



Public Information Associates

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Dec. 18, 2014

Mr. Bill Bilyeu
Administrator
Collin County
2300 Bloomdale Road, Suite 4192
McKinney, TX 75071

Dear Mr. Bilyeu:

Public Information Associates appreciates the opportunity to provide 1115 Waiver services to Collin County.

Please accept this **Scope and Fee** adjustment and contract amendment to increase Regional Healthcare Partnership (RHP 18) project management by including a strategy for managing a behavioral healthcare program.

The current contract (HCF Resolution No. 2014-2068-06-23), executed on June 23, 2014, is \$210,247, which includes an estimated 37 hours of labor per week through June 30, 2015.

This proposal would increase contract services from January 1, 2015 – June 30, 2015.

The proposed Fee adjustment is \$83,000 and increases the total contract amount to \$293,247.

A detailed account of the currently estimated project scope and fee schedule is detailed on the following pages.

We are available to answer any questions you might have and look forward to providing this service.

Regards,

M. Leigh Hornsby, M.C.M., Ph.D.
Public Information Associates

BACKGROUND

In December 2014, the Texas Sunset Advisory Commission (The Commission) released its report on the Texas Health and Human Services Commission (HHSC), including a review of the NorthSTAR system, which has delivered mental health and substance use disorder services since its creation in 1999 to indigent persons in Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall counties. Currently, the Department of State Health Services contracts with ValueOptions to administer the NorthSTAR program, which is the only Medicaid managed care contract not managed by HHSC.

In part because the 1115 Waiver program has changed behavioral health funding, The Commission found that NorthSTAR's structure interferes with opportunities and incentives for funding behavioral health. In addition, the TSC found that the NorthSTAR model prevents a comprehensive evaluation of statewide behavioral health policies and outcomes in Medicaid. Finally, clients in NorthSTAR may be left behind as the rest of the state moves toward integrating all aspects of health care to reduce costs and improve outcomes.

With this in mind, Collin County would like to evaluate the current situation, assemble an advisory group to provide a plan of action, and develop a strategy/proposal for managing the issue at the county level.

The report underscores four points of great importance to Collin County.

- One, we need to eliminate inefficiencies and fragmentation in our crisis services systems.
- Two, there must be a broader range and wider access to behavioral health services for prevention, early intervention, and long term solutions to chronic conditions.
- Three, we must take steps to integrate our physical health and behavioral health systems.
- And four, we must define and report population and individual health outcomes rather than focusing only on numerical goals and reports.

SCOPE

Public Information Associates (PIA) and its sub-contractors will provide the following services January 1, 2015-June 30, 2015.

- Establish communications with The Commission members and staff, the Department of State Health Services (DSHS), the Health and Human Services Commission (HHSC), and other state agencies/organizations associated with the Sunset Advisory Commission's Staff Report on the HHSC.
- Become knowledgeable regarding all aspects of The Commission's report and recommendations, and any associated official actions associated with The Commission's recommendations and decisions.
- Create a summary briefing sheet for Collin County and local stakeholders highlighting essential points and timelines for the transition from NorthSTAR to a local system, and revise/maintain this briefing sheet on a regular basis.
- Create a Project Work Group to review, discuss, evaluate and make recommendations to the county regarding a plan of action.

- Conduct regularly scheduled PWG meetings beginning in late January 2015 and continue through May 2015, or as otherwise determined.
- Prepare and distribute reports of the proceedings of the PWG.
- Establish communications with NorthSTAR participating organizations/stakeholders to ensure acquisition and exchange of information needed to create a preliminary plan for Collin County behavioral health services systems.
- Conduct a Community Needs Assessment including at least the existing behavioral health providers associated with Collin County residents, criminal and civil justice stakeholders, public health, community advocates, and system clients.
- Engage in activities that provide familiarity and understanding of any reports or plans under discussion by other organizations or government entities within the current NorthSTAR area or contiguous counties/RHP18 counties.
- Work with HHSC, DSHS, and other agencies to plan for transition of behavioral health services clients per directives from The Commission’s report and other future directives.
- Submit a preliminary “local plan” for indigent services to HHSC in compliance with directives, guidelines and timelines issued by the State of Texas per The Commission’s schedule of action items.
- Work with HHSC and DSHS as needed to finalize the “local plan” according to prescribed guidelines and timelines.
- Continuously provide information to Collin County Administration/Public Information Office regarding any pertinent information that should be communicated to stakeholders, including one-page fluid documents summarizing points and plans.
- Provide information to lawmakers and legislators in Austin, and any other relevant officials in accordance with the expectations and needs of Collin County and/or relevant state and local authorities, on an as-needed basis during the term of this contract.

FEE

The following fee structure represents the 10 tasks associated with the services defined above. PIA has estimated the hours and expenses required to complete the services associated with this project, based on currently available information. The schedule may be adjusted based on feedback and agreement with Collin County Administrative Services.

Task Number	Task Description	Time Frame	Estimated Hours	Estimated Expenses
1	Acquire data from the state and other organizations, on NorthSTAR utilization for planning; associated travel.	Jan-Mar	20	\$1,200
2	Statistical technical services and mapping	Jan-Mar	40	\$5,000 (GIS services)
3	Preliminary technical expert review and engagement in project work group activities.	Mar	10	\$3,000 (Contracted services)
4	Additional Community Needs Assessment activities, interviews, analysis, follow-up, reports	Feb-Mar	40	
5	Establish a Project Work Group and conduct frequent in-person and teleconference meetings, prepare reports, follow-up actions. First PWG meeting tentatively set for Friday, 1/30/15.	Jan	90	\$500/month (Mileage/support items/printing)

Task Number	Task Description	Time Frame	Estimated Hours	Estimated Expenses
6	Data analysis & forecasting (including projected project needs for next five years). Includes acquisition, study and extrapolation of implications for substance abuse, study of managed care models at MHMRs	Jan-May	80	
7	Stakeholder coordination and information gathering from NorthSTAR associated organizations, including discussions with key leaders and current providers and clients to determine and evaluate implications of changes/transition such as policies, financing and operations.	Jan-May	80	
8	Participate in state meetings regarding this transition, including travel to Austin per month regarding transition plans	Feb-June	120	\$1,200/month
9	Development and maintenance of any and all briefing/one-page documents, and periodic updates and reports to Collin County and other relevant organizations/agencies, including graphic services.	Mar-May	30	\$800 (Graphic services)
10	Writing, editing, submitting preliminary local plans and other documents for relevant State Agencies.	Mar-May	105	\$300
	Total		625	\$20,500

Estimated Labor Hours per Week: 24.06
Estimated Fee: \$62,500 (blended rate)
Estimated Expenses: \$20,500

Total Estimated Amount to Extend Contract: \$83,000

Total Amount of Original Contract + Extension: \$293,247

NOTE: We understand that a **preliminary** deliverable to The Commission is March 10, 2015. According to the Sunset Report, this is a preliminary agreement with an understanding that a full report would not need to be **finalized** until Oct. 1, 2015. Please see #126m, 126e and 126g of The Commission's Report on the following pages.

COMMISSION DECISION ON ISSUE 9

The Sunset Commission adopted all of the staff recommendations in Issue 9. In addition, the Commission modified and adopted Modification 2 that made key changes to Recommendation 9.1. Those changes allow local communities to develop a preliminary agreement with HHSC and DSHS for a local plan to provide indigent behavioral health services by March 10, 2015. The local plans must be approved by all local commissioner courts and boards of directors of local mental health community centers, and meet certain criteria. As modified, local communities, with HHSC and DSHS, would have until October 1, 2015 to *finalize* this agreement. Services by the new entity would begin no later than January 1, 2017. If an agreement on a local plan is not reached at either point, a competitive bid for management of indigent behavioral health services would proceed as described in Recommendation 9.1. The modification transitions Medicaid services into Medicaid managed care organizations delivering a client's primary care services as described in Recommendation 9.1. The Commission also added a provision to direct HHSC and DSHS to dedicate a direct liaison to assist local communities in developing their local plans.

It is important to note that this preliminary plan ONLY refers to indigent care. The entire Issue 9 and accompanying decisions and actions must be read carefully to identify these types of details. This statement above does not refer to the complete plan for transition out of NorthSTAR. It refers to combining existing services under NorthSTAR for indigent care with DSRIP. See attached pages excerpted from the full Sunset Advisory Commission report with reference to indigent care and Medicaid particularly on page 126e.

Monica Katz

Sharon Kletter, SPA Coordinator – Transicare, Inc., Dallas

Susan Lautz, LPC, Terrell

Duane Lawrence, Plano

Polly Layman

Johnny Lewis, Dallas

Kelly McDonald, Dallas

Darlene McLeod, Plano

Liam Mulvaney, President and CEO – Lifenet Texas, Dallas

Doris Nissley, Secretary – National Alliance on Mental Illness Collin County

Dhiren Patel, DO – Solace Counseling, Dallas

Craig Pitman and family, Wylie

Sandy Potter, CEO and President, Texas Market – ValueOptions of Texas, Inc., Coppell

Carole Robertson

Richard Scotch, Ph.D., Board Chair – North Texas Behavioral Health Authority, Richardson

Chris Sherwood

Alex B. Smith, Executive Director – North Texas Behavioral Health Authority, Richardson

Julie Stafford, mental health advocate and NAMI family to family teacher

Jill Stewart

John Theiss, Ph.D., Board Chair and Lynn Lasky Clark, President and CEO – Mental Health America of Texas, Austin

Allison Thomas, Allen

Quita Williams, Community Outreach and Support Coordinator – National Alliance on Mental Illness Dallas

Sunset Member Modification

2. This modification would allow the local communities that comprise NorthSTAR to work with HHSC to develop a mutually agreed upon solution, within certain timelines, to move the current NorthSTAR model into one that meets the state's priorities and maintains the strengths of the NorthSTAR model, as described in the following.

Local Plans

- In lieu of a competitive RFP process, this modification would allow each of the seven counties that comprise NorthSTAR, either as an individual county or in partnership with other counties, to exercise local control and submit a local plan to DSHS, in consultation with HHSC, for indigent services.
- The local plan must be agreed to by a majority of the county commissioners, as well as the board of directors of the local mental health community center, in each county covered by the local plan.
- The plan must meet the criteria below.
 - experience or plan to provide and coordinate integrated care for mental health, substance abuse, and crisis services;
 - status as a public entity eligible to put up non-federal funds to match federal DSRIP funds;
 - intent and ability to integrate behavioral health and primary care services;
 - provider payment plan and mechanisms to ensure a competitive provider market and an adequate network of providers capable of providing broad access to services;
 - plan to ensure quality of services provided to clients; and
 - incentives or inclusion of local participation or match requirements.
- If DSHS, HHSC and NorthSTAR have not reached an agreement that meets all the criteria listed above by March 10, 2015, as determined by HHSC and DSHS, DSHS would solicit proposals through a competitive bid for management of indigent behavioral health services in the NorthSTAR region, as described in the Sunset staff recommendation.
- Counties who do not want to remain within the NorthSTAR system may adopt the current DSHS model of behavioral health service delivery found in other parts of the state outside of NorthSTAR.
- For any county for which an acceptable plan for indigent services is not agreed to by March 10, 2015, DSHS, in consultation with HHSC, would solicit proposals through a competitive bid as described in the Sunset staff recommendation.
- Transition of Medicaid services would occur as described in the Sunset staff recommendation.

Timeframes for Service Delivery

- Local plans for indigent services must go into effect no later than January 1, 2017. If no acceptable local plan for indigent services is developed in an affected county, DSHS, together with HHSC, should release its request for proposals by December 2015 and select an entity to begin services by January 1, 2017.

- For Medicaid, funding for children should be transitioned to STAR and STAR Kids plans no later than September 1, 2016. Funding for adults should be transitioned to STAR and STAR+PLUS plans no later than January 1, 2017.

(Senator Brian Birdwell and Mr. Tom Luce, Members – Sunset Advisory Commission)

Modifications

3. While maintaining the carve-out of Medicaid under the 1915(b) waiver for NorthSTAR, modify the current NorthSTAR model for the provision of behavioral health services in the Dallas area to increase local control and establish the North Texas Behavioral Health Authority (NTBHA) with the structure required for future direct participation in Delivery System Reform Incentive Payment projects with area Regional Health Partnerships through the following management actions:
 - a) In accordance with the Texas Administrative Code, Title 25, Part 1, Chapter 411, Subchapter G, and Health and Safety Code, Title 7, Chapter 534, Subchapter A, direct the State agency responsible (DSHS or HHSC) to coordinate with NTBHA and affiliated Counties to designate the North Texas Behavioral Health Authority as the NorthSTAR area Community Mental Health Center with concomitant facility Medicaid and Medicare provider status for the provision of designated coordination services; and
 - b) Amend the North Texas Behavioral Health Authority contract and the NorthSTAR BHO capitated contract with DSHS (or HHSC) to transfer a portion of unencumbered NorthSTAR designated General Revenue funds to the North Texas Behavioral Health Authority for the purpose of intergovernmental transfers (IGTs) for future NorthSTAR Delivery System Reform Incentive Payment projects including a NorthSTAR system-developed approach to medical, mental health and substance use disorder integrated care.

This recommendation would require North Texas Behavioral Health Authority to seek local input and develop, in consultation with DSHS and HHSC with an emphasis on local control, a plan for implementing targeted contract modifications aimed at increasing integration of behavioral health care and primary care and enriching the quality of services. This recommendation would position North Texas Behavioral Health Authority to access federal DSRIP funds and other potential funding sources, securing opportunities for innovative projects and reducing disparity in funding between NorthSTAR and the other areas of the state.

- **Timeline.** DSHS would maintain its current contracting for NorthSTAR. DSHS and HHSC should complete the steps needed to designate NTBHA as an entity eligible for DSRIP funding no later than September 1, 2015. North Texas Behavioral Health Authority should submit a system enhancement plan for approval by December 2015 for implementation by September 30, 2016 or to the date aligning with future DSRIP projects.

(Richard Scotch, Ph.D., Board Chair – North Texas Behavioral Health Authority, Richardson)

4. Maintain blended funding for NorthSTAR. (Shelah Adams, CEO – Timberlawn Mental Health Hospital, Dallas)

5. The new NorthSTAR structure should include features that preserve the diverse provider network and limit activity that shuts out competition. (Kenneth Medlock, Duncanville)
6. NorthSTAR should transition to a model that will enhance integration by including primary care for all NorthSTAR members for the indigent and Medicaid alike through retaining a carve-out structure and sending general revenue dollars through the North Texas Behavioral Health Authority and establishing the Authority as having the intergovernmental transfer funds for an 1115 Delivery System Reform and Incentive Payment waiver project for the entire NorthSTAR population. (Sandy Potter, CEO and President, Texas Market – ValueOptions of Texas, Inc., Coppell)
7. Substitute “entity or entities” for every instance of the word “entity” to allow for local decision-making about the parameters of the new entities that are formed. (Randy Routon, Ph.D., CEO and Mary Dell Green, Chairman – LifePath Systems, McKinney)
8. Increase integration by including primary care for all NorthSTAR members by retaining a carve-out structure and sending general revenue dollars through the North Texas Behavioral Health Authority while enabling NorthSTAR access to 1115 Waiver funds, competitive funding requiring local match, and other potential funding opportunities. (Alex B. Smith, Executive Director – North Texas Behavioral Health Authority, Richardson)

Recommendation 9.2

The Sunset Commission should recommend that the Legislature include a rider to transition NorthSTAR funds to DSHS behavioral health funding strategies.

Health and Human Services Commission Response to 9.2

The agencies agree with the recommendation. Transitioning NorthSTAR funds to DSHS' behavioral health funding strategy would allow the agency to collect and track performance metrics for the budget. (Kyle Janek, M.D., Executive Commissioner – Health and Human Services Commission)

For 9.2

The Honorable Terry Box, Sheriff – Collin County Sheriff's Office

John Burrus, CEO – Metrocare Services, Dallas

Sylvia Cave, Interim Executive Director – Texoma Community Center

Ronald Crawford, Counseling Psychologist and Member of the Board of Trustees – LifePath Systems

Sam Gaul – Collin County MHMR

Ed Hammer, Ph.D., Clinical Professor of Pediatrics – Department of Pediatrics, School of Medicine, Texas Tech Health Science Center at Amarillo, Amarillo

Lee Johnson, Deputy Director – Texas Council of Community Centers, Austin