



"OUR HOUSE...ES SU CASA."

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## DALLAS METROCARE SERVICES SECOND QUARTER REPORT—FY06

PREPARED FOR THE DALLAS COUNTY COMMISSIONERS COURT  
APRIL 4, 2006

"OUR MISSION IS TO PROVIDE QUALITY SERVICES, TREATMENT AND ASSISTANCE TO PEOPLE WHO LIVE WITH THE CHALLENGES OF MENTAL ILLNESS AND MENTAL RETARDATION"

### PRINCIPLES

- Ethical Conduct
- Stakeholder Focus
- Superior Stewardship
- Win-Win Partnerships
- Process Approach to Operations
- Systems Approach to Management
- Fact-based, Best-Value Approach to Decision-making
- Involvement of Staff
- Continuous Improvement

### GOALS

#### MANAGING OUR RESOURCES

- Regionalization with Diversification
- Community Partnerships

#### RUNNING OUR BUSINESS

- Efficient Clinical Services

#### SERVING OUR CONSUMERS

- Excellent Clinical Outcomes

#### DEVELOPING OUR EMPLOYEES

- Invest in Our Human Assets

### Second Quarter Highlights

- **The Center showed a net income (memo) of \$725K for the first half of the fiscal year, or 3.7%**
- **The Center anticipates its fiscal performance to remain positive for FY06**
- **However, changes in the Center's contract with ValueOptions could significantly hamper performance in the 2<sup>nd</sup> half of the year**
- **The Center has eliminated its wait list for mental retardation services funded by the Center's State grant-in-aid**
- **The Center's patients are exceeding State goals for mental health clinical outcomes in most measured areas**
- **Consumer satisfaction scores on overall satisfaction remain above 4 (on a 5-point scale) in both mental health and mental retardation services**

Financial results for the first half of FY06 reflect the changes made following the April 2005 contract amendment with ValueOptions. However, a new contract amendment was implemented effective March 1<sup>st</sup>, effectively returning the Center to a fee-for-service rate structure but with a cap on potential earnings. The amendment has requirements for volume of rehabilitation services provided, and to meet those requirements the Center significantly reduced the number of dollars allocated to hiring psychiatrists and converted them into rehabilitation worker positions. The contract requires this approach, although clinical outcomes are actually exceeding pro-rated, year-to-date State goals without the addition of the rehabilitation workers required by the contract amendment.

The Center's own network for mental retardation services now has no waiting list, and consumers have access to an intake appointment within two days of presentation with needed external reports. We have 31 providers in the network. We are in the process of developing objective clinical outcome measures for mental retardation services.

Charles M Cooper, Chairman  
James G Baker MD MBA, Chief Executive Officer