Executive Summary

Austin Travis County Integral Care (Integral Care) is a mission-driven organization, with deep roots in the community and a strong history of cooperation with the city, county, and other stakeholders in the health and social service sectors. Our top-quality staff is focused on improving the lives of those we serve through innovative practices, leading-edge approaches to behavioral health, and collaboration with other organizations. These qualities are evident in Integral Care’s organizational values: People, Integrity, Excellence, and Leadership. By continuing to focus on these principles, we can advance our goals and achieve our vision of Healthy Living for Everyone.

The rapidly changing health care environment presents the need to innovate and adjust business practices and services in ways that sustain and support our ability to meet the needs of the community and the successful advancement of our mission to improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

Integral Care is planning for a healthy future in order to respond to significant forces internally and externally, including:

- changes in the way modern health care is governed, managed, delivered, and measured
- payment reforms and shifts to managed care within the health care industry
- population growth and other demographic shifts in the region and the state as a whole
- community needs and expectations
- rapid organizational growth, including impacts on resources and staffing

The new health care environment requires organizations to manage population health through improved experiences, lower costs, and better outcomes. This necessitates creating holistic programs and innovative partnerships to address all client needs, from physical conditions, to mental health, to psychosocial risk factors.

We enlisted the Meadows Mental Health Policy Institute (Meadows Institute), a nonpartisan mental health policy research and development firm, to assess organizational capacity and provide recommendations to help us strengthen alliances, innovations, and our business model to support further integration and accountable care.

According to the Meadows Institute,¹ the health system across Texas appears to be moving toward increased support of local systems, driving the associated need for additional capacity to coordinate resources at the local level. Through services and strategic alliances, we seek to be a leader in population health management for Travis County residents with the most severe and complex behavioral health challenges.²

Travis County has seen a dramatic 25% population increase in the past nine years, half of which is made up of low-income individuals. A shortage of providers and an insufficient supply of health services are challenges for the local community. This is coupled with a rapidly rising cost of living and a lack of affordable housing, displacing many of the neediest individuals to outlying areas that lack critical resources and infrastructure.

As the community grows and changes, so does our knowledge of how best to serve individuals with mental illness, substance use disorder, and intellectual and developmental disabilities. New models of care backed by research and experience support the evolution of how we deliver care locally, always striving for the highest standard of care.

¹ The Meadows Mental Health Policy Institute for Texas (2014). Austin Travis County Integral Care Consultation Projects 1, 2 and 3: Development Recommendations for Integrated Care, Accountable Care, and Leadership Succession.
² Ibid.
We are taking steps to meet the standardized criteria for Certified Community Behavioral Health Clinics (CCBHCs), as specified in the Protecting Access to Medicare Act of 2014 (H.R. 4302) as another step towards ensuring high quality care. CCBHCs are “entities designed to serve individuals with serious mental illnesses and substance use disorders that provide intensive, person-centered, multidisciplinary, evidence-based screening, assessment, diagnostics, treatment, prevention, and wellness services.”

The enhanced federal matching funds for services delivered to Medicaid beneficiaries that are made available through the related federal demonstration project “offer states the opportunity to expand access to care and improve the quality of behavioral health services,” according to the Substance Abuse and Mental Health Services Administration (SAMHSA).

The CCBHC criteria are focused on six key areas:

- **Staffing.** These criteria require staff to have diverse skills, applicable licensure and accreditation, and cultural and linguistic competencies appropriate to the population they serve.

- **Availability and accessibility of services.** These criteria require providing access to around-the-clock crisis management services and a sliding scale for payment, and prohibit rejection or limiting of services on the basis of a patient’s ability to pay or place of residence.

- **Care coordination.** These criteria are related to coordinating care across settings and providers, including federally qualified health centers, inpatient psychiatric and detox facilities, inpatient and outpatient hospitals, providers within the U.S. Department of Veterans Affairs, and other community services and supports.

- **Scope of services.** These criteria are related to the provision, either internally or through partnerships, of services including crisis care, screening and diagnosis, patient-centered treatment planning, outpatient mental health and primary care services, targeted case management, psychiatric rehabilitation, peer support, and intensive services for veterans.

- **Quality and other reporting.** These criteria include required reporting of encounter data, clinical outcomes data, and quality data.

- **Organizational authority, governance, and other accreditation.** This clarifies that CCBHCs must conform to at least one of the statutorily established criteria as a local governmental behavioral health authority and/or non-profit entity, among other potential designations.

Through this strategic planning effort for FY2017–2019, we have sharpened our strategic focus to three areas of opportunity that will guide our efforts and promote the well-being of the people we serve. The strategic goals outlined in this plan are ambitious — they will require significant work and commitment across the organization — but we are committed to achieving them, given their importance to the people we serve.

The health care environment and the needs of the community are not static, and this plan should not be a static document. Rather, it is a road map to guide us into the future and may be adapted and adjusted as needed in response to changes in the external and internal environments.

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Foundational Principles

The foundational principles of operational excellence, innovation, and community leadership guided the development of this strategic plan and flow through each of the goals. We recognize that operational excellence is the foundation upon which all other efforts must be based in order to successfully carry out our mission. We seek and employ innovative strategies that improve outcomes for the people we serve. Finally, we are committed to leading efforts to address the needs of people with behavioral health disorders and intellectual and developmental disabilities in our community.

Operational Excellence

Integral Care is facing shifting marketplace pressures that require us to quickly and effectively expand capacity, work with new partners, and meet new and more complex technology requirements — all while continually improving outcomes, business operations, and cost-effectiveness. These are elements of the Institute for Healthcare Improvement’s “Triple Aim” — better experience of care, better health among the individuals receiving care, and reduced costs. A robust, modern, and secure infrastructure is a critical step in achieving any of these goals.

Innovation

In order to succeed and thrive, we must provide innovative services and programs.

Meeting the needs of those Integral Care serves. We are seeing a shift in both the numbers and the needs of people who seek behavioral health and intellectual and developmental disability (IDD) services in the community. To stay current, we must adapt and change models of care toward providing more holistic, evidence-based, population-linked services. A thoughtful response to demographic shifts will keep Integral Care at the forefront of health care reform and ensure continued financial stability.

Fulfilling Integral Care’s mission in the new health care environment. The Affordable Care Act (ACA) has dramatically shifted the health care landscape. Varying payment arrangements and contracting structures, competitive forces, and an increased emphasis on value and outcomes are leading health care providers to change the ways in which care is delivered. By focusing on integrating and innovating services and using modern health information technology to improve care, we will excel in this changing environment.
Community Leadership

**Responding to community needs and expectations.** We must address clear community needs, ranging from issues with homelessness and high levels of incarceration among individuals with mental illness, to reducing health disparities and expanding access to services for individuals with substance use disorders. At the same time, we must ensure that Integral Care is recognized as the local leader in IDD services, behavioral health treatment, and integrated care for individuals with complex psychosocial needs. As such, we must focus on maintaining public trust and increasing community understanding of Integral Care as a strong and collaborative resource.

**Strategic Plan 2017–2019**

In 2013, we developed a new strategic plan to guide policymaking, budgeting, and other initiatives for FY2014 to FY2018. The plan reflected our overarching objective to advance our vision of healthy living for everyone.

The strategic plan was updated in FY2015 in response to the continued expansion of managed care and changes brought about by the ACA. Internal changes driving the process included the expansion of services prompted by the 1115 Medicaid Transformation Waiver and the need to act on opportunities such as the state’s Healthy Communities Collaborative grants.

These prior plans serve as the foundation for the new plan for FY2017–FY2019. We remain committed to our core business and strategies — this new plan is an adjustment and realignment that strengthens our focus on key areas. The plan is designed to be a flexible, adaptable tool that helps us fulfill our mission, meet the needs of residents, and provide community leadership on issues related to behavioral health and intellectual and developmental disabilities. It can be adjusted to respond to changing environmental conditions and priorities, and can be used to help determine the feasibility and advisability of new opportunities. It continues to focus on the values that make Integral Care great — People, Integrity, Excellence, and Leadership — and with which the organization can come closer to our vision of Healthy Living for Everyone.
STRATEGIC GOAL 1

Operational excellence is achieved through strong and responsive systems, staffing, and infrastructure that support current and potential initiatives.

Objective 1.1: Strengthen and invest in process improvements, and improve operational accountability and internal collaboration.

a) Create a change management strategy that coordinates and manages the implementation of the operational improvements of the agency, including the new human resources electronic system (E-3), electronic health records (EHR), aggressive revenue cycle management, and the fee-for-service budget process.
b) Create an agency-wide process and outcome measurement system, with identified accountability measures.
c) Create a “decision matrix” that includes internal performance measures for executive and Board decision making.
d) Evaluate and implement needed operational changes to improve customer service and communication.
e) Incorporate changes required of Certified Community Behavioral Health Clinics (CCBHCs).

Objective 1.2: Invest in and leverage state-of-the-art information technology.

a) Develop and implement a plan to strengthen health informatics functions, including necessary tools and staffing.
b) Research, select, and implement electronic health record.
c) Evaluate the telephone systems and create a plan for improvement.

Objective 1.3: Strengthen systems, tools, training, and compensation in order to recruit and retain world class talent.

a) Improve personnel management through implementation of the new human resources electronic system (E-3).
b) Develop plan to align staff compensation to market rate and create benchmarks for productivity and incentive pay.
c) Enhance and expand support for staff and network provider knowledge and skills.

Objective 1.4: Ensure long-term financial viability

a) Identify barriers and solutions to productivity and create process efficiencies.
b) Develop cost-effective strategies that are compatible with evolving funding models.
c) Demonstrate value added (outcomes) from selected 1115 Waiver services and pursue sustainable funding sources.
d) Expand fundraising capacity to include additional private donors and foundations.
e) Implement organizational efficiencies required of Certified Community Behavioral Health Clinics (CCBHCs).

Objective 1.5: Provide facilities that meet the needs of the changing demographics of the community and potential new clients.

Create an Environment of Care (EOC) plan that:

a) Supports universal design and trauma-informed and therapeutic environments.
b) Identifies current facilities’ needs and potential co-location strategies, and provides recommendations for facility improvements and changes.
c) Guides decisions to buy, build, rent, locate or co-locate.
d) Uses data, including geographic distribution and demographics, to inform EOC decisions.
Objective 2.1: Increase access to services.
   a) Analyze and assess ability to fill gaps within the service array for current target populations in alignment with community needs.
   b) Eliminate the waiting list for behavioral health services.
   c) Expand provider network and network development activities as appropriate to address gaps.
   d) Complete implementation of call center improvements and continually assess effectiveness of call center platform.

Objective 2.2: Make available evidence-based services and promising practices that meet or exceed industry standards.
   a) Ensure the capacity of clinical staff and network providers to employ best practices and evidence-based practice strategies, including person-centered, trauma-informed, and culturally competent care.
   b) Continue working to deepen integrated care practices and integrate behavioral health services into physical health and other settings.
   c) Incorporate Certified Community Behavioral Health Clinic (CCBHC) standards into service models.
   d) Increase staff and provider diversity in line with CLAS and CCBHC standards.

Objective 2.3: Determine feasibility and sustainability of expansion to other service populations and/or provider services.
   a) Assess the potential market need for expansion to other service populations and/or provider services.
   b) Analyze Integral Care’s ability and capacity to expand to other service populations and provide additional services.
   c) Evaluate competitive forces in current and prospective populations, including potential competition with current partners.
   d) Create implementation plan based on expansion recommendations, which may include risk-sharing arrangements, authority services, and/or value-based payments.

Objective 2.4: Leverage collaborations to improve health outcomes.
   a) Analyze the ability and capacity to build on existing and develop new partnerships, to include law enforcement and criminal justice systems, first responders, schools, Dell Medical School, and housing providers.
   b) Develop an agreement with Dell Medical School to create training opportunities in community-based behavioral health settings.

Objective 2.5: Assure an innovative and evidence-based array of services that will support individuals with intellectual and developmental disabilities (IDD) to live in the community.
   a) Assess and clearly define Integral Care’s authority and provider responsibilities and functions for IDD population.
   b) Work with the community to ensure sufficient community-based services to support individuals with IDD to live in the community, including those transitioning from institutional living.
Objective 3.1: Plan for the current and future needs of the community.

a) Understand the behavioral health and IDD needs of the Travis County community through analysis and collaboration with community planning initiatives.
b) Coordinate program and authority planning efforts to match service development activities with identified community needs.
c) Continue to convene Children’s Mental Health Plan stakeholders to expand access to care and improve systems that serve children.
d) Collaborate with stakeholders to expand access to substance use disorder services in alignment with the Substance Use Disorder Plan.
e) Participate in community-based planning efforts that support individuals with IDD.

Objective 3.2: Raise awareness, decrease stigma, and support access across the community.

a) Raise Integral Care’s profile in the community among consumers, families, key stakeholders, and the general public through the implementation of a communications plan including targeted media efforts, a social media initiative, and training for staff and board.
b) Reduce stigma and raise awareness through effective communications, community engagement, and partnerships.
c) Provide training that meets community needs.
d) Implement an effective community engagement plan that includes a broader array of sectors and partnerships.

Objective 3.3: Build support for Integral Care’s mission and key initiatives.

a) Develop and produce effective events and communications on the role and value of Integral Care.
b) Cultivate new partners and build on existing partnerships around areas of shared interest and action.
c) Identify and cultivate relationships with potential donors.
d) Develop and implement an engagement and education plan for policymakers.
e) Participate in and provide leadership for local, state, and national collaborations and initiatives.
f) Cultivate and train our internal advocates, including Board members.