

**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 Stakeholder Survey

1. Please indicate which best describes your relationship with Lubbock Regional MHMR Center?

- Government Official: please specify _____
- Interested Citizen Local Provider School Official
- Law Enforcement/Judicial System: please specify _____
- Other: please specify: _____

2. In which county do you reside?

- Cochran Crosby Hockley
- Lubbock Lynn

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

- Yes No

4. The following is a list of services provided by your local community mental health center that may be contracted out. Please circle the 3 you think are most important for citizens in your community:

ROUTINE SERVICES	ROUTINE SERVICES	CRISIS & OTHER DISCRETE SERVICES
Intake (Screening and Assessment)	Intensive/Assertive Community Treatment	<i>Crisis Hotline</i>
Adult Rehabilitation Services	Counseling for Adults	<i>Mobile Outreach</i>
Supported Employment	Consumer Peer Support	<i>23-Hour Observation</i>
Respite Services	Flexible Community Support	<i>Day Program for Acute Needs</i>
Nursing Services	Parent/Family Support Activities	<i>Crisis Stabilization Unit</i>
Pharmacological Management (physician services)	Counseling for Children and Adolescents	<i>Inpatient Services</i>
Rehabilitation Services for Children and Adolescents	Intensive Multi-Systemic Therapy for Children and Adolescents	<i>Intensive Crisis Residential</i>
Supported Housing	Residential Treatment	<i>Laboratory Services</i>
		<i>Safety Monitoring</i>
		<i>Crisis Transportation</i>

5. If you had to choose 2 services listed which the Center should contract with outside Providers, which 2 services would it be?

- a. _____
- b. _____

6. Why did you choose the 2 services indicated in question #5?

7. On the list below, please identify the three most important factors you think the center should consider when contracting for a provider for services:

- | | |
|---|--|
| <input type="checkbox"/> Convenient Locations | <input type="checkbox"/> Pharmacy on site |
| <input type="checkbox"/> Transportation available | <input type="checkbox"/> Length of time for appointment |
| <input type="checkbox"/> Clean Environment | <input type="checkbox"/> Wait time to see the doctor |
| <input type="checkbox"/> Cost of services | <input type="checkbox"/> Bilingual Services and materials |
| <input type="checkbox"/> Religious and spiritual values | <input type="checkbox"/> Cultural/Ethnic Sensitivity & Knowledge |
| <input type="checkbox"/> Reputation of Provider | <input type="checkbox"/> All services at the same location |
| <input type="checkbox"/> Other _____ | |

8. In our current service delivery system what gaps in services do you identify?

9. Please make any additional comments including significant issues or concerns you have regarding the Center, contracting services, and/or the current service delivery system.

Please return completed surveys to the address below by 06/30/10. For more information please contact us at the number below or visit our website at www.LubbockMHMR.org.

Lubbock Regional MHMR Center, P.O. Box 2828, Lubbock, TX 79408-2828

(806) 766-0289 / jwall@lubbockmhm.org for comments

Thank you very much for your response!