

# **Expanding Capacity and Increasing Efficiency in Substance Use Disorder Services**

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**As Required by**

**2020-2021 General Appropriations Act,  
House Bill 1, 86th Legislature, Regular  
Session, 2019 (Article II, Health and  
Human Services Commission, Rider 67)**

**Health and Human Services**

**Commission**

**December 2020**



**TEXAS**  
Health and Human  
Services

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## Executive Summary

The report on *Expanding Capacity and Increasing Efficiency in Substance Use Disorder (SUD) Services* is submitted in compliance with the 2020-21 General Appropriations Act, House Bill (H.B.) 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 67). Rider 67 requires the Health and Human Services Commission (HHSC), not later than December 1, 2020, to submit a report detailing a proposal to improve the efficiency of administering substance use services and to expand the capacity of substance use prevention, intervention, treatment, and recovery support services.<sup>1</sup>

HHSC began Rider 67 activities by soliciting information from advisory bodies such as the Behavioral Health Advisory Committee (BHAC) and the Statewide Behavioral Health Coordinating Council (SBHCC). Single State Authority representatives from other states and other state agencies in Texas were also consulted. Key stakeholders, including trade organizations, advocacy groups, and substance use service providers, were surveyed to collect data specific to the core requirements outlined in the rider: expanding capacity, building efficiencies, and leveraging best practices. The surveys identified both challenges with the existing processes, and with the infrastructure of the substance use delivery system in Texas, and potential opportunities to address those challenges. HHSC continues to implement process improvements with the potential to positively impact the substance use service delivery system in Texas.

While the survey results and anecdotal feedback from the community conversations appeared to indicate a preference among providers and stakeholders for maintaining the current practice of primarily contracting directly with substance use service providers, providers also noted the importance of HHSC engaging in process improvement strategies, as well optimizing local delivery systems.

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<sup>1</sup> For purposes of this report, substance use services include only those services funded under Strategy D.2.4 through general revenue or the Substance Abuse Prevention and Treatment Block Grant (SABG) administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). This report does not address substance use services provided as a Medicaid benefit.

# 1. Background

Rider 67 requires HHSC to submit a proposal to improve the efficiency of administering substance use services and expand the state-funded capacity of those services. Additionally, Rider 67 directs HHSC to take certain actions when preparing the report, including to consult with current substance use service providers, relevant trade organizations, human service agencies in other states, the BHAC, and the SBHCC. Rider 67 also requires HHSC to consider best practices in substance use services when drafting the report, and for the proposal contained in the report, seek to streamline financial and contracting functions related to substance use services administered by HHSC. Lastly, the rider specifies that the proposal should address contracting and financial efficiencies for services provided under Strategy D.2.4, the strategy which funds most state-funded substance use and misuse prevention services, substance use intervention services, substance use disorder treatment services, and recovery support services.

Although Rider 67 specifically references treatment services, the full array of state-funded substance use services is primarily funded under 2020-21 General Appropriations Act, Strategy D.2.4. The service array funded under this strategy includes substance use prevention, intervention, treatment, and recovery support services.

Currently, HHSC awards the majority of substance use service contracts directly to substance use service providers through a procurement process. This system of contracting directly with substance use service providers has been in place since before the 2003 Texas Health and Human Services' transformation of the Texas Commission on Alcohol and Drug Abuse to the Department of State Health Services (DSHS) and has remained the contracting approach through the subsequent 2017 transformation of substance use services from DSHS to HHSC.<sup>2</sup>

To create a rich data set of stakeholder feedback for this report, HHSC distributed surveys, presented and solicited feedback to stakeholder advisory groups, and hosted a series of community conversations.

A quantitative survey was administered to 451 substance use service providers, regardless of whether the organizations contract with HHSC for the provision of substance use services, to identify opportunities to increase administrative efficiency and increase the capacity of state-funded substance use services in Texas. The 451 organizations include all chemical dependency treatment providers licensed in Texas, faith-based substance use treatment providers, narcotic

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<sup>2</sup> H.B. 2292, 78th Legislature, Regular Session, 2003; S. B. 200, 84th Legislature, Regular Session 2017.

treatment programs, substance use and misuse prevention providers, substance use intervention service providers, and recovery support providers. Of the 451 surveys administered, 176 organizations responded to the survey which provided a survey response rate of 39.1 percent. In June and July 2020, HHSC hosted 11 regional community conversations to share survey results and to obtain additional stakeholder feedback. HHSC also hosted one statewide, all-regions community conversation, as well as two targeted community conversations for representatives of the BHAC, SBHCC, National Alliance on Mental Illness, the Hogg Foundation for Mental Health, Association of Substance Abuse Programs, the Texas Council of Community Centers, and other stakeholders who represent the interests of mental health and substance use professionals and individuals receiving mental health and substance use services.

Overall, stakeholder feedback indicated a preference for maintaining existing contracting arrangements with HHSC. Stakeholders also recommended that HHSC continue to streamline business practices at HHSC. Finally, providers emphasized the importance of maintaining existing funding to ensure continued access to care, particularly given the challenges brought about by COVID-19 and the future service delivery implications of the pandemic.

## 2. Approaches to Substance Use Service Administration Used by Texas and Other States

HHSC representatives requested the National Association of State Alcohol and Drug Abuse Directors (NASADAD) poll certain member states regarding contracting and financial practices used in the administration of substance use services. Results from the NASADAD poll show that states primarily employ two different models of contracting for the provision of substance use services including direct contracting and subcontracting services. While unique arrangements such as local behavioral health authorities (LBHAs)<sup>3</sup> exist within the structure of the substance use delivery system in certain regions of Texas, HHSC primarily contracts directly with substance use service providers.

The four most populous states – California, Texas, Florida, and New York – all employ slightly different methods for managing and distributing state funds and Substance Abuse Block Grant (SABG) funds received from the federal Substance Abuse and Mental Health Administration (SAMHSA).

- **California:** The California Department of Health Care Services distributes state and SABG funds to each county providing substance use services for county residents, including prevention and treatment services. Counties may provide substance use services directly or may subcontract with local providers to provide substance use services.<sup>4</sup>
- **Florida:** The Office of Substance Use and Mental Health within the Florida Department of Children and Families uses SABG funds to contract with seven managing entities for the administration of regional behavioral health systems of care. Managing entities then subcontract with providers for the provision of substance use services within each region.<sup>5</sup>
- **New York:** The Office of Addiction Services and Supports contracts both directly with substance use providers for the provision of substance use services and with local governmental entities who then subcontract with substance use providers for the provision of substance use services.<sup>6</sup>

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<sup>3</sup> There are two Local Behavioral Health Authorities (LBHAs) in Texas. LifePath Systems serves Collin County; and North Texas Behavioral Health Authority (NTBHA) served Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties. The LBHAs contract with HHSC for the provision of both mental health and substance use services in their local service areas. Both LBHAs are in Region 3.

<sup>4</sup> [https://www.dhcs.ca.gov/formsandpubs/publications/Documents/SNAP\\_2017\\_Report\\_FINAL.pdf](https://www.dhcs.ca.gov/formsandpubs/publications/Documents/SNAP_2017_Report_FINAL.pdf)

<sup>5</sup> [https://www.myflfamilies.com/service-programs/samh/publications/docs/FY%202020-2021%20Block%20Grant%20Application%20\(For%20Public%20Comment\).pdf](https://www.myflfamilies.com/service-programs/samh/publications/docs/FY%202020-2021%20Block%20Grant%20Application%20(For%20Public%20Comment).pdf)

<sup>6</sup> <https://oasas.ny.gov/procurement>; <https://oig.hhs.gov/oas/reports/region2/21702009.pdf>.

- **Texas:** HHSC primarily contracts directly with substance use providers for the provision of substance use services across the state. Some substance use providers with whom HHSC contracts are local governmental entities, such as local mental health authorities (LMHAs). Texas also contracts with two LBHAs who subcontract with substance use services providers for the provision of substance use services within the LBHAs' service areas. In fiscal year 2020, for substance use disorder treatment services, HHSC had 220 contracts with 80 providers.<sup>7</sup>

States with a public benefit and public insurance infrastructure similar to Texas also employ a variety of contracting structures through which they administer substance use services in their respective states.

- **Missouri:** The Missouri Department of Health, Division of Behavioral Health, oversees a "core system" of publicly funded substance use service providers with whom the state directly contracts.<sup>8</sup>
- **North Dakota:** North Dakota's Department of Human Services contracts directly with substance use service providers for the provision of prevention and treatment services in North Dakota.<sup>9</sup>
- **Florida:** As noted above, Florida administers substance use services through contracts with managing entities who subcontract.
- **North Carolina:** North Carolina's Division of Mental Health, Developmental Disabilities and Substance Abuse Services within the North Carolina Department of Health and Human Services contracts with seven managed care organizations (MCOs) for management of publicly funded behavioral health services in North Carolina. Those MCOs subcontract for the provision of prevention, treatment, and recovery services in each of the MCOs' service areas for both Medicaid and block grant eligible clients.<sup>10</sup>

For specific details concerning each of the above states' contracting and financial practices, see Appendix A, NASADAD's Single State Agency (SSA) Contracting Summary.

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<sup>7</sup> LMHAs may hold a contract as a substance use service provider. LBHAs may hold contracts both as substance use providers and in their capacity as authority. Specialized services for target populations, such as individuals diagnosed with an opioid use disorder, may be provided through contracting structures or arrangements other than direct service contracts or contracts with LMHAs or LBHAs.

<sup>8</sup> <https://dmh.mo.gov/alcohol-drug/help>

<sup>9</sup> <https://www.nd.gov/dhs/services/mentalhealth/ndmhpc/mhbq.html>

<sup>10</sup> <https://www.ncdhhs.gov/divisions/mhddsas/sabq>

### **3. Opportunities to Improve the Efficiency and Increase the Capacity for Substance Use Services in Texas**

Stakeholders identified both challenges with, and opportunities for improvements in the efficiency of the administration of substance use services in Texas and the capacity of state-funded substance use services.

Substance use service providers identified challenges they have experienced with HHSC regarding substance use disorder related services, as shown in Figure 1.

- Providers identified continuity within HHSC's workforce as the challenge most frequently experienced by substance use service providers, with 52 percent of survey responses identifying staff turnover as a challenge.
- Three of the top six challenges identified by respondents related to communication challenges experienced by providers.
- Roughly 51 percent of survey responses indicated the length of HHSC's contracting process is a challenge for providers.
- Approximately 48 percent of providers identified low reimbursement rates as a challenge.<sup>11</sup>

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<sup>11</sup> Survey responses regarding payment rates were received before the fiscal year 2021 payment rate increases became effective.



**Figure 1. Challenges Identified by Providers**

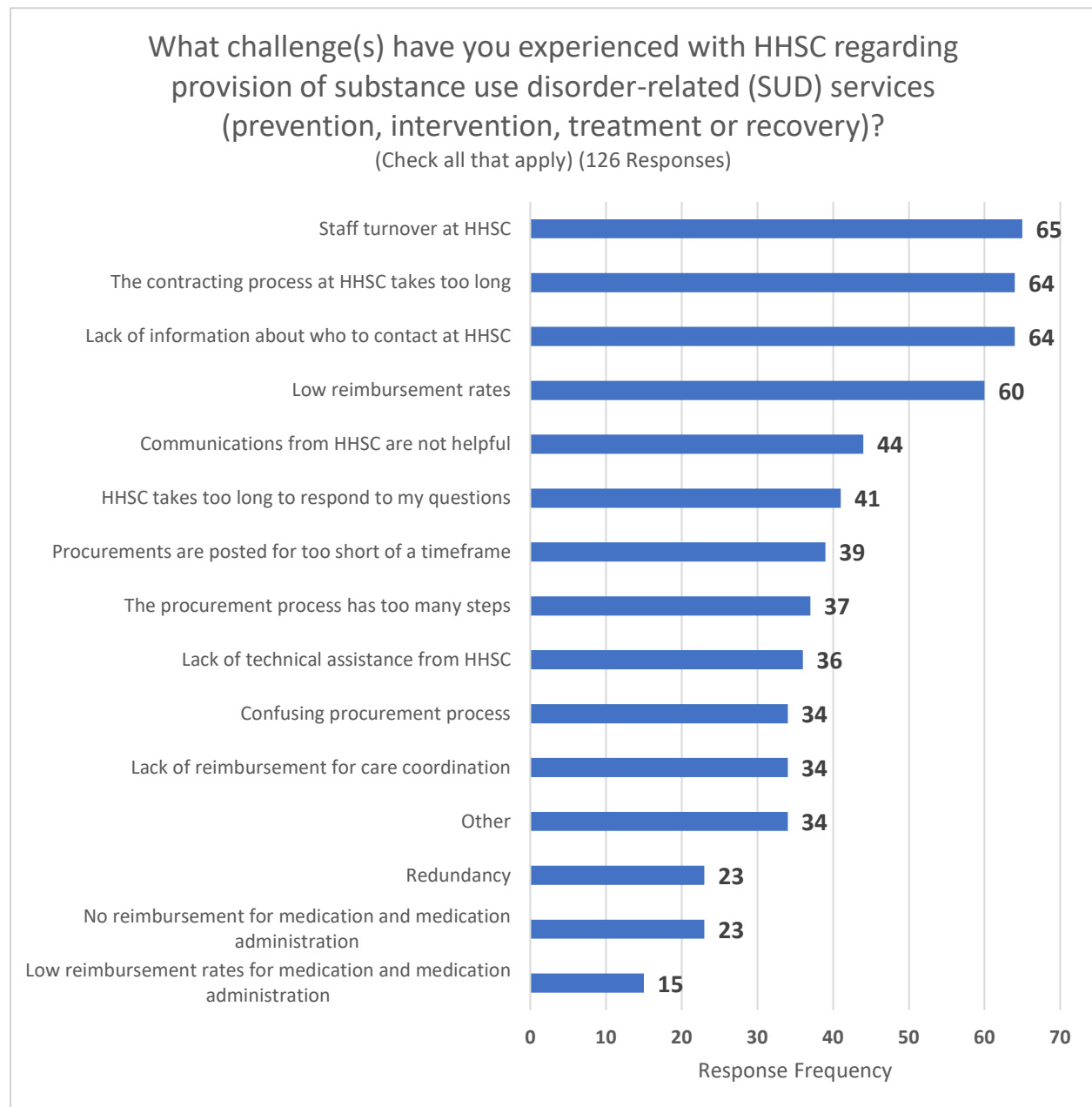


Figure 2 shows which structures substance use service providers identified as the most efficient ways to administer state-funded SUD related services.

- Approximately 58 percent of survey responses indicated maintaining or improving the current system of direct contracts is the most efficient method to administer substance use services in Texas.
- Twenty-eight percent of survey responses indicated that a fiscal agent or pass-through entity would be the most efficient system structure through which to administer substance use services in Texas.
- Approximately 14 percent of survey responses indicated that a contracting structure other than one of the suggested structures would be the most efficient system structure through which to administer substance use services in Texas.

**Figure 2. Most Efficient Contracting Structure**

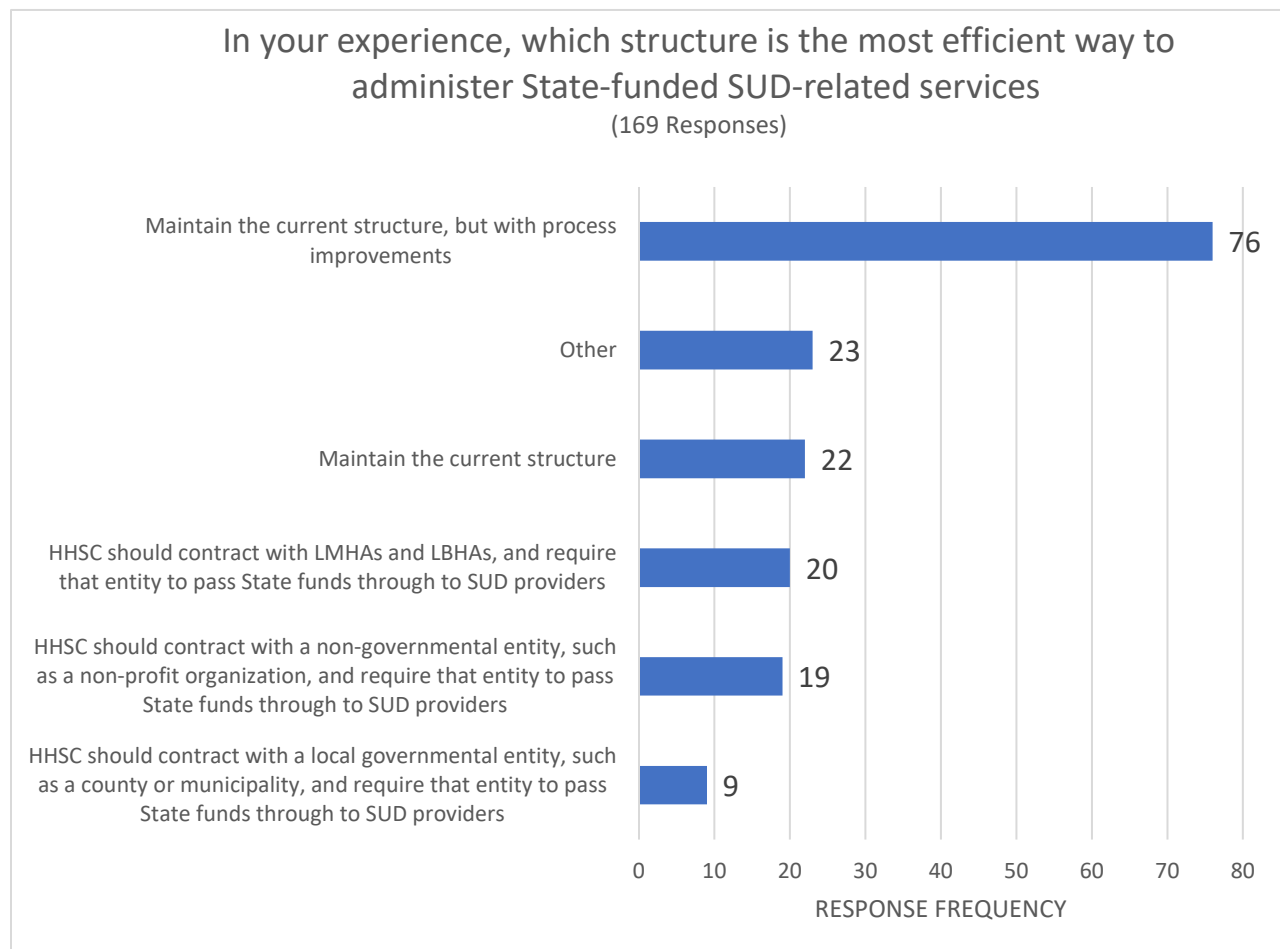


Figure 3 identifies changes in the current HHSC business practices.

- Approximately 66 percent of survey responses indicated that higher reimbursement rates would increase providers' commitment of resources to HHSC.
- Approximately 38 percent of survey responses indicated that reimbursement for care coordination would increase providers' commitment of resources to HHSC.
- Roughly 49 percent of survey responses indicated that expedient contract execution would increase providers' commitment of resources to HHSC.
- Approximately 49 percent of survey responses indicated that a simplified procurement process would be likely to increase the state-funded capacity.
- Forty-two percent of survey responses also indicated that clearer communications from HHSC would positively impact providers' commitment of resources to HHSC.

**Figure 3. Features Influencing Resource Commitment to HHSC SUD Services**

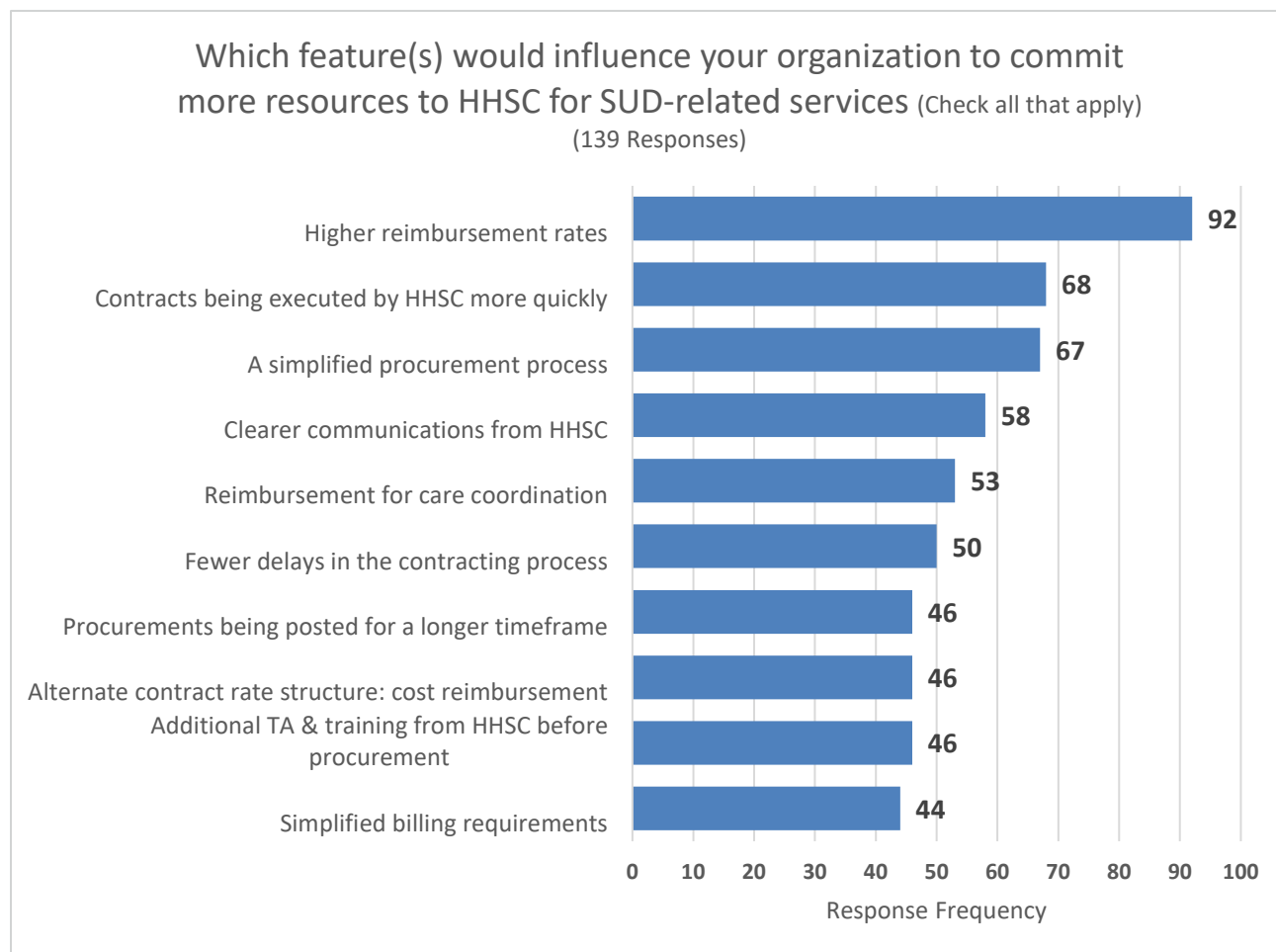
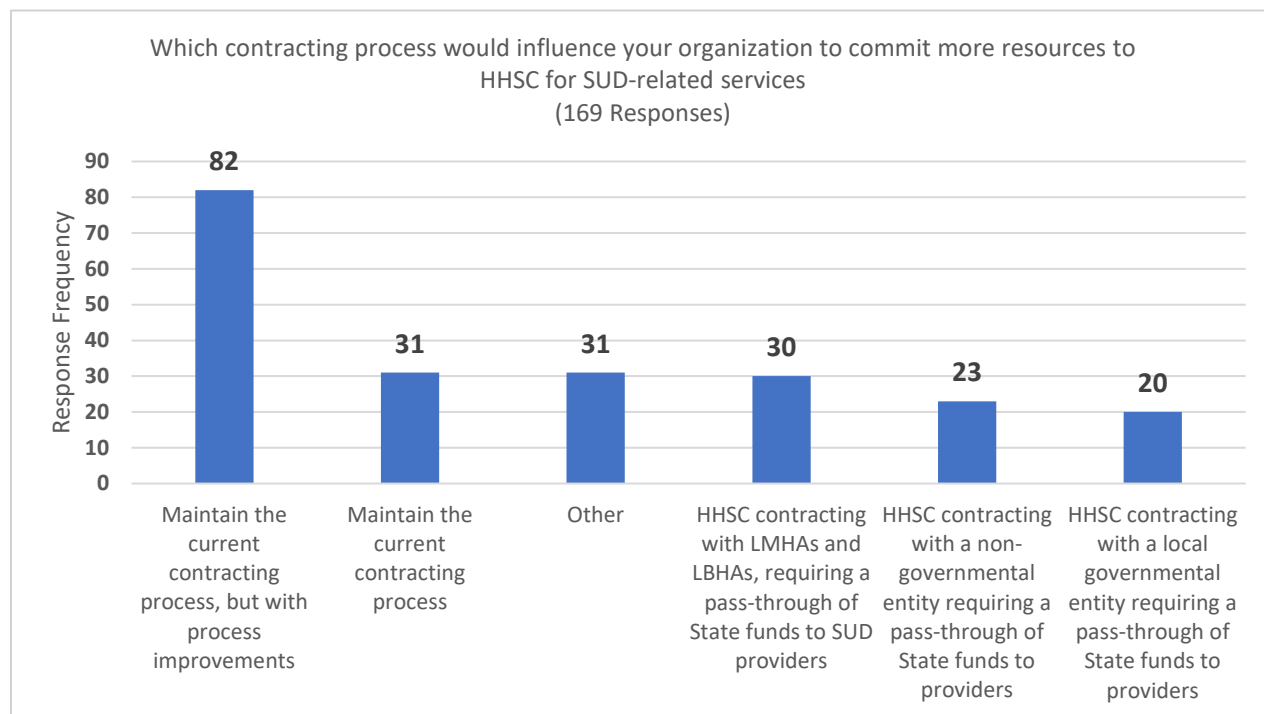


Figure 4 identifies the contracting processes that substance use service providers said would influence their organization to commit more resources to HHSC for SUD related services.

- Approximately 52 percent of survey responses indicated that maintaining or improving the current system of direct contracts with substance use providers is the contracting structure most likely to encourage providers to commit the largest service capacity to HHSC.
- Approximately 34 percent of survey responses indicated that a fiscal agent or pass through entity is the contracting structure most likely to encourage providers to expand capacity to HHSC.
- Roughly 14 percent of survey responses indicated that substance use service providers identify an alternate contracting structure as the contracting structure most likely to encourage providers to expand service capacity to HHSC.

**Figure 4. Contracting Process Influencing Resource Commitment to HHSC SUD Services**



## 4. Other Considerations

While survey data indicates a preference toward the existing delivery model, both the survey data and qualitative feedback received during the community conversations highlighted the need to develop and enhance collaborations at the local and regional levels. Local and regional collaboration was identified as critical to impacting local systems of care.

Payment rates were not a focal point of many of the community conversation discussions survey data. However, when discussing capacity, providers indicated that current payment rates do not support capital and staff investments necessary to expand service capacity. Payment rate related limitations placed on capacity may contribute to waitlists for services.

Substance use services have also been impacted by the COVID-19 pandemic and was the opening discussion point for many of the community conversations. The pandemic has further emphasized the need to identify additional strategies to enhance the delivery of substance use services in Texas. For example, while many providers have adjusted to the immediate restructuring of service provision by shifting to telehealth and telephonic service options, community conversation participants expressed concern regarding the long-term impact of the pandemic on local service delivery systems and how changes to the service delivery system should be contemplated within the context of the long-term impacts of the pandemic. Providers also identified unexpected positive impacts of the pandemic on local service delivery, such as the ability to reach more clients, cost savings in travel, and increased engagement in services because of the shift to telehealth and telephonic services. Community conversation participants also identified pandemic related workforce challenges, as staff are reluctant to return to an in-person work environment for fear of being exposed to the virus.

## 5. Current Process Improvement Actions

HHSC business units, both as part of routine business process improvements and in response to stakeholder feedback, have instituted changes in processes and practices. The following improvements include:

- HHSC instituted the use of standardized contract templates for large groups of substantially similar contracts to streamline and shorten contract execution timelines.
- All substance use contracts now contain language to allow for budget variance to process as administrative actions, instead of contract actions. Following this change, the time between receipt and completion of budget variance requests has been reduced by as much as 75 percent.
- HHSC is planning various enhancements in Clinical Management for Behavioral Health Services (CMBHS) and Behavioral Health Services Management System (BHSMS), the software systems used by the agency to document client services and process payments. CMBHS and BHSMS enhancements include consolidating multiple contracts with the same substance use services provider into a master contract.
- A system of master contracts was repeatedly endorsed by stakeholders during the Rider 67 community conversations as a mechanism that could reduce provider administrative burdens. Implementation of this strategy is underway but requires further exploration and development.<sup>12</sup>
- HHSC implemented a variety of strategies to address communication challenges noted during the community conversations, including increasing technical assistance opportunities for providers with both program and contract specialist staff.

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<sup>12</sup> Application efficiencies may not be immediately apparent, as timelines of procurement cycles and implemented application efficiencies may take multiple years to align.

## 6. Proposed Future Actions

Through the survey results, community conversations and discussions with agency partners outlined previously in the report, HHSC identified opportunities for continued improvement to enhance efficiencies and expand capacity in substance use services. In consultation with the Legislature and external stakeholders, HHSC proposes the following actions for consideration:

- HHSC will continue to collaborate with stakeholders to identify short-term or immediate strategies to enhance the substance use delivery system.
  - ▶ Short-term strategies should consider the benefits of the existing structure to continue to streamline administrative and contracting functions at HHSC. This includes exploring best practice approaches to mitigating actual and perceived barriers to timely execution of contracts.
- HHSC will further examine models of substance use delivery systems used in other states to assess potential benefits and returns on investment for the state.
- HHSC will explore enhanced technology and data solutions to address administrative challenges identified by substance use service providers during the community conversations, including:
  - ▶ Unnecessary entry of the same data into different data systems;
  - ▶ Lack of coordination between state and local data systems and electronic health records; and
  - ▶ Need for the integration of mental health and substance use data systems to optimize continuity of care for clients.
- HHSC will continue to explore opportunities to streamline the procurement process, taking into consideration strategies considered best practices in state grant administration.
  - ▶ HHSC may explore the feasibility of alternative models that minimize disruptions in existing systems of care while also creating opportunities to bring new providers into the system.

## 7. Conclusion

The Texas business practice of contracting directly with substance use service providers is a legacy of the contracting practices of HHSC's predecessor agencies and a current practice utilized by other states' SSAs. While the survey results and anecdotal feedback from the community conversations appeared to indicate a preference among providers and stakeholders for maintaining the current practice of primarily contracting directly with substance use service providers, providers also noted the importance of HHSC engaging in process improvement strategies, as well as optimizing local delivery systems.

Opportunities identified for ongoing improvement were enhanced communication; continued streamlining of business operations, including the master contract concept; addressing functionality in data collection related to electronic health records and payment systems; and the importance of effective local collaboration and planning in building an efficient system of care. All of these factors are identified as strategies to improve efficiency in the administration of substance use disorder services in this state and expand the capacity for state-funded substance use services in Texas.

HHSC will continue to collaborate with stakeholders to identify short-term or immediate strategies to enhance the substance use delivery system. HHSC will also examine models of substance use delivery systems used in other states to assess potential benefits and returns on investment for the state. Additionally, HHSC will explore enhanced technology and data solutions to address administrative challenges identified by substance use service providers. HHSC will continue to implement process improvements with the potential to positively impact the substance use service delivery system in Texas.



## **List of Acronyms**

Acronym	Full Name
BHAC	Behavioral Health Advisory Committee
CMBHS	Clinical Management for Behavioral Health Services
DCF	Florida Department of Children and Families
DSHS	Department of State Health Services
H. B.	House Bill
HHSC	Health and Human Services Commission
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MCO	Managed Care Organizations
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NC	North Carolina
SABG	Substance Abuse Block Grant
SAMH	Florida Substance Abuse and Mental Health Services
SAMHSA	Substance Abuse and Mental Health Administration
SBHCC	Statewide Behavioral Health Coordinating Council
SSA	Single State Agency
SUD	Substance Use Disorder

## Appendix A. **NASADAD's Single State Agency (SSA) Contracting Summary**

### **NASADAD Request 277. Procurement and Contracting Processes**

Dear Treatment Coordinators,

Please see below a request from our colleagues in Texas. Please send all your responses (and follow-up questions) to [Kristin.Davis08@hhsc.state.tx.us](mailto:Kristin.Davis08@hhsc.state.tx.us); [Tina.Hosaka@hhsc.state.tx.us](mailto:Tina.Hosaka@hhsc.state.tx.us); [afrandsen@nasadad.org](mailto:afrandsen@nasadad.org) and they would appreciate a response by January 29.

The State of Texas would like information on other states' procurement and contracting processes for treatment services. Recent legislation in the state requires they present a proposal to improve the efficiency of their current processes and expand capacity of services. Currently, Texas releases a request for application every five years to procure their services. This process is lengthy and labor intensive. They would like to know the following:

1. How does your state procure treatment services?
  - a. Maintains a core system of treatment providers based on standards and performance and competitively procures new services
  - b. Rebids the provider system periodically
  - c. Other
2. If the treatment provider system is competitively rebid, at what frequency does this occur?
3. How does your state contract with providers for treatment services?
  - a. Directly with the service provider
  - b. Through a fiduciary agency
  - c. Other
4. Can you provide a flow chart and a description of your procurement and contracting processes?
5. Have you recently improved your procurement and/or contracting processes?
  - a. If so, please provide a description of the improvements that you made.
6. Please provide a name and contact information for your state's procurement and contracting staff that Texas can contact?

## Procurement and Contracting Processes Summary

### Florida

1. How does your state procure treatment services?

With some minor exceptions, community substance abuse and mental health (SAMH) services are overseen through Managing Entity contracts. Managing Entity functions as an administrative service organization responsible for planning, implementation, monitoring, and financial oversight of a system of subcontracted direct service providers. The Department of Children and Families (DCF) (department where the SSA resides) is required to conduct solicitations using an Invitation to Negotiate Process.

[http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0200-0299/0287/Sections/0287.057.html](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0200-0299/0287/Sections/0287.057.html)

Managing Entities are statutorily not required to competitively procure subcontracts, "... but shall publicize opportunities to join the provider network and evaluate providers in the network to determine if they may remain in the network. The managing entity shall publish these processes on its website." S. 394.9082(5)(i), F.S.

2. If the treatment provider system is competitively rebid, at what frequency does this occur?

Managing Entities each adopt their own procurement procedures, made available on their websites. Links to each Managing Entity websites are on this DCF page:

<https://www.myflfamilies.com/serviceprograms/samh/managing-entities/>. Click on each Managing Entity name to view their page.

3. How does your state contract with providers for treatment services?

See response to #1. As noted, Managing Entity responsibilities are broader than fiduciary agency.

4. Can you provide a flow chart and a description of your procurement and contracting processes?

The attached excerpt from the DCF Contracting Playbook describes the Invitation to Negotiate process and the protest resolution process which may or may not apply. Prior to this process, Executive staff must formally approve a Contracting Plan. The length of the entire process (from contracting plan to issuing a Notice of Award) varies depending on the procurement amount. All Managing Entity procurements occur at the highest threshold, requiring Secretary and Executive Office of the Governor approvals at multiple steps, and is generally expected to take a year, at minimum, before final contract negotiation, writing and execution reviews might occur.

However, in planning Managing Entity procurements, DCF must also take into account special procurement language in s. 394.9082, F.S. Under some circumstances, a second

solicitation process may be necessary. In all circumstances, readiness assessments and transition planning must occur before a new contract can be executed.

For practical purposes, we advise leadership to initiate procurement planning 2.5 years ahead of a planned expiration.

5. Have you recently improved your procurement and/or contracting processes?

DCF's Office of Contracted Client Services manages the agency processes and is currently reviewing all aspects of state purchasing. It is assumed the results of the analysis will impact SAMH contracting.

#### [Procurement Playbook](#)

6. Please provide a name and contact information for your state's procurement and contracting staff that Texas can contact.

Jimmers Micallef, Chief, SAMH Contracts

O: 850-717-4294

M: 850-228-5144

[jimmers.micallef@myflfamilies.com](mailto:jimmers.micallef@myflfamilies.com)

### **Missouri**

1. How does your state procure treatment services?

Maintains a core system of treatment providers based on standards and performance and competitively procures new services.

2. How does your state contract with providers for treatment services?

Directly with the service provider.

3. Please provide a name and contact information for your state's procurement and contracting staff that Texas can contact.

Cindy Kliethermes

Cindy.Kliethermes@dmh.mo.gov

### **North Carolina**

1. How does your state procure treatment services?

North Carolina (NC) contracts with seven managed care organizations (MCO) that function as our intermediaries for the management of public behavioral health funds. These 7 MCOs are responsible for all 100 counties in NC, each has its own service or catchment area. We provide funds to the MCOs (they also manage Medicaid dollars) and they contract with providers for the delivery of prevention, treatment, and recovery services. Statutorily we contract with these MCOs, as opposed to establishing direct

provider contracts. The SSA does have some direct contracts, but more typically for things like training, workforce development, Technical Assistance, as well as contracts for a few recovery community organizations, Oxford House and occasionally some pilot programs. We capture a lot of our data through claims processing, which is submitted by the MCOs, so it's rare that we contract directly because we lose that data.

2. If the treatment provider system is competitively rebid, at what frequency does this occur?

Providers must be credentialed by the MCO and go through a contracting process with them, but I don't believe it is a competitive process. They operate on a closed network now, so unless a gap is identified, new providers are not routinely added.

3. How does your state contract with providers for treatment services?

See above – the MCOs are more than fiduciary agencies. They all provide 24/7/365 screening, triage and referral, Utilization Management, Quality Assurance, community and provider network development, etc., as well as care coordination for some specific populations.

4. Have you recently improved your procurement and/or contracting processes?

No.

## **North Dakota**

1. How does your state procure treatment services?

Maintains a core system of treatment providers based on standards and performance and competitively procures new services

2. How does your state contract with providers for treatment services?

Directly with the service provider

3. Can you provide a flow chart and a description of your procurement and contracting processes?

[Contract Guidance, Scope of Work](#)

[Contract Process Flow Chart](#)

4. Have you recently improved your procurement and/or contracting processes?

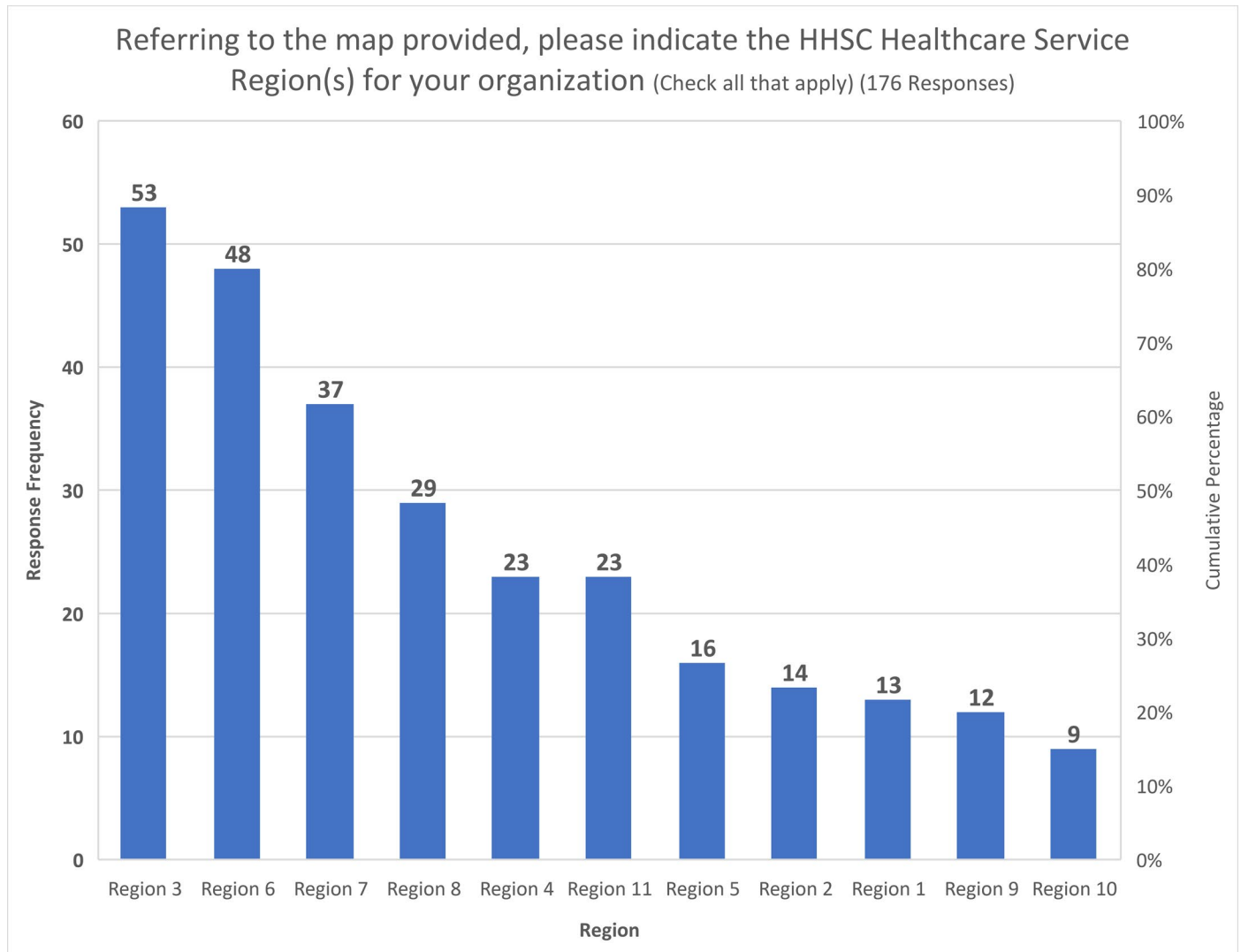
No.

5. Please provide a name and contact information for your state's procurement and contracting staff that Texas can contact.

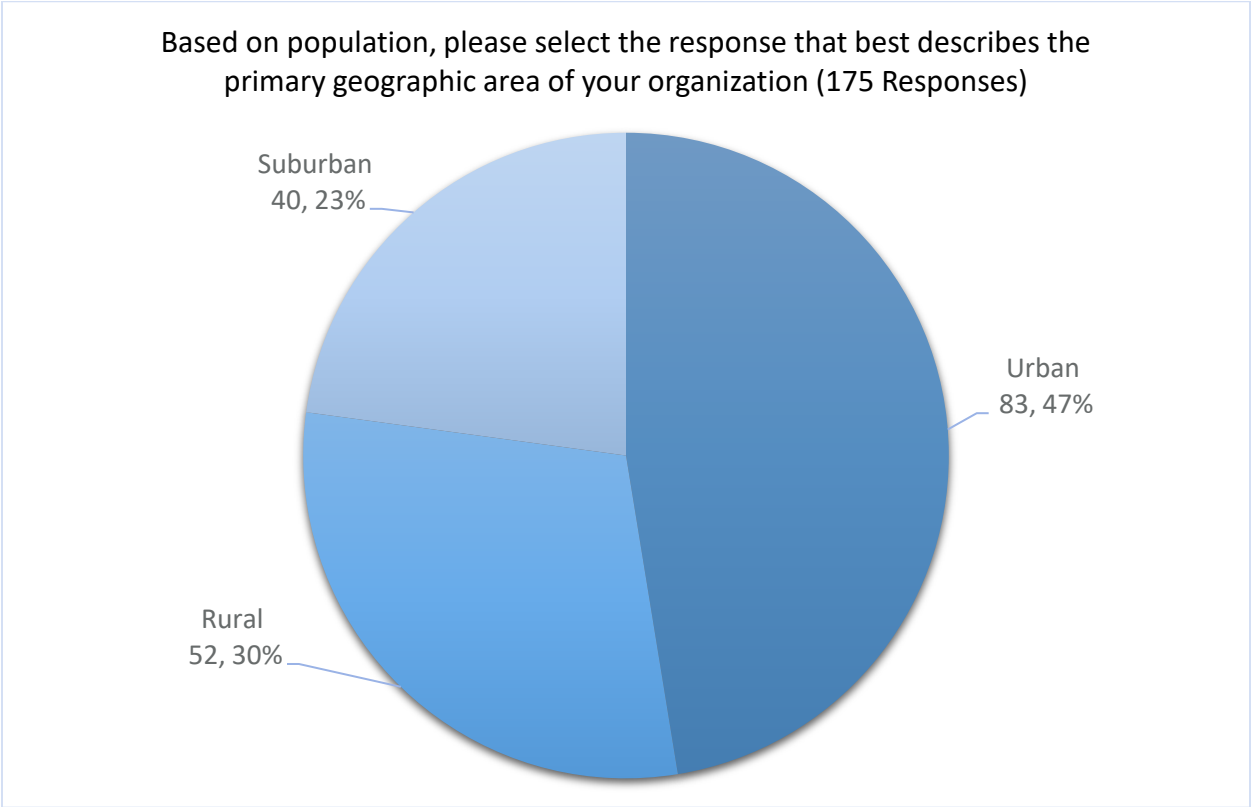
Lacresha Graham 701-328-8922 or [lgraham@nd.gov](mailto:lgraham@nd.gov)

## Appendix B. Statewide Summary of Quantitative Survey of External HHSC Stakeholders

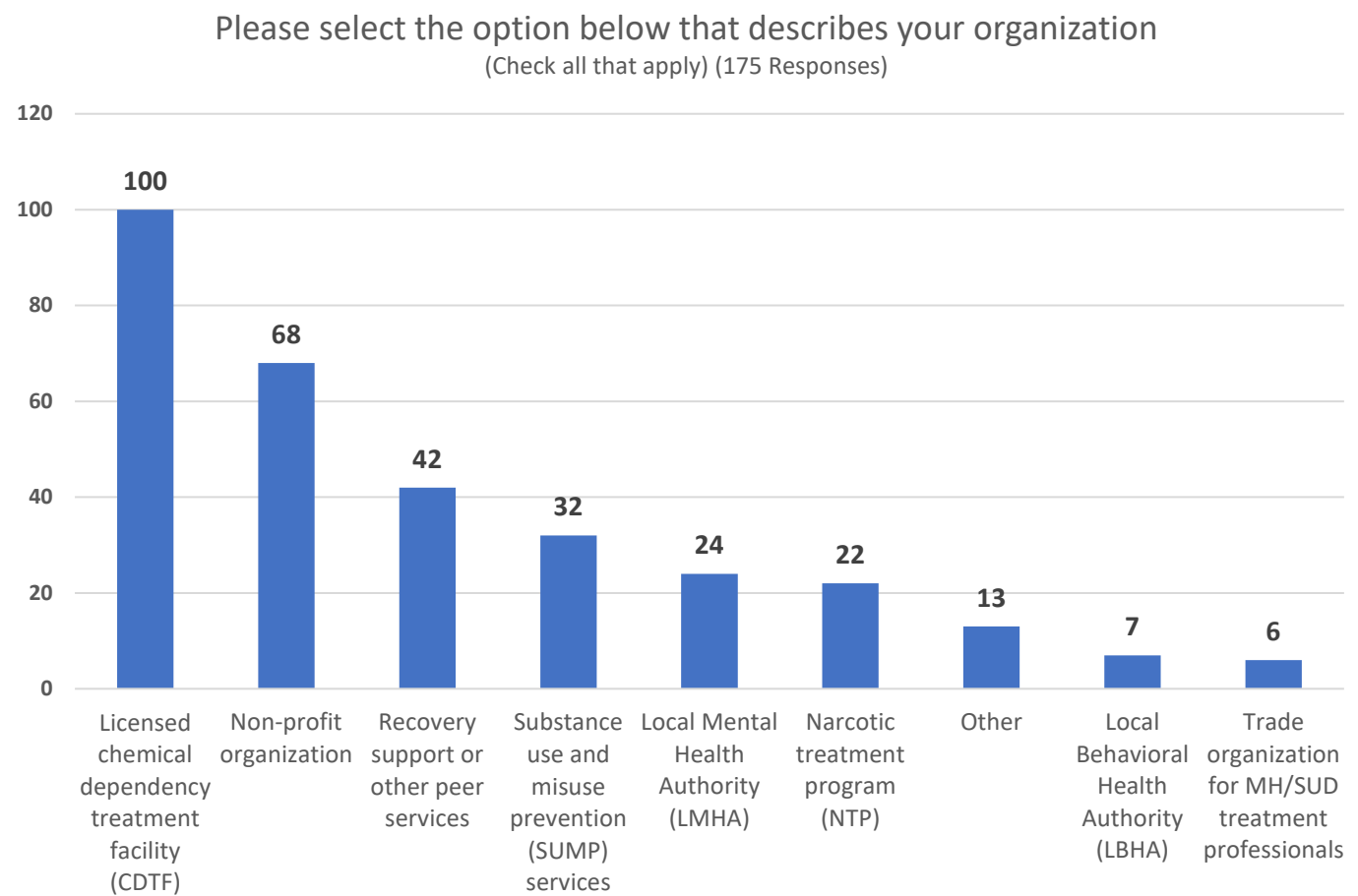
**Figure 1. Respondent's Region**



**Figure 2. Respondent’s Primary Geography Type Served**

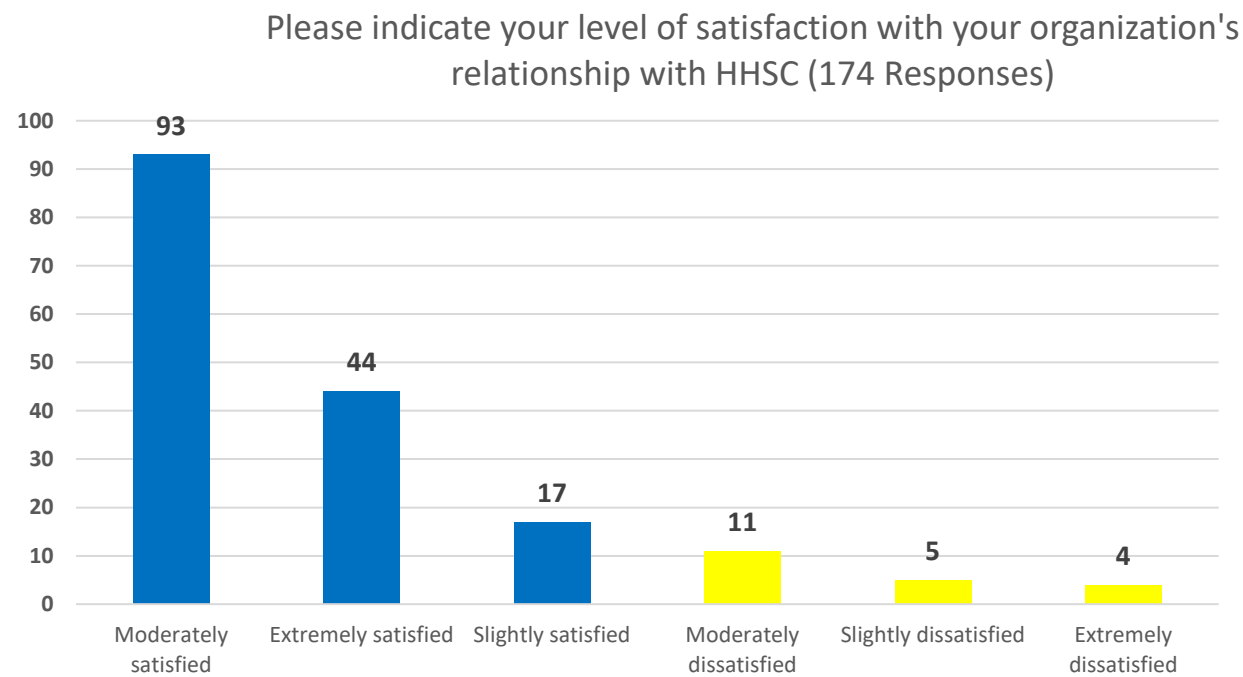


**Figure 3. Respondent’s Organization Type**

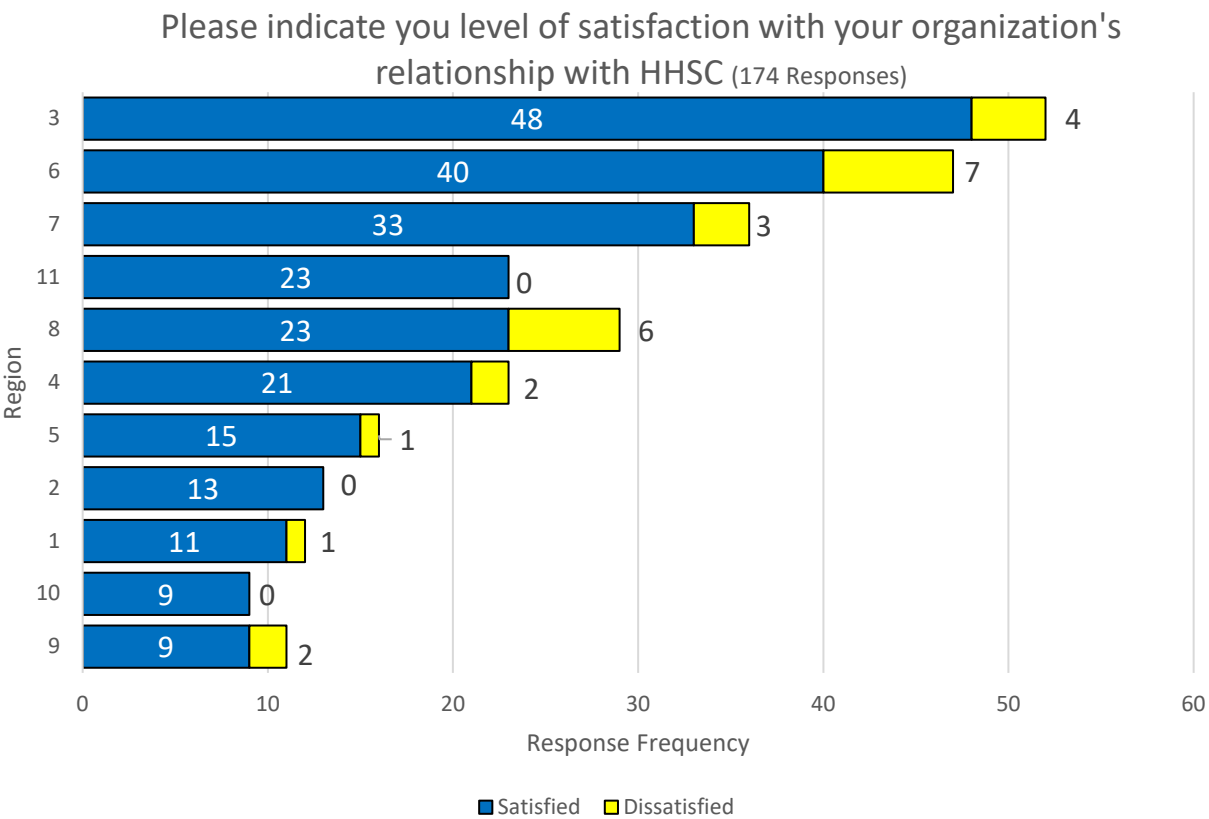




**Figure 4a. Respondent Satisfaction with HHSC Relationship**

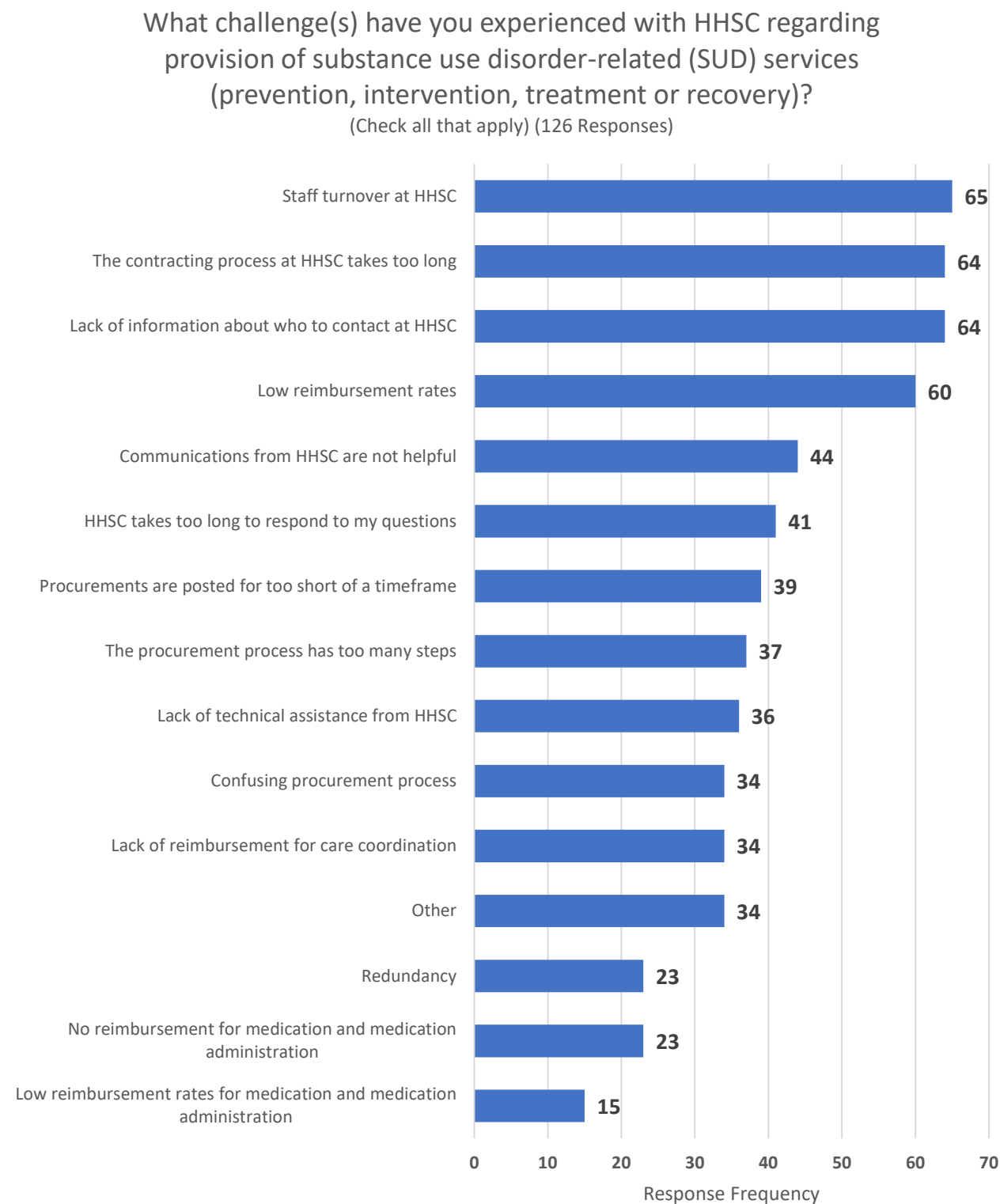


**Figure 4b. Respondent’s Level of Satisfaction with HHSC Relationship by Region <sup>13</sup>**

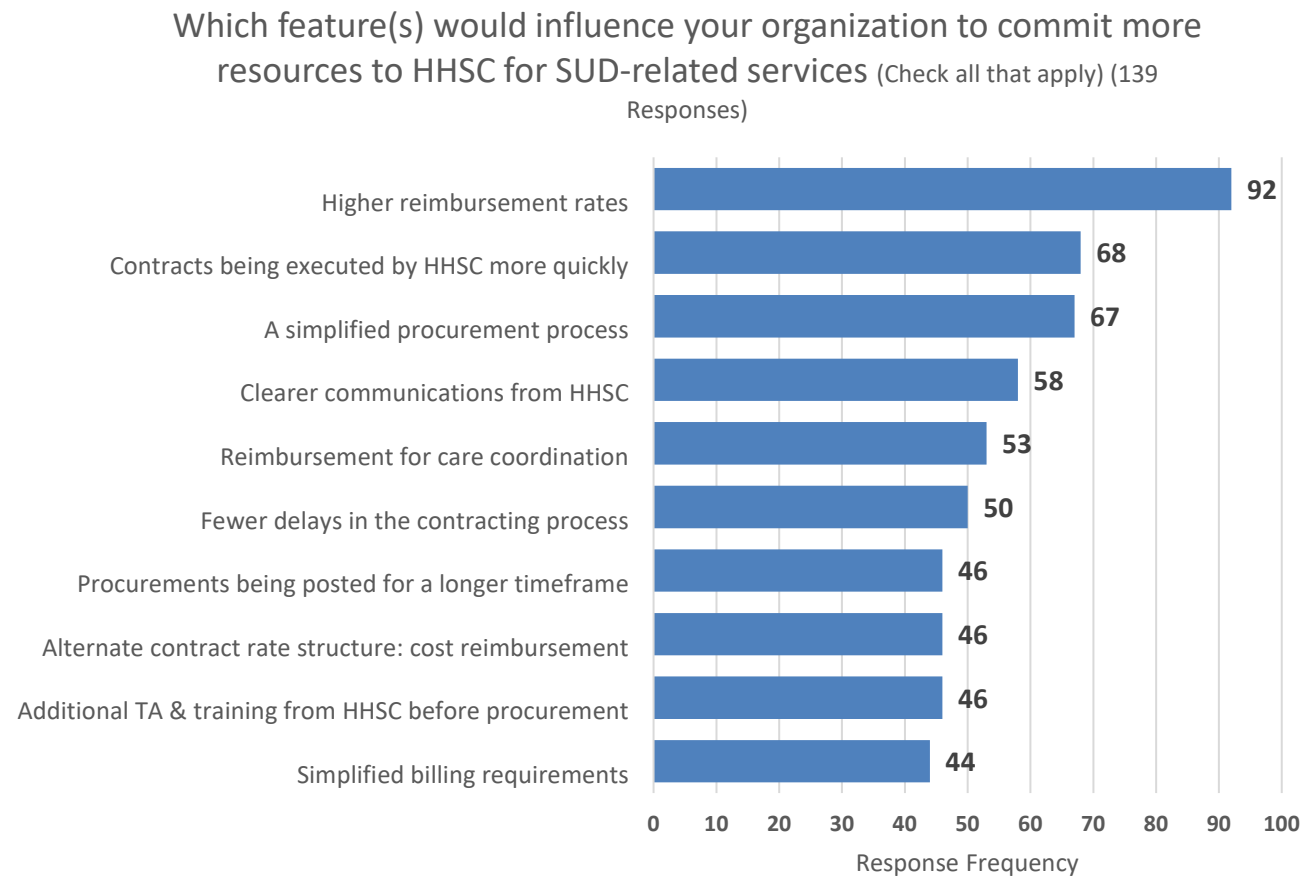


<sup>13</sup> If a respondent provided services in more than one region, that respondent’s responses were included in each region in which the respondent operates. Consequently, the total number of responses in Figure 4b is greater than the total number of responses in Figure 4a.

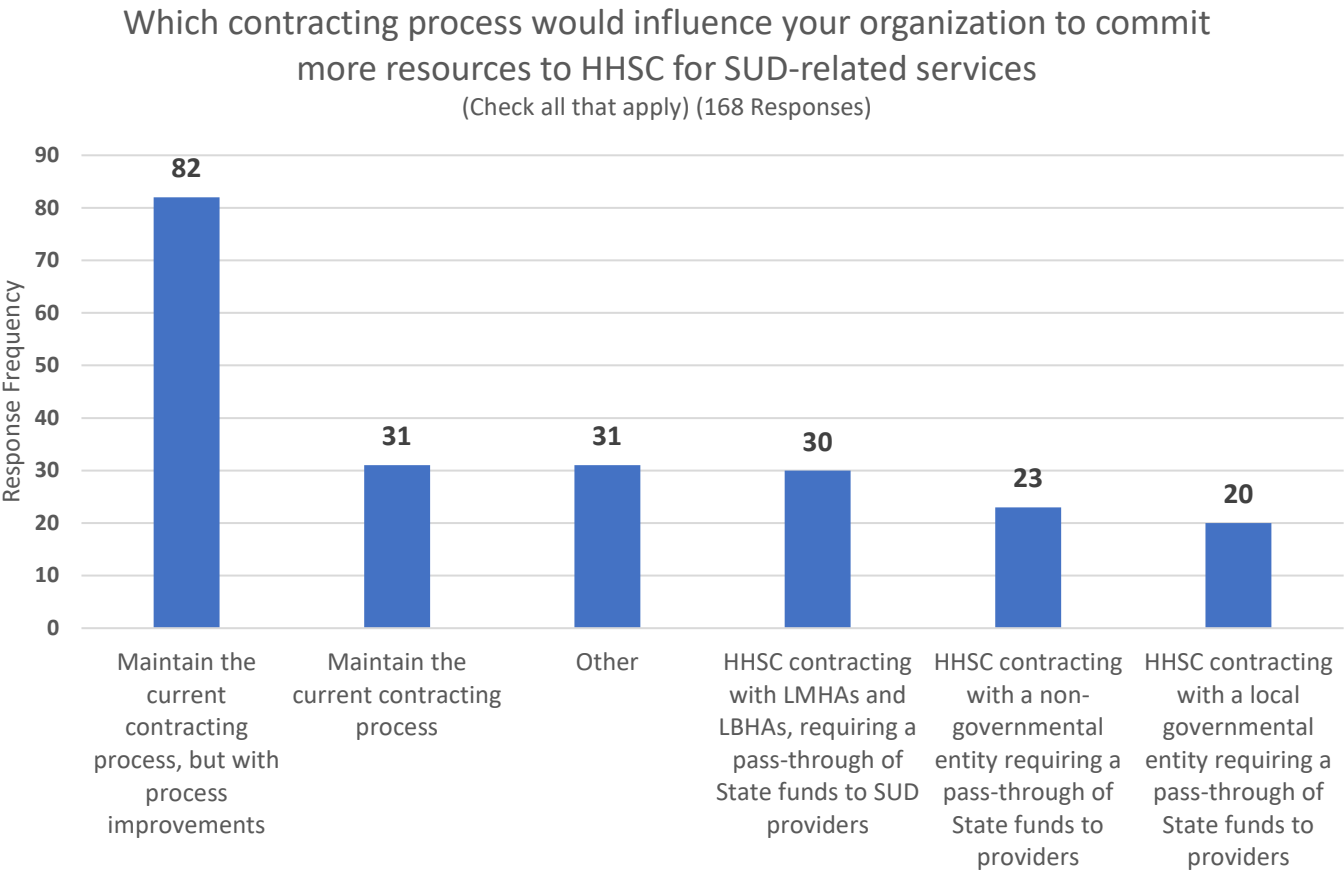
**Figure 5. Challenges Experienced with HHSC Regarding Provision of SUD Services**



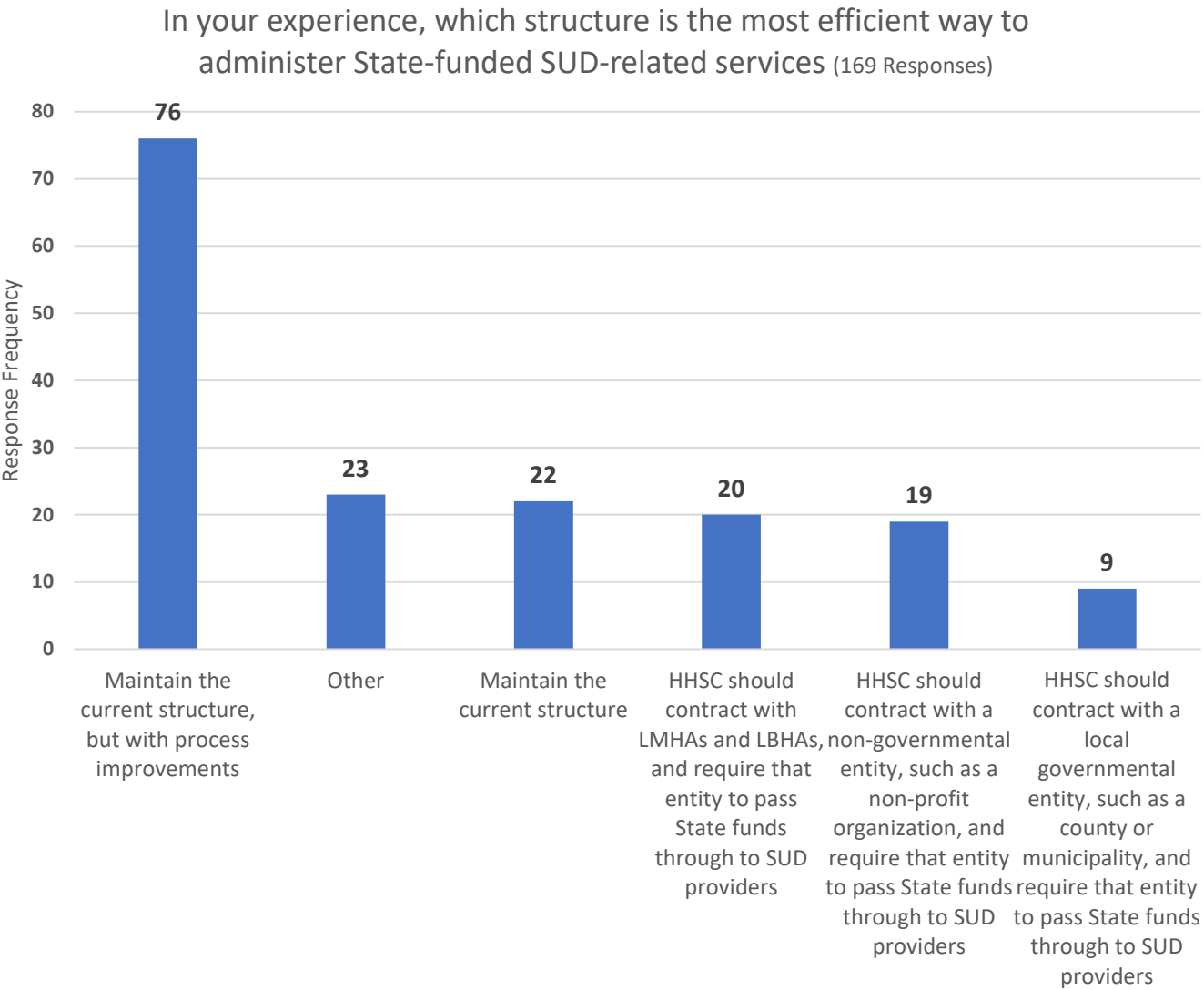
**Figure 6. Features Influencing Resource Commitment to HHSC SUD Services**



**Figure 7. Contracting Process Influencing Resource Commitment to HHSC SUD Services**



**Figure 8. Perceived Most Efficient Contract Administration Structure**



**Figure 9. Preferred Best Practices to be Advanced**



## Appendix C. Summary of Regional Results of Quantitative Survey of External HHS Stakeholders

### Region 1

**Figure 1. Respondent Region – Region 1**

Please indicate the HHSC Healthcare Service Region(s) for your organization (Check all that apply) (13 Responses)

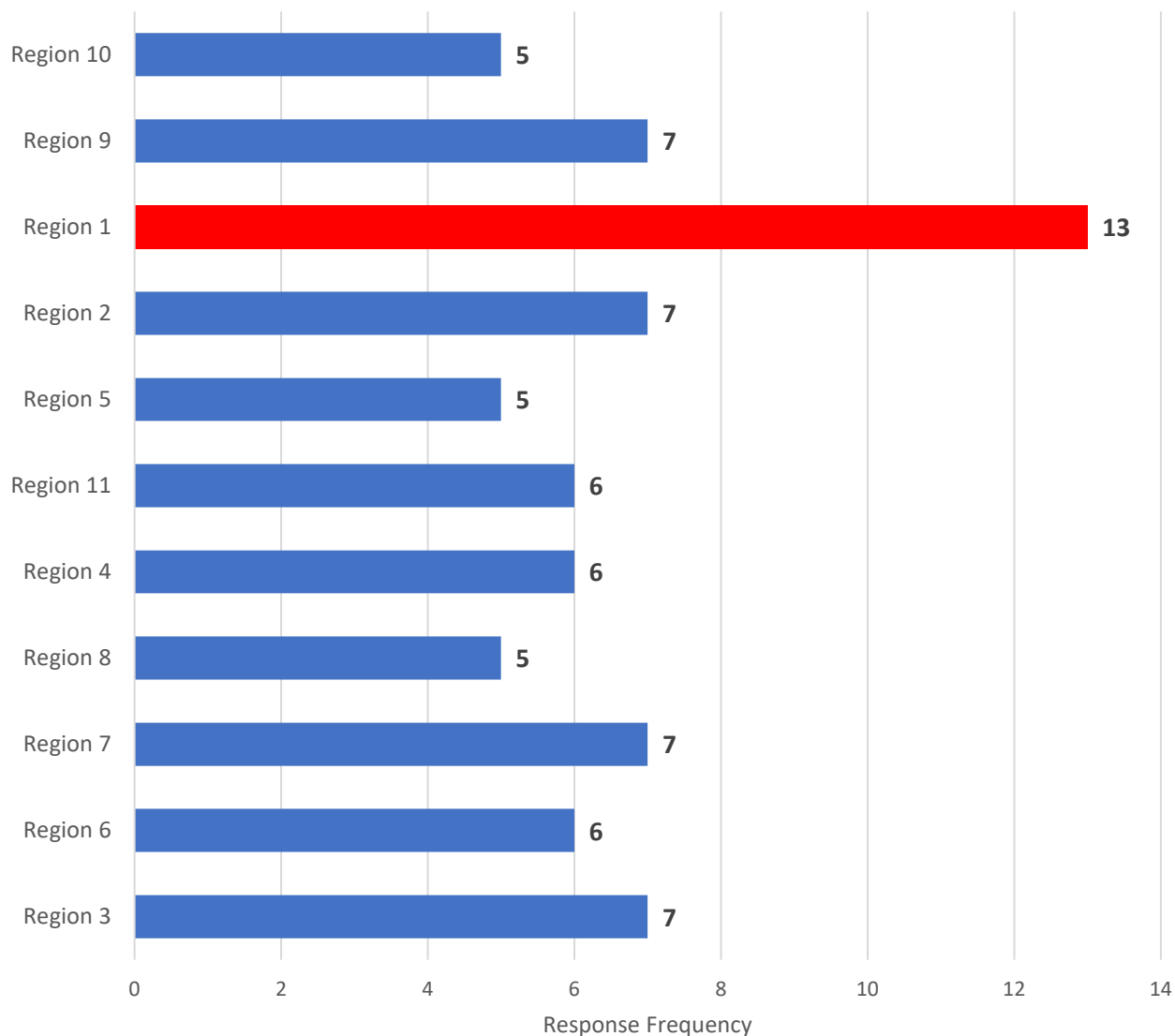


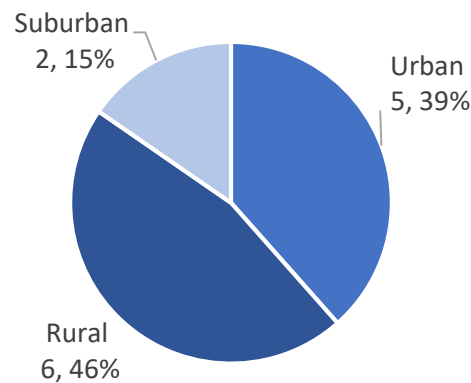
Chart Interpretation: When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 1, which only lets through responses where the respondent did select Region 1.



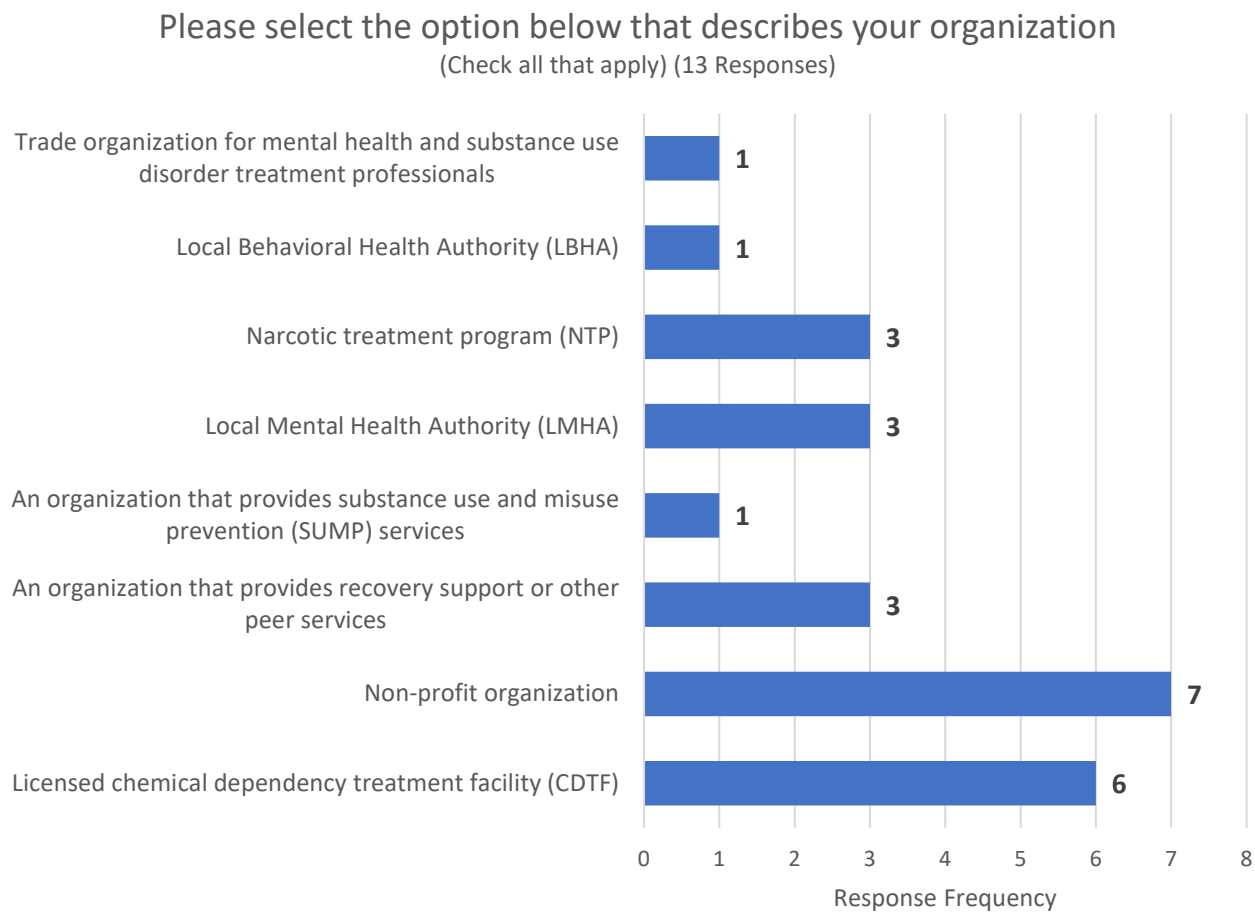
However, since the respondent can select multiple choices for that question, a respondent that selected Region 1 may have also selected 2 and 3, in which case, those will show up on the graph as they are associated with the response.

**Figure 2. Region 1 Respondent Geographic Service Area**

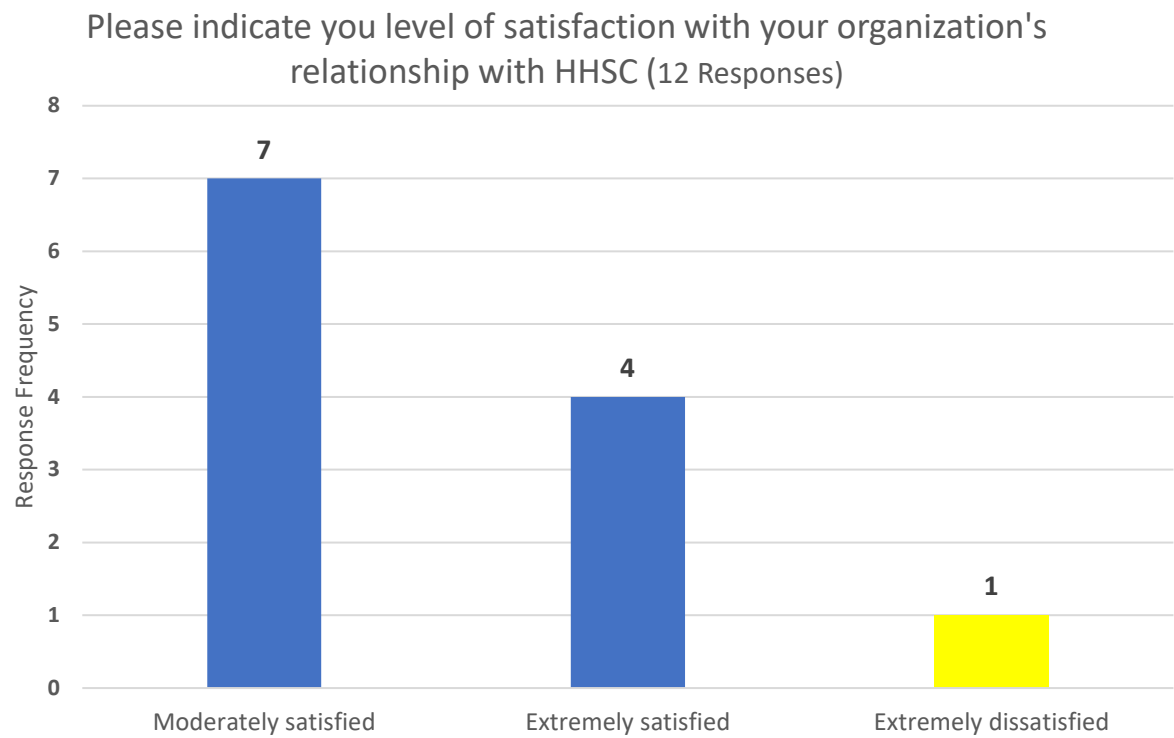
Please select the response that best describes the primary geographic area of your organization (13 Responses)



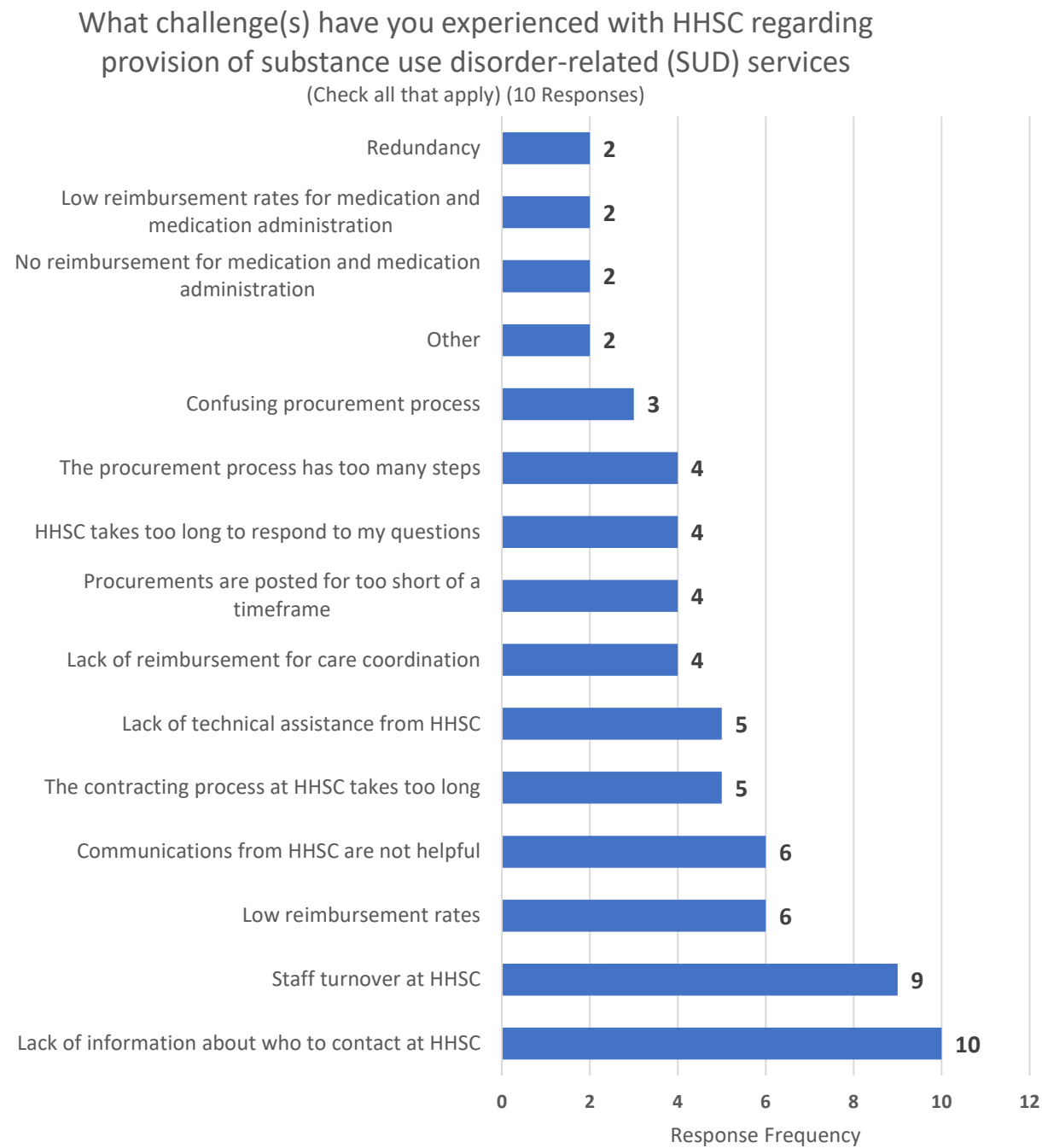
**Figure 3. Region 1 Respondent Organization Type**



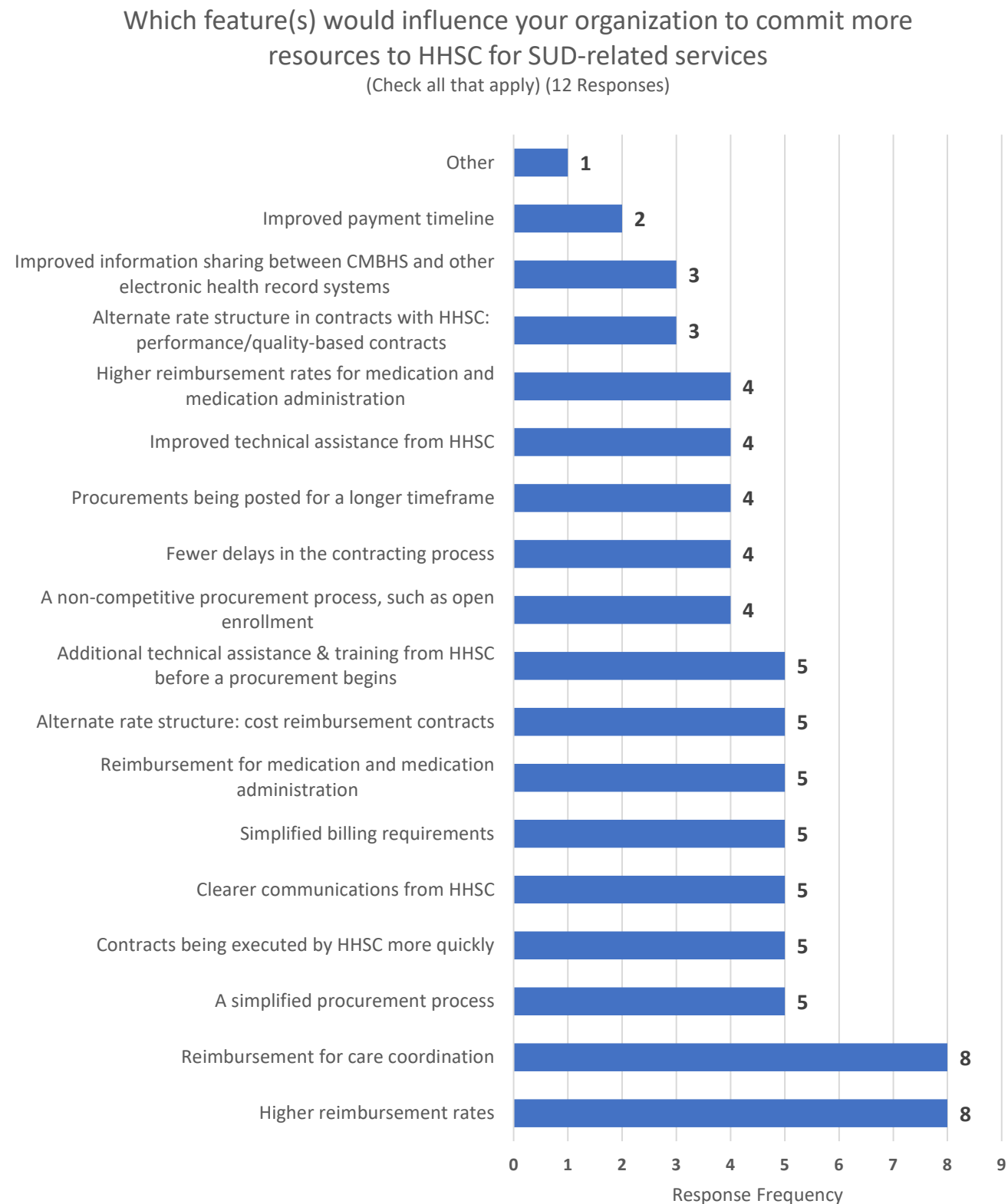
**Figure 4. Region 1 Respondent Satisfaction Level**



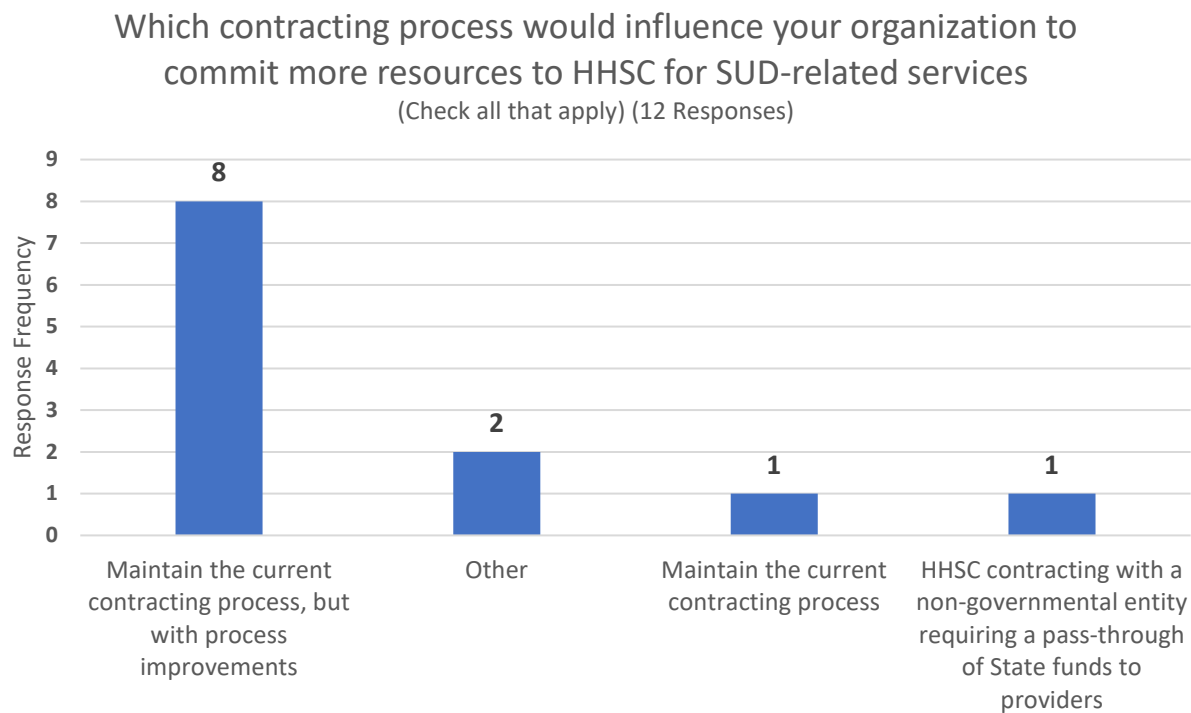
**Figure 5. Region 1 Respondent Perceived Challenges**



**Figure 6. Region 1 Response to Features Influencing Resource Commitment to HHSC SUD Services**

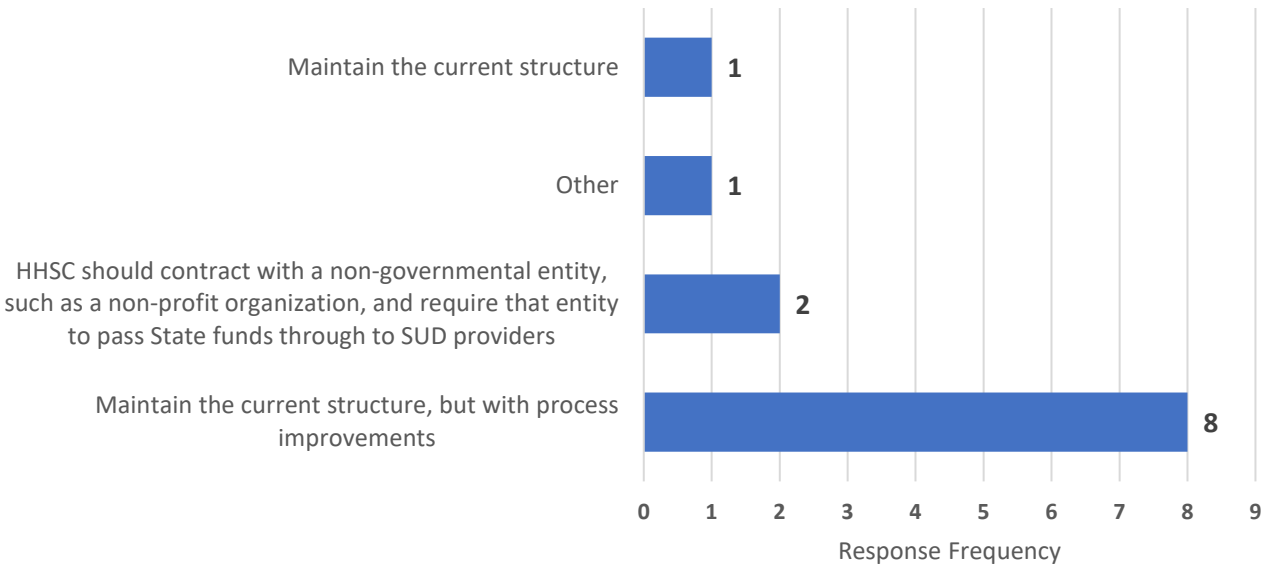


**Figure 7. Region 1 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**



**Figure 8. Region 1 Response to Most Efficient Financial Structure for Contract Administration**

In your experience, which structure is the most efficient way to administer State-funded SUD-related services (12 Responses)



# Region 2

Figure 9. Respondent Region – Region 2

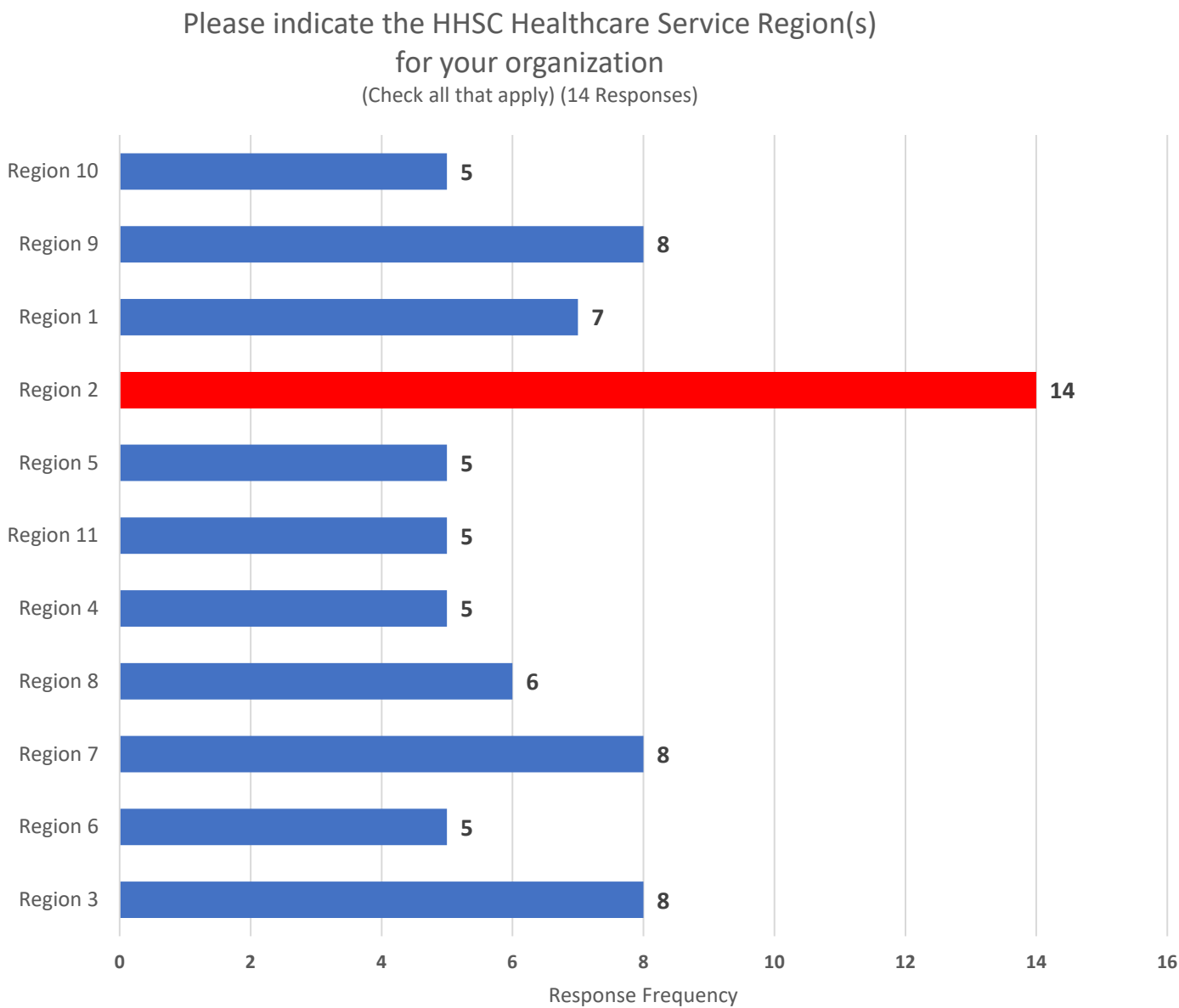


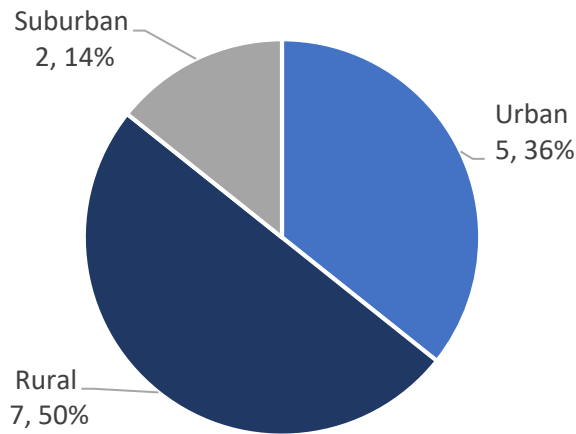
Chart Interpretation: When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 2, which only lets through responses where the respondent did select Region 2.

However, since the respondent can select multiple choices for that question, a respondent that selected Region 2 may have also selected 1 and 3, in which case, those will show up on the graph as they are associated with the response.



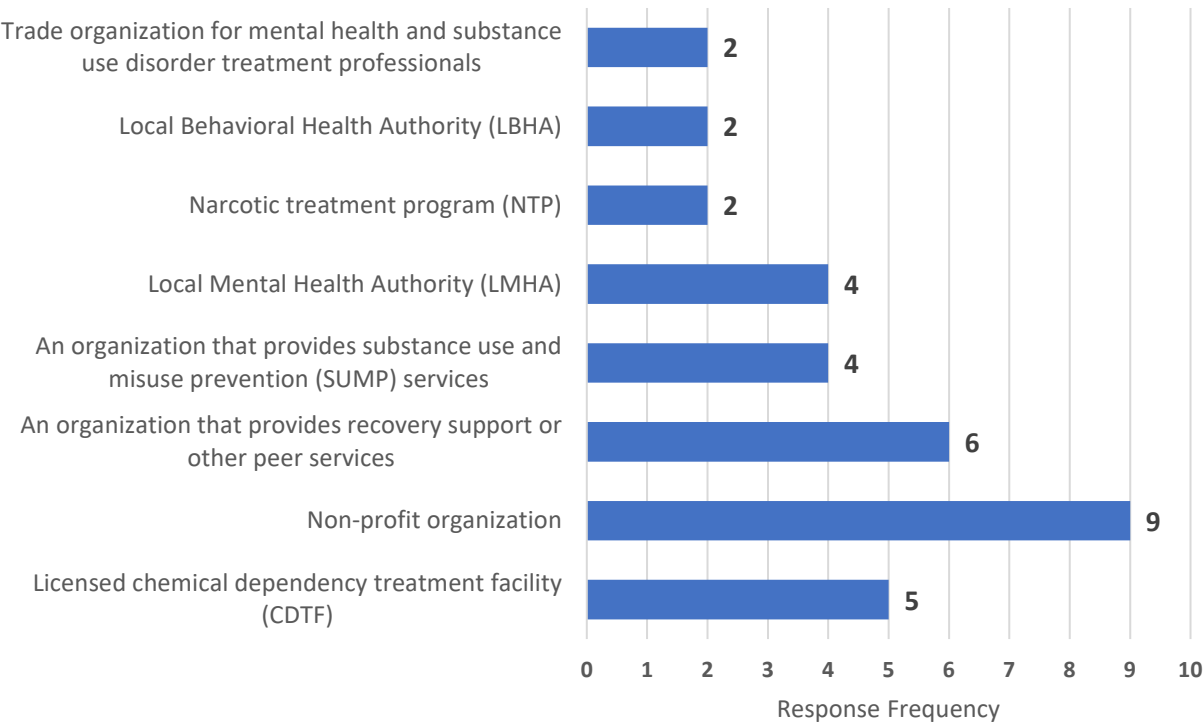
**Figure 10. Region 2 Respondent Geographic Area**

Please select the response that best describes the primary geographic area of your organization (14 Responses)



**Figure 11. Region 2 Respondent Organization Type**

Please select the option below that describes your organization (Check all that apply) (14 Responses)

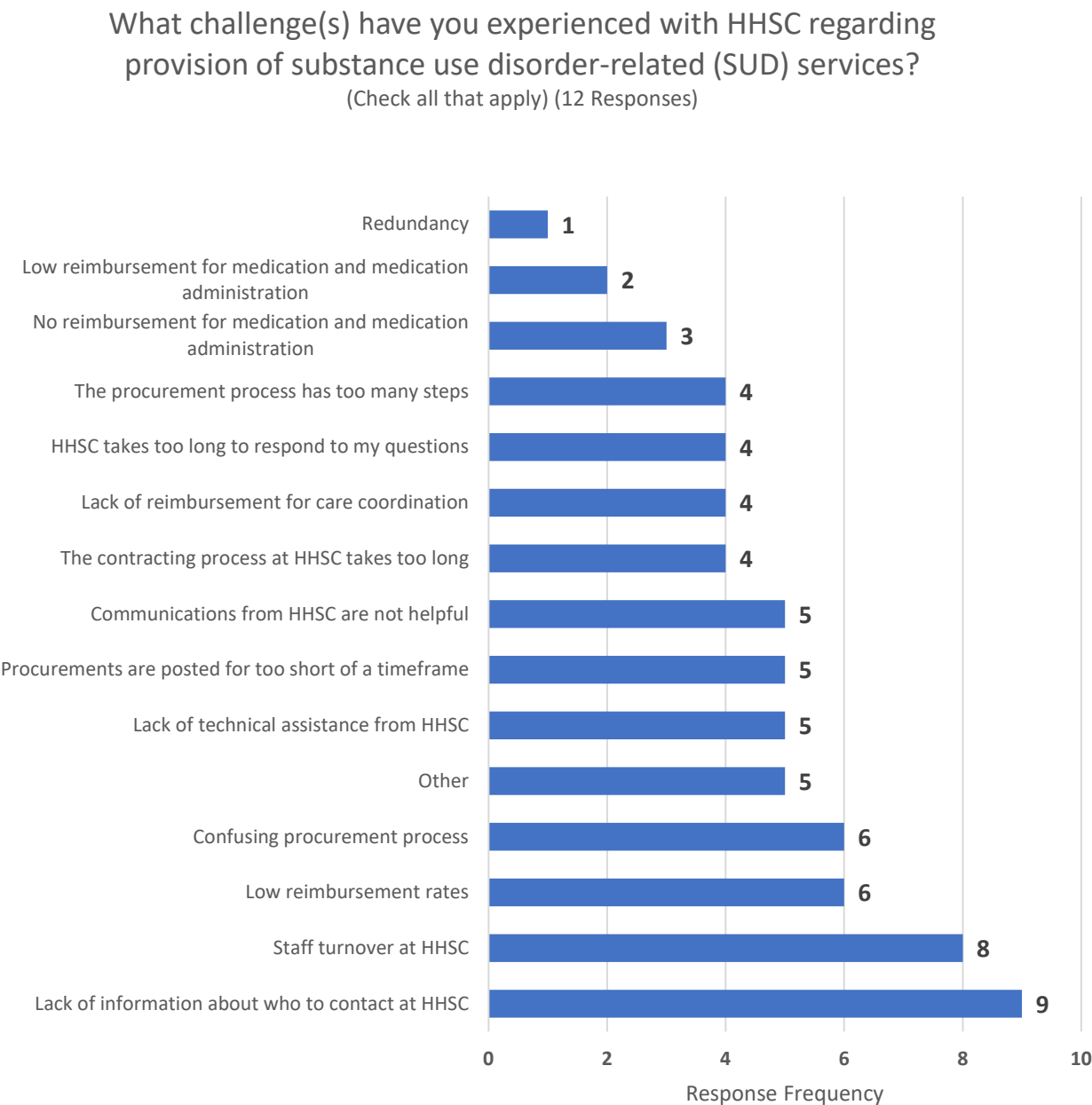


**Figure 12. Region 2 Respondent Satisfaction Level**

Please indicate you level of satisfaction with your organization's relationship with HHSC (13 Responses)



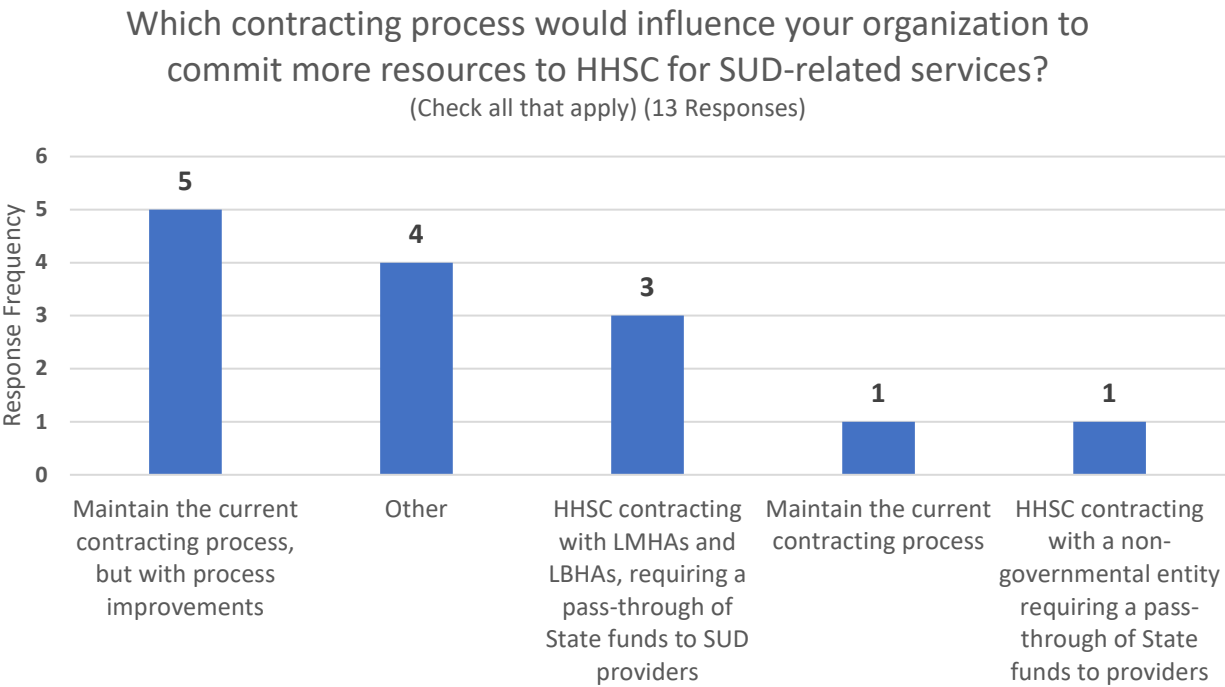
**Figure 13. Region 2 Respondent Perceived Challenges**



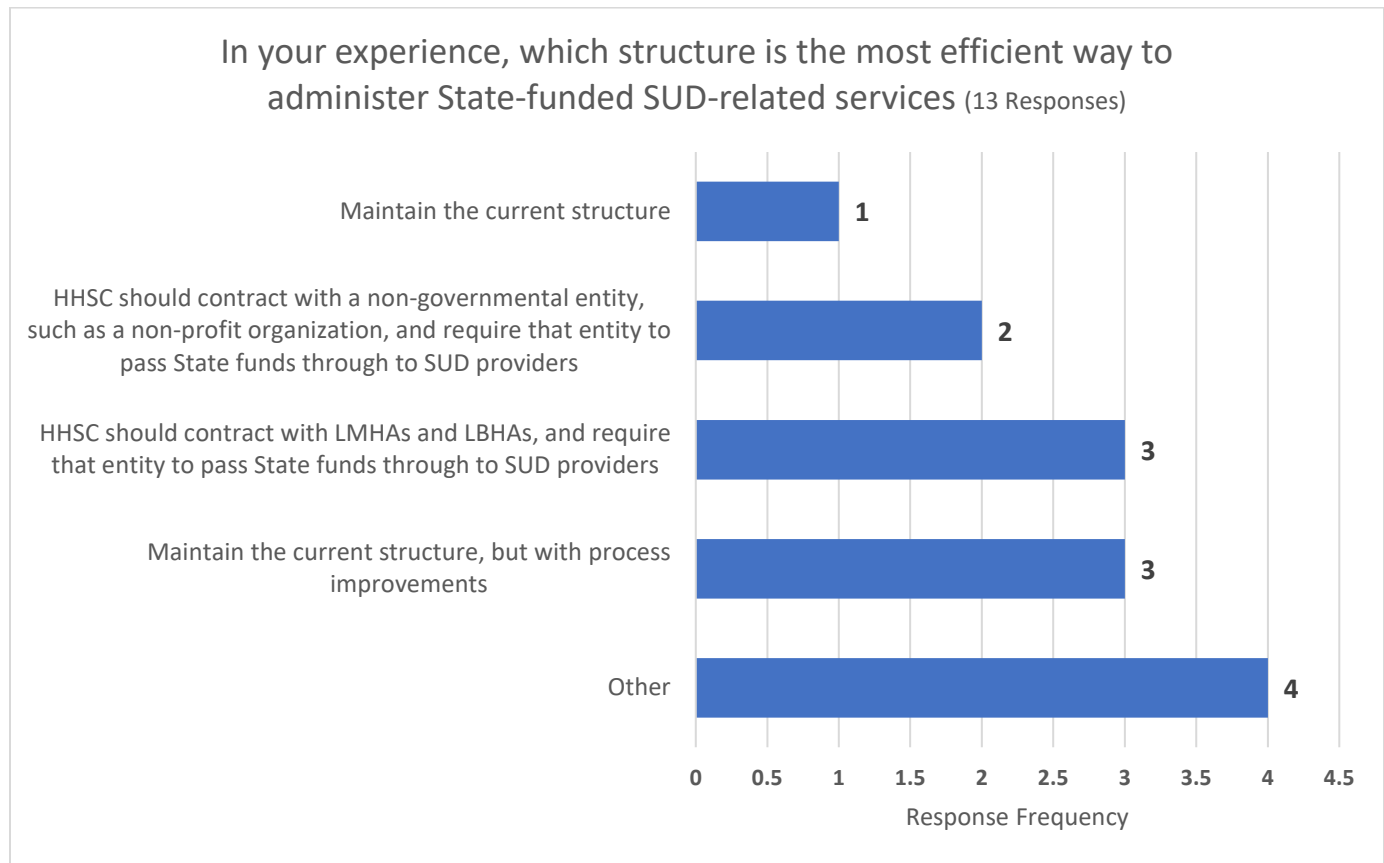
**Figure 14. Region 2 Response to Features Influencing Resource Commitment to HHSC SUD Services**



**Figure 15. Region 2 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**



**Figure 16. Region 2 Response to Most Efficient Financial Structure for Contract Administration**



# Region 3

Figure 17. Respondent Region - Region 3

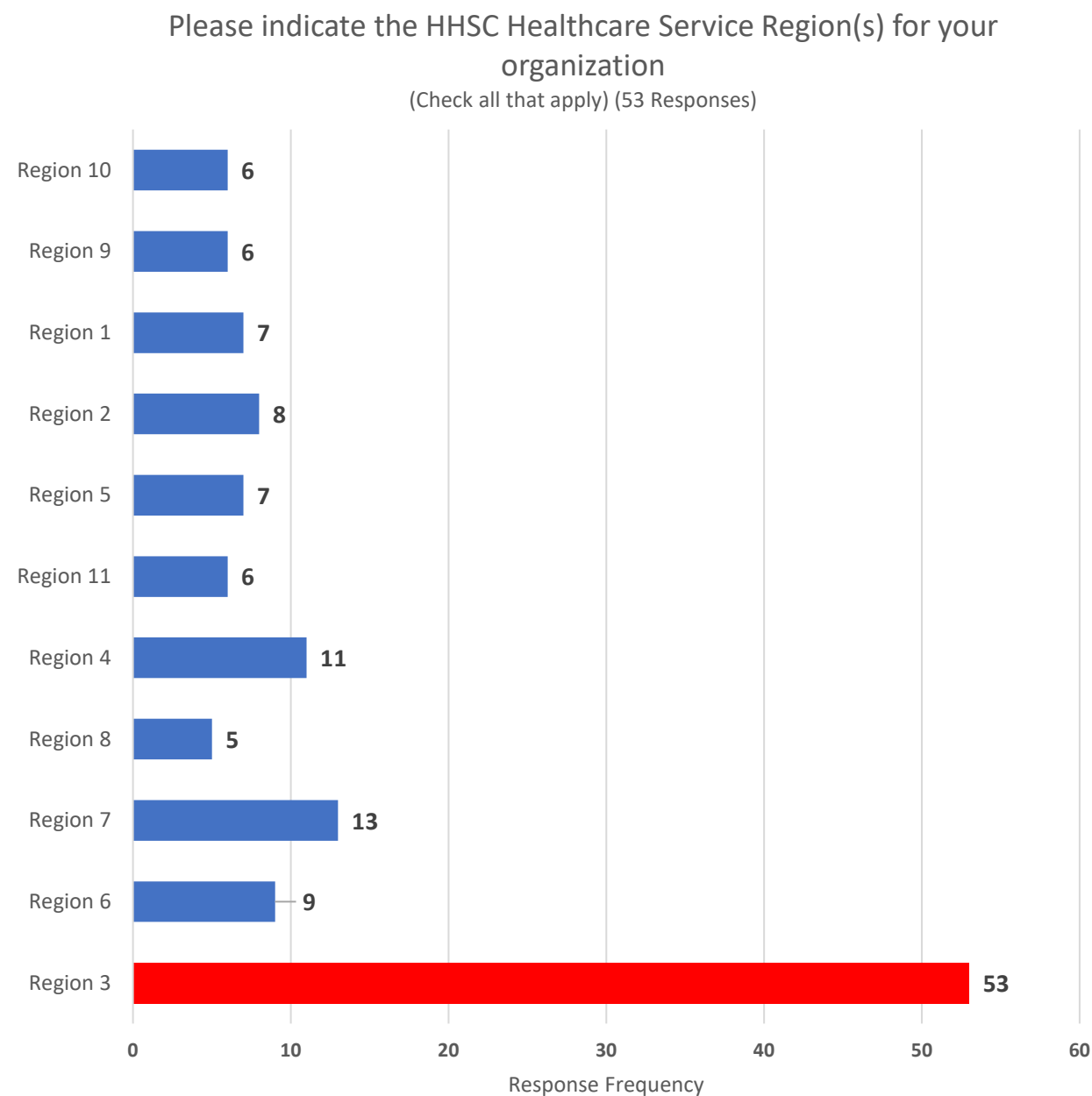
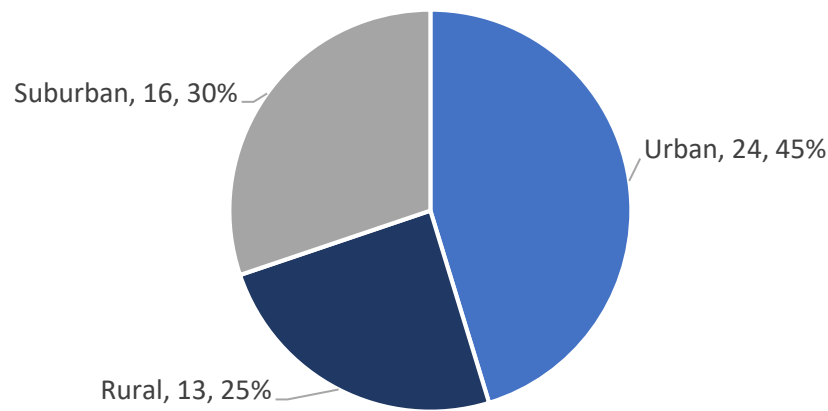


Chart Interpretation: When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 3, which only lets through responses where the respondent did select Region 3.

However, since the respondent can select multiple choices for that question, a respondent that selected Region 3 may have also selected 1 and 11, in which case, those will show up on the graph as they are associated with the response.

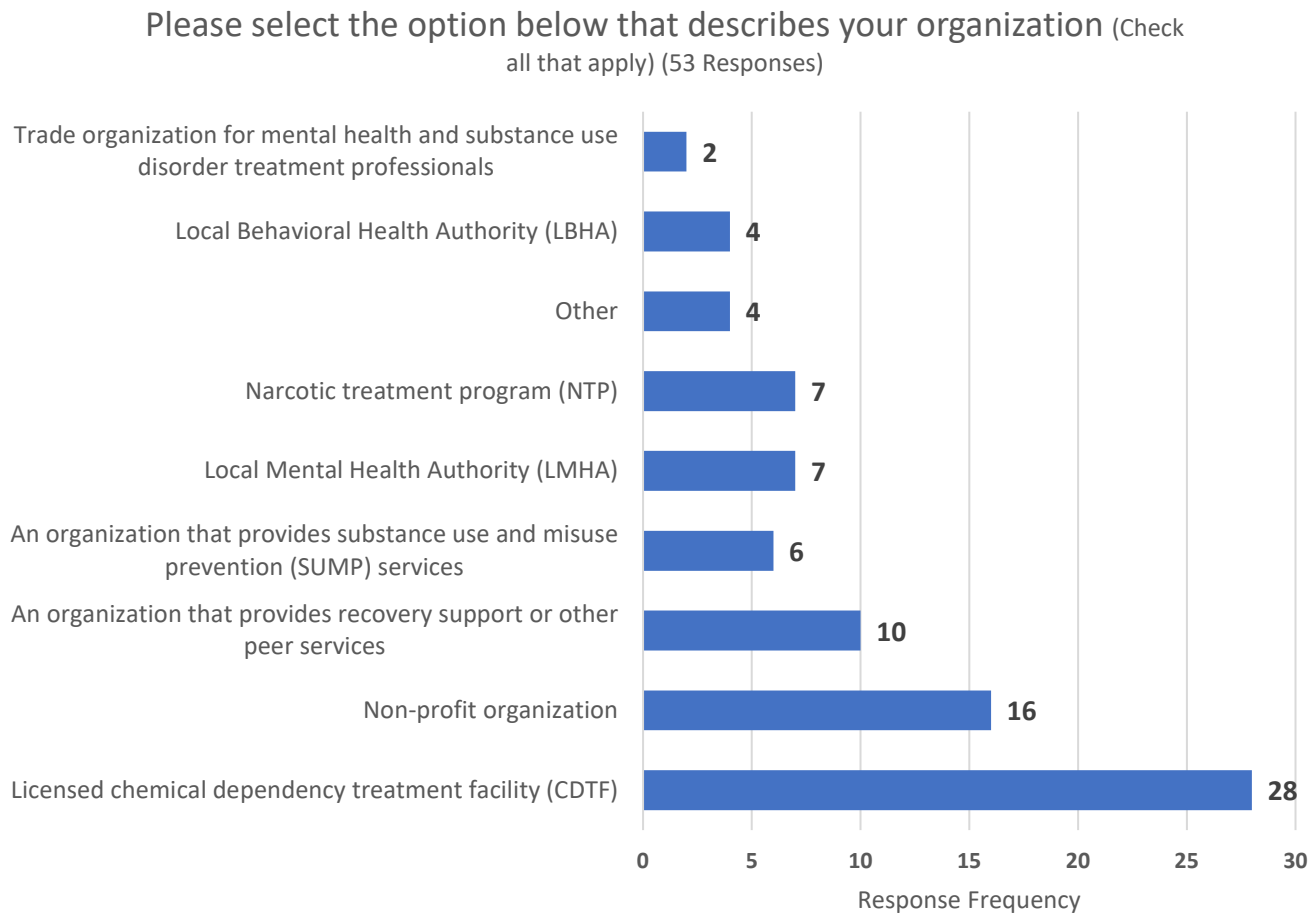
**Figure 18. Region 3 Respondent Geographic Area**

Please select the response that best describes the primary geographic area of your organization (53 Responses)

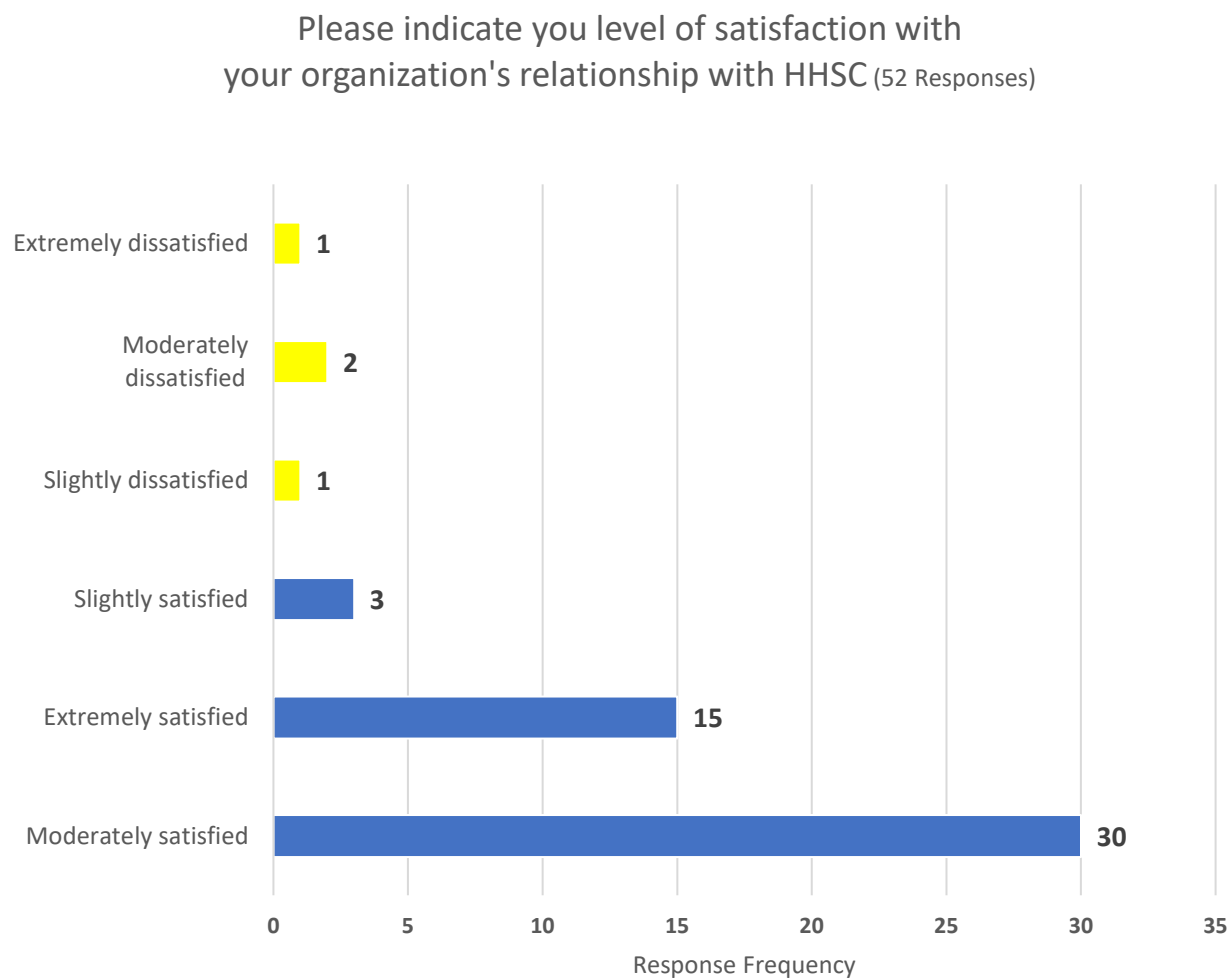




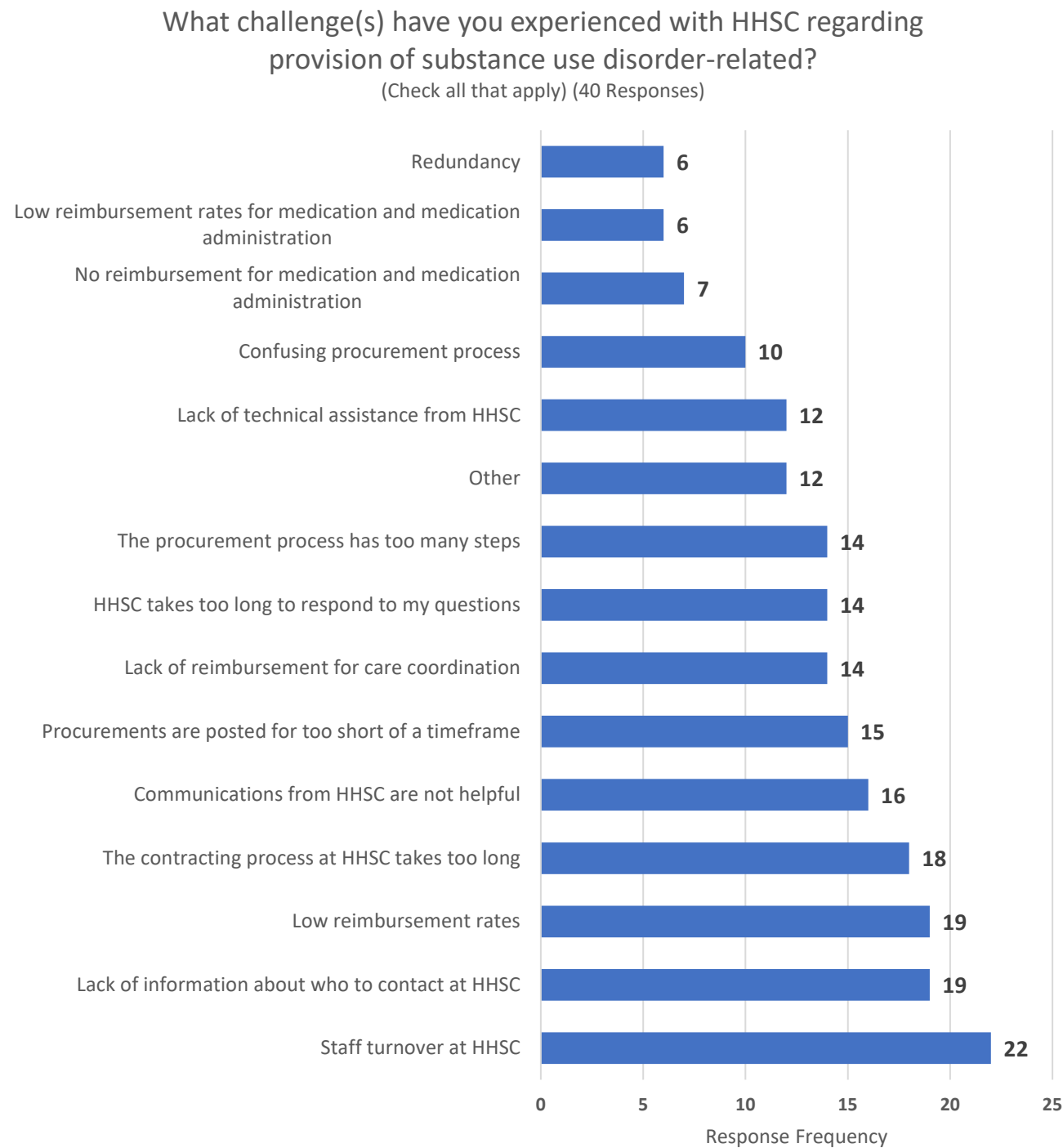
**Figure 19. Region 3 Respondent Organization Type**



**Figure 20. Region 3 Respondent Satisfaction Level**



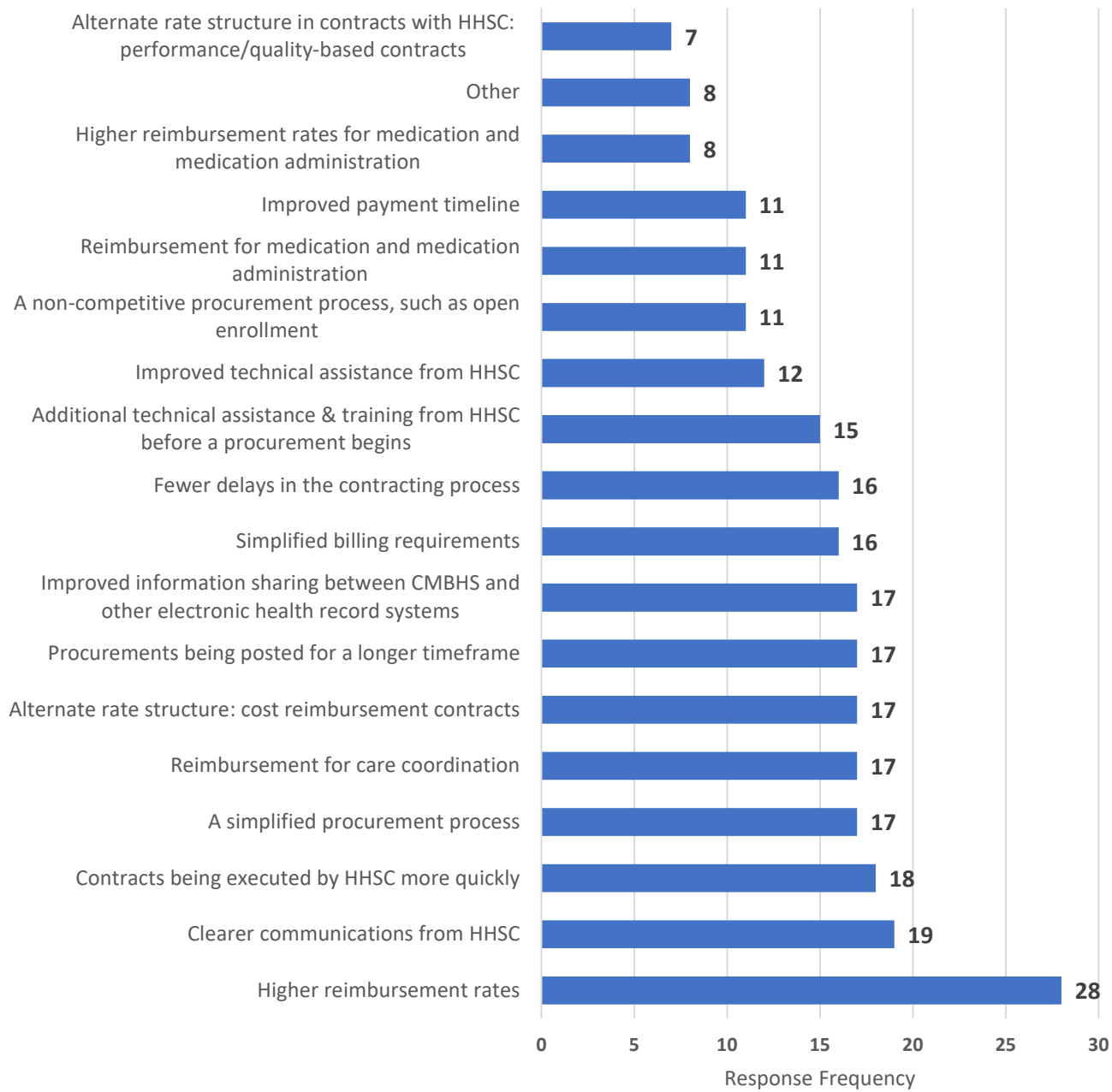
**Figure 21. Region 3 Respondent Perceived Challenges**



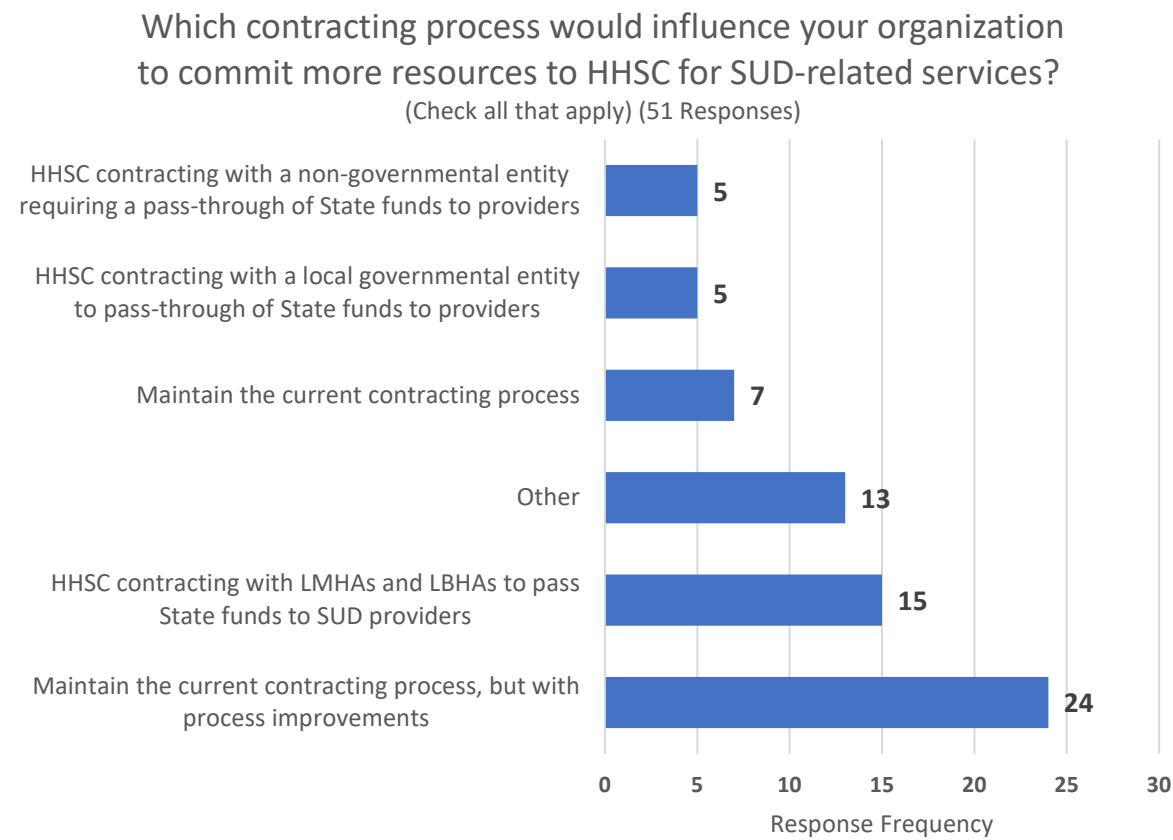
**Figure 22. Region 3 Response to Features Influencing Resource Commitment to HHSC SUD Services**

Which feature(s) would influence your organization to commit more resources to HHSC for SUD-related service?

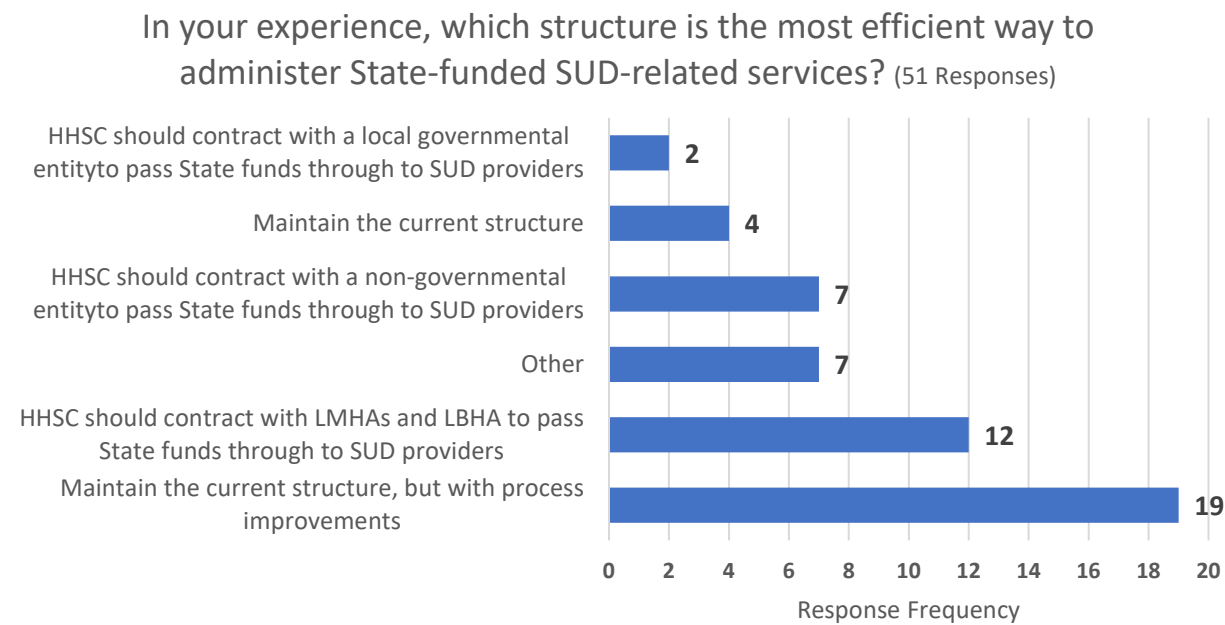
(Check all that apply) (39 Responses)



**Figure 23. Region 3 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**

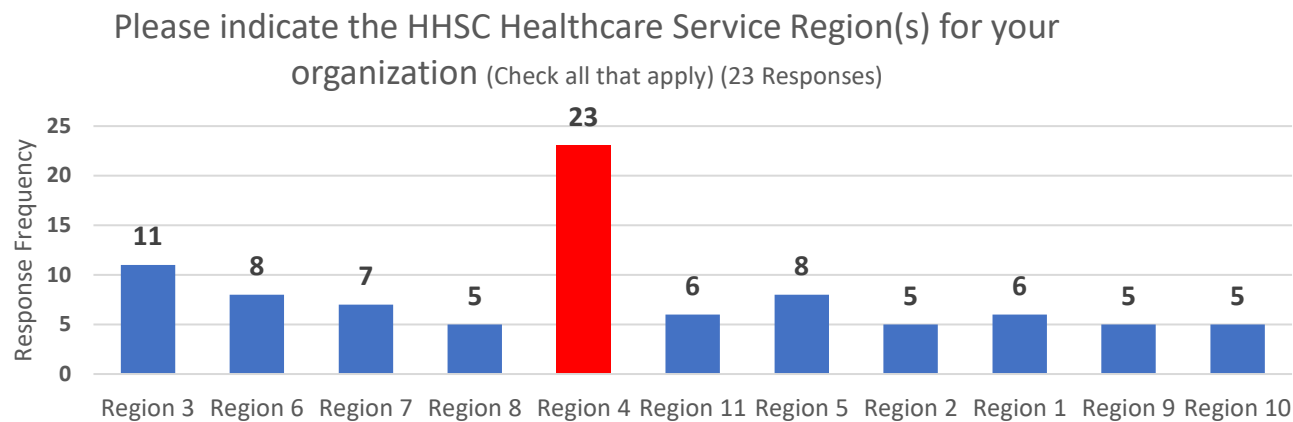


**Figure 24. Region 3 Response to Most Efficient Financial Structure for Contract Administration**



# Region 4

Figure 25. Respondent Region - Region 4

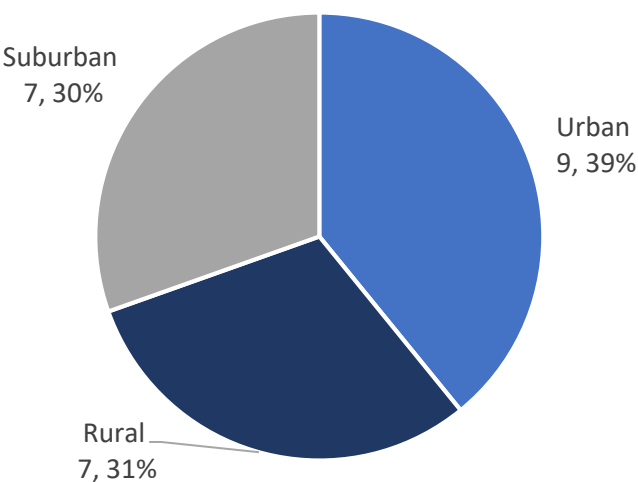


**Chart Interpretation:** When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 4, which only lets through responses where the respondent did select Region 4.

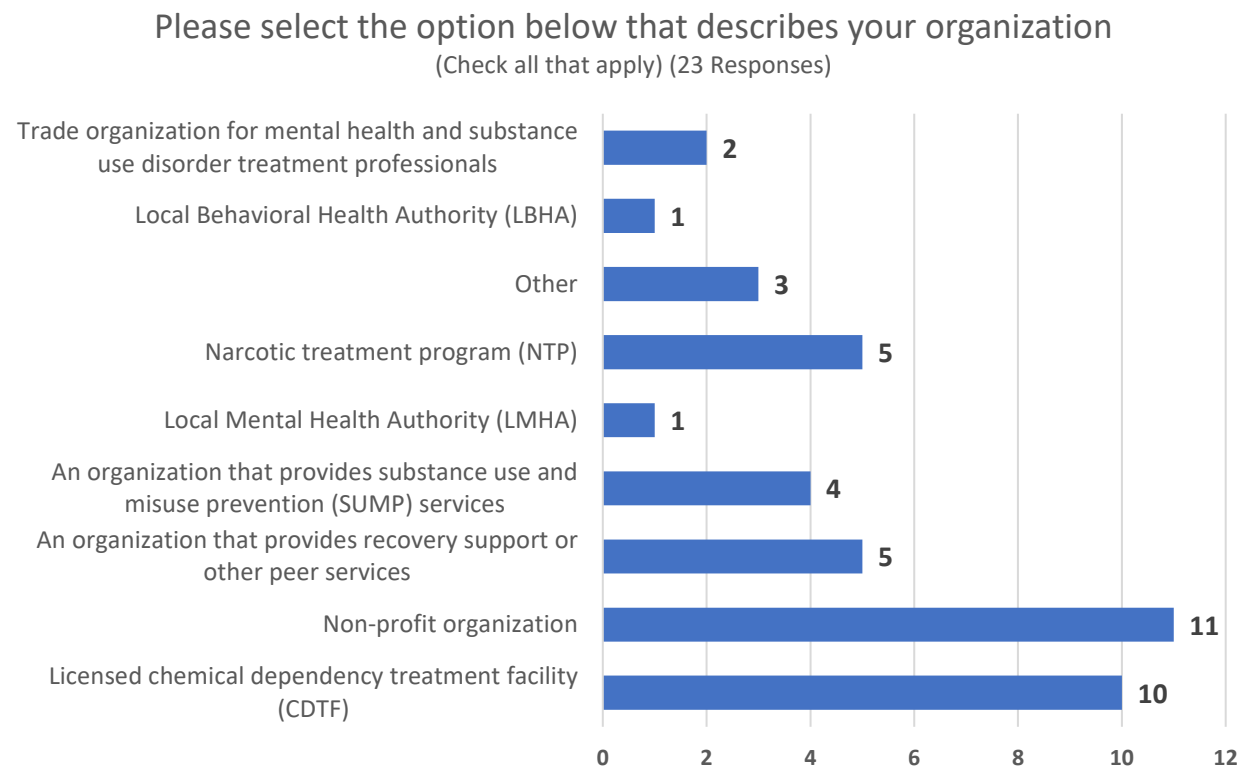
However, since the respondent can select multiple choices for that question, a respondent that selected Region 2 may have also selected 1 and 11, in which case, those will show up on the graph as they are associated with the response.

Figure 26. Region 4 Respondent Geographic Area

Please select the response that best describes the primary geographic area of your organization (23 Responses)

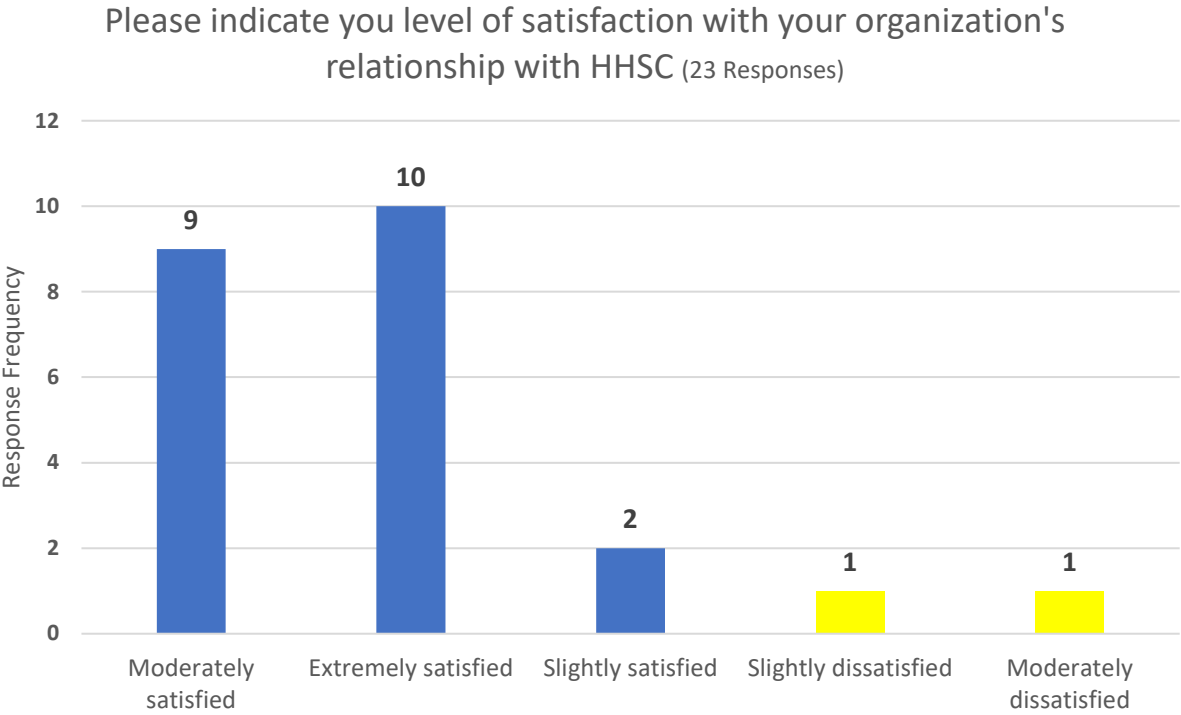


**Figure 27. Region 4 Respondent Organization Type**

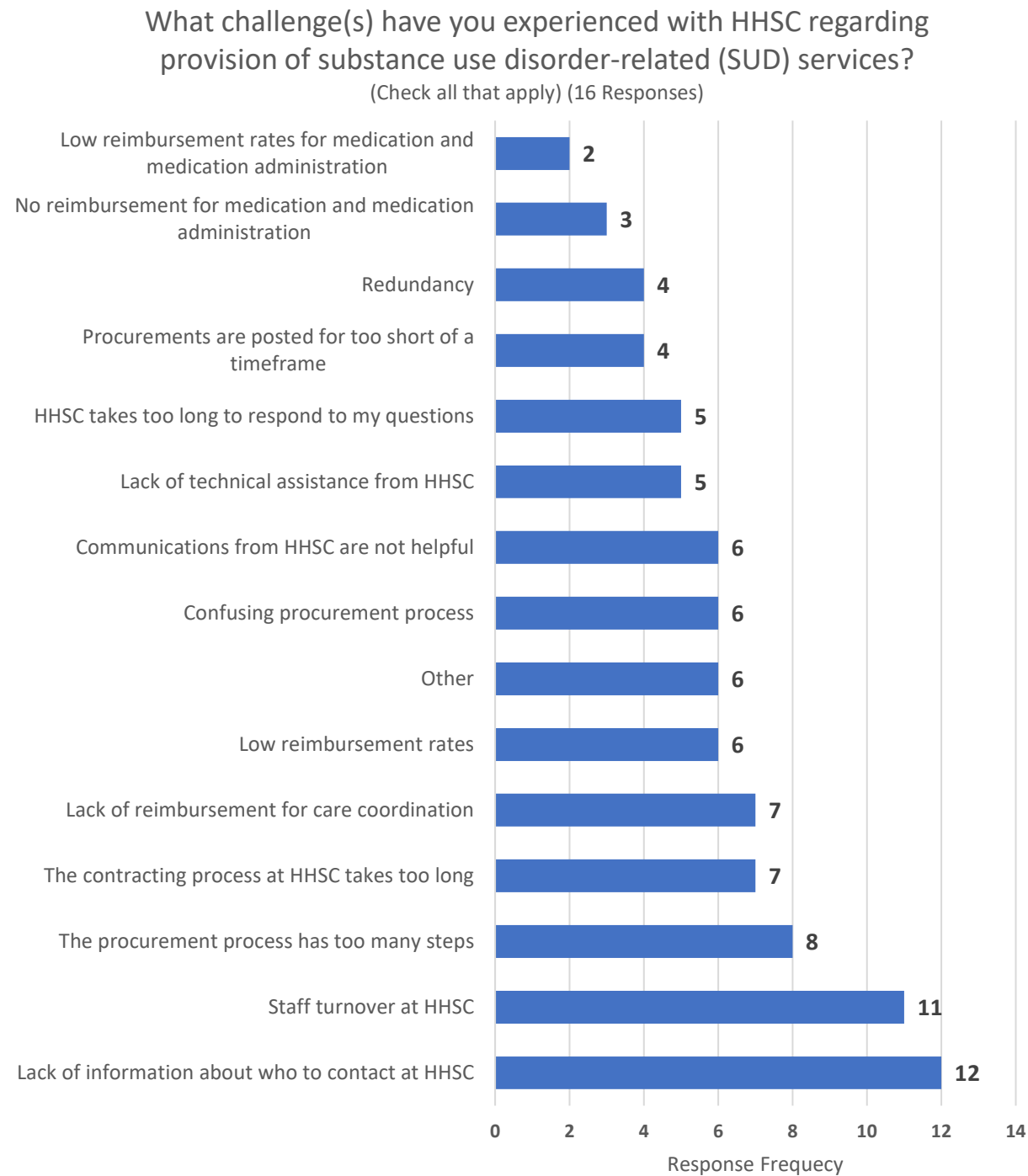




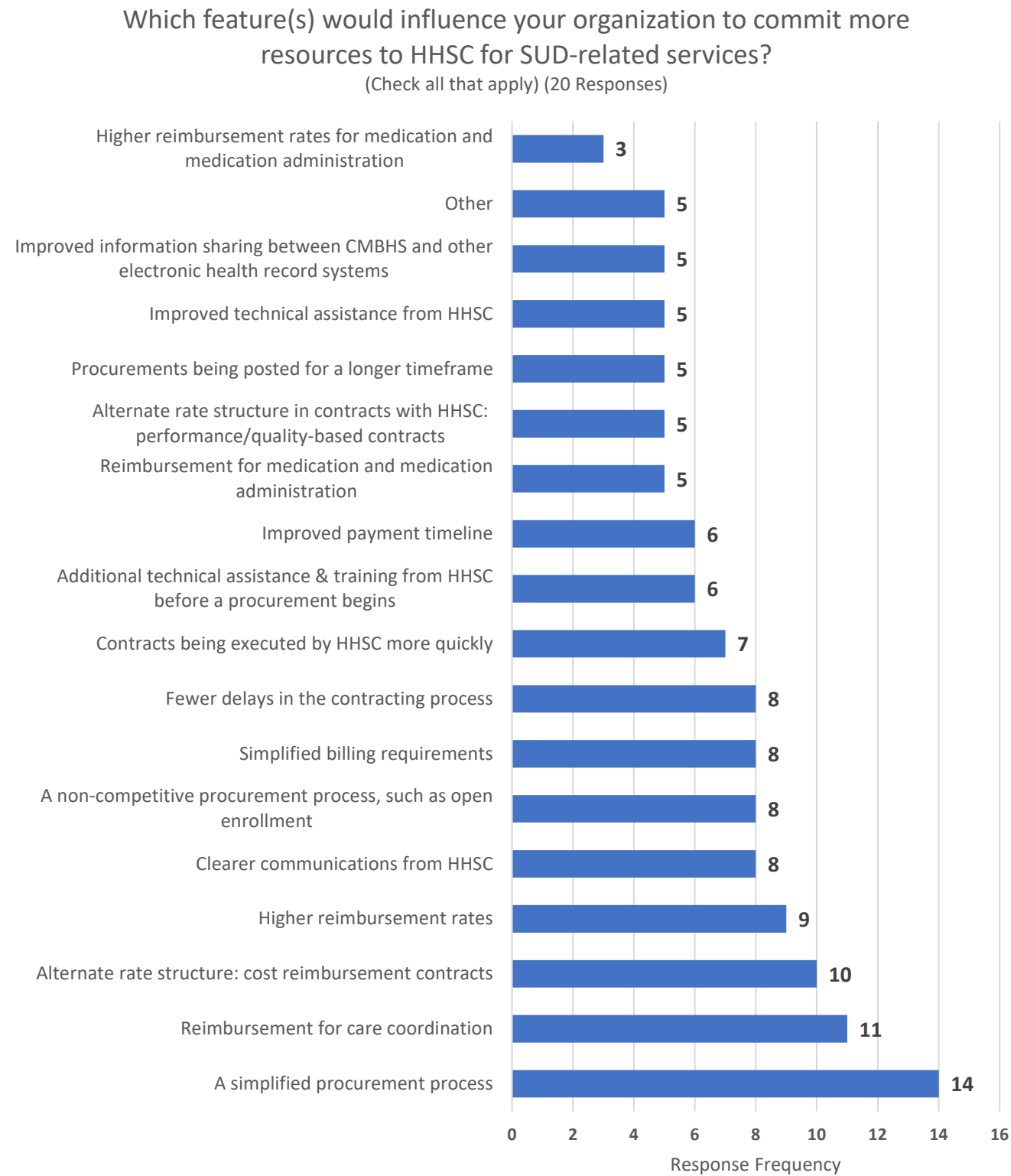
**Figure 28. Region 4 Respondent Satisfaction Level**



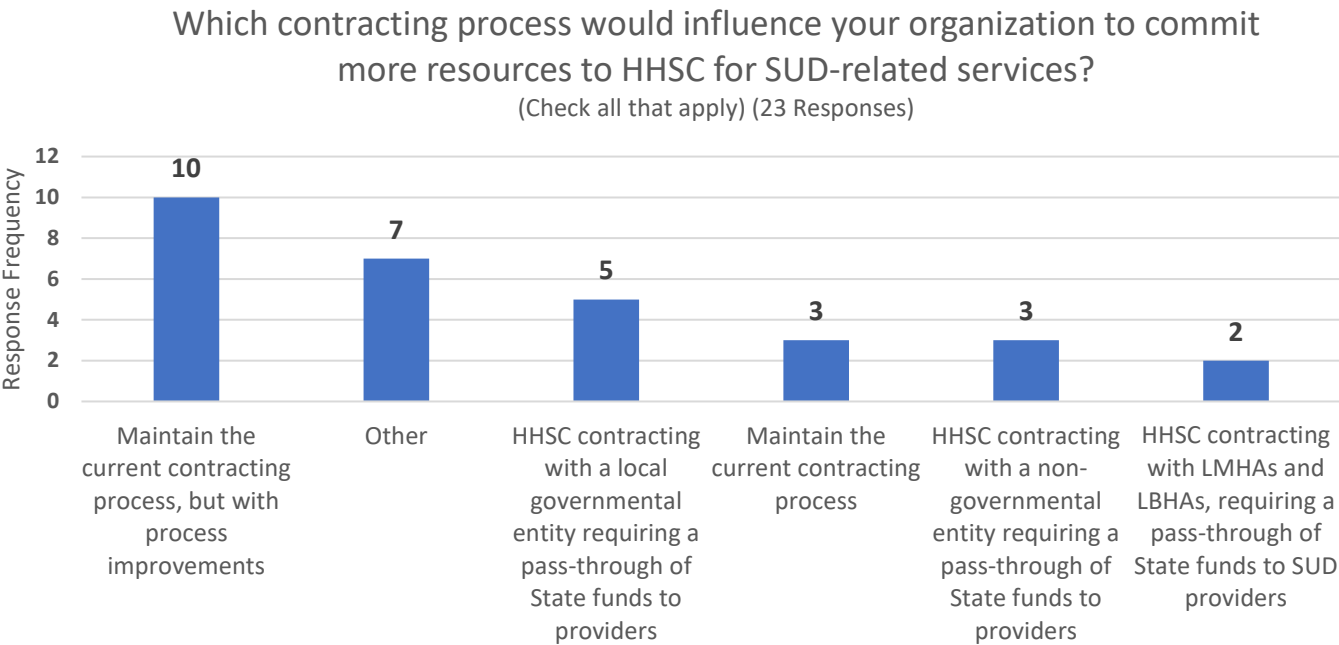
**Figure 29. Region 4 Respondent Perceived Challenges**



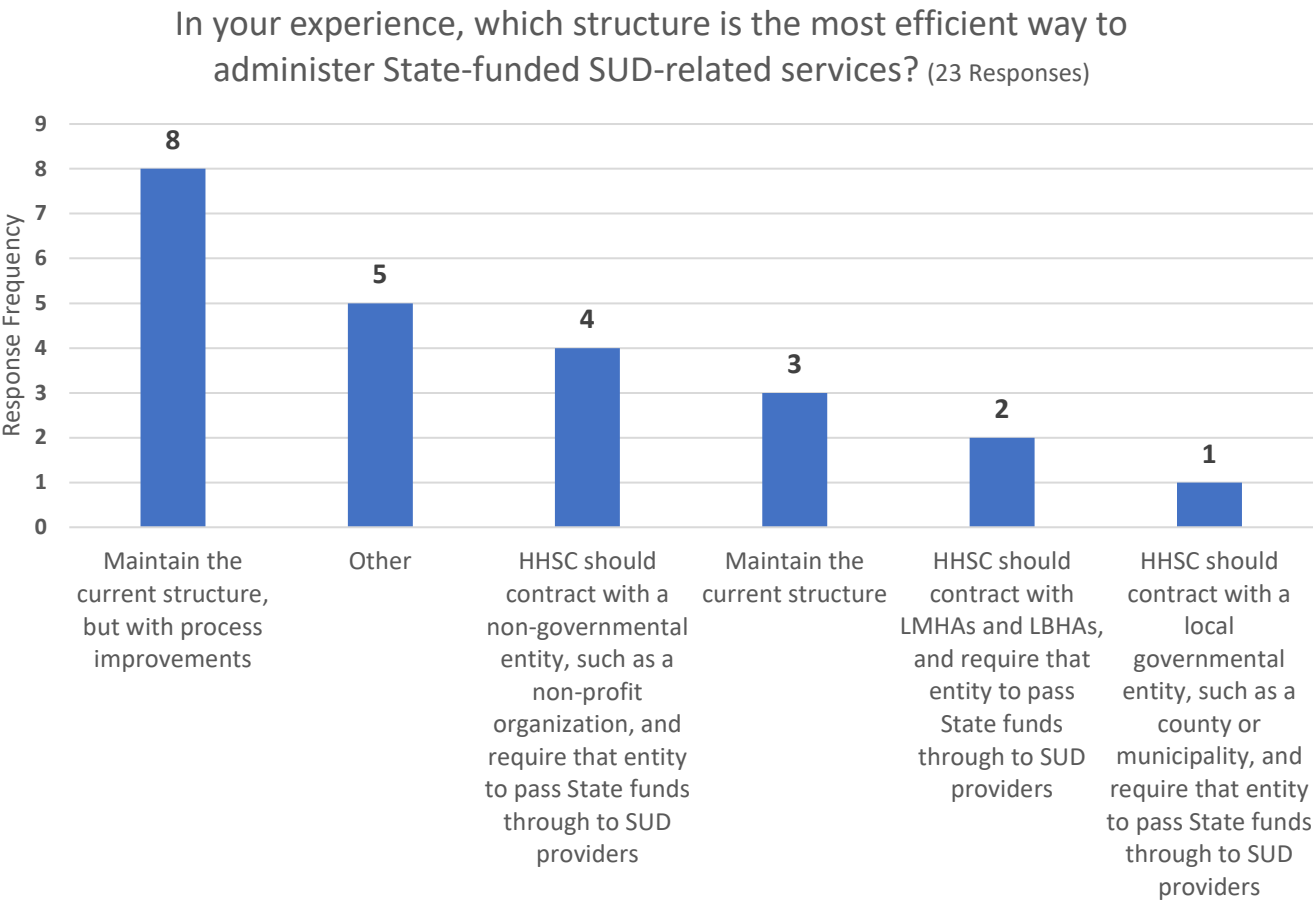
**Figure 30. Region 4 Response to Features Influencing Resource Commitment to HHSC SUD Services**



**Figure 31. Region 4 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**



**Figure 32. Region 4 Response to Most Efficient Financial Structure for Contract Administration**



# Region 5

Figure 33. Respondent Region - Region 5

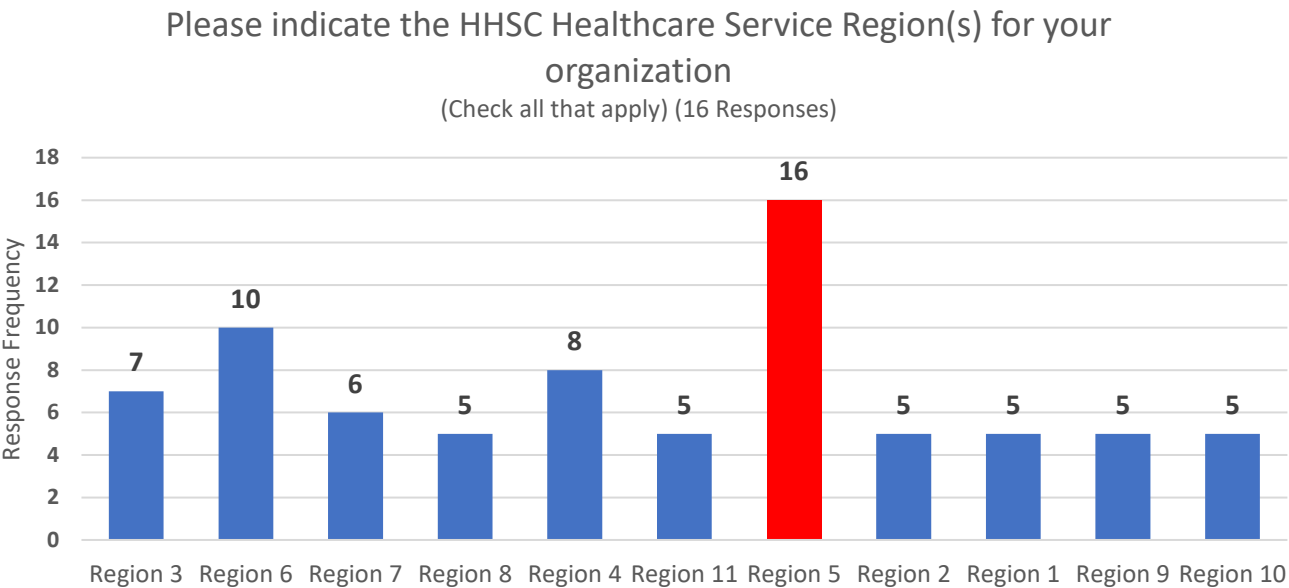
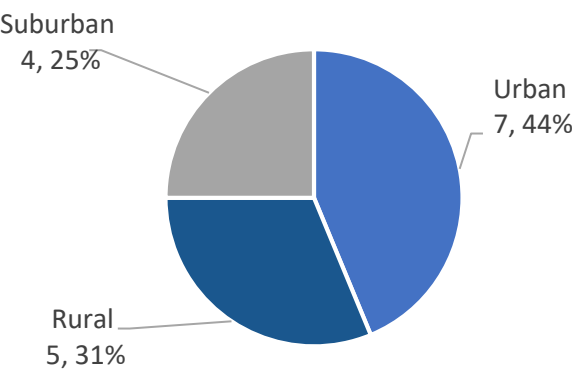


Chart Interpretation: When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 5, which only lets through responses where the respondent did select Region 5.

However, since the respondent can select multiple choices for that question, a respondent that selected Region 5 may have also selected 2 and 3, in which case, those will show up on the graph as they are associated with the response.

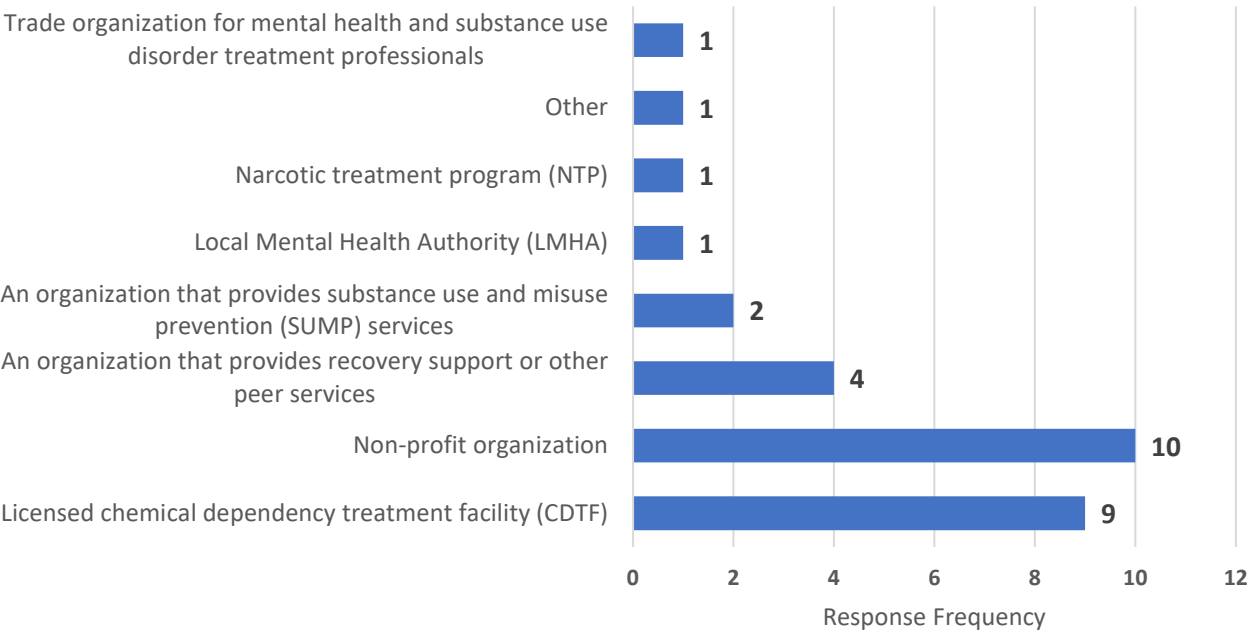
**Figure 34. Region 5 Respondent Geographic Area**

Please select the response that best describes the primary geographic area of your organization (16 Responses)

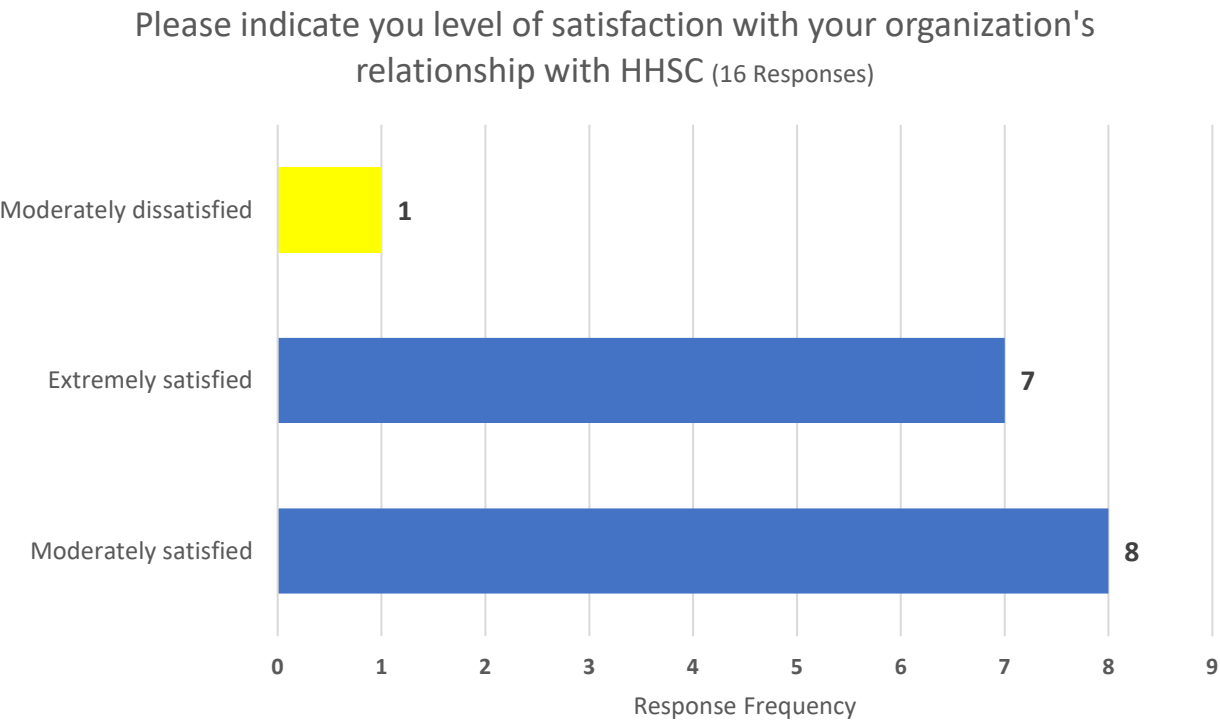


**Figure 35. Region 5 Respondent Organization Type**

Please select the option below that describes your organization (Check all that apply) (16 Responses)

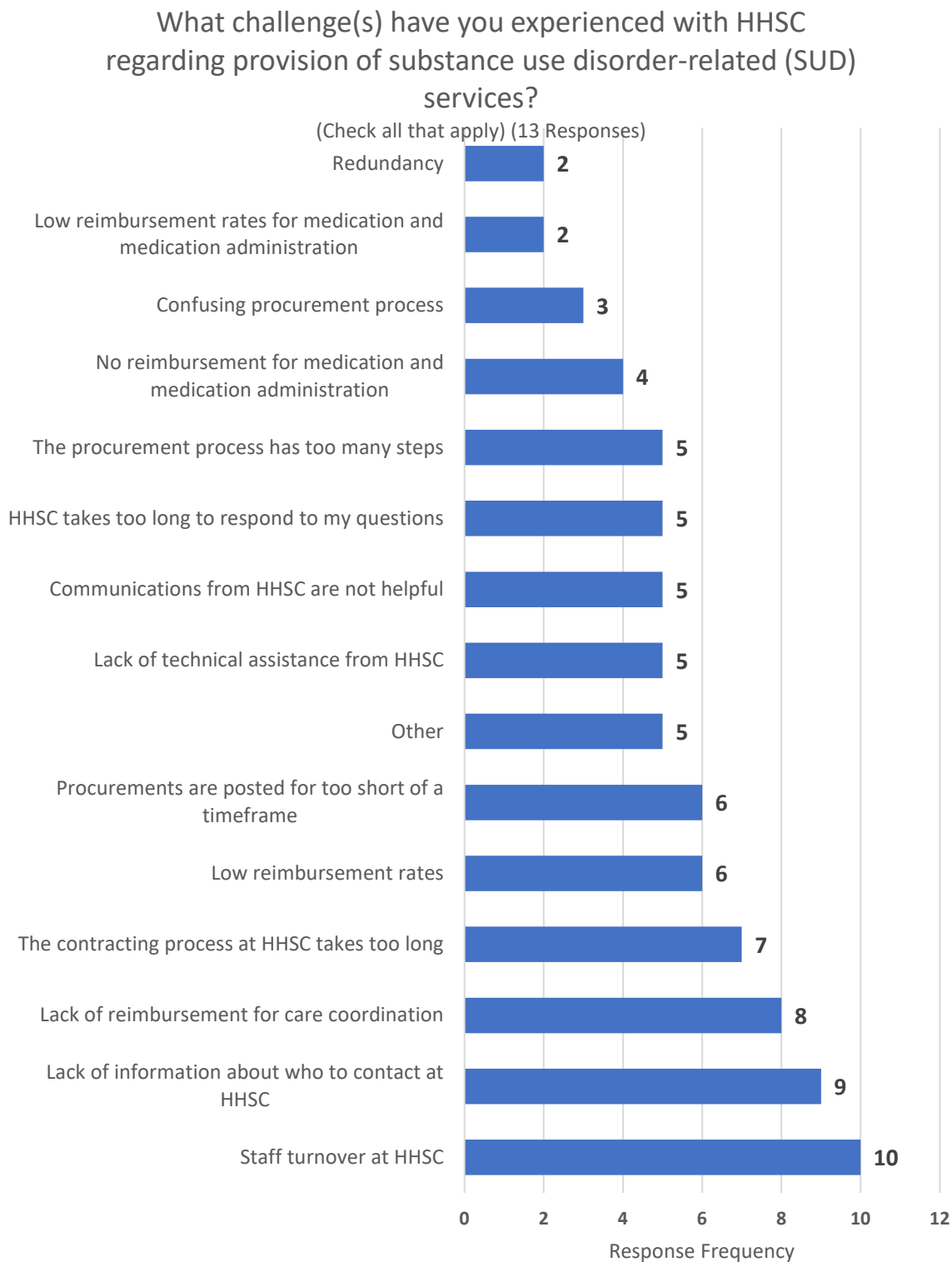


**Figure 36. Region 5 Respondent Satisfaction Level**





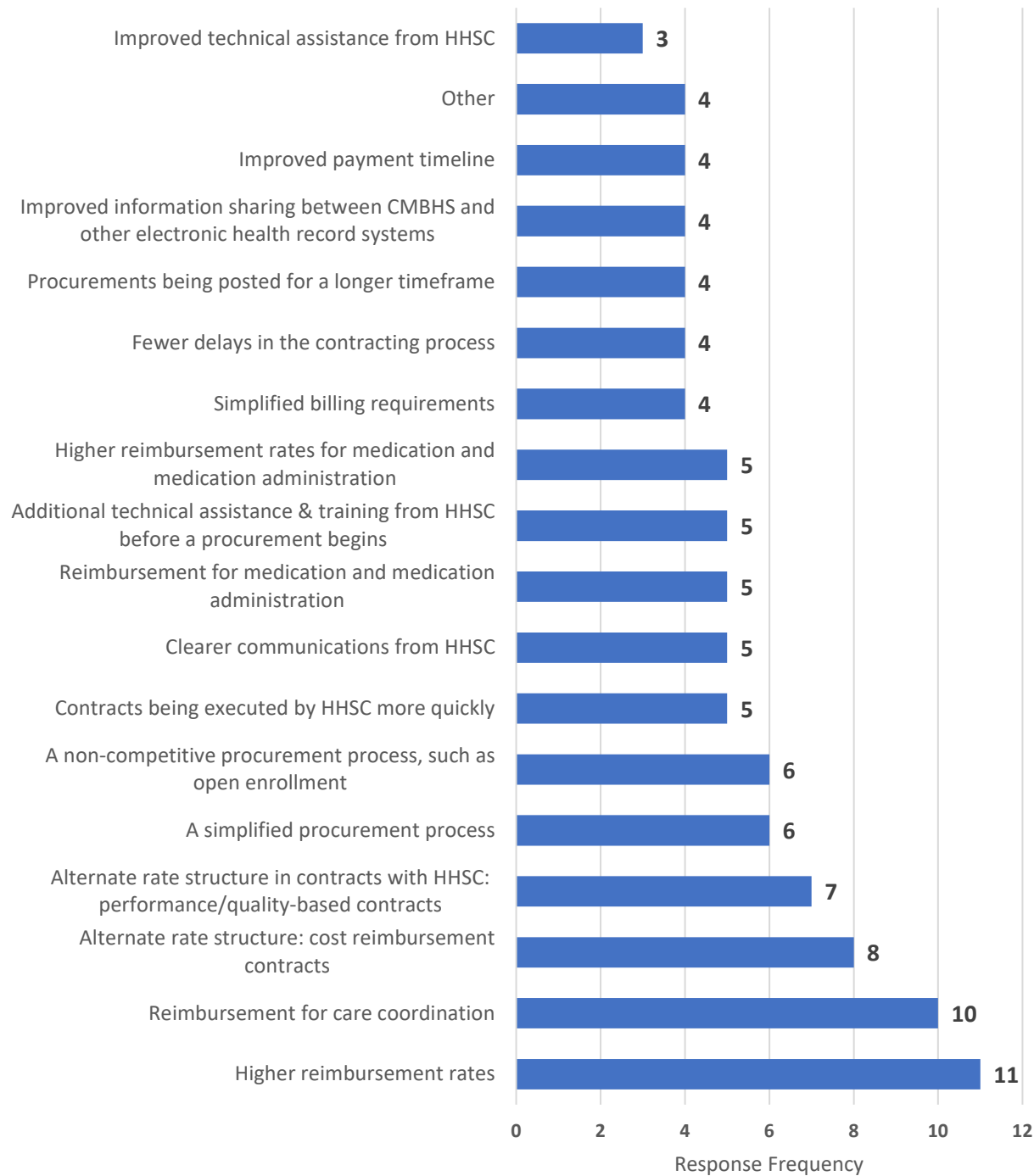
**Figure 37. Region 5 Respondent Perceived Challenges**



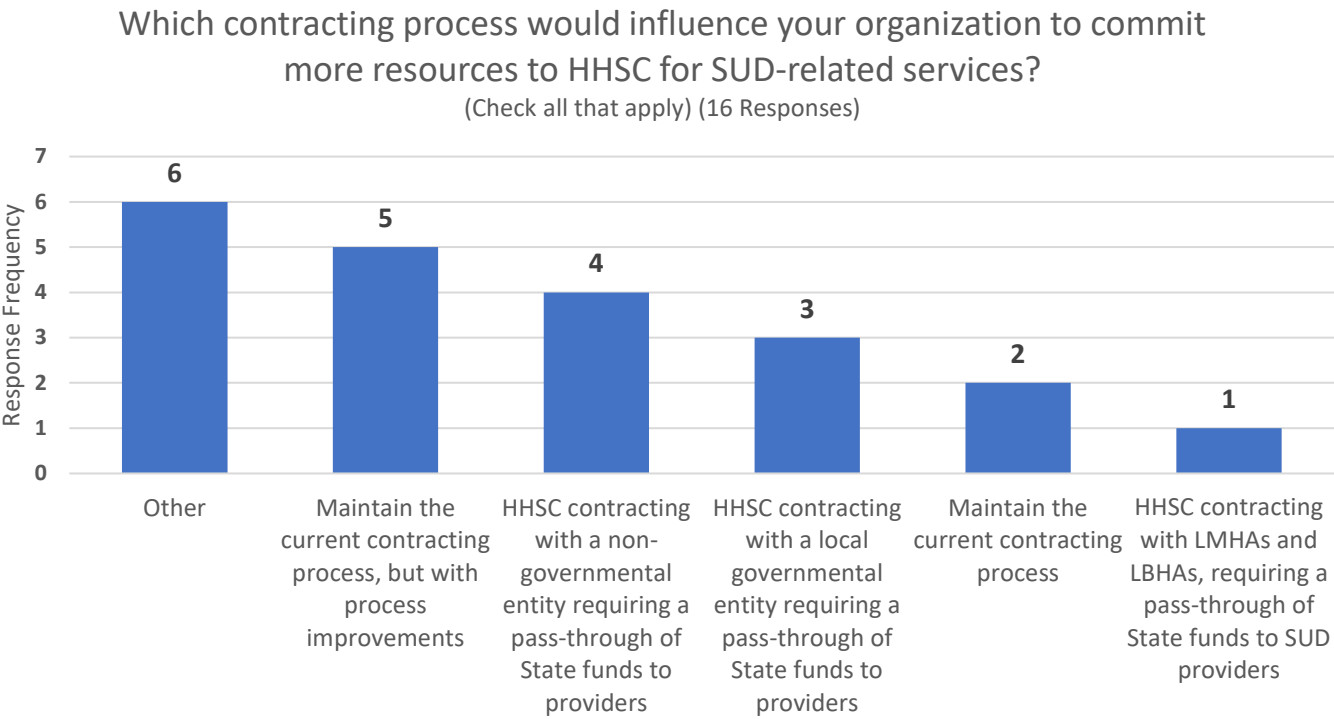
**Figure 38. Region 5 Response to Features Influencing Resource Commitment to HHSC SUD Services**

Which feature(s) would influence your organization to commit more resources to HHSC for SUD-related services?

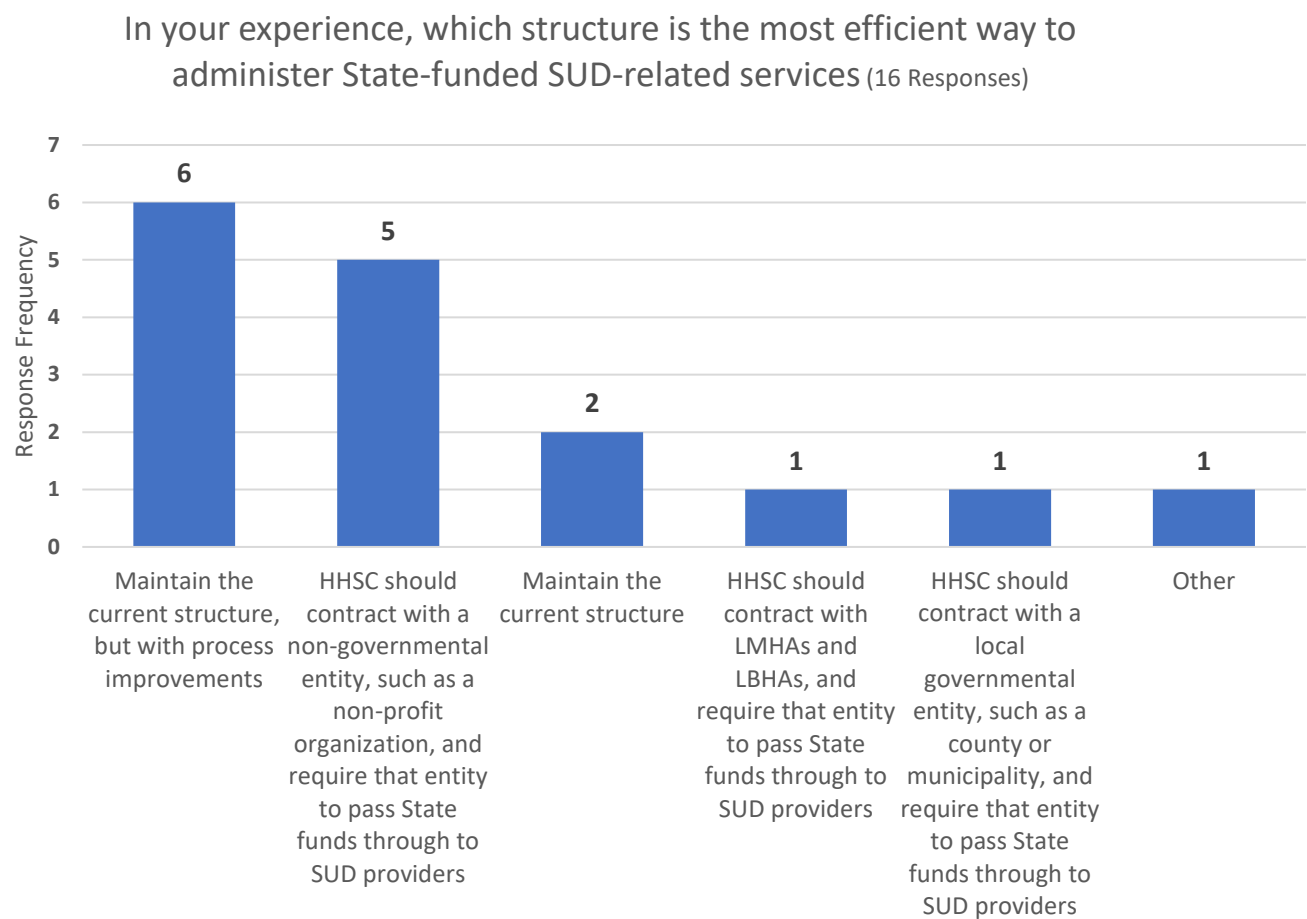
(Check all that apply) (15 Responses)



**Figure 39. Region 5 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**



**Figure 40. Region 5 Response to Most Efficient Financial Structure for Contract Administration**



# Region 6

Figure 41. Respondent Region - Region 6

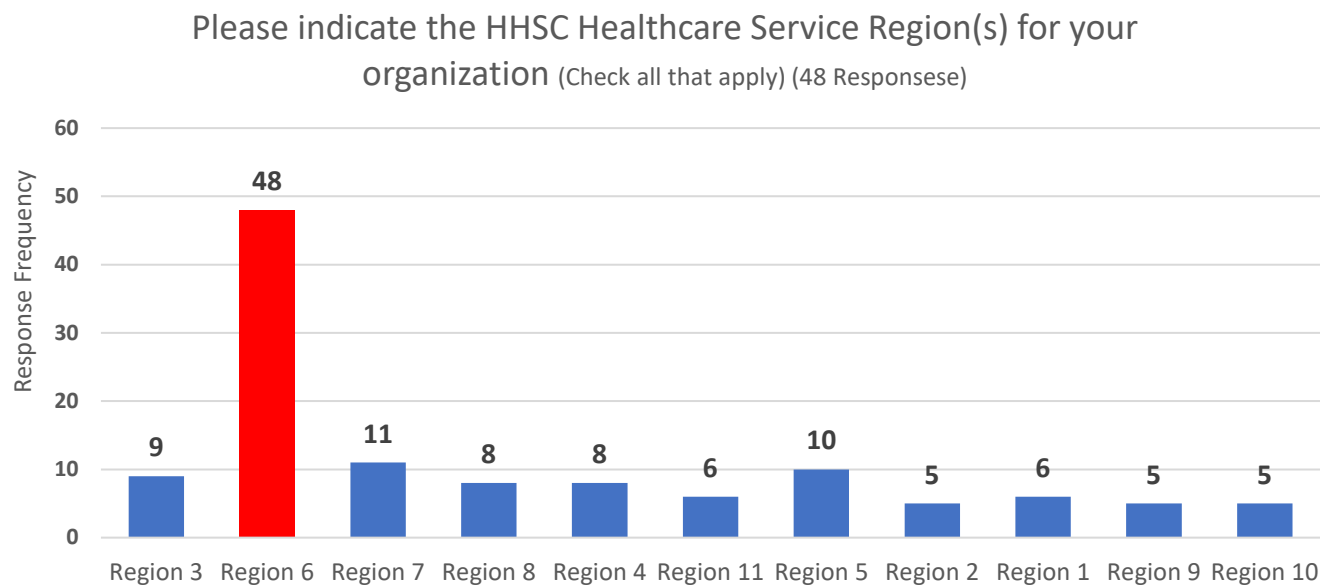
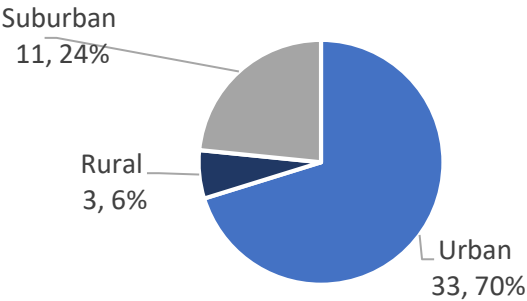


Chart Interpretation: When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 6, which only lets through responses where the respondent did select Region 6.

However, since the respondent can select multiple choices for that question, a respondent that selected Region 6 may have also selected 1 and 11, in which case, those will show up on the graph as they are associated with the response.

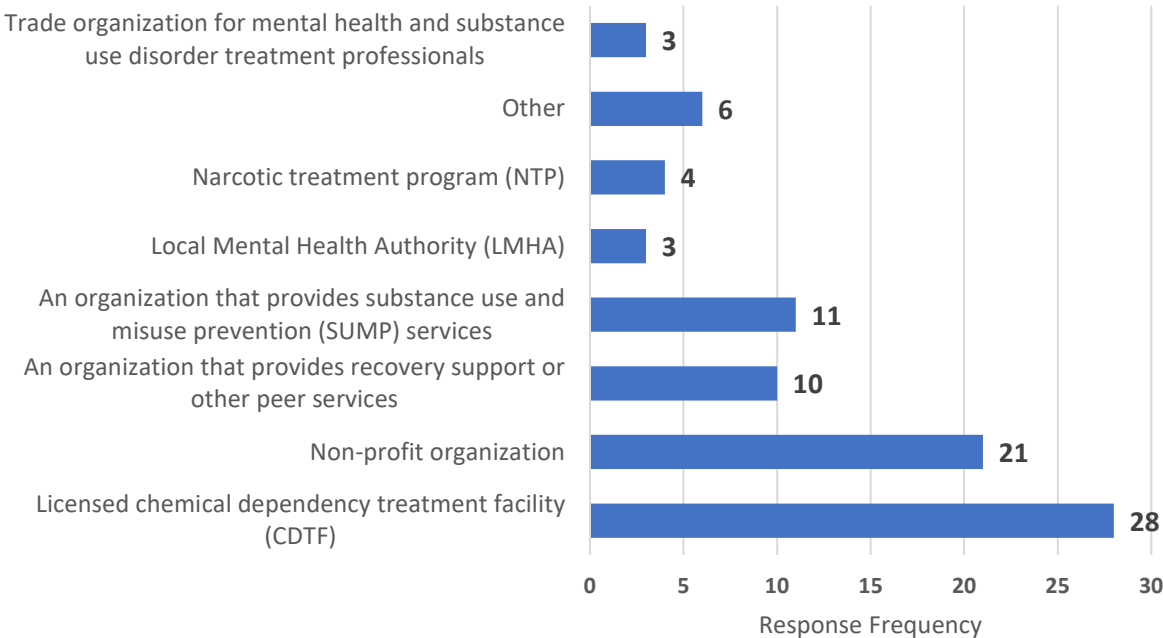
**Figure 42. Region 6 Respondent Geographic Area**

Please select the response that best describes the primary geographic area of your organization (47 Responses)

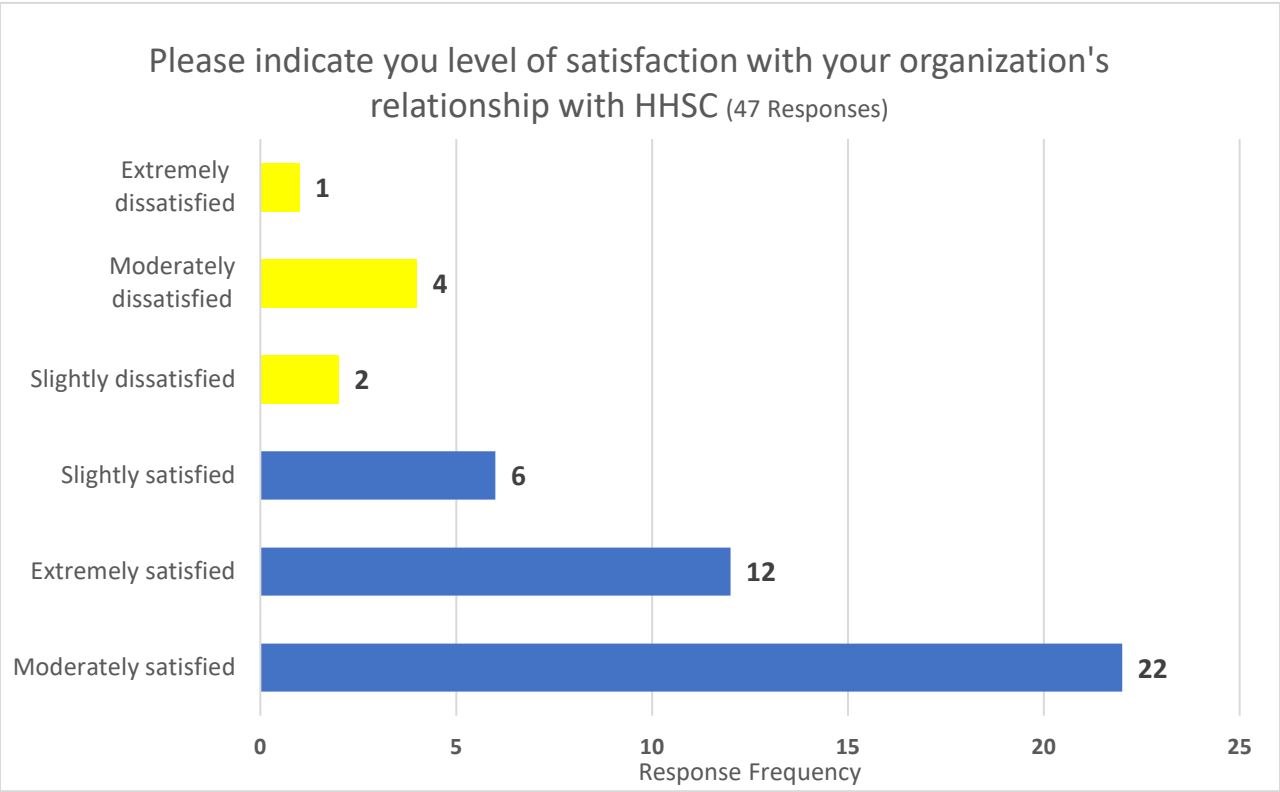


**Figure 43. Region 6 Respondent Organization Type**

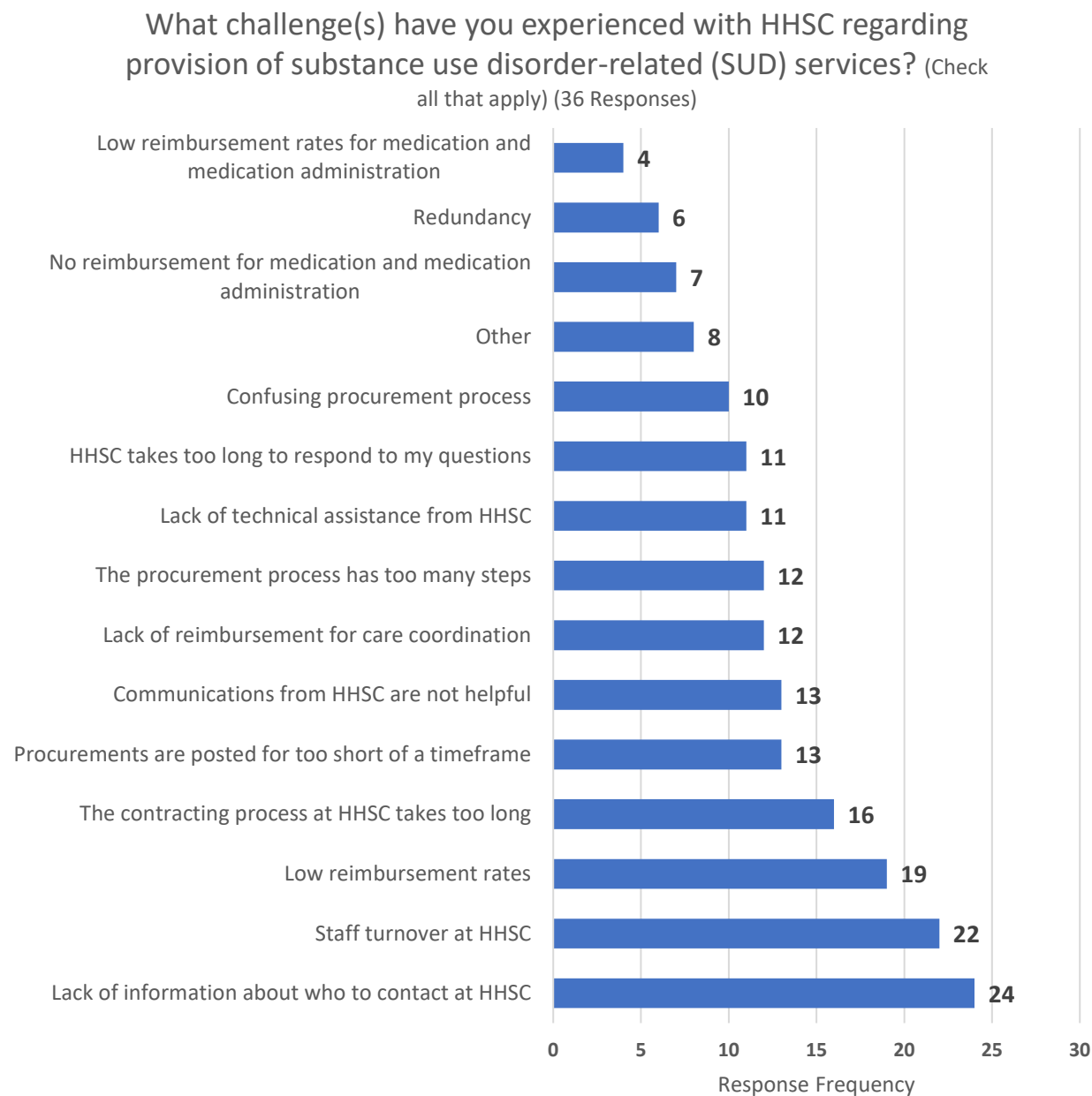
Please select the option below that describes your organization (Check all that apply) (47 Responses)



**Figure 44. Region 6 Respondent Satisfaction Level**



**Figure 45. Region 6 Respondent Perceived Challenges**





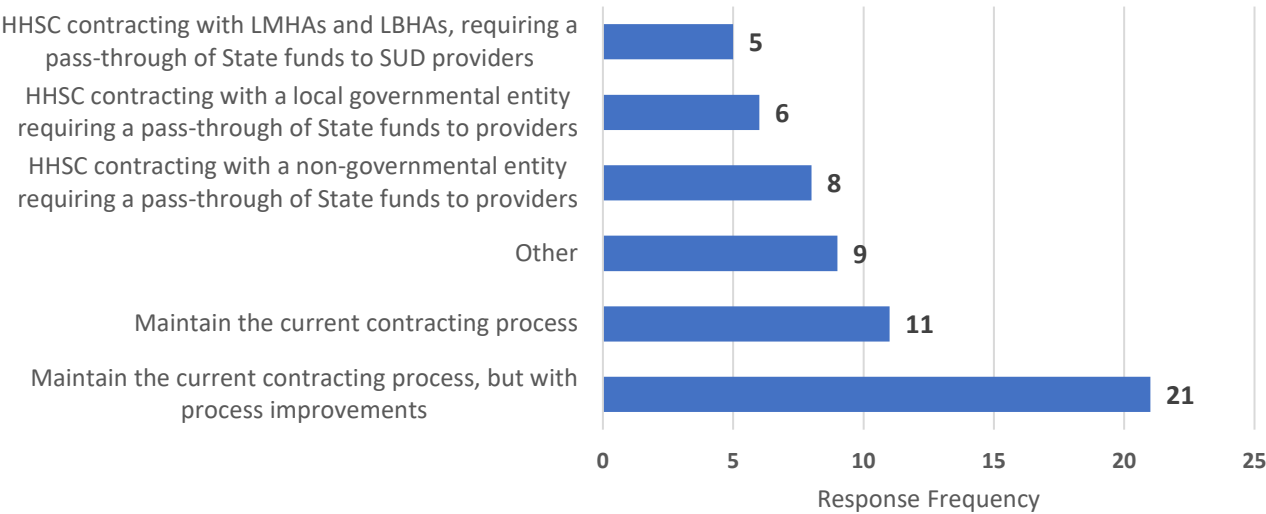
**Figure 46. Region 6 Response to Features Influencing Resource Commitment to HHSC SUD Services**



**Figure 47. Region 6 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**

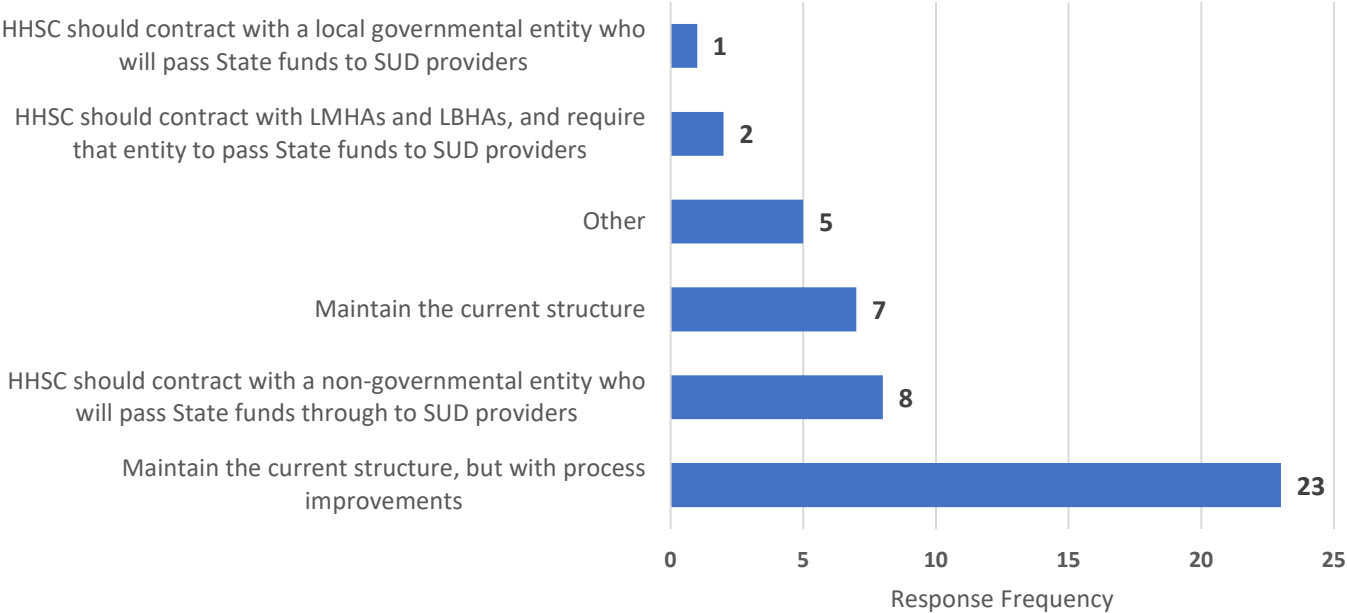
Which contracting process would influence your organization to commit more resources to HHSC for SUD-related services?

(Check all that apply) (46 Responses)



**Figure 48. Region 6 Response to Most Efficient Financial Structure for Contract Administration**

In your experience, which structure is the most efficient way to administer State-funded SUD-related services (46 Responses)



# Region 7

Figure 49. Respondent Region - Region 7

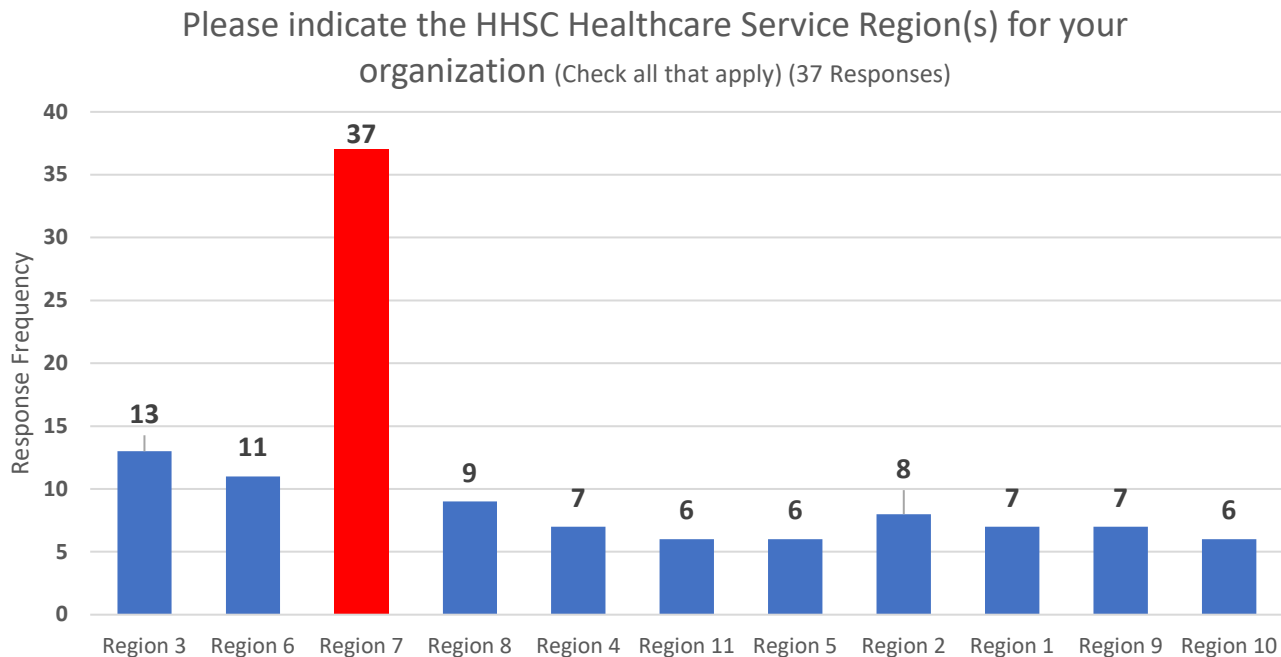
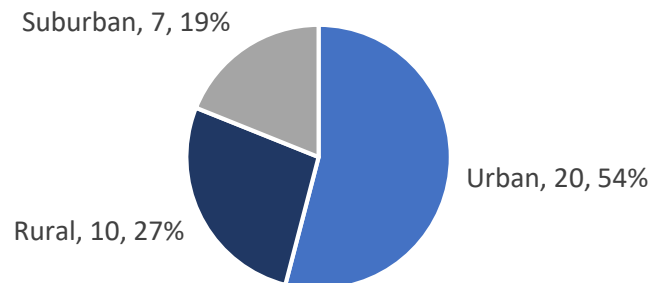


Chart Interpretation: When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 7, which only lets through responses where the respondent did select Region 7.

However, since the respondent can select multiple choices for that question, a respondent that selected Region 7 may have also selected 1 and 11, in which case, those will show up on the graph as they are associated with the response.

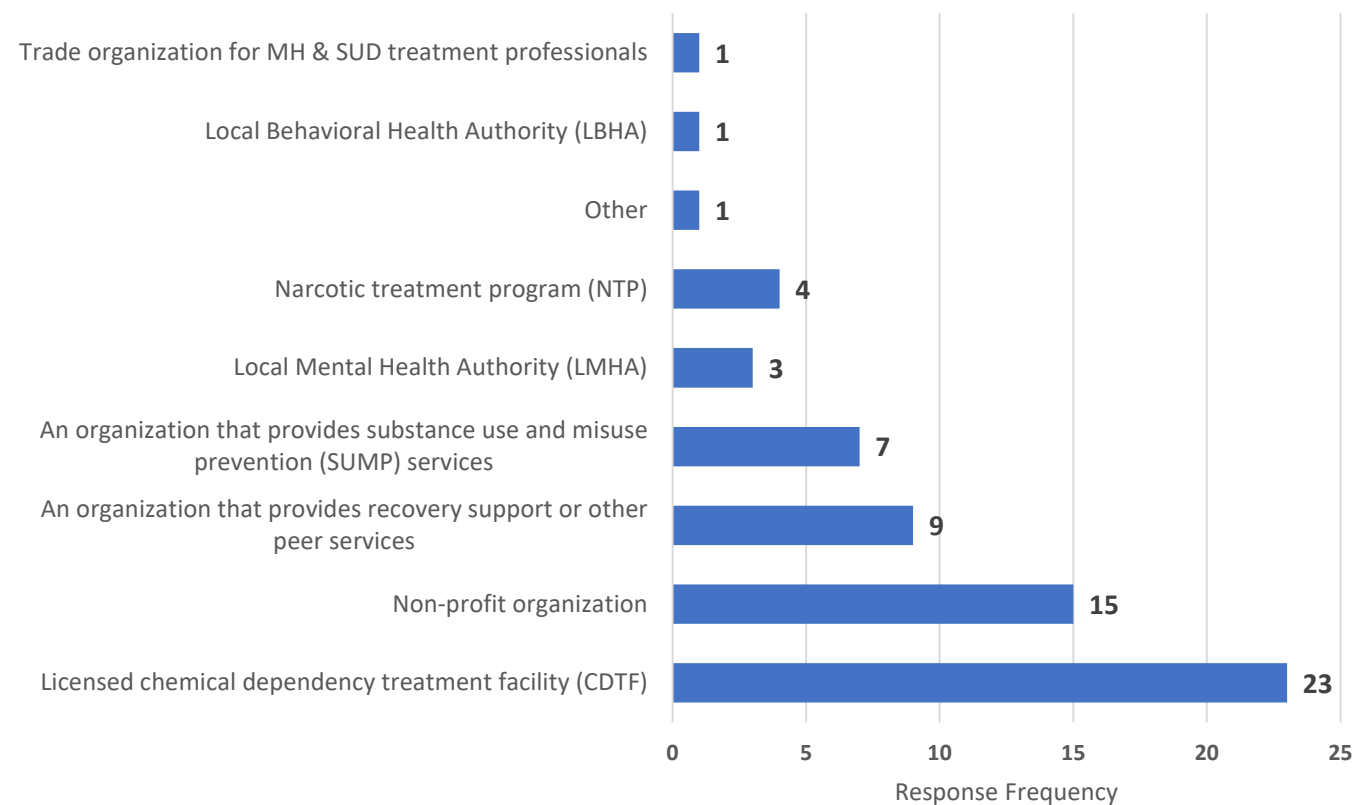
**Figure 50. Region 7 Respondent Geographic Area**

Please select the response that best describes the primary geographic area of your organization (37 Responses)



**Figure 51. Region 7 Respondent Organization Type**

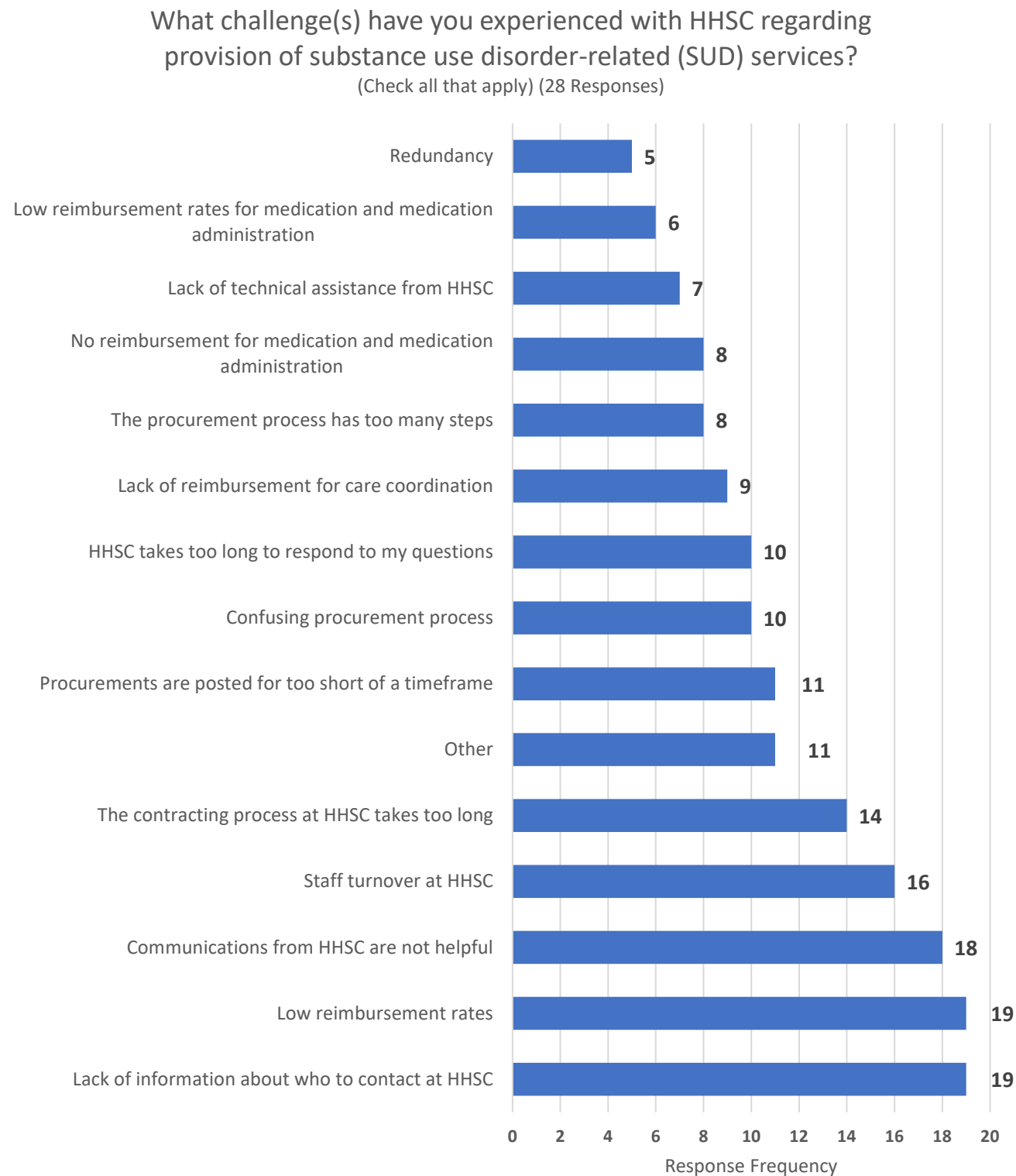
Please select the option below that describes your organization (Check all that apply) (37 Responses)



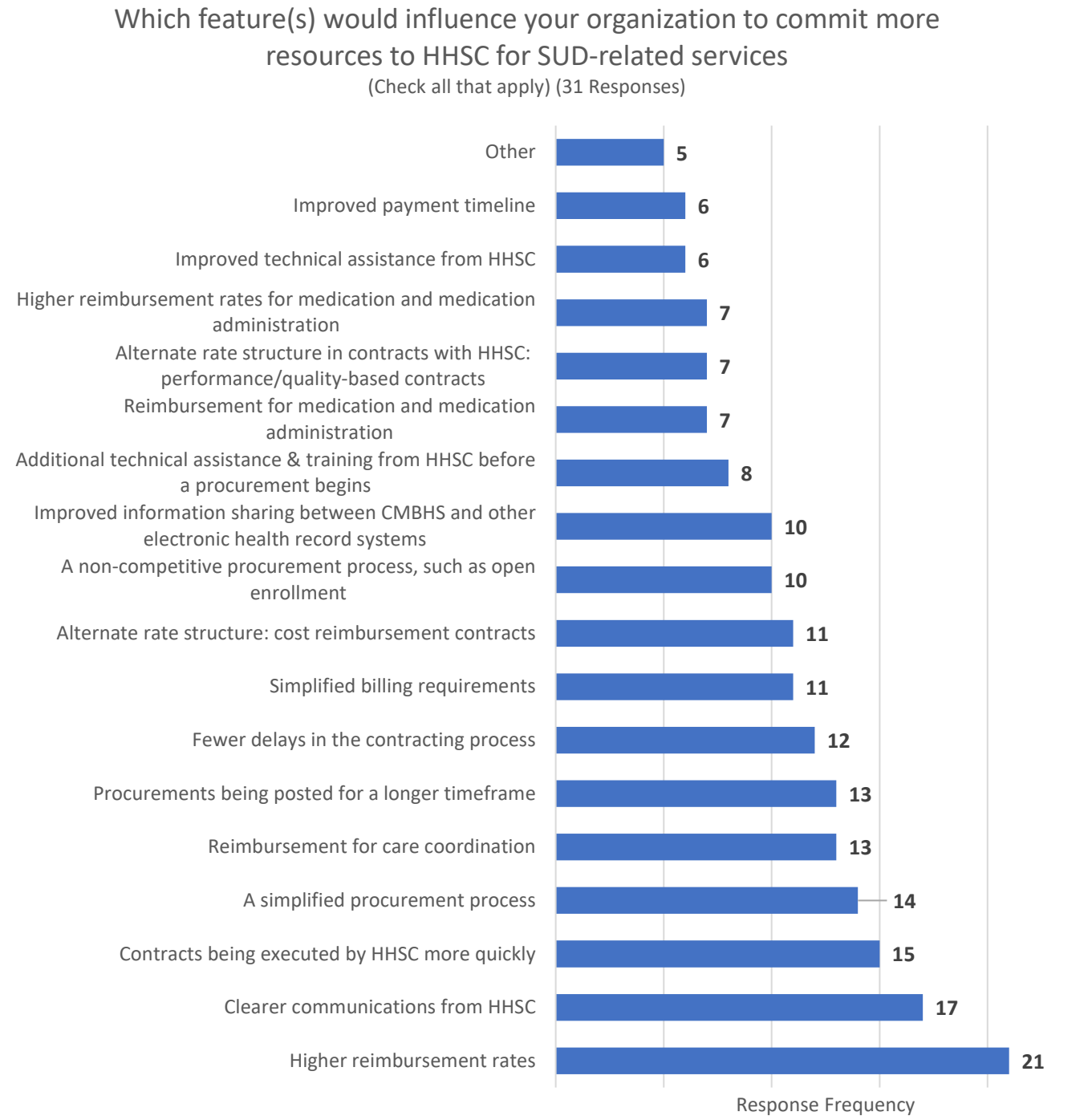
**Figure 52. Region 7 Respondent Satisfaction Level**



**Figure 53. Region 7 Respondent Perceived Challenges**

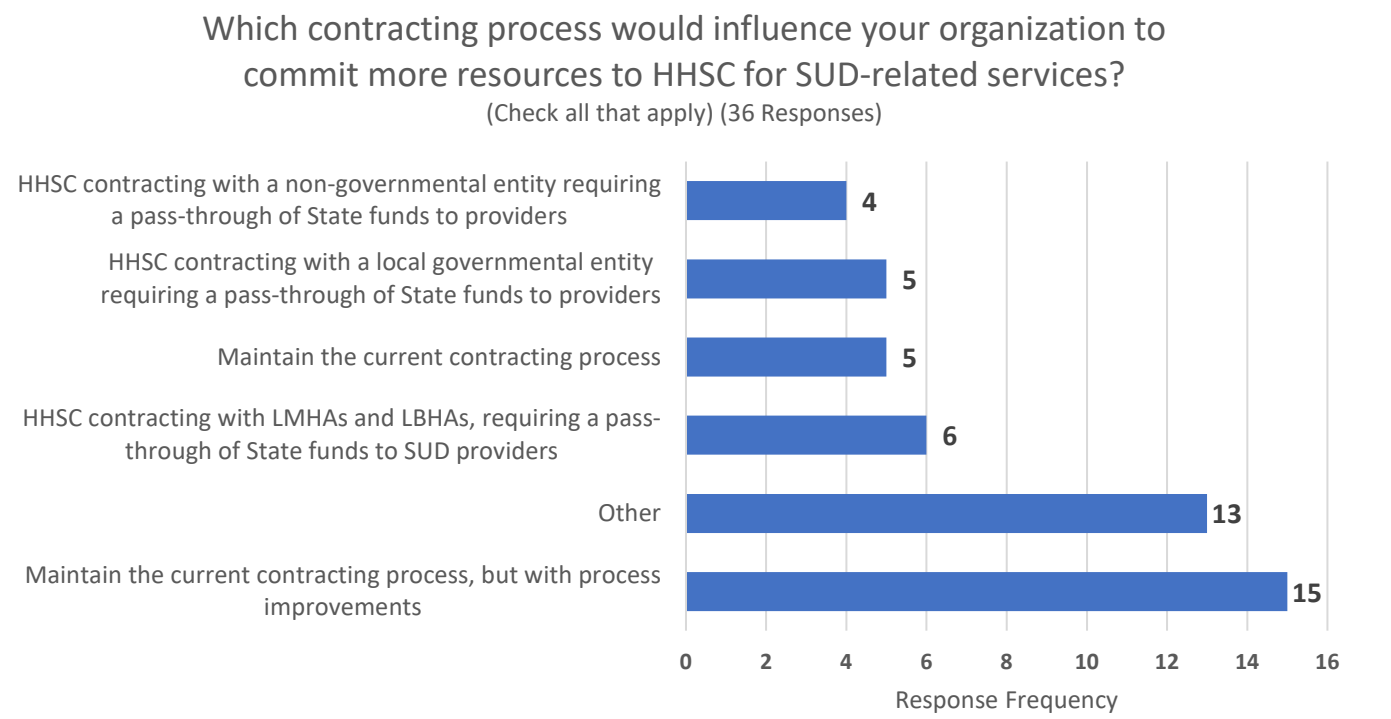


**Figure 54. Region 7 Response to Features Influencing Resource Commitment to HHSC SUD Services**

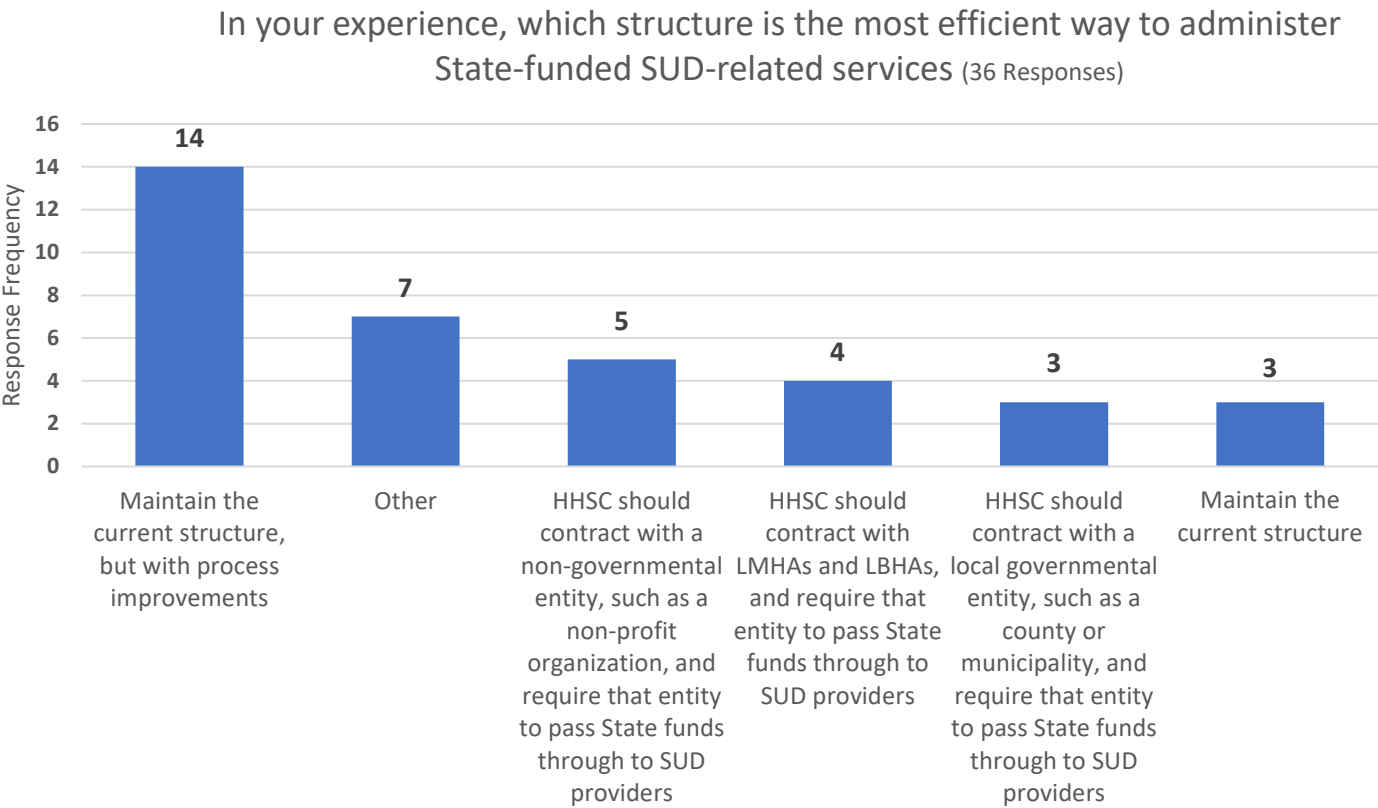




**Figure 55. Region 7 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**



**Figure 56. Region 7 Response to Most Efficient Financial Structure for Contract Administration**



# Region 8

Figure 57. Respondent Region - Region 8

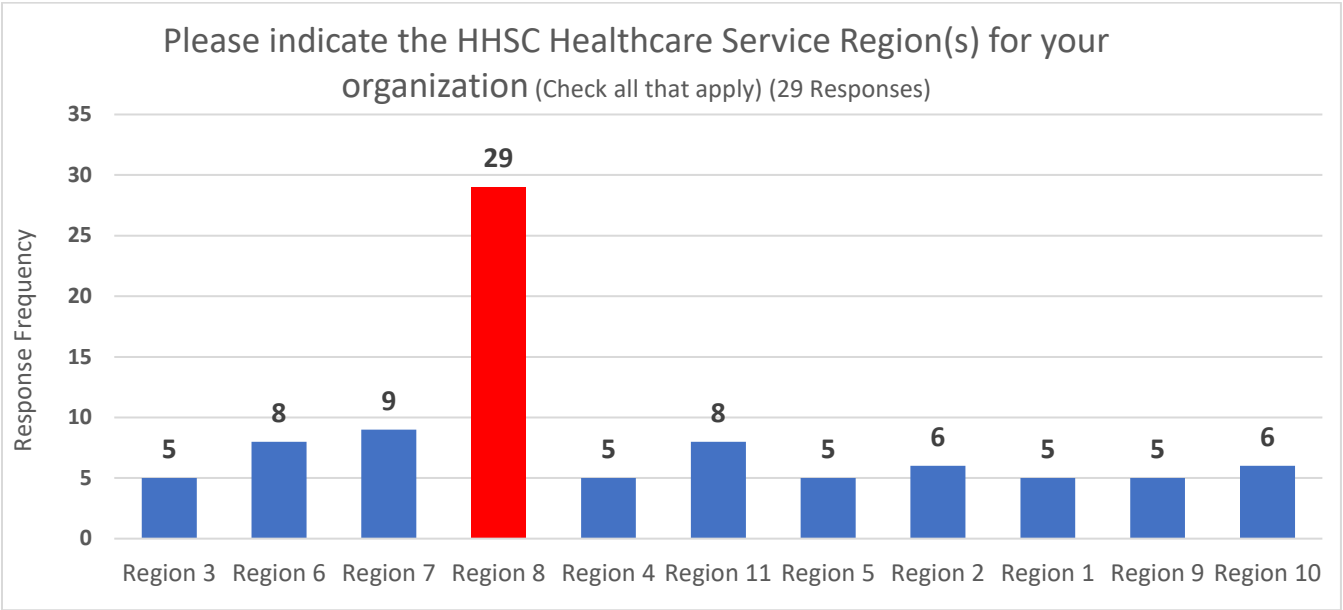
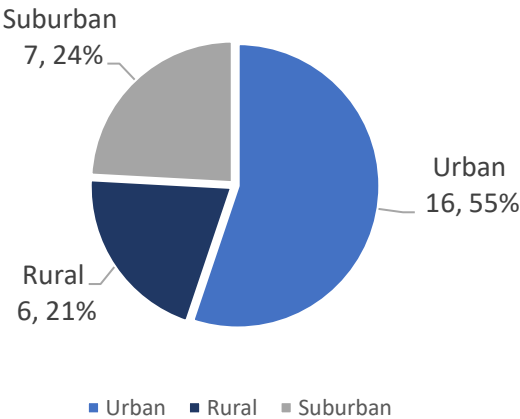


Chart Interpretation: When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 8, which only lets through responses where the respondent did select Region 8.

However, since the respondent can select multiple choices for that question, a respondent that selected Region 8 may have also selected 1 and 11, in which case, those will show up on the graph as they are associated with the response.

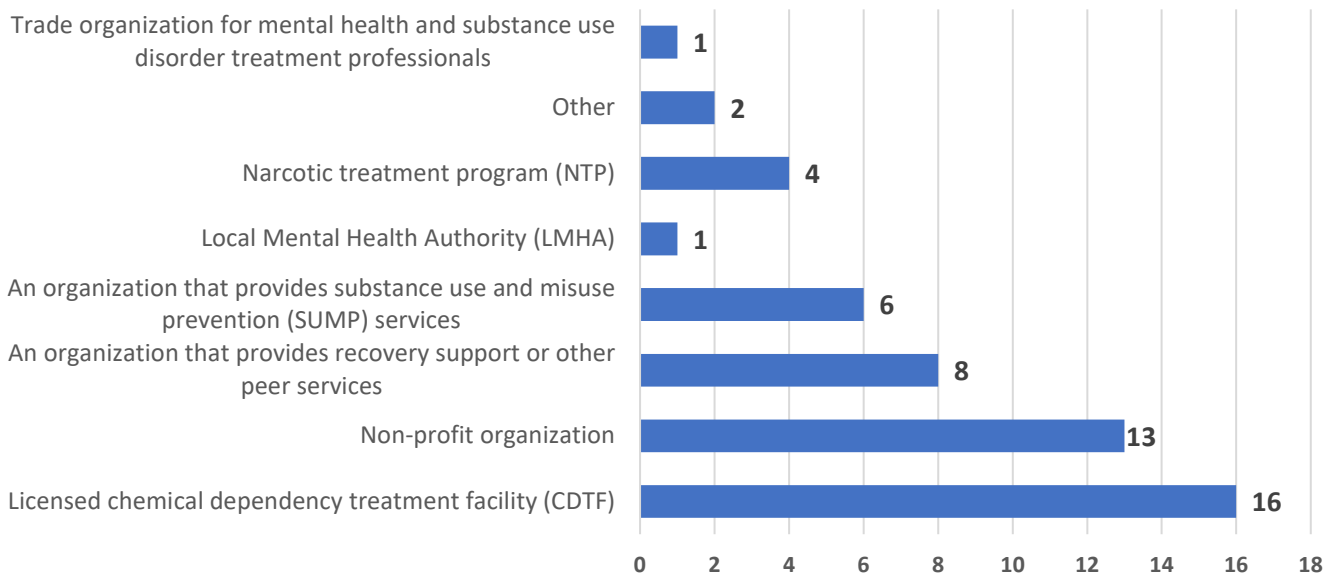
**Figure 58. Region 8 Respondent Geographic Area**

Please select the response that best describes the primary geographic area of your organization (29 Responses)

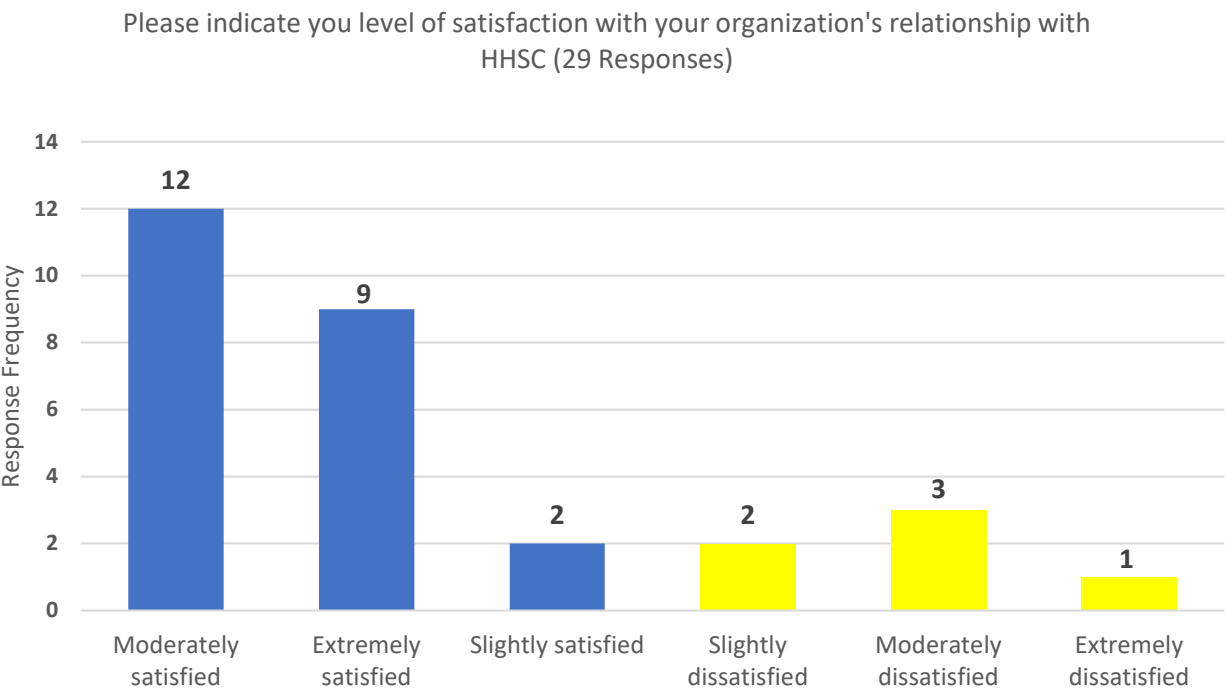


**Figure 59. Region 8 Respondent Organization Type**

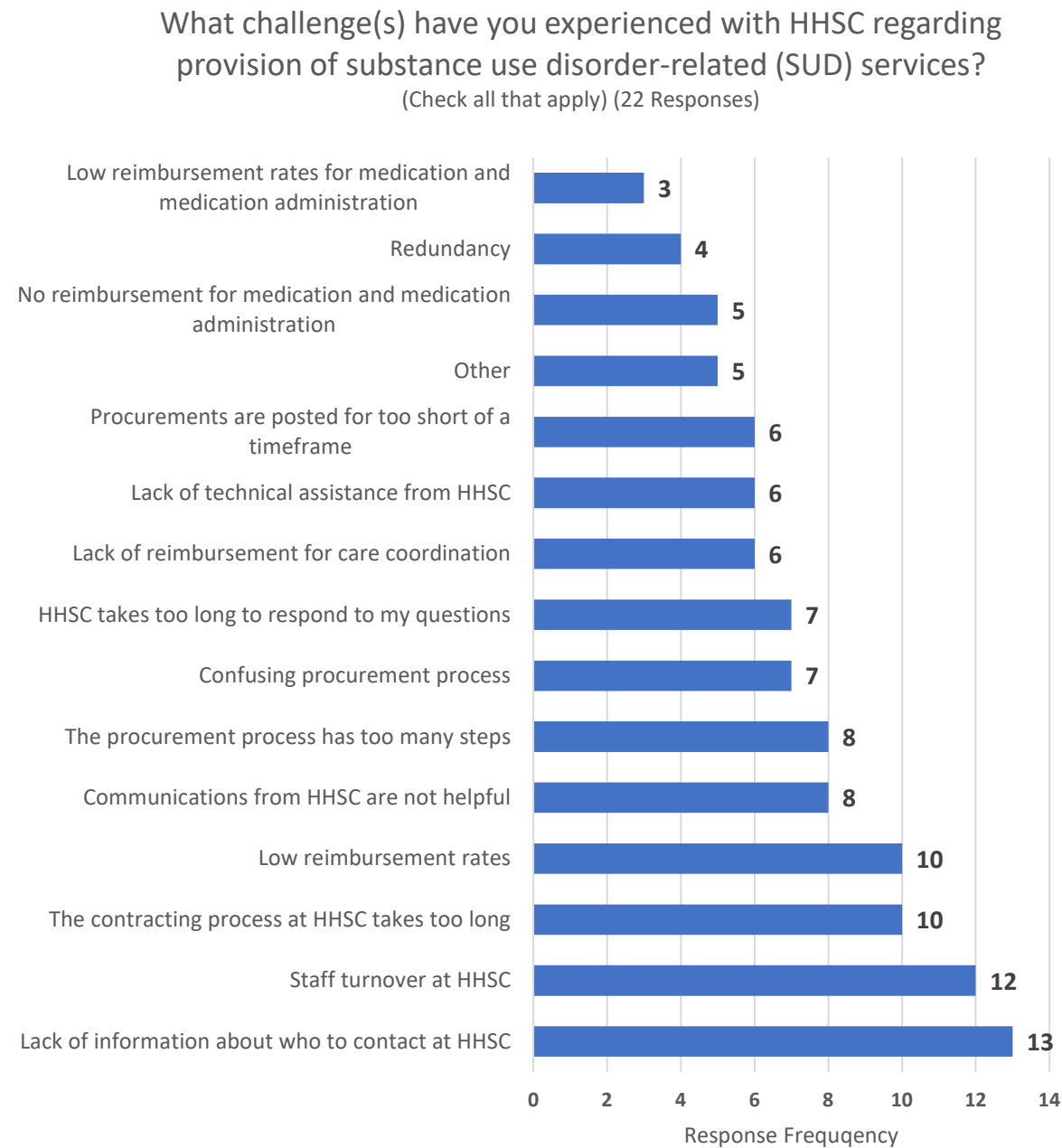
Please select the option below that describes your organization  
(Check all that apply) (29 Responses)



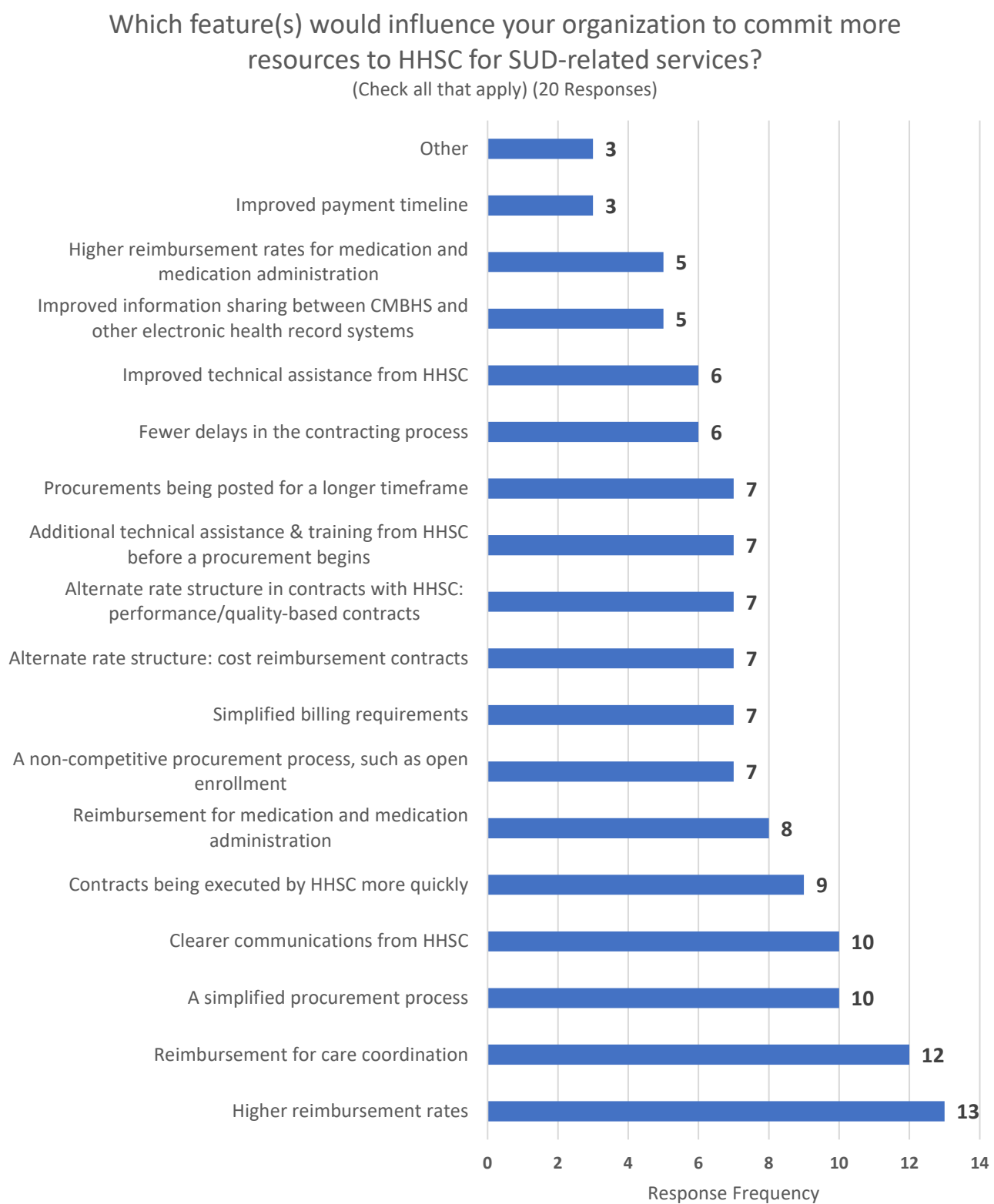
**Figure 60. Region 8 Respondent Satisfaction Level**



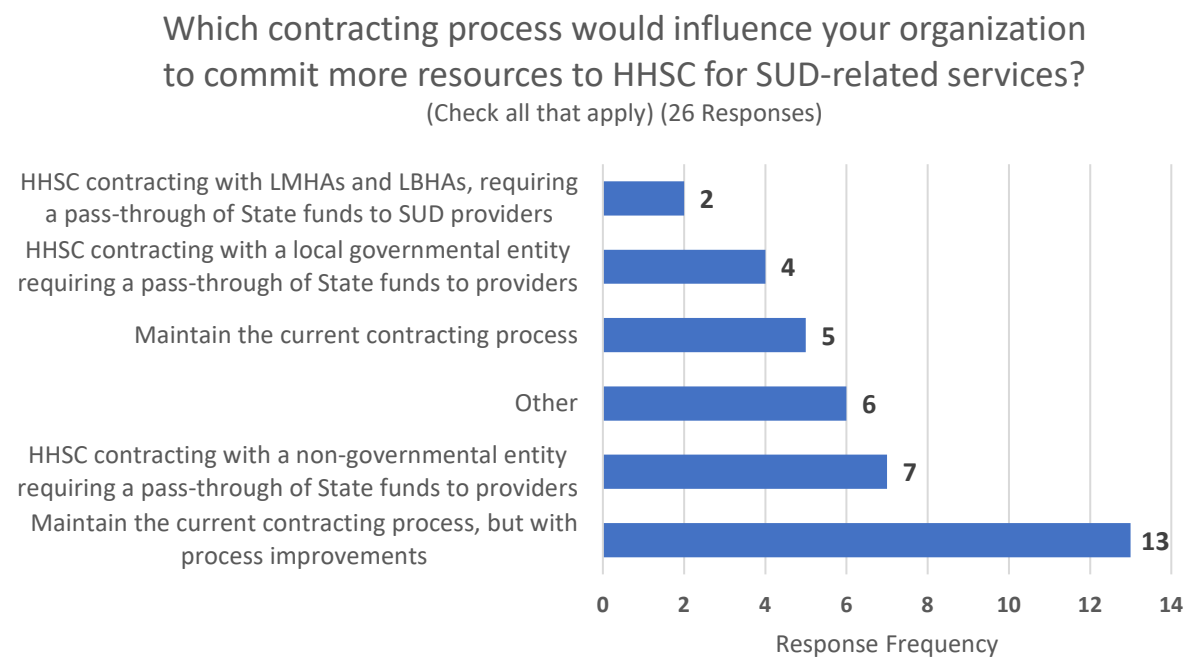
**Figure 61. Region 8 Respondent Perceived Challenges**



**Figure 62. Region 8 Response to Features Influencing Resource Commitment to HHSC SUD Services**

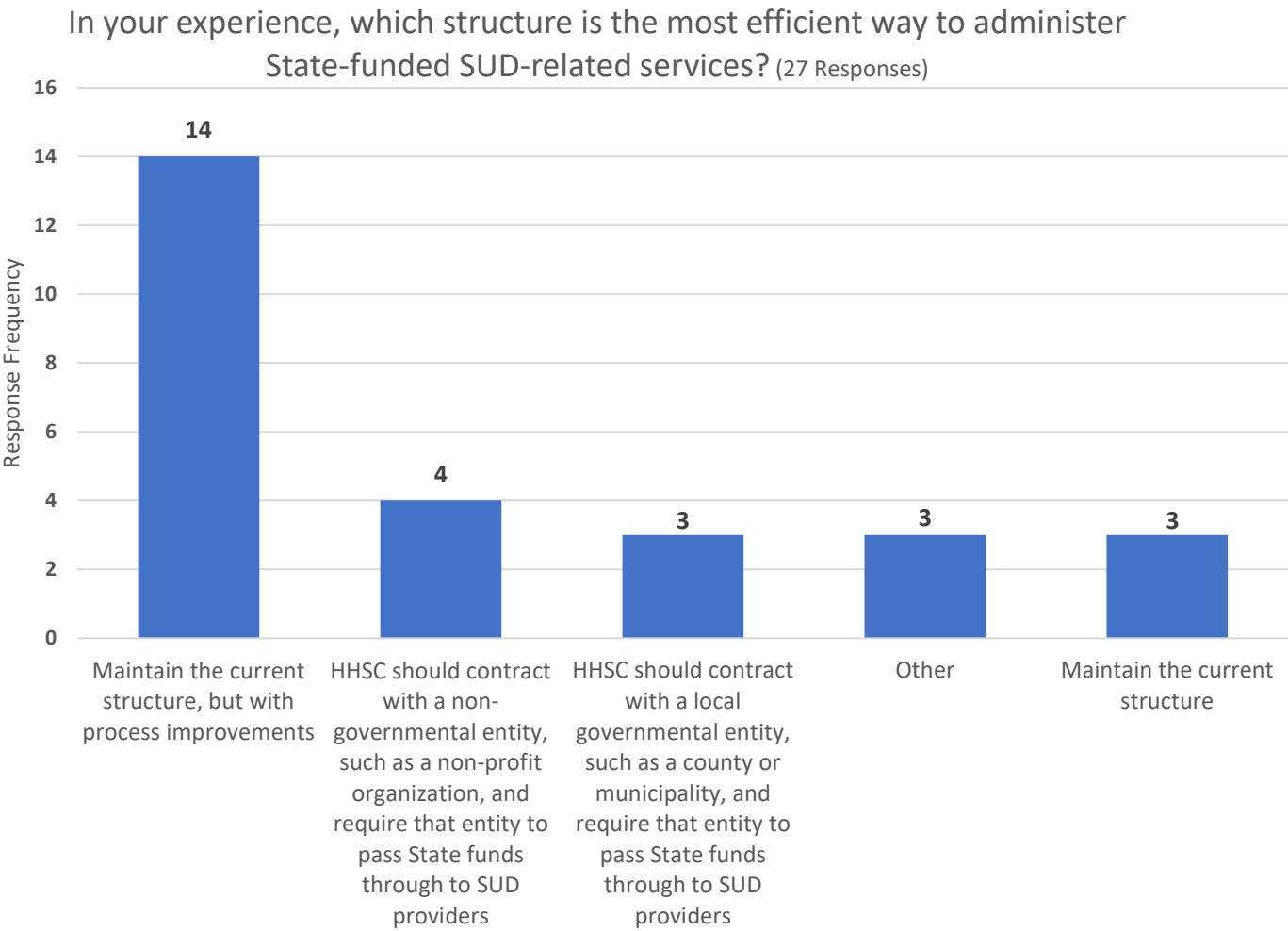


**Figure 63. Region 8 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**





**Figure 64. Region 8 Response to Most Efficient Financial Structure for Contract Administration**



# Region 9

Figure 65. Respondent Region - Region 9

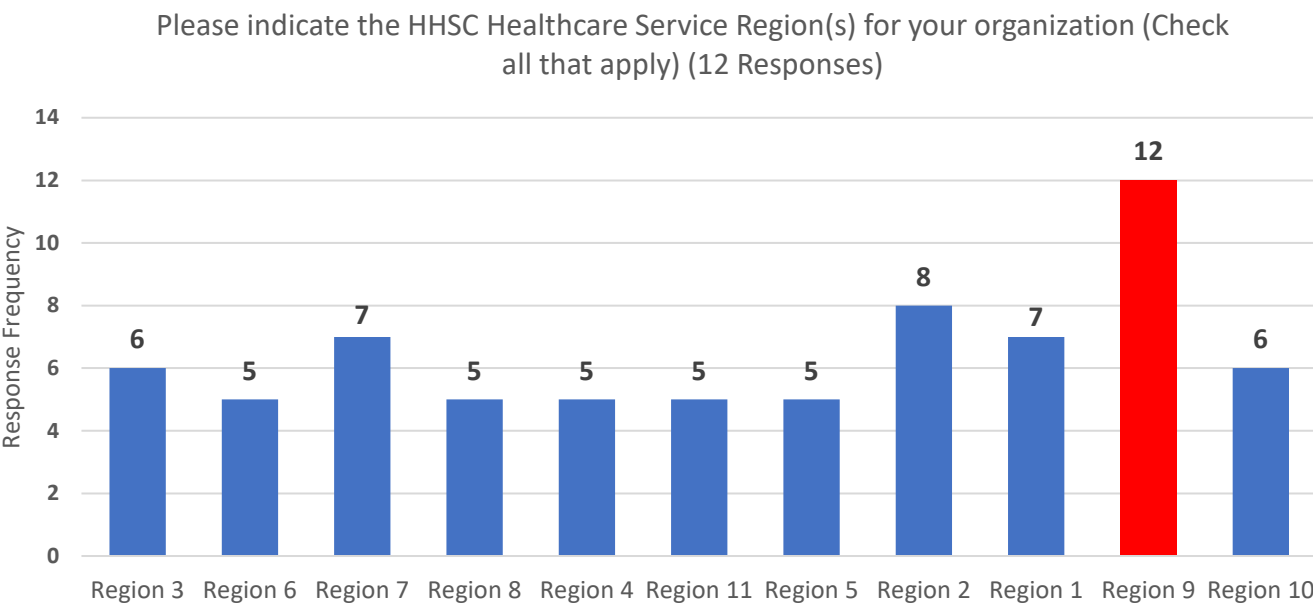
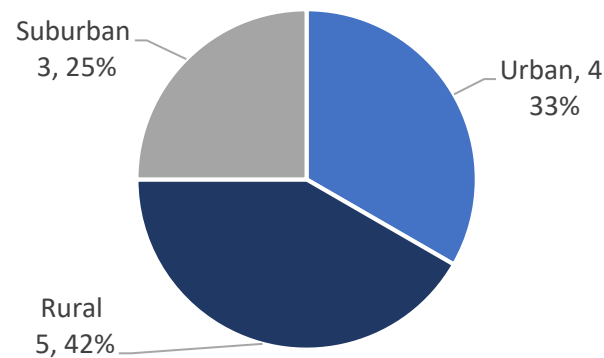


Chart Interpretation: When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 9, which only lets through responses where the respondent did select Region 9.

However, since the respondent can select multiple choices for that question, a respondent that selected Region 9 may have also selected 1 and 11, in which case, those will show up on the graph as they are associated with the response.

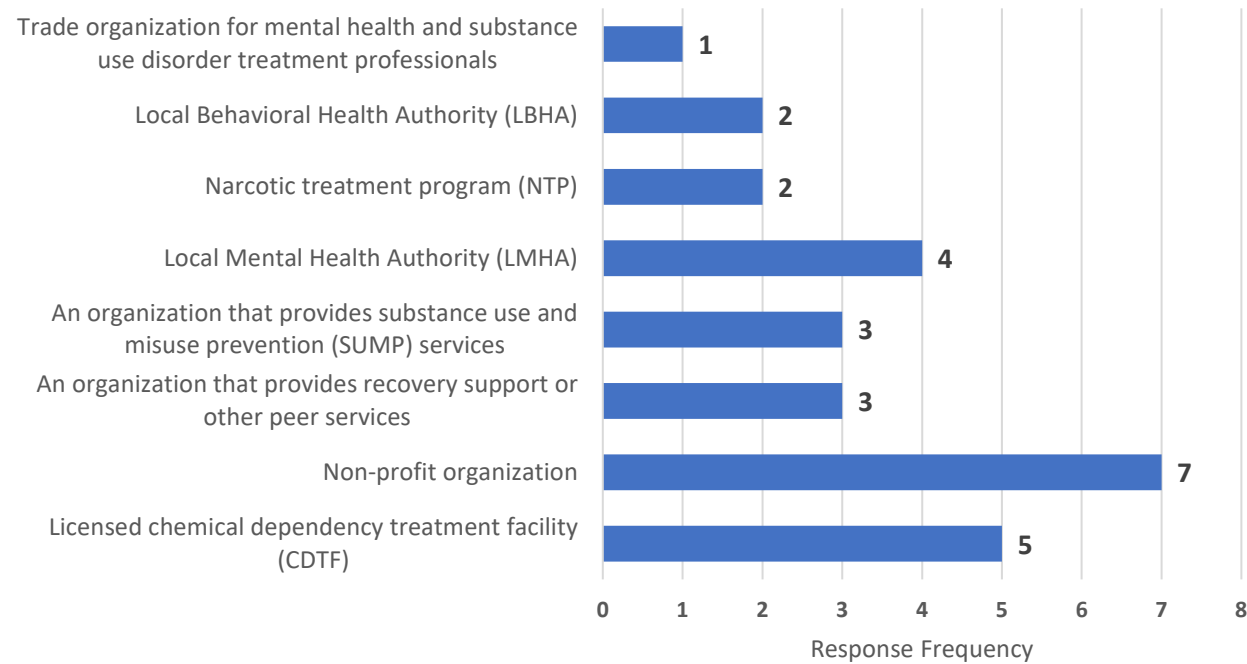
**Figure 66. Region 9 Respondent Geographic Area**

Please select the response that best describes the primary geographic area of your organization (12 Responses)



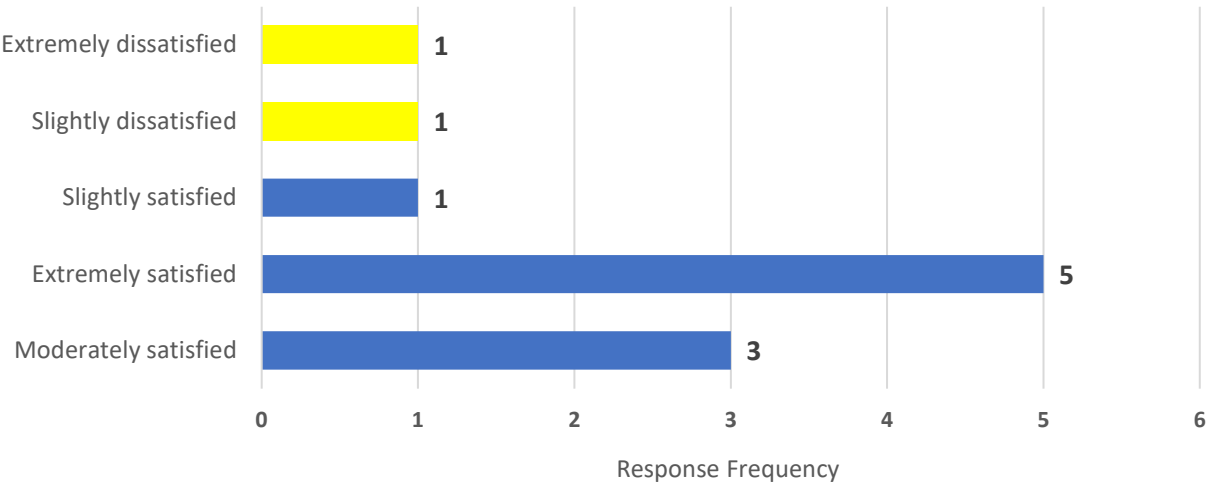
**Figure 67. Region 9 Respondent Organization Type**

Please select the option below that describes your organization  
(Check all that apply) 12 (Responses)

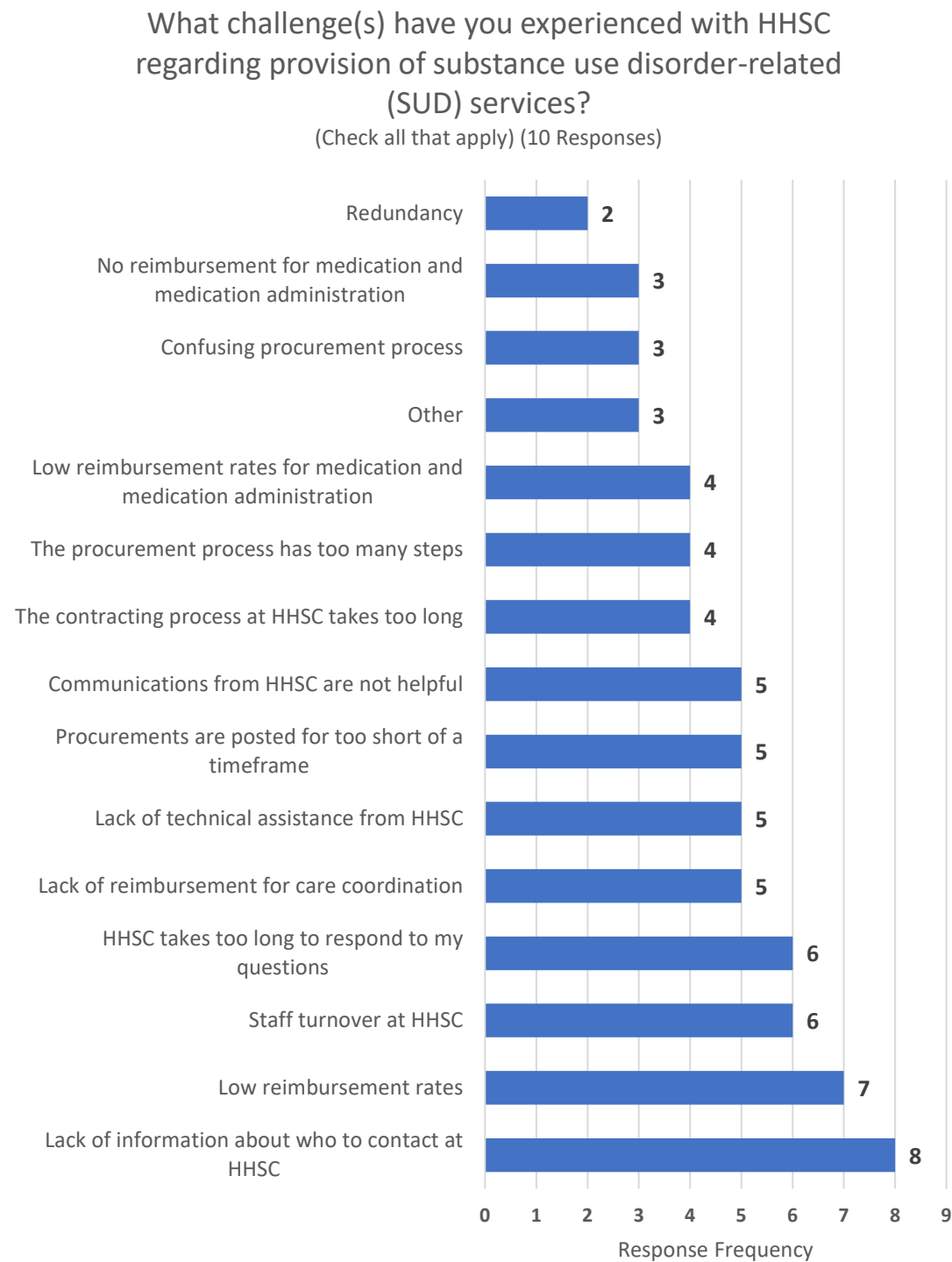


**Figure 68. Region 9 Respondent Satisfaction Level**

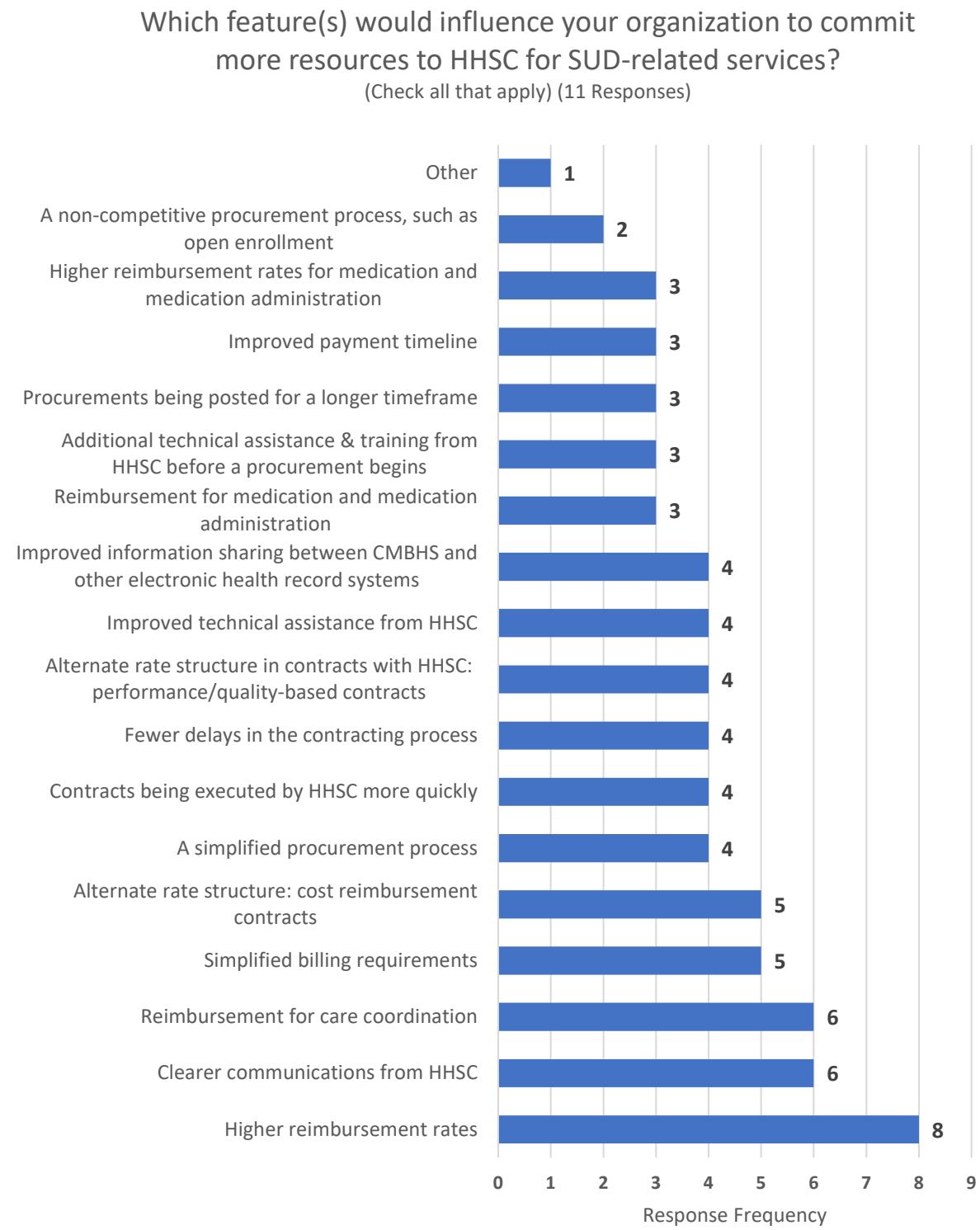
Please indicate you level of satisfaction with your organization's relationship with HHSC (11 Responses)



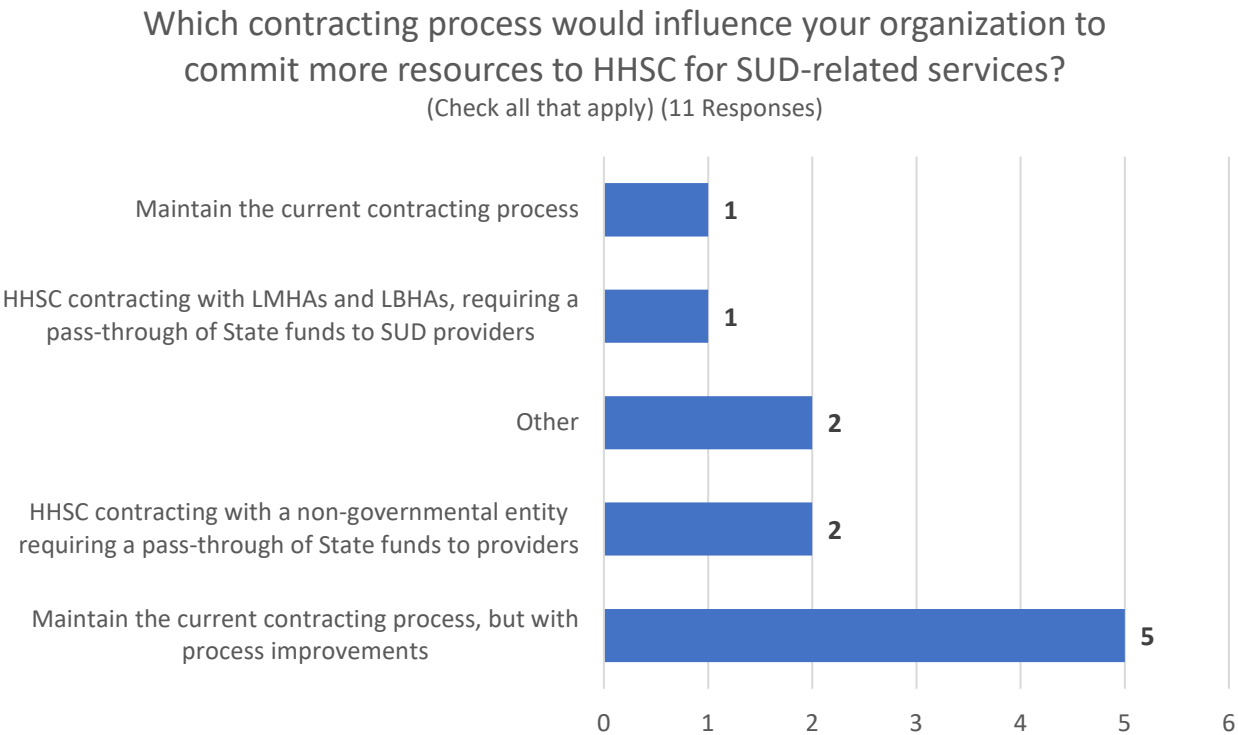
**Figure 69. Region 9 Respondent Perceived Challenges**



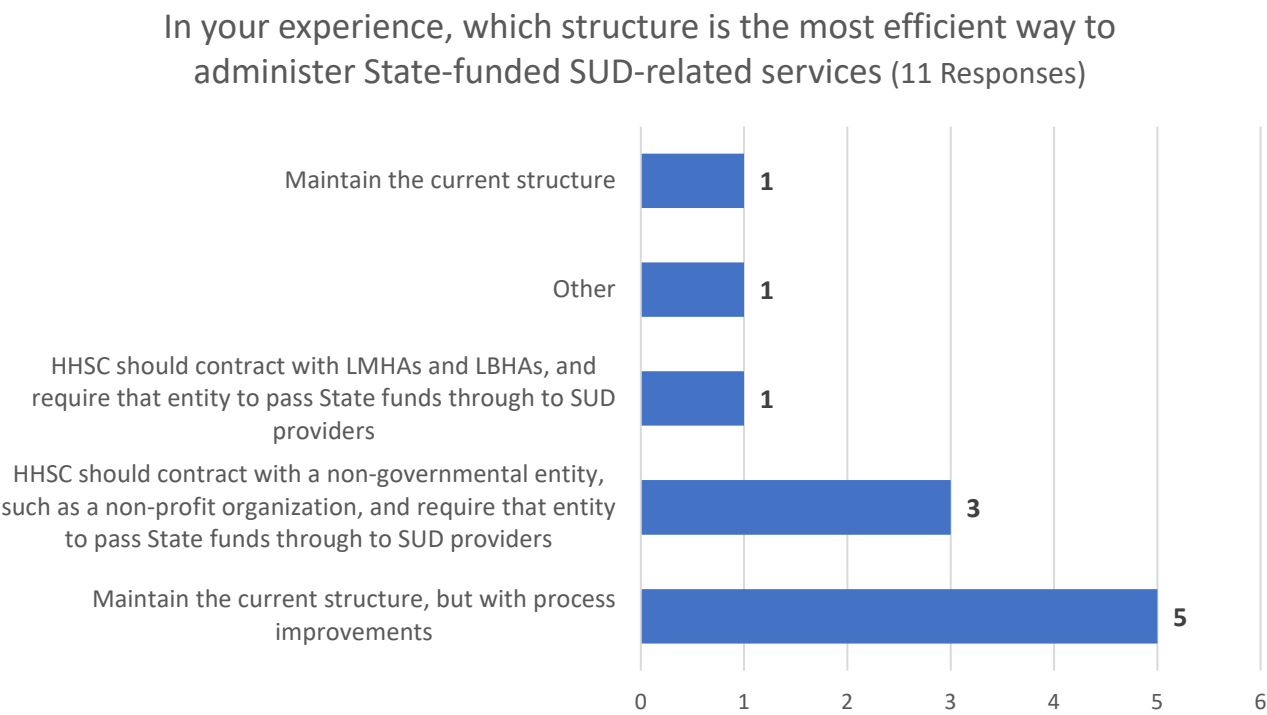
**Figure 70. Region 9 Response to Features Influencing Resource Commitment to HHSC SUD Services**



**Figure 71. Region 9 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**



**Figure 72. Region 9 Response to Most Efficient Financial Structure for Contract Administration**



# Region 10

Figure 73. Respondent Region - Region 10

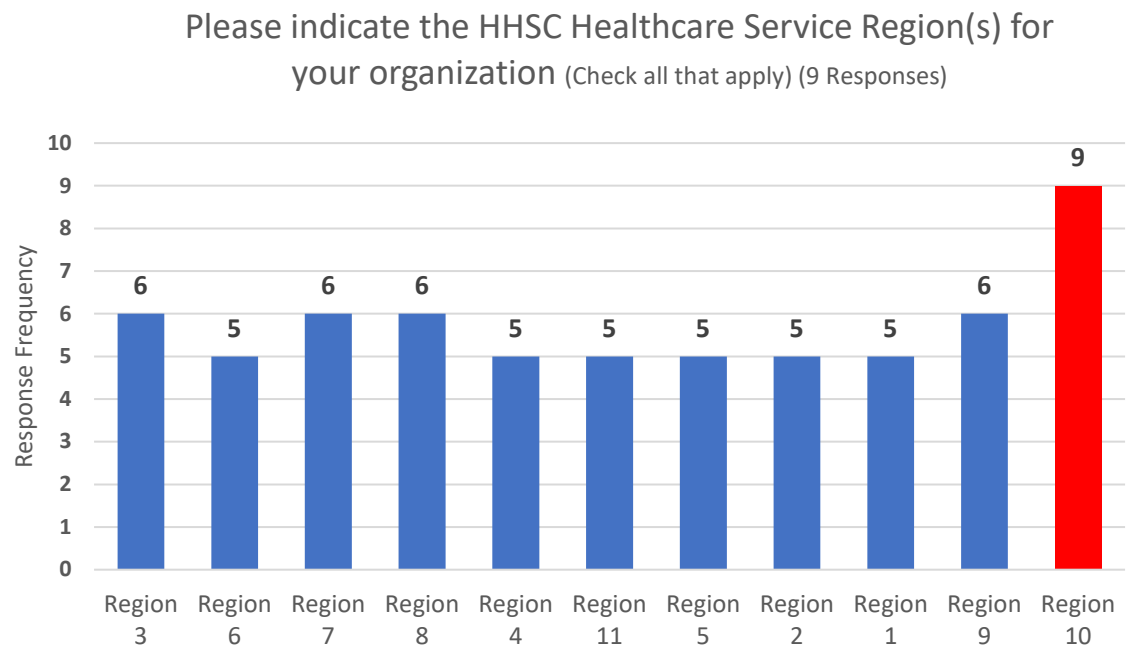


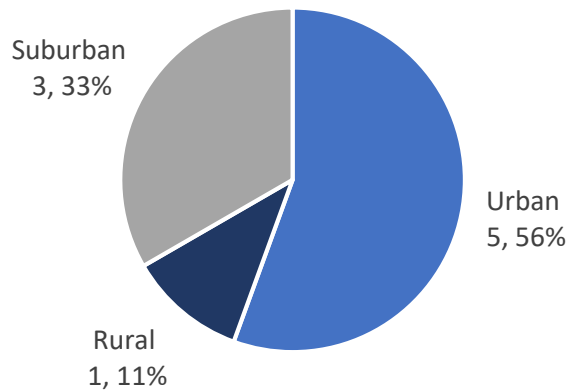
Chart Interpretation: When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 10, which only lets through responses where the respondent did select Region 10.

However, since the respondent can select multiple choices for that question, a respondent that selected Region 10 may have also selected 1 and 11, in which case, those will show up on the graph as they are associated with the response.



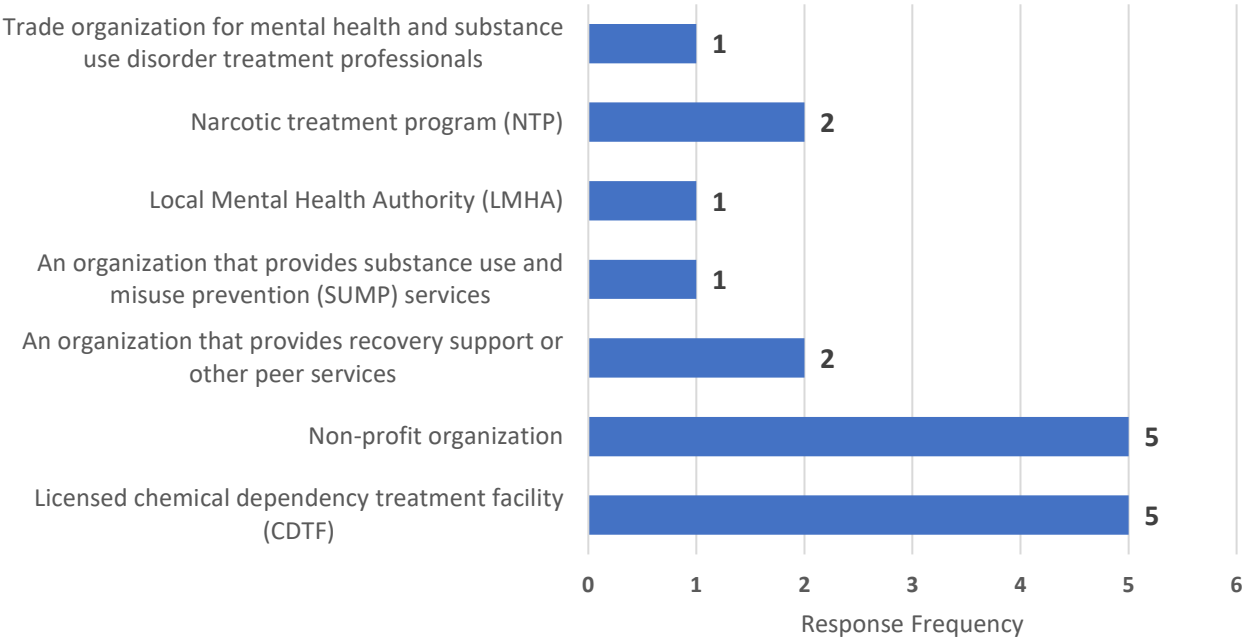
**Figure 74. Region 10 Respondent Geographic Area**

Please select the response that best describes the primary geographic area of your organization (9 Responses)

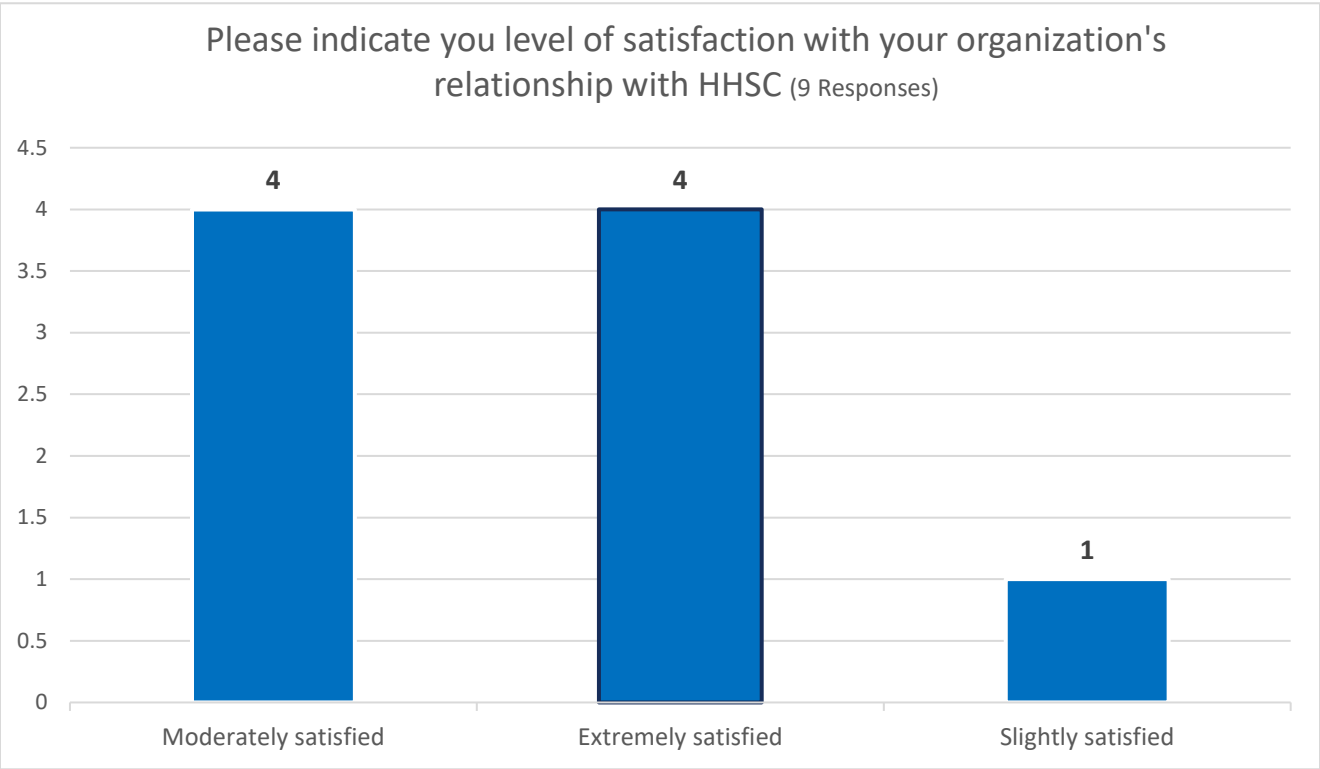


**Figure 75. Region 10 Respondent Organization Type**

Please select the option below that describes your organization  
(Check all that apply) (9 Responses)

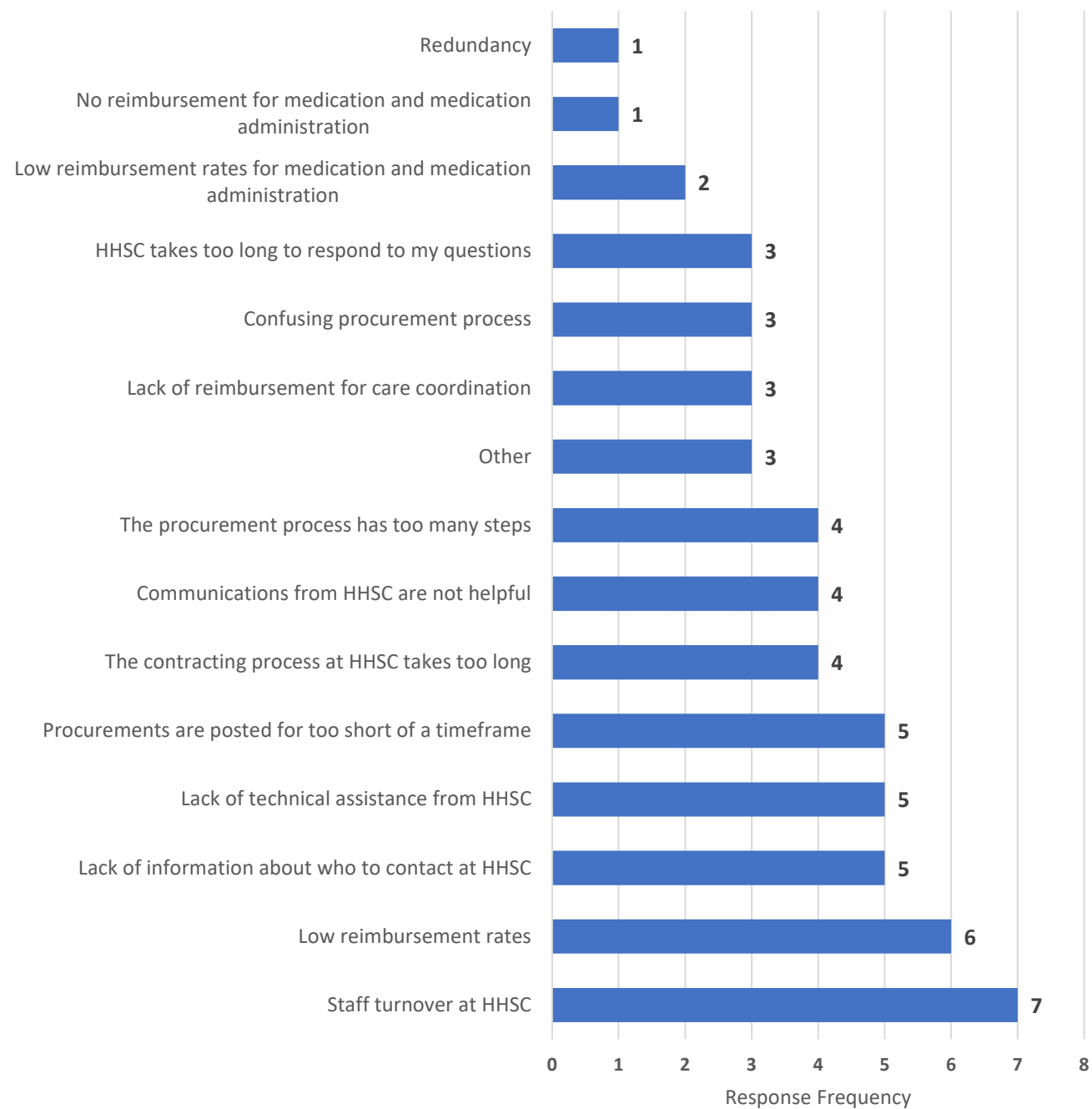


**Figure 76. Region 10 Respondent Satisfaction Level**

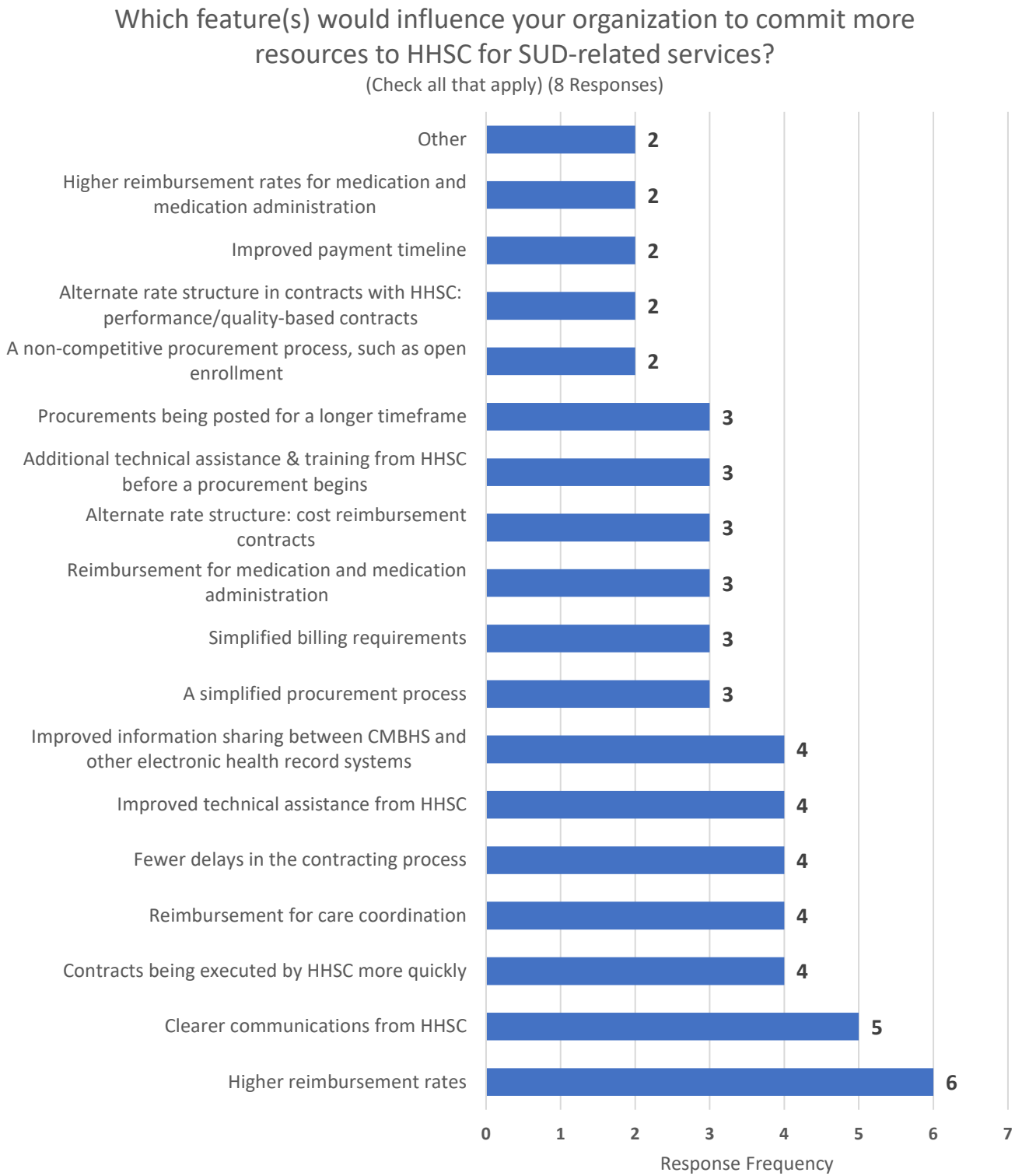


**Figure 77. Region 10 Respondent Perceived Challenges**

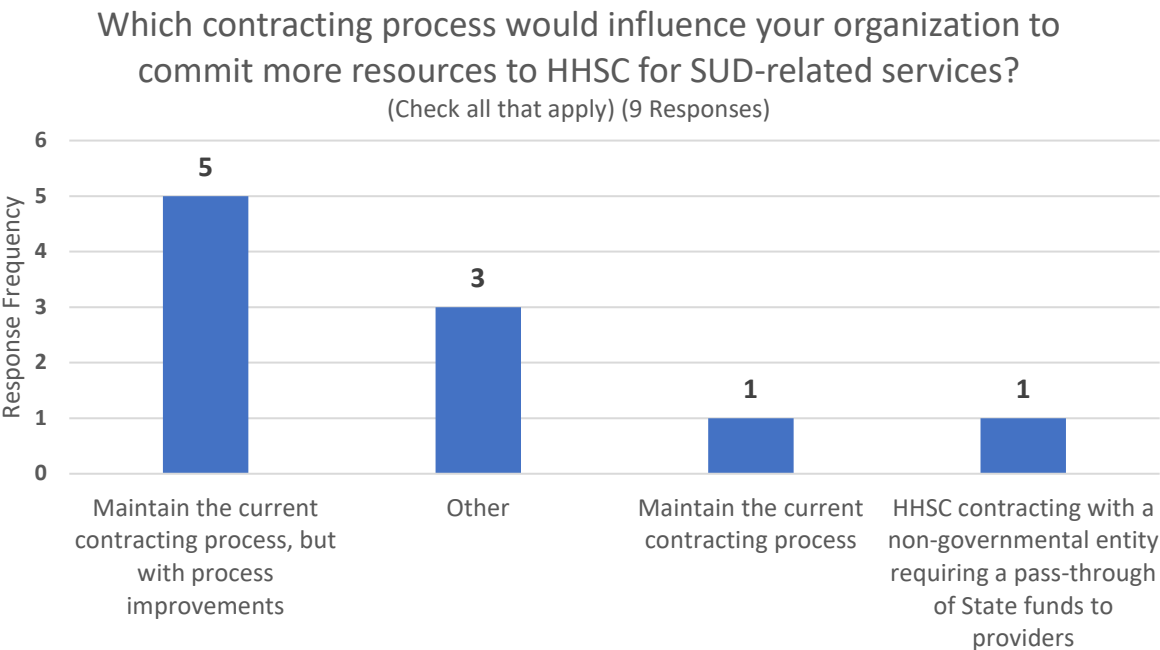
What challenge(s) have you experienced with HHSC regarding provision of substance use disorder-related (SUD) services?  
(Check all that apply) (8 Responses)



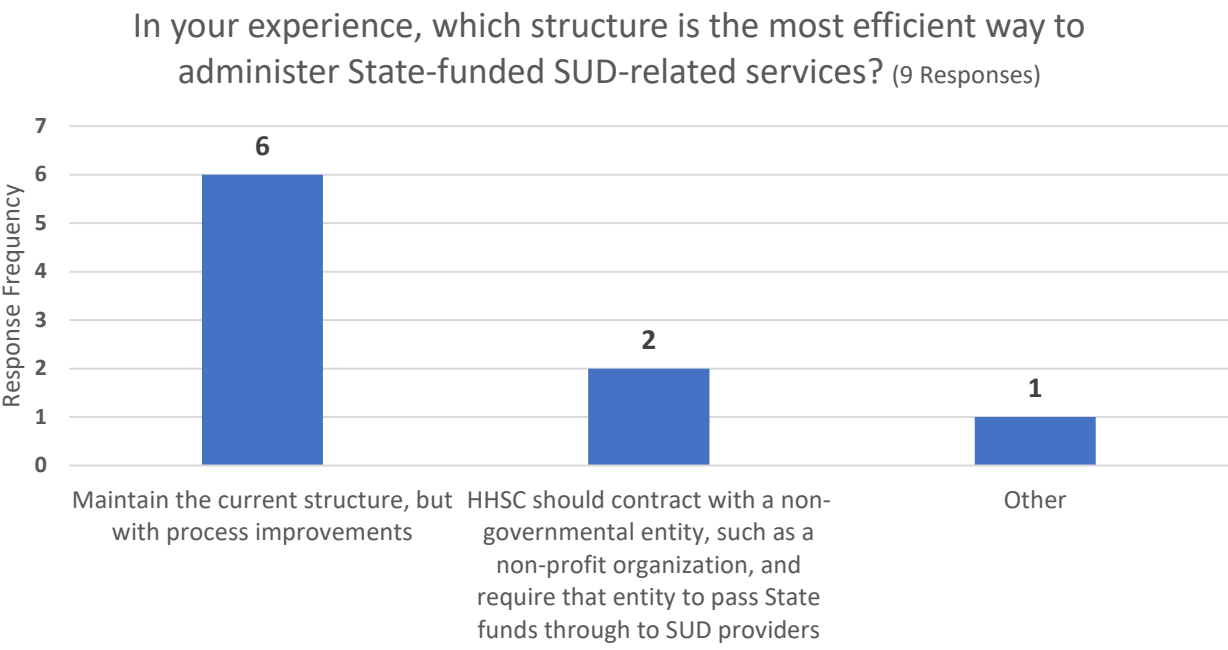
**Figure 78. Region 10 Response to Features Influencing Resource Commitment to HHSC SUD Services**



**Figure 79. Region 10 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**



**Figure 80. Region 10 Response to Most Efficient Financial Structure for Contract Administration**



# Region 11

Figure 81. Respondent Region - Region 11

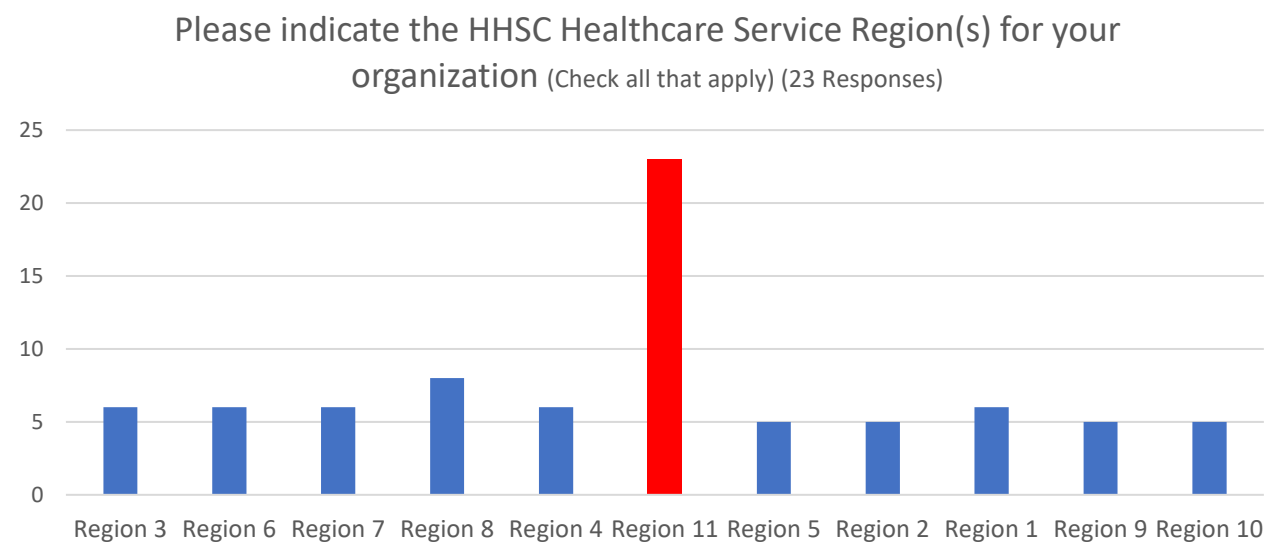
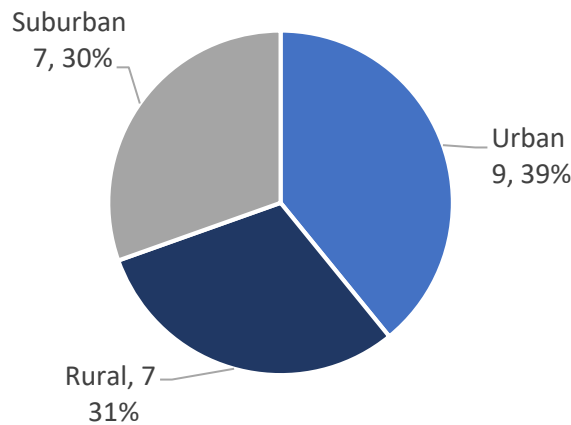


Chart Interpretation: When a region within the widget is clicked, it applies a page filter for that specific Region, here it is Region 11, which only lets through responses where the respondent did select Region 11.

However, since the respondent can select multiple choices for that question, a respondent that selected Region 11 may have also selected 2 and 8, in which case, those will show up on the graph as they are associated with the response.

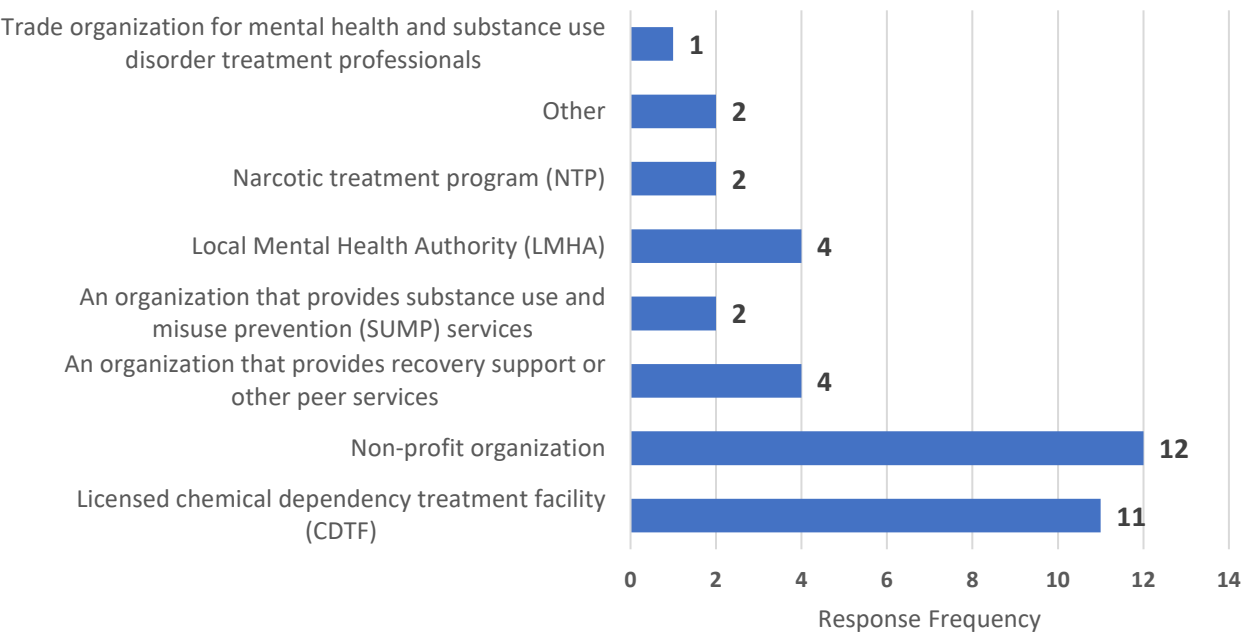
**Figure 82. Region 11 Respondent Geographic Area**

Please select the response that best describes the primary geographic area of your organization (23 Responses)

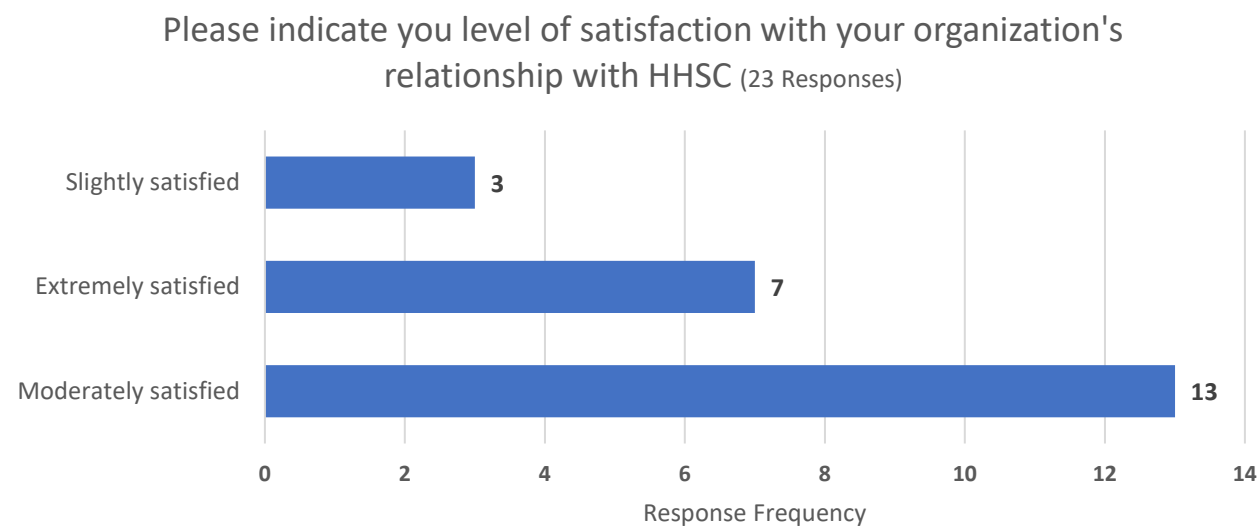


**Figure 83. Region 11 Respondent Organization Type**

Please select the option below that describes your organization (Check all that apply) (23 Responses)

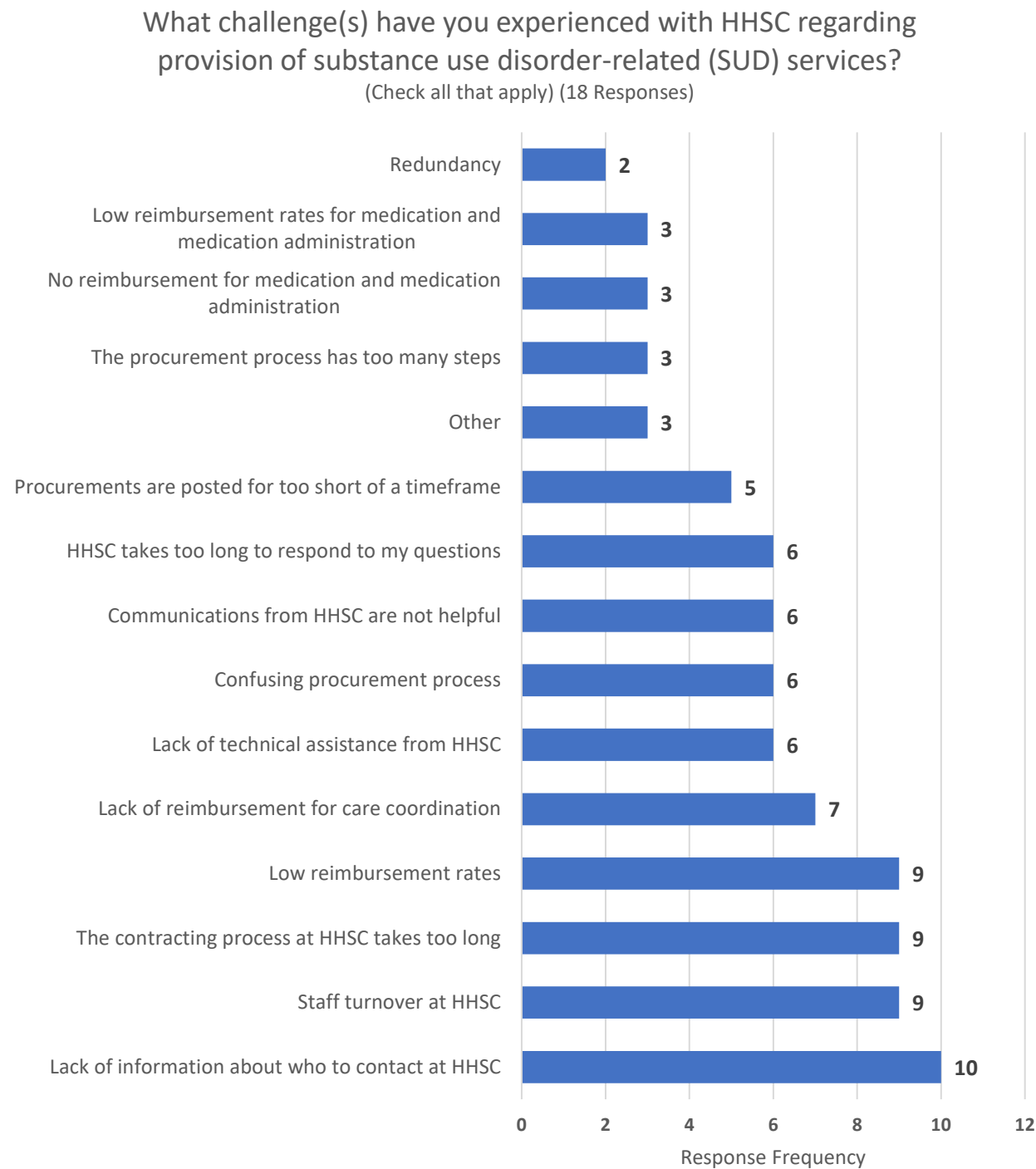


**Figure 84. Region 11 Respondent Satisfaction Level**

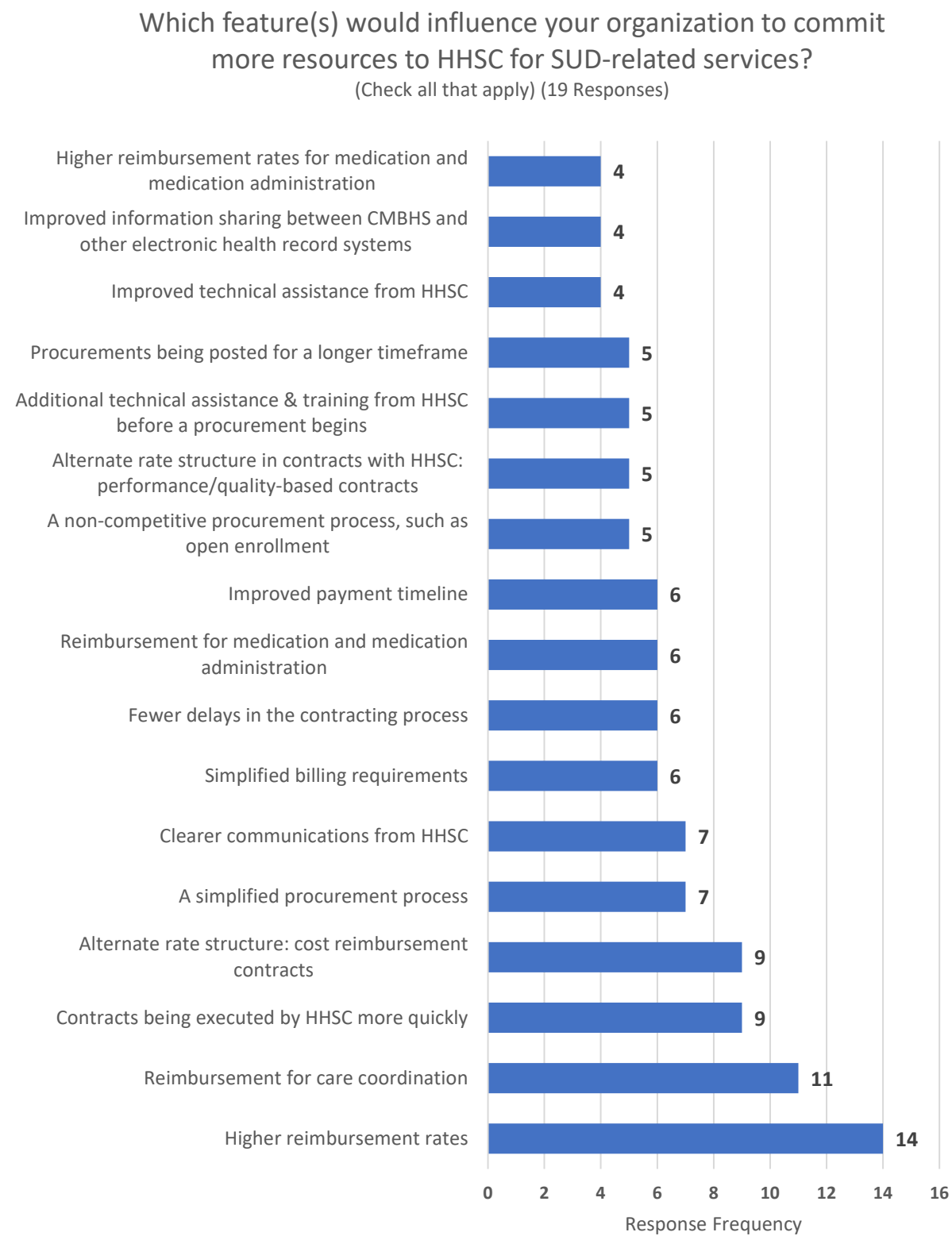




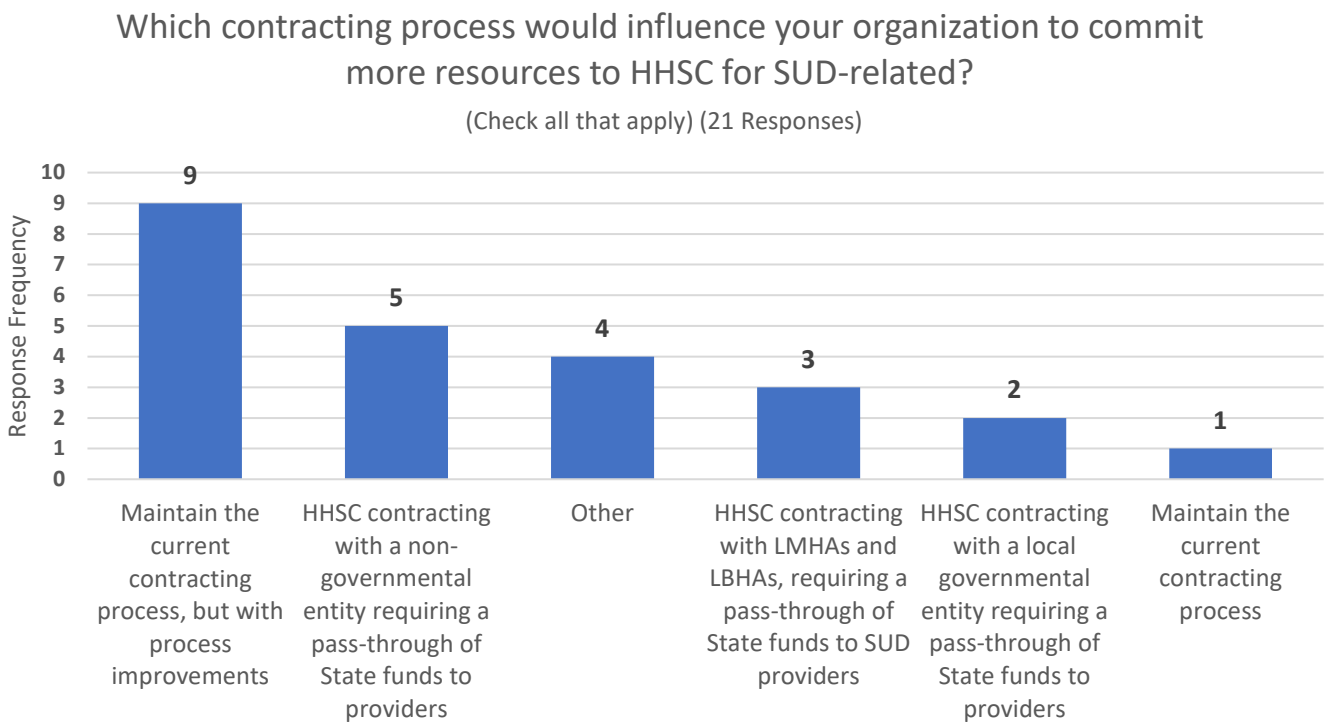
**Figure 85. Region 11 Respondent Perceived Challenges**



**Figure 86. Region 11 Response to Features Influencing Resource Commitment to HHSC SUD Services**



**Figure 87. Region 11 Response to Contracting Process Influencing Resource Commitment to HHSC SUD Services**



**Figure 88. Region 11 Response to Most Efficient Financial Structure for Contract Administration**

