

**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 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.

Network Update: MHMRA of Harris County is currently in the process of gathering community input and applications are open for community providers. Status on adult service contracts:

- Adult Medication management services (SP-1): 1 approved applicant pending contract execution
- Adult Therapy services (SP-2): 4 applicants so far pending application completion.
- Adult Rehab services (SPS-3): Posting for public comment 2/1/10 and accepting applications 3/1/10.
- Will then begin procurement for child/adolescent services summer 2010.

The Center is currently obtaining 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/>
- Local Center Website: <http://www.mhmraharris.org/>
- Local Center Contact for Network Development: send questions or concerns to Network Management Dept at [mhnetworkdevelopment@mhmraharris.org](mailto:mhnetworkdevelopment@mhmraharris.org). Address is 7011 S.W. Freeway, 6<sup>th</sup> Floor, Houston, TX 77074. Contact number is 713-970- 3400 Option 4. Fax number is 713-970-3387, Attn: MH Network Development.

## Local Planning & Network Development Consumer, Family and Stakeholder Survey

1. Please indicate which best describes your relationship with MHMRA of Harris County? (Check only one box)

- I Receive Services at \_\_\_\_\_ (Clinic Location)
- I have a Family Member or Friend who gets services at MHMRA of Harris County
- Community Provider       Member of Advocacy Group
- Interested Citizen       Center Staff
- Other: please specify: \_\_\_\_\_

2. Are you a Harris County Resident?

- Yes       No

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, would you like to receive additional information regarding changes that may affect the services at the Center?

- Yes       No

If yes, please provide contact information (Name, email, address, phone):

\_\_\_\_\_

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
- Availability of crisis services       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 MHMRA of Harris County***

**7. Which services you receive at \_\_\_\_\_ are most important and helpful to you?**  
Name of MHMRA Clinic

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

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**9. Are there any factors or obstacles that make it difficult for you to get services at MHMRA?**

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**10. If you could, what service(s) are you interested in receiving from providers other than MHMRA?**

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**11. On a scale of 1 to 5 how satisfied are you with the services you receive at MHMRA? Circle One**

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

**PLEASE ANSWER THE FOLLOWING QUESTIONS *ONLY IF YOU HAVE MADE APPLICATION OR CONSIDERED MAKING APPLICATION AS AN EXTERNAL PROVIDER***

**12. How did you hear about MHMRA's RFA?**

- |   |   |
|---|---|
| <input type="checkbox"/> Word of mouth            | <input type="checkbox"/> MHMRA Website        |
| <input type="checkbox"/> MHMRA Employee           | <input type="checkbox"/> Advertisement        |
| <input type="checkbox"/> State website            | <input type="checkbox"/> MHMRA Client/Patient |
| <input type="checkbox"/> Professional publication | <input type="checkbox"/> Other _____          |

**13. Have you made application to be an External Provider for MHMRA?**

- Yes                       No

**14. If not, do you intend to make application?**

- Yes                       No                      Please provide any details about this plan (which services, when?) \_\_\_\_\_

**14. If you have considered applying to be an External Provider but did NOT apply, what were your reasons?**

- |   |   |
|---|---|
| <input type="checkbox"/> Application process too lengthy    | <input type="checkbox"/> Application too difficult to understand      |
| <input type="checkbox"/> Did not meet criteria to apply     | <input type="checkbox"/> Difficulty with getting information to apply |
| <input type="checkbox"/> Reimbursement for services too low | <input type="checkbox"/> Found other more appealing opportunities     |
| <input type="checkbox"/> Disagreed with service philosophy  | <input type="checkbox"/> Prefer to work with different population     |
| <input type="checkbox"/> Do not believe I would qualify     | <input type="checkbox"/> I will apply in the future                   |
| <input type="checkbox"/> Other _____                        |   |

**15. Please comment on ideas you have that might make the External Provider application process easier and/or any suggestions for local plan changes/improvements.**

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Please return completed surveys to the address below or fax to 713.970.3387 by February 28, 2010. For more information please contact us at the number below or visit our website at [www.mhmraharris.org](http://www.mhmraharris.org), or send us your concerns or questions at [mhnetworkmanagement@mhmraharris.org](mailto:mhnetworkmanagement@mhmraharris.org).

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

**MHMRA of Harris County  
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Houston, TX 77074**

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