

**The Center  
for  
Health Care Services**



**FY 2005  
Local Plan Supplement**



## **Introduction**

The Local Plan developed by the Center for Health Care Services is intended to maximize the Center's service array by using the best and most cost-effective means of federal, state, and local resources to serve the needs of the residents of Bexar County and our surrounding local community. The Center has continued to solicit information regarding community needs and service opportunities from representatives of the local community to include advocacy organizations, local government and state agencies operating within our community, consumers of services and their family members and other interested and concerned citizens. We continue to seek guidance and input from our Network Advisory Committee as well as our Planning Advisory Committees. These committees have heightened our stakeholder involvement in our planning efforts by soliciting and analyzing our Center to shape the nature and scope of Center services. The collective input of this community, including that of the Planning Advisory Committee's and Network Advisory Committee, has and continues to guide this Center in our planning for the future.

## **Community Participation**

Long term strategic planning has historically proven to be of value to this Center. However, the expected resultant impact coming to community centers as a result of the 79<sup>th</sup> Texas Legislative Session makes today's environment one of an uncertain future. The potential negative financial and service delivery impact are expected to make long term planning as a Local Mental Health and Mental Retardation Authority unrealistic. Consequently, after consultation with consumers and family members along with key stakeholders who assisted in the development of our current Local Plan, the Center has elected to make minimal modifications to our plan and to begin the process which will result in the development of a two year plan with an anticipated completion date in early second quarter of fiscal year 2006.

To reach this decision, the staff met with consumers and their families, and key stakeholders in focus groups, forums and meetings. Members of the Prosumer Group, the Network Advisory Committee, Mental Health Planning Advisory Committee, Mental Retardation Planning Advisory Committee, Substance Abuse Planning Advisory Committee and the Children's Planning Advisory Committee met with staff to review the potential impact of the State's in funding methods to the Center and its impact on the services delivered to the most in need. As local planning involves the input of many stakeholders, the Center used various processes of collecting public input (see Attachment "A").

Our Mental Retardation (MR) Program conducts weekly meetings with the consumers and family members to discuss the service delivery needs and desires of this population. They conduct monthly focus group meetings with family members to discuss programmatic issues, consumer services needs and Department and Center changes and how that may impact services within the community. The MR program continues its outreach collaborations with Texas Rehabilitative Commission and local school districts to enrich the service delivery to the Mental Retardation population.

The Adult Mental Health and Substance Abuse Programs participate with and provide focus group discussions and meetings with consumers and their families. Our most popular focus group is the Prosumer Group meetings that occur on a monthly basis. The Prosumers discuss positive and negative concerns about the state of the Center and how they can positively impact not only their lives but the lives of others. The Prosumer meeting is an open public meeting in where we have consumers, family members, providers and other interested parties. This group has made and continues to make significant progress for both the individuals involved and feedback to the Center for improved service delivery and quality outcomes. The monthly participation has remained consistent at 40-50 consumers.

Throughout the year, the Center provides on-going educational workshops and information sharing on Mental Illness with National Alliance of the Mentally Ill (NAMI) Texas for the Adult MH, Child MH and MR programs. Consumers, family members and staff have also participated on radio and television shows to address mental illness, to share experiences and seek information. Stakeholders and families have been educated on how to become better advocates as well as attending Legislative hearings to become better informed of new mandates and providing feedback on their service delivery concerns.

We have held various public sessions to address service issues with City and County residents and members of both state and federal government. These sessions have been excellent forums for information sharing on new programs and community concerns to the identification of service shortfalls and the building of collaborative organizations to begin problem resolution. Specifically, these forums have addressed the introduction of a Female Safe Haven Project, the Bexar County Jail Diversion Program and the establishment of the National Center for Behavioral Health Solutions.

Our MH Children's Program conducts family support groups on a weekly basis. This provides Center staff, parents and caregivers an opportunity to discuss service needs and their experiences in dealing with their child's mental health condition. In addition there is a joint participation work group with the University of Texas Health Science Center San Antonio with the Pediatric Department to address youth involved in the juvenile justice system who are in a residential placement setting and reintegrating back into a family setting within the community. Another area of involved information sharing consisting of state, local and private agencies is the Bexar County Community Resource Coordination Group (CRCG). The CRCG identifies gaps in the Bexar County service system and focus on collaboration opportunities within all resources and agencies to bring needed services to a youth and family that otherwise one agency alone could not provide. The MH Children's program also continues to collaborate and participate in monthly meetings with the Bexar County Juvenile Justice system to address and define the Bexar County Juvenile Justice Diversion Initiative.

## **Planning and Network Advisory Committee**

The Center's Network Advisory Committee (NAC) is comprised of nine (9) members. The Center has two (2) Planning Advisory Committees (PACs). They consist of the Mental Retardation PAC (MR PAC) and the Adult and Children's Mental Health and Substance Abuse PAC (AMH/CMH/SA PAC). The NAC functions for the Center in a Network Development and Advisory role. This committee membership consists of representative from each of the PACs and represents the community from a consumer, family member, and advocate or business representative perspective. The Center's NAC ensures that stakeholders input play a significant

role in the Center's local planning, network development processes and service delivery design and monitoring. They function as an appointed liaison between the Board of Trustees and the community by identifying and advocating for community service needs and quality of the services outcomes of providers within the network.

The AMH/CMH/SA PAC is comprised of thirteen (13) members. The MR PAC is comprised of nine (9) members. The role of the PAC's is to identify service area gaps, assess the most efficient way to fill those needs and then prioritize for the community the work effort of Center staff and other stakeholders to advocate for those needs. The PAC's working with staff and the NAC, review service procurement requests while still in development. Once determined to fully meet the identified need of the procurement request, a recommendation for action is sent to the NAC for their consideration.

The Center provides a formal orientation and informational training to both the NAC and PAC's to educate them of their role and responsibilities as a committee member and to assist the continued development of their skills so that they can make informed decisions on behalf of the community. On a quarterly basis the Board of Trustees or its Resource Management Subcommittee will receive a report of activities and actions from either the NAC or one of the PACs. Attachment "B" is included that provides NAC and PAC informational items and planning considerations.

## **Planning Consideration**

The Center is in the vortex of a paradigm shift from a traditional MHMR model of service delivery and funding to one in which services are funded based only on a prior approved authorization and a prospective payment service environment. As these changes have become refined, the staff of the Center working with our stakeholders, have established business practices based on the planning considerations we have identified to prepare for this service model shift. This has allowed the Center to be able to prepare the community, consumers and their families as well as Center staff to the realities of this new environment. The Center must continue to refine our service delivery outcomes and prepare standard measures for service delivery that are consistent, timely and provide quality outcomes for people that meet our community's expectations so that this Center can position itself as the Behavioral Health Care Provider of Choice within Bexar County.

The Center is preparing a short term operational business plan that is based on the anticipated business changes required for the Center to remain successful as a service delivery provider based on changes that are occurring within the State. This short term business plan is addressing the current state directed and future anticipated changes to include consumer access, assessment, authorization and to the overall service delivery system. These activities of the Center will better position us in our plan development as the 79<sup>th</sup> Legislative activities become final and the impact to Center services are known.

## **CENTER SERVICE DELIVERY:**

The Center will continue to delivery a full array of services for the mentally ill, mentally retarded and those other services niches for which we have established a solid business practice and reputation within the community as a provider of service. The Center will continue to pursue other business and service opportunities to enhance its position within the community and to

identify areas for collaboration consideration to maximize community service outcomes while minimizing service duplication and inefficiencies. Attachment “C” is a synopsis of those potential additional business and service opportunities that are or maybe considered for entry and/or delivery.

In the forefront of the Center’s business analysis are the socioeconomic benefits of achieving medical offset (savings due to providing primary and preventative care rather than in medical emergency rooms and in crisis care) through the integration of primary and behavioral health within the Bexar County community. As well, significant savings to be realized by serving persons in appropriate and therapeutic environments in this community rather than in jails, prisons, or state inpatient facilities. In order to realize these benefits, the sponsoring agencies and this community must assist in the financing and implementation of the community’s vision for behavioral healthcare.

## Attachment “A”

### FY 2005 Local Service Area Plan - Information Supplement

#### I. Community Participation

For each table below, state the number of people who have participated since the last planning cycle in each of the informational gathering methods.

#### MENTAL HEALTH SERVICES

Community Participates * - Represents Individuals ** - Represents # of Occurrences	Information Gathering Methods			
	Focus Groups	Public Hearing	Survey	Other
Consumers	* 600	* 100	* 600	* 20
Family Members	* 97	* 200	* 80	* 20
Advocacy Organizations	** 6	* 50		** 25
Interested Citizens	** 12	* 50		
Other State Agencies	** 2	** 1		
Local Governance	** 2	** 10		
Other	* 50			4000

#### MENTAL RETARDATION SERVICES

Community Participates	Information Gathering Methods			
	Focus Groups	Public Hearing	Survey	Other
Consumers	200		800	100
Family Members	200		300	
Advocacy Organizations	2			
Interested Citizens	1			
Other State Agencies	1			
Local Governance				
Other	100			2000

## Attachment “B”

### Planning and Network Advisory Committee (PNAC)

Provide a “Yes” or “No” response for each item below.

PNAC Information Items	Yes	No
The Local Authority (LA) has a PNAC.	✓	
The LA participates in a regional PNAC.		✓
50% or more of the PNAC membership are consumers or family members of consumers	✓	
The PNAC membership includes family members of children or adolescents.	✓	
All PNAC members receive initial and ongoing training.	✓	
The LA ensures conflicts of interest are avoided in performing the responsibilities of the PNAC.	✓	
The PNAC has established outcomes.	✓	
The PNAC receives information necessary to achieve expected outcomes.	✓	
The PNAC meets the reporting requirement.	✓	

### II. Planning Considerations

Provide a “Yes” or “No” response for each item below.

In developing the Local Service Area Plan, the LA gave consideration to:	Yes	No
Criteria for assuring accountability for, cost effectiveness of, and relative value of service delivery options.	✓	
Goals to minimize the need for state hospital and community hospital care.	✓	
Goals to ensure a consumer with mental retardation is placed in the least restrictive environment appropriate to the person’s care.	✓	
Opportunities for innovation to ensure that the Local Authority is communicating to all potential and incoming consumers about the availability of services of state schools for persons with mental retardation in the local service area of the Local Authority.	✓	
Goals to divert consumers of services from the criminal justice system.	✓	
Goals to ensure that a child with mental illness remains with the child’s parent or guardian as appropriate to the child’s care.	✓	
Opportunities for innovation in services and service delivery.	✓	

## **Attachment “C”**

### **Factors that may influence future service delivery:**

- The Center may lose its role as an Authority effective 9/1/05
- MH/SA services may be managed by regional authorities
- MR Services may be managed Regionally
- MR Authorities may establish service delivery Networks
- MR waiting lists may be centrally managed
- The Center may have a preferred provider status for 5 years
- Effective 9/1/05 most Center provided services may be reimbursed on a fee for services basis
- Fee Carve Outs will be made for Jail Diversion and emergency room use reductions (these will be managed with outcome goals)
- State Facility use/management has yet to be addressed

### **The Center is currently delivering the services provided as outlined in our FY 2004 Local**

#### **Plan and plans to enhance or add the services as follows:**

- Services provided will be only those for which a fee is paid
- Services will be delivered by “In House” providers
- The Center will aggressively work to integrate behavioral health and primary care by primary care physicians within the outpatient service units
- The Center will integrate special population (TCOOMMI) behavioral health service delivery with parole/probation officers
- The Center will expand its COPSD services in support of Court/Probation system
- The Center will implement an integrated Crisis Care Clinic which provides both Crisis screening and Medical Clearance with extended capacity holding/observation beds
- The Center will become or remain an in-network provider on all behavioral health plans
- The Center will expand its Crisis Line service by providing service for the Bexar County and regional authorities and other commercial health care management companies
- The Center will position itself to become the preferred provider of behavioral health services within the local and regional area by delivering or offering services through “telemedicine” or the establishment of service in outlying clinics.
- The Center may offer to other providers within the region or state telemedicine services to fill service delivery gaps.

- The Center may expand its service capacity and capabilities by collaborating with consumer financial counseling services and major businesses within the community to deliver services in support of:
  - a. Employee Assistance Programs
  - b. Crisis/Stress Management Counseling
- The Center will continue to enhance its partnership relationship position with the local Hospital District by becoming either an operating agency of or part of the Health District.