

HILL COUNTRY COMMUNITY MHMR CENTER



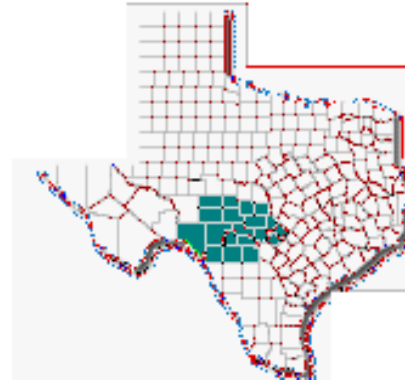
FISCAL YEAR 2011-2012
LOCAL SERVICE AREA PLAN

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I. Overview of the Center

Hill Country Community MHMR Center (Hill Country) is a governmental entity formed September 1, 1997 through an inter-local agreement among 19 counties (Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde and Val Verde) to provide community mental health and mental retardation services to individuals living throughout the greater Texas Hill Country. Hill Country has its administrative headquarters in



Kerrville and is designated to be the Mental Health Authority (MHA) by the Texas Department of State Health Services (DSHS) and the Mental Retardation Authority (MRA) by the Department of Aging and Disability Services (DADS) for our 19 county service area. Hill Country is also certified by DSHS as a community mental health center and designated as the single portal for admissions to the state hospitals.

Hill Country is licensed by both the Texas Department of State Health Services, as a provider of substance abuse services and the Texas Department of Aging and Disability Services as a Home and Community Services provider and a Texas Home Living provider. We are governed by a Board of Trustees who are appointed by and accountable to the 19 counties who serve as our sponsoring entities. The board has established a Citizen’s Advisory Committee to ensure services are responsive to the overall needs of the local communities. The Board of Trustees, Citizen’s Advisory Committee, and Hill Country staff all work in tandem in order to provide mental health, mental retardation and substance abuse services across the life span to citizens throughout our nineteen county local service area.

Hill Country provides timely, comprehensive community-based interventions to thousands of people, keeping them out of hospitals, jails, institutions and nursing homes. We continue to operate as a safety net for the poor and uninsured with complex service needs, while setting national best practice standards in a variety of service areas. Our Adult Mental Health Services provide a basic array of mental health treatment, rehabilitation and support services to people with mental illness, primarily those with severe and persistent mental illnesses (diagnosis of Schizophrenia, Bipolar Disorder, and/or Major Depression).

The overarching challenge facing Hill Country is to be responsive and open to the community needs of the hundreds of communities in the nineteen county service region while ensuring an efficient and cost effective operation and use of the public dollar. It is anticipated that Hill Country Community MHMR will continue to meet this challenge with the support of our diverse staff, the active support of the Citizen’s Advisory Committee, our active nurturance and expansion of relationships with other community providers and the Board of Trustees.

II. Mission and Values

Prior to becoming a Community Center in 1997, components of six different State facility Community Service divisions were merged to form a State-Operated Community Service organization in September of 1997. As part of the initial formation, staff met to develop the Mission and Values as a foundation for the newly formed organization. The Mission and Values have since been endorsed by the Board of Trustees and have been a foundation of new employee and Advisory Committee orientation.

MISSION

Promoting Independence, Community Integration, and Recovery

VALUES

- We are responsible first and foremost to the people we serve.
- We treat all people with respect and dignity.
- We foster an environment of integrity and trust.
- Responsible and creative use of resources allows us to provide the most effective and efficient services possible.
- We value personal uniqueness, and acknowledge that people share needs, rights, desires, and capabilities.
- We understand our responsibility to educate people and maximize learning opportunities.
- With information and support, people have the opportunity to make informed personal choices and become more self-reliant.
- We recognize the importance of, and foster, family involvement in people's lives.
- We operate in partnership with the community, appreciating its uniqueness and strength.

- We strive for excellence, using continuous quality improvement.
- Quality is linked to customer satisfaction – both ultimately measured by our ability to meet the individual requirements to people we serve.

III. LOCAL PLANNING

A. Local Planning Process

Hill Country Community MHMR Center regards its Local Service Area Plan as the framework which outlines and communicates the Center's short-term and long-term goals and objectives aimed at providing, improving and expanding services and supports in the communities the Center serves. The Plan also provides a foundation which guides the allocation of resources to meet the communities' identified needs and priorities, and influences the design and management of the provider network to meet these needs.

The Center is committed to continually obtaining as much input from as many sources as possible into the process of developing the Local Plan. The most significant contributions to the Plan come from the community stakeholders. While some of this input is informal based on discussions, questions, concerns, and feedback from the community, the Center also uses structured and formal mechanisms to systematically obtain this input from the community. Elements of the development of the Strategic Plan include:

Community/Consumer Input

Community and consumer involvement in the development occurs in a variety of ways. On a daily basis, program managers and administrative staff regularly receive informal consumer input dealing with the services their program provides, and this information can lead to changes in the structure and approach of the program or if system wide, modifications or additions to the Local Plan. In more structured fashion, community input is received through the following methods or sources:

- Hill Country Consumer Satisfaction Survey
- Community Needs Survey (developed by the Citizens' Advisory Committees)
- On-line Community Needs Survey (posted on Center's website)
- Formal Focus Groups (Conducted by the Citizens' Advisory Committees)
- Board of Trustees
- Citizens' Comments to the Board of Trustees
- Planning and Network Advisory Committee
- Local Advisory Boards
- Local Advocacy Groups

Role of the Hill Country Management Team

The Hill Country Management Team regularly reviews the results of internal and external assessments, external forces affecting the Center's provision of services, and community input, both formal and informal, and as appropriate, makes modifications to the Center's priorities. When appropriate, the decisions of the management team results in changes in the implementation strategies of the Local Plan objectives, and/or the creation of new areas of focus for the Center. Based on the community input, the assessment information, review of current Plan, and the review of external forces, the management team develops areas of focus for the new Plan, which is then merged with recommendations of the Citizens' Advisory Committee to form the new Plan's areas of focus.

Role of the Citizens' Advisory Committee (PNAC)

On an on-going basis, the Center's Mental Health and Intellectual and Developmental Disability Planning and Network Advisory Committee, routinely discusses the Center's services and provides the Board of Trustees recommendations for the development, expansion and improvement of the services provided by the Center. Members of the Committee formally address the Board on a quarterly basis in regards to their activities and recommendations they would like the Board to address. Once the Board approves recommendations, the Committee as well as the Board is routinely given a report on the status of the implementation of these recommendations. In addition to their role in providing input, the Committee members also serve as resources back to their individual communities and can address issues that may be brought to their attention by individuals in their communities.

The PNAC spearheads activities to increase involvement of their communities by conducting a written Community Needs Survey and focus groups. The Committee designed and distributed a Community Needs Survey to assess service needs in their communities and increase public awareness of mental health and intellectual disabilities issues, and the services provided by the Center. The survey was sent to the members of their communities that the Committee felt should be most in touch with the people that could or do benefit from the services provided by the Center.

With this assessment information in hand, the Committee then reviewed the information along with consumer satisfaction information, current Local Plan areas of focus, and management's proposed areas of focus, and provided a list of recommendations for inclusion in the FY 2011 and 2012 Local Plan. The Board of Trustees reviews and approves the inclusion of these recommendations in the new Plan.

Role of the Board of Trustees

The Board of Trustees reviews the status of the implementation of the Local Plan on a regular basis, and is given the opportunity to discuss with the management staff any questions, concerns, feedback, and revisions with the Plan. The Board is routinely kept abreast of the results of internal and external assessments, external forces affecting Center operations and services, formal and informal community input, status of Citizens' Advisory Committee activities, and any other issue that could impact the Center. The management team and the Board work together to craft the final version of the Local Service Area Plan, particularly the areas of focus that will be addressed. Ultimately, the Board participates in the plan development by reviewing and approving the final draft of the Local Service Area Plan.

B. Strategic Initiatives

Strategic Initiatives for Mental Health Services for FY11 and FY12 include the following:

- I. Goal: Protect the mental health safety net.

Strategies:

- A. The Center will continue to operate the Crisis Stabilization Unit in order to meet the mental health crisis needs of the service area.
- B. The Center will maintain DSHS crisis funding for crisis hotline, triage, adult mental health respite/residential services, MCOT, transition, and other crisis services
- C. The Center will continue to produce and distribute brochures and magnets to educate the community about Crisis Services and make available the crisis hotline number.
- D. The Center will conduct ongoing analysis and utilization review of routine services.
- E. The Center will continue to have clinicians trained in Trauma-focused CBT.
- F. The Center will continue to have clinicians certified as Mental Health First-aid trainers.
- G. The Center will continue to have clinicians certified by the American Association of Suicidology.

- II. Goal: Assure accountability for, cost-effectiveness of, and relative value of service delivery options

Strategies:

- A. The Center will analyze prescribing practices to determine cost efficiencies.
- B. The Center will maximize the Patient Assistance Program to control medication cost.
- C. The Center will utilize PRN staff to reduce overtime.
- D. The Center will continue Consumer Benefit services to assist clients to receive Medicaid, Medicare, and Medicare Part B.
- E. The Center will participate in DSHS Incentive Grant to provide peer to peer services to veterans and their families.
- F. The Center will continue to analyze the cost of and need for lab services.

III. Goal: Maximize access to services and consumer choice in service providers

Strategies:

- A. The Center will develop a centralized intake process to reduce wait time for services.
- B. The Center will continue to offer clients the choice of service provider (Case Manager/Rehab Specialist or physician) as needed.
- C. The Center will continue to utilize telemedicine to improve access and timeliness of service delivery.

IV. Goal: Meet identified client needs that lead to the best possible client outcomes.

Strategies:

- A. The Center will continue to offer peer support groups in each of the Mental Health Clinics.
- B. The Center will expand the services offered to clients with co-occurring psychiatric and substance use disorders.
- C. The Center will offer cultural competency training to clinicians working with veterans.

V. Goal: Assure rapid response to persons in crisis and provide local stabilization when possible.

Strategies:

- A. The Center will continue to operate the Crisis Stabilization Unit.
- B. The Center will maintain the crisis residential services.
- C. The Center will continue to offer the Mobile Crisis Outreach Team.

VI. Goal: Provide continuity of care and coordination of services, including coordination with law enforcement and emergency and physical healthcare services.

Strategies:

- A. The Center will continue participation and coordination of Mental Health Task Forces.
- B. The Center will continue to sponsor Crisis Intervention Team (CIT) Training.

- VII. Goal: Ensure that a child with mental illness remains with the child's parent or guardian as appropriate to the child's care.

Strategies:

- A. The Center will provide intensive case management for children and utilize wrap-around planning.
- B. The Center will continue to participate in Community Resource and Coordination Groups (CRCG).
- C. The Center will maintain a flexible fund account to purchase needed supports for children and families to prevent institutionalization.
- D. The Center will consider implementing peer support groups for teenagers.
- E. The Center will continue to employ a Family Partner to provide support to families.
- F. The Center will continue to offer Parent Support Groups.

Note: Please see Diversion Plan for strategies addressing the following goals:

- A. Divert individuals from the criminal justice system and reduce the burden on law enforcement.
- B. Reduce the utilization of emergency healthcare resources.
- C. Decrease utilization of state hospital beds.

C. Community Needs and Gaps

The following table is a summary of community needs, or g|s in services, that were identified during the most recent planning cycle.

Community Needs	Hill Country Community MHMR Center's Response
The MCOT Planning and Development Committee identified the need for local (Hays County) crisis respite/residential.	The Center expanded its' contract with the Wood Group and is now contracting for these services in Hays County. Effective April 2010.
Community Needs Assessment identify the need to reduce wait time for services	The Center is currently developing a centralized intake process with the goal of reducing the wait time to initiate services.
Community Needs Assessments identify the need for more counseling services in several locations.	The Center is providing CBT for eligible clients and is referring clients to community counseling services as appropriate.
Transportation from the Canyon Lake area has been identified as a need.	The Center is coordinating medical transportation for eligible clients from Canyon Lake. If the need continues, the Center will consider offering some services in this growing community.
Crisis transportation for clients needing hospitalization	The Center has implemented a contract with Wood Living Group to assist with transportation as appropriate from Hays County to the Crisis Stabilization Unit. In addition, when appropriate, Hill Country transports individuals who need to transfer from the Crisis Stabilization Unit to the state hospital.
On-line Surveys identify need for more support or counseling for teens	The Center is considering offering peer support groups for teens.
Community Needs surveys identified the need for more parent/family support	The Center currently employs a Family Partner to provide support to families and has implemented Parent Support groups in multiple locations.

D. Service Array

Peer Support

Peer Support programs offer individuals a unique, experiential learning opportunity for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery. Through care and share time, diagnosis education, medication education, wellness education, role play, socialization, and education on every day life and every day solutions, individuals learn from others living with their illness how to increase self-esteem, increase self-awareness, and increase self-management. Peer support opportunities are available for individuals suffering from mental illness as well as individuals suffering from both mental illness and substance abuse.

Crisis Services

Individuals who are suffering from or who have recently suffered from a mental health crisis may qualify for the following services depending on their individual need:

- **Crisis Intervention**
Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and keep the individual in the least restrictive appropriate environment.
- **Safety Monitoring**
Ongoing observation of an individual to ensure their safety.
- **Crisis Residential Treatment**
Short-term community based residential treatment for individuals who require direct supervision and care but do not require hospitalization.
- **Crisis Stabilization Unit**
Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment.
- **Respite Services**
Temporary, short-term, periodic relief for primary caregivers.

- **Crisis Follow-up & Relapse Prevention**

Supported services provided to individuals who require additional assistance to avoid reoccurrence of the crisis event.

Psychiatric Rehabilitation

Identifies desired outcomes and real life goals of an individual. Builds on strengths and focuses on positives in an individual's life. Strengthens and teaches skills necessary for individual to cope with their disease.

Self Management Training/Education can include the following:

- Stress Management
- Coping Skills
- Symptom Management
- Medication Education
- Activities of Daily Living
- Budgeting
- Problem Solving
- Accessing Services
- Communicating Effectively
- Social Skills
- Development of Natural Supports
- Family Training Education
- Illness Education
- COPSD Groups
- Anger Management
- Supported Employment
- Supported Housing

Children's Mental Health Services

Following is a listing and description of Children's Mental Health Services provided by Hill Country. Eligibility for the following services will be determined based on an individual's diagnosis and particular treatment needs. The list is not intended to be all inclusive, but to describe the primary services offered through Hill Country.

Counseling

Counseling includes individual, family, and group cognitive behavioral therapy focused on the reduction or elimination of an individual's symptoms of emotional disturbance and increasing the individual's ability to perform activities of daily living.

Crisis Hotline

The Crisis Hotline is a continuously available staffed telephone service providing information, support, and referrals to callers 24 hours per day, 7 days per week.

Crisis Intervention Services

Crisis Intervention Services are interventions provided in response to a crisis in order to reduce symptoms of severe and persistent mental illness and to prevent admission of an individual to a more restrictive environment.

Family Case Management

Family Case Management includes activities to assist the individual's family members gain and coordinate access to necessary care and services appropriate to the family members' needs.

Family Partner

Family Partners are the experienced parents of individuals with serious emotional disturbances who provide peer mentoring and support to the individual's primary caregivers.

Family Training

Family Training is training provide to the individual's primary caregivers to assist the caregivers cope and manage with the individual's emotional disturbance. Family Training includes instruction on basic parenting skills and other forms of guidance.

Flexible Community Supports

Flexible Community Supports are non-clinical supports that assist in community integration, reduce symptomatology, and maintain quality of life and family integration for children. Flexible community supports include tutors, family aides, specialized camps, therapeutic child-oriented activities, temporary child care, temporary kinship care, initial job development and placement activities, initial independent living support, transportation services, and short-term counseling for family members.

Group Skills Training for Children

Group Skills Training is training provided to groups on individuals that addresses the individual's serious emotional disturbance and symptom-related problems that interfere with the individual's functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual's community integration and increases his or her ability to stay in a community setting.

Intensive Case Management

Intensive Case Management includes activities to assist an individual and their caregiver in gaining and coordinating access to necessary care and services appropriate to the individual's needs. Wraparound Planning is utilized to help develop the Case Management Plan for the individual.

Medication Training

Medication Training includes training provided to individuals and or their primary caregiver on the nature of mental illness, the importance of medications, and other medication related information.

Medication Training and Support

Medication Training and Support includes training provided to individuals and/or their primary caregiver on the nature of mental illness, the importance of medications, and other medication related information.

Parent Support Group

Parent Support Groups consist of routinely scheduled support and informational meetings for the individual's primary caregivers.

Pharmacological Management

Pharmacological Management services are provided by a Physician, Advanced Practice Nurse, or Physician Assistant to determine symptom remission and the medication regimen needed by an individual.

Pre-Admission Assessment

A Pre-Admission Assessment is utilized to obtain information from the individual and family seeking services in order to evaluate the individual's diagnosis, eligibility and treatment needs. The Texas Recommended Authorization Guidelines is utilized during this process to determine the services the individual is eligible to receive.

Provision of Medication

Provision of Medication is a service to ensure the provision of psychoactive medication benefits to individuals who have no source of funds for medications.

Respite

Respite Services provide for temporary, short-term, periodic relief of primary caregivers.

Routine Case Management

Routine Case Management includes activities to assist an individual and their caregiver to gain and coordinate access to necessary care and services appropriate to the

individual's needs.

Screening

Screening involves the gathering of triage information to determine the need for in-depth assessment. This service includes screenings to determine the urgency of the individual's needs.

Skills Training and Development

Skills Training and Development is training provided to an individual and their primary caregiver that addresses the severe emotional disturbance and symptom-related problems that interfere with the individual's functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual's community integration and increases his or her ability to remain in a community setting.

Supplemental Nursing Services

Supplemental Nursing Services are provided by a qualified professional to ensure the direct application of a psychoactive medication and to assess target symptoms, side effects and adverse effects, and the impact of psychoactive medication for the individual and family in accordance with the individual's treatment plan. Supplemental Nursing Services include checking vital signs, refilling pill packs, monitoring self-administration of medications, pill pack counts, and evaluating the severity of side effects.

IV. Community Partnerships

The Center’s Planning and Network Advisory Committee, also known as the Citizen Advisory Committee, is composed of family members of people served or involved citizens from the community. The Committee met on the following dates and provided input and recommendations for the Center’s planning process.

Date	PNAC Activity and Recommendations
10/13/09	The PNAC met on this date and reviewed a summary of the Community Needs surveys and suggestions received. During the last planning cycle, the Committee recommended that the Center post a Community Needs survey on the Center’s website as well as place suggestion boxes in all service sites and the administration office. The Committee also discussed local planning activities and strategies that the Center has implemented to address the feedback received on the surveys and suggestions.
1/27/10	The PNAC met on this date and reviewed the survey results related to the mental health crisis and jail diversion activities. The Committee reviewed the draft Crisis Plan and discussed the need for community input for LPND. Committee members agreed to utilize the Stakeholder Surveys to solicit input after contact is made with all the interested providers.
4/28/10	During the April PNAC meeting, the Committee discussed the process of contacting all the interested providers listed on the DSHS website. The Committee discussed the results of the teleconference with the Wood Group regarding contracting additional services. Reviewed the template for LPND and discussed the plans to post the draft plan on the Center’s website in July for public comment. Committee members discussed plans to assist with distributing surveys in their local communities and attending community meetings to discuss the need for stakeholder input.
7/27/10	The PNAC is scheduled to meet to review any feedback after posting the draft LPND plan on the Center’s website for at least 14 days. The Committee will also review the Local Service Area Plan and make final recommendations prior to submitting the comprehensive plan.

The MCOT Planning and Development Committee is a large stakeholder group that meets monthly. The Committee has been instrumental in the development of the crisis response system and other planning activities. The Committee includes the following stakeholders:

- Law Enforcement
- Local hospital
- Adult Probation
- Child Protective Services
- Juvenile Probation
- Multiple substance abuse providers
- Psychiatric hospitals
- Judicial representatives
- Local School representatives
- Advocacy Groups/NAMI
- Federal Qualified Healthcare representatives
- Outreach Screening and Referral agencies (OSAR)
- Texas State University Law enforcement and counseling

Other community partnerships include the following:

- Throughout the 19 county service area, staff participate in the Community Resource and Coordination Groups (CRCG)
- Local Advisory Boards for the Mental Health Clinics
- Collaborative relationship with Hill Country Cares (formally the Hill Country Needs Council)
- Memorandum of Understandings (MOUs) with all substance abuse providers and the 3 OSARs representing the service area.
- Collaborative relationships with the Greater San Marcos Youth Council (MOU)
- Collaborative relationship with K'Star (MOU)
- NAMI Kerrville
- Juvenile Probation Department
- Texas Department of Family and Protective Services
- Medina County Sheriff's Department
- Medina Regional Hospital/Clinics
- Bluebonnet Children's Advocacy Center
- South Texas Rural Health Services
- K'Star Counseling and Outreach Services
- Alamo Work Source Center
- Southwest Family Life Center
- Medina County Independent School Districts
- Community Council of South Central Texas
- Medina County Health Unit/WIC