



**LOCAL PLAN & NETWORK DEVELOPMENT
FY 2009-2010**

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I. VISION, MISSION, AND PHILOSOPHY STATEMENTS

Vision:

The Statement of Vision is “EPMHMR will lead behavioral and developmental services in the El Paso region ensuring access to quality services, advocating for a better quality of life, and providing strength, hope and recovery for persons with mental illness and developmental disabilities.”

For our Customers:

We envision independence, productivity, integration, and inclusion to be the foundation of an environment where people with mental illness, mental retardation, and substance abuse problems are included as integral, participating, and contributing members of their communities. We envision an environment where all people are recognized and accepted for their abilities; and where all people have the right and responsibility to accept challenges, to take risks, to have success, and to learn from mistakes. The supports needed by people with mental illness, mental retardation, and substance abuse problems to make this possible will not only come from programs designed to provide the supports; but also from their natural resources such as friends, families, coworkers, classmates, neighbors, and the community. El Paso MHMR will strive to support the vital individual and collective work of the programs and services by providing leadership that:

- Builds upon the strengths of the individuals;
- Measures and describes the results of the programs to achieve or contribute to bringing about change;
- Fosters increased cultural competencies to better address the needs and preferences of individuals and their families from ethnically diverse and economically disadvantaged backgrounds, and;
- Provides leadership to the community on matters of importance as they relate to individuals and families with mental health, mental retardation, and substance abuse needs.

Mission:

The Statement of Mission is “EPMHMR ensures superior recovery-based services for mental health, developmental disability, and related conditions for the people of El Paso County.”

The goal of EPMHMR is to help people to be self-sufficient by achieving maximum potential towards independent living, based on ability and functional level. We believe that all individuals should have the opportunity to choose and to realize their goals of where and how they learn, live, work and access leisure activities. EPMHMR utilizes community resources, current technology, guidance, and professional expertise to help consumers increase their educational and vocational skills, self-worth, happiness, and quality of life.

Philosophy:

- Engage our customers by communicating the benefits of services and recovery
- Celebrate our customers’ strengths when participating in services
- Foster hope in every service delivered

- Demonstrate evidence of our customers’ successes toward **recovery**
- Recognize our customers and staff for all achievements made

We believe in the empowerment of people with disabilities. We respect an individual’s right to privacy, the right to be treated with dignity, and value personal difference, preferences and aspiration. We are here to identify options – not to tell which option to choose. We emphasize possibilities, rather than limitations in responding to the needs of the individual, in a continual re-evaluation of current services, and in the development of new programming.

Adults with a disability want to work, have a home, and be contributing members of the community. Such inclusion into the community not only affords individuals with a disability a quality of life that individuals without disabilities are able to experience every day, but also has a positive economic impact. As working and contributing members of the community, adults with a disability become taxpayers and purchasers of goods and services, instead of remaining fully dependent upon government sponsored programs. It is our responsibility to educate the community about the contribution our consumers can make as independent and contributing citizens.

Concerning our employees and our Provider Network, EPMHMR values responsiveness, flexibility, and a willingness to accept challenges in meeting the current and future needs of those we serve. Each employee and Provider, impacts the quality of service we deliver to our consumers. Our goals are to hire/contract and to retain individuals who place a high priority on exceptional performance. In return, EPMHMR fosters a “career ladder” philosophy. We encourage loyalty and longevity by offering a variety of employment and advancement opportunities, and an extensive training program. Each employee and Provider is our partner in excellence. EPMHMR employees and Providers are expected to operate under the following 15 Code of Conduct principles:

- (1) Have and exhibit a positive and optimistic “can do” attitude.
- (2) Go the extra mile for Customers and one another.
- (3) Take a positive, growth-oriented approach to work ethic and leadership.
- (4) Maintain a commitment to professional growth and maturity.
- (5) Speak politely in correspondence and in person. Speak well of the organization at all times.
- (6) Take time for self.
- (7) Be creative and innovative.
- (8) Always remember who we are accountable to, and what our mission is.
- (9) Have a great sense of humor.
- (10) Maintain clean and tidy work spaces.
- (11) Try to build up everyone around you.
- (12) Be solution oriented.
- (13) If you hear a negative statement, suggest a more positive outlook.
- (14) Be straight-forward, positive, and polite.
- (15) People are watching your example on and off the job. Be a Positive Ambassador for EPMHMR.

II. HISTORY AND ORGANIZATIONAL OVERVIEW

In 1965, the Texas Mental Health and Mental Retardation Act created the Texas Department of Mental Health and Mental Retardation. House Bill 3 authorized the creation of local boards of trustees to organize and administer community mental health and mental retardation centers and establish guidelines for funding the centers. Pursuant to this act, El Paso MHMR was established to provide mental health and mental retardation services to the El Paso Community.

On May 18, 2000 the Commissioner for the Texas Department of Mental Health and Mental Retardation appointed a management team pursuant to the Texas Health & Safety Code, Sec. 534.038, to assume the Center Board's management responsibilities for the Center.

In May 2000, the El Paso State Legislative Delegation appointed a 17 member Task Force to address three specific charges:

- Specific recommendations on how to resolve current governance issues as well as address findings of a recent audit of the former Life Management Center;
- Draft a new Inter-local Agreement between the County and City of El Paso;
- Suggest possible legislation that will address unresolved problems.

The El Paso State Legislative Delegation submitted a report regarding the Center. The Task Force made eleven recommendations, including the following:

- A new entity should be considered as the local mental health and mental retardation authority with a total system redesign.
- The redesign requires a significant change in the authority's mission.
- The redesign requires the authority to separate from its traditional role as a service provider to focus on increasing choice and quality of services.
- The authority's responsibilities will include planning, policy development, assessments, service coordination, utilization review and contracts management.
- The County of El Paso, City of El Paso and the El Paso County Hospital District should be the sponsoring agencies and adopt a new interlocal agreement.

El Paso County Hospital District became a new sponsoring agency, and a new interlocal agreement became effective between the County of El Paso, City of El Paso, and the El Paso County Hospital District on November 28, 2000 creating a newly formed mental health and mental retardation center named as the El Paso Community Mental Health and Mental Retardation Center.

A new Board of Trustees was seated on November 13, 2001. An updated governmental entity plan was submitted and approved by Texas Department of Mental Health and Mental Retardation on February 2002 reestablishing a greater degree of local ownership and control of the services provided.

On August 2004, an updated governmental entity plan was submitted and approved by Texas Department of Mental Health and Mental Retardation. Rider 60 of the House Bill No. 1, 78th Legislature, the former Texas Department of Mental Health and Mental Retardation developed and implemented a pilot project beginning in the fiscal year 2004 that involved negotiating a performance agreement with El Paso MHMR base on priorities identified by the stakeholders in the El Paso community and as expressed in a local service plan.

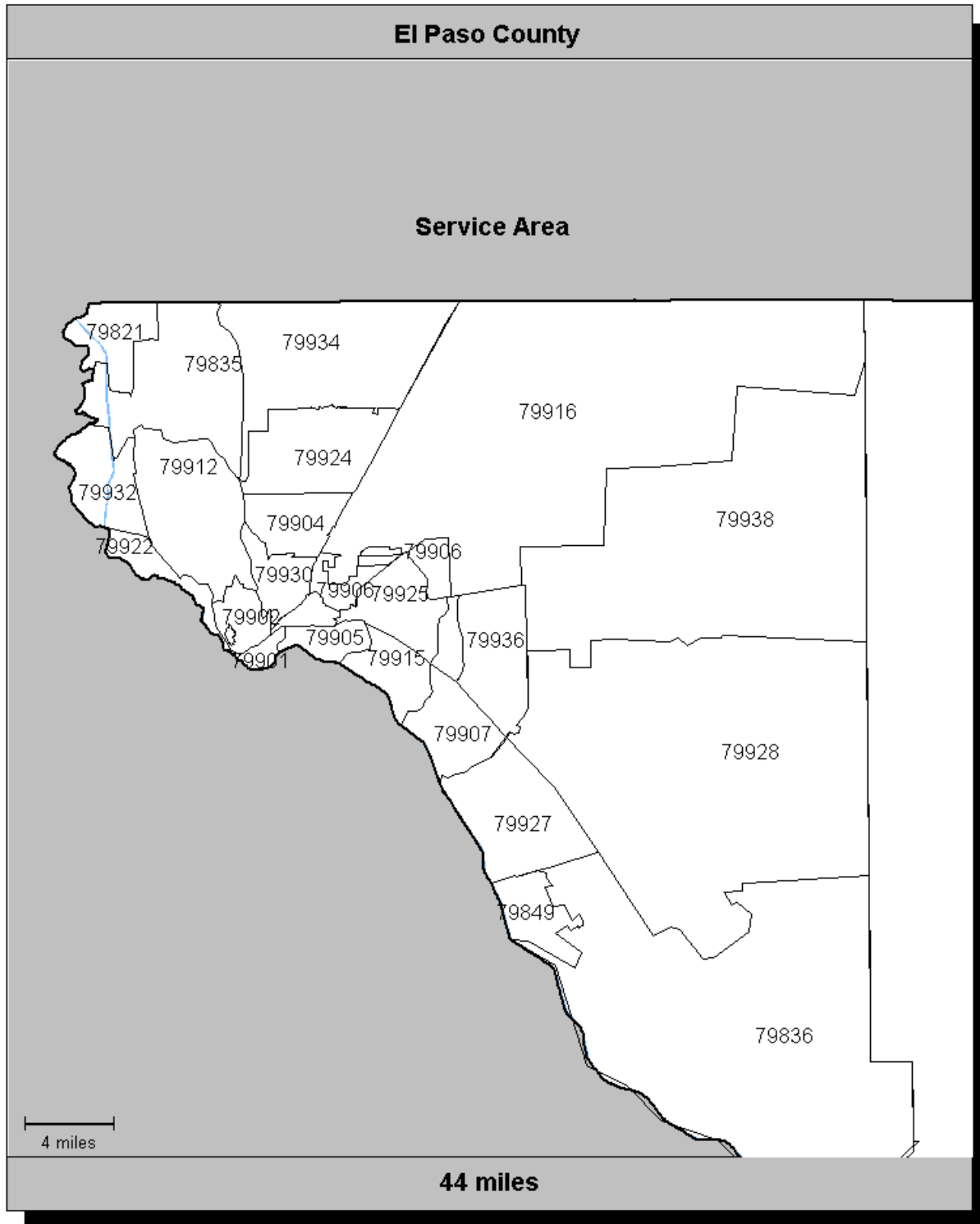
House Bill No. 2292 (78th Regular Session) transferred all powers, duties, functions, programs, and activities of the Texas Department of Mental Health and Mental Retardation relating to mental health services, other than those related to rulemaking, policymaking, or administrative support to the Texas Department of State Health Services and transferred all powers, duties, functions, programs, and activities of the Texas Department of Mental Health and Mental Retardation relating to mental retardation services, other than those related to rulemaking, policymaking, or administrative support to the Texas Department of Aging and Disability Services. El Paso MHMR is designated by the Texas Department of State Health Services and the Texas Department of Aging and Disability Services as the local mental health authority and the local mental retardation authority for both the City and County of El Paso. Name changes that have occurred since the time the Center was established are:

- El Paso Center for Mental Health & Mental Retardation;
- Life Management Center;
- Life Management Center for MH/MR Services;
- El Paso Community MH and MR Center; and
- El Paso MHMR

III. SERVICE AREA & DEMOGRAPHICS

The Center covers 1,015 square miles on the Western tip of Texas; and in 2006, the U.S. Census Bureau estimated that during this period the total population for El Paso County was over 736,000 individuals. U.S. Census Bureau data also shows that since 2000 El Paso's population has increased at a rate of 8.3%. The population of El Paso County is culturally diverse; given the fact that it shares an international border with Ciudad Juarez, Mexico. El Paso is also the proud home of Fort Bliss, Texas. Fort Bliss is a major US Army installation. Team Bliss Base Transformation Office released a draft report December, 2007; which shows in 2005 El Paso was the home of 9,330 soldiers and 15,330 dependents. With the creation of the Defense Base Closure and Realignment Commission (BRAC), Fort Bliss, Texas has been growing substantially and will continue this trend. It is estimated that by 2012, Fort Bliss, Texas will have 37,336 soldiers and 53,082 dependents.

Geographic overview



IV. Mental Health Services

A. Local Planning Process

- 1) Describe the process used to identify and solicit input from stakeholders, including efforts to ensure that:
 - a) Planning efforts are inclusive and participants represent the diversity of opinion, culture, and ethnicity of local service area;
 - b) Stakeholders have opportunities to participate effectively in the planning process; and
 - c) The Planning and Network Advisory Committee (PNAC) is actively involved in the planning process.

El Paso MHMR recognized stakeholder participation as a key feature to development of the Local Planning and Network Development plan. The initial stakeholder training was held September 3, 2008 with the local PNAC. During this training PNAC conducted discussion regarding implementation of the LPND rule and completed a survey. The second stakeholder training, held September 10, 2008, was integrated with a Greater El Paso Chamber of Commerce Jail Diversion sub-committee meeting. On September 16, 2008 a third training was held specifically for Network Providers. Finally, two public forums were held September 17 & 19, 2008 which resulted in extremely low attendance. In efforts to capture client participation, surveys were offered to all clients following receipt of a service. These efforts resulted in over 150 completed surveys.

During these forums/trainings an overview along with a PowerPoint presentation of the LPND rule was presented and stakeholders were given the opportunity to voice concerns, opinions, and suggestions. In order to accurately document community input, surveys with comment sections (see Appendix A) were handed out and are available upon request.

Efforts made regarding consumer and stakeholder education included:

EPMHMR.org Website and/or Posted Notifications

- ❖ Summary of the LPND
- ❖ Links to Department of State Health Services (DSHS) LPND website
- ❖ Notification of Upcoming Meetings and Events
- ❖ Link for Local Plan during the comment period

PNAC Committee Meetings

- ❖ PNAC – Training Wednesday, September 3, 2008
- ❖ PNAC – Meeting to review draft Wednesday, October 1, 2008
- ❖ Ad Hoc Committee – if needed

Consumer/Family Survey

- ❖ Coversheet with EPMHMR Surveys, distributed to all clinics and offered to all clients.
- ❖ Consumer survey, and all informational documents translated into Spanish
- ❖ Distribution
 - September 12, 2008 thru the end of the month, flyers were placed at each clinic and offered to each client both with internal and external providers.

- Stakeholder Meetings
- Mailed upon request

Scheduled Stakeholders Meetings

- ❖ PNAC training held Wednesday, September 3, 2008 12:00 – 1:30pm
- ❖ Stakeholder training held at the Greater Chamber of Commerce, Wednesday, September 10, 2008 8:00- 10:00am
- ❖ Private Provider training held Tuesday, September 16, 2008 3:30 – 5:00pm
- ❖ Consumer/Family Community Forum Wednesday, September 17, 2008 5:00 – 6:00pm
- ❖ Consumer/Family Community Forum Friday, September 19, 2008 11:00- 12:00pm

- 2) List the names of organizations who have participated since the last planning cycle in each of the information gathering methods, including:
- Advocacy organizations
 - Local governmental entities
 - Other public and private stakeholder organizations.

The Center’s last planning cycle involved the following individuals and organizations:

NAME	E-MAIL	ORGANIZATION
Ann Morgan Lilly	district#1@elpasotexas.gov	City
Susie Byrd	district#2@elpasotexas.gov	City
J. Alexandro Lozano	district#3@elpasotexas.gov	City
Melina Castro	district#4@elpasotexas.gov	City
Rachel Quintana	district#5@elpasotexas.gov	City
Eddie Holguin Jr.	district#6@elpasotexas.gov	City

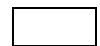
Steve Ortega	district#7@elpasotexas.gov	City
Beto O'Rourke	District#8@elpasotexas.gov	City
John Cook	mayor@elpasotexas.gov	City
County Judge Anthony Cobos	countyjudge@epcounty.com	County
Luis Sarinana	commissioner1@epcounty.com	County
Veronica Escobar	commissioner2@epcounty.com	County
Miguel A. Teran	commissioner3@epcounty.com	County
Daniel R. Haggerty	commissioner4@epcounty.com	County
Frank Malda	-	State
Elliott Shapleigh		State
Chente Quintanilla		State
Norma Chavez		State
Paul Moreno		State
Pat Haggerty		State
Joe Pickett		State
Silvestre Reyes		Federal
Victor Ortiz	elpaso.nami@dshs.state.tx.us	NAMI
Roger Martinez	RogMartinez@epcounty.com	BCMHC
Zulema Carrillo		El Paso Psychiatric Center
Joe Rodriguez	joe.rodriquez@ubhelpaso.com	UBH
Charlie Garcia		PEAK
Leonard (Tripper)		Ready-One

Goodman III		
Alicia Jimenez	N/A	PNAC
Alejandra Melendez	N/A	PNAC
Bea Huml	bhuml@epcounty.com	PNAC
Christine Candelaria	N/A	PNAC
Christine Napiwocki	chris_n_lcswhotmail.com	PNAC
Dagmar Fraser	dagmar02@earthlink.net	PNAC
Darlene Bruce	dbruce@esc19.net	PNAC
Dorothy Truax	dmtruax@yahoo.com	PNAC
Florence E. Fowler	fefowler@earthlink.net	PNAC
Gary P. Thornton	thorntong@awfc.org	PNAC
Helga De La Rosa	N/A	PNAC
Jessica Acker	jessica.torrence@us.army.mil	PNAC
Leana Gantt	pgantt@elp.rr.com	PNAC
Lydia Hernandez	Lydiahm@elprc.org	PNAC
Maria Chavez	N/A	PNAC
Michi Carl	Michicarl@aol.com	PNAC
Mike Sandoval	michael.sandoval@dshs.state.tx.us	PNAC
Noah E. Montoya	nmontoya@elp.rr.com	PNAC
Rene Marroquin	N/A	PNAC
Karen LeMaster	Hootie92@sbcglobal.net	PNAC
Sandra Bustamante	s.bustamante@thewoodgroup.us	The Wood Group
Christina Calderon	ccalderon@epmhm.org	El Paso Provider Group

Jean Joseph Vanderpool, M.D.	jvanderpool@sunwestbehavioral.com	Sunwest Behavioral Health Organization
Lucia Dawson	lucyd1596@sbcglobal.net	La Familia Del Paso, Inc.
Fabiola Eckleberry	fseckleberry@yahoo.com	Monty & Muniz Rehabilitative Services

On May 1, 2008 El Paso MHMR initiating the FY09 Local Planning and Network Development process.. The stakeholders and organizations targeted to participate in this planning effort included all entities included in the table above.

The chart below depicts the scheduled information-gathering meetings for this planning cycle as well as those who actively participated in each of the meetings.











Description And Date or Timeframe	Participating Organizations (List)	Number of Consumers	Number of Family Members	Number of Interested Individuals
PNAC Training September 3, 2008	Family members, Private providers	0	7	8
Presentation at El Paso Chamber of Commerce September 10, 2008	El Paso Police Department, El Paso Public Defenders Office, West Texas Community Supervision and Corrections Department, University Behavioral Health of El Paso	0	0	10
Survey Circulation Via email and all clinics September 12 – 30, 2008	El Paso Police, El Paso Fire Department, U.S. Probation, Non-profit Stakeholder, Consumers and Family, School Officials, Interested Citizens, NAMI	105	30	49
Public Forum September 17, 2008	Family members and Monty & Muniz-Private Provider		1	1

Public Forum September 19, 2008	Sunwest BHO -Private Provider			1

- 3) Summarize the input received from stakeholders regarding:
- Service needs and priorities for children, adolescents, and adults;
 - Crisis response system and services;
 - Development of an external provider network; and
 - Other significant issues and concerns.

Service Gaps/Community Needs

Stakeholder surveys proved to be most valuable in assessing satisfaction with current services as well as identifying community needs. Location, in regards to Consumer’s home, was the most important factor identified when choosing a provider.

		Response Percent	Response Count
Convenient location to home		31.6%	48
Transportation available		11.8%	18
Clean environment		17.8%	27
Wait time to see the doctor		18.4%	28
Bilingual services and materials		5.9%	9
Cultural/Ethnic sensitivity and knowledge		2.6%	4
Reputation of provider		9.9%	15
Other		2.0%	3



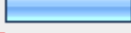
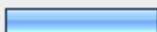

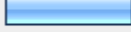
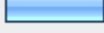

When asked how important a choice in providers was, an overwhelming amount said it was very important.

		Response Percent	Response Count
VERY IMPORTANT		75.7%	115
SOMEWHAT IMPORTANT		13.2%	20
NO OPINION		7.9%	12
NOT VERY IMPORTANT		2.6%	4
NOT IMPORTANT AT ALL		0.7%	1

Survey participants were also asked how satisfied they were with services from the internal provider. The results showed the majority were very satisfied.

		Response Percent	Response Count
VERY SATISFIED		55.9%	76
SOMEWHAT SATISFIED		25.7%	35
NEUTRAL		9.6%	13
SOMEWHAT UNSATISFIED		4.4%	6
VERY UNSATISFIED		4.4%	6

Public Officials surveyed were asked what they felt was the most important factor when choosing a provider and the results vary greatly from that of Consumer and family members. Public Officials believe Cultural/ethnic sensitivity and knowledge is the most important factor.

		Response Percent	Response Count
Convenient location to home		34.4%	11
Transportation available		25.0%	8
Clean environment		43.8%	14
Cultural/Ethnic sensitivity and knowledge		53.1%	17
Wait time to see the doctor		43.8%	14
Bilingual services and materials		43.8%	14
Reputation of provider		34.4%	11
Other		6.3%	2

Service Gaps

Local Official’s identified the following as service gaps: respite care, wait time for crisis intake, better intake personnel, availability of facilities deemed suitable to accept emergency detention, services for non-priority population diagnosis, access to medications, child and adolescent Residential Treatment Center (RTC) services, lack of inpatient beds, day treatment center for adults, increased funding for services, limited providers, high caseloads, limited funding, medical care.

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 cost 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. *An "X" in the column labeled "LMHA" means the LMHA provides the service **directly**.*
2. *If the service is provided (in whole or in part) through contract with an external provider, the name and address of the external provider and the LMHA's expenditures for external provider contracted services in FY 2007 is noted.*
3. *If the service is not provided, N/A is entered.*

DSHS-Funded Services					
Service HISTORY AND ORGANIZATIONAL OVERVIEW 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	\$1,228,592	N/A	N/A	N/A
Routine Case Management (Adult)	X	\$502,889	N/A	N/A	N/A
Routine Case Management (Child/Adolescent)	X	\$151,304	N/A	N/A	N/A
Respite Services	N/A	N/A	N/A	N/A	N/A
Supplemental Nursing Services	N/A	N/A	N/A	N/A	N/A
Pharmacological Management	X	\$1,344,845	<u>1. La Familia</u> Address: 1511 E. Yandell El Paso, TX 79902 <u>2. The Wood Group</u> 6065 Montana El Paso, TX 79902 <u>3. Sun West Behavioral Health Organization</u> 1514 Zaragoza Suite B-4 El Paso, TX 79936 <u>4. Monty & Muniz</u> 1600 Lee Trevino El Paso, TX	58,472	Sept 06-Aug 07
Provision of Medication	X	\$2,564,615	N/A	N/A	N/A

Psychiatric evaluation	X	\$222,771	<u>1. La Familia</u> Address: 1511 E. Yandell El Paso, TX 79902 <u>2. The Wood Group</u> 6065 Montana El Paso, TX 79902 <u>3. Sun West Behavioral Health Organization</u> 1514Zaragoza Suite B-4 El Paso, TX 79936 <u>4. Monty & Muniz</u> 1600 Lee Trevino El Paso, TX	\$22,913	Sept 06-Aug 07
All Rehabilitation Services (Adult)	X	\$5,964,439	<u>1. La Familia</u> Address: 1511 E. Yandell El Paso, TX 79902 <u>2. The Wood Group</u> 6065 Montana El Paso, TX 79902 <u>3. Sun West Behavioral Health Organization</u> 1514Zaragoza Suite B-4 El Paso, TX 79936 <u>4. Avante</u> 1400 El Paso Street Bldg A El Paso, TX Monty & Muniz 1600 Lee Trevino El Paso, Texas	\$1,285,036	Sept 06-Aug 07
All Rehabilitation Services (Child/Adolescent)	X	757,710	<u>1. Aliviane</u> 7722 North Loop Road El Paso TX 79915 <u>2. Monty & Muniz</u> 1600 Lee Trevino Suite C-3 El Paso, TX 79936 Avante 1400 El Paso Street Bldg A	\$268,983	Sept 06-Aug 07

			El Paso, TX		
Supported Employment	X	Included in rehab	<u>1. La Familia</u> Address: 1511 E. Yandell El Paso, TX 79902 <u>2. The Wood Group</u> 6065 Montana El Paso, TX 79902 <u>3. Sun West Behavioral Health Organization</u> 1514Zaragoza Suite B-4 El Paso, TX 79936 <u>4. Avante</u> 1400 El Paso Street Bldg A El Paso, TX	Included in rehab	Sept 06-Aug 07
Supportive Housing	X	Included in rehab	<u>1. La Familia</u> Address: 1511 E. Yandell El Paso, TX 79902 <u>2. The Wood Group</u> 6065 Montana El Paso, TX 79902 <u>3. Sun West Behavioral Health Organization</u> 1514Zaragoza Suite B-4 El Paso, TX 79936 <u>4. Avante</u> 1400 El Paso Street Bldg A El Paso, TX	Included in rehab	Sept 06-Aug 07
Assertive Community Treatment	X	472,458	<u>3. Sun West Behavioral Health Organization - ACT</u> 1514Zaragoza Suite B-4 El Paso, TX 79936	\$558,184	Sept 06-Aug 07
Inpatient services	N/A	N/A	El Paso Psychiatric Center 4615 Alameda Ave El Paso, Texas 79905		Sept 06-Aug 07
Residential Treatment	N/A	N/A	<u>2. The Wood Group</u>	\$232,553	Sept 06-Aug 07

			6065 Montana El Paso, TX 79902		
Intensive Case Management (Child/Adolescent)	X	\$103,608	N/A	N/A	N/A
Counseling (Adult)	X	\$3,970	4. <u>Avante</u> 1400 El Paso Street Bldg A El Paso, TX	\$2,715	N/A
Counseling (Child/Adolescent)	X	\$213,225	1. <u>Aliviane</u> 7722 North Loop Road El Paso TX 79915 2. <u>Monty & Muniz</u> 1600 Lee Trevino Suite C-3 El Paso, TX 79936	\$976	Sept 07-Aug 08
Parent/Family Support Activities (e.g., family case management, family training, family partner, parent support group)	X	Included in rehab	N/A	N/A	N/A
Flexible Community Support (Child/Adolescent)	N/A	N/A	N/A	N/A	N/A
Multi-Systemic Therapy (Child/Adolescent)	N/A	N/A	N/A	N/A	N/A
Consumer Peer Support	X	Included in rehab	1. <u>Sun West Behavioral Health Organization</u> 1514 Zaragoza Suite B-4 El Paso, TX 79936	Included in rehab	N/A
CRISIS & OTHER DISCRETE SERVICES					
Crisis Hotline	X	\$36,478	N/A	N/A	N/A
Crisis Intervention Services	X	\$148,275	1. <u>La Familia</u> Address: 1511 E. Yandell	\$9,024	Sept 07-Aug 08

			El Paso, TX 79902 <u>3. Sun West Behavioral Health Organization</u> 1514 Zaragoza Suite B-4 El Paso, TX 79936 <u>4. Avante</u> 1400 El Paso Street Bldg A El Paso, TX		
Mobile Outreach	X	118,865	N/A	N/A	N/A
23 Hour Observation	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 was completed just prior to this local planning initiative which began March 1, 2008. The development of local crisis services plans occurred using then existing planning and procurement requirements. The efforts related to crisis services are not subject (at this time) to the new Local Network Planning and Development rules for FY08. Current crisis service planning efforts are summarized within this plan.</p> <p>I 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>			
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	X	\$46,046	N/A	N/A	N/A

****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.

El Paso MHMR has no issues with lack of provider interest. El Paso’s Provider Network is currently comprised of six (6) Adult MH full service providers and four (4) Children/Adolescent full service providers. The Provider Interest Inquiry form, located on the LPND website, was completed by Providers currently in our Network as well as one new provider. El Paso MHMR continues to receive inquiries on how to become a Provider within our Network.

2. Provider Inquiries within the last 2 years.

Date of Inquiry	Summary of Inquiry	LMHA Response
June 2007	PRN Nursing Agency of EL Paso inquired about Center’s need for PRN services.	Contact info noted for mailing list of potential providers for future RFP/RFA Provider did respond to Open Enrollment and currently contracted for a period of time for PRN nursing services.
July 30, 2007	PRN Nursing Agency of EL Paso inquired on RDM adult and children service packages	Contact info noted for mailing list of potential providers for future RFP/RFA Provider did respond to Open Enrollment and currently contracted for both adult and children services
September, 26, 2007	Evelyn Nunez on behalf of Adraham J. Kat, M.D. PA Inquired about adult rehab services.	Contact info noted for mailing list of potential providers for future RFP/RFA
November 20, 2007	Telecare Mental Health Services of Texas, Inc. completed the Provider Interest Form on DSHS Website	Emailed interested provider and requested clarification regarding their responses on the form and offered a face to face meeting. Pending response. Contact info

		noted for mailing list of potential providers for RFP/RFA
December 17, 2007	The Wood Group completed the Provider Interest Form on DSHS website	Emailed interested provider and requested clarification regarding their responses on the form and offered a face to face meeting. Pending response. Contact info noted for mailing list of potential providers for RFP/RFA
February 14, 2008	Sunwest Behavioral Health Organization completed the Provider Interest Form on DSHS website	Emailed interested provider and requested clarification regarding their responses on the form and offered a face to face meeting. Pending response. Contact info noted for mailing list of potential providers for RFP/RFA
May 13, 2008	Monty & Muniz Rehabilitation Services DBA The Transforma Group completed the Provider Interest Form on DSHS website.	Emailed interested provider and requested clarification regarding their responses on the form and offered a face to face meeting. Pending response. Contact info noted for mailing list of potential providers for RFP/RFA

3) Service Capacity and Procurement

Complete the following table.

- a) Document the current service capacity (for a one-year period) using data from the LPND Web page [<http://www.dshs.state.tx.us/mhcommunity/LPND/LMHAs/default.shtm>]. If the service is not provided, enter N/A.
- b) Document the projected service capacity. The current and projected capacity will often be the same number. However, if service minimums and RDM targets are not being met, the projected capacity may be lower than the current capacity.
- c) Briefly state the LMHA's assessment of the availability of current and potential external providers.
- d) Indicate (Yes/No/NA) if the LMHA will procure each service package/service during FY 2008-2009.
- e) If a service will be procured, state the capacity to be procured during FY 2008-2009.
- f) Document the method of procurement, e.g. request for proposal or open enrollment.
- g) NOTE: RDM services packages are identified as the primary units of procurement, but LMHAs may determine that it is most appropriate to procure discrete services from within one or more service packages. If this decision is made, state "No, except for (insert the discreet service)" in column 3d. Leave the last two columns blank. Then, enter the discrete service(s) to be procured in one of the blank rows at the bottom of the

table (enter additional rows if needed), and fill out the remaining columns as described above. Also, item 4 must be completed.

	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	2,697	2,697	1 interested 5 current external providers	Yes	220	RFA
RDM SP 2	2	2	1 interested 5 current external providers	Yes	2	RFA
RDM SP 3	1,417	1,417	1 interested 5 current external providers	Yes	334	RFA
RDM SP 4	100	100	1 interested 1 current external providers	Yes	69	RFA
CHILD/ADOLESCENT SERVICES						
RDM SP 1.1	522	522	3 current external providers	Yes	121	RFA
RDM SP 1.2	195	195	3 current external providers	Yes	45	RFA
RDM SP 2.1	0	0	1 current external providers	Yes	0	RFA
RDM SP 2.2	13	13	1 current external providers	Yes	3	RFA
RDM SP 2.3	3	3	1 current external providers	Yes	0	RFA
RDM SP 2.4	0	0	1 current external providers	Yes	0	RFA
RDM SP 4	508	508	2 current external providers	Yes	47	RFA
CRISIS & OTHER DISCRETE SERVICES						
<i>Crisis Hotline</i>	Per the October 31, 2007 memo from Rod Swan, DSHS Unit Manager of MH Contracts					

<i>Mobile Outreach</i>	<p>which began March 1, 2008. The development of local crisis services plans occurred using then existing planning and procurement requirements. The efforts related to crisis services are not subject (at this time) to the new Local Network Planning and Development rules for FY08. Current crisis 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>23-Hour Observation</i>						
<i>Day Program for Acute Needs</i>						
<i>Crisis Stabilization Unit</i>						
<i>Crisis Respite Services</i>						
<i>Inpatient Services</i>						
<i>Intensive Crisis Residential</i>						
<i>Safety Monitoring</i>						
<i>Crisis Follow-Up and Relapse Prevention</i>						
<i>Crisis Transportation</i>						
<i>Crisis Flexible Benefits</i>						
<i>Laboratory Services</i>						

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
N/A	

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

Plan for Fidelity and Continuity of Care
<p>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 services. In order to ensure that consumers receive the necessary services from within the designated service package, Providers shall be required to attend scheduled meetings and/or trainings where fidelity concepts and requirements are discussed. Quality oversight to included quarterly program audits will be conducted on all providers of service to ensure compliance with Fidelity requirements. Corrective action plans will be required of all service providers whose score falls below the acceptable level. Efficacy audits will be conducted to evaluate and monitor implementation of the corrective action plan.</p> <p>Case managers will work to ensure continuity of care by monitoring services provided by external providers. 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.</p>

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.*

For each service in the table below, describe the rationale for a decision to continue providing service at any level. For each service the LMHA will be providing, state the percent capacity to be provided by the LMHA, identify the condition from 25 TAC §412.758(a) that applies if the LMHA will continue to provide services at any level, and provide an explanation of why the condition from 25 TAC §412.758(a) is applicable. In addition, state the percent capacity of service necessary to make service provision by the LMHA financially viable and the rationale for arriving at this volume.

If discrete services are being procured separately from one or more service packages, enter them in the blank rows at the end of the table (enter additional rows as needed) and follow the instructions above.

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	92%	5	<i>A phased transition is planned to assure adequate safety net. Critical infrastructure must be preserved</i>	60%	<i>Critical infrastructure must be preserved.</i>
RDM SP 2	100%	5	<i>A phased transition is planned to assure adequate safety net. Critical infrastructure must be preserved</i>	60%	<i>Critical infrastructure must be preserved.</i>
RDM SP 3	76%	5	<i>A phased transition is planned to assure adequate safety net. Critical infrastructure must be preserved</i>	60%	<i>Critical infrastructure must be preserved.</i>
RDM SP 4	0%	N/A	<ul style="list-style-type: none"> 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) 	0%	<ul style="list-style-type: none"> 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)
CHILD/ADOLESCENT SERVICES					
RDM SP 1.1	77%	5	<i>A phased transition is planned to assure adequate safety net. Critical infrastructure must be preserved</i>	60%	<i>Critical infrastructure must be preserved.</i>
RDM SP 1.2	77%	5	<i>A phased transition is planned to assure adequate safety net. Critical infrastructure must be preserved</i>	60%	<i>Critical infrastructure must be preserved.</i>
RDM SP 2.1	100%	5	<i>A phased transition is planned to assure</i>	60%	<i>Critical infrastructure must be</i>

			<i>adequate safety net. Critical infrastructure must be preserved</i>		<i>preserved.</i>
RDM SP 2.2	77%	5	<i>A phased transition is planned to assure adequate safety net. Critical infrastructure must be preserved</i>	60%	<i>Critical infrastructure must be preserved.</i>
RDM SP 2.3	100%	5	<i>A phased transition is planned to assure adequate safety net. Critical infrastructure must be preserved</i>	60%	<i>Critical infrastructure must be preserved.</i>
RDM SP 2.4	100%	5	<i>A phased transition is planned to assure adequate safety net. Critical infrastructure must be preserved</i>	60%	<i>Critical infrastructure must be preserved.</i>
RDM SP 4	91%	5	<i>A phased transition is planned to assure adequate safety net. Critical infrastructure must be preserved</i>	60%	<i>Critical infrastructure must be preserved.</i>
CRISIS SERVICES					
<i>Crisis Hotline</i>	<p>Per the October 31, 2007 memo from Rod Swan, DSHS Unit Manager of MH Contracts</p> <p>The Crisis Services Redesign initiative completed just prior to this local planning initiative which began March 1, 2008. The development of local crisis services plans occurred using then existing planning and procurement requirements. The efforts related to crisis services are not subject (at this time) to the new Local Network Planning and Development rules for FY08. Current crisis 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 Outreach</i>					
<i>23-Hour Observation</i>					
<i>Day Program for Acute Needs</i>					
<i>Crisis Stabilization Unit</i>					
<i>Crisis Respite Services</i>					
<i>Inpatient Services</i>					
<i>Intensive Crisis Residential</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%		Current contracts in place meet 100% of the need	0%	N/A

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
Adult RDM SP1	El Paso County	Semi-annual RFA
Adult RDM SP2	El Paso County	Semi-annual RFA
Adult RDM SP3	El Paso County	Semi-annual RFA
Children RDM SP1.1	El Paso County	Semi-annual RFA
Children RDM SP1.2	El Paso County	Semi-annual RFA
Children RDM SP2.1	El Paso County	Semi-annual RFA
Children RDM SP2.2	El Paso County	Semi-annual RFA
Children RDM SP2.3	El Paso County	Semi-annual RFA
Children RDM SP2.4	El Paso County	Semi-annual RFA
Children RDM SP4	El Paso County	Semi-annual RFA

7) Choice and Access

Describe how consumer choice and access will be maximized.

El Paso MHMR has been offering choice to it’s consumers to ensure a high quality of care. El Paso MHMR has conducted open enrollment fairs for clients, which gave them a venue to meet the providers and the opportunity to switch. The adult fairs were held August 30, 2006, February 10, 17 and 24, 2007, and February 11-15, 2008. For children and adolescents the open enrollment fair was January 27, 2007.

Choice will continually be offered to clients by an unbiased Authority staff at Intake for new clients and each time their TRAG comes due thereafter. Semi-annual Network open enrollments will continue to increase choice with enrolled providers.

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 No

If yes, specify which services will be provided by a single provider and identify the economic factors which prevent the LMHA from offering consumers a choice.

Service to be Provided by a Single Provider	Economic Factors Preventing Consumer Choice
Service Package 4 ACT	ACT is an expensive package due to provision of high intensity services. Open enrolling with only 100 slots available would compromise the integrity of the program clinically and financially. Should capacity ever increase, El Paso MHMR will issue an RFA to allow for provider choice.

8) Diversity

How will issues of cultural and linguistic diversity in the local community be addressed by the LMHA? Include any contract issues regarding use of external providers and how a plan to ensure that cultural and linguistic diversity will be addressed by external providers contracting with the LMHA.

According to the 2003 American Community Survey (U.S. Census Bureau) twenty-eight (28%) percent of people living in El Paso County were foreign born and seventy-two (72%) percent were native, including seventy-three (73) percent who were born in their state of residence.

Among people at least five years old living in El Paso, TX in 2003, 78 percent spoke a language other than English at home. Of those speaking a language other than English at home, ninety-seven percent (97%) spoke Spanish and three percent (3%) spoke some other language; thirty-six (36%) reported that they did not speak English "very well."

It is the position of El Paso MHMR that all persons receiving services have the opportunity to communicate effectively with providers regarding their treatment.

As a result of such statistics, El Paso MHMR requires all providers to receive training and demonstrate competency in the responding to an individual's language and cultural needs through knowledge of customs, beliefs, and values of various, racial, ethnic, religious, and social groups. The information provided at this training helps service providers understand 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.

El Paso MHMR will implement a new mechanism to determine the level of competency of external providers through the "Cultural and Linguistic Competency Assessment". This assessment inquires into the provider's written policies, staffing patterns, use of interpreters,

written translation materials and grievance procedures. This assessment shall be made a requirement within the provider contracts and shall be used to ensure providers acceptance of cultural differences. Further, the assessment will detail the provider resources available to meet the needs of El Paso County.

Contract with providers shall also contain language that will require providers to take reasonable steps to provide services and information both orally and in writing, in appropriate languages other than English, to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

9) Cost Efficiency

How will the maximum possible service dollars be preserved while maintaining required authority functions? The response must include a discussion of:

- Administrative costs and services directly related to those authority functions, and
- LMHA's strategies for maximizing dollars available to provide direct client services, including:
 - Efforts to minimize overhead and administrative costs and achieve purchasing efficiencies and
 - Efforts to work jointly with other local authorities on planning, administration, purchasing and procurement or other authority functions; or on service delivery

El Paso MHMR shall continue its long standing effort to provide the needed administrative oversight and management of the center; yet continue to maximize available service delivery dollars. As El Paso MHMR continues the road toward implementation of its provider network development goals, the Center's administrative services – especially those related to Authority Services will be reviewed and adapted as possible. To assist in minimizing overhead and administrative costs, El Paso MHMR will continue to look to and expand on collaborative relationships and cost efficiency efforts. Currently, El Paso MHMR, through an Interlocal Agreement with Region 19 Education Service Center, is a Cooperative Member in the Local Government Purchasing Cooperative. This is a purchasing program whose benefits are realized through efficiencies and savings. Further, for any service over one thousand dollars (\$1,000), El Paso MHMR shall continue to solicit business entities and obtain at least three responses. El Paso MHMR will continuously monitor and track costs in order to ensure costs do not rise as a result of outsourcing.

10) Previous Efforts

Describe previous efforts to develop an external provider network and the results of these efforts.

El Paso MHMR's efforts to develop an external provider network initially began with procuring discrete services, specifically psychosocial rehabilitative services for adult Service Package 3 and children and adolescents Service Package 1.1. In fall of 2006 and 2007, El Paso MHMR continued its efforts to develop an external provider network and issued a Request for Application (RFA) for adult Service Packages 4,3,2,1 and children and adolescent Service Packages 1.1, 1.2, 2.2, 2.3, 2.4, 4. These RFAs differed from the initial as respondents were now required to be "full-service" providers or a one-stop-shop for provider services. Partial service

providers were given a six month deadline to become full-service providers. In 2006 El Paso MHMR also hired a Network Management Operations Administrator whose duties included initiating provider enrollment process, network performance monitoring, and provider relations. As a result of these efforts El Paso MHMR now has a network comprised of six (6) adult full-service providers and four (4) children and adolescent full-service providers.

11) Barriers

Describe any encountered or anticipated barriers to attracting external providers and discuss specific plans to address each identified barrier.

Barriers	Plans
Rates not attractive to external providers	Continue supporting legislation and lobbying efforts to improve funding
Saturated Provider Network leading to increased competition for market share	Continue supporting legislation and lobbying efforts to improve funding
Limited Funding	Continue supporting legislation and lobbying efforts to improve funding

12) Attraction of Providers

Explain what conditions must be present in order to attract external providers to your local service area.

The above mentioned barriers are challenges a provider must consider before entering the network. On the other hand, El Paso County has many positive aspects to living and working that one should consider. More than 700,000 people live in El Paso, with 2.2 million living in the metro-area, making it the fourth most populous city in Texas. El Paso is the third fastest growing city in the nation, and it’s easy to see why. El Paso has mild to hot weather year-round, a low crime rate, state-of-the-art educational and medical facilities, an international airport, a wealth of cultural, recreational and entertainment opportunities, and an economical cost of living. Beautiful Las Cruces, New Mexico, is a little less than an hour’s drive from El Paso, and also offers a wide variety of activities and sites. Area residents can spend leisure time golfing, visiting a local winery or orchard, cheering at college or semi-pro sports games, attending an opera, watching horse races, shopping at one of several area malls, visiting the zoo or botanical garden, riding a tram up the mountains or exploring historical sites and natural wonders of the area.

13) Long Term Planning

Discuss plans, including time frames, for at least two years beyond the period covered by this plan, for development or continued development of an external provider network.

El Paso MHMR 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 Local Mental Health Authority, El Paso MHMR through its internal provider El Paso Provider Group serves as a provider of services. The ultimate goal of implementing this plan is to incorporate strategies to ensure continuous consumer access to services while increasingly expanding its network of providers so that El Paso Provider Group’s share of internal service provision decreases. The desired outcome is for consumers to have a choice from among multiple service providers and the El Paso MHMR to provide management and oversight of the provider network.

As the local network of providers develops over time, El Paso MHMR must continue to maintain at least a “safety net” share of service provisions as well as manage all internal operation 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.

As El Paso MHMR progresses in its implementation of a provider network, El Paso MHMR 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 the proper shift of overhead and administrative costs is financially sound.

D. Procurement and Transition Timelines

Provide your procurement timelines in the following table. Allow at least 14 days for public comment to the draft procurement instrument. If more than one procurement is planned, provide a separate timeline for each (copy and paste additional rows to the table). The activities and milestones listed are “model” activities and milestones. You may have additional activities. These additional activities and milestones should be inserted at the appropriate location in the following table.

Date	Key Activities and Milestones
November 1, 2008 – November 15, 2008	Develop Request for Application draft procurement document
December 1, 2008 - December 14, 2008	Publicize draft procurement document (Public comment period – 14 day minimum)
December 15, 2008 – January 9, 2009	Timeframe for LMHA to consider all public comment and revise procurement document
January 10, 2009	Publication of final procurement
February 6, 2009	Due date for procurement responses
February 11, 2009 - February 18, 2009	Review Period
February 23, 2009 – March 20, 2009	Review of Credentialing Applications
March 31, 2009	PNAC Recommendation

April 23, 2009	Final Contracts approved by Board of Trustees
April 27, 2009 – May 15, 2009	Contract Review and Revisions
June 1, 2009	Effective date of contracts

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

The steps listed are “model” steps. You may have additional steps in notifying consumers of external provider choice. These additional steps should be inserted at the appropriate location in the following table.

Steps	Time Frames For Completion
Develop a provider list	May 2009
Verify provider information	May 2009
Develop internal procedures and forms for consumer selection of providers	May 2009
Develop consumer information materials relating to selection of providers	May 2009
Train internal staff on consumer selection procedures	May 2009
Ensure external providers are trained on consumer selection requirements and procedures	May 2009
Implement provider selection procedures for new intakes	May 2009
Implement provider selection procedures for current clients (in conjunction with treatment plan reviews)	May 2009
Develop and implement continuity of care plans for transitioning individual clients to new providers	May 2009
Consumer transition complete	June 2009

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

Service	Time Needed to Re-establish Service Volume
Adult RDM SP1	90 Days
Adult RDM SP2	90 Days
Adult RDM SP3	90 Days
Adult RDM SP4	90 Days
Children RDM SP1.1	90 Days
Children RDM SP1.2	90 Days
Children RDM SP 2.1	90 Days
Children RDM SP 2.2	90 Days
Children RDM SP2.3	90 Days

COMPLETE AND SUBMIT ENTIRE PLAN TO
performance.contracts@dshs.state.tx.us AS REQUIRED.

Appendix 25 TAC §412.758 LMHA Provider Status.

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

- a) The LMHA determines that interested qualified providers are not available to provide services in the LMHA's service area or that no providers met procurement specifications.
- b) The network of external providers does not provide the minimum level of consumer choice. A minimal level of consumer choice is present when consumers and their legally authorized representatives can choose from two or more qualified provider organizations in the LMHA's provider network for service packages and from two or more qualified individual practitioners in the LMHA's provider network for specific services within a service package.
- c) The network of external providers does not provide consumers of the LMHA's service area with access to services that is equivalent to or better than the level of access as of a date to be determined by DSHS. Any LMHA relying on this condition shall submit to DSHS information necessary for DSHS to verify level of access. DSHS will use the latest healthcare access technology available to the agency to measure access.
- d) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each RDM service package as identified in the LMHA's local network development plan.
- e) The LMHA documents that it is necessary for the LMHA to provide certain services specified by the LMHA during the two-year period covered by the LMHA's local network development plan in order to preserve critical infrastructure to ensure continuous provision of services. Under this condition, the LMHA will identify a timeframe for transitioning to an external provider network, during which the LMHA procures an increasing proportion of the service capacity of the external provider network in successive procurement cycles. The LMHA shall give up its role as a service provider at the end of the transition period when the network has multiple external providers if the LMHA determines that external providers are willing and able to provide sufficient added service volume within the timeframe specified by the LMHA in its approved local network development plan, as provided in §412.756(g)(8)(F) of this title (relating to Local Network Development Plan), to compensate for service volume lost should any one of the external provider contracts be terminated.
- f) Existing agreements impose restrictions on the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's local network development plan, or existing circumstances would result in the loss of a substantial source of revenue that supports service delivery during the two-year period covered by the plan. If the LMHA invokes this condition, DSHS may require the LMHA to provide DSHS with a copy of the relevant agreement(s). Examples of such agreements and circumstances include:
 - (1) grants or other sources of funding that require direct service provision by the LMHA and that cannot be amended;
 - (2) buildings or other physical infrastructure that are not reasonably expected to be sold, leased, or otherwise disposed of;
 - (3) tax-exempt government bonds or other long-term financing that place restrictions on the LMHA's ability to meet its financial obligations, either in whole or in part; and
 - (4) leases or contracts that cannot be terminated.