HB 470: A NAMI Texas Analysis

DSHS creates the opportunity to improve the provision of medical services to all clients.

Combining these populations creates the opportunity to:

- Integrate behavioral health and primary care services.
- Decrease the stigma associated with mental health services.
- More effectively treat dual diagnosis, whether substance abuse and mental health or diabetes and mental health issues.
- Identify gaps in the services to persons with medical needs and improve the system.
- Establish partnerships with DSHS programs, local public health departments, and local hospital districts.
- Begin developing solutions to problems identified in the "New Freedom Initiative, Transforming Mental Health Care in America."
- Allow communities to innovate with service delivery and use new models of service delivery like the use of the 16 bed inpatient facility for which additional federal match could be drawn.
- Improve the mental health system for children, by linking current existing programs and resources for children's mental health into a more integrated system that includes schools, juvenile justice systems, CRCGs, and TIFIs.

Local Service Delivery System Reform

- For systemic and lasting reform and improvement of service delivery, existing authority contracts with local community mental health and mental retardation centers must be divided into two separate contracts, with separate systems of care.
- <u>*Aging and Disabled Authorities*</u> *(ADA)* and <u>*Behavioral Health Authorities*</u> *(BHA)* should be developed and contract with their appropriate state agency to provide services more effectively at the local level.
- To the greatest extent possible, administration of BHAs should be shared at the local level to maximize efficiency and decrease administrative costs. Contracting out for administration is also an option for local authorities.

Starting with New Regions

- The first phase of this plan would require the re-design of services into new regions to more accurately facilitate regional planning, support more effective accountability mechanisms, and sharing of local resources.
- These regions should combine communities with similar needs and provide for more effective service delivery and minimal disruption of services currently provided.
- New regions should respect traditional patterns of referral and service delivery as much as possible, facilitating the most effective use of resources.
- HHSC will develop an initial DRAFT new regional structure for the authorities.
- This regional plan will be released for public comment. Every community and interest group will have the opportunity to appeal their inclusion in any region.
- Rules: every county must belong to a region, there will be no single county regions, and only adjacent counties can be within a region.

Establish Governance and Planning

- Once new regions are defined, the chief elected officials (CEO) within each region will convene to establish the governance structure and regional plan for the new BHAs.
- New regional authority boards shall be appointed by the local CEOs and these authorities will have similar responsibilities to current local MHMR authorities.
- A transition plan, that ensures the least disruption of services, shall be developed in partnership with each existing and affected authority within a region for phasing in the new governance structure.
- A fair and objective dispute resolution system shall be developed by the appropriate state contracting agency to mediate disputes which arise through the planning and transition periods.

Who could qualify to be an authority?

No entity which is the authority can also be a service provider.

- Existing community MH/MR authorities.
- County hospital districts.
- City or county governments.
- Area Agencies on Aging.
- Councils of Governments.
- Private providers who transition into authorities.
- New entities created by local chief elected officials.
- State operated authorities.
- Health Science Centers or similar facilities.

Authority Functions

- Access point for the state integrated eligibility system.
- Determining functional and clinical eligibility.
- Comply with contract requirements for accountability and performance.
- Provider network development, maintenance, and local resource development.
- Community capacity building, community awareness and community partnerships.
- Quality assurance and improvement.
- Manage facility utilization.
- Funds management and leverage local funding.
- Local planning and local stakeholder input.
- Ombudsman Services: complaints resolution and client appeals coordination.
- Develop service delivery plans for clients.

Integrated Eligibility System

- HHSC is developing an integrated eligibility system which will standardize the process for eligibility determination across many health and human services programs.
- BHAs will be an access point for the state eligibility system for determining financial eligibility.

- BHAs will continue to perform the clinical interviews necessary to determine eligibility for mental health services.

Local Planning

- An authority shall prepare and develop a plan for its region that defines the priorities and goals of the region as well as directs the development and maintenance of the service provider network.
- The planning process used to develop an authority's service plan will be an objective, broad-based community and participatory process that identifies community values, service needs and service priorities.
- The plan will meet the guidelines identified by the statute and the oversight agency.
- The planning process will guide resource development and allocation and result in the development of local strategies to support state goals and strategies and the identification of action steps to support them.
- To ensure community involvement, the planning process must ensure the effective participation of community stakeholders and interest groups incorporate the diversity of opinion, culture and ethnicity of the local service area and ensure the participation of the regional advisory committee.

BHA Service Coordination

- A BHA should provide assistance in accessing treatment, supports, social, educational, and other appropriate information, services and supports that will assist with identification of the individuals illness, develop a service delivery plan,
    - Service coordination by authorities should include:
        - benefits counseling;
        - assessment;
        - service authorization;
        - service coordination across programs;
        - utilization management;
        - information and referral via 211;
        - discharge planning and coordination; and
        - crisis prevention and management.

Children's Mental Health System

- Children with serious emotional disturbances have unique and special needs. These children enter the state mental health system through various programs and then receive services through various agencies as well.
- In developing the BHA a local community should consider these special circumstances and develop a system of coordination between these multiple programs.
- **BHAs shall develop formal partnerships with and coordinate with existing local resources to develop a system of care which ensures that children receive the most appropriate and effective care**.

- CRCGs are interagency teams comprised of public and private sector service providers and family representatives who develop individual and family service plans that require interagency coordination.
- TIFI is a state pilot project in certain communities which develops comprehensive spectrum of mental health and other services that are coordinated to meet the multiple and changing needs of children and their families.

State Facilities

- The BHA will be the point of contact for requests for institutional and residential services in a state mental health facility in order to manage the entire array of services within their region.

Goals accomplished by local reform.

- Allows for highest participation and control at the local level.
- Allows for healthy competition in order to achieve highest quality and most efficient system of management.
- Separates the authority access system from the provision of services in order to avoid inherent conflicts of interest.
- Streamlines the system of local access to a manageable number of entities.
- Requires a true coordination of service delivery entities to work together to conduct a comprehensive regional planning process for both aging and disability services, and behavioral health services.
- Will continue state oversight, but reduce the state level need to manage and coordinate by allowing local control through the approved local entity.

Q&A Local Service Delivery System Reform:

How will the new plan affect access to services?

The goal is to increase access to services, by ensuring that clients can walk through "any door" and get services, not just the special door designated for them.

How will it impact quality of care?

The goal is to increase quality of care by establishing statewide standards, but allowing local communities to develop their systems to more accurately meet the needs of their population. Additionally, we will take funds from administration and move them to direct services by decreasing the administrative functions with fewer authorities. Finally, having a BHA Board specifically designed to review the needs of these populations, a more effective system can be developed.

What financial resources will be needed to build these authorities?

DSHS will be directed to conduct an analysis and determine what % of current funding is spent on the authority function and what % of rates are expended for providing services, and then will apply that percentage to give to the new authorities.

How does Resiliency and Disease Management (RDM) fit into the picture?

The intent is for it to fit in much the same way as it currently does.

Any provider providing RDM mental health services should have the capability to provide those services and ensure the continuity of care among those services. How will that be assured? What will be the minimum qualifications for the providers of services?

The intent is for the same or similar accountability measures that currently exist, certainly not less accountability but more is intended.

Will a provider be able to contract with multiple authorities?

Yes

Exactly where is the line separating authority and provider functions?

This question will need to be answered more completely through further negotiations. But, the intent is for that line to be drawn somewhere near where it is now.

Is it possible that Community MHMR Centers can contract with the local authorities to provide certain services if they have a track record of providing them extremely well and in a cost effective manner? (Examples would include Medicaid Eligibility Specialists, Assessments, Utilization Management, and for MR Services, Service Coordination.)

YES

How will the formation of new regions affect current funding for direct services?

The intent is to develop a more equitable regional distribution of funding.

Should the regional BHA be required to raise local match?

The current proposal strongly encourages the continuation or increase of local funding.

Will the regional authorities contract with an administrative services organization run by the state or are they run by a behavioral health organization?

The local authority will be able to choose whether to contact with a BHO or other kind of administrative entity or a state operated administrative entity.

How do local health departments fit in the new plan?

A BHA will develop strong partnerships with local health departments whether they are municipal or state regional offices, so that referral between programs is as seamless as possible to ensure that a person with depression and/or diabetes are getting referrals and assistance with both problems.

How does this plan affect financial liabilities of regional authorities?

The intent is for the authorities to maintain their current status as quasi-governmental entities with liability protections. If the local BHA chooses to use a behavioral health organization, the decision about who accepts risk would be negotiated.

What role would the regional authorities have in integrating the physical and behavioral health system?

The intent is for the authority to ensure that strong partnerships exist between both systems and that where feasible and cost effective, funding streams are blended to maximize federal funds and provide more effective services.

What authority functions would the BHA be allowed to contract out for, and would community MHMR centers be eligible to bid for those services?

The intent is for authorities to be able to contract out for any administrative services they find necessary, and yes, the centers would be eligible.

Will there be a portion of funding for BHAs for flexibility in meeting local needs?

Any local funds would maintain any existing flexibility on spending that currently exist. State funds designated for behavioral health services shall go to the BHA.

Will regions bid services through RFPs or just pick administrative providers?

The intent is for each region to use a competitive process.

Will services be funded under a fee for service arrangement?

The initial intent is the payment system to continue as currently funded whether rates paid, lump sums, or otherwise, however, this will be a highly negotiated point as the system develops.

What happens if there is more than one applicant to be the BHA in a region (ex. local hospital district and MHMR center)? Who will choose the local CEOs or HHSC?

The local CEOs will decide based on local needs and resources and using a competitive process for selection.