some of this input is informal based on discussions, questions, concerns, and feedback from the community, Hill Country used structured and formal mechanisms to systematically obtain this input from the community.

This planning cycle was slightly different than its predecessors in that Hill Country was required to educate and train staff, consumers, family members, government officials and other interested individuals on the new process of Local Planning and Network Development "LPND". Our education and training efforts, while time consuming, were extremely beneficial to the process and those we serve. Efforts made regarding consumer and stakeholder education and input included:

- The Center's Planning and Network Advisory Committee (PNAC), also known as Citizen Advisory Committee (CAC), received training and educational materials on LPND on several occasions during the past year. Training on network development as defined in current legislation was provided to the committee on the following dates during committee meetings:
  1. May 8, 2007
  2. August 28, 2007
  3. November 27, 2007
  4. February 12, 2008
  5. May 13, 2008

- The PNAC, during the May 13, 2008 Committee meeting, made recommendations for the type of educational materials to be utilized for training consumers and stakeholders on LPND. The committee also recommended that a Spanish interpreter be available at each public meeting in order meet the needs of the diverse culture and ethnicity of the service area.
- Informational letter regarding LPND was sent to all mental health staff at Hill Country in April 2008.
- The “You have a Voice” handout was personalized for Hill Country and was enlarged to make posters that were displayed in all mental health clinics and the administration office. The posters often prompted conversations about the new requirement for network development.
- Added LPND webpage to Hill Country’s website. The webpage includes:
  1. Summary of LPND
  2. Notification of all public meetings
  3. Consumer and Family surveys available online (also in Spanish)
  4. Stakeholder surveys available online.
- During May 2008, Mental Health Managers and Peer Support Coordinators completed the online training on LPND that is available on the DSHS Website.
- Peer Support Groups received training in each mental health clinic during May and June 2008
- Public Forums/Stakeholder Meetings were scheduled and held in 5 communities. The meetings included education about LPND as well as an opportunity for stakeholders to give verbal or written input for the planning process. PNAC members attended and assisted in distributing notifications for the following public meetings:
  - Kerr County Mental Health Clinic (May 15, 2008, 6pm-7:30pm)
  - Medina County Mental Health Clinic (May 19, 2008, 6pm-7:30pm)
  - Schieb Center -Hays County Mental Health Clinic-( May 21, 2008, 11am-1pm)
  - New Braunfels Public Library (May 22, 2008, 6pm-8pm)
  - Del Rio National Bank (June 3, 2008, 3:30pm-5pm)

## 2. Participating Agencies, Organizations and Other Stakeholders

The PNAC played an active role in the planning process by distributing flyers and surveys and attending the public meetings held in the above locations. In order to ensure planning efforts are inclusive of the diverse communities represented, PNAC members and staff hand delivered educational materials and surveys to stakeholders who were not able to attend the public meetings. The following chart summarizes the planning methods and stakeholders who participated in the planning process.

Description And Date or Timeframe	Participating Organizations (List)	Number of Consumers	Number of Family Members	Number of Interested Individuals
<b>Public Forum</b> in Kerrville, Texas May 15, 2008	<b>15</b> <ul style="list-style-type: none"> <li>• NAMI Kerrville (7 members)</li> <li>• Kerr County Mental Health Advisory Board (1 member)</li> <li>• CASA (1 member)</li> <li>• K'STAR (1member)</li> <li>• Junction House-Provider (1 member)</li> <li>• Hill Country CARES (1member)</li> <li>• Planning and Network Advisory Committee for Hill Country CMHMRC (1 member)</li> <li>• Kerrville Police Department (2 members)</li> </ul>	<b>3</b>	<b>5</b>	<b>4</b>
<b>Public Forum</b> Hondo, Texas May 19, 2008	<b>8</b> <ul style="list-style-type: none"> <li>• Justice of the Peace Pct. 1 (1 member)</li> <li>• Medina County Judge (1 member)</li> <li>• Hondo Police Department (2 members)</li> <li>• Medina County Sheriff (1 member)</li> <li>• Medina County Constable (1 member)</li> <li>• CPS (1 member)</li> <li>• Medina County Hospital (1 member)</li> </ul>	<b>3</b>	<b>1</b>	<b>0</b>

Description And Date or Timeframe	Participating Organizations (List)	Number of Consumers	Number of Family Members	Number of Interested Individuals
<b>Public Forum</b> San Marcos, Texas May 21, 2008	<p style="text-align: center;"><b>18</b></p> <ul style="list-style-type: none"> <li>• Kyle Police Department (1 member)</li> <li>• Hays County Sheriff (3 members)</li> <li>• NAMI (1 member)</li> <li>• Texas State University Police (1 member)</li> <li>• Central Texas Medical Center (2 members)</li> <li>• Department of State Health Services (2 members)</li> <li>• Hays CISD (3 members)</li> <li>• Hays County Juvenile Center (1 member)</li> <li>• Austin State Hospital (1 member)</li> <li>• San Marcos ISD (1 member)</li> <li>• Hays County Court (1 member)</li> <li>• San Marcos Police Department (1 member)</li> </ul>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Public Forum</b> New Braunfels, Texas May 22, 2008	<p style="text-align: center;"><b>7</b></p> <ul style="list-style-type: none"> <li>• New Braunfels Fire Department (EMS) (1 member)</li> <li>• Hill Country CMHMRC's Planning and Network Advisory Committee (2 members)</li> <li>• Hill Country CMHMRC staff (4 members)</li> </ul>	<b>0</b>	<b>1</b>	<b>0</b>

<b>Public Forum</b> Del Rio, Texas June 3, 2008	<p style="text-align: center;"><b>13</b></p> <ul style="list-style-type: none"> <li>• Wood Group –Private Provider (4 members)</li> <li>• Val Verde County Judge (1 member)</li> <li>• Juvenile Probation Department (1 member)</li> <li>• Public Defenders Office (1 member)</li> <li>• Parole Department (1 member)</li> <li>• Hill Country Board of Trustee (1 member)</li> <li>• Hill Country Staff (4 members)</li> </ul>	<p style="text-align: center;"><b>8</b></p>	<p style="text-align: center;"><b>5</b></p>	<p style="text-align: center;"><b>2</b></p>
<b>Surveys</b>	<p style="text-align: center;"><b>43</b></p> <ul style="list-style-type: none"> <li>• Law enforcement</li> <li>• NAMI</li> <li>• Local Providers</li> <li>• CPS</li> <li>• Physicians</li> <li>• Judicial staff</li> <li>• Hospital</li> <li>• EMS</li> </ul>	<p style="text-align: center;"><b>119</b></p>	<p style="text-align: center;"><b>41</b></p>	<p style="text-align: center;"><b>53</b></p>

### 3. Summary of Discussions and Input Received

As noted above, Hill Country held five Public Forums where 91 stakeholders attended and had a voice in the planning process. Hill Country also collected surveys from 213 stakeholders (119 consumer surveys, 41 family members, and 53 other citizens). As recommended by the Center's PNAC, ongoing feedback regarding services has been obtained by utilizing suggestion boxes in all of the Hill Country service sites as well as the administration office. Suggestions are collected by the Coordinator for Planning and Network Development and are incorporated into the planning process.

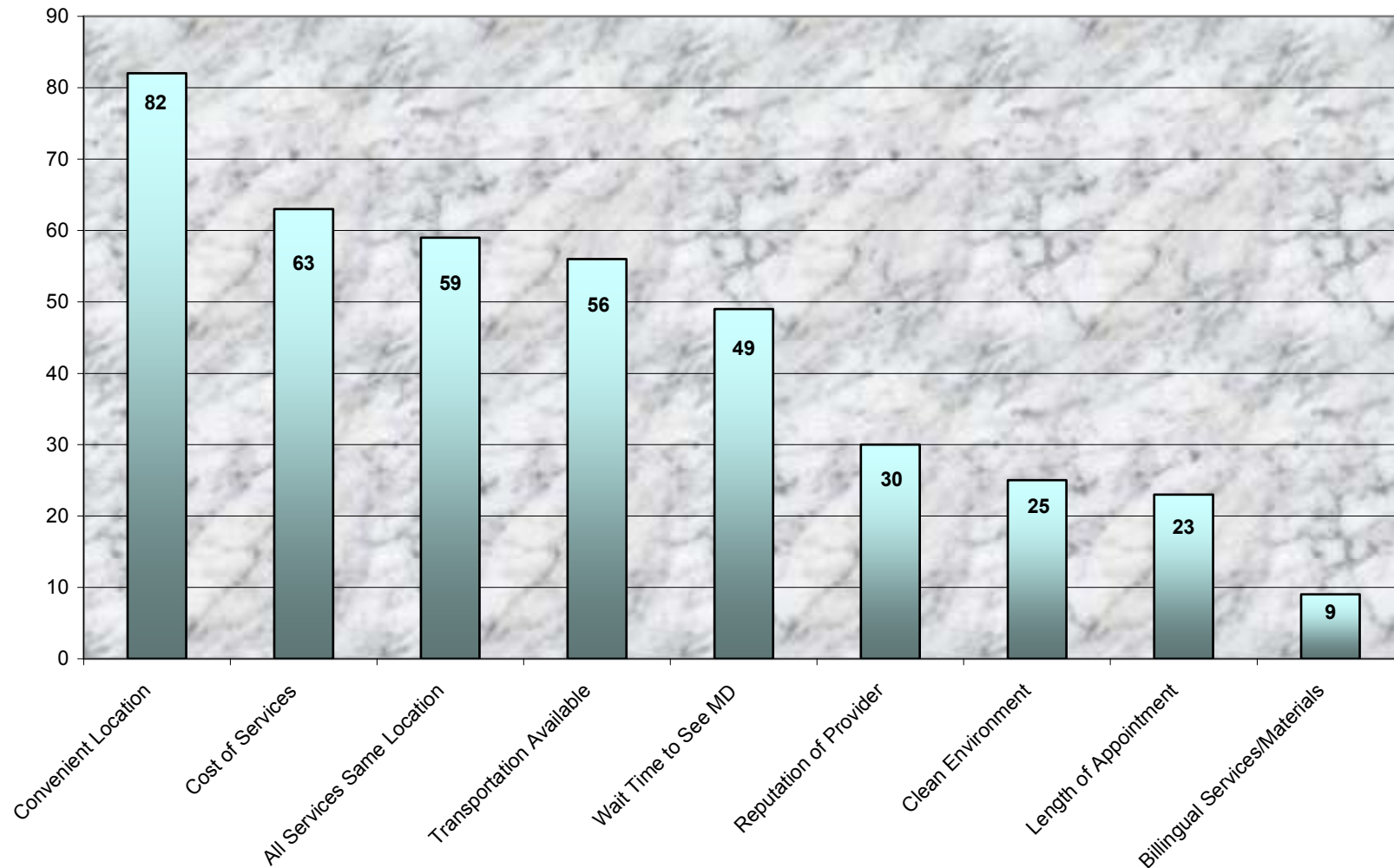
On June 25, 2008 all nineteen county judges representing the Hill Country counties were invited to a meeting in Kerrville where Center staff reviewed the results from the stakeholder surveys and public meetings. The judges were asked for any additional input or comments on the planning process. Also on July 8, 2008 the Center's Board of Trustees received a summary of all the consumer and stakeholder input that will be utilized in designing this Network Development Plan.

Information collected from public meetings and the surveys included service needs and priorities for children, adolescents, and adults; the development of an external provider network; and other significant issues and concerns. At a minimum, the goal was to collect information on the following questions:

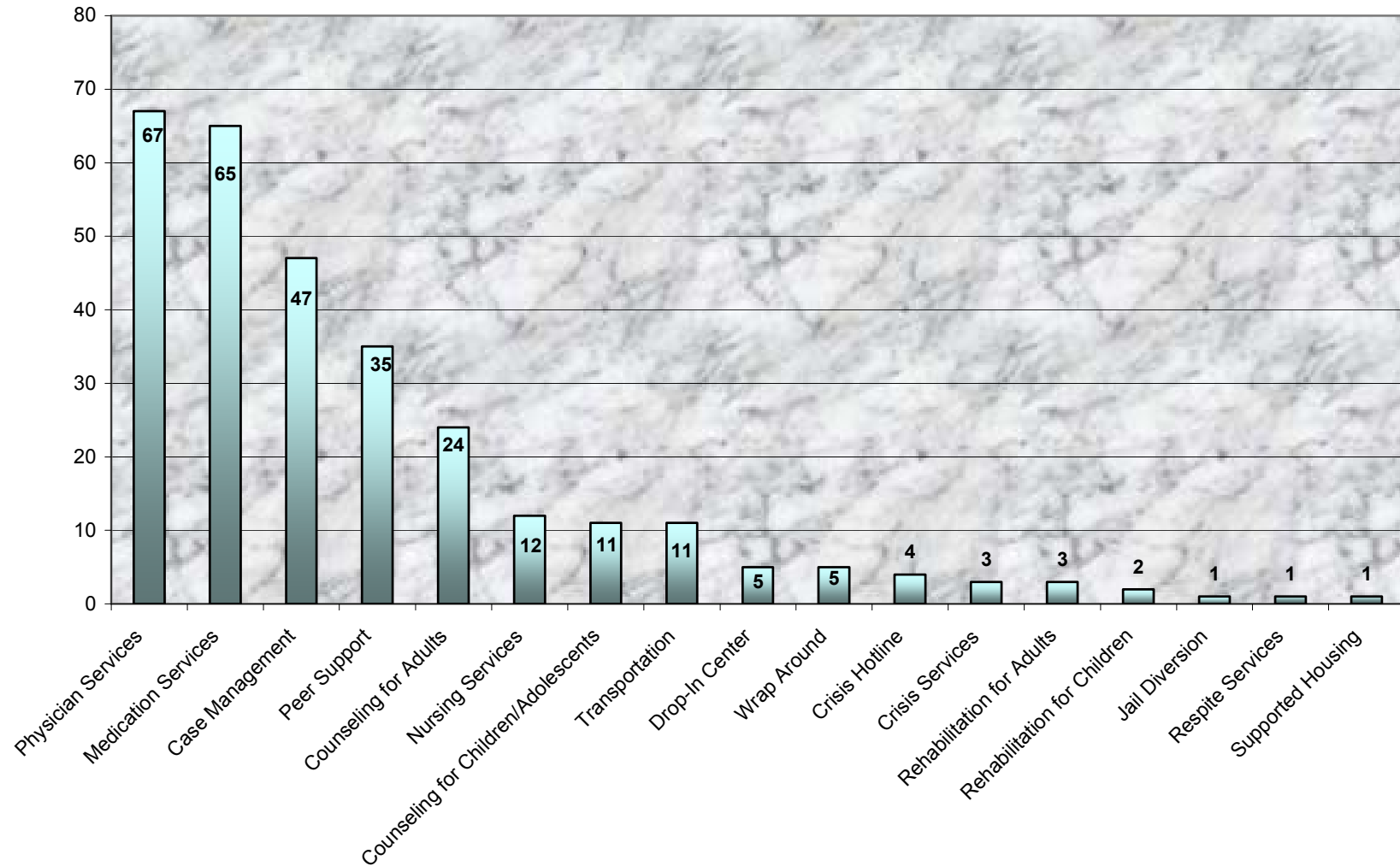
1. What are the most important factors you look for in a provider of services?
2. What services do you receive that are the most helpful to you?
3. What services would you like to have a choice of provider for?
4. What is your degree of satisfaction with current services?
5. From your experience with the Center, what or where are gaps in services?

The following graphs are a summary of consumer and stakeholder input received during the initial planning process.

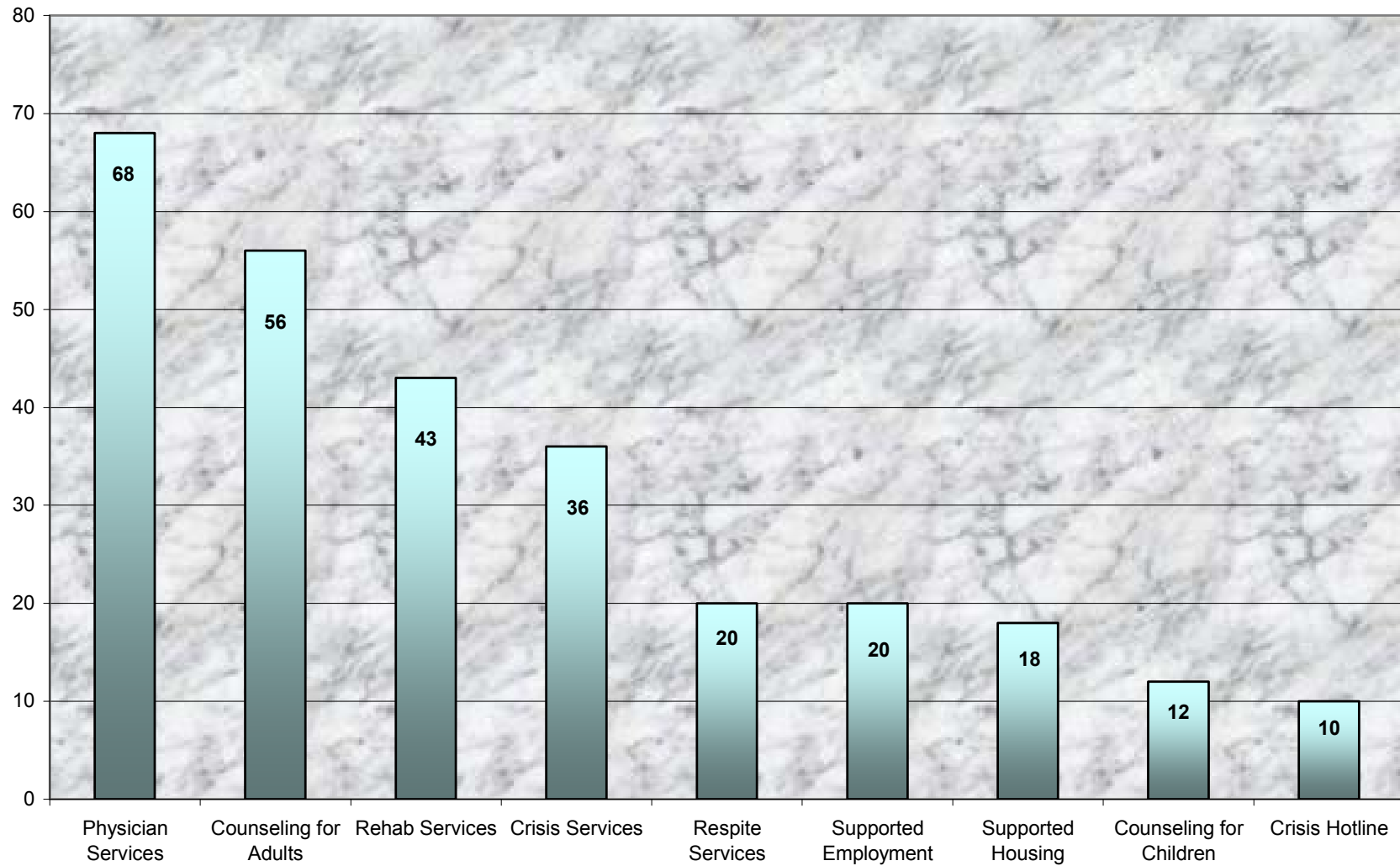
When consumers and family members were asked “**what are the 3 most important factors when choosing a provider?**” they most often chose convenient location, cost of services, and all services provided at the same location.



When consumers and families were asked “**what services are most helpful to you**”, the top 3 services identified were physician, medication services and case management.



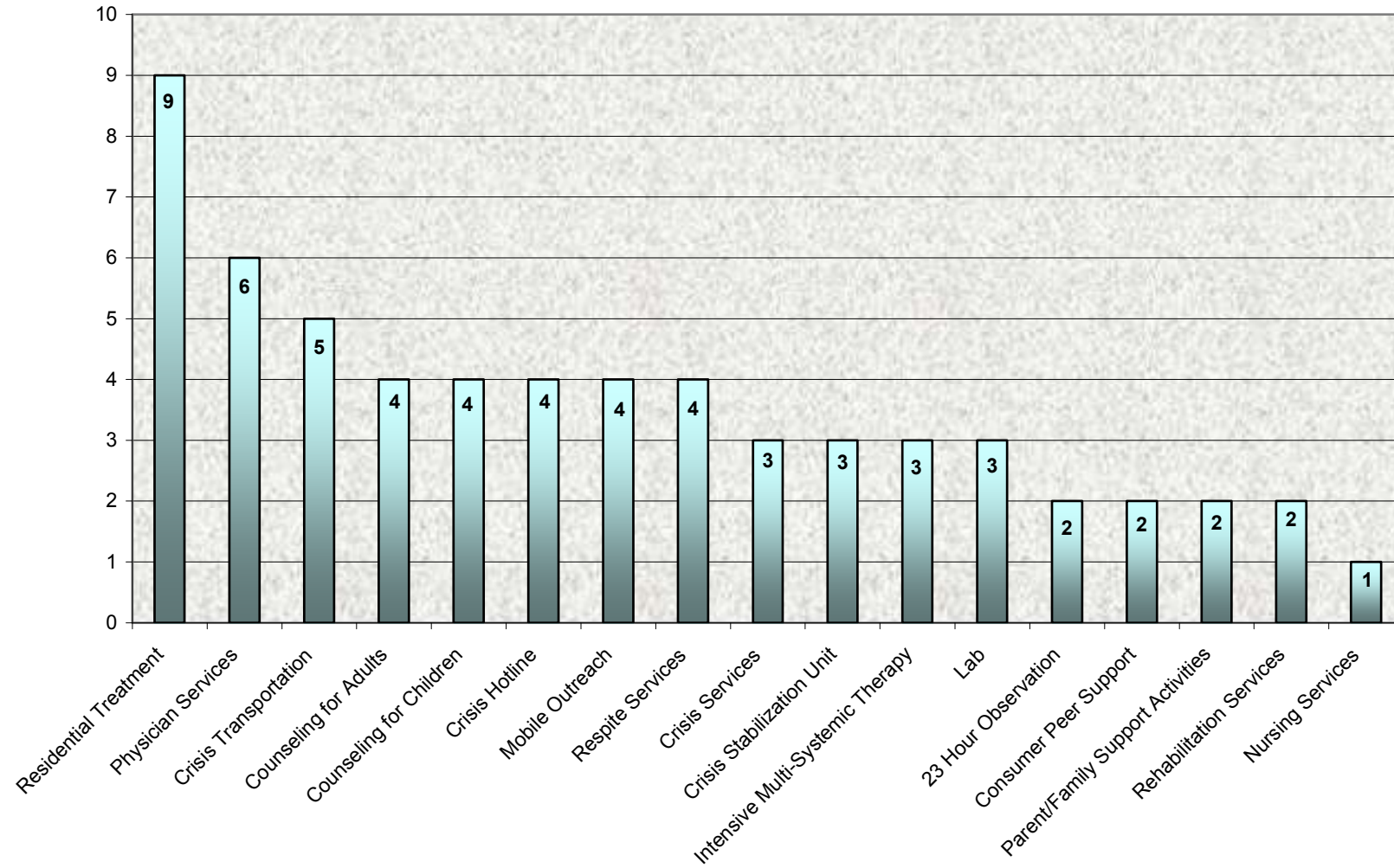
When consumers and families were asked “**what services they would like to have a choice of provider for**”, the top 3 services were physician services, counseling for adults and rehabilitation services.



When consumers and families were asked about “**the level of satisfaction with current services**”, they overwhelmingly were very satisfied with current services.



When other stakeholders were asked “**what services they would like to have more choice in providers for**”, residential treatment, physician services, and crisis transportation were the top 3.



## **Crisis Response System and Services**

In response to the state-wide Crisis Service Redesign, Hill Country began the crisis service redesign at the local level by obtaining community stakeholder input through a number of means. Surveys were distributed to ensure that the crisis service needs of both the adult, child and adolescent populations were communicated. First, an open ended survey was utilized to determine individuals' expectations for crisis services, to determine where individuals wanted improvement in crisis services, and to determine where individuals felt the greatest need existed in crisis services. The questions on the survey were as follows:

- What is your expectation of Mental Health Crisis Services?
- What do you want differently in Mental Health Crisis Services from Hill Country Community MHMR Center?
- What do you see as the need in Mental Health Crisis Services?

The surveys were sent to the ten mental health center directors within Hill Country on October 8<sup>th</sup>, 2007 with instructions to hand deliver the survey to the following groups of stakeholders within their communities:

- Emergency Healthcare Providers (i.e. hospital emergency room personnel)
- Local Public Healthcare Providers (i.e., FQHC, local health department office)
- Law enforcement representatives from each jurisdiction (police & sheriff's office)
- Probation and parole department representatives

Center directors then returned to the stakeholders to retrieve the completed surveys and emailed them to the central administrative office by October 12<sup>th</sup>, 2007.

In order to ensure an appropriate level of input by consumers of mental health services, peer facilitators also utilized the survey within their peer support groups.

A total of one hundred and ten surveys relating to Adult and/or Children's Mental Health Crisis Services were received from a cross-section of:

- Consumers
- Citizen's Advisory Committee Members
- Child and Adolescent Service Providers
- School Districts
- Adult Mental Health Service Providers
- The local Outreach, Screening and Referral (OSAR) provider
- Emergency Rooms
- Law Enforcement
- Probation and parole departments
- Substance abuse service providers and
- Child Protective Services.

In addition to the surveys, Hill Country conducted two focus groups. The first group was conducted in Hays County on October 16<sup>th</sup>, 2007 and focused on the development of a Mobile Crisis Outreach Team for the Hays County area. During this meeting, an initial Hays County Mobile Crisis Outreach Team Planning and Development Committee was formed to work with Hill Country staff in monitoring the implementation and ongoing services provided by the Mobile Crisis Outreach Team. The second focus group, to which all nineteen county judges were invited, was held in Kerrville on October 17<sup>th</sup>, 2007.

Based on feedback from the public meetings as well as surveys, Hill Country's crisis response system and services have been very effective. Verbal feedback during Public Forums has been positive as well as written responses on the stakeholder surveys. The Hays County Mobile Crisis Outreach Team has become a large stakeholder group that includes law enforcement (San Marcos Police, Hays County Sheriff Department, and Texas State University), local hospital, substance abuse providers, juvenile detention center, Greater San Marcos Youth Council, advocates, as well as staff and members of the Mobile Crisis Team. This Task Force meets monthly and has been instrumental in the design and implementation of the mobile crisis outreach team. Other organizations, such as Austin State Hospital and Avail Solutions (contractor for crisis hotline), have attended meetings in order to share information and help resolve issues that improve crisis services.

**Other significant issues and concerns include:**

- During the public meeting in Kerrville, a NAMI representative expressed concern “How is the Center going to provide oversight and monitoring of the potential provider network if no additional dollars are allocated for this mandate?”
- Family members encouraged Hill Country to make gradual changes so that they would not be forced to pick a new provider if they are pleased with current services.
- EMS worker in New Braunfels shared data on the increased number of psychiatric emergencies that EMS has responded to this past year (3% of volume in 2007 compared to 2% in 2006)
- Kerrville Police officer expressed concern that if we contracted out our crisis workers they would be located out of town and not be able to respond quickly.
- Several consumers and stakeholders had concern about the possible location of the contracted providers, especially with the cost of gas.
- Justice of the Peace in Medina County expressed concern that network development activities could potentially take away from current services.
- Consumers and family members in Del Rio would like to have stronger mental health representation for Val Verde County on the PNAC. Applications for new members are currently being collected and will be reviewed for appointment by the Board of Trustees.

## 4. Service Delivery Needs and Priorities (Gaps in Services)

The following items were identified as a service gap or barrier to services through consumer and stakeholder surveys and public meetings.

### **Mental Health Adult**

- Expressed most often was that consumers would like more counseling or to have counseling available in their area.
- Some consumers would like more time with their psychiatrist. Shortage of physicians limits their appointment times.
- Several adults would like recreational activities available at the Center.
- Some consumers identified transportation as a barrier to receiving services. Would like transportation to be available when needed.
- Few or no resources available for alcohol detox.
- Some adults requested more social activities.

### **Mental Health Children**

- Some families need childcare in order to attend appointments.
- More types of support groups for family members.
- More respite services was an identified need for children and adolescents.
- Limited availability of child psychiatrist at the Center or in private practice in the community.
- Transportation
- More counseling available

Many of the gaps in services identified by stakeholders are due to inadequate funding or shortage of certain professional staff such as psychiatrist and counselors especially in the more rural counties of the service area.

## **5. Opportunities, Challenges and Changes over the next Biennium**

The following items will be considered over the next Biennium:

### **Opportunities and Challenges Projected for the Biennium**

- Rising costs of everything
- Recruitment and retention of staff and contractors as the mental health workforce shortages continue
- As economic and social stressors continue to grow in our society, individuals will need more assistance in dealing with the stressors as they relate to symptoms of their illness
- Challenges of recruiting providers in very rural and frontier portions of our service area
- Need for more substance abuse services in particular alcohol detox services

### **Changes Over the Next Biennium**

- 16 bed crisis stabilization unit
- Need for crisis residential setting on the eastern portion of our service area
- Need for more substance abuse services including alcohol detoxification services
- Expanded capacity for provider procurement, negotiation and management of contracts, utilization management and clinical authorization and claims adjudication
- Changing Medicaid reimbursement for Behavioral Health Services

## **B. Current Services and Providers**

The following chart is an overview of and rationale for the methodology used to calculate the amounts listed in the columns entitled, “Dollars Spent on Direct LMHA Services” and “Dollars Spent on External Provider Services.”

As recommended by DSHS, the Texas Council of Community MHMR Centers utilized members of its various consortia to develop a consistent methodology. The basis of the methodology developed is cost. Costs (as opposed to revenues) were utilized because of their direct relationship with the services delivered. The rationale to use cost is summarized as follows – the costs are the costs, regardless of the funding source.

To utilize the methodology, Hill Country isolated the costs associated with the services delivered under contract by External Providers during Fiscal Year (FY) 2007. The Center conducted a detailed allocation of all costs associated with the services it provided directly, including direct costs, provider-related overhead costs and the appropriate proportion of general administrative costs. As instructed by DSHS, administrative expenses associated with Authority functions were not included in the calculations. The data submitted by Hill Country to DSHS in response to the FY2007 Cost Accounting Methodology requirement was the basis for the unit costs used in the methodology.

While the methodology used does, to the best of Hill Country’s ability, identify the costs associated with services delivered directly by the Center in FY2007 and identifies the amount of DSHS-related funding spent on External Provider services in FY07, one should not consider the former as the definitive amount of DSHS-related funding available for contracting under the LPND rule. Other factors must be considered and are discussed in later sections of this plan.

To reiterate, the following chart is an overview of the service delivery system for the FY2007 operating period; and provides a snapshot picture of Hill Country’s service delivery network for that period of time. As the Center moves forward in its network development goals, and the service delivery system changes due to legislative requirements, funding, community needs, and other factors; the available funding will also change accordingly. Review of this chart and the information contained will provide the initial foundation for the upcoming sections on service capacity and procurement, as well as give the Center and its stakeholders a starting baseline for considering progress towards the network development goals.

**Tips for Understanding the table:**

1. An "X" in the column labeled "LMHA" means the LMHA provides the service **directly**.
2. LMHA means Local Mental Health Authority, Hill Country Community MHMR Center.
3. If the service is provided (in whole or in part) through contract with an external provider, the name and address of the external provider and the LMHA's expenditures for external provider contracted services in FY2007 is noted.
4. If the service is not provided, N/A is entered.
5. Dollar amounts are rounded to the nearest \$1,000.

<b>DSHS-Funded Services</b>					
Service Type	LMHA	Dollars Spent on Direct LMHA Services	External Provider* (Name/address)	Dollars Spent on External Provider Services	External Provider Contract Start and End Dates
<b>ROUTINE SERVICES</b>					
Intake (Screening, Pre-admission Assessment)	X	\$780,000	Linda High Llano Michelle Hotard Uvalde Cynthia McCaleb Uvalde Locumtenens Atlanta, GA Ervie Braun San Antonio	\$31,000	Hill Country contracts for services by fiscal year. All contracts for services reported in this table were for the period from September 1, 2006
Routine Case Management (Adult)	X	\$365,000	N/A	N/A	
Routine Case Management (Child/Adolescent)	X	\$102,000	N/A	N/A	
Respite Services	N/A				
Supplemental Nursing Services	X	\$52,000			

<b>DSHS-Funded Services</b>					
<b>Service Type</b>	<b>LMHA</b>	<b>Dollars Spent on Direct LMHA Services</b>	<b>External Provider* (Name/address)</b>	<b>Dollars Spent on External Provider Services</b>	<b>External Provider Contract Start and End Dates</b>
Pharmacological Management	X	\$474,000	Sarah Allison-Kolb Austin Kenneth Dahlin Waco Teresa Miller Horseshoe Bay David O'Connor Austin StaffCare Irving Locumtenens Atlanta, GA Pamela Tanner Kerrville Margaret Williams Pipe Creek	\$358,000	through August 31, 2007
Provision of medication	N/A		National Extended Care San Antonio	\$1,322,000	
Psychiatric evaluation	X	\$208,000	Sarah Allison-Kolb Austin Kenneth Dahlin Waco Teresa Miller Horseshoe Bay David O'Connor Austin StaffCare Irving Locumtenens Atlanta, GA Pamela Tanner Kerrville Margaret Williams Pipe Creek	\$72,000	
All Rehabilitation Services (Adult)	X	\$2,587,000	Ervie Braun San Antonio Linda High Llano	\$2,000	
All Rehabilitation Services (Child/Adolescent)	X	\$685,000			
Supported Employment (non rehab)	N/A				

<b>DSHS-Funded Services</b>					
<b>Service Type</b>	<b>LMHA</b>	<b>Dollars Spent on Direct LMHA Services</b>	<b>External Provider* (Name/address)</b>	<b>Dollars Spent on External Provider Services</b>	<b>External Provider Contract Start and End Dates</b>
Supportive Housing (non rehab)	N/A				
Assertive Community Treatment	X	\$110,000			
Inpatient services	N/A				
Residential Treatment	N/A		The Wood Group Wichita Falls	\$312,000	
Intensive Case Management (Child/Adolescent)	X	\$54,000	N/A	N/A	
Counseling (Adult)	X	\$60,000	Linda High Llano	\$1,000	
Counseling (Child/Adolescent)	X	\$77,000	Linda High Llano	\$3,000	
Parent/Family Support Activities (e.g., family case management, family training, family partner, parent support group)	X	\$55,000			
Flexible Community Support (Child/Adolescent)	N/A				
Multi-Systemic Therapy (Child/Adolescent)	N/A				
<b>CRISIS &amp; OTHER DISCREET SERVICES</b>					
Crisis Hotline	N/A		Avail Solutions Corpus Christi	\$60,000	
Crisis Intervention Services	X	\$206,000			
Mobile Outreach	N/A				
23 Hour Observation	N/A				
Extended Observation Unit	N/A				
Crisis Residential Services	N/A		Southwest Mental Health Center San Antonio	\$9,000	
Crisis Respite Services	N/A				
Crisis Stabilization Unit	N/A				

<b>DSHS-Funded Services</b>					
<b>Service Type</b>	<b>LMHA</b>	<b>Dollars Spent on Direct LMHA Services</b>	<b>External Provider* (Name/address)</b>	<b>Dollars Spent on External Provider Services</b>	<b>External Provider Contract Start and End Dates</b>
Crisis Follow-Up and Relapse Prevention	N/A				
Crisis Transportation	N/A				
Crisis Flexible Benefits	N/A				
Laboratory Services				\$41,000	

**\*An organization that provides mental health services that is not an LMHA;  
or an individual who provides mental health services who is not an employee of an LMHA.**

## **C. Provider Network Development**

### **1. Provider Availability**

In order to assess the provider availability in Hill Country's service area, current and potential external providers were notified of educational and stakeholder meetings for local planning and network development. Hill Country has been posting information on its website in order to inform the public and any potential provider of activities related to network development. According to the information posted on the DSHS website, Wood Group and Sunwest Behavioral Health Organization are listed as potential providers who have an interest in serving consumers in the Hill Country service area. Communication has occurred with these providers during this planning process.

In March of 2004, a Request for Information (RFI) process was developed and initiated as a means of determining interest in a comprehensive treatment network for people with mental illness and mental retardation. Respondents were asked to provide information on various service packages and include any topics or questions the respondent or any other interested parties believes important to address in any future Request for Proposal (RFP). The RFI document included a geographic description of the local service areas, thus giving the respondents an opportunity to indicate the preference to serve the entire local service area or portions thereof. Respondents were also given an opportunity to express interest in providing the entire service package or individual services within the package. Of the nine respondents, four of them indicated a desire to offer complete service packages while the other 5 had an interest in specific services. Two of the respondents currently have a contract for specific services and have indicated an interest to continue contracting.

Avail Solutions Inc. currently contracts with Hill Country for the Crisis Hotline Services. This contract was initiated in November 2007 and is for the entire 19 county service area. The Wood Group has been a contractor for crisis residential for the past several years.

## 2. Provider Inquiries within Last 2 Years

The following table is a summary of all provider inquiries over the previous two years:

<b>Date of Inquiry</b>	<b>Summary of Inquiry</b>	<b>LMHA Response</b>
2/6/2007	West Texas Rehabilitation Center sent a letter inquiring about contracting for audiological services,	Inquire was referred to the ECI program. Service was not needed for mental health.
12/17/2007	Wood Group completed the Provider Inquiry Form on the DSHS website.	Wood Group was invited and attended Public Forums in Kerrville and Del Rio.
2/15/2008	Sunwest Behavioral Health Organization completed the Provider Inquiry Form on the DSHS website.	On 5/23/2008- Sent email regarding public meetings and information on Hill Country website. Received completed stakeholder survey from Sunwest on 5/23/2008.
6/4/08	River City Advocacy in New Braunfels completed stakeholder survey and the Executive Director, Wayne Jones, called to inquire about contracting for counseling and support services.	Network Development Coordinator discussed the LPND process and scheduled a meeting with Wayne Jones to discuss potential opportunities in the future.
8/28/08	Mary Helen Farnam with Wood Care sent an email indicating that they continue to be interested in contracting adult service package 1-4 (partial or entire package) and also adult residential services.	Responded to email and encouraged Wood Care to review our draft Network Development Plan posted on the Hill Country CMHMRC website and provide comment if desired. Hill Country currently contracts with Wood Care for Adult Residential Services.

### 3. Service Capacity and Procurement

***Tips for understanding the table below***

1. Column 3a reflects the service capacity data supplied by DSHS. If the service is not provided, N/A is entered.
2. Column 3b: The current and projected capacity will often be the same number. However, if service minimums and RDM (Resiliency and Disease Management) targets are not being met, the projected capacity may be lower than the current capacity.
3. Column 3c reflects the Center's assessment of the availability of current and potential external providers.
4. Column 3d reflects whether the Center plans to procure/contract the service during FY08-09.
5. Column 3e indicates the capacity to be procured/contracted.
6. Column 3f indicates whether procurement is via request for proposal (RFP) or open enrollment

***If needed, please refer to list of acronyms at end of plan***

	<b>3a</b>	<b>3b</b>	<b>3c</b>	<b>3d</b>	<b>3e</b>	<b>3f</b>
<b>Service</b>	<b>Current Capacity</b>	<b>Projected Capacity</b>	<b>Availability of Current and Potential External Providers</b>	<b>Procurement Planned?</b>	<b>Capacity to be Procured</b>	<b>Method of Procurement</b>
<b>ADULT SERVICES</b>						
RDM SP 1	1,998	1,998	2 interested providers	No, except Pharm. Mgmt.	10%	RFP
RDM SP 2	20	20	2 interested providers	No, except Pharm. Mgmt and CBT	10%	RFP
RDM SP 3	277	277	2 interested providers	No, except Pharm. Mgmt	10%	RFP
RDM SP 4	13	13	2 interested providers	No, except Pharm. Mgmt	10%	RFP
<b>CHILD/ADOLESCENT SERVICES</b>						

	<b>3a</b>	<b>3b</b>	<b>3c</b>	<b>3d</b>	<b>3e</b>	<b>3f</b>
<b>Service</b>	<b>Current Capacity</b>	<b>Projected Capacity</b>	<b>Availability of Current and Potential External Providers</b>	<b>Procurement Planned?</b>	<b>Capacity to be Procured</b>	<b>Method of Procurement</b>
RDM SP 1.1	197	197	1 interested provider	No, except Pharm. Mgmt	10%	RFP
RDM SP 1.2	38	38	1 interested provider	No, except Pharm. Mgmt and CBT	10%	RFP
RDM SP 2.1	0	0	1 interested provider	No, except Pharm. Mgmt	10%	RFP
RDM SP 2.2	12	12	1 interested provider	No, except Pharm. Mgmt	10%	RFP
RDM SP 2.3	0	0	1 interested provider	No, except Pharm. Mgmt and CBT	10%	RFP
RDM SP 2.4	5	5	1 interested provider	No, except Pharm. Mgmt	10%	RFP
RDM SP 4	106	106	1 interested provider	No, except Pharm. Mgmt	10%	RFP
<b>CRISIS &amp; OTHER DISCREET SERVICES</b>						
<i>Hotline</i>	<p>Per the October 31, 2007 memo from Rod Swan, DSHS Unit Manager of MH Contracts:</p> <p>The Crisis Services Redesign initiative completed just prior to this local planning initiative which began March 1, 2008. The development of local crisis services plans occurred using then existing planning and procurement requirements. The efforts related to crisis services are not subject (at this time) to the new Local Network Planning and Development rules for FY08. Current crisis planning efforts are summarized with this plan.</p> <p><b>Important to note: Centers are not required to repeat the process of local planning for crisis services when considering this Network Development Plan. These crisis services are not subject to further procurement at this time.</b></p>					
<i>Mobile Crisis Outreach Team</i>						
<i>Extended Observation</i>						
<i>Day Program for Acute Needs</i>						
<i>Crisis Stabilization Unit</i>						
<i>Respite Services</i>						
<i>Inpatient/Hospital Services</i>						
<i>Crisis Residential Treatment Services</i>						

	<b>3a</b>	<b>3b</b>	<b>3c</b>	<b>3d</b>	<b>3e</b>	<b>3f</b>
<b>Service</b>	<b>Current Capacity</b>	<b>Projected Capacity</b>	<b>Availability of Current and Potential External Providers</b>	<b>Procurement Planned?</b>	<b>Capacity to be Procured</b>	<b>Method of Procurement</b>
<i>Safety Monitoring</i>						
<i>Crisis Follow-Up and Relapse Prevention</i>						
<i>Crisis Transportation</i>						
<i>Crisis Flexible Benefits</i>						
<i>Pharmacological Management/psychiatric Evaluations (Adult)</i>	2308 961 hours/month	2308 961 hours/month	2 interested providers	Yes	10% of SP 1,2,3,4,5	RFP
<i>Pharmacological Management/psychiatric Evaluations (Child)</i>	358- 296 hours/month	358 296 hours/month	1 interested Provider	Yes	10% of SP 1.1,1.2,2.2,2.3,2.4,4,5	RFP
<i>CBT/Counseling (Adult)</i>	20- 66 hours/month	20- 66 hours/month	2 interested providers	Yes	10% of SP 2	RFP
<i>CBT/Counseling (Child)</i>	38- 152 hours/month	38- 152 hours/month	1 interested provider	Yes	10% of SP 1.2,2.3	RFP

## 4. Justification for Procurement of Discrete Services

<b>Discrete Service to be Procured</b>	<b>Rationale</b>
Pharmacological Management/ Psychiatric Evaluations	Choice among physician services (pharmacological management and psychiatric evaluations) was identified most often in stakeholder meetings and on consumer and stakeholder surveys. Hill Country has had limited access to psychiatrist to provide these services throughout the 19 county service area. Since Centers are unable to contract out case management as it is an authority function, physician services and counseling can best be met by providers who are able to offer these discrete services. Procuring physician services across all service packages will increase choice for consumers in each service area.
CBT/Counseling	Counseling was the second most identified service that consumers and families wanted more choice among providers. Procuring this service will hopefully provide consumers more choice and access to counseling. Physician services and counseling are often the primary services in SP2 for adults and SP 1.2 and 2.3 for children. Since Centers are unable to contract out case management as it is an authority function, physician services and counseling can best be met by providers who are able to offer these discrete services. Procuring physician services across all service packages will increase choice for consumers in each service area.

In addition, state your plan for maintaining fidelity and continuity of care for the service package(s).

<b>Plan for Fidelity and Continuity of Care</b>
<p>Hill Country is working toward the ability to monitor in “real time” the required documentation and service requirements through the development of an electronic medical record which with external provider access will facilitate fidelity and continuity of care. Fidelity is otherwise accomplished over time by training, supervision, and continuous reassessment to prevent movement away from principles and practice for the duration of the provision of services. In order to ensure consumers receive the necessary services within the designated service packages, providers may be required to attend specific quarterly mandatory meetings, staffings, and or training programs. Providers will be notified of such meetings or training programs at least 14 days prior to the date of the meeting or training program. The provider will be notified of any staffing at least 30 days prior to the date of the staffing. Notwithstanding the</p>

meetings and trainings, the providers will be subject to onsite audits, desk reviews, provider assessments, surveys and profiling, credentialing and compliance with applicable state and federal laws. Case Managers will work to ensure continuity of care by closely monitoring services provided by the external providers. They will be responsible for ensuring that consumers are receiving services from the designated service package appropriate for their level of need.

## 5. Rationale for Keeping Services

According to the rule, the rationale for the decision to continue providing services at any level for any of the services listed above must be based on:

- A determination that the current network of external providers serves 100 percent of the service capacity and meets levels of consumer choice and access specified in 25 TAC §412.758(a)(2) and (3);
- OR one of the following conditions (Refer to the Appendix for complete language as specified in 25 TAC §412.758):
  1. *Willing and qualified providers are not available.*
  2. *The external network does not provide minimum levels of consumer choice.*
  3. *The external network does not provide equivalent access to services.*
  4. *The external network does not provide sufficient capacity.*
  5. *Critical infrastructure must be preserved.*
  6. *Existing agreements restrict procurement or existing circumstances would result in substantial revenue loss.*

Service	Percent capacity provided by the LHMA	Condition 1-6 (listed above)	Explanation	Percent Capacity necessary for LMHA Viability	Rationale for this Volume
<b>ADULT SERVICES</b>					
RDM SP 1	100% except for discrete services listed below	4,5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology to accept and process an external provider's clinical and fiscal information, the organizational	100% except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete service procurement. The 100% volume is noted solely because

Service	Percent capacity provided by the LHMA	Condition 1-6 (listed above)	Explanation	Percent Capacity necessary for LMHA Viability	Rationale for this Volume
			structure and technical experience and expertise in managing a network and assuring access and choice are relevant to the decision.		the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given to ensuring full capacity service coverage of the large geographic service area. Additionally, since Community Centers are the only authorized entities who can bill and receive payment for the Federal portion of the Medicaid Rehab rates, contracting out these services would require our Center to enter into what is known as "Under Arrangement" contract. Since our Center would be financially at risk for ensuring compliance with all Medicaid rules and regulations, we have determined that we do not have the infrastructure and expertise necessary to utilize this contract methodology at this time. This rationale relates to all service packages containing rehab services.
RDM SP 2	100% except for discrete services listed below	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network and assuring access and choice are relevant to the decision.	100% except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete service procurement. The 100% volume is noted solely because the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given to ensuring full capacity service coverage of the large geographic

<b>Service</b>	<b>Percent capacity provided by the LHMA</b>	<b>Condition 1-6 (listed above)</b>	<b>Explanation</b>	<b>Percent Capacity necessary for LMHA Viability</b>	<b>Rationale for this Volume</b>
					service area.
RDM SP 3	100% except for discrete services listed below	5	A phased transition is planned in order to protect the safety net. Critical infrastructure, including the ability of information technology to accept and process external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network and assuring access and choice, are relevant to the decision.	100% except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete service procurement. The 100% volume is noted solely because the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given to ensuring full capacity service coverage of the large geographic service area.
RDM SP 4	100% except for discrete services listed below	5	A phased transition is planned in order to protect the safety net. Critical infrastructure, including the ability of information technology to accept and process external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network and assuring access and choice, are relevant to the decision,	100% except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete service procurement. The 100% volume is noted solely because the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given to ensuring full capacity service coverage of the large geographic service area.
<b>CHILD/ADOLESCENT SERVICES</b>					
RDM SP 1.1	100% except for	5	A phased transition is planned to assure adequate safety net.	100% except for discrete	As a means not to fracture and fragment the established local service

Service	Percent capacity provided by the LHMA	Condition 1-6 (listed above)	Explanation	Percent Capacity necessary for LMHA Viability	Rationale for this Volume
	discrete services listed below		Critical infrastructure, including ability of information technology to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network and assuring access and choice are relevant to the decision.	services listed below	delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete service procurement. The 100% volume is noted solely because the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given to ensuring full capacity service coverage of the large geographic service area.
RDM SP 1.2	100% except for discrete services listed below	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network and assuring access and choice are relevant to the decision.	100% except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete service procurement. The 100% volume is noted solely because the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given to ensuring full capacity service coverage of the large geographic service area.
RDM SP 2.1	100% except for discrete services listed below	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network and	100% except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete service procurement. The 100% volume is noted solely because the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given

Service	Percent capacity provided by the LHMA	Condition 1-6 (listed above)	Explanation	Percent Capacity necessary for LMHA Viability	Rationale for this Volume
			assuring access and choice are relevant to the decision.		to ensuring full capacity service coverage of the large geographic service area.
RDM SP 2.2	100% except for discrete services listed below	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network and assuring access and choice are relevant to the decision.	100% except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete service procurement. The 100% volume is noted solely because the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given to ensuring full capacity service coverage of the large geographic service area.
RDM SP 2.3	100%	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network and assuring access and choice are relevant to the decision.	100% except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete service procurement. The 100% volume is noted solely because the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given to ensuring full capacity service coverage of the large geographic service area.
RDM SP 2.4	100% except for discrete services	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology to accept and process an external	100% except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via

Service	Percent capacity provided by the LHMA	Condition 1-6 (listed above)	Explanation	Percent Capacity necessary for LMHA Viability	Rationale for this Volume
	listed below		provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network and assuring access and choice are relevant to the decision.		discrete service procurement. The 100% volume is noted solely because the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given to ensuring full capacity service coverage of the large geographic service area.
RDM SP 4	100% except for discrete services listed below	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network and assuring access and choice are relevant to the decision.	100% except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete service procurement. The 100% volume is noted solely because the entire package is not planned for procurement. (See Discrete Services below) Consideration must be given to ensuring full capacity service coverage of the large geographic service area.
<b>CRISIS &amp; OTHER DISCREET SERVICES</b>					
<i>Hotline</i>	<p data-bbox="772 1097 1717 1125">Per the October 31, 2007 memo from Rod Swan, DSHS Unit Manager of MH Contracts:</p> <p data-bbox="569 1208 1881 1333">The Crisis Services Redesign initiative completed just prior to this local planning initiative which began March 1, 2008. The development of local crisis services plans occurred using then existing planning and procurement requirements. The efforts related to crisis services are not subject (at this time) to the new Local Network Planning and Development rules for FY08. Current crisis planning efforts are summarized with this plan.</p> <p data-bbox="569 1382 1919 1406"><b>Important to note: Centers are not required to repeat the process of local planning for crisis services when considering</b></p>				
<i>Mobile Crisis Outreach Team</i>					
<i>Extended Observation</i>					
<i>Day Program for Acute Needs</i>					
<i>Crisis Stabilization Unit</i>					
<i>Respite Services</i>					
<i>Inpatient/Hospital Services</i>					
<i>Crisis Residential Treatment Services</i>					

Service	Percent capacity provided by the LHMA	Condition 1-6 (listed above)	Explanation	Percent Capacity necessary for LMHA Viability	Rationale for this Volume
<i>Safety Monitoring</i>	<b>this Network Development Plan. These crisis services are not subject to further procurement at this time.</b>				
<i>Crisis Follow-Up and Relapse Prevention</i>					
<i>Crisis Transportation</i>					
<i>Crisis Flexible Benefits</i>					

## 6. Structure of Procurement

The table below describes (1) the combination of services that will be procured, (2) the geographical area that procurement is planned, and (3) how procurement will be structured, including the rationale.

<b>Service or Combination of Services to be Procured</b>	<b>Geographic Area(s) in Which Services will be Procured</b>	<b>Rationale</b>
<i>Pharmacological Management/psychiatric evaluations</i>	Entire Service Area. Includes the following counties: Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde.	Based on consumer and stakeholder input, choice is desired in physician services throughout the 19 county service area. In order to ensure that consumers in all of Hill Country's service area have the opportunity to choose a provider, the entire geographical area will be procured by a RFP process. Provider's utilization of telemedicine services will be considered; however face to face service delivery is preferred.
<i>CBT/Counseling</i>	Entire Service Area. Includes the following counties: Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde.	Based on consumer and stakeholder input, choice is desired in counseling services throughout the 19 county service area. In order to ensure that consumers in all of Hill Country's service area have the opportunity to choose a provider, the entire geographical area will be procured by a RFP process.

## 7. Maximizing Consumer Choice and Access

Based on stakeholder input, Hill Country will gradually expand its provider network in order to ensure that consumers have a choice in who provides their services. As one stakeholder commented during a Public Forum, “we should not create choice if it jeopardizes access to services, such as providers located outside of the service area”. The most important factor to consumers in choosing a provider, according to completed surveys, is the location of the service.

Also according to survey results, having a choice in who provides services is very important to consumers in all of Hill Country’s service area. As Hill Country expands its provider network, access will be maximized by ensuring that contractors have a convenient location and office hours that are equal to current services that are available.

Currently, Hill Country has ten mental health clinics located in the towns of Boerne, Del Rio, Fredericksburg, Hondo, Junction, Kerrville, Llano, New Braunfels, San Marcos, and Uvalde. Most of the clinics also serve consumers residing in surrounding counties within the Hill Country service area.

As noted below in the section **Procurement and Transition Timeline**, consumer forums will be held so that consumers or their legal authorized representative are provided with the information necessary to make an informed choice. Providers in the network will be listed on Hill Country’s website and printed materials in the consumer’s primary language will be made available to support informed choice. After the initial transition is complete, choice of provider will also be offered after the completion of an assessment and at each treatment plan review. Consumers and their legally authorized representative can request a change of provider at any time.

In order to maximize consumer choice and access, the goal of future procurement/contracting will be to create a network that gives consumers a choice in who provides their services and that has equal or greater access to services than is currently provided by Hill Country.

## 8. Services to be Provided by a Single Provider

Will any services be provided by only one provider (internal or external) because it would not be financially viable to fund two or more providers?

Yes   X   No \_\_\_\_\_

**The following chart depicts which services will be provided by a single provider as well as any economic factors that prevent Hill Country from offering a choice to those served.**

Services to be Provided by a Single Provider	Economic Factors Preventing Consumer Choice
Intensive and Routine Case Management	Only the LMHA may provide this service
Laboratory Services	Only one external provider is necessary to effectively deliver this service
Respite	It would not be financially viable for more than one provider to provide the small number of beds the Center can support. The Center intends to continue its contract with The Wood Group for this service.
Crisis Services	Hill Country currently contracts out its Crisis Hotline services to Avail Solutions, Inc. Hill Country does not anticipate contracting with more than one provider for this service in the foreseeable future due to a number of issues of communication, continuity and follow-up.

## 9. Cultural and Linguistic Diversity

As previously stated, Hill Country's service area borders Mexico in Val Verde County. In this county as well as Uvalde, a large percentage of the population is Spanish speaking. Cultural and linguistic diversity in these counties, as well as throughout the service area, will be addressed by ensuring that Center staff and contractors acknowledge these diverse needs.

The primary mechanism utilized to determine the level of competency among external providers is the "Cultural and Linguistic Competency Assessment". This assessment, which will be required in the provider's contract, inquires into the provider's written policy, staffing patterns, use of interpreters, written translation materials and grievance procedures. This assessment is the tool utilized to ensure that external providers are accepting and respectful of cultural differences and that they have the resources and flexibility with the service models to meet the needs of a diverse population. This assessment is reviewed annually with each contract renewal and recommendations made to the Board of Trustees when warranted.

As part of Hill Country's new hire orientation, all Center staff participates in a class entitled "Cultural Competencies, Integrating Differences into Community Services". The teaching objectives for this class include the following:

- Understanding Stigma
- Understanding Cultural Competency
- Learning Cultural Competent Care for People with Developmental Disabilities, Mental Illness, and Addictions.

Hill Country proactively strives to ensure that care and information is received in the individual's preferred language. As part of Hill Country's current practice, staff is assigned to consumers who speak the consumer's preferred language and are most aware of the consumer's cultural diversity. As the Center expands its provider network, contractors will be required to respond to the diverse cultural needs of the service area and have interpreters available as needed. Overall in developing a network of providers, Hill Country desires to maintain a network which meets the needs of the local community, improves access to treatment by minorities, reduces disparities in treatment and improves quality of care.

## 10. Administrative Cost Efficiency

As Hill Country moves towards its implementation of its network development plan, the Center's administrative services, especially the authority functions, will be reviewed and adapted as needed. Hill Country projects that at a minimum there will be an increased need for staff with contract monitoring experience as well as an increased need for expanded data management and reporting. Coupled with the ever increasing cost of basic operational needs, the Center's concern is the availability of adequate funding to support the projected increased expenses.

Efforts to minimize overhead and administrative costs and achieve purchasing efficiencies will include the Center continuing to evaluate and expand collaborative relationships. Efforts to improve efficiencies include:

- Implementation of accountable-care practices through standards for direct service time.
- Hill Country continues to work diligently to reduce and/or reallocate staff as determined by client need.
- Continued work with local and area law enforcement in developing jail diversion plans and cross training (e.g. Hill Country employees attend Police Academy and Law Enforcement receive Mental Health Peace Officer Training).
- Working with numerous advisory councils on establishment of 23-hour crisis units in locations throughout the region.
- Working with area Texas Workforce Commission personnel to increase Supported Employment opportunities for individuals.
- Working with Hill Country Crisis Council to obtain funding for housing.
- Working with Middle Rio Grande Development Council to obtain funding for education/job training at local workforce center.
- Implemented Computer Based Training to reduce cost of training and increase personnel expenditures contributed to direct provision of services.
- Implemented electronic medical record in order to more efficiently and effectively serve clients.
- Utilization of telemedicine, especially with children's mental health services, in order to maximize the cost-effectiveness of service delivery and stretch the use of limited resources.
- Establishment of Peer Support groups throughout service area in order to help individuals maintain symptom stabilization and avoid crisis.
- Working with Schreiner University in developing strategies to grow a workforce specializing in rural behavioral health service delivery.
- Continues to consolidate office space and reduce rental costs or sublease spaces to other entities that are still under lease agreements.

- Support from local advisory boards including items such as utilization of space for five mental retardation centers and three mental health clinics along with utilities.
- Acquisition of Patient Assistance Medications.

Whenever possible, Hill Country joins forces with other key local agencies, community providers, and others to identify community priorities and develop an action plan to better meet the needs of the greater Hill Country.

## 11. Previous Efforts to Develop a Provider Network

In March of 2004, a Request for Information (RFI) process was developed and initiated as a means of determining interest in a comprehensive treatment network for people with mental illness and mental retardation. Respondents were asked to provide information on various service packages and include any topics or questions the respondent or any other interested parties believes important to address in any future Request for Proposal (RFP). The RFI document included a geographic description of the local service areas, thus giving the respondents an opportunity to indicate the preference to serve the entire local service area or portions thereof. Respondents were also given an opportunity to express interest in providing the entire service package or individual services within the package.

Of the nine respondents, four of them indicated a desire to offer complete service packages while the other five had an interest in specific services. Two of the respondents currently have a contract for specific services and have indicated an interest to continue contracting. Of the respondents, Hill Country currently contracts with Avail Solutions for the crisis hotline and with the Wood Group for crisis residential.

## 12. Barriers to Attracting Providers

Below describes encountered or anticipated barriers to attracting external providers as well as any plans to assist in alleviating the barriers:

<b>Barriers</b>	<b>Plans</b>
Cost of gas-very large geographical service area	Continue to utilize telemedicine as much as possible.
Rates not attractive to external providers	Continue supporting legislation and lobbying efforts to improve funding.
Providers reluctant to meet DSHS Contract Requirements	Continue to work with DSHS regarding contract requirements and potential streamline regulations.
Shortage of professional staff-especially physicians	Explore more partnerships and continue to utilize telemedicine from areas with physicians.
Limited public transportation	Continue to seek additional funding/grants.

## 13. Attraction of Providers

The Texas Hill Country welcomes five million visitors annually. It is easy to see why people keep coming back again and again. The area offers unparalleled diversity. In the spring, roadsides and open fields are dotted with colorful wildflowers, from the Indian Paintbrush to the Texas state flower, the Bluebonnet. Autumn brings vibrant reds, oranges and yellows as leaves announce the start of a new season. Summer is a time for tubing down the river, boating on one of the many area lakes or enjoying an outdoor barbecue. Winter is mild with a touch of cool air, ideal for viewing the thousands of Christmas lights residents' display. Seasonal fruit, peaches from the Fredericksburg area and apples from Medina represent the array of mouth watering produce grown in the area. Abundant wildlife such as white tailed deer, mockingbirds and armadillos make their home among the hills and offer a glimpse of nature.

Over 51 cities/areas make up the community. Here are a few of the attractions in the Hill Country:

- Bandera, the cowboy capital of the world, is a quaint town full of western ambiance and authentic dude ranches. Guests will never forget the rodeos and the “boot scootin”.
- Boerne is an ageless town, rich with history and endless antiques and arts and crafts. The town square, a perfect place to relax, is reminiscent of bygone days.
- Canyon Lake is a quiet town, well known for its tranquil lake. You can spend a weekend of fishing, swimming, boating or just relaxing on the shore.
- Recreational communities, bed and breakfasts, vacation resorts and youth camps dot the Wimberly area. Climbing, hiking, fishing, swimming, boating, golf, tennis, arts and crafts, and camping are popular activities.
- The Fredericksburg German heritage is evident especially along Main Street where former Sunday houses have been turned into quaint shops and turn of the century buildings into now house restaurants. Visitors can stroll down the street and feel as if they have been transported back in time as they shop. Romantic bed and breakfast inns in Fredericksburg are ideal for an overnight getaway.
- Gruene is known for the famous Gruene Hall, where legends have been born. Couples still travel there to dance the night away. During the day, visitors can shop, eat and explore the quaint surroundings.
- New Braunfels is known for the Children's Museum, Schlitterbahn Waterpark, Natural Bridge Wildlife Ranch, and Natural Bridge Caverns. The Comal River offers plenty of water fun.

- The Frio River/Frio Canyon area includes the town of Leakey, Concan, and Rio Frio and is perfect for spending a lazy summer weekend. Tubing, camping and canoeing are popular family sports near the Frio River. Visit the area in autumn and see the wondrous display of colorful leaves.
- The clear, cold San Marcos River rises from mammoth springs within the town of San Marcos. Noted for its profusion of both plant and animal aquatic life, the river is ranked among the worlds' most fertile. San Marcos is also home to Texas State University which has an enrollment of 28,000 this year.
- The Guadalupe River is famous for its exciting rapids and sparkling clear waters. It is very popular with tubers.
- Split through its heart by the majestic Llano River and connected by the historic Roy Inks Bridge, Llano is aptly named The Land of Legend and Lure. Long revered by hunters as the Deer Capitol of Texas, Llano is home to a rich heritage for two-legged visitors as well.
- The picturesque drive from Ingram, a trade center for camps, and retirement and vacation homes, to Hunt, also known for camps, vacation homes and retirement homes, will take you along the Guadalupe River lined with majestic cypress trees and remote waterfalls. Nearby, Kerrville offers a wealth of activities from museums, a performing art theater, to shopping and parks. Kerrville and the surrounding area are also known as a medical or recovery community. Kerrville State Hospital and the VA Hospital are located in Kerrville. La Hacienda and Starlite Recovery Center are private substance abuse providers who are located within 20 miles of Kerrville.

The challenge for providers who desire to serve the Hill Country will include the sparse population across a very large geographic service area. As stated previously, the service area does include three counties that are growing faster than the state average, but this is not representative of the entire service area. Population growth will be a factor that could attract providers to the beautiful and diverse service area.

## 14. Long Term Planning

Hill Country is responsible for developing, updating, and maintaining a local service area plan that complies with the requirements of the DSHS Performance Contract. The plan is designed to develop a local network of mental health service providers that will at a minimum meet the local needs and priorities of consumers and stakeholders, provide consumer choice of providers, and improve access to services, make the best use of available funds, and promote partnerships among consumers, providers, and caregivers.

As Hill Country enters this initial phase of the development of a local network of providers, the diverse role of the Center will inevitably change over time. Hill Country currently acts as the Local Mental Health Authority as well as a provider of services. The ultimate goal of this process and plan is to incorporate strategies to ensure continuous consumer access to services while the Center increasingly expands its network of external providers while steadily decreasing its share of internal service provision. The desired outcome is for consumers to have choice from among multiple service providers and for Hill Country to provide management and oversight of the provider network.

Under the new local network planning requirements, it is important to remember that Hill Country will continue to be required to capture, retain, and report certain information to DSHS and to continue to manage key internal processes. These operations and internal processes are applicable to all consumers and all services, whether provided internally by the Center or externally by another provider. These key operations include providing certain services and adhering to acceptable clinical practices, generating and managing operational revenue, accommodating stat reporting and fiscal requirements, and managing the general operations of standard business and clinical practices. As the local network of providers develops gradually over time, Hill Country must continue to maintain at least a “safety net” share of service provisions as well as manage all internal operational processes in order to continue to maintain the effectiveness and efficiency of the Center while minimizing disruptions in service delivery to consumers and meeting the mandated objectives of the local network.

While the most crucial objective of the network planning rules is the assembly and management of an external network of providers, this cannot be accomplished through the demise of Hill Country and the local safety net. Assembly and management of a network of providers must be well planned and sequenced with Hill Country’s technical expertise to do so. External providers, too, should be well versed in and prepared for any contractual arrangement undertaken.

As Hill Country progresses through this initial two year plan and its associated procurement, the Center will analyze and assess the system of providers obtained to determine the stability of the current network as well as the cost effectiveness of provider contracts in order to ensure that the proper shift of overhead and administrative costs is financially sound. Hill Country shall also use this time period to evaluate certain operations and functions of the Network Development Department. The importance of this evaluation is to

gauge the stability and effectiveness for increasing the network of providers during the next planning cycle starting for FY2011. This evaluation shall include but not be limited to:

- Redefining areas where technical assistance or additional training may be warranted; i.e., provider profiling, claims management, etc.
- Identifying gained experience to better meet the goals of the plan.
- Determining if staffing is adequate to manage a larger network of providers.
- Determining if the network has remained financially viable.
- Ultimately the Center will be assessing the Network's readiness for further expansion.

Hill Country plans to start its second input gathering stage approximately six months prior to the submission of the next Network Development Plan for the two-year cycle to include FY2011 and FY2012. There is an expectation that the Center will have gained some added expertise to procure more services during the second cycle. There is also the expectation that consumers will be more familiar with choosing a provider, thus the input gathered on where they may want more choice in the future may be more focused, direct and meaningful, thus resulting in the Center better meeting the needs and priorities of the Hill Country communities.

Potential goals for the next planning cycle include:

- Increase from the additional 10% of contracted services anticipated during the initial planning cycle to 20% or greater depending on provider capability and continued interest.
- Identify additional Adult and Child & Adolescent services that could be contracted out while maintaining the critical infrastructure needed.

The transition period required to achieve full utilization of available external provider capacity (the capacity currently offered by external providers who have expressed interest in contracting with the Center) is projected to be achieved during the next three planning cycles. Full utilization could occur earlier or later than this projection depending on the success of contracted services and the continued interest of external providers. At the end of each planning cycle, the contracted services and the continued interest of the external providers will be assessed to determine the appropriate type and volume of services to be procured. As stated in this plan, stakeholder input in the planning process will be the driving force for decisions regarding procurement.

## D. Procurement and Transition Timelines

Hill Country's procurement timeline is depicted in the following table. No less than 14 days is allowed for public comment to the draft procurement instrument. The procurement time frame is a projection based on approval of the plan within 60 days. Timeframes may be adjusted due to circumstances outside of the Center's control.

<b>Date</b>	<b>Key Activities and Milestones</b>
February 16, 2009- May 13, 2009	Develop draft procurement document -RFP
May 29, 2009	Publicize draft procurement document (public comment period-14 day minimum)
June 15, 2009- July 11, 2009	Timeframe for LMHA to consider all public comment and revise procurement document
July 15, 2009	Publication of final procurement
July 30, 2009	Due date for procurement responses
August 28, 2009	Pre-Award date
September 1, 2009- September 30, 2009	Contract Development and Negotiation Phase
October 15, 2009	Final Contracts approved by Board of Trustees
February 1, 2010	Contract begin date

An important part of the development of an external provider network is that it expands choices available to consumers. The specific steps for consumer's selection of a provider and the time lines for transitioning consumers to new providers are noted below.

<b>Steps</b>	<b>Time Frames for Completion</b>
Develop a provider list	October 2009
Verify provider information	October 2009
Develop internal procedures and forms for consumers selection of providers	October 1, 2009- October 15, 2009
Post Provider list to website and distribute to consumer and advocacy groups	November 2009

<b>Steps</b>	<b>Time Frames for Completion</b>
Develop consumer information materials relating to selection of providers	November 2, 2009- November 27, 2009
Train authority staff on procedures for consumers to select providers	December 1, 2009- December 18, 2009
Ensure external providers are trained on consumer selection requirements and procedures	December 1, 2009- January 29, 2010
Conduct provider forums to allow providers to share information with consumers, LARs, and other stakeholders.	January 4, 2010- March 31, 2010
Implement provider selection procedures for current clients (in conjunction with treatment plan reviews)	January 4, 2010
Implement provider selection procedures for new intakes	February 1, 2010
Develop and implement continuity of care plans for transitioning individual clients to new providers	January 4, 2010 – June 30, 2010
Consumer transition complete	July 31, 2010

For each service or service package to be procured, Hill Country estimated the amount of time needed to re-establish the service volume lost if a contract must be terminated. (Note: The estimated timeframe may be used as the minimum notice to be given prior to terminating an external provider contract for non-compliance.)

<b>Service</b>	<b>Time Needed to Re-establish Service Volume</b>
Pharmacological Management/ Psychiatric Evaluations	90 days.
CBT/Counseling	Historically when a clinical staff separates from our Center, the Center has to work quickly to continue services for that person's caseload or schedule. Often the only recourse is the shifting of existing staff or contracting for additional help including locum tenens doctors. Such efforts create added workloads and unexpected cost to the Center.

## E. Staff Qualifications

All providers must meet qualifications as determined by the Texas Department of State Health Services. All providers must meet all requirements as defined by the DSHS performance contract, Texas Administrative Code and Center essential function requirements.

The following table identifies specific qualifications individual practitioners must meet that currently exceed the standard set forth in the DSHS performance contract. The qualifications will serve as a minimum standard to be met by the LMHA as well as the external provider.

<b>Practitioner</b>	<b>Qualifications</b>
QMHP-Qualified Mental Health Professional	Hill Country utilizes individuals who are Qualified Mental Health Professionals or above for delivery of all Mental Health Services. Individual practitioners and agencies who intend on contracting for delivery of Adult Service must ensure services are delivered by an individual with, at a minimum, the Qualified Mental Health Professional credential.

## F. Stakeholder Comments on Draft Plan and LMHA Response

The Center published its draft plan for more than 14 days (August 6, 2008-September 17, 2008) for public comment on its website ([www.hillcountry.org](http://www.hillcountry.org)). In addition copies of the plan were distributed to the local NAMI groups, the Planning and Network Advisory Committee (also known as CAC), and individuals who request the draft be emailed. The draft plan was also made available in all of Hill Country’s mental health clinics and the administration office

The following table summarizes the public comments received on the draft plan and the Center’s response. The response may include:

- Accepting the comment in full and making corresponding modifications to the plan;
- Accepting the comment in part and making corresponding modifications to the plan; or
- Rejecting the comment.

Comment	Stakeholder Group(s)	LMHA Response and Rationale
No Public Comments were received.		

**COMPLETE AND SUBMIT ENTIRE PLAN TO [performance.contracts@dshs.state.tx.us](mailto:performance.contracts@dshs.state.tx.us) AS REQUIRED.**

**Appendix 25 TAC §412.758 LMHA Provider Status.**

**1) The LMHA shall provide services only under one or more of the following conditions.**

- a) The LMHA determines that interested qualified providers are not available to provide services in the LMHA's service area or that no providers met procurement specifications.
- b) The network of external providers does not provide the minimum level of consumer choice. A minimal level of consumer choice is present when consumers and their legally authorized representatives can choose from two or more qualified provider organizations in the LMHA's provider network for service packages and from two or more qualified individual practitioners in the LMHA's provider network for specific services within a service package.
- c) The network of external providers does not provide consumers of the LMHA's service area with access to services that is equivalent to or better than the level of access as of a date to be determined by DSHS. Any LMHA relying on this condition shall submit to DSHS information necessary for DSHS to verify level of access. DSHS will use the latest healthcare access technology available to the agency to measure access.
- d) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each RDM service package as identified in the LMHA's local network development plan.
- e) The LMHA documents that it is necessary for the LMHA to provide certain services specified by the LMHA during the two-year period covered by the LMHA's local network development plan in order to preserve critical infrastructure to ensure continuous provision of services. Under this condition, the LMHA will identify a timeframe for transitioning to an external provider network, during which the LMHA procures an increasing proportion of the service capacity of the external provider network in successive procurement cycles. The LMHA shall give up its role as a service provider at the end of the transition period when the network has multiple external providers if the LMHA determines that external providers are willing and able to provide sufficient added service volume within the timeframe specified by the LMHA in its approved local network development plan, as provided in §412.756(g)(8)(F) of this title (relating to Local Network Development Plan), to compensate for service volume lost should any one of the external provider contracts be terminated.
- f) Existing agreements impose restrictions on the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's local network development plan, or existing circumstances would result in the

loss of a substantial source of revenue that supports service delivery during the two-year period covered by the plan. If the LMHA invokes this condition, DSHS may require the LMHA to provide DSHS with a copy of the relevant agreement(s).

Examples of such agreements and circumstances include:

- (1) grants or other sources of funding that require direct service provision by the LMHA and that cannot be amended;
- (2) buildings or other physical infrastructure that are not reasonably expected to be sold, leased, or otherwise disposed of;
- (3) tax-exempt government bonds or other long-term financing that place restrictions on the LMHA's ability to meet its financial obligations, either in whole or in part; and
- (4) leases or contracts that cannot be terminated.

## List of Acronyms

DSHS	Department of State Health Services
LPND	Local Planning and Network Development
FY	Fiscal year
MHA	Mental Health Authority
MRA	Mental Retardation Authority
DADS	Department of Aging and Disability Services
PNAC	Planning and Network Advisory Committee
CAC	Citizen Advisory Committee (same as PNAC)
NAMI	Nation Alliance for Mentally Ill
CASA	Court Appointed Special Advocate
CPS	Child Protective Services
MHMR	Mental Health and Mental Retardation
EMS	Emergency Medical Services
LMHA	Local Mental Health Authority
N/A	Not Applicable
RFI	Request for Information
RFP	Request for Proposal
ECI	Early Childhood Intervention
RDM	Resiliency and Disease Management
SP	Service package
TAC	Texas Administrative Code
QMHP	Qualified Mental Health Professional