

ANDREWS CENTER
Behavioral Healthcare System

FY 2006 – 2007

LOCAL PLAN

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Submitted to:

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ANDREWS CENTER FY 2006-2007 LOCAL PLAN

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ANDREWS CENTER

PURPOSE, MISSION, VISION AND VALUES

PURPOSE

Working together to build a better life!

MISSION

Serving our community to assure high quality, effective behavioral healthcare

VISION

“Making a difference” in life today and every day!

VALUES

Recognize and affirm the dignity and worth of each individual.

Seek the best in others; demand it from ourselves.

Seek character, competence and caring.

Take care of each other.

Value ethics, honesty and integrity.

I. COMMUNITY PARTICIPATION

PARTICIPATION

Andrews Center strives to solicit information regarding community needs from consumers of community-based services, and of state schools, representatives of the local community and other interested persons to make the local service area plan reflective of these identified needs. Throughout each year, Andrews Center staff interacts with community stake holders in various forums where community needs are identified and discussed. The use of these networking and collaboration efforts have been successful in educating center staff regarding specific community service priorities and identified gaps for service expansion and has provided feedback regarding our success in meeting the center's goals.

Andrews Center staff actively participates in numerous community groups and organizations which include:

- North-East Texas Health District Community Assessment Group
- East Texas Network for Children
- Adult Mental Health Planning and Advisory Committee
- Child Mental Health Planning and Advisory Committee
- Mental Retardation Planning and Advisory Committee
- ETBHN Regional Planning and Network Advisory Committee
- HCS Advisory Committee
- St. Louis School Advisory Council
- Smith County ARC
- United Way of Tyler/Smith County – Performance Review Panel for UW Agencies
- Smith County Community Resource Coordination Group (CRCG)
- Wood County Community Resource Coordination Group (CRCG)
- Henderson County Community Resource Coordination Group (CRCG)
- Smith County Homeless Coalition

Andrews Center is a member of the North-East Texas Health District Community Assessment Group which works to identify gaps in services in this area of Texas and provide information regarding services available to the community from the various agencies and organization operating there. Andrews Center is supporting and assisting the North-East Texas Health District in establishing a Federally Qualified Health Center in East Texas.

In addition to this participation, a staff member of Andrews Center is actively working with members of the Athens community to establish a NAMI chapter in East Texas. The application process should be completed during June, 05.

SERVICE EVALUATION

Andrews Center's HCS Advisory Group, made up of consumers, family members, and providers, meets quarterly to review complaints received from any of these groups, any allegations of abuse, neglect, or exploitation, and to discuss any suggestions for program improvement. HCS does an annual satisfaction survey to solicit satisfaction levels from consumers and families. The results of this survey are discussed in an advisory group meeting.

Andrews Center participates in all state required satisfaction surveys and some program units request that consumers of those services complete satisfaction surveys. Andrews Center has an ongoing consumer satisfaction committee which is tasked with finding ways to improve the satisfaction of those using center services.

During April, 2005, a strategic planning group met for 16 hours over four days. This group was composed of executive team members and division directors and was chaired by the Andrews Center's CEO. There was representation from the Andrews Center Board and the MH Planning and Advisory Committee. The MR Planning and Advisory Committee members were invited to attend but were not able to arrange for representation. Discussions included services currently being provided, the environment Andrews Center was operating in and how the future may change that environment, considerations of services which may be needed now and in the future, and methods for meeting these service needs.

In May, 2005, a taskforce was formed to complete a focused study to determine if there were barriers to accessing Andrews Center services and if so to make recommendations for eliminating those barriers. This taskforce is developing instruments to solicit input from persons who contact the center for services. Input will be requested both from those who are successful in obtaining center services and those who are denied services or chose not to take advantage of center provided services.

II. Planning and Network Advisory Committee

Andrews Center currently has three Planning and Advisory Committees. There is an Adult Mental Health Committee, a Child/Adolescent Mental Health Committee and a Mental Retardation Committee. These committees meet at least quarterly but have meet more often as required to complete their business.

The Adult Mental Health PRC has been involved with understanding Resiliency and Disease Management (RDM) as it effects services for Adults with a mental illness. They have also been working to understand the issues related to Authority/Provider and how potential changes may affect services for persons in this community. Educational material has been provided to

them on both of these subjects. Each meeting, a representative of the mental health staff attends to provide an update on service provision and any organizational changes that have been made since the last meeting. Their input is solicited regarding services and proposed changes. There are 10 current members of this committee and 7 (70%) are consumers or family members of consumers.

The Child/Adolescent Mental Health PRC has been involved in developing a list of service in the community, those provided by Andrews Center as well as other providers, for the benefit of persons who have a child with mental illness. They too have been kept aware of RDM and Authority/Provider issues. Their input is solicited regarding these issues. The Division Director for Children's MH services is the liaison for this group.

The MR PRC has also received educational information regarding RDM and Authority/Provider issues regarding potential changes that may affect services provided to persons with mental retardation and related conditions. At each meeting, a staff member from MR services attends and provides an update on service provision and any organizational changes that have been made since the last meeting. Their input is solicited regarding services and proposed changes. They have been working on a "Book of Stories" which was presented to the Andrews Center's CEO and Board of Trustees as a way of informing them of service needs in the community. These stories were written by consumers, parents, or guardians of consumers. They told the story of the challenges these persons faced and the benefits or road block they experienced in meeting their or their family members needs. There have been some problems maintaining the required number of members for this committee. It started the year with 10 members but one left for health reasons, one moved out of the area, one felt that she had too many other obligations at work and one was not attending. Of the six who remain, four (66%) are family members of persons with mental retardation.

We will be talking with these three committees in June of this year to determine their interest in continuing their committees as they are or combining them to form one committee as allowed by the contract. If they choose to combine we will not solicit additional members. If they choose to continue independently, we will begin to solicit additional persons to participate.

III. Planning Considerations

A) Criteria for ensuring accountability for, cost-effectiveness of, and relative value of service delivery options.

Andrews Center has developed an R&DM Service Recap Report which is a real time report of services delivered to persons receiving Resiliency and Disease Management services. This report is available “on line” to all staff and allows service providers, supervisors and managers to see on a daily basis what services have been provided to whom and by whom. This report keeps track of required minimum hours as well as required average hours for all service packages.

The Center has also developed a Key Performance Indicator (KPI) report which is also a real time report that measures direct and indirect service hours, total hours worked, and number of service provided. This report is used to evaluate productivity and capacity.

Andrews Center is an active member of East Texas Behavioral HealthCare Network (ETBHN), made up of 9 East Texas Centers. Member centers participate in evaluations of various services and compare themselves with the other participating centers. The service evaluations are developed and analyzed by the ETBHN Regional Planning and Network Advisory Committee. These evaluations focus on the efficiency, effectiveness and cost of the service under review. The Regional PNAC provides feedback, including recommendations for action, from these evaluations to the Chief Executive Officers of each participating center and their Boards of Directors. Through them it is provided to the management staff and the rest of the organization.

Andrews Center participates in a cooperative Peer Consultation Project which was begun through the center’s involvement with the Mental Health Corporation of America, Inc. (MHCA), a national alliance of selected behavioral health organizations. Membership in MHCA is by invitation only. It is the organization’s intent to include in its network only the highest quality behavioral healthcare organizations in the country. The peer consultation process was developed by a group of MHCA members with the idea of using leadership from community behavioral health providers to serve as consultants in a peer relationship. The goal of peer consultation is for the CEOs to establish open communication among the peer agencies with opportunities for all levels of staff to share, learn and consult on a wide variety of issues. The first consultation at Andrews Center occurred in April, 2003. The second occurred in January, 2005. The CEO’s and CFO’s from three other MHCA member centers participated. Participating center were: Cummins Behavioral Health Systems, Inc. (Avon, IN); Monadnock Family Services (Keene, NH) and

Centerstone (Nashville, TN). Issues studied in this second consultation included service capacity, the center's readiness for fee for service funding, and potential for integrating Andrews Center into the wider primary health care services within the community.

B) Goals to minimize the need for state hospital and community hospital care.

The Andrews Center utilizes the UM committee, Director of Outpatient Services, Coordinator of Continuity of Care, and the Director of Contract Services in an effort to ensure that staff resources are being used as efficiently and effectively as possible. By reviewing state hospital and community hospital care data daily, weekly and monthly using Web Care and other internal tools searching for data outliers, needed changes in caseloads or distribution of staff time can be accomplished in a timely manner.

Following the R&DM design, Andrews Center currently has ninety-nine percent appropriateness for authorizations of service packets. This ensures that persons are in the correct service level. Individuals are reviewed by the UM committee and supervisors to insure they receive appropriate levels of service throughout treatment. As individuals gain control of their mental illness, their service level is lowered to a less intensive service package to make room for persons who are experiencing more significant mental health problems. In addition much is done in Service Packages 3 and 4 to educate consumers about the importance of following their treatment regimen including medication compliance.

To minimize our use of state hospital beds, our Center's goals support the use of hospitalization as a last resort. Consumers who have a history of requiring hospitalization and remain at risk for future hospitalization are referred to our Assertive Community Treatment Alternative program. As individuals progress and do not need the intensity of the Assertive Community Treatment, they are referred to our Intensive Case Management services. Eventually individuals return to routine service coordination. This system allows individuals to receive a range of intervention from low intensity to very aggressive service in their community as their needs dictate.

The use of hospital bed days is closely monitored by our Utilization management committee as well as by the Continuity of Care Coordinator, the Director of Crisis and Access services, our Executive Management Team and Board of Trustees.

C) Goals to ensure that consumers with mental retardation are placed in the least restrictive environment appropriate to the person’s care.

Andrews Center is dedicated to the principle of least restrictive environment. Our primary goal is to facilitate needed services and supports to allow our consumers with mental retardation to live in their preferred setting – with family, on their own, with a roommate, etc. This is usually accomplished through Service Coordination whereby a staff person (service coordinator) assists the individual to access medical, social, educational, and other appropriate services and supports to maintain the least restrictive, desired residential setting. Andrews Center also facilitates placement in the least restrictive environment by helping individuals coming out of state schools and state hospitals obtain needed services and supports for a successful transition into a less restrictive community setting. Andrews Center has instituted some innovative techniques to help consumers maintain the least restrictive living environment. We have AmeriCorps members who work with individuals in a variety of ways to maintain their independent living status. For example, AmeriCorps members provide assistance / training for our consumer with transportation, bill paying, grocery shopping, money management, cooking, cleaning, socialization, etc. This added level of support can make the difference in someone living in an apartment versus a group home. Some individuals need placement in a group home or a large ICF-MR either because that is their preference, or there are issues that suggest a more restrictive setting – medical issues, challenging behaviors, etc. The Andrews Center has recruited a volunteer who assists with placement efforts by doing the necessary paperwork, sending out packets, facilitating pre-placement visits, etc. This has allowed consumers / families to locate community placement as an alternative to state school placement. When state school placement is requested, Andrews Center staff work with the consumer / family to determine if a less restrictive placement is possible. State School placement is not sought until community resources have been exhausted.

D) 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.

Andrews Center authority staff (MR Service Coordinators, MR Intake / MR Continuity of Services, DMR Psychologist, IHFS / Waiting List Staff) inform consumers / families / actively involved persons about **all** services and supports – including the availability of state school services. The primary mechanism for giving out this information is the use of the “Explanation of Services and Supports” document and the “Indication of Preferences” form which are part of our contract requirements with

DADS. This information is presented orally and / or in writing in a variety of situations, including: in response to an inquiry for information from any interested party, before placing a consumer's name on a waiting list, before doing a DMR or endorsement, before the consumer's enrollment into any service or support (residential, non-residential, General Revenue and Medicaid funded, waiver and ICF-MR programs – including state schools), and at the annual waiting list contact (when done face-to-face). Twice in the past, we mailed out the “Explanation of Services and Supports” document to all consumers on the waiting list. Whenever possible, this information is presented face-to-face. When not possible, the document is mailed.

E) Goals to divert consumers of services from the criminal justice system.

Andrews Center receives funding from the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI). This funding is for the pre-release evaluation, continuity of care and pre-release social security application for offenders in prison, for local psychiatric services, medications, intensive case management, limited counseling, and benefits assistance for adult offenders with mental impairments. These offenders are referred to the Andrews Center TCOOMMI Program after release from prison and by local probation and parole officers. The Andrews Center also received an additional \$40,000 for jail diversion services.

In February of 2005 the Andrews Center submitted a Jail Diversion Plan to the Department of State Health Services. The Andrews Center is currently working with the jails to identify incarcerated offenders who have mental impairments. The jails are submitting the daily arrest sheets and these are being cross-referenced in the CARE system. This process has been implemented in four of the five counties in the Andrews Center service area. These include Smith, Henderson, Van Zandt and Rains Counties. The CARE cross-reference has been offered to Wood County but no decision to participate has been made. The jail nurses are arranging for further evaluation on an individual basis. Van Zandt County has requested further evaluation for several offenders. Some court advocacy has also been provided.

There has been some concern about confidentiality issues. Another concern is the lack of immediate psychiatric service availability to expedite offender diversion. Also, TCOOMMI provided funding for services but currently there is no funding for staff to perform the jail diversion functions.

The strategies for jail diversion for the next fiscal year include: Continue to work with the jail administrators to identify incarcerated offenders who have mental impairments; Advocate for offenders to be referred for further evaluation and treatment; Increases collaboration with local law enforcement, jail administrators, attorneys, judges, district attorneys, and advocacy services; Increase community stakeholder involvement to access funding for jail diversion development; Seek funding for staff to perform functions of the jail diversion program.

F) Goals to ensure that a child with mental illness remains with the child's parent or guardian as appropriate to the child's care.

The Andrews Center has one operating unit that provides intensive and routine case management and skills training to priority children in our service area. Since this unit was created in 1993, the mission has always been to preserve the family and make every reasonable effort to keep the child in his/her home. This has been accomplished through a service model that builds on the family's strengths and uses them to build assets which will make the child and family successful in their community. The implementation of the Resiliency and Disease Management model has given the Center new opportunities and resources to focus on keeping the child and family together. Representatives from the Center's Children's Mental Health unit participate in all county Community Resource Coordination Groups in our service area which helps case managers identify all resources available to families that would help them keep their child in the community for services.

G) Opportunities for innovation in services and service delivery.

1. The Center will become a comprehensive provider of services for the East Texas community.
 - a) To become a comprehensive provider, the Center will pursue integration of behavioral health care with primary health care.
 - b) To position the Center to become a comprehensive provider of services and determine what service lines to offer, the Center will consider establishing partnerships with other provider organizations, developing innovative organizational structures and building relationships necessary to achieve this goal.
 - c) In support of becoming a comprehensive provider of services the Center will investigate the value of expanding

or establishing services for special needs and populations such as:

- Early childhood identification and interventions.
- Establishing children and adolescent mental health services as a priority for this community.
- Services to address the needs of the new wave of returning Veterans.
- Establishing services to focus on promoting health through healthy habits.
- Models of eldercare intervention.
- Critical incidents/critical incident stress management.

d) The Center will apply best practices in primary healthcare settings to behavioral health clinics.

2. The Center will provide authority functions as appropriate on mutually agreeable terms.
3. The Center will develop e-business models to enhance traditional health care.
4. The Center will seek to promote and advance global healthcare standards that demonstrate quality, efficiency and customer focus.
5. The Center will replace service silos with seamless services.
6. The Center will define and distinguish our brand and decide how to market it.
7. The Center will become a more consumer friendly healthcare organization. We define consumer friendly as:
 - a) Providing easy access to services;
 - b) Providing top notch service;
 - c) Charging fees appropriate for the service;
 - d) Exceeding consumer expectations;
 - e) Making consumers feel valued;
 - f) Exhibiting caring to consumers and their families;
 - g) Exhibiting Friendliness and promoting a friendly atmosphere in Andrews Center facility; and,
 - h) Listening and talking with consumers, not at them.
8. The Center will enhance customer satisfaction through service and speed.

IV. Provider of Last Resort Plan

The FY 2005 Performance Contract between Andrews Center and Texas Department of State Health Services (DSHS) and Texas Department of Aging and Disability Services (DADS) required Andrews Center to submit a “Provider Of Last Resort Plan” that contained a summary of all responses to the Andrews Center’s March 2004 RFI as well as a listing of all the services for which Andrews Center planned to contract and timelines for implementation. Andrews Center submitted its “Provider of Last Resort Plan” on October 1, 2004. This Plan stated that Andrews Center anticipated submitting its Local Plan inclusive of the Baseline Provider Network Analysis and the procurement plans. In addition, it stated that the determination of which services will be procured for FY 2006 and the implementation timeline would be contingent upon a variety of factors including: (a) analysis of baseline level of current provider network; (b) incorporating the procurement plans with public input process, including the Local Plan; and (c) obtaining clarification and guidance for the concerns enumerated in the Plan.

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