

Burke Center

“Working together to improve lives”

**Local Planning and Network Development
2009-2010**

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Mission, Vision, Values and Goals

The planning process begins with revisiting the statement of mission, vision, values and goals the Center has set out.

Vision Statements

1. The Burke Center is the provider of choice for citizens in the region.
2. Our customers (internal, external, and ultimate) are delighted with the services they receive.
3. Our customers are actively involved in their care and in the development of their services.
4. Our staff feel valued and challenged and are proud of their association with our Center.
5. The general public knows who we are and values what we do.
6. Our internal and external communications are clear and consistent. We function as an integrated and supportive network.

Mission Statement

"WORKING TOGETHER TO IMPROVE LIVES."

Centerwide Values

1. We affirm the dignity, rights, and strengths of the people and families we serve.
2. We are committed to excellence in everything we do.
3. We continually seek better and innovative ways to provide and improve services.
4. We use our resources in a careful, efficient, and well-planned manner.

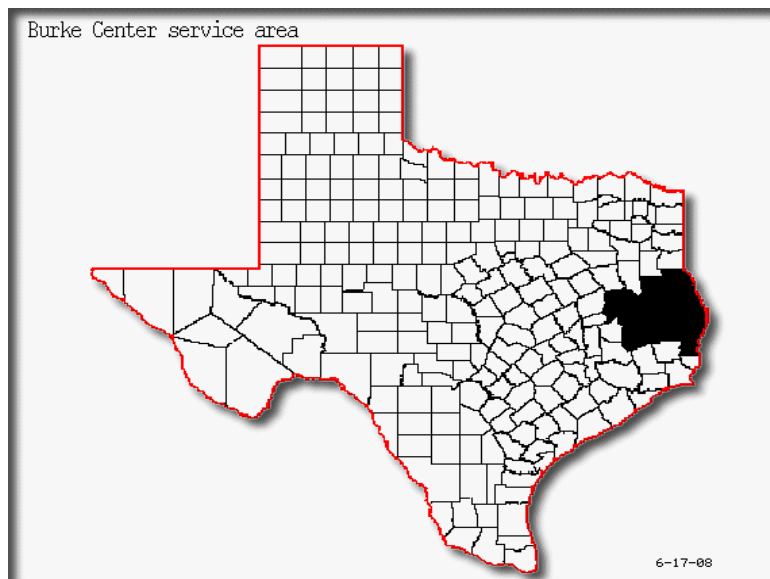
Centerwide Goals

1. To continually improve the quality of services
2. To expand services to meet the ever-growing need
3. To provide effective resource management
4. To promote a positive work environment
5. To improve public understanding
6. To ensure the safety of customers

Demographic Profile and Organizational Overview

❖ Community Center

Texas community centers are considered to be units of local government, although not governmental agencies. This distinction as a local governmental entity is established when sponsoring governmental entities (county commissioners' courts) form a center through inter-local governmental agreements. This distinction provides for immunity from certain liabilities, and makes possible the local Mental Health and Mental Retardation authority role that enables the center to act on behalf of the state of Texas to deliver services and to determine other providers of state funded services. Centers were established with the Texas Mental Health and Mental Retardation Act of 1965. Burke Center is one of only 4 community centers in Texas that are Joint Commission of Accreditation of Healthcare Organization (JCAHO) accredited. Burke Center serves Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity and Tyler counties. Our service area covers 10,000 miles, and the population in the 12 county area is 368,057 (2005, Texas State Data Center).



❖ **Governed by a Board of Trustees**

Murphy George	Chair	Angelina County
Nancy Speck, PhD.	Vice-Chair	Nacogdoches County
Willia Wooten, Ed.D.	Secretary	Houston County
Col. Howard Daniel	Treasurer	Polk, San Jacinto Counties
Frances Scoggins		Jasper and Newton Counties
Sandra Wright, RN, Ed.D.		Tyler County
Judge Charles Mitchell		Sabine and San Augustine Counties
John Howard		Shelby County
Grover “Tiger” Worsham		Trinity County

❖ **Employees**

Burke Center employs 317 full time and 194 hourly employees.

❖ **Service Needs**

Service area population	368,057
Adult population	279,148
Adults with a mental illness	54,823
Adults meeting DSHS priority population	8,706
Child population	88,909
Children with a mental illness	10,491
Children meeting DSHS priority population	2,223
Adults with mental retardation	10,048
Adults meeting DADS priority population	1,501
Adults with alcohol abuse or dependence	43,058
Adults with drug abuse/dependence	14,261

*Data source: Texas Health and Human Services System, 2005 estimates
Texas Commission on Alcohol and Drug Abuse, 2003 estimates*

❖ Population served

Populations served are determined by Texas Health and Human Services System definitions:

Mental health:

The priority population for mental health services includes:

- Children and adolescents under the age of eighteen who have a diagnosis of mental illness who exhibit severe emotional or social disabilities which are life threatening or require prolonged intervention.
- Adults who have severe and persistent mental illness such as schizophrenia, major depression, manic depressive disorder or other severely disabling mental disorders which requires crisis resolution or ongoing and long-term support and treatment.

The target population for mental health services consists of:

- Adults who have a diagnosis of schizophrenia, bipolar disorder, or severe major depression.

Mental retardation:

The priority population for mental retardation services includes those persons who request and need services and possess one or more of the following conditions:

- Mental retardation, as defined by §591.003(3), Title 7, Health and Safety Code
- Autism as defined in the Diagnostic and Statistical Manual (DSM-IV)
- Pervasive Developmental Disorder as defined in the DSM
- Eligibility for Early Childhood Intervention Services (ECI)
- Eligibility for OBRA '87 mandated services for mental retardation or a related condition per specific legislation.

For persons with mental retardation, autism, or pervasive developmental disorder, the priority population includes only those individuals whose needs for services can be most appropriately met through programs currently or potentially offered by the Department of Aging and Disability Services.

Early Childhood Intervention:

A child may be eligible for services if he or she is a resident of the Burke Center service area, is age birth through three years old, and

- Has a physical or mental condition that may result in developmental delay, or
- Has a developmental delay in one or more of the following areas: cognitive, gross motor, fine motor, social/emotional, or communication, or has atypical sensory-motor or behavioral patterns.

Substance Abuse:

To be eligible for Burke Center substance abuse services, an individual must have a DSM-IV diagnosis of substance abuse or substance dependence and meet the Texas Department of Insurance criteria for chemical dependency treatment. .

❖ Services Provided

Mental Health:

Mental health provides the outpatient services for children and adults of assessment, treatment planning, psychiatric services, nursing services, counseling, case management, psychiatric rehabilitation and crisis and non-crisis intake and evaluation. The adult programs also offer supported employment and supported housing, which are specialized rehabilitation programs. There are three primary adult mental health clinics and an additional three satellite sites where telemedicine is done. There are two freestanding children's clinics; a third children's clinic shares a building with an adult program. Additionally, Assertive Community Treatment services are provided at each adult site, providing mobile crisis intervention, psychiatric services, mobile nursing services, counseling, assessment, treatment planning, case management, vocational services, housing services and psychiatric rehabilitation. Mental health also operates crisis services, which provides telephone intervention, coordinates intake and emergency services, and operates the Mobile Crisis Outreach Team.

Burke Center operates two independent living facilities for individuals with mental illness. These facilities, Fairweather Lodge and Lotus Lane cottages, are funded primarily through HUD. Burke Center also operates a furniture bank, providing furniture, linens and house wares for clients in need of these items.

Mental Retardation:

Mental retardation operates two programs with residential components: Home Community Support Services (HCS) and Intermediate Care Facilities (ICF-MR). The HCS program offers four different types of residential services to individuals based on the person's needs. Individuals requiring 24-hour awake supervision receive residential support. Individuals needing residential placement, but not 24-hour awake staff, receive supervised living. Individuals enrolled in either component may reside in the same household with different levels of support and supervision provided based on the individual's needs. These services include assistance with activities of daily living, meal planning and preparation, transportation, housekeeping, ambulation and mobility, self-administration of medication supervision, and facilitate inclusion community activities. Burke Center operates ten Alternate Living Units (ALU's), with one being a residential respite facility. These homes typically house four consumers and staff are always present when consumers are home. Burke Center contracts with families and other appropriate individuals to provide foster care to individuals in their home. Other services that may be provided to individuals enrolled in the HCS program based on their needs include: supported home living; nursing and psychological services; specialized therapies; adaptive aids; minor home modifications, supported employment and day habilitation. Burke Center operates seven ICF-MR homes. These homes provide a structured environment for consumers that require training and assistance to provide basic self-help and home management skills. Consumers must be in need of and be able to benefit from the active treatment provided in a 24-hour supervised residential setting.

MR has two additional sites that provide direct care as well as administrative services. The Mental Retardation Community Programs site coordinates the residential program services and nursing services, and is also the site where MR consumers receive psychiatric services. The Essential Services site coordinates intake, assessment, and referral, as well as service coordination for consumers who live at home. A Dementia Clinic is also operated at this site.

MR operates six sites that offer vocational services, day habilitation services and supported employment services. Consumers attend these programs for up to six hours a day, and may work in the community on a work crew or remain at the site. These programs serve not only residents of Burke Center facilities but may also serve consumers with private providers.

Early Childhood Intervention:

ECI provides services to children ages 0 – 3 years with developmental and sensory disabilities. Services are provided in the child's home, and no direct care is provided at the office building. Services provided include occupational therapy, physical therapy, speech therapy, nutrition, and activities to develop cognitive, social/emotional and self-help skills. Each family is provided service coordination to assist with eligibility/admission, service options, assessment and evaluation and linking to community services. ECI has three freestanding sites, and three other sites that share buildings with other Burke Center programs.

Substance Abuse:

Burke Center provides outpatient treatment services for adults and adolescents at several sites in Angelina, Polk, Nacogdoches, and Jasper counties. It is funded and licensed by Department of State Health Services. Services include case management services for individuals who have a co-occurring mental health diagnosis. Additionally, the Center operates universal prevention programs for youth and families. Curriculums include Promoting Alternative Thinking Strategies (PATHS), a program for elementary schools.

MENTAL HEALTH LOCAL SERVICE AREA PLAN

Local Planning Process

1) **Stakeholder Input**

The Burke Center is responsible for developing, updating and maintaining a Local Service Area Plan in compliance with The Department of State Health Services (DSHS) Performance Contract. The Plan is designed to develop a Network of Providers that will meet the local needs and priorities, allow for more consumer choice, improve access to services, achieve the greatest return on public investment in mental health services, and promote consumer, provider, and caregiver partnerships.

The Center has many existing entities that were able to participate in the planning process. The Lufkin chapter of NAMI is active on the state and local level, and has a long history of advocacy and partnership with the Center. The Center is a partner in the Regional East Texas Health Network (RETHN), which was formed in October of 2006 to identify gaps and barriers to effective coordination of healthcare in the 12 county service area. Burke Center is also an active member in areas Community Resources Coordination Groups (CRCG) meetings and community coalitions. All of these committees were formed with attention to representing the diversity of their communities. Furthermore, Burke Center is one of the sponsors to an annual Mission Possible conference, and used this forum to solicit input from the attendees (over 200). All of these venues were used to train stakeholders and to solicit input into the needs of the community.

Information was gathered at each venue through interaction as well as written input in the form of surveys returned. Additionally, in promoting the public forum, over 200 stakeholders were contacted by mail. This mailing not only publicized the forum, it also publicized the website where other opportunities for input could be utilized. Similar information was published in areas newspapers and radio and newspaper public service announcements, and in posters in Burke Center buildings.

This planning cycle was slightly different than its predecessors in that the Center was required to educate and train staff, consumers, family members, government officials and other interested individuals on the new process of “Local Planning and Network Development.” Our education and training efforts, while time consuming, were extremely beneficial to the process. Efforts made regarding consumer and stakeholder education included:

Burke Center Website

- ❖ Summary of the LPND
- ❖ Notification of Public Forums
- ❖ Information for community and consumers on how to give input
- ❖ Information for providers on becoming part of the network

RPNAC

- ❖ RPNAC – Thursday, March 20, 2008 (training)
- ❖ RPNAC – Thursday, June 19, 2008 (review plan)

Consumer/Family Survey

- ❖ Consumer survey translated into Spanish
- ❖ “You Have a Voice” presentation at each mental health clinic
- ❖ Coversheet with surveys, giving brief explanation of the LPND process.
- ❖ Distribution at every clinic visit for 6 weeks

Scheduled Stakeholders Meetings (inclusive of family members, consumer, community stakeholders and providers)

- ❖ Mission Possible Conference
- ❖ NAMI
- ❖ RETHN Board meetings
- ❖ CRCG meetings
- ❖ Community Coalitions
- ❖ Public Forums
- ❖ Center staff meetings

2) Participants

The Center’s last plan covered FY 2006 and 2007. Since that time, the Center continued its efforts to ensure that the needs and priorities of its local community were being addressed as well as addressing new initiatives through center strategic planning. One of those initiatives was the new Crisis Redesign Plan. Center staff actively sought information for that plan from consumers, family members, local officials, local agencies and others. The stakeholders participating in the Burke Center crisis plan included sheriffs, police chiefs, hospital staff, probation department chiefs, ADAC, NAMI, consumers and family members, and center staff.

The Center continued in its community planning efforts by initiating the FY09 Local Planning and Network Development process with the intent of encouraging even more community involvement as a means of meeting the needs and priorities of Deep East Texas. Key in the process was accessing the Rural East Texas Health Network, an existing committee of hospital administrators and designees, sheriff’s, police chiefs, probation officers, social workers, local providers, consumers and family members, and Center staff with a goal of improving access to and quality of local healthcare, with an emphasis on emergency mental health care.

Stakeholders educated on and asked to give input into the planning process include:

Sheriff offices	County judges	Family doctors
Police Chiefs	SFASU School of Social Work	Home health providers
NAMI	Probation departments	District attorneys
Alcohol and Drug Abuse Council	Community Coalitions	
Buckner's Children and Family Service	CRCGs	
Hospital staff	Area Licensed Professional Counselors	
School districts	Women's Shelter of East Texas	
Judiciary	Community members	

The following chart describes the format of data collection for the LPND, inclusive of major planning meetings for crisis services:

Description And Date or Timeframe	Participating Organizations (List)	Number of Consumers	Number of Family Members	Number of Interested Individuals
RPNAC Survey 3/2007	Consumers	312	104	
RPNAC Survey 3/2007	Community Stakeholders			98
Focus Group 3/1/07	Rural East Texas Health Network (RETHN) Board			9
Focus Group 3/29/07	Rural East Texas Health Network (RETHN) Board			9
Task Force 7/1/07	Regional Mental Health Crisis Facility Task Force			5
Focus Group 7/26/07	Rural East Texas Health Network (RETHN) Board			8
Task Force 8/7/07	Regional Mental Health Crisis Facility Task Force			8
Task Force 10/10/07	Regional Mental Health Crisis Facility Task Force			7
Focus Group 1/24/08	Rural East Texas Health Network (RETHN) Board	1		11
Conference 4/4/08	Mission Possible Conference	23	2	212

Focus Group 4/10/08	Rural East Texas Health Network (RETHN) Board	1		14
Handouts, power point and survey 4/11/08 – 5/30/08	Burke Center Consumers, accessed through 8 regional mental health clinics	81*	21*	
Meeting 4/11/08	Burke Center Polk County MHC			10
Meeting 4/15/08	Burke Center Angelina County MHC			20
Focus Group 4/16/08	RETHN – Nacogdoches County			5
Focus Group 4/17/08	RETHN – Polk County			6
Focus Group 4/17/08	RETHN – San Jacinto County			5
Focus Group 4/24/08	RETHN – Sabine County			4
Focus Group 4/28/08	RETHN – Angelina County	1		8
Focus Group 4/30/08	RETHN – Shelby County	1		5
Focus Group 5/1/08	RETHN – Tyler County			12
Focus Group 5/7/08	RETHN – Jasper and Newton Counties			3
Meeting 5/7/08	Nacogdoches Community Coalition			20
Focus Group 5/8/08	RETHN – Houston County			5
Meeting 5/8/08	CRCG – Jasper County			7
Meeting 5/13/08	CRCG -Tyler County			10
Meeting 5/13/08	NAMI Lufkin	3	8	
Focus Group 5/14/08	RETHN – San Augustine County			7
Focus Group	RETHN – Trinity County			4

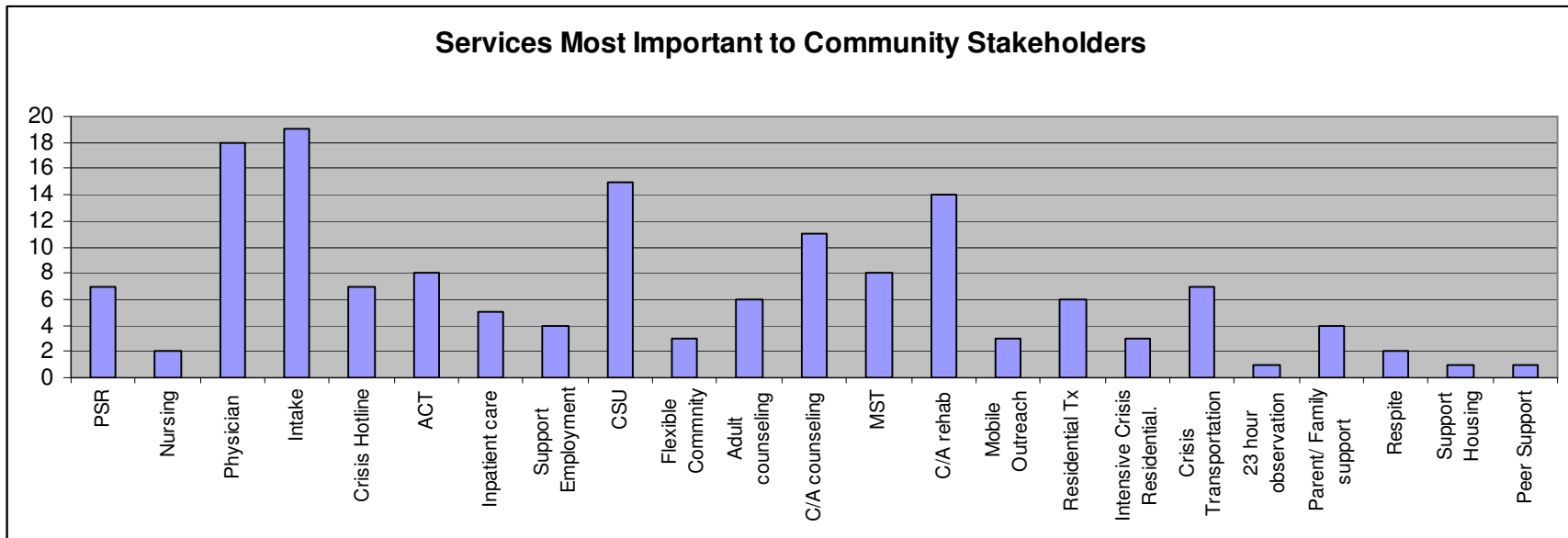
5/15/08				
Meeting 5/16/08	CRCG – Polk County			16
Meeting 5/19/08	Interagency Coalition – Angelina County			17
Public Hearing 5/20/08	Burke Center Public Hearing – Lufkin, Texas	2	5	9
Meeting 5/21/08	CRCG – Houston County			15

* Many more consumers than this were trained; this is the number that gave feedback.

3) Input received

Input received from stakeholders was compiled relative to their opinions in the following categories:

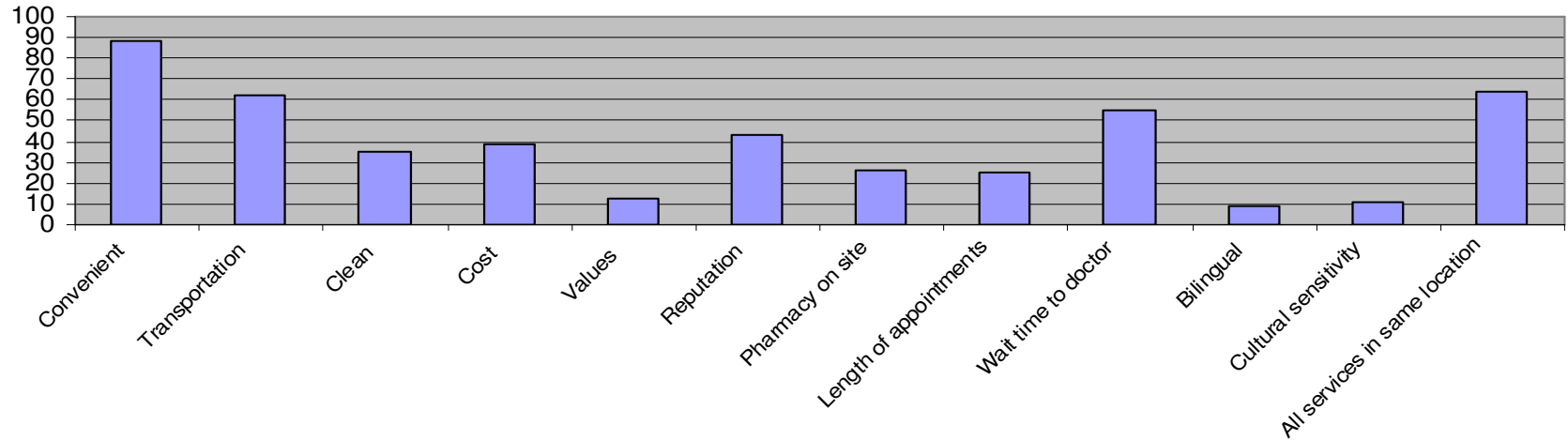
- Service needs and priorities for children, adolescents, and adults;
- Crisis response system and services;
- Development of an external provider network; and
- Other significant issues and concerns.



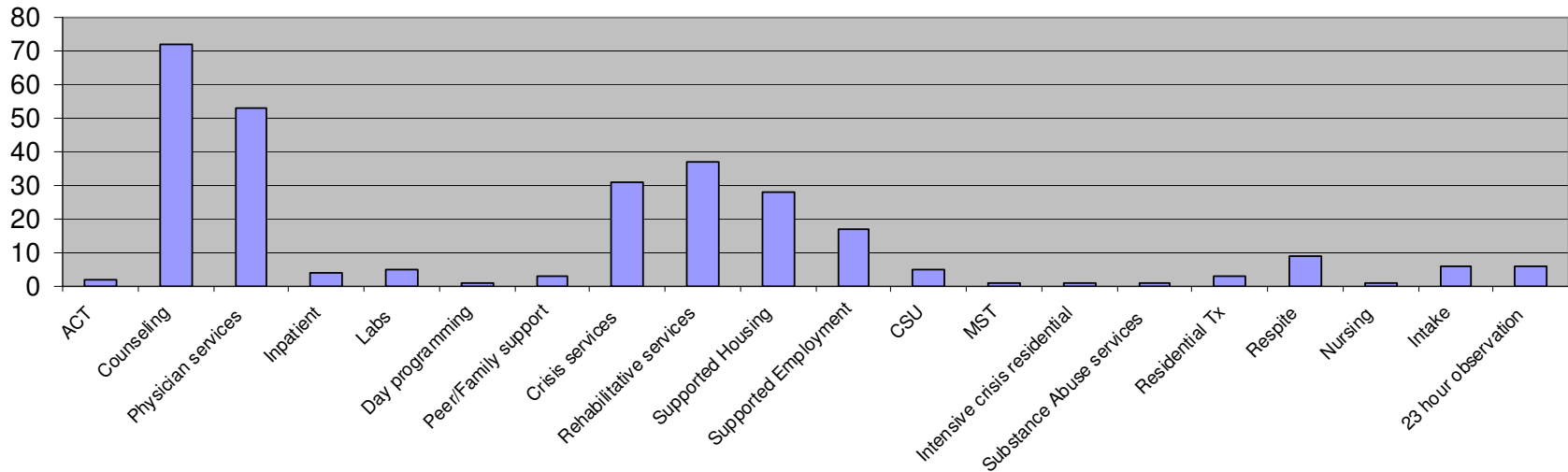
Crisis response system and services:

Burke Center has an established relationship with a newly developed health network, Rural East Texas Health Network (RETHN). RETHN has 72 members from across the 12 county region described. Members are a diverse group of hospital administrations and emergency departments, law enforcement, judicial magistrates, local mental health authority, local governments, jails, consumers and advocates, schools and community leaders. RETHN has established itself as the main entity within the region where collaborative efforts are organized and focused to resolve mental health emergency service needs. The network has prioritized efforts to obtain crisis residential services to meet the identified needs of individuals experiencing urgent and/or emergent behavioral health crisis across a 12 County region. Collaborative efforts have produced a significant community match to sustain operations of the pending contract amendment. The 12 county region of Deep East Texas lacks the availability of any inpatient or residential psychiatric treatment resources. People from this region in need of this level of care must go far from this area (typically Houston, Tyler, Longview, or places in the state of Louisiana) to get the help that they need. DSHS East Texas Needs Assessment recognized the need for emergency mental health treatment across the region and identifies a shortage of services in their report. The survey showed that throughout this region mental health care and substance abuse treatment was the predominant healthcare need, particularly the need for intensive levels of care. RETHN also conducted a more in-depth study of our 12 county region, which consisted of surveys, needs assessments, focus groups, concept mapping, and tracer methodology with the conclusion that there is an overwhelming need and want for intensive psychiatric services to be located within the region. Because the need for intensive local psychiatric resources is so great, RETHN continues to maintain advisory groups of stakeholders throughout the region that meet periodically, and continue to advocate for these resources. Furthermore, because the demand for crisis services is so great, these stakeholders are willing to contribute resources in meeting the presenting goals to address emergent/urgent behavioral health crisis.

Factors important in choice of providers



Services in which more choice of providers is desired



Other significant comments or concerns:

- ❖ More capacity needed, not just choice.
- ❖ Stakeholders are happy with Burke Center services and don't see need for other providers.
- ❖ Travel costs are a primary concern, so it is very important to maintain or improve access to service location, and having all services in the same location.
- ❖ Need to make sure this process does not negatively impact consumers with dual diagnosis (MH/SA and MH/MR)

4) Burke Center's priorities and gaps with regard to services.

The Center uses JCAHO accreditation as an external analysis of services provided. In our most recent Periodic Performance Review, the Center identified the needs to improve the training and procedures of peer providers, and to improve the assessment of needs and procedures for supported employment. All other standards related to the providing of Mental Health and Substance abuse services were in compliance.

The Regional Planning and Network Advisory Committee (RPNAC) identified the following strengths, weaknesses, opportunities and threats, as well as gaps in services:

Strengths:

Desire to involve families and consumers
Extensive experience in providing service
Implementing business approaches to be more competitive
Proven to be adaptable and flexible
Adapting to scarce resources
Continues to provide services with limited financial resources
Responsive to needs of the community
Strong board of trustees that advocate for centers at the state level

Weaknesses:

Under funded
Forced to implement waiting lists
Large geographical service areas
State mandates put centers at a disadvantage when competing
Population is defined for us – we cannot choose who we serve

Opportunities:

Diversify to other services to broaden base
Educate general public to needs
Develop the mail order pharmacy

Threats:

Legislation restricts what we can do
Provider of last resort
Manner in which equity is determined
Funding cuts
Staff retention
Not an equal player with private providers
Difficult to plan for the unknown
Complying with regulations
Not a popular cause with the legislature
CAM data is not consistent and not reflective of true comparisons

Gaps in Services

MH adults:

Too many in the low service packages (SP 1 adults)
Resource limitations
Not able to provide needed services due to RDM
No funding for outreach, education
Jail diversion is under-funded and so not as effective
Housing options (few licensed boarding homes in the area)
Community resources, particularly psychiatrists to refer people to
Transportation
State hospital bed availability

Dual diagnosis (Chemical dependency/mental health)
Few resources for detox

MH children:

State hospital bed availability
Residential care
Transportation
Counseling services
Willing foster care providers for RDM foster care
Dual diagnosis (Chemical dependency/mental health)
Few resources for detox
Limited integration with public schools

5) **Changes to service delivery system in the next biennium**

Burke Center will begin the biennium by taking occupancy of a newly acquired building in Nacogdoches, made possible by a generous contribution from a local foundation. The 12,000 square foot building (formerly a psychiatric hospital) will become the home of the Nacogdoches adult and children's outpatient clinics, the Nacogdoches outpatient substance abuse services, and the Nacogdoches Early Childhood Intervention services.

This new home will enable an integration of service delivery when co-occurring consumer conditions exist, as well as opportunities for efficiencies, particularly in back-office and support services. Furthermore, the Burke Center will be investing in its long-term future via facility ownership.

Crisis Redesign of FY08 has enabled an expansion and improvement to the Center's mental health crisis response system. Burke Center will further expand and improve upon that system. The Center foresees expanding the number of counties served by the Center's Mobile Crisis Outreach Team (MCOT). This project is currently serving the counties of Angelina, Nacogdoches and Polk, and with plans to include Jasper County in the new biennium. Further expansion of this service to additional counties will occur as additional resources and/or efficiencies are identified. The MCOT service concept has already proven to be successful in beginning an early intervention and service delivery process to people in crisis. The Center's goal for MCOT has been to provide services in the least restrictive setting, and whenever possible, reduce the need for law enforcement involvement, as well as local community hospital involvement. The Center and the region have begun seeing a reduction in the utilization of inpatient resources of all kinds, as a result of MCOT success. Burke Center also plans to expand the number of mental health clinicians that live in counties not served by MCOT, in order to improve the response time for people in crisis that reside in those counties. The Center will also be expanding

psychiatric response via tele-medicine technology during FY09 and FY10. This is being made possible by way of contract with a telemedicine emergency psychiatric practice located outside our service region. This service enables immediate psychiatric assistance to consumers in crisis, including the opportunity to get the correct medication they need, which may make the difference between remaining in their home and community vs. a more restrictive and expensive level of care.

Furthermore, Burke Center was recently awarded DSHS funding for the establishment of a Psychiatric Emergency Service Center (PESC) to serve the entire Center service region. This PESC will include an Emergency Extended Observation Unit and a Crisis Residential facility. Counties and hospitals throughout the region will provide matching funds in order to enable this project, and a local foundation agreed to build a facility in Lufkin, Texas if operational funding were obtained. The work towards planning and construction of the new facility will begin immediately. In the interim, a temporary facility will be identified so that service delivery can begin as soon as possible after the start of the biennium. Since no inpatient or residential psychiatric care presently exists within our region, this PESC will meet one of the biggest healthcare needs of the region.

Also with the onset of the new biennium, Burke Center will be implementing some changes and expansion of its mental health intake process. The Center will increase Intake clinician time availability throughout the service region, making it possible for citizens seeking services to be seen quicker, and with fewer contacts needed to complete the process of eligibility determination to admission to care.

Burke Center is also anticipating the establishment of a juvenile offender mental health residential treatment program being established in a Center owned facility located in Angelina County.

Many of the gaps in services identified by stakeholders are due to a lack of adequate funding. The Center continues to work with our legislative delegation and Texas Council of Community MHMR Center to encourage greater funding for mental health and substance abuse programs.

Current Services and Providers

DSHS-Funded Services					
Service Type	LMHA	Dollars Spent on Direct LMHA Services	External Provider*	Dollars Spent on External Provider Services	External Provider Contract Start and End Dates
ROUTINE SERVICES					
Intake (Screening, Pre-admission Assessment)	X	\$ 951,266	Joe Morales, LPC 5426 Champions Dr. Lufkin, Tx 75901	\$21,867	11/1/06-8/31/07
Routine Case Management (Adult)	X	\$ 494,243	N/A	N/A	N/A
Routine Case Management (Child/Adolescent)	X	\$ 164,071	N/A	N/A	N/A
Respite Services	X	\$ 689,899		\$ -	
Supplemental Nursing Services	X	\$ 70,750		\$ -	
Pharmacological Management	X	\$ 417,605	James Buckingham MD 3516 N.E. Stallings Dr Nacogdoches, Texas 75965 Bahadur Sarkari, MD 231 Sutherland League City, Texas 77573	\$ 62,861	9/1/06-8/31/07 7/3/06-8/31/07
Provision of medication	N/A		McKesson Pharmaceuticals 1220 Senlac Dr Carrolton, Texas 75006 Brookshire Brothers P.O. Box 2058 Lufkin, Texas 75901 ETBHN Pharmacy 2704 Homer Alto Road Lufkin, Texas 75904	\$423,744	

			Express Scripts 14000 Riverport Dr Maryland Heights, Missouri 63043		
Psychiatric evaluation	X	\$ 64,242	James Buckingham MD 3516 N.E. Stallings Dr Nacogdoches, Texas 75965 Bahadur Sarkari, MD 231 Sutherland League City, Texas 77573	\$ 34,183	9/1/06-8/31/07 7/3/06-8/31/07
All Rehabilitation Services (Adult)	X	\$ 1,416,114		-	
All Rehabilitation Services (Child/Adolescent)	X	\$ 756,070	Margaret Alexander 1411 Frosty Lane Diboll, Texas 75941	\$1,989	8/1/06-8/31/08
Supported Employment (Costs grouped under rehab)	X	\$ -		\$ -	
Supportive Housing (Costs grouped under rehab)	X	\$ -		\$ -	
Assertive Community Treatment	X	\$ 199,861		\$ -	
Inpatient services	N/A	\$ -	Alternative Services Network 530 Wells Fargo Dr # 110 Houston, Tx 77090 Athi P. Venkatesh MD PO Box 6479 Kingwood, Tx 77325 Brad A. Brazeal, M.D. 4002 Loop 256, Suite R Palestine, Tx 75801 Cypress Creek Hospital PO Box 415000 Nashville, Tn 37241 Desoto Hospital Association P.O. Box 1636 Mansfield, LA 71052 Fernando G. Torres M.D.	\$426,231	9/1/06-8/31/07 (all)

			<p>2110 Ridgeway Park Drive Kingwood, Tx 77339</p> <p>Frank Chen, MD 4840 West Panther Creek, St. 210 The Woodlands, TX 7738</p> <p>George E. Groves MD 3560 Delaware St. Ste. 502 Beaumont, TX 77706</p> <p>James C. Heald, M.D. P.O. Box 130152 Houston, Tx 77219-0152</p> <p>Kashi S Bagri MD 2194 Eastex Fwy #A Beaumont, TX 77703</p> <p>Kingwood Health Center 2001 Ladbroke St. Humble, TX 77339</p> <p>Kingwood Pines Hospital PO Box 974357 Dallas, Tx 75397-4357</p> <p>Manjeshwar R. Prabhu MD 2020 North Loop W # 150 Houston, Tx 77018-8103</p> <p>Marshall B. Lucas MD P.O. Box 844713 Dallas, Tx 75284</p> <p>Memorial Herman Baptist Hospital 3250 Fannin Beaumont, Tx 77704</p> <p>Memorial Herman Baptist Hospital PO Box 974599 Dallas, Tx 75397-4599</p>		
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			<p>P. K. Roy MD 2330 Timber Shadows Dr #106 Kingwood, Tx 77339-2041</p> <p>Palestine Regional Medical Center P.O. Box 4070 Palestine, Tx 75802</p> <p>Ravikumar Kannegani MD 3520 Medical Center Drive Beaumont, TX 77701</p> <p>Red Oak Psychiatry 17115 Red Oak Dr # 109 Houston, Tx 77090</p> <p>Roger G. Butler M.D. P.O. Box 2068 Palestine, Tx 75802-2068</p> <p>Sheela Singaperumal MD 1702 Mulberry Ave Mt. Pleasant, Tx 7545</p>		
Residential Treatment	N/A	\$ -		\$ -	
Intensive Case Management (Child/Adolescent)	X	\$ 17,737	N/A	N/A	N/A
Counseling (Adult)	X	\$ 9,513	Joe Morales, LPC 5426 Champions Dr. Lufkin, Tx 75901	\$166	11/1/06-8/31/07
Counseling (Child/Adolescent)	X	\$ 21,595		\$ -	
Parent/Family Support Activities (e.g., family case management, family training, family partner, parent support group)	X	\$ 908		\$ -	
Flexible Community Support (Child/Adolescent) (cost grouped under respite)	X	\$ -		\$ -	
Multi-Systemic Therapy (Child/Adolescent)	N/A	\$ -		\$ -	

Consumer Peer Support (No cost because paid by Mentorcorp arrangement)	X	\$ -		\$ -	
CRISIS & OTHER DISCRETE SERVICES	N/A				
Crisis Hotline (cost grouped under crisis intervention services)	X	\$ -		\$ -	
Crisis Intervention Services	X	\$ 143,409		\$ -	
Mobile Outreach	N/A	<p>The Crisis Services Redesign initiative was completed just prior to this local planning initiative. The development of local crisis services plans occurred using then existing planning and procurement requirements. The efforts related to crisis services are not subject (at this time) to the new LPND rules for FY08. Current crisis service planning efforts are summarized within this plan.</p> <p>Important to note: Centers are not required to repeat the process of local planning for crisis services when considering this Network Development Plan, thus crisis services are not subject to further procurement at this time.</p>			
23 Hour Observation	N/A				
Extended Observation Unit	N/A				
Crisis Residential Services	N/A				
Crisis Respite Services	N/A				
Crisis Stabilization Unit	N/A				
Crisis Follow-Up and Relapse Prevention	N/A				
Crisis Transportation	N/A				
Crisis Flexible Benefits	N/A				
Laboratory Services	N/A		Christus Jasper Memorial Hospital P.O. Box 848060 Dallas, TX 75284-8060	\$66,035	
			Dickerson Memorial Hospital P.O. Box 60612 Houston, TX 77205		
			DRL Labs P.O. Box 6640 Tyler, TX 75711		
			ETMC Crockett P.O. Box 1129 Crockett, TX 75835		
			ETMC Trinity P.O. Box 3169 Trinity, TX 75862		
			Memorial Med CTR – Livingston P.O. Box 1447 Lufkin, TX 75902		
			Memorial Health Systems P.O. Box 1447 Lufkin, TX 75902-1447		
			Nacogdoches Memorial Hospital 1204 Mound St.		

			Nacogdoches, TX 75961-4246		
			Pineywoods Pathology, P.A. P.O. Drawer 1906 Lufkin, TX 75902-1906		
			Jane D. Todd, M.D. P.O. Box 1863 Center, TX 75935		
			Tyler County Hospital 1100 W. Bluff Woodville, TX 75979		
			Quest Diagnostics P.O. Box 841725 Dallas, TX 75284-1725		

Provider Network Development

1) Provider Availability

In an effort to assure consumer choice and develop a network of appropriate, competent providers, invitations to participate in the planning process and to be considered in the provider network were sent out via direct mailing as well as newspaper ads, radio and television public service announcements, posters in service delivery sites, and the Burke Center website. The material included notice of the public forum as well as a link to necessary information to complete surveys and to sign up as an interested provider. Provider who had formally or informally expressed interest in being considered were included in the mailing list, as well as known area providers. All psychiatrists and providers of therapy were in the 12 county service area were included.

2) Provider Inquiries

Date of Inquiry	Summary of Inquiry	LMHA Response
2005	Citadel Group responded to our 2005 procurement plan	None at the time; no response to invitation to participate this planning cycle
2005	Avail Solutions Inc. responded to our 2005 procurement plan	None at the time; no response to invitation to participate this planning cycle
February 14, 2008	Sunwest Behavioral Health Organization completed the Provider Interest Form on DSHS website	Mailed notice of public forum, discussion with Dr. Vanderpool
December 17, 2007	The Wood Group completed the Provider Interest Form on DSHS website	Mailed notice of public forum.
June 5, 2008	One Stop Medical Services completed the Provider Interest Form and emailed to the Center.	Advised that they will be contacted when information is needed and procurement begins.

3) Service Capacity and Procurement

	3a	3b	3c	3d	3e	3f
Service	Current Capacity per DSHS site, not felt to be representative	Projected Capacity (Actual capacity based on volumes served)	Availability of Current and Potential External Providers	Procurement Planned?	Capacity to be Procured	Method of Procurement
ADULT SERVICES						
RDM SP 1	1432	1465	3	No except for physician services		
RDM SP 2	6	19 (*capacity currently low due to resource limitations; because of few LPCs available internally to provide counseling)	3	No except for physician and counseling services		
RDM SP 3	184	129	3	No except for physician services		
RDM SP 4	23	22	3	No except for physician services		
CHILD/ADOLESCENT SERVICES						
RDM SP 1.1	207	237	1	No except for physician services		
RDM SP 1.2	11	22	1	No except for physician and counseling services		
RDM SP 2.1	0	0	1	No except for physician services		

RDM SP 2.2	6	8	1	No except for physician services		
RDM SP 2.3	1	2	1	No except for physician and counseling services		
RDM SP 2.4	3	0	1	No except for physician services		
RDM SP 4	68	65	1	No except for physician services		
CRISIS SERVICES	<p>The Crisis Services Redesign initiative was completed just prior to this local planning initiative. The development of local crisis services plans occurred using then existing planning and procurement requirements. The efforts related to crisis services are not subject (at this time) to the new LPND rules for FY08. Current crisis service planning efforts are summarized within this plan.</p> <p>Important to note: Centers are not required to repeat the process of local planning for crisis services when considering this Network Development Plan, thus crisis services are not subject to further procurement at this time.</p>					
<i>Crisis Hotline</i>						
<i>Mobile Outreach</i>						
<i>23-Hour Observation</i>						
<i>Day Program for Acute Needs</i>						
<i>Crisis Stabilization Unit</i>						
<i>Crisis Respite Services</i>						
<i>Inpatient Services</i>						
<i>Intensive Crisis Residential</i>						
<i>Safety Monitoring</i>						
<i>Crisis Follow-Up and Relapse Prevention</i>						
<i>Crisis Transportation</i>						
<i>Crisis Flexible Benefits</i>						
DISCRETE SERVICES						
<i>Laboratory Services</i>			All laboratory services provided by external providers			
<i>Counseling</i>		150			25%	Open enrollment

<i>Pharmacological Management/ Psychiatric evaluation</i>		1919			15%	Open enrollment
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4) Justification for procurement of discrete services

Discrete Service to be Procured	Rationale
Counseling (CBT)	The Burke Center has determined, through its meetings, surveys, and focus groups with stakeholders including consumers, family members, law enforcement, and other community members, an overwhelming request for additional counseling services. While the intent for this process is not to increase services but to offer choice to our consumers, the Burke Center recognizes that procurement of the discrete service of counseling will not only offer our consumers choice but has potential to allow us to expand current capacity with limits. Discussions were held regarding procurement of Service Package 2 for adults and Service Packages 1.2 and 2.3 for children. Both of these packages offer counseling, SP2 adults routinely get physician services, and many of those children’s packages do also. However, we are unable to contract out case management as it is an authority function, thus the two primary services of these packages can be best met by providers able to offer discrete services rather than a full service package. Procurement of other service packages in full would also require the contracting of Medicaid Rehab services. Since community centers are the only authorized entities to bill and receive payment for the Federal portion of the Medicaid Rehab rates, contracting out these services would require our Center to enter into what is called an “Under Arrangement” contract. Since our Center would be financially at risk for ensuring compliance with all Medicaid rules and regulations, we have determined that we do not have the infrastructure and expertise necessary to utilize this contract methodology.
Physician services	The Burke Center has determined, through its meetings, surveys, and focus groups with stakeholders including consumers, family members, law enforcement, and other community members, an overwhelming request for additional pharmacological management services via psychiatrists. While the intent for this process is not to increase services but to offer choice to our consumers, the Burke Center recognizes that procurement of the discrete service of pharmacological management will not only offer our consumers choice but has potential to allow us to expand current capacity with limits. Discussions were held regarding procurement of Service Package 2 for adults

	<p>and Service Packages 1.1 and 2.3 for children. Both of these packages offer counseling, SP2 adults routinely get physician services, and many of those children’s packages do also. However, we are unable to contract out case management as it is an authority function, thus the two primary services of these packages can be best met by providers able to offer discrete services rather than a full service package. Procurement of other service packages in full would also require the contracting of Medicaid Rehab services. Since community centers are the only authorized entities to bill and receive payment for the Federal portion of the Medicaid Rehab rates, contracting out these services would require our Center to enter into what is called an “Under Arrangement” contract. Since our Center would be financially at risk for ensuring compliance with all Medicaid rules and regulations, we have determined that we do not have the infrastructure and expertise necessary to utilize this contract methodology.</p>
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Additionally, Burke Center will continue to contract out crisis hotline, inpatient psychiatric services, lab and pharmacy services as the Center does not provide these services.

6) Plan for Fidelity and Continuity of Care

The Center has the ability to monitor in “real-time” required documentation and service requirements by allowing contracted providers access to our Electronic Medical Record. In addition, consumers have indicated through the focus groups that it is important to have all of their services in one location. It is our intent to permit providers who contract for services to use our facilities to allow for a continuum of services. Additionally, monthly provider meetings will be held to allow ongoing training, review of outcomes and other requirements and to address treatment issues. Also necessary to assure proper provision of services will be on site management, pre-service training requirements, audits, provider assessments, credentialing, claims adjudication, and case managers to continue to monitor client’s services. All provider contracts will include a clause which specifies that is a provider’s action cause the Center to incur a sanction by DSHS, the provide will be liable for the amount of the sanction.

7) Rationale for Keeping Services

The rationale for the decision to continue providing services at any level for any of the services listed above must be based on:

- A determination that the current network of external providers serves 100 percent of the service capacity and meets levels of consumer choice and access, or
- One of the following conditions:
 1. *Willing and qualified providers are not available.*
 2. *The external network does not provide minimum levels of consumer choice.*

3. *The external network does not provide equivalent access to services.*
4. *The external network does not provide sufficient capacity.*
5. *Critical infrastructure must be preserved.*
6. *Existing agreements restrict procurement or existing circumstances would result in substantial revenue loss.*

Service	Percent Capacity provided by the LMHA	Condition 1-6 (listed above)	Explanation	Percent Capacity necessary for LMHA Viability	Rationale for this Volume
ADULT SERVICES					
RDM SP 1 *	100%, except for discrete services listed below	4,5	Known providers have not indicated an interest sufficient to serve the present SP1 capacity. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology’s ability to accept and process an external provider’s clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network, and assuring access and choice are relevant to the decision.	100%, except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete services procurement. The 100% volume is noted solely because the entire package is not planned for procurement, (see Discrete Services below)
RDM SP 2 *	" "	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology’s ability to accept and process an external provider’s clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network, and assuring access and choice are relevant to the decision.	" "	" "
RDM SP 3 *	" "	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology’s ability to accept and process an external provider’s clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network, and assuring access and choice are relevant to the decision.	" "	" "
RDM SP 4 *	100%	2	This is too expensive of a service for 2 ACT teams and 1 external provider will not provide choice.	100%	See “Single provider of services” on page 36.

CHILD/ADOLESCENT SERVICES					
RDM SP 1.1 *	100%, except for discrete services listed below	2,4,5	There is only one provider who has indicated an interest in children's services in the area. The one that did express interest cannot provide service to the present volume in this service package. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network, and assuring access and choice are relevant to the decision.	100%, except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete services procurement. The 100% volume is noted solely because the entire package is not planned for procurement, (see Discrete Services below)
RDM SP 1.2 *	" "	2,5	There is only one provider who has indicated an interest in children's services in the area. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network, and assuring access and choice are relevant to the decision.	" "	" "
RDM SP 2.1 *	N/A		Not enough volume to consider procurement.		
RDM SP 2.2 *	100%, except for discrete services listed below	2,5	There is only one provider who has indicated an interest in children's services in the area. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network, and assuring access and choice are relevant to the decision. There is only one provider who has indicated an interest in children's services in the area.	100%, except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete services procurement. The 100% volume is noted solely because the entire package is not planned for procurement, (see Discrete Services below)
RDM SP 2.3 *	" "	2,5	There is only one provider who has indicated an interest in children's services in the area. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability to accept and	" "	" "

			process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network, and assuring access and choice are relevant to the decision.		
RDM SP 2.4 *	N/A		Not enough volume to consider procurement.		
RDM SP 4 *	100%, except for discrete services listed below	2,5	There is only one provider who has indicated an interest in children's services in the area. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network, and assuring access and choice are relevant to the decision.	100%, except for discrete services listed below	As a means not to fracture and fragment the established local service delivery system and to maintain critical infrastructure, the Center shall gradually increase choice via discrete services procurement. The 100% volume is noted solely because the entire package is not planned for procurement, (see Discrete Services below)
CRISIS SERVICES					
<i>Crisis Hotline</i>	<p>The Crisis Services Redesign initiative was completed just prior to this local planning initiative. The development of local crisis services plans occurred using then existing planning and procurement requirements. The efforts related to crisis services are not subject (at this time) to the new LPND rules for FY08. Current crisis service planning efforts are summarized within this plan.</p> <p>Important to note: Centers are not required to repeat the process of local planning for crisis services when considering this Network Development Plan, thus crisis services are not subject to further procurement at this time.</p> <p>Burke Center currently contracts out all inpatient hospitalization services and its crisis hotline.</p>				
<i>Mobile Outreach</i>					
<i>23-Hour Observation</i>					
<i>Day Program for Acute Needs</i>					
<i>Crisis Stabilization Unit</i>					
<i>Crisis Respite Services</i>					
<i>Inpatient Services</i>					
<i>Intensive Crisis Residential</i>					
<i>Safety Monitoring</i>					
<i>Crisis Follow-Up and Prevention</i>					
<i>Crisis Transportation</i>					
<i>Crisis Flexible Benefits</i>					
DISCRETE SERVICES					
<i>Laboratory Services</i>	0%		All will be contracted out	0%	
<i>Counseling</i>	100%	5	A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability	75%	Gradual rollout to assess reliability of the provider network to fulfill contractual

			of information technology's ability to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network, and assuring access and choice are relevant to the decision.		obligations, to assure access throughout service area, and to maintain critical infrastructure. Responsibly for training providers in CBT and assessing competency may fall to the center.
<i>Pharmacological Management/Psychiatric evaluation</i>	100%	4,5	Known providers have not indicated an interest sufficient to serve the present capacity. A phased transition is planned to assure adequate safety net. Critical infrastructure, including ability of information technology's ability to accept and process an external provider's clinical and fiscal information, the organizational structure and technical experience and expertise in managing a network, and assuring access and choice are relevant to the decision.	85%	To maintain critical infrastructure by insuring capacity and to provide an orderly transition.

* *Pharmacological management in this service package partially provided by contract providers within center facilities.*

8) **Structure of Procurement**

Service or Combination of Services to be Procured	Geographic Area(s) in Which Service(s) will be Procured	Rationale
Pharmacological management/psychiatric evaluation	All 12 counties	This will increase choice and access; the Center will allow providers to limit service area in order to foster enrollment.
Counseling	All 12 counties	This will increase choice and access; the Center will allow providers to limit service area in order to foster enrollment.

9) **Choice and Access**

The 12 county Burke Center service region is considered a Psychiatric Underserved Service Region, and most counties are considered Medically Underserved Service Regions. Consequently, this region lacks service resources, let alone the opportunity for choice. The only choice for much of this region is to either do without psychiatric care, travel far from home to get needed care, or seek-out lesser trained healthcare providers in an attempt to get needs met. For most of the 12 county service region, Burke Center is the only provider of psychiatric care. Furthermore, Burke Center's mental healthcare focus is on persons in crisis and those citizens with the most severe mental illnesses. Burke Center has outpatient clinics located throughout the region, with the goal of having a facility

within 30 miles of any resident. Burke Center operates six clinic sites. Also, a number of services are provided within the community – within consumer homes. Outpatient clinic choice currently entails accessing help at the nearest clinic to home, or travel to one of the other clinic facility sites. In our lesser populated locations, Burke Center offers psychiatric care via tele-conferencing, and if patients do not like this option they have the choice of traveling to where the physician is located (still within the service region). The Center is better able to provide choice internally at those clinic locations where a number of clinicians practice.

As Burke Center advances the development of a network of external providers, the expectation is that access to care must be as good as, or better than what currently exists within Center operations. Service hours must be comparable, with no decreased days or times of operations to present services.

10) Single Provider of Services

There are two services which will be provided by only one internal provider because it would not be financially viable to fund two or more providers:

Service to be Provided by a Single Provider	Economic Factors Preventing Consumer Choice
Crisis Services	At the present time, Burke Center Crisis Services will be provided primarily by Burke Center. Although one aspect of the Center’s Crisis Services is presently contracted to an external provider (Crisis Hotline), we don’t anticipate having more than one provider under contract for this in the foreseeable future due to a number of issues of impracticality. Furthermore, it is Burke Center’s understanding that Crisis Services is primarily an Authority Service that should be primarily under the Center’s umbrella of operations.
ACT	Burke Center also foresees ongoing retention of the Assertive Community Treatment (ACT) services. These are essentially intensive services provided by an array of professionals working cooperatively together to keep some of the areas highest need consumers in their community, and by keeping them engaged in services. Burke Center consumers that are eligible for this service are dispersed throughout the region, and therefore are served by a number of different teams. At the time of this writing, Burke Center has 12 consumers receiving ACT support, and there is no

	concentration among these 12 in any one vicinity. Therefore, to contract out this service would not be financially viable to any single provider team.
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11) Diversity

Burke Center serves Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity and Tyler counties. The ethnic makeup of the 12 county area (2000 US census) is 77% white, 17% African-American and 6% Hispanic. Other important census information regarding the Center’s service area:

County	% foreign born	% > 5 years who speak a language other than English in the home
Angelina	6.9	14.1
Houston	3.0	7.5
Jasper	2.2	5.0
Nacogdoches	6.2	11.6
Newton	0.9	3.6
Polk	4.3	12.0
Sabine	1.1	3.2
San Augustine	2.0	4.0
San Jacinto	2.5	6.4
Shelby	6.6	9.3
Trinity	2.7	5.1
Tyler	1.2	4.7
Statewide	13.9	31.2

It is the position of Burke Center that all persons receiving services have the opportunity to communicate effectively with providers, regardless of the cultural background from which the individual comes or the language which the person may speak. We allow and encourage full participation for all consumers and their families. Cultural competence occurs in the mental health service delivery system when cultural issues are acknowledged and addressed at all levels of an organization: administration, service delivery, and clinician.

The primary mechanism utilized to determine the level of competency of external providers in this area is the “CULTURAL AND LINGUISTIC COMPETENCY ASSESSMENT.” The assessment, which is required in the provider’s contract, inquires into the provider’s written policies, staffing patterns, use of interpreters, written translation materials and grievance procedures. This assessment is the

tool utilized to ensure that external providers are accepting and respectful of cultural differences and that they have the resources and flexibility within the service models to meet the needs of a diverse population. The assessment is reviewed annually with each contract renewal.

The Center also strives to ensure that individuals receive effective, understandable, and respectful care from its internal staff. As Burke Center offers a pay incentive for hiring purposes to assist in assuring bilingual staff are available in all areas. The Center also contracts with translators for Spanish and sign language. The Center identifies the need for translation services prior to intake to ensure that care and information is received in the individual's preferred language throughout the individual's care.

The Center gives training on consumer rights and cultural sensitivity at hire and annually. Staff also can access several training modules to ensure competency in this area. The following trainings are also offered through Essential Learning on-line training, available to all staff:

- Cultural Diversity - This course is an introduction to understanding the various components of cultural competence and how they apply to providing mental health and other human services to various groups of people and to individuals from within those groups.
- General Clinical Cultural Issues in Mental Health Treatment - This course reviews the confluence of clinical, social, cultural, organizational and financial reasons for minority groups being underserved by the mental health and human services systems. It discusses the ethnic and racial groups that constitute underserved populations and describes their changing demographics. The course reviews five culturally-specific psychiatric syndromes or idioms of distress and discusses the epidemiology and utilization of mental health services among the major racial/ethnic groups. The course also discusses social and cultural barriers to accessing mental health and human services.
- Direct Support Providers/DD Clients Cultural Competency for the DSP - This course discusses the concept of cultural diversity and the effects of prejudice and stereotyping and provides an overview of the direct support professional's role in responding to cultural diversity in clients and co-workers.

Overall in developing a network of providers, the Center desires to maintain a network which meets the needs of the local community, improves access to treatment by minorities, reduces disparities in treatment and improves quality of care.

12) Cost Efficiency

Burke Center makes efforts to maximize service dollars and reduce overhead costs through its continued sponsorship with the East Texas Behavioral HealthCare Network (ETBHN). ETBHN is a governmental cooperative of 8 sponsoring community MHMR centers established under provisions of the Interlocal Cooperation Act to provide a means for the sponsoring entities to act jointly and be mutually accountable for those functions they agree can be performed with more economy, effectiveness and objectivity at the regional level. Burke Center is one of eight members of this network. The mission of ETBHN is to improve the quality of service,

enhance the operating efficiency, and expand the capacity of behavioral health in the communities of East Texas through greater integration of center clinical and administrative activities while also pursuing additional revenue resources. The following is a summary of cost-savings and/or efficiency providing projects:

- ❖ ETBHN Pharmacy is located in Lufkin, Texas and began operations on February 2, 2004. This designation allows the pharmacy to belong to select groups, called group purchasing organizations that negotiate discounted prices on prescription drugs for its members. Establishment of this pharmacy allows member centers to purchase psychotropic medication slightly above cost. In addition, this pharmacy provides a full array of clinical enhancement services that include retrospective utilization review, physician education, on site visits, drug information counseling and literature, and Patient Assistance Program activities.
- ❖ Indigent and Sample Medications Best Practices - ETBHN has identified and promulgated best practices among member centers through distribution of model policies, procedures, and forms and through staff training.
- ❖ Pharmacy Benefit Management - ETBHN acts as a liaison between member centers and Express Scripts Inc. for the expedient purchase of medications.
- ❖ Grants/Opportunities - ETBHN researches grant opportunities and ensure that member centers are aware of them.
- ❖ Collective Purchasing - ETBHN has implemented a plan to operate a joint purchasing cooperative that receives bulk prices for certain items, thereby reducing per-unit cost and generating savings for the member centers.
- ❖ Legal Consultation and Training - ETBHN provides legal consultation and training when a need is identified or as requested by a member center
- ❖ Electricity Collective Purchasing Mail Order Pharmacy - ETBHN has established a Class A, Closed Door, Mail Order Pharmacy for its member centers. The - ETBHN continues to procure regional electricity contracts for its member centers.
- ❖ Meeting Regulatory Requirements/Performance Contract - ETBHN establishes committees utilizing Center staff across the board as way to enable each individual Center to reduce staffs' workload to allow for better efficiency in staff utilization. These committees incorporate objective indicators to demonstrate best value in assembling and maintaining centers' provider networks and to ensure compliance with all regulatory requirements including Performance contracts.
- ❖ Regionalization of Authorization Process – ETBHN now completes authorization of services of 7 of the 8 Centers that comprise ETBHN, including Burke Center. We have reduced 7 FTE's region-wide to 3 FTE's on the regional level. Authorization staff are located at various locations around the region. They each log in to each Center's system and provide same day authorizations.
- ❖ Regionalization of Medical Director – Burke Center shares its medical director with two other centers.
- ❖ Sharepoint – Recently, ETBHN has implemented a Sharepoint Website. This is a working Website that allows Committees and Workgroups to each have their own Site with calendars, document sharing, message boards, etc... Video Conferencing will soon be available, as well. Each ETBHN Center will be implementing their own Sharepoint Site to replace current Websites. This will all connect to the ETBHN Site for quick interfacing.

13) Previous Efforts at Network Development

The RPNAC, which meets quarterly, evaluates services and offers input into network development. As a result of network development, open enrollment for inpatient psychiatric hospitalization has been done and the Center currently has 5 contracted providers. In response to stakeholder feedback on the need for more timely access to psychiatric care, the Center contracts with two private psychiatrists. As a result of local planning in 2005, two potential providers were identified, but limited action was taken at the time due to continued legislative and state modifications to the required process. Few providers have been identified in the Center's service area.

The request for interest in FY 04-05 was met with limited results.

14) Barriers to attracting providers

Barriers	Plans
Rate not attractive to external providers	Continued lobbying to improve funding
10000 square mile service areas, gas prices	Publicize and improve use of telehealth
Limited professional opportunity for providers significant others	Publicize and improve use of telehealth
DSHS regulation of services	Advocate with the state for less prescriptive treatment and service expectations

15) Attracting Providers

The Burke Center service area is a federally designated Medically Underserved Area, and not only is there a shortage of behavioral health providers, in most areas there are shortages of other providers, including pediatricians, family practitioners and dentists. Burke Center serves Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity and Tyler counties. Our service area covers 10,000 miles, and the population in the 12 county area is 368,057 (2005, Texas State Data Center). Thus in order to provide appropriate access to services, providers must set up sites over a large area but with a relatively small concentration of consumers in all but three counties. All of our counties exceed the state average for persons below the poverty level (2000 US census). The percent of uninsured in the service area ranged from 16.3 % (Polk County) to 20.4% (Shelby County) (2000 US census). Three counties exceeded the state growth rate for the period of 1900 – 2000 (Polk, San Jacinto and Tyler counties). State growth rate was 22.8%; range of Burke Center counties was 8.1% (Nacogdoches county) to 35.9% (San Jacinto county). In order to attract providers in this context, Burke Center has to have the economic resources to not only compete with metropolitan areas, but to offset perceived shortfalls to living in a rural area. Technology infrastructure is also lacking in many counties in our service area, as

cell phone and intranet coverage is patchy at best, thus rendering communication avenues limited. All of these issues must be addressed to attract providers.

16) Long Term Planning

Burke Center anticipates furthering network development in the next biennium (FY 2011 and 2012) as the following issues are met:

- ❖ The Center develops greater expertise at managing a network of providers
- ❖ Providers become more available in our area
- ❖ Providers demonstrate the ability to fulfill contractual obligations
- ❖ Area providers become more comfortable with and willing to participate in the opportunity
- ❖ Increased funding create more appeal to providers
- ❖ The Center becomes proficient at complex procurement
- ❖ Best value can be established

Procurement and Transition Timelines

Date	Key Activities and Milestones
November 1 – November 30, 2008	Make revisions to plan requested by DSHS (if needed)
December 1, 2008 – January 31, 2009	Develop draft procurement document – specify RFP or RFA or both
February 1 – February 21, 2009	Publicize draft procurement document (Public comment period – 14 day minimum)
February 21 – March 16, 2008	Timeframe for LMHA to consider all public comment and revise procurement document
March 19, 2008	Publication of final procurement
April 9, 2009	Due date for procurement responses
April 30, 2009	Pre-Award date
May 1, 2009 – June 1, 2009	Contract Development and Negotiation Phase
June 23, 2009	Final Contracts approved by Board of Trustees

Steps	Time Frames For Completion
Develop a provider list	June 29, 2009
Verify provider information	July 1 – 15, 2009
Post Provider list to website and distribute to consumer and advocacy groups	August 1, 2009
Conduct provider forums to allow providers to share information with consumers, LARs, and other stakeholders.	August 1 – August 31, 2009
Develop internal procedures and forms for consumer selection of providers	June 1, 2009- July 31, 2009
Develop consumer information materials relating to selection of providers	June 1, 2009- July 31, 2009
Train internal staff on consumer selection procedures	July 1, 2009 – July 31, 2009
Ensure external providers are trained on consumer selection requirements and procedures	August 1 – 31, 2009
Implement provider selection procedures for new intakes	September 1, 2009
Implement provider selection procedures for current clients (in conjunction with treatment plan reviews)	September 1, 2009

Develop and implement continuity of care plans for transitioning individual clients to new providers	September 1, 2009 – January 29, 2010
Consumer transition complete	February 1, 2010

For each service or service package to be procured, provide an estimate of the amount of time needed to re-establish the service volume lost if a contract must be terminated. (NOTE: The estimated timeframe may be used as the minimum notice to be given prior to terminating an external provider contract for non-compliance.)

Service	Time Needed to Re-establish Service Volume
Counseling	90 days to re-establish services
Pharmacological management/psychiatric evaluation	90 days to re-establish services
	Burke Center anticipates a ninety-day period to reestablish all services. Historically when clinical staff leave, the Center assures no lapse in care and continued service by shifting existing staff and contracting for additional help. Such efforts create added workloads and unexpected costs. One of the challenges when contracting out larger portion of services in rural East Texas is the ability to reestablish services, particularly when the size of the provider side of the Center is smaller to provide choice for additional external providers. There is a psychiatrist shortage statewide and recruiting is difficult at best. This has the added feature of potential financial penalties paid to DSHS when our MHA’s collective effort fails to meet contractual minimums. Therefore until a strong base of external providers is established that can assist the MHA in covering unexpected lapses in service, this will remain a challenge and is not fully reflected in a “90 days to re-establish services”.

Staff Qualifications

All providers must meet qualifications as determined by the Texas Department of State Health Services. Staff must be computer literate and able to enter data directly into the Center's clinical data system. Additionally, all providers must be in compliance with standards required for Burke center's accreditation through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).