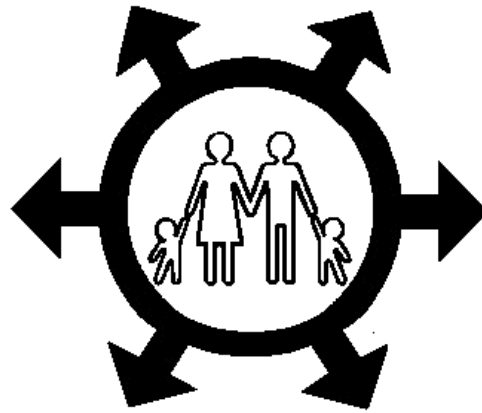


# MHMR SERVICES FOR THE CONCHO VALLEY



# LOCAL PLAN

*“Working together to help people help themselves.”*

## Vision, Mission, and Values

### *Vision*

We envision this community to be a place free of stigma that includes everyone, regardless of ability or disability, enabling all its members to participate fully in satisfying and productive lives. To achieve this vision, we will:

- provide quality services; customer focused and accountable
- promote a safe and healthy environment
- foster a spirit of mutual respect, dignity, and cooperation among the people served, their families, staff, Board, and all of the communities in our area
- advocate for those we serve
- educate the people we serve, their families, and the community about mental disabilities and
- work with other agencies toward the provision of early intervention services to reduce the effects of mental disabilities.

### *Mission*

At this time, the official mission of Mental Health Mental Retardation Services for the Concho Valley is to offer an array of services and supports which respond to the needs of people with mental illness, mental retardation, and autism, enabling them to make choices that result in lives of dignity and increased independence.

A time of evaluation with consumers, staff and other key stakeholders, demonstrated that almost nobody could articulate the full mission statement of the organization as given above. So it seemed both wise and logical to move in a direction of articulating our purpose in a restated and hopefully memorable way. Our efforts to date have resulted in a refined "working" mission statement (some may even refer to as our slogan) that clearly meets the agreed upon elements; **"Working together to help people help themselves"**. This unofficial phrase is now being used routinely to keep our eyes on the given goals/objectives of the organization.

Our mission means that:

- People with mental retardation should be able to acquire skills to live, learn, and work in environments of their own choosing.
- Individuals with mental illness should be able to live in their own homes, work in the community, develop relationships and remain out of jail.
- Children with emotional disturbances should be able to live in homes with families, attend school, and remain out of juvenile justice centers.

## *Values*

The following are the values that guide the service delivery system of this Center:

- We provide a safe, secure and independent environment where everyone is treated with dignity and respect.
- We provide the best quality services to help those we serve achieve their individual goals and maximum potential.
- We promote teamwork and cooperation.
- We promote choice, control, and individuality throughout our program to ensure the -highest personal satisfaction of everyone.

## **Planning Process**

### ***Process***

MHMR Services for the Concho Valley regards its local planning process as an effort to generate decisions and actions that will guide the Center for the foreseeable future. The Center's Board of Trustees and staff are committed to a flexible planning system providing for accountability, stability and strategic direction during rapidly changing times. In assessing our current planning process, Center leadership sees an opportunity to make it a more relevant, streamlined and useful system. The importance of having all required plans interact and complement each other is recognized as well as determining what outcomes we want to achieve. This submission is comprised of the current Local Plan, the Jail and Detention Diversion Action Plan and the Provider of Last Resort Plan.

The planning process collects important information about community issues and developing trends, identifies critical issues for resolution and/or advocacy, and develops strategies to achieve a desired outcome in each area. On a monthly basis, the Board of Trustees reviews the reports from the executive director and leadership team on issues of concern to the Center and community stakeholders. The Board is routinely informed about the results of internal and external assessments, external forces affecting Center operations and services, formal and informal community input, and status of advisory committee activities.

Our Planning and Network Advisory Committee has evolved and is active. Our planning and network advisory committees have been charged to develop and refine service delivery mechanisms to reflect community needs and to establish “best value” (cost, choice, access and quality) in services and supports. Representatives of committees routinely provide the Board with recommendation for the development, expansion and/or improvement of services. The committees provide input and review data collection methods, consumer satisfaction, and goals and objectives for the local planning process.

Center staff work hard to forge meaningful partnerships and collaborations with other agencies in our area. Through this dialogue, community needs are often identified and ways to resolve these issues remains a priority on the agenda. Staff stay involved with the community by serving on local Boards, being involved in committee work, partnering with other agencies, joining advocacy groups and participating in public forums, focus groups and special projects.

The Center realizes that for planning to be effective and comprehensive, the community stakeholders must be involved. Community input is gathered through the following methods or sources:

- Consumer Satisfaction Surveys
- Public Forums
- Board of Trustees
- Planning Advisory Committees
- Local Advocacy Groups

- Administrative Planning
- United Way of the Concho Valley 2003 Comprehensive Needs Assessment
- Community Partnership Meetings
- HIPAA Risk Assessment
- Non-Profit Network
- Partnership for the Development of the Health Care Workforce

It is the joint responsibility of advisory committees, consumers, families, advocates and MHMR Services for the Concho Valley to assure that the voices of the persons we serve, as well as the communities with whom we are integrated, are heard, action is taken and resolutions are communicated to all.

## ***Plan Review***

The Center's objective is to have a review process in place that allows for making adjustments and necessary changes as we assess the success of our plan. We realize in these uncertain times, this document must be flexible and adaptable to change. This plan was written without the benefit of knowing how the outcomes of the 79th Legislative Session will affect the Center's future.

The process for review and monitoring of the Center's plan includes the following steps:

- Regularly scheduled reviews are under the auspices of the Executive Leadership Team. The Team will, at a minimum, review the goals and objectives of the plan every quarter at scheduled meetings. Each objective is assigned to a team member to insure completion. Team members will also include their mid-level supervisors in the planning and review process. This review will assess plan compliance and the status of action items and projected completion or outcome. When indicated, the leadership team makes appropriate changes in strategies, objectives or adds new areas of focus for the Center.
- The process for reviewing the plan incorporates quality management. The Director of Quality Management assesses the desired goals and objectives as set forth in the local plan. Data source, measurement frequency, and performance indicators are reviewed to measure progress and determine if any changes are needed. The Quality Assurance Committee is provided with status reports so they can routinely monitor the impact of the plan activities on the overall functioning of the Center.
- Objectives related to funding will be incorporated into the budgeting process for the next fiscal year or years.
- The status of the plan will be reported regularly to the Board of Trustees, staff, consumers, Planning Advisory Committees, and other stakeholders. Any concerns or questions raised will be addressed by the Executive Leadership Team. This input will be assessed and integrated into the ongoing planning cycle.

- The Local Plan will receive further monitoring through the Executive Director's annual evaluation by the Board of Trustees which focuses on his leadership in achieving specific objectives.

## **External/Internal Assessment**

Critical to the success of this organization is the ability to understand and respond to the key factors influencing performance. Those factors are distinguished between external and internal factors and are thus separated for discussion.

### ***External Factors***

There are multiple changes occurring in the Community MHMR Centers' books of business. These changes have been prompted by new technologies in consumer care, House Bill 2292 and the state revenue shortfall. In its last session, the Texas Legislature passed HB 2292 which required the merging of twelve agencies into four departments under the oversight of the Texas Health and Human Services Commission. This Bill also resulted in the transfer of all powers, duties, functions, programs and activities from TDMHMR to the authority of two separate departments which will affect the management of the Center's performance contract. This separation of state-level mental health and mental retardation results in the moving of mental retardation services to the Department of Aging and Disability Services (DADS) and the transfer of mental health services to the Department of State Health Services (DSHS). The other two departments are Department of Assistive and Rehabilitative Services and Department of Family and Protective Services. There are numerous questions on how to proceed with the split between MH and MR.

The Center's contracting process with the state is also affected by an amendment to Section 533.035, Health and Safety Code, through House Bill 2292 which specifies that in assembling a network of service providers, a local MHMR Authority may serve as a provider of services only as a provider of last resort. This means that our Center may only provide services after demonstrating to the state authority that we have made every reasonable effort to solicit the development of an available and appropriate provider base that is sufficient to meet the needs of consumers in our service area and that there is no willing provider of the relevant services in our service area. It has proven to be challenging to operate a community center under the "provider of last resort" legislation. We were directed to implement a plan to privatize all services. A major concern is to position ourselves to respond to these changes with as little disruption to services for consumers as possible. Our Center often serves as the community's "safety net" for those most at risk in our community.

According to our performance contracts with the state, disease management practices (Resiliency and Disease Management-RDM) must also be incorporated into services. The implementation of this program has required hours of staff training, completion of assessments (TRAG) on every mental health consumer and a period of time for assimilating this practice. This has resulted in a loss of revenue as these activities are not billable. Some consumers have also been resistive to this benefits package model of service. This has been a time of change and learning with our effort focused on the process of recovery.

The Department of State Health Services (DSHS) plans to begin rolling out a fee-for-service payment model on or about September 1, 2005. In our contractual relationship with DSHS, this means that the Center will receive a payment for a service, after it has been provided, based on a rate established by the State that may or may not cover the entire expense of the Center to deliver that service. The understanding from DSHS is that the State intends to establish the rates using the Medicaid rates or the CAM rate when there is not associated Medicaid rate. Still, questions exist regarding how medications and administration fees will be handled.

Another external factor is the possible impact on local match. If local funding is based upon the Center being able to drive the service delivery system and if the Center is no longer the authority but a provider, we will need to consider if the local match will be reduced or terminated by the counties, municipalities and agencies providing local funding.

These are numerous unknowns about which we will be collaborating with the State and with our Board.

## ***Internal Factors***

Now positioned as a "learning organization", staff in key leadership positions are valued and applauded for analyzing the best practices of other jurisdictions and bringing innovative ideas to the Center. There is continued strong evidence of effective supervisor-level leadership as noted from the results of the annual staff survey. FY '06 and '07 are sure to be transition years for the organization. Multiple changes, many imbedded in HB 2292, are occurring. Our local Center is now being positioned to respond to these changes with as little disruption to our consumers as possible. It is a time of both challenge and opportunity. Successfully living with less revenue (one million dollars for the past year), changing our delivery system, being responsive to community needs, and potentially handing over our current work to private companies has produced interesting times for the Center. In addition, the Center's bond indebtedness is roughly a million dollars. As the general revenue funds available to the Center are reduced, the percentage of fixed facility costs continues to increase. Such a trend cannot continue into the future. Our Board will be challenged to review a number of options.

Data driven decision-making is imperative in the new world order. The Center requested and recently received technical assistance from the Department (DSHS). We plan to send key staff to be trained in Business Objects. We plan to build more accountability through routine review of Business Objects user activity report and inclusion of data management in staff job descriptions and follow-up in Executive Leadership Team meetings. Key to the Center's future is the ability to gather and analyze large amounts of data in a short amount of time and oversight processes that are efficient and effective.

The Center will continue to perform ongoing analysis of the organization as we grow and change to meet directives from both internal and external forces. Leadership will work towards enhancing our community image and presence, maximizing revenue and resource utilization while diversifying revenue capabilities and maintaining an efficient and streamlined operation.

## **Local Authority Assessment Components**

### ***History and Organizational Overview***

In 1965, the State of Texas passed legislation authorizing local entities to establish community centers to meet the needs of persons with mental illness and mental retardation through services provided within the local community. The MHMR Services for the Concho Valley was established in June, 1966 according to these State laws, regulations of the Texas Department of Mental Health and Mental Retardation and the Articles of Organization approved by joint agreement of the local sponsoring agencies. The Center's local sponsoring agencies include the City of San Angelo, Tom Green County, Angelo State University, and San Angelo Independent School District. The Center was designated by the former Texas Department of Mental Health and Mental Retardation (TDMHMR) as the Mental Health and Mental Retardation Authority for the following counties: Tom Green, Coke, Crockett, Irion, Sterling, Reagan and Concho.

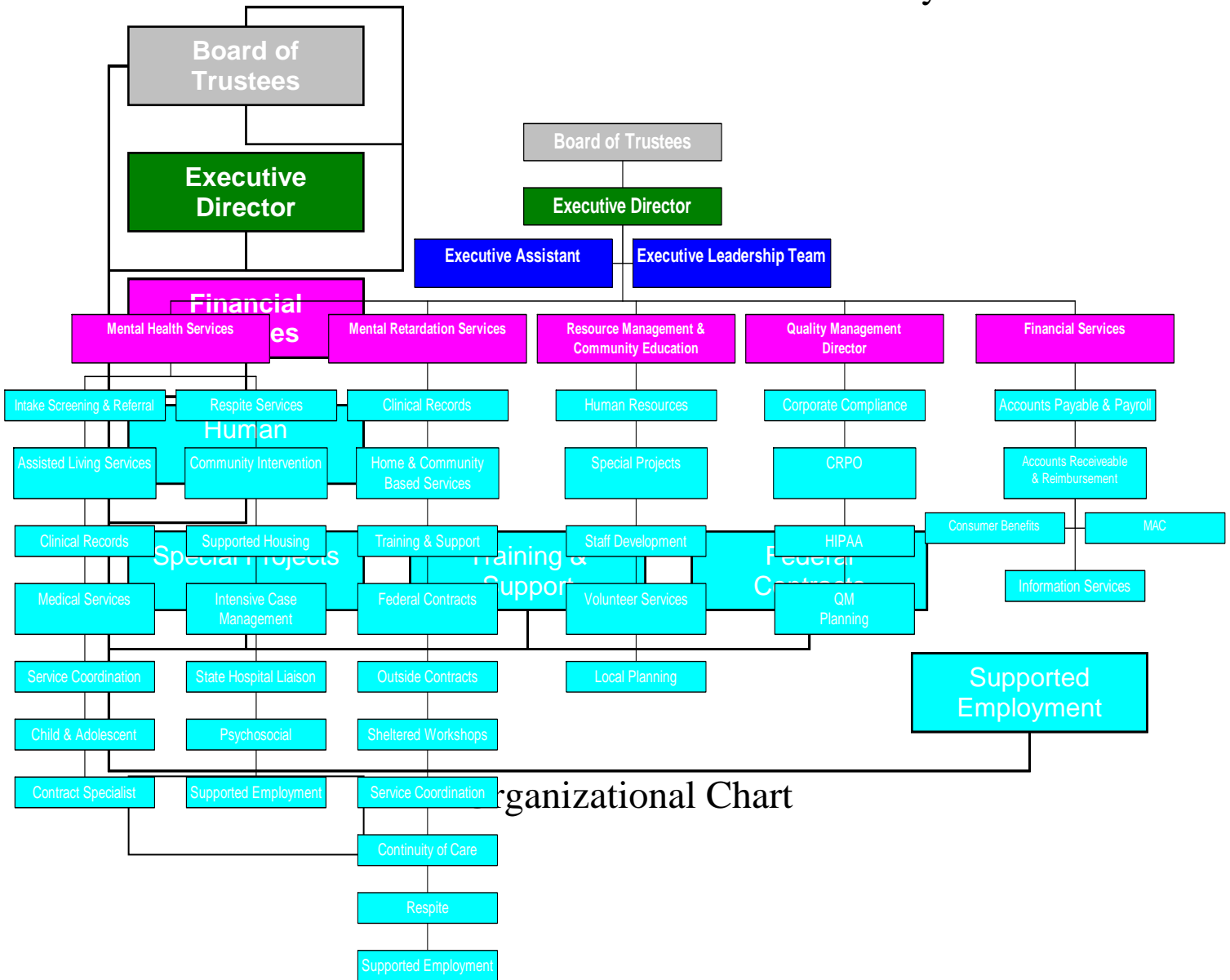
In its last session, the Texas Legislature passed House Bill 2292 which necessitated the reorganization and merger of eleven state health and human service agencies into four. Mental Health services of TDMHMR were merged with the Department of State Health Services (DSHS). Mental Retardation services became part of the Department of Aging and Disability Services (DADS). Substance abuse services also merged with DSHS. These new agencies have just begun to evolve but their directives and influence will have a major effect on the way we provide services to our designated populations. DSHS and DADS contracts with more than 40 local authorities (centers). Under state law and regulations, local authorities are expected to execute the following basic responsibilities and functions:

- **Planning:** Planning identifies needs and budget priorities, defines performance targets, and monitors whether targets are being met.
- **Policy Development:** Policy includes rules and regulations, standards, performance expectations, best practices and practice guidelines.
- **Resource Development:** Resources can be obtained from sources other than the state.
- **Resource Allocation:** Allocation describes how dollars are to be spent.
- **Oversight:** Oversight ensures that implemented policies, standards, and programs are appropriate for stated goals.
- **Network Development:** Network refers to the system of providers that is formed by a local authority so consumers have meaningful choices.
- **Consumer Empowerment:** Empowerment is ensuring that consumers gain a sense of authority and personal control.

A local authority's board of trustees – composed of business, professional, and community leaders appointed by local government authorities – volunteer their time to oversee the local center. A board must establish policies and procedures that enables their organization to successfully pursue these responsibilities and functions.

The Center conducts its operations out of three primary complexes in San Angelo. Administration offices and mental retardation services are housed in the same building in the downtown area. Mental health and children's services are located a few blocks away. At the beginning of fiscal year 2005, the Center had 107 full time employees and an operating budget of 9.3 million. The employee turnover rate for the past year is 23 percent. Data indicates an increase in the number of staff who are acquiring tenure of five or more years. This geographic location also faces a challenge in the availability of a trained workforce to fill positions at new or expanding businesses. This center often faces the shortage of professional caregivers in our rural counties.

## MHMR Services for the Concho Valley



## **Populations**

**The priority population for mental health services consists of:**

- Adults who have severe and persistent mental illness such as schizophrenia, major depression, manic depressive disorder or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

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

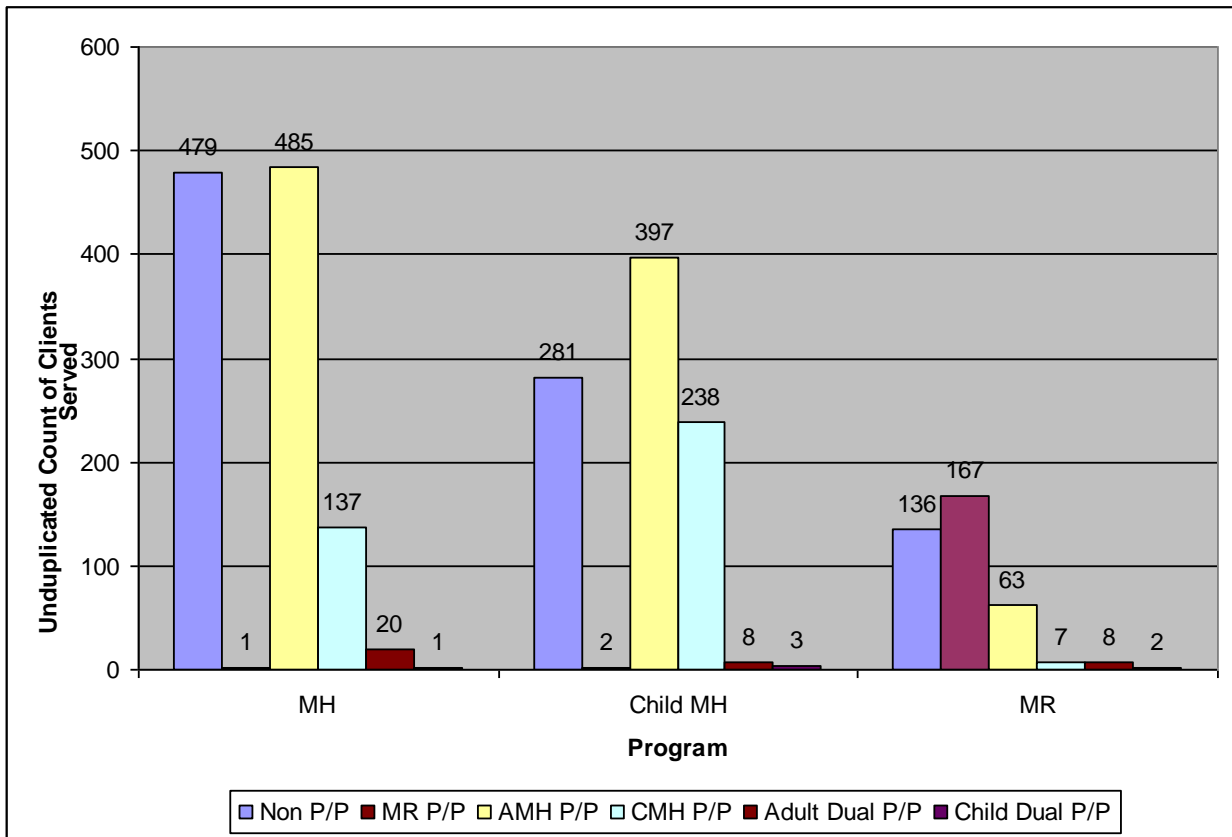
- Mental retardation, as defined by Section 591.003 (13), Title 7, Health and Safety Code.
- Autism as defined in the current edition of the Diagnostic and Statistical Manual (DSM).
- Pervasive Developmental Disorder (PDD) as defined in the current edition of the DSM.
- Eligibility for Early Childhood Intervention Services (with the requirement that TDMHMR memorandum dollars may not be used by the Local Authority (LA) to pay for the same services purchased through the LA's memorandum with the Early Childhood Intervention Council).
- Eligibility for OBRA '87 mandated services for mental retardation or a related condition as defined in 42 Code of Federal regulations 453.1009.

**The priority population for child and adolescent mental health services** consists of children and adolescents under the age of 18 years with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental disorders and who:

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

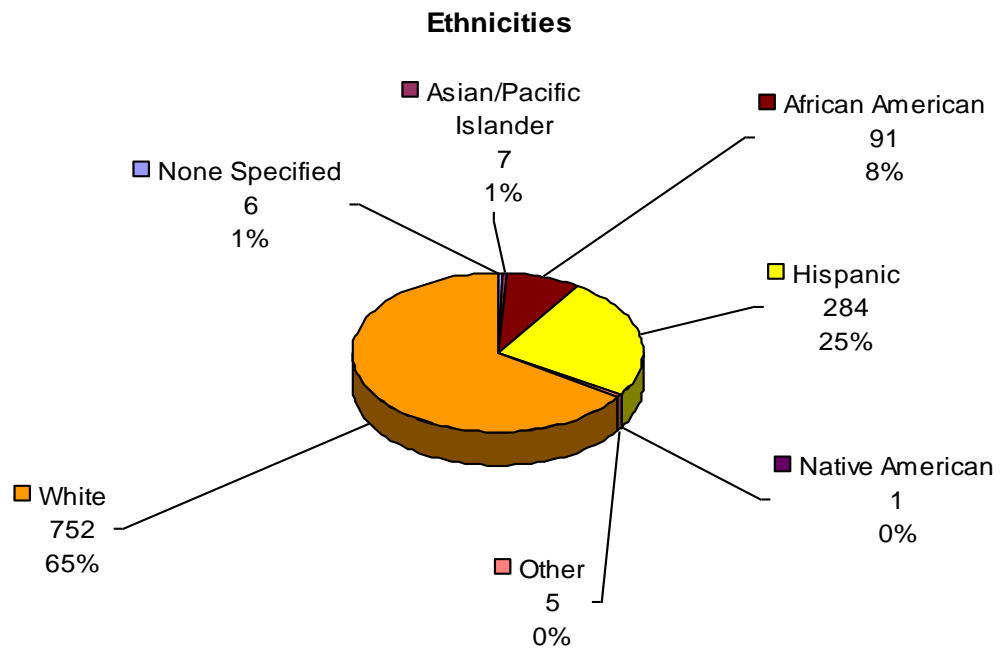
In targeting services to the priority populations, the choice of and admission to services is determined jointly by the person seeking service and the authority. Criteria used to make these determinations are the level of functioning of the individual, the need of the individual, and the availability of resources.

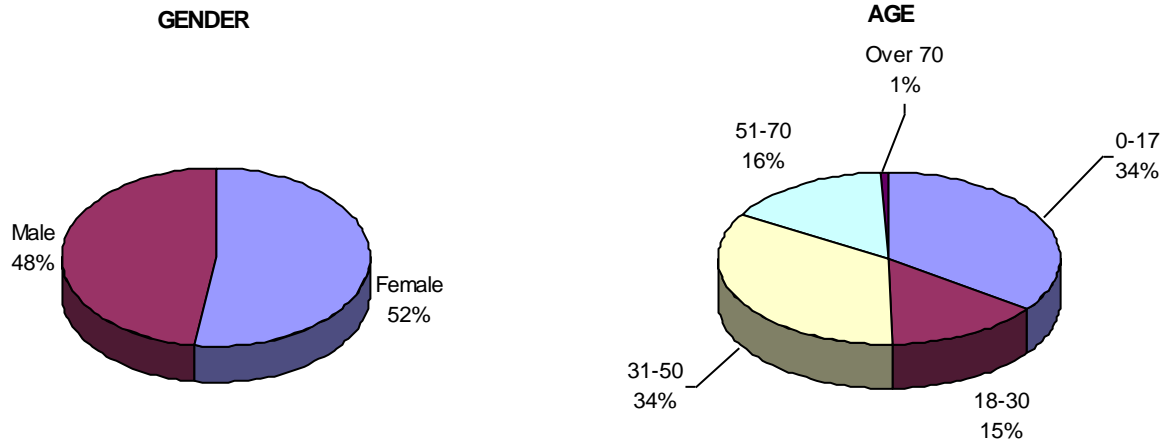
**PRIORITY POPULATION OF CONSUMERS SERVED BY PROGRAM**



Note: This chart reflects one calendar year from September 1, 2003 to August 31, 2004.

## DEMOGRAPHIC TRENDS OF MENTAL HEALTH CONSUMERS

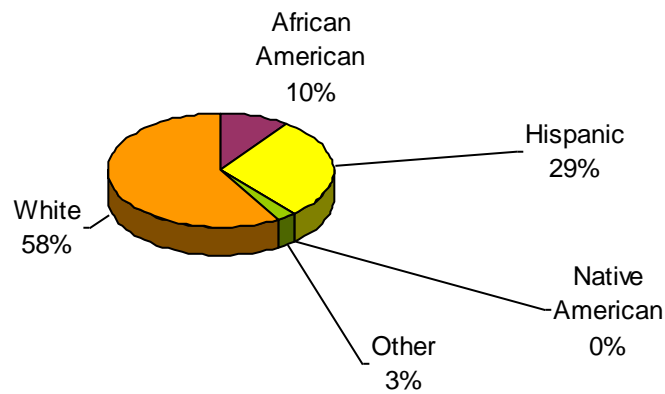




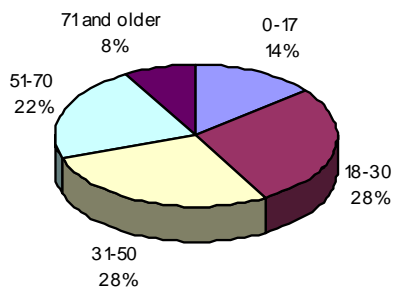
Note: These graphs reflect one calendar year from September 1, 2003 to August 31, 2004.

## DEMOGRAPHIC TRENDS OF CONSUMERS WITH MENTAL RETARDATION

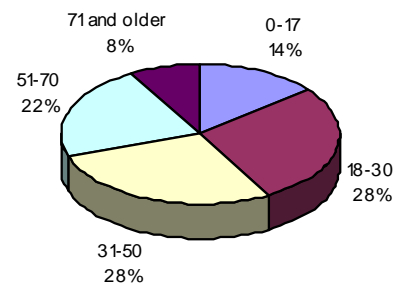
### Ethnicity



### Ages



### Ages



Note: These graphs reflect one calendar year from September 1, 2003 to August 31, 2004.

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## **Services and Supports**

The focus of MHMR Services for the Concho Valley is to provide services and supports to the priority population, as defined by Texas law, in our seven county area. Services are provided to residents of our assigned counties regardless of race, ethnicity, or citizenship status. Much of the Center's focus is directed towards support in the home, the workplace and the community. The Center is assigned service targets through the Performance Contract which calls for specific numbers of consumers who meet the priority population criteria to be served each month.

The Center's Planning and Network Advisory Committee has provided input to the staff and Board about the expansion of the provider network. The large majority of service providers are the employees of the Center, whereas some services are provided by professionals in private practice and licensed facilities. Committee members make recommendations based on cost and quality of a particular service, consumer choice, as well as the availability and experience of all potential providers. Currently, the Center's Local Plan, Quality Management Plan and the Network Plan help facilitate the need of modifying and/or redesigning services and help determine best value between external and internal providers.

### **The following services are currently under the Network Oversight:**

- **Adult Mental Health**
  - Medication Management
  - Pharmacy Services
  - Crisis Services
  - Adult Inpatient
  
- **Children/Adolescent Mental Health and Mental Retardation Services**
  - Crisis Services
  - Psychiatric Evaluations
  
- **Adult Mental Retardation**
  - Foster Care Providers
  - Psychological Services
  - Other Therapies
  - Day Habilitation

### ***Mental Health Services***

- **Intake, screening, and referral** - Qualified Mental Health Professionals provide a thorough determination for services. Services may be indicated through the Center or by referral. Individuals who do not qualify for admission to services are referred to other community resources.
- **Twenty-four hour mobile crisis intervention services** - Hot line is answered 24 hours a day with assessment provided by a Qualified Mental Health Professional.

- **Case Management** – Activities to assist consumers to gain access to medical, social, educational and other appropriate services that will give them a quality life. Case Management also includes providing continuity of services, including discharge-planning activities.
- **Crisis stabilization services** - Under arrangement with local participating licensed psychiatric hospitals, rapid crisis stabilization services are provided. Should a more extended treatment be indicated, a contract with the State Hospital is in effect.
- **Continuity of services** - Services are provided primarily for individuals being transferred from one service area to another (inpatient to outpatient). A designated Qualified Mental Health Professional ensures, via concurrent planning and frequent contact, that services are consistent and follow the treatment plan from one service/program to the next.
- **Psychiatric services** - Qualified, licensed physicians provide needed services for initial and ongoing treatment via psychiatric evaluations and medication prescriptions.
- **Medication services** - The Center provides psychiatric medication for individuals receiving services that qualify due to lack of personal resources.
- **Psychiatric nursing services** - As an adjunct to physician services, qualified licensed nurses provide interim medication monitoring for individuals between doctor appointments. These services are provided to determine the individual response to medication.
- **Psychometric services** - Psychological testing is often utilized to assist the clinicians in diagnostic process. Testing is provided as requested by the individual clinician.
- **Respite services** - Respite services are provided for individuals served by the Center that may need a break from their environment. Respite can be provided for a period of up to ten days.
- **Intensive Case Management (ICM) Services** – A team approach for individuals suffering from severe persistent mental illness who without intensive services would be at risk of institutionalization or who have demonstrated recent recurring hospitalization as a result of their mental illness. The team represents a small staff to consumer ratio with contacts that occur more frequently than non-intensive services and are based upon identified need.
- **Supported housing** - Supported housing services are designed to assist an individual with a severe and persistent mental illness in securing and maintaining housing within the community.
- **Community intervention** - Community intervention provides individuals with rehabilitative services within the community. The services are not site-based services but occur in the natural environment of the individual. The services may include life skills training and symptom management.

## *Child and Adolescent Services*

- **Crisis resolution** - These services provide emergency evaluations for individuals experiencing a crisis and those who need immediate assistance. Assessments are performed by qualified professionals. Crisis counseling is provided to assess the severity of the crisis, provide brief intervention, and assist in finding appropriate resources if needed. These services can be assessed at any time.
- **Counseling services** - Counseling is provided to children and adolescents who have an emotional disturbance or major psychiatric disorder. These services include individual

therapy, family therapy, play therapy, and therapeutic activities. Licensed counselors also provide individual and group therapy in the school.

- **Case Management** – Activities to assist a child in accessing medical, social, educational, informal community supports and other appropriate services and supports that will assist the child in achieving a quality life. Case Management also provides continuity of services, including discharge-planning activities.
- **Medication services** - This service provides comprehensive psychiatric evaluations, medications, lab work, and assessments. Targeted psychiatric symptoms will be reduced or managed with the use of prescribed medications.
- **Hospitalization services** - Crisis hospital services place individuals in a safe environment appropriate for their needs during a time of extreme crisis and provides a therapeutic environment most conducive to the prescribed treatment method.
- **Community support** - Community support provides education classes on mental illness to families of consumers and to Center employees to increase understanding and empathy towards consumers.

## *Mental Retardation Services*

- **Eligibility Determination** - The Center performs an assessment or endorsement of a previously performed assessment, to determine if an individual has mental retardation or is a member of the TDMHMR mental retardation priority population.
- **Service Coordination** - Assist individuals determined to be in the mental retardation priority population to access medical, social, educational, and other appropriate services and community supports.
- **Continuity of Services – State Facilities** - Assist individuals residing in a state facility or who formerly resided in a state facility to plan and transition into a community placement.
- **Continuity of Services – Medicaid Programs** - Support individuals enrolled in the HCS or ICF/MR program to maintain the individual's placement or to develop alternate placement for the individual.
- **Community Support Services** - Individualized activities identified in the person directed plan to improve or facilitate an individual's ability to perform functional living skills and participate in community activities.
- **Respite Services** - Provides planned or emergency short-term relief services for the caregiver of an individual.
- **Behavioral Support** - Assessment and analysis of findings to assist in the development of an individualized behavior support plan to increase adaptive behaviors to replace or modify maladaptive behaviors. The service also provides implementation training for family and/or support providers.
- **Specialized Therapies** - Offers assessment and treatment by licensed occupational therapists, physical therapists, speech and language pathologist, audiologists, and dieticians. The service also provides training for family and/or support providers.
- **Nursing Services** - Provides treatment and monitoring of health procedures prescribed by a physician. These services are required to be performed by licensed nurse.

- **Home and Community Based Waiver Services (HCS)** - A federally funded Medicaid program, for individuals with mental retardation. Provides service coordination, day habilitation, supported employment, nursing, counseling/therapies, respite, adaptive aids, home modifications, dental treatment and residential services.
- **Texas Home Living Program (TxHmL)** – This program provides essential services and supports so that Texas with mental retardation can continue to live with their families or in their own homes in the community. These services are intended to supplement instead of replace the services and supports a person may receive from other programs or from natural supports.
- **In Home and Family Support (IHFS)** - IHFS is designed to provide funds to individuals or their families for the purchase of supported living services and/or goods. Funds from this program are only to be used as a last resort (no other resources available). The purchased items must be specific to the individual's disability and support the recipient in the family's or his/her own home.
- **Day Habilitation** - These services provide individuals assistance with acquiring, retaining, or improving self-help, socialization, and adaptive skills. The activities are consistent with needs identified in the individual's person directed plan.
- **Vocational Training** - Sheltered workshop and work crews are utilized to provide work situations for individuals to develop skills and behaviors necessary for competitive employment.
- **Employment Assistance** - Service designed to prepare individuals for community employment by identifying job preferences, job skills, work requirements and assisting with applications and interviewing skills.
- **Supported Employment** - Provides on-going support services to enable an individual to maintain employment in the community.

## **Relationships with State Facilities**

### ***State Hospitals***

The Center has a Memorandum of Understanding with Big Spring State Hospital. The Center continues to work with this facility to decrease unnecessary usage of bed days while assuring that these persons in need receive quality inpatient care as appropriate. As performance contract requirements have changed, the Center has had to adapt the methodologies and strategies for reducing admissions to the state hospital. Aggressive utilization management efforts are in place to monitor bed day usage. The Center has a designated staff person who provides continuity of care services and regularly visits the state hospital.

The primary **needs from state mental health facilities** include the following: inpatient services for children 12 and under, increased capacity for adult services via a 23 hour observation program prior to full admission to the facility and timely communications regarding payer limitations when an individual is admitted with a private third party pay source. These issues and others are discussed quarterly at the West Texas Centers' meeting with Big Spring State Hospital superintendent and his staff.

### ***State Schools***

State facility residential services are provided to persons with mental retardation in the Center's service area primarily by San Angelo State School. The vast majority of interactions and activities with the state school revolve around admission, programming and discharge process. The Center has a designated staff person who provides continuity of care activities. Areas in which the Center and the state school collaborates include joint planning for services for individuals, participation in governing body reviews, forums and activities for Mental Retardation Awareness Month.

### ***Least Restrictive Environment for Persons with MR***

The Center continues to adhere to the goal for individuals with mental retardation to live in the least restrictive environment. An explanation of services and supports is provided to individuals and their legal authorized representative or persons actively involved in their lives utilizing the Explanation of Services and Supports document provided in the performance contract. Least restrictive guidelines are used by the IDT as a guide in making a determination of whether a person can be adequately and appropriately habilitated in an available, less restrictive setting when admission to a state MR facility is requested. Using Person Centered Planning, the IDT makes a determination of an available, less restrictive setting. The MRA assures that service coordinators and other IDT members have received appropriate training on the use of Person Centered Planning and least restrictive setting guidelines.

### *Availability of State School Services*

The MRA provides all individuals initially seeking services and those who request a change in services information on all available services and supports administered by DADS including state schools. The MRA utilizes the Explanation of Services and Supports document located in the performance contract. A single identified MRA staff acts as liaison with the state schools and individual seeking residential placement and coordinates all enrollments.

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## **Resource Development and Allocation**

In general, funding for the MHMR Services for the Concho Valley comes from block grant funds from the Texas Department of Mental Health and Mental Retardation, General Revenue, Medicaid earned revenue, and other earned contract revenue. Very little funding is available for “discretionary” spending, i.e., providing new services for programs or enhancing the number of persons receiving services. The Center is also faced with reduced general revenue dollars and reduced Medicaid reimbursement rates. Given this state of funding, the Center engages consistently in activities to increase the number of resources and funding sources to maintain the current level of services being provided and when possible, provide additional needed services and supports. Among the resource development activities, the Center has indicated the following:

### ***Maximizing Opportunities for Existing and New Resources***

- Implementation of strategies to increase the number of Medicaid eligible service recipients; Implementation of activities to increase direct service time by service providers to maximize Medicaid earned revenue;
- Reduction of pharmacy costs by utilizing samples, assisting consumers in enrolling in the Prescription Assistance Program (PAP), and continually evaluating the pharmacy contract for best value and cost efficiencies.
- Greater utilization of Cost Accounting Methodology to ensure efficiencies of resources and best value.
- Assure continuation of TCOOMMI grant funds to expand and enhance services to select population in cooperation with criminal justice system.
- Continue grant research and procurement to diversify resources and expand and/or enhance needed services and supports.
- Adherence to the Corporate Compliance Plan to ensure compliance with requirements of funding sources.
- Increase commitment to training staff so that they have the knowledge and skills to best perform their job duties.
- Improve private insurance and consumer billing process to ensure all possible dollars are collected.
- Seek out and obtain contracts that utilize our consumers in meaningful employment situations.

## MENTAL HEALTH ALLOCATION OF RESOURCES

<u>Service</u>	FY 2003 Expenditures	Percentage of FY 2002 Total MH Budget
Intake & Assessment	\$ 144,962	4.8%
Crisis Stabilization	\$ 197,568	6.5%
Counseling & Medication	\$ 799,206	26.3%
Assertive Community Treatment	\$ 205,358	6.8%
Supported Employment	\$ 52,351	1.7%
Respite	\$ 97,533	3.2%
Supported Living	\$ 108,259	3.6%
Community Intervention & Rehab	\$ 282,231	9.3%
Coordination	\$ 173,036	5.7%
Continuity of Care	\$ 51,987	1.7%
In Home and Family Support	\$ 53,756	1.8%
Children & Adolescents	\$ 873,577	28.6%
Total MH	\$ 3,039,824	100.0%

## MENTAL RETARDATION ALLOCATION OF RESOURCES

<u>Service</u>	Reported Budget for FY 2002	Percentage of FY 2002 Total MR Budget
Continuity of Care	\$ 36,614	1.9%
In Home and Family Support	\$ 52,125	2.8%
Assessment and Coordination	\$ 216,981	11.4%
Supported Living	\$141,795	7.5%
Respite	\$57,975	3.1%
Home & Community-Based Services	\$ 570,722	30.1%
Vocational Services	\$ 458,706	24.2%
Supportive Employment	\$ 76,036	4.0%
Training Services	\$ 284,270	15.0%
Total MR	\$ 1,895,224	100.0%

# COMMUNITY NEEDS AND PRIORITIES

## Data Collection Methods

### SURVEYS

#### MH C&A Service Coordination Satisfaction Telephone Survey – August 2003

The Quality Management Department conducted a Client and Family Satisfaction Phone Survey beginning August 6th through August 18, 2003. The sample for this survey included forty-two consumers that have Medicaid funding who received services between May 1<sup>st</sup> and July 31, 2003. The consumer's surveyed were randomly selected from a Client Services Management Report from the Anasazi Reporting System. Contacts were then verified by appointment schedules kept for two doctors and one LPC who completes counseling services and Plan of Care Oversights.

The purpose of this survey was to determine whether face-to-face contacts were being conducted as documented in the Anasazi system. The child's LAR was contacted and asked a series of questions regarding services offered by the C&A Service Coordinator. Overall conclusions to the survey responses do not indicate a problem with one specific person, rather several issues involving various Service Coordinators.

#### TDMHMR Adult Mental Health Consumer Survey Report – FY 2003

	<u>Strongly Agree/Agree</u>
<u>Outcomes</u>	61%
<b>Access</b>	85%
<b>Participation</b>	80%
<b>Quality/Appropriateness</b>	86%
<b>Satisfaction</b>	89%

100 adult mental health consumers completed and submitted a satisfaction survey. Surveys were primarily hand delivered to consumers by their service coordinators with instructions on the purpose for the survey.

#### Leadership Survey – October 2003

	No Opinion	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<i>Immediate Supervisor</i>	8%	48%	40%	1%	3%
<b>Chain of Leadership</b>	3%	48%	39%	4%	6%
<b>Overall Satisfaction</b>	9%	43%	40%	6%	2%

96 surveys were distributed to staff and 67 were returned for consideration.

**TDMHMR Survey of Crisis Hotline – October 2003**

This telephone survey of crisis hotline and intervention services was conducted to determine if the Center was in compliance with 10 specific crisis standards and guidelines. Concho Valley was determined to be in compliance with all 10 criteria.

**TDMHMR Child and Family Mental Health Consumer Survey – FY 2004**

	<u>Strongly Agree/Agree</u>
<u>Access</u>	95%
<b>Participation</b>	84%
<b>Cultural</b>	92%
<b>Satisfaction</b>	76%
<b>Outcome</b>	60%

25 Parents of children or adolescents in services completed and submitted a satisfaction survey. Surveys were primarily hand delivered to parents of consumers by their service coordinators with instructions on the purpose for the survey.

**TDMHMR Survey of Crisis Hotline – October 2004**

This telephone survey of crisis hotline and intervention services was conducted to determine if the Center was in compliance with 10 specific crisis standards and guidelines. Concho Valley was determined to be in compliance with all 10 criteria.

***Input from Advisory Boards and Committees***

The Center’s Board of Trustees meets on a monthly basis. The Planning and Network Advisory Committee usually meet quarterly and more often if needed. They have been informed and involved with the local planning process. They have reviewed information from the community as it was received and made recommendations. Other local service committees also meet monthly/and or as needed and consistently provide input about our services, community needs and priorities.

***Other Community Input***

- Funding for MR Community Services Forum – 04-16-03
- Presentation – Future of MHMR Centers – NAMI CV Public Meeting - 09-05-03
- Presentation on MH Deputy Program – TCOOMMI Conference – 02-26-04
- Presentation House Bill 2292 – Aging Coalition – 02-05-04
- NAMI Concho Valley – Monthly meetings
- Leadership San Angelo
- Mental Health Deputies
- HCS Advisory Committee

## ***Results of Data Collection***

Information collected from community stakeholders helped identify some gaps in services:

### Adult Mental Health Services

- Increased access to medications
- Increased access to services
- Therapeutic Residential Services
- Recreational/socialization activities

### Children and Adolescents Mental Health Services

- Inpatient Services
- Decrease in time for children to see psychiatrist
- Increased number of treatment facilities in the state for children w/MH and MR

### Adult Mental Retardation Services

- Transportation Services
- Decreased waiting list for MR services
- Recreational/Socialization Activities
- Dental Services

### Children and Adolescents Mental Retardation Services

- After School Program

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## **Impact of Key Forces**

The evolution of the roles and expectations of Community MHMR Centers, along with advances in clinical and business practices, input from stakeholders (especially consumers, families and advocates) and an increase in willing and able private and other public sector providers, has dramatically changed the environment.

The shift in expectations is mitigated by a variety of geographic and demographic factors and requires change in the organizational culture as well as a significant realignment of resources. Focused on increased system efficiency and effectiveness, we are approaching this realignment in a variety of ways:

- Inter-local contracts between centers whereby one center conducts administrative support functions for other centers;
- Inter-local contracts with other government entities;
- Business arrangements for administrative services and technical assistance with Texas Community Solutions, Inc;
- Contracting with other private sector businesses in their respective communities for certain administrative and service functions; and
- Internal capacity improvements.

Although a state-mandated reduction in the current number of local authorities has been posed as a possible means to increase efficiency in the fulfillment of local authority functions, the concern is invariably and legitimately raised that local contributions and support are place at risk when local control is diminished. The approaches described above offer alternatives for achieving efficiencies that do not put local fund contributions, local support, and community-driven service systems at risk. Community centers are part of the fabric of communities across Texas and will continue to strive for improved service delivery, will continue to stretch the resources of the state and will continue to uphold the responsibilities that come with public stewardship.

The needs of people with mental illness, mental retardation and those who have co-occurring chemical dependencies dot not go away. The Texas prison system is filled with people whose mental illness has not been adequately treated. The waiting list for access to community-based services for people with mental retardation is growing. And Community MHMR Centers, serving as local authorities for all communities across Texas, are uniquely positioned to be part of the solution.

### **Center Strengths**

- Staff commitment to quality services
- Informed and committed Board of Trustees
- Partnerships with consumers, local community and the non-profit sector
- Effective stewardship of resources
- Implemented the Cost Accounting Methodology (CAM)

- Redirected clinical practices toward implementing Resiliency & Disease Management (RDM)
- Visible and active community involvement
- Local Mental Health Deputy program
- Improved audit outcomes
- Experienced, qualified and tenured staff in key positions

### **Center Opportunities**

- Become proficient in the use of Business Objects
- Leadership role in building and expanding local partnerships
- Control costs for medications and crisis services
- Increase productivity allowing us to meet our contractual obligations
- Building stronger accountability in evidence-based practices at the service level
- Balancing payer expectations with evidence-based care in keeping with consumer expectations

### **Unknowns**

- Impact of legislation
- Method of rate setting
- Impact on local match

## **Local Authority Service Priorities**

- Become proficient in the delivery of the RDM service model
- Ensure we are providing services to all persons admitted into Service Packages
- Analyze and manage the cost per service package per client
- Control costs for medications and crisis services
- Begin budgeting for a retrospective payment for services rather than a lump sum prospective payment
- Obtain timely clarification and direction from DSHS as the plan rolls out
- Gear up for a system that requires flexibility, prompt and accurate analysis and a rapid response
- Concerted effort in moving toward success in a fee-for service environment

## Network Planning

### Populations Served and Programs

The Center provides mental health and mental retardation services to children and adults in San Angelo and the surrounding counties. These individuals require a wide range of services including, but not limited to, service coordination, supported housing, vocational, medication services, supported employment, crisis hotline, and training and support. There is a local scarcity of providers in some service areas and the Center realizes it needs to provide choice when possible and fulfill Performance Contract requirements.

### Planning and Network Advisory Committee

The Center's Board of Trustees appointed nine citizens to advise the staff and Board about the provider network. The large majority of service providers are the employees of the Center, whereas some services are provided by professionals in private practice and licensed facilities. Committee members make recommendations based on cost and quality of a particular service, consumer choice, as well as availability and experience of all potential providers. The committee's oversight includes:

- Development of review schedule of provider agreements
- Approval of evaluation protocols
- Consideration of external resources of information related to service providers
- Consideration of public input (such as surveys) to promote consumer choice and availability of providers
- Determination of Best Value for network service provision internally and externally
- Determination of the process in which providers are to be solicited (Request for Application, Request for Proposal, Request for Bid, etc.)

### Description of Service Providers

Network of Services	Providers
<b>Adult Mental Health and Children and Adolescents</b>	<u>River Crest Hospital</u> (Inpatient/Crisis Stabilization)  <u>Food Basket IGA</u> (Pharmacy Services)  Stillpoint Medical Group (Psychiatric Services)  <u>Dr. Gregory Lind</u> (Medication Services)

Network of Services	Providers
	<p><u>Shannon Behavioral Health</u>            (Inpatient/Crisis Stabilization)</p> <p>Samaritan Counseling Center</p> <p><u>Evelyn Shaw</u>            (Counseling Services)</p> <p>Desert Springs Hospital</p> <p>Shannon Laboratory Services  <u>The Bair Foundation</u>            (Therapeutic Foster Care)</p> <p>Mike Alfano            (Juvenile Assessments)</p>
<p><b>Mental Retardation Services</b></p>	<p><u>Marilyn and Dale Johnston</u>  <u>Juan Luna</u>  <u>Rebecca Brazeal</u>  <u>Martha Garcia</u>  <u>Celeste Diaz</u>  <u>Amanda Smith</u>  <u>Julia Ramos</u>  <u>Julius Smith</u>  <u>Monte Olgetree</u>  <u>Magda Romero</u>  <u>Maria Alocer</u>  <u>Elvira Maldonado</u>            (Foster Care Providers)</p> <p><u>Clara Martinez</u>  <u>David Estrada</u>  <u>Julia Rodriguez</u>            (Respite Providers)</p> <p><u>Emily Bartz</u>            (Dietician Services)</p> <p><u>Linda Penman</u>  <u>Dr. George Foelker</u>            (Psychological Services)</p> <p><u>West Texas Rehabilitation Center</u></p>

Network of Services	Providers
	<u>Concho Resource Center</u> <u>American Habilitation</u> (Day Habilitation)

**Linkage to the Local Plan**

The Center's Local Plan, Quality Management Plan and the Network Plan help facilitate the need of modifying and/or redesigning services and help determine best value between external and internal providers. The Network Plan is a logical extension of the Local Plan and clearly linked to the needs assessment and priorities for services and supports. The Network Plan utilizes information collected during the Local and Quality Management Plan processes.

**Consumer/Family/Community Input and Satisfaction**

The Center utilizes different means to involve the consumers, family members and community stakeholders in the planning process. Surveys, questionnaires, forums, public comments received during the Board of Trustees meetings, other meetings and collaborative efforts with other agencies are some of the ways information is gathered for analysis, summation and action. Refer to the Community Needs and Priorities section of this plan for a more thorough description of the Center's processes.

**CONCHO VALLEY GOALS, OBJECTIVES AND PERFORMANCE INDICATORS**

Goal (Aim)	Objective(s)	Indicator(s)	Data Source/Measurement Frequency/Performance Indicator	Responsible Staff(s)
<b>I. To be consumer driven and coordinate effective systems of care.</b>	A). To be the provider of choice.	(1) Increased number of consumers served with a payer source.	<ul style="list-style-type: none"> <li>• Anasazi Reports</li> <li>• Quarterly</li> <li>• Adult MH 10%</li> <li>• C&amp;A MH 10%</li> <li>• MR 10%</li> </ul>	Director(s) of Mental Retardation  Behavioral Health Managers
	B). Promote and ensure a safe environment.	(1) Reduced percentage of preventable incidents.	<ul style="list-style-type: none"> <li>• Risk Management Committee</li> <li>• Quarterly</li> <li>• 10% reduction</li> <li>• Completion of Site Assessment Surveys</li> </ul>	Risk/Safety Officer  Director of Quality Management
		(2) Continued support of the MH Deputy Program in the Concho Valley.	<ul style="list-style-type: none"> <li>• Jail diversion statistics from the county as compared to CARE</li> <li>• Monthly</li> </ul>	TCOOMMI Program Director
	C). Promote recovery and/or independence.	(1) Presence of positive outcomes and/or progression.	<ul style="list-style-type: none"> <li>• Consumer surveys</li> <li>• Annually</li> </ul>	Director of Quality Management
		(2) Improve the assessment process in order to identify consumers' needs.	<ul style="list-style-type: none"> <li>• MH Treatment Planning</li> <li>• MR Person Directed Planning</li> <li>• Family Involvement</li> <li>• TIMA Patient &amp; Family Education</li> <li>• Annually/quarterly</li> <li>• 100%</li> </ul>	MH Case Management & Rehabilitation Supervisor  Director of MR Community Services

	D). Have a high level of consumer satisfaction.	(1) Feedback on services	<ul style="list-style-type: none"><li>• QM CRPO Complaint Database</li><li>• Quarterly</li><li>• All complaints will be addressed within 24 hours of their receipt</li><li>• Outcomes of surveys</li><li>• Documentation of positive responses to services by stakeholders</li><li>• Annually</li></ul>	Director of Quality Management  Director(s) of Mental Retardation  Behavioral Health Managers
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Goal (Aim)	Objective(s)	Indicator(s)	Data Source/Masurement Frequency/Performance Indicator	Responsible Staff(s)
<b>II. To coordinate efficient systems of care.</b>	A). Determine and establish cost per unit of service.	(1) Continuous improvement of cost per unit of service when compared to a baseline.	<ul style="list-style-type: none"> <li>• CAM</li> <li>• Quarterly</li> <li>• 5% per year improvement</li> </ul>	Chief Financial Officer
		(2) Cost per unit of service will be below the determined baseline.	<ul style="list-style-type: none"> <li>• CAM</li> <li>• Quarterly</li> <li>• Monthly review of CARE productivity reports</li> <li>• 10% below the baseline</li> </ul>	Director(s) of Mental Retardation  Behavioral Health Managers
		(3) Minimize overhead and administrative costs.	<ul style="list-style-type: none"> <li>• CAM</li> <li>• Quarterly</li> <li>• G&amp;A &lt; 12% of direct service cost</li> </ul>	Chief Financial Officer
	B). Maximize revenue diversity.	(1) Increase net number of payer sources.	<ul style="list-style-type: none"> <li>• Center Financial Statements</li> <li>• Quarterly</li> <li>• Number of new payer sources</li> </ul>	Chief Financial Officer  Director(s) of Mental Retardation  Behavioral Health Managers
	C). Utilization Management	(1) Increase number of claims that are accurate and paid on the first submission.	<ul style="list-style-type: none"> <li>• Accounts Receivable</li> <li>• Monthly</li> <li>• Claims paid vs. claims submitted statistics measure</li> </ul>	Chief Financial Officer  Behavioral Health Supervisors  Director(s) of Mental Retardation Services
		(2) Optimize workflow efficiencies	<ul style="list-style-type: none"> <li>• Institutional knowledge</li> <li>• As needed</li> <li>• Establishment of baselines</li> </ul>	Executive Leadership Team

		(3) Identify workflow barriers	<ul style="list-style-type: none"> <li>• Workflow map</li> <li>• As needed</li> <li>• Elimination of the barrier</li> </ul>	Executive Leadership Team
	D). Maximize pharmacy purchasing efficiencies	(1) Increase PAP and samples and utilize Medicare Part D	<ul style="list-style-type: none"> <li>• Paid medications versus history</li> <li>• PAP and sample dollars</li> <li>• RFP outcomes</li> </ul>	Behavioral Health Services

Goal (Aim)	Objective(s)	Indicator(s)	Data Source/Measurement Frequency/Performance Indicator	Responsible Staff(s)
<b>III. To develop and maintain a competent and respected staff.</b>	A). Affording opportunities for professional development training.	(1) Tabulation of the documentation evidencing opportunities for training taken.	<ul style="list-style-type: none"> <li>• Human Resources Staff Development Report</li> <li>• Quarterly</li> <li>• Increase training development by actively seeking training opportunities for staff</li> </ul>	Director of Human Resources
	B). Measure competency.	(1) Scores on competency based testing.	<ul style="list-style-type: none"> <li>• HR Staff Development Reports</li> <li>• Annually</li> <li>• 80% score achieved on the first competency testing event</li> </ul>	Director of Human Resources
	C). Manage turnover.	(1) Analysis of turnover rates as compared to baselines.	<ul style="list-style-type: none"> <li>• HR Reports</li> <li>• Annually</li> <li>• Increases and decreases will be analyzed in relation to current business environment but fluctuations will not exceed plus or minus 5%.</li> </ul>	Director of Human Resources
	D). Assess and communicate the total compensation package available to employees.	(1) Complete individual compensation analysis.	<ul style="list-style-type: none"> <li>• Center Business Reports</li> <li>• Annually</li> <li>• 100% completion</li> </ul>	Chief Financial Officer
	E). Conduct performance evaluations.	(1) All annual performance evaluations for staff are current.	<ul style="list-style-type: none"> <li>• HR Reports</li> <li>• Monthly</li> <li>• 100% current</li> </ul>	Director of Human Resources  Executive Leadership Team

Goal (Aim)	Objective(s)	Indicator(s)	Data Source/Measurement Frequency/Performance Indicator	Responsible Staff(s)
<b>IV. To be a collaborative leader in the community and influential in state-wide solutions.</b>	A). Marketing and community education	(1) Offer educational training in the community about Mental Illness and Mental Retardation.	<ul style="list-style-type: none"> <li>• Community Partnership Meetings</li> <li>• Non-profit Network</li> <li>• Social &amp; Health Resource Coalition</li> <li>• Local service agencies</li> <li>• Monthly/as needed</li> <li>• Increase training by proactively seeking opportunities to educate the community</li> </ul>	Executive Leadership Team
		(2) Community partners are better equipped to serve and interact with people who have disabilities.	<ul style="list-style-type: none"> <li>• Public Information Feedback Report</li> <li>• Satisfaction Surveys</li> <li>• Quarterly</li> <li>• Satisfaction rated at 80% or greater</li> </ul>	Director of Human Resources  Director of Quality Management
		(3) When community partners seek and acknowledge our expertise.	<ul style="list-style-type: none"> <li>• Staff Public Information Report</li> <li>• Executive Leadership Meeting Minutes</li> <li>• Monthly</li> <li>• Increased number of speaking engagements/presentations</li> </ul>	Director of Human Resources  Executive Assistant  Executive Leadership Team
	B). Participate or lead in inter-agency initiatives.	(1) Staff appointments to partnership roles in Health and Human Services affiliations at both the state and local level.	<ul style="list-style-type: none"> <li>• Executive Leadership Team Meeting Minutes</li> <li>• Documentation on public information reports</li> <li>• Annually</li> <li>• No less than twelve such roles for FY 2006</li> </ul>	Executive Assistant  Executive Leadership Team  Director of Human Resources

