

# PART I: Required for all LMHAs

## Local Service Area

1) Provide the following information about your local service area. Most of the data for this section can be accessed from the following reports in MBOW, using data from the following report: 2014 LMHA Area and Population Stats (in the General Warehouse folder).

<b>Population</b>	96,500	<b>Number of counties (total)</b>	7
<b>Square miles</b>	7,019.78	♦ <b>Number of urban counties</b>	7
<b>Population density</b>	14	♦ <b>Number of rural counties</b>	0

Major populations centers (add additional rows as needed):

<b>Name of City</b>	<b>Name of County</b>	<b>City Population</b>	<b>County Population</b>	<b>County Population Density</b>	<b>County Percent of Total Population</b>
Brownwood	Brown	19,694	37,653	40	39
Coleman	Coleman	4,600	8,430	7	9
Comanche	Comanche	4,338	13,550	14	14
Eastland	Eastland	3,968	18,176	20	19
Brady	McCulloch	5,540	8,199	8	8
Goldthwaite	Mills	1,882	4,870	7	5
San Saba	San Saba	3,075	5,622	5	6

## Current Services and Contracts

- 2) Complete the table below to provide an overview of current services and contracts. Insert additional rows as needed within each section.
- 3) List the service capacity based on FY 2015 data.
  - a) For Levels of Care, list the non-Medicaid average monthly served. (Note: This information can be found in MBOW, using data from the following report in the General Warehouse folder: LOC-A by Center (Non-Medicaid Only and All Clients).
  - b) For residential programs, list the total number of beds and total discharges (all clients).
  - c) For other services, identify the unit of service (all clients).
  - d) Estimate the FY 2016 service capacity. If no change is anticipated, enter the same information as Column A.
  - e) State the total percent of each service contracted out to external providers in 2015. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.

	FY 2015 service capacity (non-Medicaid only)	Estimated FY 2016 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2015*
<b>Adult Services: Complete Levels of Care</b>			
Adult LOC 1m	-	-	-
Adult LOC 1s	298	298	0
Adult LOC 2	36	36	0
Adult LOC 3	39	39	0
Adult LOC 4	4	4	0
Adult LOC 5	6	6	0

<b>Child and Youth Services: Complete Levels of Care</b>	<b>FY 2015 service capacity (non-Medicaid only)</b>	<b>Estimated FY 2016 service capacity (non-Medicaid only)</b>	<b>Percent total non-Medicaid capacity provided by external providers in FY 2015*</b>
Children's LOC 1			
Children's LOC 2	15	15	0
Children's LOC 3	17	17	0
Children's LOC 4	2	2	0
Children's CYC	1	1	0
Children's LOC 5	1	1	0

<b>Crisis Services</b>	<b>FY 2015 service capacity</b>	<b>Estimated FY 2016 service capacity</b>	<b>Percent total capacity provided by external providers in FY 2015*</b>
Crisis Hotline	2834 calls	2834	100
Mobile Crisis Outreach Team	1 team	1	0
Other (Please list all PESC Projects and other Crisis Services):			
Respite (GR)	6 beds	6	0
Respite (PESC)	4 beds	4	0

- 4) List **all** of your FY 2015 Contracts in the tables below. Include contracts with provider organizations and individual practitioners for discrete services. If you have a lengthy list, you may submit it as an attachment using the same format.
- In the Provider column, list the name of the provider organization or individual practitioner. The LMHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., "3 Individuals").
  - List the services provided by each contractor, including full levels of care, discrete services (such as CBT, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

<b>Provider Organizations</b>	<b>Service(s)</b>
Abilene Behavioral Health Hospital	In-patient psychiatric hospital
Avail	Crisis hotline
Best Meds	Pharmacy
Brownwood Regional Medical Center	Laboratory
Capture Rx	Pharmacy Management and Patient Assistance Program (PAP)
Family Healthcare Clinic	Medical (non-psychiatric)
Faspsych	Outpatient psychiatric (telemed)
Oceans Hospital	In-patient psychiatric hospital
River Crest Hospital	In-patient psychiatric hospital

<b>Individual Practitioners</b>	<b>Service(s)</b>

## Provider Availability

*NOTE: The LPND process is specific to provider organizations interested in providing full levels of care to the non-Medicaid population or specialty services. It is not necessary to assess the availability of individual practitioners. Procurement for the services of individual practitioners is governed by local needs and priorities.*

- 5) Using bullet format, list steps the LMHA took to identify potential external providers for this planning cycle.
- ♦ Stakeholder meetings and networking
- 6) Complete the following table, inserting additional rows as needed.
- ♦ List each potential provider identified during the process described in Item 5 of this section. Include all current contractors, provider organizations that registered on the DSHS website, and provider organizations that have submitted written inquiries since submission of 2012 LPND plan. You will receive notification from DSHS if a provider expresses interest in contracting with you via the DSHS website. Provider inquiry forms will be accepted through the DSHS website through December 31, 2015. **Note:** Do not finalize your provider availability assessment or post the LPND plan for public comment before January 6, 2016.
  - ♦ Note the source used to identify the provider (e.g., current contract, DSHS website, LMHA website, e-mail, written inquiry).
  - ♦ Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 14 days, document your actions and the provider's response. In the final column, note the conclusion regarding the provider's availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider's service capacity.

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
None			

## Part II: Required for LMHAs with potential for network development

### Procurement Plans

*If the assessment of provider availability indicates potential for network development, the LMHA must initiate procurement. 25 TAC §412.754 describes the conditions under which an LMHA may continue to provide services when there are available and appropriate external providers. Include plans to procure complete levels of care or specialty services from provider organizations. Do not include procurement for individual practitioners to provide discrete services.*

7) Complete the following table, inserting additional rows as need.

- ♦ Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.
- ♦ State the capacity to be procured, and the percent of total capacity for that service.
- ♦ Identify the geographic area for which the service will be procured: all counties or name selected counties.
- ♦ State the method of procurement—open enrollment (RFA) or request for proposal.
- ♦ Document the planned begin and end dates for the procurement, and the planned contract start date.

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date

## Rationale for Limitations

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

8) Complete the following table. Please review 25 TAC §412.755 carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).

- ♦ Based on the LMHA's assessment of provider availability, respond to each of the following questions.
- ♦ If the response to any question is Yes, provide a clear rationale for the restriction based on one of the conditions described in 25 TAC §412.755.
- ♦ If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all of the restricted procurements.
- ♦ The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA.

	Yes	No	Rationale
1) Are there any services with potential for network development that are not scheduled for procurement?			
2) Are any limitations being placed on percentage of total capacity or volume of services external providers will be able to provide for any service?			
3) Are any of the procurements limited to certain counties within the local service area?			
4) Is there a limitation on the number of providers that will be accepted for any of the procurements?			

- 9) *If the LMHA will not be procuring all available capacity offered by external contractors for one or more services, identify the planned transition period and the year in which the LMHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA's capacity).*

Service	Transition Period	Year of Full Procurement

## Capacity Development

- 10) *Using bullet format, describe the strategies the LMHA will use to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies.*

- ◆
- ◆

- 11) *List partnerships with other LMHAs related to planning, administration, purchasing and procurement or other authority functions, or service delivery. Include only current, ongoing partnerships.*

Start Date	Partner(s)	Functions

- 12) *In the table below, document your procurement activity since the submission of your 2012 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurements for complete levels of care and specialty services that have been conducted.*



- ♦ *List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.*
- ♦ *State the results, including the number of providers obtained and the percent of service capacity contracted as a result of the procurement. If no providers were obtained as a result of procurement efforts, state “none.”*

<b>Year</b>	<b>Procurement (Service, Percent of Capacity, Geographic Area)</b>	<b>Results (Providers and Capacity)</b>

## PART III: Required for all LMHAs

### **PNAC Involvement**

*13) Show the involvement of the Planning and Network Advisory Committee (PNAC) in the table below. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee's recommendations.*

<b>Date</b>	<b>PNAC Activity and Recommendations</b>
11/16/2015	No progress on the “warm line” due to funding and legality—possibly incorporate into peer support; no formal crisis peer support; no formal crisis peer support
08/10/2015	Establish a crisis “warm line;” no formal crisis peer support
05/18/2015	LPCs are available to CMH client; seeking grant funding for more peer supporters and one additional peer accepted for Via Hope certification training—no formal crisis peer support
02/09/2015	Make counseling available for CMH clients; no formal crisis peer support
11/17/2014	Psychiatry services for CMH (including psychotropic medication) now available through Faspsyc (telemed contractor); no formal crisis peer support; no counseling for CMH clients
08/11/2014	Center hired an LPC in Coleman for counseling via telemed; psychotropic medication for adolescents; crisis peer support; no formal crisis peer support; no child psychiatry (medication support); no counseling for CMH clients
05/12/2014	Telemed now available to allow children to attend doctor's appointments without traveling to Brownwood; no formal crisis peer support; no child psychiatry (medication support); no counseling for CMH clients
02/10/2014	No formal crisis peer support; no child psychiatry (medication support); no counseling for CMH clients
11/04/2013	No formal crisis peer support; no child psychiatry (medication support); no counseling for CMH clients
08/12/2013	No formal crisis peer support; no child psychiatry (medication support); no counseling for CMH clients
05/13/2013	Grow Peer Support Program by having Crisis Peer Support; Teen Counseling available as part of the Child and Adolescent Program; Medications available for teens as a way to alleviate symptoms of mental illness earlier in life.

### **Stakeholder Comments on Draft Plan and LMHA Response**

*Allow at least 30 days for public comment on draft plan. Do not post plans for public comment before January 6, 2016.*

*In the following table, summarize the public comments received on the draft plan. If no comments were received, state “None.” Use a separate line for each major point identified during the public comment period, and identify the stakeholder group(s) offering the comment. Describe the LMHA’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

**COMPLETE AND SUBMIT ENTIRE PLAN TO [performance.contracts@dshs.state.tx.us](mailto:performance.contracts@dshs.state.tx.us) by March 1, 2016.**