



**HELEN FARABEE
REGIONAL
MHMR CENTERS**

**LOCAL SERVICE AREA PLAN
2011-2012**

September 1, 2010 through August 31, 2012

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VISION – MISSION – PHILOSOPHY



VISION

The vision of the Helen Farabee Regional MHMR Centers (Center) is to provide a mental health and mental retardation system which will be a partnership of consumers, family members, service providers, and policy makers, working as a team to create options that are responsive to each person's needs and preferences.

MISSION

The mission of the Helen Farabee Regional MHMR Centers is to provide resources, opportunities and supports to enable people with mental illness, mental retardation, or developmental disabilities to live satisfying, responsible and productive lives to the fullest extent of their abilities.

PHILOSOPHY

The Helen Farabee Regional MHMR Centers takes pride in its commitment to the public service and to the support of the people we are privileged to serve; and, value individual worth, quality, integrity, innovation and teamwork throughout our system.

PLANNING PROCESS

Central to assessing current services and planning future services is the Center's ability to receive input related to service needs from consumers, family members, and community stakeholders. Opportunities for such input include:

- Public comment periods during monthly Board of Trustee meetings;
- Formal surveys conducted by the Planning Advisory Committees;
- Regular participation in targeted community focus groups;
- Involvement with local support and advocacy organizations;
- Ongoing input from members of the Planning and Network Advisory Committees; and
- Utilizing web-based surveys to access public input.

The senior staff (Improvement and Oversight Committee) oversees implementation of system responses, with updates given as necessary during twice-monthly meetings. The Center's Local Service Area Plan is updated using information gathered through various efforts, with primary focus and coordination responsibility being assigned to the Center's Community and Consumer Support and Quality Management Departments. The structure and plan for organizational Quality Management, Monitoring, and Improvement is described in detail in the section: *External and Internal Assessments*.

The Center's Local Service Area Plan is strategic, broad based, and focused on organizational goals. More specific and detailed plans related to critical programs and services are incorporated into this plan as attachments. These include Local Authority functions performed as a result of the Performance Contracts with the Department of State Health Services and the Department of Aging and Disability Services. They consist of:

- The Local Authority Crisis Plan
- The Local Authority Jail Diversion Plan
- The Local Authority Network Development Plan
- The Local Authority Reduction of Confirmed Abuse, Neglect, and Exploitation Plan

**LOCAL AUTHORITY GOALS & OBJECTIVES
FROM THE LOCAL PLAN DEVELOPED
BEGINNING NOVEMBER 17, 2009**

GOAL 1: Continue to expand, enhance and more appropriately utilize traditional and non-traditional revenue sources.

- 1.1 The Center will continue to advocate for, and maximize usage of traditional funding sources such as state general revenue, Medicaid (to include DD Waiver Programs), and local community funding. *This objective remains.*
- 1.2 The Center will continue to develop greater competencies in pursuing emerging and/or non-traditional funding sources such as CHIP, third-party insurance, corporate employee assistance programs, contract opportunities for other state sources for services closely related to our core focus. *This objective remains.*
- 1.3 *The original objective 1.3 is being moved to Goal #5 as objective 5.6*
New Objective 1.3:
The Center will focus on developing a Foundation to help in providing alternate avenues of funding to assist in the provision of services not funded by other avenues and to fund unmet needs.

Review: During the period of time since this plan was last reviewed, the Center has received \$100,000 the DSHS for adolescent substance abuse services; \$45,000 from the United Way to work in combination with the schools and the community to assist at-risk adolescents. We have a contract with the Texas Department of Criminal Justice for SAFF (Substance Abuse Felony Punishment Facility.) The Center received \$513,500 from the Department of State Health Services for Psychiatric Emergency Services Center development and approximately \$60,000 in local matching funds. The Center is working toward becoming a network provider with private insurance companies. Childress County has donated a building for the Childress Mental Health Center and they have increased their local matching funds. We have received \$381,000 for Crisis Re-Design initiatives, as well as receiving \$109,000 for maintaining critical

infrastructure. We offer Cognitive Behavior Therapy training to professionals throughout the state.

GOAL 2: Expand and refine utilization management and outcome measurement process.

- 2.1 The Center will continue to develop utilization review and provider oversight processes that ensure both internal and external mental health, substance abuse and developmental disabilities service providers comply with best documentation standards and authorized plans of care. *This is being completed by the Center's Quality Management Department at each service location on at least an annual basis.*

New Objective 2.1:

The Center will continue to develop utilization review and provider oversight that ensures both internal and external mental health, substance abuse and developmental disability service providers comply with best practices, documentation standards and authorized plans of care.

- 2.2 The Center will continue to refine a system of identifying and tracking Center-wide consumer and family experiences with care as well as unmet needs.

The Center has developed a new Crisis Services Satisfaction Survey, a Substance Abuse Services Satisfaction Survey, a survey for individuals with developmental disabilities and their families, and is in the process of developing a survey document for behavioral health consumers and families.

- ~~2.3 The Center will continue to measure outcomes to service delivery based on each consumer's assessed need and changes in functioning and will modify the course of treatment based on these outcomes.~~

~~*This Objective is being deleted.*~~

New Objective 2.3:

The Center will begin placing individuals on Interest/Waiting Lists for all mental health and developmental disability services. These will be monitored on a routine basis, allowing Utilization

Management staff to offer services to consumers with the greatest needs first and opening others into services at the first available opportunity.

GOAL 3: Expand service options for the Child & Adolescent population and families.

- 3.1 The Center will identify and seek opportunities to incorporate respite and crisis resolution models for the mental health population under the age of 18 years.

The Center has been able to utilize some beds at Red River Hospital for Crisis Resolution rather than having admissions to the North Texas State Hospital.

- 3.2 The Center will further develop access to substance abuse services for adolescents.

The Center is providing substance abuse services for adolescents who are currently in the Juvenile Justice Alternative Education Program, other juveniles on probation and those who have been referred by the Truancy Court. Others are able to refer juveniles as well but these services are only offered in Wichita County.

- 3.3 The Center will increase the availability and access of competent child & adolescent service providers.

Through our new tele-medicine contract, we have access to a psychiatrist who specializes in child and adolescent issues.

- 3.4 The Center will increase our service array to include psychological testing and assessment based on the individual's need and/or request.

The Center will continue to attempt to recruit individuals who are qualified to provide these services.

- 3.5. The Center will continue to look at ways to partner with the Juvenile Justice System.

We are working on a contract with the Juvenile Justice System to provide behavioral health services to those individuals involved with that system.

GOAL 4: Improve accessibility to existing services and supports.

The Center is pursuing the opening of a new mental health center in Quannah. We have upgraded our video capability to utilize tele-medicine. The records for clients with developmental disabilities are very close to becoming totally electronic. Electronic signatures have been approved which allows for faster progression of electronic health records. We are continually searching for ways to improve service accessibility.

- 4.1 The Center is committed to providing the highest standards of care in the timeliest manner possible.
- 4.2 The Center will continue to employ existing and emerging technologies to improve timely accessibility and provision of services, supports and referral information to persons throughout our region.
- 4.3 The Center will maintain current funding of Core Respite to individuals with developmental disabilities and their families.

GOAL 5: Strengthen the Center’s resource management capabilities and continue to develop collaborative community partnerships.

- 5.1 The Center will continue to strengthen the planning and evaluation process for the full array of mental health, substance abuse and developmental disability services.
- 5.2 The Center will continue to update provider information to ensure consumers and their families have a wide array of service providers and options.
- 5.3 The Center will further develop and enhance objective, data driven provider network management tools.
- 5.4 The Center will continue to enhance consumer choice in mental health and developmental disability services by developing local traditional and non-traditional external service providers.

5.6 New Objective:

The Center will begin establishing collaborative relationships and/or partnerships with local mental health providers, the Veteran's Administration, and the Criminal Justice System to enhance services for the mentally ill and the developmentally disabled population they serves.

The Center is collaborating with the independent school districts with regards to services and evaluation of individuals suspected of having Autism. They are assisting Center staff in developing the expertise needed for providing Applied Behavior Therapy. We have worked in conjunction with the Wichita Falls Museum of Art at Midwestern State University, the Priddy Foundation, the Wichita Falls Area Community Foundation, the North Texas Area United Way, National Association for the Mentally Ill, North Texas State Hospital, The Wood Group, Red River Hospital, Lilly Pharmaceuticals and Rose Street Clinic in order to bring and present the stories and photographs of Michael Nye and seminars presented by mental health experts in the North Central Texas area on current information regarding various mental illnesses. We have established community groups for survivors of suicide as well as individuals and family members of individuals with bi-polar disorder. We work with the Homeless Coalition and the Community Health Care Center to provide coordinated care. We have collaborated with Midwestern State University and other partners to establish psychiatric certification in their Nurse Practitioner Family Practice Program and have helped in making this available via distance learning.

GOAL 6. Integration of Behavioral health and Primary Health Care.

- 6.1 The Center will establish a task force of local health care providers to address the issues of integrated physical and behavioral health care.

New Goal:

GOAL 7: The Center will formalize methods for evaluating staff ability, performance, and compensation in order to ensure that each employee is sufficiently motivated and trained to handle appropriate workloads.

7.1 Strengthen leadership and management skills by organizing leadership training for mid-level management positions to prepare them for upward movement.

7.2 Formalize an initial and ongoing training process for all staff that includes standard curricula and evaluation methods.

7.3 Formally evaluate factors contributing to employee turnover/retention which may consist of

7.3.1 Salaries compared to job market and Longevity Pay

7.3.2 Health Insurance benefits

7.3.3 Job satisfaction ratings, and

7.3.4 Formal workload measures

7.3.5 Individual and Group Supervision Practices

Future Plan Review

Recognizing the need for on-going monitoring, the local plan for FY 2011-2012 will be reviewed, with formal revisions made as necessary but not fewer than two times during the two-year plan period.

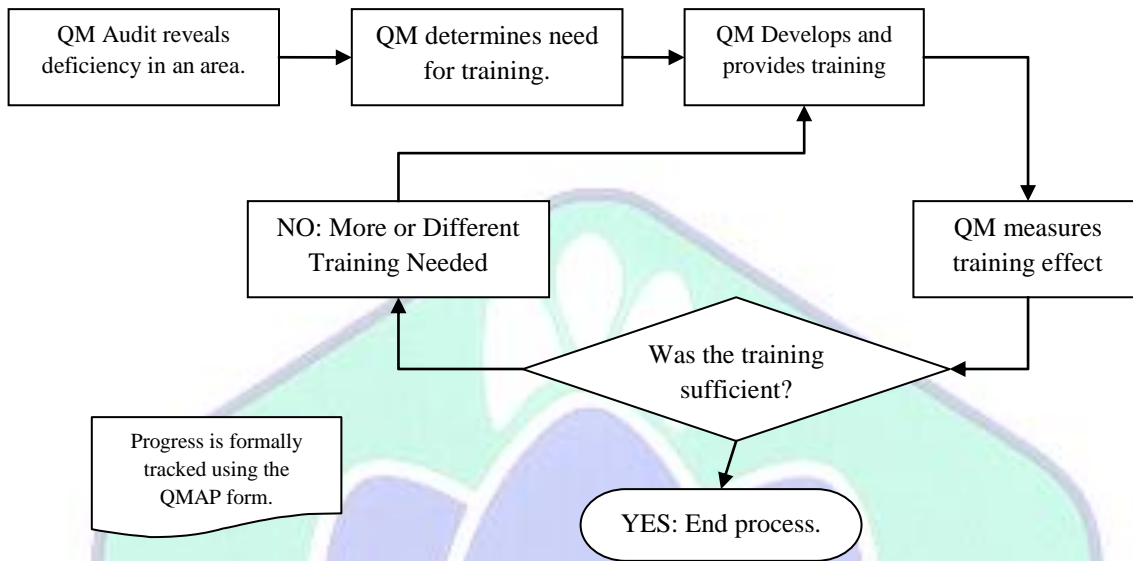
The reviews will include summary reports of plan requirements and milestones, proposals for new goals or objectives based on community needs, as well as assessments of external regulatory, administrative and fiscal factors impacting the plan and its execution. Plan reviews will fall under the general auspices of the Improvement Oversight Committee which includes all department directors as well as the first level of program management staff. Goal reviews, data collection and summary reporting will be coordinated by the Community and Consumer Support Department and the Quality Management Department.

EXTERNAL AND INTERNAL ASSESSMENTS

MONITORING OF EXTERNAL AND INTERNAL PROCESSES AND ASSESSMENTS

It is the responsibility of the Quality Management Department (QM) to measure, assess and improve the accuracy of data from across all Center departments. Continual analysis of internal processes, outcomes, and external forces provides the Center with valuable information that guides the development and redevelopment of Quality Management, service delivery systems, and business practices.

An integral component in improving service delivery and Center practice requires QM oversight in training staff in deficient areas, measuring the effectiveness of that training, and providing objective feedback to the Improvement and Oversight Committee (IOC) as well as to the Board of Trustees (BOT). The QM Department is responsible for developing and/or coordinating training curricula when it has determined there is sufficient need for staff training. The training is designed to improve the following areas defined in more detail below: Local Authority (LA) functions, services provided by the LA, service capacity and access, as well as the accuracy of data reported internally and externally. The extent to which this training has made an impact on staff behavior or business practice is evaluated through additional QM measurement/assessment after training has been provided. QM will initiate a Quality Management Action Plan (QMAP), outlining deficiencies and providing recommendations for improvement and will submit it to Program Directors to follow up and complete recommendations within 2 weeks of the noted deficiency. Program Directors will complete the QMAP indicating recommendations have been completed and will submit to QM. QM will reevaluate within 2 weeks to ensure that recommendations resulted in improvement in quality and/or meeting contractual standards. This process continues until the deficiency is corrected and should flow in the following way:



Aggregate results and progress are provided regularly to the IOC and/or BOT for oversight or further recommendations. Each of the following areas is subject to this level of review to ensure that data gathered by QM results in quality improvement and is subject to departmental oversight.

I. Measuring, Assessing, and Improving Local Authority Functions

- a. Improvement and Oversight Committee: The Improvement Oversight Committee (IOC) consists of all Program Directors and has the ongoing function during bi-monthly meetings to review outcomes across the following Center provider and authority functions:
 - i. Adult Mental Health
 - ii. Child Mental Health
 - iii. Utilization Management
 - iv. Quality Management
 - v. Mental Retardation
 - vi. Medical Records
 - vii. Finance
 - viii. Information Systems
 - ix. Clients Rights/Protection

- x. Human Resources
- xi. Medical Services

- b. This ongoing IOC review provides the planning environment to monitor progress and identify barriers and to develop strategies for improving organizational and service processes and outcomes. Monthly, quarterly, and annually, items related to QM duties, Center and services processes, and outcomes are summarized and compiled for presentation to the Board of Trustees.
- c. Improving Authority Functions: Deficiencies in any area will indicate QM follow up through the QMAP process detailed on page 11, paragraph 2.

II. Measuring, Assessing, and Improving Services Provided by the Local Authority

- a. Measurement of Symptoms/Functioning:
 - i. QM Staff will monitor MR outcomes and training objectives in the Person Directed Plan as well as functioning scores on Daily Living Assessments (DLA) as a measurement of outcomes. QM tracks whether there is reduction of symptoms/improved functioning and makes recommendations to Program Directors.
 - ii. MH outcomes are tracked through functional scores on the TRAG and are recorded in MBOW as well as through the DLA. MH outcome expectations are defined in the performance contract and QM staff may have recommendations on how programs can better meet contractual requirements. MH outcome results may indicate the need for a Fidelity Review as requested by the Department of State Health Services (see “Fidelity Review” IV, b.).
- b. Monitoring Assessed Needs and Treatment Planning
 - i. Monitoring the Mental Retardation Person Directed Plan (PDP): QM will monitor consumer needs as indicated by scores

on the Daily Living Assessment (DLA), the ICAP, and the Service Coordination Assessment. The DLA should be completed on all consumers yearly and when updating required plans that are based on assessed functional needs. QM will monitor the completion of these assessments. QM will track how the needs are addressed in the Initial and annually updated PDP's and how the interventions used correspond to the recommended service amounts recorded on the Individual Plan of Care (IPC).

1. At least 10% of PDP's per program (Texas Home Living Waiver Program, Intermediate Care Facility –Mental Retardation, Home and Community-based Services, General Revenue) are sampled each quarter and compared with DLA and IPC data as applicable.
- ii. **Monitoring the Mental Health Treatment Plan:** The Treatment Plan is based on client needs as indicated by scores on the Daily Living Assessment (DLA) and the Uniform Assessment (UA). The DLA and UA should be completed on all clients quarterly and when updating required treatment plans that are based on assessed functional needs. During internal audits, QM will track how identified needs are addressed in the Initial and subsequent treatment plans and how interventions used correspond to the recommended service amounts identified on the individual's Treatment Plan.
- c. **Provider Profiling:** The Performance Standards achieved by each provider are monitored by QM. Data regarding service package compliance, UA completion percentage, current diagnosis status, and the quantity of direct time with clients is compiled monthly. Service provision quality is reviewed by QM for each staff during regularly scheduled internal onsite audits. A 10% sample of each provider's caseload is selected for a qualitative review.

- d. Consumer Surveys: QM oversees the collection of internal satisfaction surveys as well as the collection of surveys mandated by the Department of Aging and Disability Services. Internal surveys are mailed to 100% of HCS clients and a random sample of 10% of active MR consumers in GR and ICF services. QM will monitor and evaluate survey responses to identify improvement needs in any area.
- e. Client Rights Complaints, Consumer Abuse, Neglect, and Exploitation: The Departments of Risk Management, Consumer Affairs, and Quality Management will conduct a monthly review of all documentation/data related to Client Right's complaints, allegations, and critical incidents. Quality Management enters Critical Incident data into CARE and will analyze, assess and trend data to identify needs for improvement in processes/procedure/training. The department of Consumer Affairs will provide a monthly report to the Improvement and Oversight Committee and Executive Director summarizing the review and any need for improvement in processes/procedure/training.
- f. Internal Reviews for Mental Retardation Residential Services: QM Staff review service sites yearly and complete a residential review/checklist to identify deficiencies. Correction plans are provided to service sites to remedy any deficiencies prior to an external review.
- g. Improving Services: Deficiencies in any area will indicate QM follow up through the QMAP process detailed on page 11, paragraph 2.

III. Measuring, Analyzing, and Improving Service Capacity and Access

- a. Mental Health Service Package Capacity: QM staff track service package population through Utilization Management oversight. Package capacity is a function of client count per package, minimum services required for each client in that package, and number of qualified staff available to serve clients in a given package. Other variables may affect this ratio such as geographic location and travel

requirements. QM personnel will monitor the objective performance measures noted above and make capacity decisions based on this data.

- b. **Mental Health Waiting List:** Waiting list assignment is a Utilization Management function and is ultimately monitored through the QM department. By reviewing waiting list assignments (LOC8) in MBOW monthly, QM staff will ensure that waiting list development and assignments are made according to the criteria set forth in the Utilization Management Program Manual, UM Guidelines, and local Policy and Procedures.
- c. **Screening Encounters:** QM Staff monitor the number of monthly MR screenings that occur as well as the time interval from the initial screening (when sufficient paperwork/records have been reviewed) to the next service provision to ensure that access times are within contractually required limits.
- d. **Mental Retardation Interest List:** During the course of regularly scheduled reviews of 10% of charts, QM staff will review the Explanation of Services and Support Form and the Identification of Preferences form and associated screening progress notes to verify screening quality (that consumers were provided options verified by signature). QM will verify through the screening progress notes that consumers who chose the HCS program were then added to the Interest List. CARE reports show clients on the Interest List. QM staff will confirm list status monthly through monitoring Service Activity Codes associated with Interest List activity through CMHC. The CMHC report will show who needs to be contacted yearly in order to confirm interest and identify any issues/needs.
- e. **Mental Retardation Waiver Enrollments:** QM staff will monitor enrollments into the HCS and TxHmL programs, ensuring that consumers are placed at the frequencies designated in the MR Performance Contract Attachment K (page K-1). Placement is monitored weekly by referencing CARE reports that are submitted to the MRA monthly through Department of Aging and Disabilities

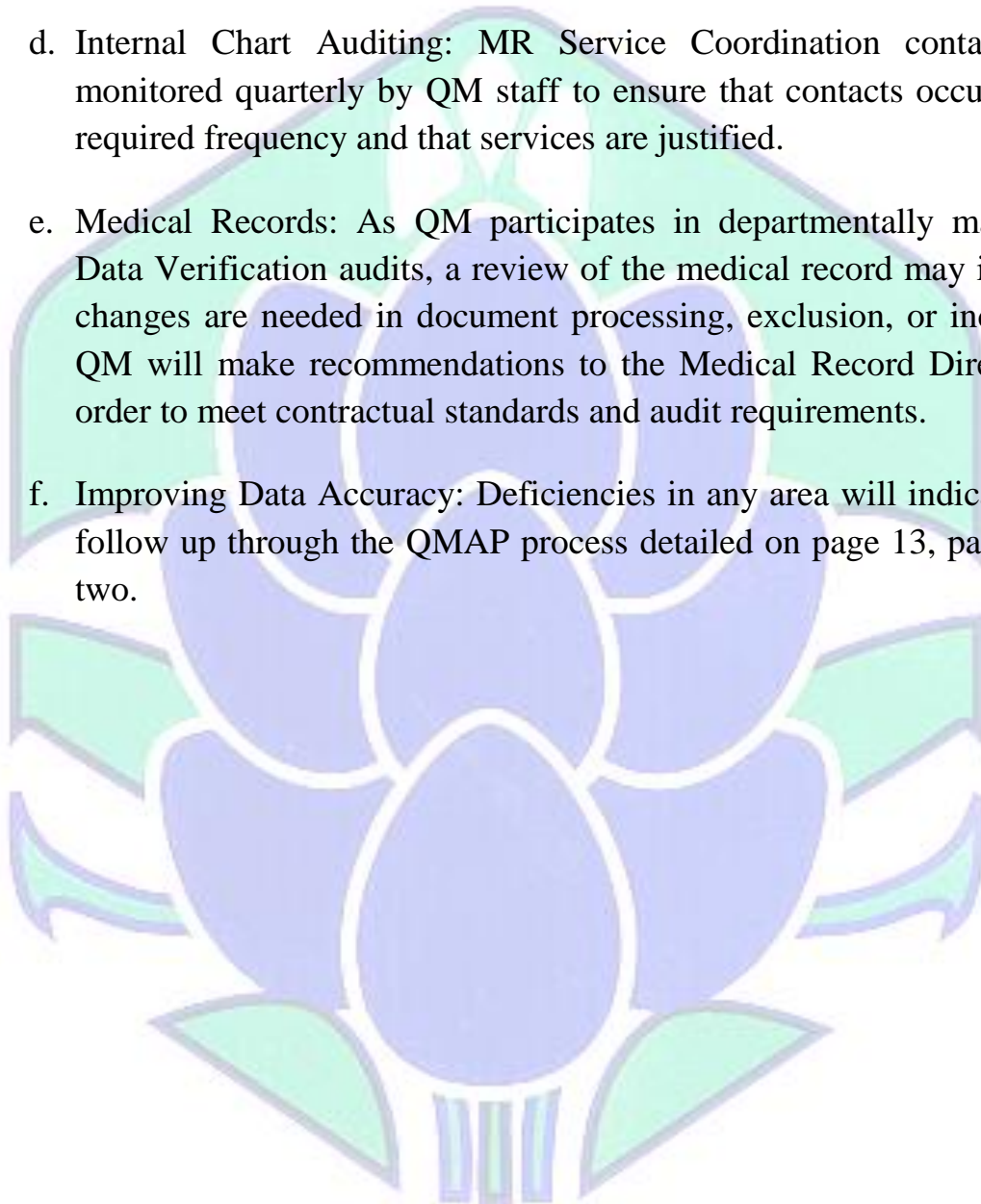
Services (DADS) as well as through official notification letters sent from state facilities when an individual is discharged.

- f. **Permanency Planning:** Service codes associated with Permanency Planning are monitored by QM staff to ensure individuals are contacted initially and at least every 6 months. CARE reports that indicate this contact are also referenced to confirm that required contacts are being made.
- g. **MR Caseload:** The number of active MR consumers are monitored and reported to the Board of Trustees each quarter as well as the number served through service coordination. Workload measure reports are run monthly by QM and distributed to directors/managers who need the information.

IV. Measuring, Assessing, and Improving Accuracy of Reported Data

- a. **Data Verification:** QM Staff participate in required DVC activities scheduled in the Performance Contract including self audits, submitting self audit results and supporting documentation for desk reviews, and participating in DADS or Department of State Health Services (DSHS) on-site reviews. Based on review findings, QM personnel initiate the QMAP process internally and also develop Plans of Correction addressing any issues. Plans of Correction are submitted to DADS and DSHS for approval according to the Performance Contract.
- b. **Resiliency and Disease Management (RDM) Fidelity Review:** QM staff will oversee the fidelity self-assessment process with the provider staff (Program Supervisors or Managers) and will utilize data results to guide future program development in order to ensure adherence to evidence-based practices. Fidelity reviews are completed at the frequency indicated by DSHS and completed by the established deadline.

- c. TIMA Auditing: QM personnel, in conjunction with the Center Medical Director, evaluate the use of Texas Implementation of Medication Algorithms (TIMA) through conducting audits if requested by DSHS. Audit results indicate whether medical staff use mandated forms and if TIMA prescribing practices are in place.
- d. Internal Chart Auditing: MR Service Coordination contacts are monitored quarterly by QM staff to ensure that contacts occur at the required frequency and that services are justified.
- e. Medical Records: As QM participates in departmentally mandated Data Verification audits, a review of the medical record may indicate changes are needed in document processing, exclusion, or inclusion. QM will make recommendations to the Medical Record Director in order to meet contractual standards and audit requirements.
- f. Improving Data Accuracy: Deficiencies in any area will indicate QM follow up through the QMAP process detailed on page 13, paragraph two.



ASSESSMENT OF EXTERNAL FORCES, INTERNAL PROCESS AND OUTCOMES

Our system of public behavioral health and developmental disability care continues to be impacted by major changes occurring on the federal, state and local levels. The on-going restructuring of funding sources such as Medicaid and Medicaid Waivers, CHIP (Children's Health Insurance Program), and state general revenue continues to present challenges to ensuring stability of basic services and supports. Additionally, Health Care Reform, as it is implemented over the next several years, will change the dynamics and structure of service delivery and funding for services to these vulnerable populations. We will need to pay attention to the impact of efforts around integration of behavioral health and physical health, along with movement towards electronic medical records, personal health records, and electronic data exchange of health information. Finally, the FY 2012 and 2013 budget outlook for the State of Texas suggests an \$18 billion shortfall in revenues. Consequently, general revenue and Medicaid reimbursement rates are all being considered for possible cuts in order to balance the shortfall.

The ever changing vision of how public behavioral health and developmental disability services are to be structured guides us toward a process that should be more inclusive of, and responsive to, local community needs. However, as resources and funding change and demand for services increases, it will become more and more of a challenge to meet local service needs.

Regional demographic and political trends outlined below promise to play major roles in service development and delivery:

Growth and Distribution

The Helen Farabee Regional MHMR Centers continue to provide access to community based treatment and support to persons with severe, persistent forms of mental illness and/or mental retardation or related developmental disabilities to the 310,049 individuals who live within a 16,705 square mile, 19 county service area located in north central Texas. According to the National Center for Frontier Communities, 15 counties of the 19 counties in our catchment area are listed as

“Frontier Counties” based on information from the 2000 Census Bureau. The 2000 Census data also indicates a modest growth rate for the Center’s 19-county service area. Wichita County remains the most urban and densely populated of the counties, representing nearly 43% of our total population base. Wise County has experienced the most dramatic increase in population, representing 16% of the Center’s total population base. Given its proximity to the Dallas – Fort Worth metroplex, this population growth is expected to continue in the future and will have a major impact on plans for rural service development.

Ethnicity

With one exception, the mix of ethnicities served by the Center matched the overall ethnicity rates reported by the 2000 Census Bureau data for our service territory.

Local Funding

As a result of declining population in many of the counties served by the Center, the tax base is smaller. This, along with economic recession and agricultural problems (crop quarantines, drought, and higher fuel prices) is likely to have a negative impact on tax revenues. These economic factors, declining population in many areas, the possible reduction in funding levels, as well as the need to assure that all service sites, regardless of size, meet local, state and federal requirements for safety, accessibility and privacy (HIPPA), and have forced local sponsors to rethink their ability to sustain the local match necessary to maintain the current array of service sites in their areas. We have consolidated several rural sites and will continue to view this as a possible need in the course of this planning cycle. Those counties with oil and gas reserves and relatively stable property taxes are less likely to cut local matching funds. Unfortunately, local funds contributed by cities are at risk due to lower sales tax revenues. Potential State Budget shortfalls and related cuts are likely reasons for local Sponsoring Entities to consider reducing their match due to the perceived loss of economic impact, reduced services, and the belief that the State is pushing more unfunded mandates at the local level.

Restructuring of State General Revenue Funding

Transition from a grant-in-aid funding to a fee-for-service/managed care environment has caused a major shift in focus for clinical and administrative functions. As benefits packages were implemented in the fee-for-service environment, the resulting restricted service options have impacted advocates, consumers/families and community stakeholders who have been accustomed to greater access to care.

SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis

The SWOT Analysis was utilized to gain insight into the community's perception of the Center. The survey was sent by electronic or conventional mail to all Center employees, the Board of Trustees (02-04-10), the PNAC (10-20-09 and 02-16-10), Focus groups (11-13-09), County and City officials, consumers and family members. The survey was also included on the Center's website. Eighty-six (86) responses were received and the results are below:

SWOT ANALYSIS

Index	Response
Strengths:	With almost unanimous response, the main strength lies in the dedicated, knowledgeable staff and the services provided.
Weaknesses:	Responses indicated the lack of funding to be the greatest weakness. There were also numerous requests for Substance Abuse Services in the other 18 counties we serve.
Opportunities:	Partnering with community entities and public education were the leading opportunities presented to the Center at this time.
Threats:	Like the Weaknesses, the majority of responses included lack of funding along with government and legislation and public education and services in areas such as substance abuse.

LOCAL AUTHORITY ASSESSMENT COMPONENTS

HISTORY AND ORGANIZATIONAL OVERVIEW

The Mental Health Mental Retardation Center of Wichita County (MHMRC-WC) was established in September, 1969 through an agreement between Wichita County, the City of Wichita Falls, and the Wichita Falls Independent School District. The school district withdrew their sponsorship in 1974 and the Center was restructured, becoming the Wichita Falls Community Mental Health Mental Retardation Center (WFCMHMRC). The city and county remained as local sponsors. In 1992, the Board of Trustees voted to change the operational name of the agency to “The Helen Farabee Center.”

In September 1996, the Texas Department of Mental Health and Mental Retardation (TDMHMR) created Rolling Plains State-Operated Community Services (RPSOCS) by consolidating existing mental health and mental retardation outreach services in the following North Texas counties: Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Shakelford, Stephens, Stonewall, Throckmorton, Wilbarger, Wise and Young. RPSOCS established their administrative headquarters in Graham, Texas in Young County in 1997.

Through a series of meetings held between July and September 1997, representatives from the City of Wichita Falls, Wichita County and the 19 counties served by RPSOCS reached agreement to consolidate services into a single, regional Center. (Shakelford County sought and gained consolidation with Abilene Regional MHMR Center.) In December 1997, the Board of TDMHMR approved this plan for consolidation, to become effective September 1, 1998, thus paving the way for the 20-county center known as Helen Farabee Regional MHMR Centers (Center). In March 2002, Stephens County also made the decision to move their services to Abilene Regional MHMR Center – Betty Hardwick Center thus reducing the Center to a 19 county service area.

The Center is governed by a nine member volunteer Board of Trustees who is appointed for two year terms by the Center’s sponsors as defined above. Representation comes from across the Center’s service region, and local sponsors make every attempt to maintain a Board that represents a wide ethnic, age and socio-economic base. Board meetings are conducted in different communities, allowing residents throughout our 19 county service area the opportunity to meet and address the Board with their concerns and suggestions for improved services.

CURRENT BOARD MEMBERSHIP

MEMBER	APPOINTED BY
Bill Coombs, Vice Chair	Archer, Clay and Montague Counties
Shelly Owens	Jack and Wise Counties
Ken Andrews, Chair	Throckmorton and Young Counties
Bobby Smith	Baylor, Haskell and Knox Counties
Billye Ruth White	Cottle, Dickens, King and Stonewall Counties
Kay Ainsworth	Childress, Foard, Hardeman and Wilbarger Counties
Sue Nunn, Secretary	Wichita County
Robert Clement	City of Wichita Falls
Sara Rugeley	City of Wichita Falls

POPULATION SERVED

For FY 2009 the Center had provided access to services and supports to 7,032 individuals in the populations defined below:

Adults with Mental Illness	5,254
Children and Adolescents with Mental Illness	985
Adults with Substance Abuse (<i>Wichita County only</i>)	172
Adolescents with Substance Abuse (<i>Wichita County only</i>)	137
All ages with Mental Retardation	784

Our Crisis Hotline Service received 6,195 calls with 2,364 individuals receiving Crisis Services. We served 968 individuals in the Crisis Respite Unit, utilized a contract with Red River Hospital to serve 40 individuals and made 238 admissions to the North Texas State Hospital.

PRIORITY POPULATION DEFINITIONS

Mental Health Priority Population

- Adults who have severe and persistent mental illness such as schizophrenia, major depression, bipolar disorder or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.
- Children and adolescents under the age of 18 who have a diagnosis of mental illness or who exhibit severe emotional or social disabilities which are life-threatening or require prolonged intervention.

Mental Retardation Priority Population

Those individuals who meet one or more of the following criteria:

- Have mental retardation as described in THSC §591.003. Significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.
- Have a pervasive developmental disorder. A severe and pervasive impairment in the developmental areas of reciprocal social interaction skills or communication skills, or the presence of stereotyped behaviors, interests and activities manifested during the developmental period.
- Have a related condition and be eligible for services in a Medicaid program operated by the Center.
- A nursing facility resident, who is eligible for specialized services for mental retardation or a related condition.
- A child who is eligible for early childhood intervention services.

Secondary Population Served

- Persons with behavioral health issues not in the Texas State Health Services priority population may receive services through the Employee Assistance

Program contract with Grassland National Park in Wise County or through full fee payment arrangements, including third party payers.

- In Wichita County only, adults and adolescents may receive outpatient Substance Abuse Services that includes individual and group counseling, drug testing, and case management for Truancy Court. We also work in conjunction with Adult Probation and Parole for individuals with substance abuse issues.
- Veterans Support Services around Behavioral Health issues. Specialized Counseling for Veterans with Post Traumatic Stress Disorder.
- Disaster Mental Health Services and Critical Incidence Stress Management as needed.

SERVICES AND SUPPORTS

There are nine mental health centers throughout the entire 19 counties:

Childress County Mental Health Center, 8150 US Hwy. 287, Childress, Texas 79201

Hardeman/Foard County Mental Health Center, 510 King St., Quanah, Texas 79252

Headstream Memorial Mental Health Center, 1201 N. 1st St., Haskell, Texas 79521

Montague County Mental Health Center, 605 Decatur, Bowie, Texas 76230

Seymour-Baylor-Throckmorton Mental Health Center, 301 N. Washington, Seymour, Texas 76380

Wichita-Archer-Clay Mental Health Center, 500 Broad St., Wichita Falls, Texas 76301

Wilbarger Mental Health Center, 2500 Wilbarger, Vernon, Texas 76384

Wise County Mental Health Center, 407 Park West Court, Decatur, Texas 76234

Young County Mental Health Center, 1702 4th St., Graham, Texas 76450

Mental Health

Mental Health services are available through nine mental health centers in the 19 county area. Administrative headquarters for mental health services is located within the clinical service location in Wichita Falls at 500 Broad Street.

Director of Mental Health Services: Lynn D. Hartje M.S., LPC
(940) 397-3313

The following services are accessible at each of the sites listed above unless otherwise indicated:

- 24-Hour Emergency (Crisis) Services (Staffed by on-call professionals and available through 1-800-621-8504)
- Non-Crisis Assessment Services (Centralized intake, linked to outlying areas via telecommunication equipment.)
- Crisis Resolution Unit (Contracted through the Woods Living Center. Although this unit is located in Wichita Falls, it is accessible to the entire 19-county service area.)
- Medication Related Services (provided either face-to-face or via telemedicine)
- Community Support Services
- Service Coordination
- Psychiatric Rehabilitation Services (Internal and External Contracted through the Woods Living Center.)
- Hospital Liaison Services
- Court Liaison Services
- Respite Services
- Supported Employment Services
- Child and Adolescent Services

Mental Retardation

Mental Retardation services are available throughout the nineteen county area and are available for Waiver and General Revenue consumers. Administrative headquarters for mental retardation services is located at 1720 Fourth Street, Graham, TX.

Director of Mental Retardation Services: Rose Wilson, LMSW
(940) 550-0153

The following services are Available:

- Intake, Assessment and Referral (IAR) Services
- Service Coordination
- Vocational Services
- Supported Employment Services
- Supported Home Living
- Habilitation Services (Internal and external providers)
- Continuity of Care
- In-Home and Family Support
- Respite Services
- Residential Services
- Contracts for special needs as indicated for Waiver program recipients

Substance Abuse Services

Substance Abuse Services are currently available only in Wichita County for adults and adolescents. Administrative headquarters are located at 500 Broad Street, Wichita Falls, Texas.

Director of Substance Abuse Services - Marica Thomas, LVN, LCDC, ADC-III, CPS
(940) 397-3379

- Assessments
- Individual and group counseling (day and evening sessions/classes are available)
- Drug testing
- Adult Probation and Parole

INTERAGENCY COLLABORATION

The Center currently provides mental health and mental retardation training to:

- Wichita Falls Police Academy
- Midwestern State University student placement
- Focus groups (APS, CPS, Law enforcement, local hospitals, and schools)
- Psychological evaluation of law enforcement applicants

The Center partners with:

- ARC
- 211 - Area Information Center
- Community Resource Coordination Group (CRCG)
- Focus groups (as listed above)
- Independent School Districts
- NAMI
- North Texas State Hospital
- United Way
- Wichita Falls Community Healthcare Center
- Faith Mission and other Faith Based Groups
- Private Behavioral Health and Developmental Disability Providers
- Law Enforcement and Probation
- Veteran’s Groups

RESOURCE DEVELOPMENT AND ALLOCATION

Funding for the Center comes from three primary sources: Medicaid earned revenue, general revenue funds from the Department of State Health Services and Department of Aging and Disability Services, and funds from local sponsoring agencies. With the budget shortfall in the state this biennium, the Center is faced with providing services to the same number of individuals with less money than in the past. We do remain committed to ongoing refinement of all business and clinical practices to ensure maximum utilization of existing funds and engage in activities to increase the number and diversity of resources and funding sources. First priority for allocation of dollars is maintaining the scope and quality of essential and core services for priority population service recipients of the Center service area.

DIVISION	BUDGET FY 2010	PROPOSED FY 2011
Adult Mental Health	\$7,100,000	\$7,000,000
Children’s Mental Health	\$1,600,000	\$1,600,000
Substance Abuse Services <i>Wichita County only</i>	\$ 200,000	\$ 200,000
Mental Retardation	\$3,900,000	\$4,000,000

The Center has a total budget for FY 2010-2011 of 15,000,000.

COMMUNITY NEEDS AND PRIORITIES

Based on a survey of consumers, consumer families, service providers and stakeholders that was conducted in FY 2010, the following was indicated:

- **Adult Mental Health Priorities:**
 - Additional Counseling
 - Rehabilitation Services
 - Expanded Crisis Services
 - Staff Retention
- **Children's Mental Health Priorities:**
 - Respite
 - In-Home and Family Support
 - Testing
- **Mental Retardation Priorities:**
 - Expanded employment opportunities
 - Respite
 - Expanded in-home training
 - Day programming

These surveys were administered through the use of direct mail, person to person, internet, the Center's website and focus groups.

IDENTIFIED COLLABORATION WITH STATE FACILITIES

- Joint Center and North Texas State Hospital (NTSH) Medical Director
- Continuity of Care staff works with state facilities for community placement
- Ongoing discussion and work around the NTSH MOU and utilization management activities
- Shared Training Opportunities with NTSH
- Joint recruiting initiative for physician replacements with NTSH
- Job share with physicians at NTSH
- Joint community education efforts with NTSH

IDENTIFIED NEEDS FROM STATE FACILITIES

- Acute stabilization for children and adolescents in the state hospital
- Acute stabilization for adults in the state hospital
- Long-term state school placement for individuals who are too severe or behaviorally inappropriate for successful community placement
- Access to specialized practitioners at state facilities.

