

BORDER REGION MHMR COMMUNITY CENTER Local Plan for FY 06 & 07

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List of Attachments

- I. FY 04 & 05 Local Plan Update
- II. Input from Public Forums
- III. Information Supplement

Border Region FY 2006 & 2007 Local Plan Executive Summary

This document serves as an update of the BRMHMRCC FY 04-05 Local Plan, summarizing what has been accomplished in the last two years. It also contains a description of the services offered, the population served and the administrative processes in place to assure that consumers and families receive the services mandated by the Texas Legislature.

The section on *Population Served* (p.2) provides description of the counties served detailing the ethnicity and poverty level. It also details how many people receive the various services offered.

Description of Services (p.3-7) briefly describes the purpose of each service, which counties offer them and who may qualify for each service.

The section on *Resource Allocation* (p.7) shows how the funds received by BRMHMR are allocated to the various service divisions (Adult MH, Child MH and MR).

The *Planning Process* (p.8) section describes the various activities used to implement and monitor the local plan, as well as developing future plans.

Internal & External Assessments (p.9) is this administration's assessment of the challenges currently faced and the assets the center possesses to meet the challenges. It contains a SWOT (Strengths, Weakness, Opportunities and Threats) analysis.

The section on *Network Planning* (p. 15) contains a description of the center's ongoing efforts to serve consumers through a local network of providers not operated by BRMHMRCC.

Goals & Initiatives (p.10-15) contains the goals which the center must accomplish in the next two years. They address primarily fiscal viability and compliance with contract requirements.

More information is contained in the attachments. Primary among these is the *update of the FY04-05 Local Plan (Attachment I)*. The update contains an explanation and rationale for each objective established as well as data quantifying the status of each

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objective. For objectives not accomplished, the anticipated future status of the objective is listed.

Attachment II summarizes public input received verbally and in writing from Public Forums.

Attachment III contains the planning information requested by the Performance Contract.

POPULATION SERVED

The BRMHMR is funded to provide services to the following groups:

1. Adult Mental Health

On going mental health services are provided to persons with severe and persistent mental illnesses such as diagnosis of schizophrenia, bipolar disorder and major depression, or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

Crisis services are also available to anyone in crisis.

2. Children's Mental Health

The child mental health population served included children ages 3 through 17 with a diagnosis of mental illness who exhibit serious emotional, behavioral or mental disorders and who:

- A. have serious functional impairment; or
- B. are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or
- C. are enrolled in a school system's special education program because of serious emotional disturbance.

3. Mental Retardation

Mental retardation services are available to individuals who meet one or more of the following descriptions:

- A. persons with mental retardation as defined by the Texas Health and Safety Code § 591.003;
- B. persons with pervasive developmental disorders as defined in the current edition of the Diagnostics and statistical Manual, including autism;
- C. persons with related conditions who are eligible for service in Medicaid programs operated by DADS, including the ICF/MR and waiver programs;
- D. nursing facility residents who are eligible for specialized services for mental retardation or specialized services for mental retardation;
- E. children who are eligible for services from the Early Childhood Intervention Interagency Council.

The BRMHMRCC serves a predominantly Hispanic population of over a quarter of a million people (Table 1, below). Major cities in each county include Laredo in Webb County (pop 180,000), Rio Grande City in Starr County (pop 55,000),

Zapata in Zapata County (pop 12,000) and Hebbronville in Jim Hogg County
(pop 5000)

| County | Population | Hispanic | African-American | Asian | Native American | White |
|----------|------------|----------|------------------|-------|-----------------|-------|
| Jim Hogg | 5161 | 5068 | 26 | 10 | 10 | 46 |
| Starr | 54671 | 54233 | 55 | 164 | 109 | 109 |
| Webb | 196516 | 188206 | 805 | 966 | 403 | 6136 |
| Zapata | 12182 | 10328 | 22 | 17 | 8 | 1771 |
| Total | 280380 | 269671 | 935 | 1165 | 547 | 8062 |

Table 1: Demographic table of counties serviced by Border Region MHMR
(U.S. 2000 Census)

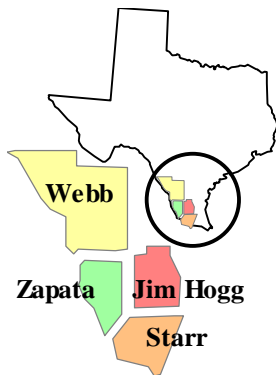
Poverty rates for the service area are higher than the state average of 15.2%.

| Poverty rate | | # in poverty | Hispanic | African-American | Asian | Native American | White |
|--------------|----------|--------------|----------|------------------|-------|-----------------|-------|
| 26% | Jim Hogg | 1338 | 1313 | 7 | 3 | 3 | 12 |
| 51% | Starr | 27828 | 27605 | 28 | 83 | 56 | 56 |
| 31% | Webb | 62803 | 61817 | 251 | 301 | 126 | 308 |
| 36% | Zapata | 1337 | 4350 | 18 | 9 | 13 | 67 |

Table 2: Poverty Rates for counties served by Border Region MHMR
(Poverty in the U.S. 2001 – U.S. Census Bureau)

It is estimated that there are 4500 persons in the service area served by BR who qualify for adult mental health services under the Priority Population criteria established by Department of State Health Services (DSHS). Border Region maintains an average monthly census of 1250. The funded monthly target is 1170. From September FY05 to May FY05 Border Region provided services to 3275 individuals.

Approximately 780 children are served annually with an average monthly target of 260 but served a monthly average of 341. The service area population for children is 108,000 of which almost 2,200 (2%) may be expected to be in need of public funded behavioral health services.



During the course of a year, approximately 305 individuals with Mental Retardation receive services from BR. The average served per month is 203. The funded target is 140.

DESCRIPTION OF SERVICES

MHMR Services Array

The following services are available for all consumers:

Evaluation Eligibility for Services

The Service Access Department determines eligibility for services for anyone wanting any service from Border Region. Service Access screens and evaluates potential new admissions. This includes an initial screening and Uniform Assessment (to determine level of need) as well as demographic and financial information gathering. The process is complete after a Licensed Professional of the Healing Arts (LPHA) evaluates and assigns a priority population diagnosis, or, if individual is not admitted, then a referral to appropriate services is made. Service Coordination also conducts periodic reauthorization reviews to determine if persons receiving services still are eligible for services.

Eligibility evaluation for Mental Retardation services will be provided by a private provider who will be under contract with the Department of Aging and Disability Services (DADS).

Service Coordination

Individuals in any unit may be eligible for Service Coordination, but they must demonstrate a need for multiple services and supports from community providers.

Service Coordination helps individuals access other service providers that consumers may need as well as monitoring the consumer's response to those services.

Treatment Planning

This includes activities to determine clinically necessary, prioritized needs are addressed through treatment. Treatment plan documentation reflects collaboration between service providers and consumers which outline measurable treatment goals and objectives.

Crisis Services

1-800 crisis numbers are available in all counties. Persons requiring a face-to face assessment are provided one within 2 hours. Crisis services

may include referrals to appropriate agencies, including admission to inpatient psychiatric facilities when needed.

Eligibility for Medicaid

All consumers are screened to determine their eligibility for Medicaid financial assistance. Those determined to be eligible are assisted with the process of completing an application with the Social Security Administration.

Mental Health Services

The following services are available for adults with a mental health diagnosis and children determined to have severe emotional problems. Border Region typically serves over 1500 adults and 500 children annually.

Services are available in all counties except where specified.

1. Psychiatric Services

Initial evaluation by psychiatrist.
Prescription of medication for symptom control and ongoing consultation with doctor and re-evaluation of medications.

2. Medication Related Services

This includes medication administration, medication monitoring and medication training, as well as the provision of medication for persons without medication coverage.

3. Behavioral Skills Training

Training consumers in skills that will help further their independent functioning in the community. This training promotes community integration, decreases inpatient admission and maintains the consumer's quality of life.

4. Inpatient Services

Hospitalization services for adults are provided by San Antonio State Hospital, a unit of which is located on the Border Region grounds in Laredo. This unit is staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision and assistance in an environment designed to provide safety and security during an acute

psychiatric crisis. Inpatient services for children are available through contract with private psychiatric hospitals.

5. Family Education

Training provided to family members of a consumer to broaden the family members' knowledge of the effects and treatment of mental illness. Currently provided only in Webb County.

6. Patient Assistance Program

Consumers are assisted in applying for free medications through programs available from drug vendors.

The following services are available for adult consumers:

7. Supported Employment

Trainings are designed to result in employment stability and provide individualized assistance to consumers in choosing and obtaining employment in regular community jobs. Consumers are taught skills needed to locate jobs of their preference including as interviewing skills and behaviors appropriate to the work place. Job coaches work with consumers at the job site.

8. Supported Housing

Consumers are assisted in choosing and obtaining regular community housing. Services consist of individualized assistance in finding and moving into regular integrated housing. Also provided are temporary rental assistance and in-home rehabilitation services.

9. ACT (Assertive Community Treatment)

This service is provided to individuals with a history of multiple hospitalizations, involvement in the criminal justice system, homeless shelters and community residential placements. The ACT team merges clinical, service coordination and rehabilitation staff.

10. Consumer Peer Support

Activities provided between and among consumers who have common issues and needs that are consumer-motivated, initiated or managed and

that allow a consumer to live as independently as possible. Currently available only in Webb County.

11. Projects for Assistance in Transition from Homelessness(PATH)

The PATH program provides shelter, food and clothing for homeless persons with linkage to other Border Region services. Available only in Webb County. This program serves approximately 100 individuals per year.

12. TCOMI

Provided under contract with the Texas Council for Offenders with Mental Impairments, this program provides specialized and dedicated Service Coordination for adults referred from the Criminal Justice System.

13. Jail Diversion

Prospective or current County Jail inmates are evaluated for their need for mental health services with the goal being to replace incarceration for non-violent offenders with appropriate community mental health treatment. Available in Webb County only.

The following services are available for Children and Adolescents:

14. School Based Services

These consist of the counseling and skills training provided on a school campus following the Ansell Casey Life Skills Curriculum. Thirty four individuals are served in this program.

15. Transition Planning

Border Region staff work with the schools and families to plan for necessary services after the student is no longer in the Public School System.

16. Flexible Community Supports

The Flexible Community Supports program seeks to extend to families in need assistance not usually associated with a behavioral health program. Treatment planning is expanded to offer such services as tutors, mentors,

child-oriented activities, temporary child care, short term counseling for family members and initial job development.

17. Intensive Case Management

Intensive case management is intended for children who have multiple, complex needs. Wrap around planning is used to develop a Case Management Plan.

18. Wrap-around Planning

A collaborative team – based process for service and support planning. Treatment service as well as informal supports are included.

19. Family Training

Training provided to the primary care giver to assist the child in learning skills to manage daily responsibilities, communication skills, skills to manage the symptoms of serious emotional disturbances or other problems.

20. Family Partner

Family Partners are experienced parents of children with serious emotional disturbances who provide mentoring and support to parents or primary care givers.

Mental Retardation Services

1. Respite Services

Respite Services temporarily relieve family members or other primary care providers of their responsibilities for providing care to the individual. This may be provided on an out of home basis to an individual away from the individual's home. In-home respite service is a support service provided to an individual in the individual's home.

2. Supported Employment – Individualized Competitive Employment

This consist of support services necessary to keep an individual in a regular community job where the individual is directly compensated by the employer and works along side members of the community not in the

DADS priority population. *Employment Assistance* is also available on a temporary basis for persons seeking employment in the community. Supported Employment program for persons with mental retardation serves approximately 40 individuals per year.

4. Skills Training – Adult Habilitation Program

This service is provided to consumers of the ICF/MR group homes, HCS programs (discussed below), Texas Home Living as well as MR consumers funded through general revenue. Consumers are taught skills to promote and maintain their level of independence and social skills needed to maximize their involvement in the community.

5. ICF/MR Residential Services

Residential Services are provided to 36 consumers in five group homes. Residents are provided training in activities of daily living and community access as well as having medical needs provided for. Residents also attend Adult Habilitation programs during the day, Monday through Friday.

6. Home and Community Support (HCS) and Texas Home Living

Consumers in the HCS and Texas Home Living programs receive many of the same services provided to the residents of the ICF/MR group homes; however, in the HCS program they may receive the services while remaining in their own home.

7. Service Coordination

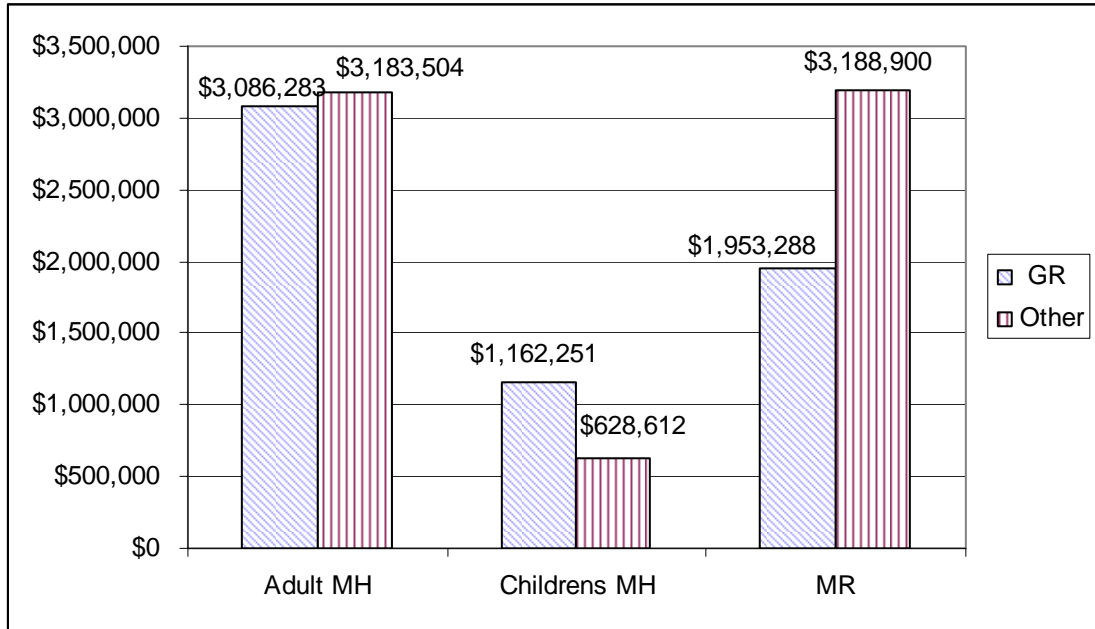
Assistance in accessing medical, social, educational and other appropriate service and supports that will help an individual achieve a quality of life and community participation acceptable to the individual.

8. Community Support

Services consistent with the individual's Persons Directed Plan (PDP) provided in the home and community. This service fosters the individual's ability to perform functional living skills or other daily activities. This service includes support services provided to an individual's family to help preserve the family unit and prevent out-of-home placement.

RESOURCE ALLOCATION

The chart in Table 2 shows how the FY05 Border Region budget (State General Revenue) is allocated over the major service divisions. Of a total budget of \$14,000,000; \$10,170,788.00 or 73% was allocated to these service divisions.



Border Region receives approximately \$750,000 in Federal Block Grants which are used exclusively for Mental Health programs (adult and Children as well as the PATH homeless program). Another \$660,000 is provided by Department of State Health Services (DSHS) for the purchase of New Generation Medications.

Total MH adult and children's funding is \$8,060,650

PLANNING PROCESS

The planning process is comprised of the following components:

1. Ongoing review of previous planning efforts. For the FY04-05 Local Plan these include:

- FY 04-05 Local Plan (see update in Attachment I)
- Attachment IX (implemented 9/04 and replaced the Strategic Plan. Required by the Performance Contract with DSHS and DADS)

2. Point of Service Consumer and Family Input

Consumers and family members are afforded the opportunity to complete consumer satisfaction forms after service delivery. The results of this process are summarized in the Local Plan Update pages 4 and 5, Attachment I.

3. DSHS Adult and Child and Family Survey

These surveys are mailed out annually to hundreds of consumers locally and thousands across the state. They provide input on consumer and family perception, their access to services, participation in treatment, cultural sensitivity of service providers, their general satisfaction with services and their views on how they benefited as a result of our services. These provide us with an opportunity to compare our services to similar services across the state and to compare results to previous years..

4. General Stakeholder Involvement via Public Forums

Public forums provide any interested persons in the service area to comment on the quality of services or make recommendation as to how allocated funds should be spent. They are held every other year in each county of the service area and are advertised in local papers. See Attachment V for a summary of these results.

5. Planning and Network Advisory Committee (PNAC) Input

The PNAC has responded to specific charges from the Local Board to provide input into the service and budget planning for FY04-05. The PNAC also receives updates on the local plan as it is implemented, and

has provided useful feedback in making the update in Attachment I more objective and better researched.

6. Collaborations with Other Community Groups

Border Region routinely collaborates with other community groups such as law enforcement, schools, Colonia Centers, local health coalitions, Laredo Homeless Coalition and other social service agencies to address issues in serving our common population.

INTERNAL and EXTERNAL ASSESSMENTS

The following Strengths, Weakness, Opportunities and Threats (SWOT) analysis provides a synthesis of input from Border Region personnel, funding sources and the community.

STRENGTHS, WEAKNESS, OPPORTUNITIES, THREATS

Strengths:

- **What are your advantages?**
 - Services are legislatively mandated and must be available
 - Culturally competent staff
 - Position as Local Authority
 - Functional data systems
 - Good relations with major payor
 - Unified, decisive leadership
 - Attractive facility
 - IS connectivity to all units
 - Positive perception in the community
- **What do you do well?**
 - Control most expenses, elimination of non-essential positions
 - Responsive Crisis system
 - Monitor productivity
 - Maintain Health & Safety of consumers, staff
 - Data integrity
 - Efficient Supply system
 - Organized medical records
 - Control overtime
 - Pass data verification audits
 - Monitor regulatory compliance
 - Avoid service to non-authorized persons
 - Enroll consumers in Patient Assistance Programs for assistance with medication payment.
 - Enroll eligible consumers in Medicaid
- **What relevant resources do you have?**
 - Technical Assistance from Central Office, other facilities
 - Adequate labor pool for most positions

- **What do other people see as your strengths?**
 - Serves a legitimate need in the community not available elsewhere
 - Services, medications are provided at low cost
 - Consumer-friendly services

Weaknesses:

- **What could you improve?**
 - Productivity
 - Clinical assessment
 - Community planning & input
 - Clinical documentation
 - Control Drug costs
 - Services aimed at improving consumer functioning in social situations, symptom & crisis management in family situations
 - Utilization Management
 - Job-specific trainings & Job Placement
 - Delivery of all services authorized
- **What do you do badly?**
 - Retain staff
 - Active Treatment
 - Timely re-authorization of consumers
 - Document treatment outcomes
- **What should you avoid?**
 - Expansion or continuance of non-required or non-funded services

Opportunities:

- **Where are the good opportunities facing you?**
 - Grants for Jail Diversion
 - Become provider for other third party payors.
 - Reduce debt significantly through already implemented HCS, ICF/MR, & administrative cost reductions.
 - Improved regulatory compliance through planned implementation of automated client record.
 - Expansion of more services in Mental Retardation.

- Use of Resiliency and Disease Management system to calculate capacity in terms of number of staff needed to deliver services.
- **What are the interesting trends you are aware of?**
 - Local service area population increasing
 - Higher percentage of children than most Texas Counties, Rio Bravo the highest with 45% (Laredo 35%)
 - More graduates from human services curricula from local university
 - Number of new persons seeking services growing annually
 - Although the number of newly registered consumers with coverage had been increasing annually, reaching a high of 803 in 2002, only 295 new consumers with coverage were admitted in the first 6 months of 2003.
 - Unemployment rate for the Laredo MSA has dropped from 8% to 6% in two years.
 - 139 Medicaid persons out of 499 admitted this year have not received service in 120 over days.
 - Inpatient utilization which had been increasing annually has decreased in the last year from 92% to 80% of total allocation.
 - Increasing shortage of psychiatrists in area.
 - Nationally, the Federal Government is attempting to reduce Medicaid funding.

Threats:

- **What obstacles do you face?**
 - Uncertain future of Community Center system at the legislative level.
 - Rising prescription costs
 - Increased regulatory monitoring
 - Decreasing allowance for indirect costs
 - Consumers with coverage seem to be utilizing private providers more than in past
 - Hiring and retaining on-staff psychiatrists.
 - State Legislature dismantling the Community Center system in favor of private providers.
 - Transition to Fee-for-Service system given the rate of productivity will seriously undermine the center's ability to deliver services, as most service positions bring in only about half their salary in revenues.

- **What is your competition doing?**
 - Demonstrating ability to manage resources
 - Maintaining contractual compliance
 - Greater communication with Central Office, legislators
 - Locally private medical providers offer more privacy, less bureaucracy
 - Local Medical-Surgical Hospital expanding into behavioral health
 - Scheduling all consumers' appointments
- **Are the required specifications for your job, products or services changing?**
 - Continuously – HIPAA, State health services reorganization, Co-occurring Substance Abuse codes, outsourcing of MRLA, new legislation for Management Teams, Local Planning, Outcome reporting, Performance Contract changes
- **Is changing technology threatening your position?**
 - Negative – currently staying on top of technology.
- **Do you have bad debt or cash-flow problems?**
 - Fund balance has steadily improved over the last two years, but the center is still short of the requisite three months of operating expenses in fund balance required for a better risk rating.
- **Could any of your weaknesses seriously threaten your business?**
 - Governance could be transferred to State or other (non-)local authority as a result of improper fund management or regulatory non-compliance

GOALS and INITIATIVES

The goals and objectives outlined below demonstrate a very pragmatic approach to planning. Fiscal management is emphasized much more than in past plans. This is not indicative of lessening of commitment to quality and consumer initiatives, but rather a realistic response to the current financial situation compounded by decreases in funding from the State. Objectives for serving consumers under Goal #1 also support the fiscal objectives under Goal #2. Ensuring a service system that sufficient to meet consumer needs also provides for great revenue generation.

GOAL #1. Provision of services according to consumer needs

| Objective | RESPONSIBLE PERSON(S) | MEASURABLE OUTCOME |
|---|------------------------------------|--|
| 1.1 Non-Crisis services will be provided only to persons authorized for services. | Daniel Castillon Magda Pedraza | Less than 3% of non-crisis services are delivered to non-authorized persons. |
| 1.2. Services are delivered as per the utilization management guidelines for individual assessment results. | Daniel Castillon Magda Pedraza | a. MH consumers receive on average at least 80% of the services authorized for their RDM Service Package. b. MR consumers receive according to their at least 80% of services described in their PDP. c. Staff provide a minimum of 80 hours of face-to-face services each month. |
| 1.3 Staff of sufficient quantity and credentialing are available to deliver services as determined by consumers' assessments | Executive Council Magda Pedraza | a. Funded positions exist to match workforce requirement calculations as per RDM requirements. b. No more than 10% of direct services positions are unfilled. |
| 1.4 Consumers will be scheduled for services | Daniel Castillon Magda Pedraza | Each provider has at least one scheduled appointment with each on-going consumer on their caseload. |
| 1.5 Reduce dependency on contract physicians | Maria Sanchez Daniel Castillon | Recruit at least one full time on-staff physician. |
| 1.6 Increase the number of diversions from the county jail to community mental health services as a condition of the individuals release from jail. | Daniel Castillon | Border Region Jail Diversion clinician will successfully divert at least 6 individuals per month. |
| 1.7 Decrease the need of out of home placements such as inpatient psychiatric hospitalizations or Child Protective Service (CPS) placements.. | Daniel Castillon | Out of home placements will be reduced by at least one-third from the number hospitalized in the last fiscal year. CPS placements will be reduced by one-third. Both outcomes will be accomplished by increasing client and parent compliance with treatment through more effective Case Management, rehabilitation skills and the family partner. |
| 1.8 Consumers with Mental Retardation will be placed in the least restrictive environment appropriate to the persons care. | Magda Pedraza | State School residents identified for community placement will be placed within 6months of recommendation. |

GOAL #2 Increase Fund Balance

| Objective | RESPONSIBLE PERSON(S) | MEASURABLE OUTCOME |
|---|-------------------------------------|--|
| 2.1 The center will seek alternative funds including grants, donations, and additional local match. | Sylvia Everett | The activities and funds received will be documented in financial statements and in the action agenda for the Administrators' Meeting. |
| 2.2 The LA will reduce pharmacy expenses. | Daniel Castillon | Pharmacy expenses will be maintained at less than \$70,000 per month. |
| 2.3 Reduce the overtime expense incurred during the fiscal year. | Daniel Castillon | FY 04 & 05 each will be \$40,000 or less. (\$3,333 projected each month) |
| 2.4 Assure that claims are not rejected due to out-of-date treatment plans | Daniel Castillon | 95% of all treatment plans are updated every 90 days. |
| 2.5 Establish point-of-service fee collections for co-pays and deductibles | Rolando Gutierrez Imelda Medina | a. Fees are collected at each service site and are equal service fees times sliding fee scale factor for each client. b. Statements for uncollected fees are billed out on a monthly basis. |
| 2.6 The LA will reduce planned consumable supply expenditures. | Roland Gutierrez Jose Luis Romeo | Expenses will not exceed \$90,000 annually. |
| 2.7 Reduce State Mental Health Hospital utilization. | Daniel Castillon | Maintain utilization rate below 90% of allocated funds. |
| 2.8 Meet expenses without borrowing | Rolando Gutierrez Kathy Casarez | Services are billed within a week of delivery. |

GOAL #3 Achieve greater regulatory and contract compliance.

| Objective | RESPONSIBLE PERSON(S) | MEASURABLE OUTCOME |
|---|------------------------------------|---|
| 3.1 Achieve Encounter Data accuracy (determining if consumers are receiving reported services) as required under the DSHS and DADS Performance Contract | Karina Mendoza Daniel Castillon | Each unit will be evaluated at least once annually according to the DADS & DSHS guidelines to determine if Encounter accuracy rate is 95% or greater. |
| 3.2 Implement the Quality Management Plan | Karina Mendoza | Citations by external reviewers do not result in financial sanctions against the center. |

NETWORK PLAN

Consumers in the Border Region MHMR Service area continued to be served primarily through Border Region. Contracted services include:

1. After-hours Crisis Screening for calls to the crisis hotline

In FY 2003 Border Region executed the first pharmacy contract which enabled consumers to utilize local pharmacies rather than obtaining their medication through Border Region Outpatient clinics.

Border Region has developed standardized productivity reporting systems as well as implementing productivity policies which set benchmarks for productivity and outline procedures for addressing productivity issues. These will provide useful guidelines and comparisons evaluating for service providers that will comprise our network in the future.

The Border Region service area continues to afford little in the way of private providers with which to expand choice to consumers. At the time of this writing, there is one psychiatrist in the local service area. It is expected that with passage of HB 2292, the Center will have the opportunity to expand its Network and will be well positioned to do so. The bill requires Border Region to be only a provider of last resort. In the future, Border Region will solicit to develop a base of providers sufficient to meet the needs of consumers, and will provide the services internally only if there is no willing provider in the service area. Border Region possesses the necessary data analysis and contract management tools to comply with recent legislation.

Local Service Area Plan and Provider of Last Resort Plan

The FY 2005 Performance Contract between Border Region MHMR Community Center and Texas Department of State Health Services (DSHS) and Texas Department of Aging and Disability Services (DADS) required Border Region MHMR Community Center to submit a "Provider Of Last Resort Plan" that contained a summary of all responses to the Border Region MHMR Community Center's March 2004 RFI as well as a listing of all the services for which Border Region MHMR Community Center planned to contract and timelines for implementation. Border Region MHMR Community Center submitted its "Provider of Last Resort Plan" on June 1, 2004. This Plan stated that Border Region MHMR Community Center anticipated submitting its Local Plan inclusive of the Baseline Provider Network Analysis and the procurement plans. In addition, it stated that the determination of which services will be procured for FY 2006 and the implementation timeline would be contingent upon a variety of factors including:

- (a) analysis of baseline level of current provider network;

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- (b) incorporating the procurement plans with public input process, including the Local Plan; and
- (c) obtaining clarification and guidance for the concerns enumerated in the Plan.

However, because of the uncertainty of the “Provider of Last Resort” laws, as well as other pending legislation, Border Region MHMR Community Center submits for consideration in this Local Service Area Plan that any plans or timeline for procurement of client services for FY 2006 be temporarily delayed. This postponement is not sought for merely for delay but instead so that adequate information will be available to both Border Region MHMR Community Center and the relative State Departments as to the responsibilities of Local Authorities in FY 2006 and beyond. As in the past, Border Region MHMR Community Center will continue to respond to the requests of DSHS and DADS and will comply with all legislative, regulatory and contractual requirements—plans and timelines for procurement of client services for FY 2006 are no exception. Additional time, however, will grant Border Region MHMR Community Center the ability to use the important resources of staff and advisory committees to its highest extent and ensure compliance with any and all requirements necessary to fulfill its mission of ensuring that mental health, mental retardation and substance abuse services are provided to the residents of its Local Service Area.