

Andrews Center **Behavioral Healthcare System**

THE LOCAL SERVICE AREA PLAN

FY 2009 – FY 2010

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I. PURPOSE, MISSION, VISION, & VALUES

Purpose...

Working together to build a better life!

Mission...

Serving our community to assure high quality, effective behavioral healthcare.

Vision...

“Making a difference” in life today and every day!

Values...

Recognize and affirm the dignity and worth of each individual.

Seek the best in others; demand it from ourselves.

Seek character, competence and caring.

Take care of each other.

Value ethics, honesty and integrity.

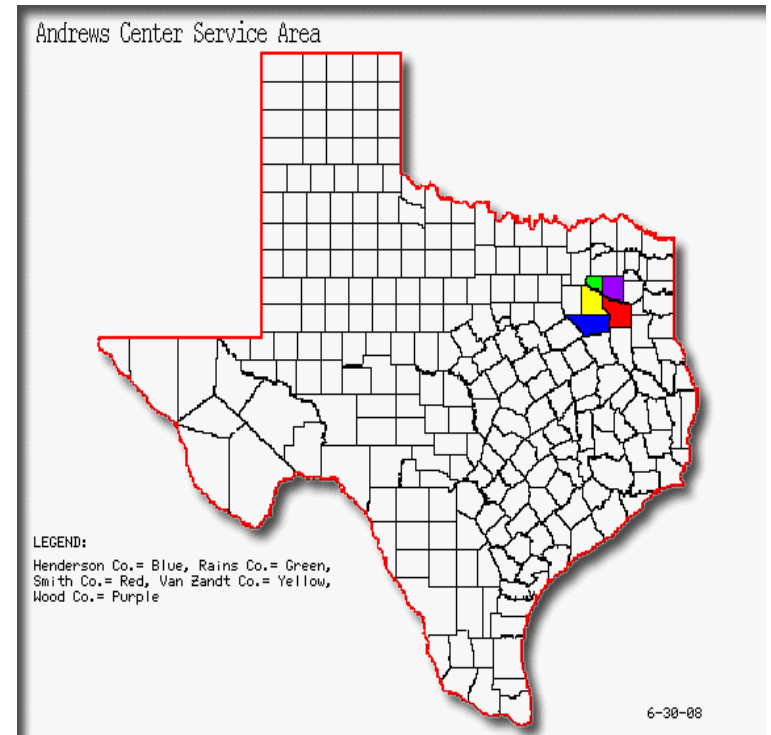
II. Center Overview:

Andrews Center Behavioral Healthcare System's mission is "Serving our community to assure high quality, effective behavioral healthcare." Andrews Center was established in June 1968 as the Smith-Wood County Mental Health Mental Retardation Center under the sponsorship of the Commissioners Courts of Smith and Wood Counties. In 1974, the County Commissioners Courts of Henderson, Rains, Smith, Van Zandt and Wood counties contracted to sponsor the Mental Health Mental Retardation Regional Center of East Texas. In 1991, the name was changed to Andrews Center Behavioral Healthcare System. It was named after a long-time mental health advocate, Mr. Earl C. Andrews, who served on the Center's Board for 25 years.

The Center is a public non-profit, community mental healthcare center that serves a five county area of East Texas (Smith, Wood, Rains, Van Zandt, and Henderson). It is the Mental Health Authority in this area. The central clinic and administrative offices are located in Tyler, with outlying regional clinics in Athens, Canton, and Mineola. The Center is governed by a nine-member Board of Trustees appointed by the Commissioners' Courts of the five counties. The Board meets monthly and oversees the operation of the Center.

Andrews Center serves more than 7000 adults and children annually in the five county service areas. It has spacious buildings with large meeting rooms and is located on the city bus route to provide better transportation services. The Center has an operating budget of more than \$21,000,000 and has 360 employees. The Center funding includes Medicaid, Medicare, private insurance and state funding.

The five county areas served by the Andrews Center according to 2006 U.S. Census Bureau data estimate a total population of 381,063. According to the National Institute of Mental Health, in 2005 the five county area reported a population of 21,565 individuals with Serious mental illness. This includes individuals with major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post traumatic stress disorder and borderline personality disorder. This indicates that approximately 1 in 17 (.06) individuals are affected by a Serious Mental Illness. In fiscal year 2007 the Andrews Center served 4209 adults and 473 children with Serious Mental Illness, totaling 5144 individuals, indicating the Center served approximately 24% of individuals in the five county areas diagnosed with Serious Mental Illness. Data from 2004 estimates the median income in the five county areas ranging from \$33,038 to \$39,665 with an estimated average of 15% of persons earning below poverty level. It is estimated that an average of 18% of the 5 county areas is uninsured with approximately 88% of adults reported as high school graduates.



County	Census data 2006	pop change 2000-2006 9.6% state	white	black	asian	hispanic	rural Pop.	2004	2004	uninsured	serious mi	FY'07 Total	FY'07 MH	FY'07 MH	
								median income	below poverty			Number Served	Adults Served	Children Served	
Smith	194635	11.4%	79.2%	18.3%	1.0%	14.8%	38.6%	\$39,665.00	14.5%	20%	10871	2432	1973	459	
Henderson	80222	9.5%	91.7%	6.4%	0.4%	9.0%	54.4%	\$33,038.00	16.7%	17.5%	4714	1342	1168	174	
Rains	11514	26.0%	95.1%	2.9%	0.6%	8.0%	100.0%	\$34,761.00	14.4%	17.6%	587	90	74	16	
VZ	52916	9.9%	94.9%	3.2%	0.3%	8.7%	79.0%	\$36,953.00	13.7%	17.4%	3068	688	521	167	
Wood	41776	13.7%	92.6%	5.9%	0.3%	7.0%	79.7%	\$34,843.00	14.5%	16.7%	2325	592	473	119	
											381063	21565	5144	4209	935

Andrews Center offers a wide range of services to adults and children with mental impairments. These services include Psychiatric Evaluation, Medication treatments, 24-hour Crisis Intervention Services, Screening and Assessment for Psychiatric Hospitalization, Group and Individual Counseling, mental health services for the seriously mentally ill with co-occurring substance abuse issues, Supportive Employment, Supportive Housing, Case Management, Rehabilitative Services, Vocational Training, Residential Services for the Mentally Impaired Dual Diagnosed, Transportation, Jail Diversion and Prison Services, Mental Retardation Services, Child Development and Training, and Early Childhood Intervention Services.

The center is responsible for developing, updating and maintaining a Local Service Area Plan in compliance with the Department of State Health Services (DSHS). The Plan is designed to develop a Network of Providers that will meet the local needs and priorities, allow for more consumer choice, improve access to services, make best use of available funds and promote consumer, provider, and caregiver partnerships.

III. Mental Health Services

A. Local Planning Process

1. Our Planning Process

Andrews Center is responsible for developing, updating and maintaining a Local Service Area Plan in compliance with the Texas Department of State Health Services (DSHS) Performance Contract. The Plan is designed to develop a Network of Providers that will meet the local needs and priorities, allow for more consumer choice, improve access to services, make best use of available funds and promote consumer, provider and caregiver partnerships.

Andrews Center has for years carried out planning activities on an annual basis which have successfully guided the Center in achieving its goals of providing the Center, its Board of Trustees, and staff direction and focus – this planning has incorporated the community, service agencies, local leaders, staff, and of most importance those served by the Center and their family members. Through the development of these plans; the Center’s mission, vision, and values were developed; all of which remain the heart of the Center’s operations today. These plans and their goals and objectives were developed with the primary purpose of achieving the Center’s stated purpose of enabling and empowering individuals and families to live quality lives. This planning process has also provided the basis of the Center’s annual budgeting, assisted in the preparation and submission of additional funding sources, and provided a means to evaluate the Center and its operations.

Over the years, the Center has actively pursued community involvement in its planning processes by inviting and encouraging members of its Citizen’s Planning and Advisory Committee to attend all planning functions including budgeting meetings. The Center holds quarterly “Local Agency Meetings” in its catchment area to discuss needs, service gaps and areas needing improved cooperation between the agencies. Consumer and Stakeholder “Local Needs” surveys have been a part of the Center’s planning which have emphasized community involvement in design and implementation.

Stakeholders Involvement in Crisis Service Plan

Andrews Center hosts quarterly Interagency Meetings in three of the 5 counties we serve in which a large number of our stakeholders participate regularly. These meetings began in 1991 in Smith County to bridge gaps in services to consumers and improve relationships between various service agencies. They have expanded across the service area and broadened the spectrum of stakeholders who attend. The list includes representatives from County Judges Offices, JPs, Law Enforcement Officers (city and county), Jail Staff, Juvenile Probation Officers, Local Hospital ER staff, local Hospital Social Work staff and Administrators, Private Psych Hospital staff and Administrators, State Hospital Admission Staff and Administrators, Advocacy Inc, Salvation Army, Andrews Center providers and Administrators and others with a viable interest in services.

Andrews Center also participates regularly in Community collaborations hosted by other agencies such as ETCOG and DSHS to identify needs and gaps in health services in the areas that we serve. Participants of Andrews Center were involved in the East Texas Community Health Needs

Assessment of 2006-2007 and the 2010 Strategic vision on Health and Medical Preparedness in Texas in 2007. Various representatives of Andrews Center meet individually with agencies with vested interests in mental health services and interface with many of our consumers. Staffs participate in Community Resource Coordinating Groups for children regularly.

Invitations were mailed, e-mailed and faxed in our five county areas to those who participate in the interagency meetings. The PAC group and other identified stakeholders were invited to attend one of four stakeholder meetings held in Smith, Wood, Henderson and Van Zandt Counties to introduce crisis redesign and gain assistance in developing our local plan.

A history of Crisis Redesign, legislative funding and state standards were presented at each meeting. Discussions were held regarding information presented. Stakeholders were asked for their written perspective of gaps, needs and barriers to services in our local areas. Their responses have been grouped and presented as an attachment to this plan. Stakeholders were asked and encouraged to participate in future meetings to assist with the local crisis plan.

Individual visits will be made to some of the key stakeholders who were not in attendance (this includes OSAR representatives). We will also provide the presentation in the form of links from our website for others we are unable to contact. They will be given the opportunity to respond and participate in future meetings.

Crisis redesign and the results of the Stakeholders meetings were presented to Andrews Center's Board of Trustees on 10/23/2007. Intent to continue to collaborate with community stakeholders and elicit their financial and in-kind support was explained to the board.

Stakeholders Involvement in Local Planning and Network Development

In addition to these efforts to ensure that the voice of our local officials, Police, Hospitals and other local agencies are heard, the Center actively seeks input from various other stakeholder groups such as Tyler NAMI, and the ETBHN Regional Planning and Network Advisory Committee. For this FY'09 Local Plan, the Center has also hosted various publicized public meetings and forums as listed below, as well as having written information and surveys available for those unable to attend public meetings..

Andrewscenter.com Website

- ▶ Summary of the LPND purpose and process
- ▶ Notification of County Consumer/Stakeholder Meetings
- ▶ Consumer and Stakeholder Surveys
- ▶ Contact information for LPND related questions or input
- ▶ Link for Local Plan during the comment period

RPNAC and Citizen's Advisory Committee Meetings

- ▶ ETBHN RPNAC – Thursday, March 20, 2008 (Training)
- ▶ Andrews Center Citizen Advisory Committee – May 1, 2008 (Training)
- ▶ ETBHN RPNAC – Thursday, June 19, 2008 (Draft Review)

- ▶ Andrews Center Citizen Advisory Committee – July 31, 2008 (Draft Review)

Consumer/Family & Stakeholder Surveys

- ▶ Consumer survey translated into Spanish
- ▶ Coversheet with Andrews Center Surveys giving a brief explanation of the LPND process
- ▶ Distribution
 - ◇ April 14, 2008 thru May 31, 2008 at MH clinics in Henderson, Rains, Smith, Van Zandt and Wood Counties.
 - ◇ Stakeholder Meetings
 - ◇ Mailing list developed of Stakeholders (Law Enforcement, Hospital, Local and State Officials & other Agencies)
 - ◇ Case Managers
 - ◇ Andrews Center Website

Consumer and Other Stakeholders Meetings Conducted

- ▶ March 24, 2008 - LPND Taskforce meeting with MH Clinic Directors, MH Division Directors and Executive Staff
- ▶ March 25, 2008 – Interagency meeting for Smith County with presentation of LPND
- ▶ March 28, 2008 – Interagency meeting for Henderson County with presentation of LPND
- ▶ April 1, 2008 – Interagency meeting for Van Zandt County with presentation of LPND
- ▶ April 7, 2008 – LPND Training for staff in Van Zandt County
- ▶ April 7, 2008 – LPND Training for staff in Henderson County
- ▶ April 8, 2008 – LPND Training for staff in Smith County
- ▶ April 8, 2008 – LPND Training for staff in Wood County
- ▶ April 9, 2008 – LPND Training for staff in Smith County
- ▶ April 22, 2008 – LPND Training and meeting with Tyler NAMI
- ▶ April 23, 2008 – LPND Training and public hearing for Smith County Stakeholders
- ▶ April 24, 2008 – LPND Training and public hearing for Henderson County Stakeholders
- ▶ April 28, 2008 – LPND Training and public hearing for Van Zandt County Stakeholders
- ▶ April 29, 2008 – LPND Training and public hearing for Rains County Stakeholders
- ▶ April 30, 2008 – LPND Training and public hearing for Wood County Stakeholders
- ▶ May 20, 2008 – LPND Training and public hearing for Smith County Stakeholders (Sponsored by Tyler NAMI)
- ▶ May 22, 2008 – LPND Presentation for Smith County Community Resource Coordinating Group (CRCG)

2. Participating Agencies, Organizations and Other Stakeholders

Since the last planning cycle, the following organizations have participated in each of the information gathering methods noted. These opportunities for input included group meetings, focus meetings, individual meetings, and surveys.

ORGANIZATION	CRISIS PLANNING	LPND SURVEY	LPND MEETING PARTICIPATON
Terrell State Hospital	X		
Henderson County Sheriff's Department	X	X	X
East Texas Medical Center (Athens)	X	X	X
East Texas Medical Center (Tyler)	X	X	X
ETMC – Behavioral Health Center (Tyler)	X	X	X
Smith County Sheriff's Department	X	X	X
Wood County DA (Victim Services)	X		
Presbyterian Hospital (Winnsboro)	X		
Wood County JP #1	X		
Wood County JP #2	X		
Mineola Police Department	X	X	X
East Texas Medical Center (Mineola/Quitman)	X		
Van Zandt County Juvenile Probation Department	X	X	X
Van Zandt County Judge's Office	X		
Cozby Germany Hospital	X	X	X
Tyler Police Department		X	X
Texas Correctional Office on Offenders with Medical or Mental Impairments		X	X
Avail Solutions		X	X
National Alliance on Mental Illness (Tyler)		X	X
East Texas Council on Alcoholism and Drug Abuse		X	X
Department of State Health Services		X	X
Parent Services Center (Tyler)		X	X
Northeast Texas Public Health District		X	X
Family Peace Project (Athens)		X	X
Henderson County Juvenile Probation Department		X	X
Van Zandt County District Attorney		X	X
Van Zandt County Sheriff's Office		X	X
New Beginnings (Grand Saline)		X	X
Rains Independent School District		X	X
Mineola Monitor (Newspaper)		X	X
Mineola Independent School District		X	X
TDCJ - Smith County Parole		X	X
Women of Grace (Tyler)		X	X

PATH & Smith Co. Coalition for Homeless		X	X
Tyler Courier-Times-Telegraph (Newspaper)		X	X
Workforce Solutions East Texas		X	X
Texas Department of Aging and Disability Services		X	X
East Texas Council for Independent Living		X	X
Adult Protective Services		X	X
Mothers Against Drunk Drivers		X	X
Department of Assistive and Rehabilitative Services		X	X
Deaf and Hard of Hearing Services		X	X

The number of individuals participating since the last planning cycle in each information gathering event or method, including; consumers, family members and other interested individuals are documented in the table below.

Description And Date or Timeframe	Participating Organizations (List)	Number of Consumers	Number of Family Members	Number of Interested Individuals
(Survey) March 2007	Center Perceptions Survey in cooperation with ETBHN for Consumer/Family Member & Stakeholders	320	108	22
(Meeting) March 25, 2008	Interagency meeting in Tyler	0	0	19
(Meeting) March 28, 2008	Interagency meeting in Athens	0	0	23
(Meeting) April 1, 2008	Interagency meeting in Canton	0	0	9
(Survey) April 14 thru May 31, 2008	Consumer/Family Member and Stakeholder Surveys Returned	379	72	74
(Training and Meeting) April 22, 2008	Tyler NAMI	0	0	7
(Training and Public Meeting) April 23, 2008	Smith County Consumers and Stakeholders	0	2	13
(Training and Public Meeting) April 24, 2008	Henderson County Consumers and Stakeholders	0	0	9

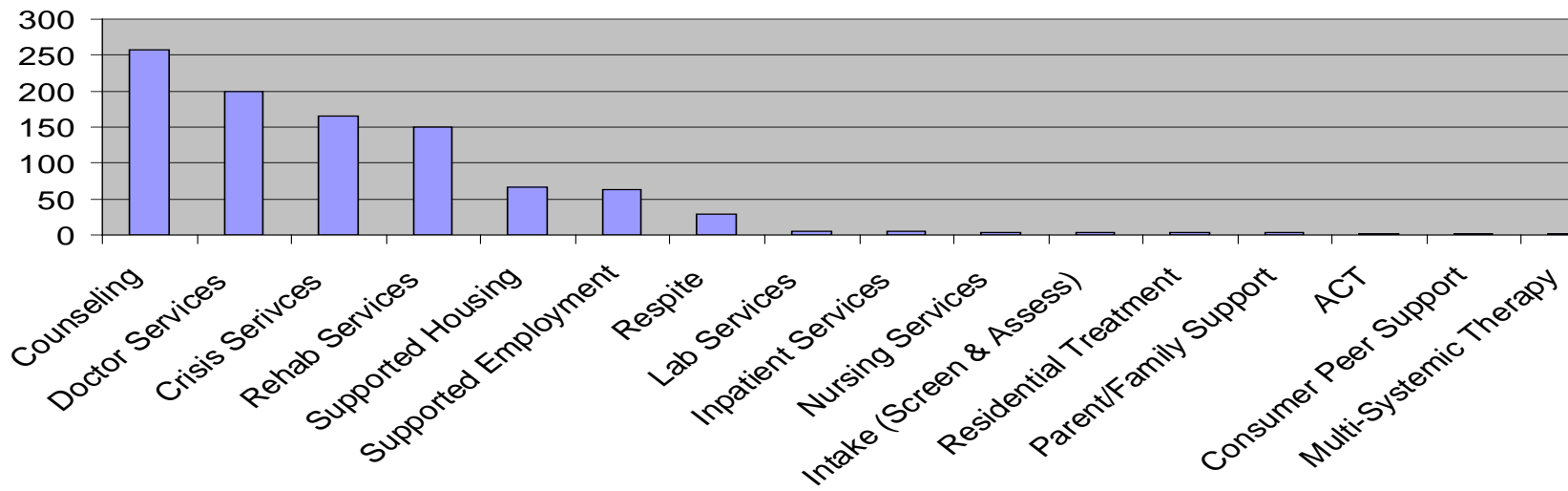
(Training and Public Meeting) April 28, 2008	Van Zandt County Consumers and Stakeholders	2	1	14
(Training and Public Meeting) April 29, 2008	Rains County Consumers and Stakeholders	5	2	9
(Training and Public Meeting) April 30, 2008	Wood County Consumers and Stakeholders	0	0	7
(Training and Public Meeting) May 20, 2008	Tyler NAMI – Smith County Consumers and Stakeholders – 2 nd Meeting	3	4	11
(Meeting) May 22, 2008	Community Resource Coordinating Group – Smith County	0	0	12

3. Summary of Discussions and Input Received

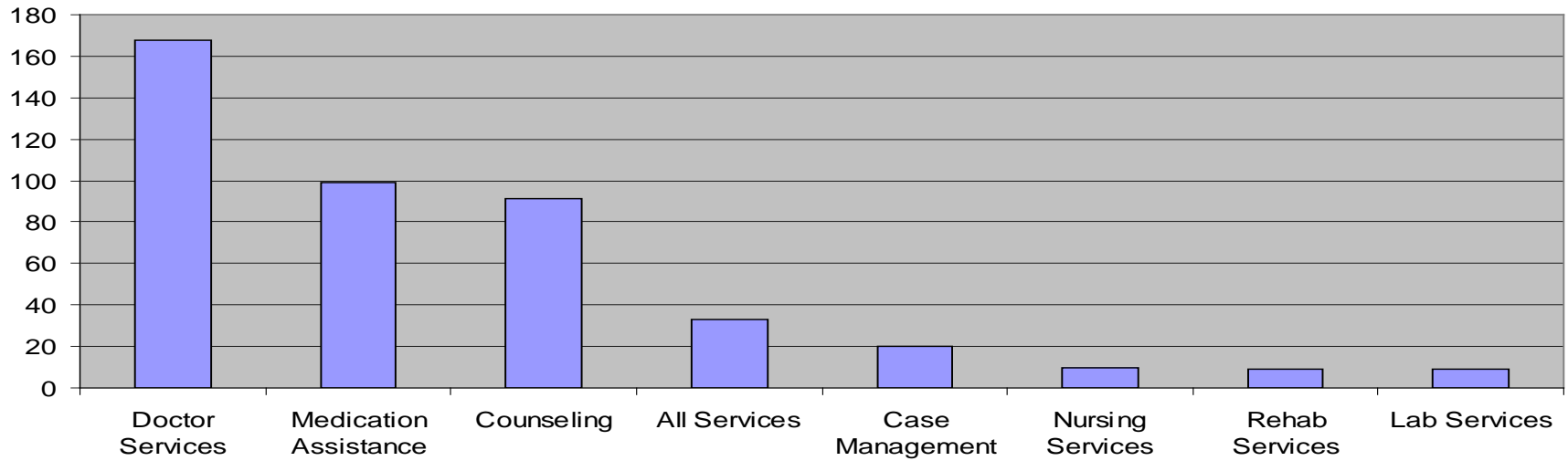
Eighty-two percent of those consumers and family members responding to the survey indicated that they were satisfied (18%) or very satisfied (64%) with services received from Andrews Center. Only five percent indicated that they were unsatisfied (2%) or very unsatisfied (3%). Stakeholders in Rains County expressed frustration that the Andrews Center had no physical presence in their county outside of case management services. For other mental health related services, persons living in Rains County have to travel to the nearest Andrews Center MH clinic in Mineola (Wood County) or Canton (Van Zandt County). It was suggested by one stakeholder that Andrews Center should have more “signage” in Rains County. It was further suggested that the Center should have someone present in the city of Emory (Rains County) two times a month to do screenings, intakes, and referrals. Focus meetings held in other counties did not yield direct suggestions regarding services needed or wanted. This was in part due to the low turn-out of consumers and family members.

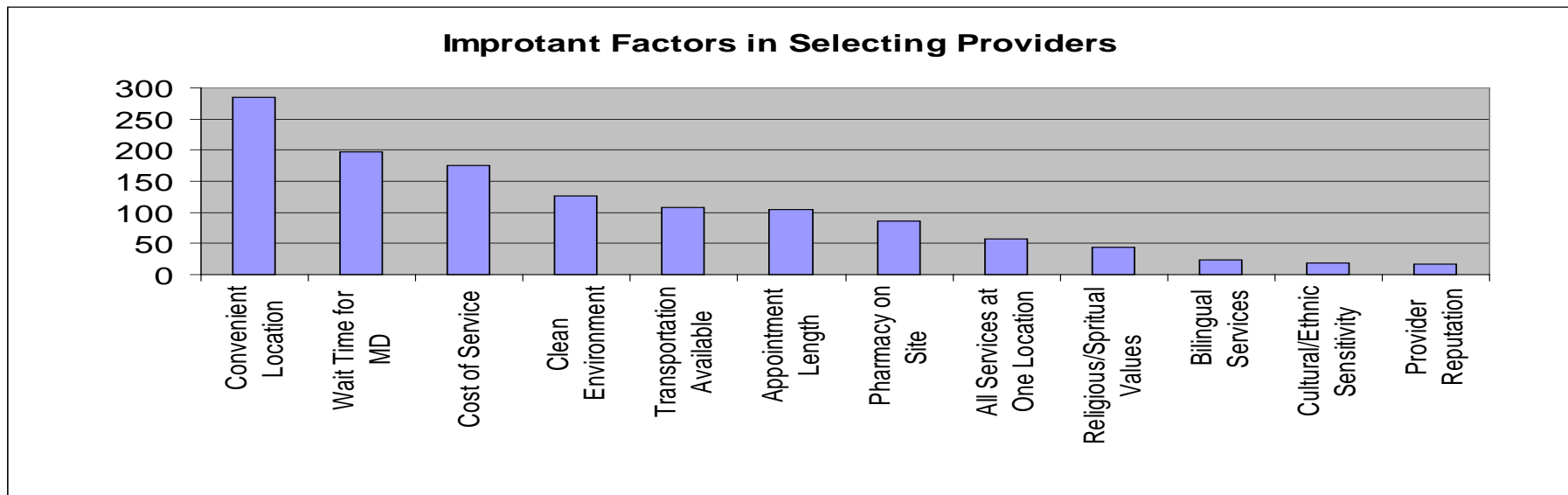
For children, adolescents and adults, the service needs most often identified were counseling and pharmacological management, and crisis services. In consumer surveys and stakeholder surveys, these three service needs were repeated without exception as demonstrated by the charts below. It should be noted that consumer and family members listed doctor services, medication assistance, and counseling as the three services that were most helpful to them. Stakeholders who were associated with the criminal justice system or emergency services rated crisis services much higher in priority than did the consumers and family members. Forty-four percent of the respondents to this survey said that a choice of providers was not important while forty-five said it was very important.

Services in Which More Choice of Providers is Desired



Services That Are Most Important and Helpful





Other significant comments or concerns:

- More capacity needed, not just choice.
- Stakeholders are happy with Andrews Center services and don't see need for other providers. They are interested in a choice of providers only if they cannot continue to be served by Andrews Center.
- Access to transportation and travel costs are a primary concern, so it is very important to maintain or improve access to service location, and having all services in the same location.
- 60% of those responding to the consumer/family member survey indicated that there were no services they needed that were not provided by Andrews Center.
- Andrews Center offers a number of essential "crisis" services. Additional funding for "maintenance of patient services" is needed.
- The requirement for developing and managing a network of providers will take scarce funding away for the provision of services.
- There were a significant number of consumers, family members and stakeholders who identified "Talk Therapy" as a service that was helpful to them, was a needed services and was not available to them under RDM.

4. Andrews Center's Priorities and Gaps With Regard to Services

The Regional Planning and Network Advisory Committee (RPNAC) identified the following strengths, weaknesses, opportunities and threats, as well as gaps in services. Those listed are the ones that applied to Andrews Center and were evidenced by surveys and comments completed in or about our service area. They may or may not apply to other centers in the network:

Strengths:

Desire to involve families and consumers
Extensive experience in providing service
Implementing business approaches to be more competitive
Proven to be adaptable and flexible
Adapting to scarce resources
Continues to provide services with limited financial resources
Responsive to needs of the community

Weaknesses:

Under funded
Forced to implement waiting lists
State mandates put centers at a disadvantage when competing
Population is defined for us – we cannot choose who we serve

Opportunities:

Diversify to other services to broaden base
Educate general public to needs

Threats:

Legislation restricts what we can do
Provider of last resort
Funding cuts
Staff retention
Not an equal player with private providers
Difficult to plan for the unknown
Complying with regulations
Not a popular cause with the legislature
CAM data is not consistent and not reflective of true comparisons

Gaps in Services:

MH adults:

Too many in the low service packages (SP 1 adults)
Resource limitations
Not able to provide needed services due to RDM
No funding for outreach, education
Jail diversion is under-funded and so not as effective
Housing options (few licensed boarding homes in the area)
Community resources, particularly psychiatrists to refer people to
Transportation
State hospital bed availability
Dual diagnosis (Chemical dependency/mental health)
Few resources for detox

MH children:

Residential care
Transportation
Willing foster care providers for RDM foster care
Dual diagnosis (Chemical dependency/mental health)
Few resources for detox

5. Changes over the next Biennium

The following changes will be made in the Andrew Center's service delivery system in the next biennium, including those resulting from Crisis Redesign. In the next biennium, we are planning for changes in our service delivery system to address several areas of service. These changes will include expansion of crisis services, additional providers for psychiatric services, additional providers of Cognitive Behavioral Therapy (CBT) counseling opportunities for adults and children, increased dual diagnosis (substance abuse/mental health) services and developing enhanced competency restoration services. In addition we will be working to find ways of increasing service delivery within Rains County.

Crisis Services

We are currently fully staffed in our crisis services. We currently provide Mobile Crisis Outreach Team (MCOT) services to Smith and Henderson Counties. We plan expansion of our MCOT services to Van Zandt and Wood Counties in the next biennium. During this time period the staff of this

unit, who are not manning the Crisis Hotline, will work to become AAS certified also. Andrews Center will also work to secure additional community crisis assessment sites to enhance the services available outside hospital emergency rooms. The Center will be pursuing funding to enable the establishment of one or more community crisis respite sites within our five counties. Activities to secure funding through joint efforts between East Texas centers will continue in the next biennium with the goal of establishing community crisis hub sites.

Psychiatric Services

The Center currently has nine providers of psychiatric services which constitute 6 full time equivalent positions. This includes our current external provider(s). In the next biennium, we will continue to recruit for additional provider time through both contract arrangements and employment. This service was one that was at or near the top of both the consumer/family and the stakeholder list of services which were most helpful and that were not currently considered to be adequately available through current providers. This will allow the Center to provide these services with increased ease of access and enhanced follow up services.

Cognitive Behavioral Therapy (CBT) Counseling Providers

The Center currently employs 8 licensed staff (4.5 FTEs) who are trained to provide CBT counseling for adults and children. Counseling services was also considered high on the list of helpful services and services that were not available at the level that consumers/families and stakeholders believed they should be. In building our network of providers, this is an area that will be emphasized in the coming biennium to provide these services with increased ease of access and enhanced continuing care. ***Note:** There was a very large number of consumers and family members who identified “Talk Therapy” as a desired and needed service that was not available to them under RDM which supports only CBT counseling. The Center will continue to explore potential funding sources for this service. If a source of funds can be found for persons with limited resources, this service will be offered.

Dual Diagnosis (substance abuse/mental health)

There is an increase in persons with substance abuse issues being identified through the crisis screening process. East Texas is well known for the prevalence of Methamphetamine abuse among the population. The Center is currently screening carefully for substance abuse issues as a part of its intake process. Those who are identified in the process and dually diagnosed are referred for substance related treatment which, without funding, is very limited. In the next biennium we will be pursuing funding to enhance the services available to person who are dually diagnosed and who do not have the resources to secure the needed treatment without financial assistance.

Enhanced Competency Restoration Services

The Center is currently piloting this service in Smith County in a collaborative effort with a local psychologist and the Smith County Jail. Twelve persons have been restored to competency since March of 2008. This has relieved the State Hospital System and the County Jail System of dealing with these persons who do not truly fit in either setting. The plan for the next biennium is to pursue the development of a Smith County Mental Health Court which could, at a later date, be spread to other counties within our catchment area.

Increased services within Rains County

At the LPND stakeholders meeting held in Rains County, those attending expressed frustration that the Center did not have more of a physical presence within the County. Input indicated a strong desire among those in attendance for more services to be provided locally. Through our annual planning process this was adopted as a goal for the biennium. The Center will be doing a needs assessment within Rains County with the assistance of the local Andrews Center Board Member and other community representatives. Expansion of services will be tailored to the results of the needs assessment and available funding sources. This expansion of services will begin in this biennium but may not be completed in this time frame and may be carried on into the following planning processes.

B. Current Services and Providers

Following 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, the LMHA isolated the costs associated with the services already delivered under contract by External Providers. The LMHA conducted a detailed allocation of all costs associated with the services it provided directly, including direct costs, provider-related overhead costs and the appropriate proration of general administrative costs. As instructed by DSHS, administrative expenses associated with Authority functions were not included in the calculations. The data submitted by the LMHA to DSHS in response to the FY07 Cost Accounting Methodology requirement was the basis for the unit costs used in the methodology.

While the methodology used does, to the best of the LMHA’s ability, identify the costs associated with services delivered directly by the LMHA in FY07 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.

1. *Mark “X” in the column labeled “LMHA” if the LMHA provides the service **directly**, and in the second column list the LMHA’s direct service expenditures for the service in FY 2007.*
2. *If the service is provided (in whole or in part) through contract with an external provider, list the name and address of the external provider and the LMHA’s expenditures for external provider contracted services in FY 2007.*
3. *If the service is not provided, enter N/A in the first column.*

DSHS-Funded Services

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
ROUTINE SERVICES					
Intake (Screening, Pre-admission Assessment)	X	\$521,077	Avail Solutions, Inc. 4455 SPID, Suite 44B Corpus Christi, TX 78411	\$16,501	9-1-2006 to 8-31-2007 9-1-2007 to 8-31-2008 9-1-2008 to 8-31-2009
Routine Case Management (Adult)	X	\$382,179	N/A	N/A	N/A
Routine Case Management (Child/Adolescent)	X	\$492,044	N/A	N/A	N/A
Respite Services	X	Provided as a part of other services but funding not tracked specifically			
Supplemental Nursing Services	X	\$4,887			
Pharmacological Management	X	\$477,154			
Provision of medication			East Texas Behavioral HealthCare Network Pharmacy 4101 S. Medford Drive Lufkin, Texas 75901	\$1,206,687	9-1-2006 to 8-31-2007 9-1-2007 to 8-31-2008 The intent is to continue this contract in FY'09
Psychiatric evaluation	X	172,080			
All Rehabilitation Services (Adult)	X	\$1,023,234			
All Rehabilitation Services (Child/Adolescent)	X	\$357,989			
Supported Employment	X	\$76,678			
Supported Housing	X	Provided as a part of other services but funding not tracked specifically			
Assertive Community Treatment	X	\$200,916			
Inpatient services			East Texas Medical Center – Behavioral Health 4101 University Blvd. Tyler, TX 75701	\$123,648	Open Enrollment – June 2007 – No Responses. Ongoing to continue in FY'09

Residential Treatment	N/A				
Intensive Case Management (Child/Adolescent)	X	\$126,486	N/A	N/A	N/A
Counseling (Adult)	X	\$169,062			
Counseling (Child/Adolescent)	X	\$134,104			
Parent/Family Support Activities (e.g., family case management, family training, family partner, parent support group)	X	\$54,406			
Flexible Community Support (Child/Adolescent)	N/A				
Multi-Systemic Therapy (Child/Adolescent)	N/A				
Consumer Peer Support	N/A				
CRISIS & OTHER DISCRETE SERVICES					
Crisis Hotline					
Crisis Intervention Services	X	\$156,581			
Mobile Outreach	N/A	<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 FY98. Current crisis service planning efforts are summarized within this plan.</p> <p>Important to note: Centers are not required to repeat the process of local planning for crisis services when considering this Network Development Plan, Thus Crisis services are not subject to further procurement at this time.</p>			
23 Hour Observation	N/A				
Extended Observation Unit	N/A				
Crisis Residential Services	N/A				
Crisis Respite Services	N/A				
Crisis Stabilization Unit	N/A				
Crisis Follow-Up and Relapse Prevention	N/A				
Crisis Transportation	N/A				
Crisis Flexible Benefits	N/A				
Laboratory Services			LabCorp 7777 Forest Lane, Suite 350 Dallas, TX 75230	\$78,148	Ongoing to continue in FY'09

**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

The processes used to assess the availability of current and potential external providers included the following:

- a. Monitor the LPND section of the DSHS website
- b. Place RFP information in local newspapers when contract providers were needed
- c. Encourage local providers attendance at LPND public meetings through public notices in newspapers as well as personal invitations
- d. Place RFA information in local newspapers when open enrollment contracts are being sought
- e. Educate other local agencies and stakeholders regarding Andrews Center's interest in contracting services

Through these efforts, we found that there were no local providers that were interested in complete service packages. We did have some minor success with providers who were interested in CBT counseling. In previous effort to assess provider availability we did receive some interest from local private practice psychologists. Both major providers who have expressed interest have major locations outside our area and would need to secure local services sites. One potential contractor stated that they were planning to wait until reimbursement information was available to determine which if any center they would approach regarding contracting for services. Only one external provider expressed interest in providing in-person face-to-face psychiatric interviews and medication services. Another contact was received from an organization interested in telemedicine for behavioral health care.

In future efforts to secure contract providers, we will contact the professional organizations to develop mailing lists of their members. Through these lists we will reach individual practitioners. In addition, we will seek to advertise our interest in contracting behavioral health services through the organizations communications to members.

2. Provider Inquiries

In an effort to assure consumer choice and develop a network of appropriate, competent providers, invitations to participate in the planning process were sent out via direct mailing as well as newspaper ads, posters in service delivery sites, and the Andrews Center website. The material included notice of the public forum as well as a link to necessary information to complete surveys. Private providers of mental health services were present at most of our five public forums.

There have been two providers who responded to the DSHS LPND information on their website. They are listed below.

Date of Inquiry	Summary of Inquiry	LMHA Response
December 17, 2007	The Wood Group completed the Provider Interest Form on DSHS website. They were later contacted by phone and it was clarified that this organization was interested in discrete services as a part of all adult service packages but did not want to do the complete packages. They were not prepared to provide physician services in any package. They also were interested in crisis services and some residential options.	Following the discussion with Wood Group representative David Kelly, COO, it was determined that this organization would be contacted regarding the discrete service of CBT counseling in service packages where it is offered.
February 14, 2008	Sunwest Behavioral Health Organization completed the Provider Interest Form on DSHS website. They were later contacted by phone and it was clarified that this organization was interested in all service packages, adult and child, as well as crisis and residential service options. They indicated that they would not really know how interested they were in contracting to provide services in our area until they saw the rates we would be proposing.	Following the discussion with Sunwest representative David Magno, ACEO, it was determined that this organization would be contacted regarding the discrete service of providing pharmacological management/ psychiatric evaluations and CBT counseling in service packages where it is offered.
March 2008	Peoples Health and Wellness Clinic representative came by to talk with Waymon Stewart, CEO, about services available. Wanted to contract with the center to provided services for indigent clients.	The provider did not have the appropriate credentials to allow us to contract for these services.
July 2008	Received a letter from JSA Health regarding telemedicine for behavioral health care. They provide on-demand, 24/7 access to psychiatrists and were interested in partnering with Texas Community Mental Health Centers.	This information was placed in the potential contractors folder for contact when Andrews Center obtained the equipment needed to provide telemedicine services. Andrews Center is investigating the cost of this equipment and potential sources of funding necessary to obtain it.

3. Service Capacity and Procurement

	3a	3b	3c	3d	3e	3f
Service	Current Capacity	Projected Capacity	Availability of Current and Potential External Providers	Procurement Planned?	Capacity to be Procured	Method of Procurement
ADULT SERVICES						
RDM SP 1	1380	1320	1	No except for physician services	0	N/A
RDM SP 2	82	82	1	No except for physician and counseling services	0	N/A
RDM SP 3	174	200	1	No except for physician services	0	N/A
RDM SP 4	18	18	1	No except for physician services	0	N/A
CHILD/ADOLESCENT SERVICES						
RDM SP 1.1	224	150	1	No except for physician services	0	N/A
RDM SP 1.2	87	45	1	No except for physician and counseling services	0	N/A
RDM SP 2.1	0	0	1	No	0	N/A
RDM SP 2.2	36	20	1	No except for physician services	0	N/A
RDM SP 2.3	10	8	1	No except for physician and counseling services	0	N/A
RDM SP 2.4	5	5	1	No except for	0	N/A

				physician services		
RDM SP 4	166	135	1	No except for physician services	0	N/A
CRISIS & OTHER DISCRETE SERVICES						
<i>Hotline</i>	<p>The Crisis Services Redesign initiative was completed just prior to this local planning initiative. 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 LPND rules for FY08. Current crisis service planning efforts are summarized within this plan.</p> <p>Important to note: Centers are not required to repeat the process of local planning for crisis services when considering this Network Development Plan, thus crisis services are not subject to further procurement at this time.</p>					
<i>Mobile Crisis Outreach Team</i>						
<i>Extended Observation</i>						
<i>Day Program for Acute Needs</i>						
<i>Crisis Stabilization Unit</i>						
<i>Crisis Respite Services</i>						
<i>Inpatient Services/Hospital Services</i>						
<i>Crisis Residential Treatment Services</i>						
<i>Safety Monitoring</i>						
<i>Crisis Follow-Up and Relapse Prevention</i>						
<i>Crisis Transportation</i>						
<i>Crisis Flexible Benefits</i>						
DISCRETE SERVICES						
<i>Laboratory Services</i>			All laboratory services provided by external providers		100%	Current arrangements to continue
<i>Counseling</i>		135	2		10%	Open Enrollment
<i>Pharmacological Management/ Psychiatric evaluation</i>		1950	1		10%	Open Enrollment

4. Justification for Procurement of Discrete Services

If procuring discrete services from one or more service packages, provide the rationale for procuring the service(s) separately. Provide a separate rationale for each discrete service to be procured. Add additional rows as needed.

Discrete Service to be Procured	Rationale
Counseling	<p>The Andrews Center has determined, through its meetings, surveys, and focus groups with stakeholders including consumers, family members, law enforcement, and other community members, an overwhelming request for additional counseling services. The intent for this process is not to increase services but to offer choice to our consumers. Discussions were held regarding procurement of Service Package 2 for adults and Service Packages 1.2 and 2.3 for children. Both of these packages offer counseling, SP2 adults routinely get physician services, and many of those children’s packages do also. However, we are unable to contract out case management as it is an authority function, thus the two primary services of these packages can be best met by providers able to offer discrete services rather than a full service package. Procurement of other service packages in full would also require the contracting of Medicaid Rehab services. Since community centers are the only authorized entities to 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 called an “Under Arrangement” contract. Currently, Andrews Center does not have the infrastructure and expertise necessary to manage this increased volume of externally provided services. It is believed that by the end of this first planning cycle, the needed expertise will have been obtained and the Center would have the means to begin some “Under Arrangement” contracting.</p>
Pharmacological Management/ Psychiatric evaluation	<p>The Andrews Center has determined, through its meetings, surveys, and focus groups with stakeholders including consumers, family members, law enforcement, and other community members, an overwhelming request for additional counseling services. The intent for this process is not to increase services but to offer choice to our consumers. Discussions were held regarding procurement of Service Package 2 for adults and Service Packages 1.2 and 2.3 for children. Both of these packages offer counseling, SP2 adults routinely get physician services, and many of those children’s packages do also. However, we are unable to contract out case management as it is an authority function, thus the two primary services of these packages can be best met by providers able to offer discrete services rather than a full service package. Procurement of other service packages in full would also require the contracting of Medicaid Rehab services. Since community centers are the only authorized entities to bill and receive payment for the</p>

	Federal portion of the Medicaid Rehab rates, contracting out these services would require our Center to enter into what is called an “Under Arrangement” contract. Currently, Andrews Center does not have the infrastructure and expertise necessary to manage this increased volume of externally provided services. It is believed that by the end of this first planning cycle, the needed expertise will have been obtained and the Center would have the means to begin some “Under Arrangement” contracting.
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In addition, state your plan for maintaining fidelity and continuity of care for the service package(s).

Plan for Fidelity and Continuity of Care

Andrews Center has the ability to monitor in “real time” required documentation and service requirements by allowing contracted providers access to our Electronic Medical Record System. Fidelity is accomplished over time through training, supervision, and continuous reassessment to prevent movement away from principles and practices for the duration of the provision of service(s). In order to ensure that consumers receive the necessary services from within the designated service package, Providers shall be required to attend specified quarterly mandatory meetings, staffings, and/or training programs. The Provider will be notified by the Center of such meeting or training program 15 days prior to the date of the meeting or training program. The Provider will be notified by the Center of any staffing 30 days prior to the date of the staffing. Notwithstanding the meetings and trainings, the Provider shall be subject to on-site audits, desk reviews, provider assessments, surveys and profiling, credentialing and compliance with applicable federal and state laws.

Case Managers will work to ensure continuity of care by monitoring services provided by external providers. Case Managers will meet with consumers at least every 90 days to update assessments and service plans. They will determine the consumer’s satisfaction with the services being received and offer the opportunity to select another service provider from within the network. These contacts may be made at the external provider’s site or an Andrews Center site. The case manager will also review progress toward service goals with the provider during these updates. They shall be responsible for ensuring that individuals are receiving services from within the designated service package that are appropriate to their level of need.
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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 LMHA	Condition 1-6 (listed above)	Explanation	Percent Capacity necessary for LMHA Viability	Rationale for this Volume
ADULT SERVICES					
RDM SP 1	100%, <u>except</u> for discrete services listed below	2, 4	Sunwest, the <u>only</u> potential provider interested in this complete service package, indicated that they could serve only 100 of the projected capacity for this service of 1320. A phased transition is planned to assure adequate safety net. 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 this decision. The Center will acquire needed experience and expertise by the end of FY'10 thru contracting for Pharm mgmt to insure critical infrastructure while contracting services to build the network and offer choice to consumers.	25%	In the first biennium, Andrews Center does not plan to contract the full SP1 package. However, the Center will begin to seek external providers for medical services provided in this package. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage expanded services, this service package will be one of those planned for contracting in the FY'11-12 biennium..
RDM SP 2	100%, <u>except</u> for discrete services listed below	2,5	Sunwest, the <u>only</u> potential provider interested in this complete service package, indicated that they could serve only 50 of the projected capacity for this service of 82. 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 this decision. The Center will acquire needed experience and expertise by the end of FY'10 thru contracting for Pharm mgmt to insure critical infrastructure while contracting services to build the network and offer choice to consumers.	25%	In the first biennium, Andrews Center does not plan to contract the full SP2 package. However, the Center will begin to seek external providers for medical services and CBT counseling provided in this package. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage expanded services, this service package will be one of those planned for contracting in the FY'11-12 biennium.
RDM SP 3	100%, <u>except</u> for discrete services	2,5	Only one external provider, Sunwest, expressed interest in contracting for the full SP3. In order for the Center to maintain its role as a safety net and at the same time develop the technical expertise to manage "Under Arrangement" contracting for the	25%	The Center shall gradually increase choice via discrete services procurement. (see Discrete Services below) In the first biennium, Andrews Center does not plan to contract the full SP3 package. However, the Center will begin to seek external providers for medical services

	listed below		rehab services included in this service package the Center will plan to begin contracting for this full service package at the beginning for the FY'11-12 biennium. Gradually the center will begin to increase choice by procuring Pharm Mgmt discrete services during the current biennium.		provided in this package. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage expanded services, a percentage of this service package may be one of those planned for contracting in the FY'11-12 biennium.
RDM SP 4	100%, except for discrete services listed below	5	Maintain role as a safety net, thus we must preserve some critical infrastructure. This is an expensive service which meets the needs of a small number of consumers spread over a five county area. Numbers served will not support two teams. In the first biennium the plans are to develop the needed expertise in managing a network and the technical skills and materials needed to pursue contracting this service out in the second biennium.	0% When a reliable provider is found and expertise in managing networks is gained along with the necessary technical equipment and skills	These are essentially intensive services provided by an array of professionals working cooperatively together. Staff involved with this team include a physician, a registered nurse, and two bachelor level QMHP-CS. Their objective is to keep some of the areas highest need consumers in their community and out of the state hospital system by keeping them engaged in services. Consumers eligible for this service are dispersed throughout the region, and therefore are served by a number of different individuals on this team. The average census for this service is 8 to 10 individuals per month. There are not enough consumers who require this very intensive and very costly service to justify establishing an additional team for the purpose of providing choice. Attempts will be made to secure an external provider in the second biennium and our internal team will be reassigned or disbanded.
CHILD/ADOLESCENT SERVICES					
RDM SP 1.1	100%, except for discrete services listed below	2,4,5	There is only one provider who has indicated an interest in the full children's service package in this area. The one that did express interest cannot provide service to the present volume in this service package. They indicated that they could serve 50 children from our projected capacity of 150. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability 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. The needed	25%	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 services procurement. In the first biennium, Andrews Center does not plan to contract the full SP1.1 package. However, the Center will begin to seek external providers for medical services provided in this package. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage expanded services, this service package

			technology and skills will be acquired during the first biennium and the Center will be in a position to seek external providers for this service beginning in FY'11.		will be one of those planned for contracting in the FY'11-12 biennium.
RDM SP 1.2	100%, except for discrete services listed below	2,5	There is only one provider who has indicated an interest in children's services in the area. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability 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. The needed technology and skills will be acquired during the first biennium and the Center will be in a position to seek external providers for this service beginning in FY'11.	25%	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 services procurement. The 100% volume is noted solely because the entire package is not planned for procurement. In the first biennium, Andrews Center does not plan to contract the full SP1.2 package. However, the Center will begin to seek external providers for medical services and CBT counseling provided in this package. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage expanded services, this service package will be one of those planned for contracting in the FY'11-12 biennium.
RDM SP 2.1	N/A		.		
RDM SP 2.2	100%, except for discrete services listed below	2,5	There is only one provider who has indicated an interest in children's services in the area. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability 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. The needed technology and skills will be acquired during the first biennium and the Center will be in a position to seek external providers for this service beginning in FY'11.	25%	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 services procurement. The 100% volume is noted solely because the entire package is not planned for procurement. In the first biennium, Andrews Center does not plan to contract the full SP2.2 package. However, the Center will begin to seek external providers for medical services provided in this package. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage expanded services, this service package will be one of those planned for contracting in the FY'11-12 biennium.

RDM SP 2.3	100%, except for discrete services listed below	2,5	There is only one provider who has indicated an interest in children's services in the area. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability 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. The needed technology and skills will be acquired during the first biennium and the Center will be in a position to seek external providers for this service beginning in FY'11.	25%	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 services procurement. The 100% volume is noted solely because the entire package is not planned for procurement. In the first biennium, Andrews Center does not plan to contract the full SP2.3 package. However, the Center will begin to seek external providers for medical services and CBT counseling provided in this package. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage expanded services, this service package will be one of those planned for contracting in the FY'11-12 biennium.
RDM SP 2.4	100%, except for discrete services listed below	2	There is only one provider who has indicated an interest in children's services in the area. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability 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. The needed technology and skills will be acquired during the first biennium and the Center will be in a position to seek external providers for this service beginning in FY'11.	0%	As a means not to fracture and fragment the established local service delivery system, the Center shall gradually increase choice via discrete services procurement. The 100% volume is noted solely because the entire package is not planned for procurement. In the first biennium, Andrews Center does not plan to contract the full SP2.4 package. However, the Center will begin to seek external providers for medical services provided in this package. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage expanded services, this service package will be one of those planned for contracting in the FY'11-12 biennium.
RDM SP 4	100%, except for discrete services	2,5	There is only one provider who has indicated an interest in the full children's service package in this area. The one that did express interest cannot provide service to the present volume in this service package. They indicated that they could	25%	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 services

	listed below		serve 50 children from our projected capacity of 135. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability 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. The needed technology and skills will be acquired during the first biennium and the Center will be in a position to seek external providers for this service beginning in FY'11.		procurement. The 100% volume is noted solely because the entire package is not planned for procurement. In the first biennium, Andrews Center does not plan to contract the full SP4 package. However, the Center will begin to seek external providers for medical services provided in this package. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage expanded services, this service package will be one of those planned for contracting in the FY'11-12 biennium.
CRISIS & OTHER DISCRETE SERVICES					
<i>Hotline</i>	<p>The Crisis Services Redesign initiative was completed just prior to this local planning initiative. 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 LPND rules for FY08. Current crisis service planning efforts are summarized within this plan.</p> <p>Important to note: Centers are not required to repeat the process of local planning for crisis services when considering this Network Development Plan, thus crisis services are not subject to further procurement at this time.</p> <p>Andrews Center currently contracts out all inpatient hospitalization services, its crisis hotline and a portion of the Mobil Crisis Outreach Team (MCOT) services.</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>					
<i>Safety Monitoring</i>					
<i>Crisis Follow-Up and Relapse Prevention</i>					
<i>Crisis Transportation</i>					
<i>Crisis Flexible Benefits</i>					
DISCRETE SERVICES					
<i>Laboratory Services</i>	0%		All will be contracted out	0%	
<i>Counseling</i>	90%	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability to accept and	25%	Responsibly for training providers in CBT and assessing competency may fall to the center. Gradual rollout to assess reliability

			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. The needed technology and skills will be acquired during the first biennium and the Center will be in a position to seek external providers for this service beginning in FY'11.		of the provider network to fulfill contractual obligations, to assure access throughout service area, and to maintain critical infrastructure. The Center will begin to seek external providers for CBT Counseling services. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage an expanded network of external providers, this service will be one of those planned for expanded contracting in the FY'11-12 biennium.
<i>Pharmacological Management/Psychiatric evaluation</i>	90%	4,5	Known providers have not indicated an interest sufficient to serve the present capacity (see above SP information). A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability 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. The needed technology and skills will be acquired during the first biennium and the Center will be in a position to seek external providers for this service beginning in FY'11.	25%	To maintain critical infrastructure by insuring capacity and to provide an orderly transition. The Center will begin to seek external providers for medication services and psychiatric assessments. As these providers are secured and the Center obtains the needed infrastructure and expertise to manage an expanded network of external providers, this service will be one of those planned for expanded contracting in the FY'11-12 biennium.

6. Structure of Procurement(s)

In the table below, describe how procurement will be structured and provide a rationale. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Identify the geographic area(s) in which the service will be procured, and whether an external provider will be required to cover the entire area. If an external provider will be permitted to contract for services in only a portion of the service area, describe how the area may be partitioned.

Service or Combination of Services to be Procured	Geographic Area(s) in Which Service(s) will be Procured	Rationale
Pharmacological management/psychiatric evaluation	All 5 counties	This will increase choice and access; the Center will allow providers to limit service area in order to foster enrollment. Extra efforts will be made to find providers in Rains County if the needs assessment to be conducted in this county proves that there is sufficient demand.

Counseling	All 5 counties	This will increase choice and access; the Center will allow providers to limit service area in order to foster enrollment. Extra efforts will be made to find providers in Rains County if the needs assessment to be conducted in this county proves that there is sufficient demand.
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7. Choice and Access

Describe how consumer choice and access will be maximized.

Currently, Andrews Center has a mental health clinic located in the largest city in four of its five counties. The one county that does not have an Andrews Center MH Clinic is the smallest and most rural of the five. Citizens of Rains County receive mental health services, in most cases, through the offices in Canton (Van Zandt County) or Mineola (Wood County). Rains County is considered a Psychiatric and Medically Underserved Service Region. Consequently, this region lacks service resources, let alone the opportunity for choice. The only choice for much of this region is to either do without psychiatric care, travel far from home to get needed care, or seek-out lesser trained healthcare providers in an attempt to get needs met. Andrews Center will be joining forces with Rains County stakeholders to complete a needs assessment in their county with the goal of determining objectively what services are needed in this community and what is the most effective and efficient way to provide them. The effort to recruit contract providers in the county will be a focus of Center efforts. As Andrews Center advances the development of a network of external providers in all five of it’s counties, the expectation is that access to care must be as good as, or better than what currently exists within Center operations. Service hours must be comparable, with no decreased days or times of operations to present services.

8. 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

There are two services which will be provided by only one internal provider because it would not be financially viable to fund two or more providers:

Service to be Provided by a Single Provider	Economic Factors Preventing Consumer Choice
Crisis Services	At the present time, Andrews Center Crisis Services will be provided primarily by Andrews Center. Although all of one aspect of the Center’s Crisis Services is presently contracted to an external provider (Crisis Hotline) and a portion of another (MCOT), we don’t anticipate having more than one provider under contract for this in the foreseeable future due to a number of issues of communication, continuity and follow-up. Furthermore, it is Andrews Center’s understanding that Crisis Services is primarily an Authority Service that should be

	primarily under the Center’s umbrella of operations.
ACT	These are essentially intensive services provided by an array of professionals working cooperatively together. Staff involved with this team include a physician, a registered nurse, and two bachelor level QMHP-CS. Their objective is to keep some of the areas highest need consumers in their community and out of the state hospital system by keeping them engaged in services. Consumers eligible for this service are dispersed throughout the region, and therefore are served by a number of different individuals on this team. The average census for this service is 8 to 10 individuals per month. There are not enough consumers who require this very intensive and very costly service to justify establishing an additional team for the purpose of providing choice.

9. Cultural and Linguistic Diversity

Andrews Center serves Henderson, Rains, Smith, Van Zandt, and Wood counties. The ethnic makeup of the 5 county area (2006 US census) is 74.7% white, 11.9% African-American and 11.7% Hispanic. Other important census information regarding the Center’s service area:

County	% foreign born	% <u>></u> 5 years who do not speak English in the home	% <u>></u> 5 yrs who do not speak English well or not at all
Henderson	3.8	7.7	1.6
Rains	2.5	5.5	1.2
Smith	6.6	12	3.4
Van Zandt	3.6	7.4	2.4
Wood	3.8	5.5	1.3
Statewide	13.9	31.2	

Andrews Center believes all persons receiving services should have the opportunity to communicate effectively with providers, regardless of their cultural background or the language which the person may speak. We allow and encourage full participation for all consumers and their families. Cultural competence occurs in the mental health service delivery system when cultural issues are acknowledged and addressed at all levels of an organization: administration as well as service delivery.

The primary mechanism to be utilized to determine the level of competency of external providers in this area is the “CULTURAL AND LINGUISTIC COMPETENCY ASSESSMENT.” The assessment, which is required in the provider’s contract, inquires into the provider’s written policies, 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 within the service models to meet the

needs of a diverse population. The assessment is reviewed annually with each contract renewal. As part of the RFP/RFA process, prospective contractors will be asked to address how they will maintain an initial and annual training for themselves or other providers within their organization that addresses at a minimum: 1) cultural diversity; 2) general clinical cultural issues in mental health treatment; and 3) prejudice and stereotyping.

Andrews Center also strives to ensure that individuals receive effective, understandable, and respectful care from its internal staff. The Center offers a pay incentive for hiring purposes to assist in assuring bilingual staff are available in all areas possible. When needed, the Center utilizes contracts with interpreters/translators for Spanish and sign language. The Center identifies the need for translation services prior to intake to ensure that care and information is received in the individual's preferred language throughout the individual's care.

The Center gives training on consumer rights and cultural sensitivity at hire and annually. Staff also can access several training modules to ensure competency in this area. The following trainings are offered through Essential Learning on-line training, available to all staff:

- Cultural Diversity - This course is an introduction to understanding the various components of cultural competence and how they apply to providing mental health and other human services to various groups of people and to individuals from within those groups.
- General Clinical Cultural Issues in Mental Health Treatment - This course reviews the confluence of clinical, social, cultural, organizational and financial reasons for minority groups being underserved by the mental health and human services systems. It discusses the ethnic and racial groups that constitute underserved populations and describes their changing demographics. The course reviews five culturally-specific psychiatric syndromes or idioms of distress and discusses the epidemiology and utilization of mental health services among the major racial/ethnic groups. The course also discusses social and cultural barriers to accessing mental health and human services.
- Direct Support Providers/DD Clients Cultural Competency for the DSP - This course discusses the concept of cultural diversity and the effects of prejudice and stereotyping and provides an overview of the direct support professional's role in responding to cultural diversity in clients and co-workers.

Overall in developing a network of providers, the Center 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. Cost Efficiency

Andrews Center will continue in its long standing efforts to provide the needed administrative oversight and management of Center services, both internal and external; yet continue to maximize available service delivery dollars. As the Center moves towards its implementation of its network development goals, the Center's administrative services – especially those related to Authority Services – will be reviewed and adapted as possible. The Center 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.

Andrews Center makes efforts to maximize service dollars and reduce overhead costs through its continued sponsorship with the East Texas Behavioral HealthCare Network (ETBHN). ETBHN is a governmental cooperative of 8 sponsoring community MHMR centers established under provisions of the Interlocal Cooperation Act to provide a means for the sponsoring entities to act jointly and be mutually accountable for those functions they agree can be performed with more economy, effectiveness and objectivity at the regional level. Andrews Center is one of eight members of this network. The mission of ETBHN is to improve the quality of service, enhance the operating efficiency, and expand the capacity of behavioral health in the communities of East Texas through greater integration of center clinical and administrative activities while also pursuing additional revenue resources. The following is a summary of cost-savings and/or efficiency providing projects:

- ❖ ETBHN Pharmacy is located in Lufkin, Texas and began operations on February 2, 2004. This designation allows the pharmacy to belong to select groups, called group purchasing organizations that negotiate discounted prices on prescription drugs for its members. Establishment of this pharmacy allows member centers to purchase psychotropic medication slightly above cost. In addition, this pharmacy provides a full array of clinical enhancement services that include retrospective utilization review, physician education, on site visits, drug information counseling and literature, and Patient Assistance Program activities.
- ❖ Indigent and Sample Medications Best Practices - ETBHN has identified and promulgated best practices among member centers through distribution of model policies, procedures, and forms and through staff training.
- ❖ Pharmacy Benefit Management - ETBHN acts as a liaison between member centers and Express Scripts Inc. for the expedient purchase of medications.
- ❖ Grants/Opportunities - ETBHN researches grant opportunities and ensure that member centers are aware of them.
- ❖ Collective Purchasing - ETBHN has implemented a plan to operate a joint purchasing cooperative that receives bulk prices for certain items, thereby reducing per-unit cost and generating savings for the member centers.
- ❖ Legal Consultation and Training - ETBHN provides legal consultation and training when a need is identified or as requested by a member center
- ❖ Electricity Collective - ETBHN continues to procure regional electricity contracts for its member centers.
- ❖ Purchasing Mail Order Pharmacy - ETBHN has established a Class A, Closed Door, Mail Order Pharmacy for its member centers.
- ❖ Meeting Regulatory Requirements/Performance Contract - ETBHN establishes committees utilizing Center staff across the board as way to enable each individual Center to reduce staffs' workload to allow for better efficiency in staff utilization. These committees incorporate objective indicators to demonstrate best value in assembling and maintaining centers' provider networks and to ensure compliance with all regulatory requirements including Performance contracts.
- ❖ Regionalization of Authorization Process – ETBHN now completes authorization of services of 7 of the 8 Centers that comprise ETBHN, including Andrews Center. We have reduced 7 FTE's region-wide to 3 FTE's on the regional level. Authorization staff are located at various locations around the region. They each log in to each Center's system and provide same day authorizations.
- ❖ Sharepoint – Recently, ETBHN has implemented a Sharepoint Website. This is a working Website that allows Committees and Workgroups to each have their own Site with calendars, document sharing, message boards, etc... Video Conferencing will soon be available, as well. Each ETBHN Center will be implementing their own Sharepoint Site to replace current Websites. These sites will connect to the ETBHN Site for quick interfacing.

11. Previous Efforts to develop an external provider network

In July, 2002, following contact from Avail Solutions regarding after hours hot line services on nights and weekends, the Center negotiated a contract for these services.

In FY'04, Andrews Center sent out a request for information to all providers in our area as well as other know provider organizations. Those responding to this RFI are listed below. There were two provider organizations, The Wood Group and Adapt of Texas, Inc., who responded regarding adult mental health services. These providers were primarily interested in providing services that involved crisis services or some type of live-in component. At that time, Andrews Center was not ready to contract these services. The only responded who expressed interest in Children/Adolescent Mental Health services was the Texas Mental Health Consumers group. They offered Patient and Family Education, Consumer Peer Support and Case Coordination. Again, Andrews Center was not ready to contract these services.

In December, 2006, an open enrollment RFA for LPHAs to provide Cognitive Behavioral Therapy was published. Five individuals requested an application. One completed application was received and a contract was negotiated.

In January, 2007, the Center negotiated an addendum to our contract with Avail Solutions to provide after hours face to face assessments for Smith and Wood Counties.

In June, 2007, an open enrollment RFA was sent out to six facilities for psychiatric inpatient services. There were no respondents so no contract was negotiated. Inpatient services continue to be provided by our previous provider ETMC-Behavioral Health in Tyler.

In September, 2007, the Center published a RFP for after hours face to face assessments for Henderson, Van Zandt, and Rains Counties. Both Avail Solutions and The Wood Group were directly contacted as we were aware of their interest in these services. Avail Solutions was the only respondent. The Wood Group notified us that they were not interested in the contract at present. No other requests for information or completed proposals were received. The Center negotiated a contract with Avail Solutions.

In October, 2007, the Avail contract was amended to include 24 hour hotline services.

12. Barriers

Barriers	Plans
Rate not attractive to external providers	Continued lobbying to improve funding
Five county catchment area, 3,712.43 sq. miles, largely rural service area, gas prices	Continue to investigate the use of telemedicine
Limited Public Transportation	The Center continuously seeks additional funding to enhance the current Medicaid transportation program to reach those without

	this funding source.
Limited professional opportunity for providers' significant others	Continue to investigate the use of telemedicine
Providers reluctant to meet DSHS Contract Requirements	Continue to work with DSHS regarding contract requirements and potential to streamline regulations. Advocate with the state for less prescriptive treatment and service expectations

13. Attraction of Providers

The Center recognizes that there are barriers and challenges to attracting external providers to this market and its service area as depicted above. To attract additional providers it may require some of all of the following:

- ✓ Increased funding from state and federal sources which would result in a more attractive rate for prospective network service providers.
- ✓ An increase in the population of the area which would increase the potential consumer base for prospective service providers.
- ✓ The development of contract provider networks by other area behavioral health organizations both public and private to increase the potential for a strong pool of consumer to draw from for these contract providers.
- ✓ Decrease in the administrative and oversight obligations which drive up the cost to providers as well as network administrators. The need for oversight is understood, but there should be a watchful eye on activities whose cost outweighs the benefits they produce.

14. Long Term Planning

The Center is responsible for developing, updating, and maintaining a local service area plan that complies with the requirements of the DSHS Performance Contract. This 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 consumers a choice of providers, improve access to services, make the best use of available funds, and promote partnerships among consumers, providers, and caregivers.

As the Center enters this initial phase of the development of a local network of providers, the diverse role of the Center will inevitably change over time. The Center 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 and steadily decreases its share of internal service provision. The desired outcome is for consumers to have choice from among multiple service providers and for the Center to provide management and oversight of the provider network.

Under the new local network planning requirements, it is important to remember that the Center 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 state 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, the Center 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 rule is the assembly and management of an external network of providers, this cannot be accomplished through the demise of the Center and the local safety net. Assembly and management of a network of providers must be well planned and sequenced with the Center’s technical expertise to do so. External providers, too, should be well versed in and prepared for any contractual arrangements undertaken.

As the Center progresses through this initial 2-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. The Center shall also use this time period to evaluate certain operations and functions of the it’s network development personnel. 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 FY11. The 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 experiences to better meet the goals of the plan.
- Determining whether the needed expertise was obtained to utilize one of the more complex procurement/contracting methodologies such as procuring an entire comprehensive service delivery package or sub-capitation.
- 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.

The Center plans to start its second input gathering stage approximately 6 months prior to the submission of its next Network Development Plan for the 2 year cycle including FY2011 and 2012. There is an expectation that the Center will have gained some added expertise so as 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 its service area communities.

Short List Potential Goals for the next planning cycle include:

- Evaluate the potential for procurement of providers for crisis residential and 23 hour monitoring services. The initial plan did not include procurement of these services due to the lack of funding available for this purpose

- Children Services would like to develop a network of providers to assist in transitioning children receiving services in SP4 to local community physicians. The idea is to allow those served to flow through the Center system instead of reaching the least intensive service package and remaining in Center Services. Provider availability is a challenge to this potential goal being met.
- Expansion of provider choice in Rains County where provider availability is currently extremely limited.
- Evaluate the viability of procuring an additional 10 - 20% of mental health service provisions.

Andrews Center will continue expanding the external provider network where external capacity is available by including potential providers in agency planning and coordination meetings such as the quarterly interagency meetings currently being conducted between the Center and various community organizations. The Center will utilize other community meetings to familiarize potential providers with Center services. Professional organizations will be contacted and RFP/RFA documents will be sent to persons in these organizations as well as advertisements in the local papers and television community service spots.

Our plan is to begin the initial contacting of additional services outlined in our plan in FY'10 and increase these contracted services annually as providers are available. By the end of FY '10, August 31, 2010 we plan to begin adding an additional 10 to 20% of our services to those offered to external providers. We will also look to solicit external provider for those services listed in our long term planning section of the LPND Plan. The Center may continue to provide some services into the foreseeable future based on the availability of qualified and experienced external providers but this will be evaluated on an annual basis.

To summarize, in the first 2 years as external providers are trained to provide services in compliance with rules and standards set by the Center and the DSHS Performance Contract, it is prudent that the internal network remain operational as a safety net. As has been learned from other provider network manager organizations; training, quality monitoring and fiscal stability need to be assessed over a 1-2 yr time span prior to further reduction of the internal network. In years 3-4 service areas which have been successfully contracted and stabilized shall be considered for further network expansion. This continued graduated approach during the next planning cycle shall also incorporate new input gathered from the local community regarding additional service areas where choice is desired.

D. Procurement and Transition Timelines

Date	Key Activities and Milestones
November 1, 2008 - January 31, 2009	Make Revisions to plan requested by DSHS (if needed)
February 16 - March 16, 2009	Develop draft procurement document - specify RFP or RFA or both
May 26 - June 15, 2009	Publicize draft procurement document (Public comment period - 14 day minimum)
June 16 - July 10, 2009	Timeframe for LMHA to consider all public comment and revise procurement document
July 14, 2009	Publication of final procurement

September 15, 2009	Due date for procurement responses
September 16 - October 28, 2009	Evaluation of procurement responses submitted
October 30, 2009	Contract Award Date
November 2 - December 3, 2009	Contract Development and Negotiation Phase
December 8, 2009	Final contracts approved by Board of Trustees
February 1, 2010	Contract start date

Steps for consumer’s selection of a provider and the time lines for transitioning consumers to new providers.

Steps	Original Time Frames For Completion
Develop internal procedures and forms for consumer selection of providers	June 1, 2009- August 31, 2009
Develop consumer information materials relating to selection of providers	June 1, 2009- August 31, 2009
Develop a provider list	November 2 – November 30, 2009
Train internal staff on consumer selection procedures	September 1 – November 30, 2009
Verify provider information	November 2 – November 30, 2009
Post Provider list to website and distribute to consumer and advocacy groups	December 10, 2009
Conduct provider forums to allow providers to share information with consumers, LARs, and other stakeholders.	August 1 – August 31, 2009
Ensure external providers are trained on consumer selection requirements and procedures	August 1 – 31, 2009
Conduct Provider forums to allow providers to share information with consumers, LARs, and other stakeholders	December 14, 2009 – January 29, 2010
Implement provider selection procedures for new intakes	February 1, 2010
Implement provider selection procedures for current clients (in conjunction with treatment plan reviews)	February 1, 2010
Develop and implement continuity of care plans for transitioning individual clients to new providers	February 1 – March 31, 2010
Consumer transition complete	April 1, 2010

Estimate of the amount of time needed to re-establish the service volume lost if a contract must be terminated.

Service	Time Needed to Re-establish Service Volume
Counseling	90 days to re-establish services
Pharmacological management/psychiatric evaluation	90 days to re-establish services
Crisis Hotline & Mobile Crisis Outreach Team	90 days to re-establish services
	<p>Andrews Center anticipates a ninety-day period to reestablish all services. Historically when clinical staff leave, the Center assures no lapse in care and continued service by shifting existing staff and contracting for additional help. Such efforts create added workloads and unexpected costs. One of the challenges when contracting out larger portion of services in rural East Texas is the ability to reestablish services, particularly when the size of the provider side of the Center is smaller to provide consumers a choice of additional external providers. There is a psychiatrist shortage statewide and recruiting is difficult at best. This has the added feature of potential financial penalties paid to DSHS when our MHA’s collective effort fails to meet contractual minimums. Therefore until a strong base of external providers is established that can assist the MHA in covering unexpected lapses in service, this will remain a challenge and is not fully reflected in a “90 days to re-establish services” estimate.</p>

E. Staff Qualifications

All providers must meet qualifications as determined by the Texas Department of State Health Services. Provider staff must be computer literate and able to enter data directly into the Center’s clinical data system. All individuals providing services must also complete a criminal background check (for absolute bars to employment go to Texas Health and Safety Code, §250.006.)

Stakeholder Comments on Draft Plan and LMHA Response

Allow 14 days (minimum) for public comment on draft plan.

In the following table, summarize the public comments received on the draft plan. Use a separate line for each major point identified during the public comment period, and identify the stakeholder group(s) offering the comment. Describe the LMHA's response, which might include:

- Accepting the comment in full and making corresponding modifications to the plan;
- Accepting the comment in part and making corresponding modifications to the plan; or
- Rejecting the comment. Please explain the LMHA's rationale for rejecting the comment.

Comment	Stakeholder Group(s)	LMHA Response and Rationale
<p>Wants to have facilities for services for persons with a single diagnosis of mental illness physically separated from those for persons who have a dual MH/SA diagnosis. This would include separate waiting rooms and is especially true for inpatient services.</p>	<p>One individual consumer</p>	<p>The LMHA continuously tries to provide the best and most effective environment for treatment services for persons who have a single diagnosis of mental illness as well as those with a dual diagnosis. However, physically separating these service locations would be prohibitive financially due to the need to maintain two or more separate facilities as well as duplicate staffing. We will seek to refer potential consumers to service providers that they feel most comfortable with and try to accommodate special request when possible.</p>
<p>The waiting period for a new patient to see a psychiatrist in Henderson County is prohibitive for those who need help now.</p>	<p>One individual consumer</p>	<p>The LMHA is aware of the great need in this area for psychiatric care and the current wait for these services for person who are not in crisis. The LMHA is addressing this issue in our current plan by proposing to add to our provider network of physicians through contracting with external providers for psycho pharmacological management services.</p>
<p>The LMHA should consider establishing a system to develop family training and peer support groups. In the past, NAMI was very good at providing these services in the Smith County area.</p>	<p>Citizen Advisory Committee</p>	<p>The LMHA agrees with this suggestion. Family partner services are being provided to families of children in services which includes family training. The Center is working to support the reestablishment of the Tyler NAMI with the hope that this organization can again provide this very important community service. Support is also being provided for a bipolar support group at present through the provision of meeting facilities. The Center has assisted this group in it's fundraising efforts by providing them with a place to hold their garage sale and some surplus equipment for the sale.</p>

<p>There is a growing need for the care of geriatric patients, as the Baby Boomers come into retirement. Dementia, Alzheimer, and related problems, such as chronic pain do not clearly fall under the auspices of Andrews Center’s contract with DSHS. Individuals and their families are currently dependent upon family doctors and private and State Hospitals. The Center should explore ways in which it could assist in interventions designed to address these issues.</p>	<p>Citizen Advisory Committee</p>	<p>The LMHA agrees that this is a rising need in this area and in the nation as a whole. While this area of need does not meet the eligibility definition from DSHS for use of general revenue funds, it has been an area of interest from this Center. Needs of the geriatric population was an addressed need in our last planning cycle and continues to be an area of interest if funding can be found to support these services. However, since it does not meet the eligibility requirements of DSHS, it can only be addressed outside the DSHS contract.</p>
<p>Shortage of available psychiatric physicians, physician assistants and advanced nurse practitioners is a problem for all behavioral health providers in this area who provide services to persons with chronic mental illnesses and do not have personal resources to pay for these services. The Center should explore opportunities to involve medical schools and nursing schools in providing training, internships, and residency options to increase the availability of these needed services.</p>	<p>Citizen Advisory Committee</p>	<p>The LMHA agrees with these observations from the committee. The LMHA is currently seeking addition psychiatric physician time both through employment and through contract. In identifying candidates for these positions, medical schools and nursing schools have been considered. As addressed in the draft plan, adding additional psychiatrists to our network of providers is the LMHAs intent.</p>
<p>The lack of services offered in Rains County may have been a function of the population of this area. However, the county’s population has increased dramatically in the last few years and it may be time to again review this area for the projected level of need. Distances currently traveled by the Rains County residents are not that much if any different from those traveled by persons in the other four counties served by the Center. The Center is encouraged to go ahead with their</p>	<p>Citizen Advisory Committee</p>	<p>The LMHA recognizes the potential need for services to be provided in Rains County. Only through a thorough and objective review of the needs of citizens in this county can the LMHA determine if reallocation of resources is warranted. This draft plan addresses the means to conduct this review and the process has already begun by establishing a taskforce with the charge of carrying out this review.</p>

<p>planned evaluation of the needs in this county and then re-evaluate the viability of establishing some services there.</p>		
<p>After reviewing additional guidance and clarifications provided by DSHS, the following subsequent modifications were made to ensure that the plan is understandable and reflective of the Center intent:</p> <p>Local Service Plan</p> <ul style="list-style-type: none"> ➤ Descriptions of consumer/stakeholder meetings were clarified to better describe the content of those meetings. ➤ RPNAC Gap analysis was revised to focus on input that related to Andrews Center’s survey responses. <p>Current Service Structure and Assessment of Provider Availability</p> <ul style="list-style-type: none"> ➤ Contracts that continue into the current fiscal year were so noted. ➤ Specific inquires initiated by providers were moved to the table and more general references were included in the narrative. ➤ Information in Assessment of Provider Availability section was condensed with much of it included only in the Past Efforts section. ➤ In the table of past inquiries, additional content was added to assist in evaluating the plan. <p>Plans for Procurement</p> <ul style="list-style-type: none"> ➤ Additional information was provided to this section to aid in evaluation and to clarify the Center’s thinking in this area. <p>Rationale for Keeping Services</p> <ul style="list-style-type: none"> ➤ These tables were revised and additional information was added to further clarify the Center’s planning and aid in evaluation of the section of the local plan. <p>Other Elements</p> <ul style="list-style-type: none"> ➤ Additional information was added to discuss how cultural competency would be addressed with contractors. ➤ The section on conditions needed to attract providers was rewritten to more clearly identify conditions that would make the area more attractive to potential external contractors. ➤ The section on staff qualifications was re-written to indicate that DSHS standards would be used as minimal required staff qualification. The only additional requirement computer literacy and ability to input data into the Center’s data system. 		

