

**Local Network Planning & Development
for Public Mental Health Services
“The Rule Formerly Known As Provider of Last Resort”**

The Center is required to develop a local network development plan regarding the configuration and development of its mental health provider network. The plan must reflect local needs and priorities and maximize consumer choice and access to qualified service providers.

The goal of this process and plan is for Centers to incorporate strategies to ensure continuous consumer access to services while the Centers increasingly expand the network of providers; maintain a steadily decreasing share of services. The desired outcome is for consumers to have choice from among multiple service providers and for the Center to provide management and oversight of the provider network.

The extent to which this goal can be achieved and how quickly it can be reached will depend on the circumstances, needs, and preferences of the local communities served by each Center.

The Center will gather and obtain input from its stakeholders regarding such things as:

- Service needs and priorities of children, adolescents, and adults;
- Crisis response system and services;
- Development of the external provider network; and
- Other significant issues and concerns.

Under the new rules and requirements, the Center can only be a Provider of services if:

- There are no interested qualified providers
- There is only 1 other qualified provider
- The responding qualified providers do not propose to meet at least 100% of the DSHS contract target population or meet the same level of current access to services
- The Center must maintain some services to preserve critical infrastructure
- Existing agreements impose restrictions on the Center’s ability to contract a portion of services because there would be an unsustainable loss of revenue.

YOUR INPUT INTO THIS PROCESS IS OF UTMOST IMPORTANCE. WE WANT YOU TO PARTICIPATE. Learn more by utilizing one of the resources below.

Other Helpful Resources:

- <http://www.dshs.state.tx.us/mhcommunity/LPND/>
- www.LubbockMHMR.org
- Local Center Contact for Network Development: Jennifer Wall, Grant Manager/Local Planning Coordinator, jwall@lubbockmhm.org, (806) 766-0289

Local Planning & Network Development Consumer, Family and Stakeholder Survey

1. Please indicate which best describes your relationship with Lubbock Regional MHMR Center? (Check only one box)

- I Receive Services at Lubbock Regional MHMR Center
- I have a Family Member or Friend who gets services at Lubbock Regional MHMR Center
- Member of NAMI Member of ARC
- Interested Citizen Center Staff
- Other: please specify: _____

2. In which county do you live?

- Cochran Crosby Hockley
- Lubbock Lynn

3. Are you aware that all Centers are now required by state law to explore contracting services they currently provide to interested third parties?

- Yes No

If you answered No, and would like to receive additional information regarding changes that may affect the services you are receiving at the Center please contact the person listed at the end of this survey.

4. On the list below, please identify the three most important factors you consider when choosing a provider for services:

- Convenient Location to home Pharmacy on site
- Transportation available Length of appointment
- Clean Environment Wait time to see the doctor
- Cost of services Bilingual Services and materials
- Religious and spiritual values Cultural/Ethnic Sensitivity & Knowledge
- Reputation of Provider All services at the same location
- Other _____

5. What service(s) would be most important for you to have a wider pool of providers to choose from?

- Crisis Services Respite Services
- Help to find and get a job Doctor Services for MHMR
- Counseling Help to find and get a place to live
- Learning the skills to take care of your self and live a better life

6. How important is a choice of providers to you?

1 2 3 4 5
NOT IMPORTANT AT ALL NOT VERY IMPORTANT NO OPINION SOMEWHAT IMPORTANT VERY IMPORTANT

PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU OR A FAMILY MEMBER RECEIVE SERVICES FROM LUBBOCK REGIONAL MHMR CENTER

7. Which services you receive at Lubbock Regional MHMR Center are most important and helpful to you?

8. Are there any services you would like that the center does not currently offer?

9. Are there any factors or obstacles that make it difficult for you to get services at Lubbock Regional MHMR Center?

10. If you could, what service(s) are you interested in receiving from providers other than Lubbock Regional MHMR Center?

11. On a scale of 1 to 5 how satisfied are you with the services you receive at Lubbock Regional MHMR Center? Circle One

1 2 3 4 5
VERY UNSATISFIED SOMEWHAT UNSATISFIED NEUTRAL SOMEWHAT SATISFIED VERY SATISFIED

Please return completed surveys to the address below by **July 30, 2010**. For more information please visit our website at www.LubbockMHMR.org.

THANK YOU FOR YOUR HELP WITH THIS SURVEY- YOUR OPINION COUNTS!