

## **Update: Creating a Behavioral Health Authority System for Collin County**

### **Goals**

- Organize, implement and sustain a system of care that meets the needs of individuals with behavioral health issues and reduces the need whenever possible for intensive treatment options.
- Support clients in developing natural supports, good physical health and healthy lifestyles, and encourage their active participation in the community.
- Allow clients choice in providers through a vibrant provider network.
- Secure adequate resources to meet the needs in Collin County.
- Encourage active stakeholder involvement and ongoing communications.
- Maintain a sustainable business model in all operations.
- Create an environment that is professional, welcoming and stable for clients and encourages long tenure among staff.

### **Strategies**

- Provide opportunities, education, treatment and skills development that enhance an individual and their support system to deal effectively with mental illness.
- Provide correct diagnosis, early intervention, client-centered treatment and options for dealing successfully with crises.
- Integrate holistic health care through collaborative treatment, a responsible and effective referrals system and shared discharge planning.
- Create and manage a provider network that uses data to focus on recovery and quality care.
- Seek funding and/or resources from various federal, state, local and private sources to meet identified needs; use all funds in an efficient, effective and transparent manner.
- Educate the general public about mental illnesses and substance abuse prevalence, symptoms, treatment options and successes.

- Provide regular updates for stakeholders and use stakeholder input from shared planning, quality reviews, provider network sufficiency reports and follow up on feedback.
- Identify, provide and/or actively link to valuable alternatives such as family support groups, peer-led activities, housing, employment and volunteer opportunities, faith-based organizations, etc.
- Assist clients in obtaining benefits for which they are eligible.
- Conduct credentialing, quality reviews and utilization management as methods to improve the effectiveness, quality and efficiency of the system.
- Maintain facilities, staff compensation, training and benefits in line with market competition.
- Create linkages, procedures, supports and options to divert individuals from jails, emergency rooms or hospitalization whenever appropriate.
- Provide 24 hour crisis response capability.

### **Key Assumptions**

Final plan is due to HHSC/DSHS by end of September,2015

DSHS will contract directly with LifePath Systems to begin January, 2017

LifePath will be the accountable entity for meeting contract performance measures, specific outcomes and Texas Administrative Code requirements

DSHS will use its standard contract and process used in rest of state

### **Priorities for Development**

Priority 1 projects are those that are new and complex, risky in terms of importance to overall system success, represent an opportunity for significant financial savings and/or have a significant impact on other key players in the Behavioral Health system for Collin County.

Priority 2 projects are those that are new or moderately complex, represent key structural items or integral building blocks for Behavioral Health system success.

Priority 3 projects are those that are moderately complex, are ongoing services that will need some enhancements or represent program elements in the Behavioral Health system that can be successfully developed later in the planning cycle.

### **Workplan and Timelines**

Attached is a Gantt chart with specific projects to be completed over the next 16 months.

Priority 1 projects are in red, Priority 2 in blue and Priority 3 in green.

## **Expanding the Provider Network**

New providers already “in discussion” include crisis units, local hospitals, hotline, service authorization/Utilization Management entities and Medicaid services advisors

PNAC to be named and buy-build decision tree used to grow network

- Authority functions vital to financial viability
- Provider services safety net

## **Communication Plan for Next 24 months**

- ✓ Operational meetings every 2 weeks with DSHS and LifePath staff (at least until contract implementation)
- ✓ Provider communications monthly (in-person meeting or written update)
- ✓ Client/family quarterly open meetings with input opportunities
- ✓ Monthly updates to LPS Board (and to Board Committees as requested)
- ✓ Quarterly updates (in person or written) to Commissioners Court

## **Management and Oversight**

The LifePath Board of Trustees was established by the Collin County Commissioners’ Court in 1986, pursuant to the authority granted in Section 3.01 of the Texas Mental Health and Mental Retardation Act, Tex. Rev. Civ. Stat. Ann. Art. 5547-203, S 3.01 (Vernon 1986 Suppl.). According to Section 3.01(c) of the Act, the Center (LifePath Systems) is an agency of the State and a unit of government. The center must abide by Open Meetings/Open Records regulations, following all regulations for a unit of local government specified in Texas statutes. The Board meets at least monthly to review and approve detailed reports on performance measures, enrollment targets, human resources and financial status. State contracts require an annual independent financial audit which gauges appropriateness of financial transactions, ensures appropriate internal controls, and tests for adherence to rules for federal and state programs. LifePath has received a clean opinion for every year of its operation.

## **Suggested Next Steps**

1. LifePath to take lead in discussions/contract negotiations with HHSC/DSHS and workplan implementation; organize regular coordination activities with involved parties.
2. PIA to take lead in discussion/proposed agreements with NTBHA and to develop responses to available Request for Proposals

