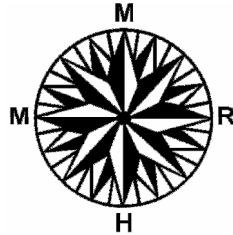
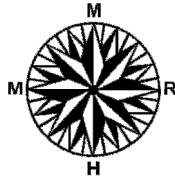


**MENTAL HEALTH MENTAL RETARDATION  
SERVICES OF TEXOMA**



**LOCAL SERVICE AREA PLAN 2006 – 2007**

# I. VISION, MISSION, VALUE STATEMENTS, GOALS AND OBJECTIVES



## INTRODUCTION

Since 1974 when Mental Health and Mental Retardation Services of Texoma (MHMR Services of Texoma or the center) was first designated as a community mental health and mental retardation center, it has been committed to providing meaningful services and supports to individuals and families with mental and developmental disabilities within the Texoma region. As a publicly funded system, significant legislative, political, and societal changes have necessitated that the center adapt to many challenges which have required doing more with less and doing things more efficiently.

***While the center's organizational structure and service delivery system have changed, the center's commitment to individuals and families has not wavered.***

Environmental influences - such as the maturity of organized and vocal advocacy groups, tax payer resistance to unaccountable human service systems, state legislative mandates, and perceived benefits of private sector management of public funds - have shaped a community center that no longer views itself as a mutually exclusive and unquestioned guardian of public trust. Rather, the center's self image has evolved to that of a public entity responsible for understanding the needs and interests of a broad spectrum of community stakeholders who are concerned about the support and advancement of persons with mental and developmental disabilities.

***The Local Service Area Plan*** is a broad document encompassing numerous components that include the center's Local Plan, Jail and Detention Diversion Plan, Quality Management Plan, and Provider of Last Resort Plan. The latter three are included here as attachments. The purpose of this document is to meet State requirements through the submission of its required components, and also to present a clear depiction of the purpose, direction, planning processes, external and internal forces, and considerations that guide MHMR Services of Texoma.

Vision, mission, and values provide the framework for local service planning and subsequent development of broad goals and objectives. Collectively, vision – mission -- values—strategic goals and objectives—reflect the direction of the center, based on identified needs of the service area. In this sense, they are thought to be “Strategic Elements of the Local Plan.”

## MHMR SERVICES OF TEXOMA VISION STATEMENT

MHMR Services of Texoma envisions itself as an integral part of a community-based system of providers who are committed to eliminating stigma and effectively managing services that enhance independence, dignity, and opportunities for exercising personal choice.

### ***To achieve this vision, the center is committed to:***

- engaging in individual treatment planning, coordination, and management of services and activities that demonstrate regard for choice while improving levels of functioning;
- promoting a network of providers that demonstrate good cost management while providing effective service outcomes;
- providing community education that focuses on eliminating stigma and promoting the capabilities of persons with mental and developmental disabilities;
- promoting satisfying lifestyles for persons served;
- promoting maximum wellness;
- promoting awareness of the disabling effects of mental and developmental disabilities;
- assuring services are delivered in environments that appreciate ethnic and personal diversity.

## MISSION STATEMENT

The mission of the center is to provide and promote the accessibility of services that improve quality of life and support self-determination for persons with mental and developmental disabilities.

## VALUE STATEMENTS

**Individual Worth** - We affirm that the individuals we serve share with us common human needs, rights, desires and strengths. We celebrate our cultural diversity and individual uniqueness.

**Quality** - We believe in the provision of quality services.

**Integrity**- We pledge our professional integrity as the basis to optimize and enhance service delivery and revenue sources.

**Dedication** - We take pride in our commitment to serve the public and to advocate for the people we serve.

**Innovation** - We are committed to developing staff support systems which provide an effectively trained work force and reward productivity and performance excellence.

**Teamwork** - We believe that our responsibilities are best defined by partnerships with consumers, family members and service providers working in teams.

**Uniqueness** - We recognize that we are a flexible organization, not in an exclusive contract arrangement, and we will expand services to meet identified community needs.

## GOALS AND OBJECTIVES

The strategic goals of Mental Health Mental Retardation Services of Texoma (MHMRST) provide prioritized direction for the center. The goals are not intended to specify a time frame for complete attainment, but provide the backbone for more quantifiable objectives that should lead to observable change over a two-year period. The goals and objectives in this document lead to more specific objectives in the Operational Plan that identify even more specific intended accomplishments within a fiscal year. As will be elaborated upon in the Planning Process section, these goals and objectives were developed by the MHMRST Leadership Team and were reviewed by the Planning and Network Advisory Committee who recommended them to the Board of Trustees for review and approval. They reflect a variety of internal and external factors, including public input and perceived needs. The following are the prioritized strategic goals and objectives for the center during the FY 2006-2007 planning cycle.

**Goal 1.** Assure that center planning processes for services consider needs and preferences expressed by persons served, other interested citizens and internal review processes.

### Objectives

- 1.1 Assess service needs as perceived by people served, advocates/family members, local officials and other stakeholders.
- 1.2 Use the Planning and Network Advisory Committee to review center plans and make recommendations to the Board of Trustees.
- 1.3 Solicit general community input regarding the center's Local Plan.
- 1.4 Use quality assurance and utilization review processes to improve quality of services.
- 1.5 Develop the MHMRST strategic plan based on acquired information.

**Goal 2.** Manage business practices in a manner to function as a Mental Health and Mental Retardation Authority that assures center solvency, promotes efficiency/effectiveness, creates accountability, and meets the needs of people.

### Objectives

- 2.1 Assure that policies and operating procedures enhance training, give guidance for staff, and provide clarity regarding center operations.
- 2.2 Operate service and support systems in physical facilities that allow effective coordination of services, present a positive community image, and demonstrate a high regard for economic value.
- 2.3 Utilize information that promotes data driven management decisions.

**Goal 3.** Provide an array of services that result in the best possible combination of cost and quality.

**Objectives**

- 3.1 Provide services that are efficient, compliant with the State Performance Contract, consistent with Resiliency and Disease Management (RDM) guidelines, and incorporate best practices.
- 3.2 Identify costs of all services.

**Goal 4.** Manage human resources in a manner that provides an effectively trained work force, encourages contributions to service improvement, and rewards productivity/good performance.

**Objectives**

- 4.1 Develop a system of rewards for employees with exceptional performance.
- 4.2 Ensure that employees receive training that meets standards.
- 4.3 Develop a staff recruiting and retention plan.

**Goal 5.** Promote the value of the people served and enhance the center's community image.

**Objectives**

- 5.1 Promote the center's positive visibility in the community
- 5.2 Provide community education that reduces stigma for people served and creates support for their needs.
- 5.3 Enhance communications and professional relationships with identified customers.

**Goal 6.** Expand the center's array of services consistent with recognized needs and new opportunities.

**Objectives**

- 6.1 Consider and recommend to the Board of Trustees additional services (and not necessarily priority population) that can be adequately funded.
- 6.2 Collaborate with other complementary community entities.

## II. DESCRIPTION OF POPULATIONS SERVED

### PRIORITY POPULATIONS

MHMR Services of Texoma serves those groups who are identified as priority population in the Community Mental Health and Mental Retardation Center Performance Contract for Fiscal Year 2006. Priority population refers to persons who have been designated to be most in need of services and who meet certain diagnostic criteria to be eligible for those services that are funded through General Revenue funds allocated to the center by the State. The consolidation from 24 to four state agencies brought about by the passage of House Bill 2292 placed community centers under three of the four state agencies. Centers contract with the Department of State Health Services (DSHS) for mental health services, with the Department of Aging and Disability Services (DADS) for mental retardation services, and with Department of Assistive and Rehabilitation Services for Early Childhood Intervention Services.

### Adult Mental Health Priority and Target Populations

The priority population for mental health services consists of: adults who have severe and persistent mental illnesses 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.

With the implementation of Resiliency and Disease Management (RDM), the State narrowed the scope of mental health services to focus on a target population. The target population consists only of adults who have a diagnosis of schizophrenia, bipolar disorder and severe major depression.

An individual is eligible for service as determined by the recommended level of care derived from the uniform assessment. Eligibility for persons whose diagnosis is Major Depression are required to have a GAF of 50 or below at intake only. Changes in their GAF scores after eligibility do not make them ineligible.

**The DSM** is the standard classification of mental disorders used by mental health professionals in the United States. The DSM consists of three major components: the diagnostic classification, the diagnostic criteria indicating symptoms and duration, and the descriptive text describing each disorder. This multiaxial approach to diagnosis consists of five Axes that look at different aspects of a person's functioning, intended to give a more complete, balanced view of the person.

**The GAF** is a scale intended to represent the continuum of mental health to mental illness. The score represents the clinician's opinion of the person's overall functioning in psychological and social/occupational areas. The GAF provides a basis for service authorizations and outcome measurements by helping service providers to understand an individual's current level of functioning.

The center provides adult mental health services for individuals residing in Cooke, Fannin, or Grayson counties. In targeting services, the choice of and admission to services is determined jointly by the individual seeking service and the center. Criteria

used to make these determinations are the level of functioning of the person, the need of the individual, and the availability of resources.

### **Child Mental Health Priority Population**

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The priority population for children's mental health services consists of children ages 3 through 17 who have a diagnosis of mental illness and exhibit serious emotional, behavioral, or mental disorders and who:

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

In determining services and supports to be provided to the child and family, the choice of and admission to services and supports are determined jointly by the child and family and the center. Criteria used to make these determinations are from the clinical interview, the CA—TRAG assessment, the unmet needs of the child and the availability of resources. MHMR Services of Texoma provides mental health services for children/families who live in Cooke, Fannin, and Grayson counties.

### **Mental Retardation Priority Population**

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The DADS priority population for mental retardation services consists of individuals who meet one or more of the following descriptions:

- persons with mental retardation, as defined by the Texas Health and Safety Code Section 592.003;
- persons with pervasive developmental disorders, as defined in the current edition of the DSM, including autism;
- persons with related conditions who are eligible for services in Medicaid programs operated by DADS, including the ICF/MR and waiver programs;
- nursing facility residents who are eligible for specialized services for mental retardation or a related condition pursuant to Section 1919(e)(7) of the Social Security Act; or
- children, from birth through age three, who are eligible for services from the Early Childhood Intervention Interagency Council.

Determinations of mental retardation, pervasive developmental disorders, and related conditions are made through use of assessments and evaluations performed by qualified professionals. A member of the mental retardation priority population may not be eligible to receive all mental retardation services funded by DADS. Admission to mental retardation services is based on an individual's need and eligibility for a particular service, in accordance with DADS rules and policy. The center provides mental retardation services for children ages 3 through 17 and adults who reside in Cooke, Fannin, or Grayson counties. Early Childhood Intervention (ECI) services are provided to eligible children who reside in Cooke, Fannin, Grayson, Cooper, Lamar, or Delta counties.

### **III. DESCRIPTION OF SERVICES AND SUPPORTS**

With the exception of ECI services, MHMR Services of Texoma has focused its attention and financial resources on serving the State identified priority and target populations. Recent community input through public forums held in April 2005 and frequent formal and informal interaction with many stakeholder groups suggest that many individuals needing services fall outside the priority/target population, especially those needing mental health services. Information confirms that both priority and non-priority service needs will necessitate future collaborative initiatives among community stakeholders.

The center's current contract services are limited to part-time psychiatric services, local in-patient hospitalization, laboratory services, pharmacy services, and specialized therapy services, center-wide interpreter services for the hearing impaired, and interpreter services for Spanish speaking consumers.

The following section presents broad overview of the center's services.

*A description and listing of FY2006 services and contracts is provided under Appendix A.*

#### **Mental Health Services**

Legislative initiatives have effected significant changes in the delivery of mental health services. The Resiliency and Disease Management (RDM) model, as enacted by House Bill 2292, drives mental health services. RDM is a managed care approach that authorizes paid units of services based on each individual's diagnosis and level of functioning. Philosophically, RDM is based on the concept of recovery. Recovery can be described as a way of living a satisfying, hopeful, and contributing life even with the limitations caused by mental illness.

Resiliency refers to the child and adolescent component. It is a system in which services and supports facilitate the abilities of children, adolescents, and families to learn, cope, change, and thrive. Disease Management is the term used for healthcare delivery for adults. The Disease Management model builds on current strengths of the individual, teaches skills to help reach "real life" goals, promotes recovery within the limitation of disease through encouraging independence, and focuses on community integration.

##### **Basic Disease Management Principles**

- Treatment based on specific diagnosis and level of need.
- A system of service delivery based on progression of recovery.
- A system of services reflecting level of need matched with clinically appropriate resources. Structured to progress from more intense levels of service to less intense with eventual graduation.
- Service delivery that is designed to reduce psychiatric hospitalization, reduce substance abuse, and encourage jail diversion.
- Services reflect right treatment for appropriate length of time, and delivered in the appropriate setting.
- Individualized services based on a set of practice guidelines.

While the center whole-heartedly supports and applauds the philosophical premise of RDM, the actual implementation of RDM during this past year has been challenging. Given the center's limited resources, it has been difficult to maintain the adequate number of staff necessary to provide all the services required. Service capacity limits have resulted in waiting lists. Some consumers have experienced difficulty adjusting in that they may not want all of the services that are required for their particular service package, or they may want services for which they are ineligible.

## **Mental Retardation Services**

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The center's mental retardation services have experienced little growth since the early 1990's. The lack of growth is attributed to: the elimination of additional Intermediate Care Facilities funding, lack of additional General Revenue funding, and a 1995 privatization related declaration by the Texas Department of Mental Health and Mental Retardation Commissioner that no new Home and Community Based funding could be provided to community centers. In contrast to changes in mental health service delivery, mental retardation services remain relatively stable. The biggest change during the past seven or eight years has been the shift away from the sheltered workshop to a more structured site-based habilitation program designed to foster independent living skills and the utilization of community resources.

## **Substance Abuse Services**

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As a sub-contractor with Tarrant County MHMR, the center now offers outpatient substance abuse services via a grant from the Texas Commission on Alcohol and Drug Abuse (TCADA). Assessment, individual and group counseling are provided to individuals with a substance abuse diagnosis, whether or not they have a mental illness.

## **Early Childhood Intervention Services**

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EI services are provided in Cooke, Fannin, Grayson, Lamar, Delta, and Hopkins Counties. EI supports families through education and family services to help their children, ages birth to three with disabilities or delays in their development, reach their potential. Families may qualify for a range of services under the EI program.

## IV. PLANNING PROCESSES

MHMR Services of Texoma acknowledges that planning must be an ongoing process of identifying and evaluating local service needs, understanding ever-changing external and internal forces, prioritizing needs and establishing strategies based on State requirements, and available resources. Planning must include the allocation of resources, establishment and implementation of goals and objectives, and the establishment and evaluation of outcomes.

In contrast to past years when center decisions were made primarily by program managers and endorsed by the Board of Trustees, the planning process is now much more inclusive. Many staff teams are integral to the center's planning process. Most important, the center now actively solicits and incorporates opinions and information from a broad spectrum of stakeholder groups who have an interest in the welfare of persons served by the center. Stakeholders represent consumers, family members, advocacy groups, local government officials, law enforcement, other service organization representatives, interested citizens and community groups, including churches and schools.

### Overview of Planning Components

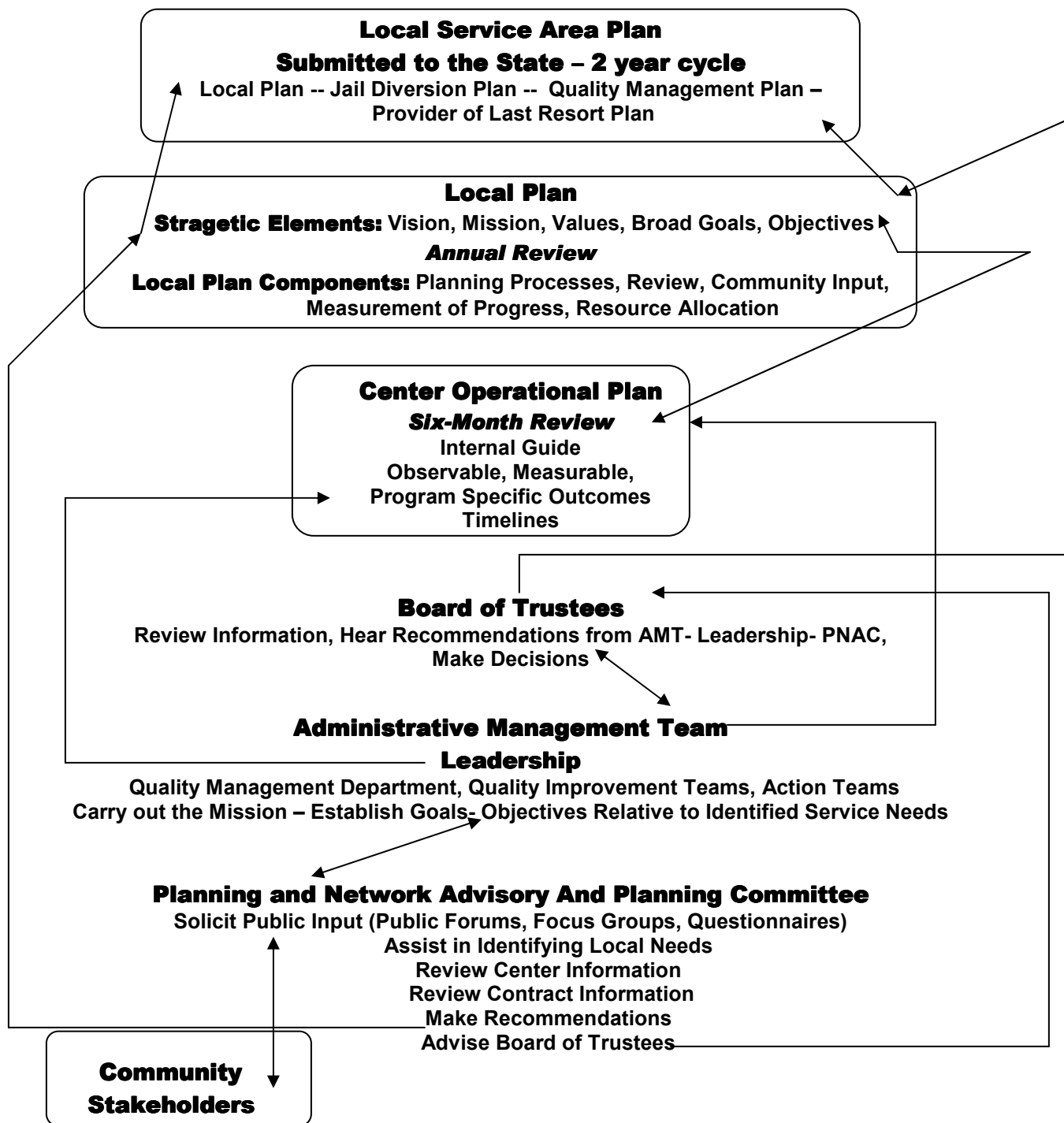
Since the planning process is essentially broad and incorporates numerous distinct pieces, it is helpful to initially identify four components of the center's planning process and then to elaborate as needed later in this document. These components are indicative of the center's efforts to carry out its mission while ensuring that local service area planning processes produce outcomes that are cost efficient, clinically effective, and represent the interests and needs of the community and persons served

- **Information:** Having an organized methodology for acquiring information related to perceived needs and interests of stakeholders, satisfaction or dissatisfaction with center services, legislative initiatives and State requirements is vital in the planning process and is carried out in a variety of ways. The center utilizes data managed technological systems, surveys, questionnaires, community forums, designated staff teams and committees, community collaborative meetings, networking with other social service agencies, collaboration with other community MHMR centers and regional coalitions to gather information.
- **Key Decision Makers:** Designated staff and groups who can clarify the center's purpose and assist with planning activities that are based on stakeholder input, acquired information, and contractual State requirements are needed to implement the center's ongoing planning process and to provide program specificity. These decision-making groups include the MHMRST Administrative Management Team (AMT), Leadership Team, Mental Health Action Team, Mental Retardation Quality Improvement Team, Planning and Network Advisory Committee (PNAC), and Board of Trustees.

- **Local Area Service Plan:** The culmination of the planning process is this written document. The broad Local Area Service Plan that is submitted to the State every two years or as required includes the Local Plan (LP), the Jail and Detention Diversion Plan, the Provider of Last Resort Plan, and the Quality Management Plan. The MHMRST Local Plan defines broad goals and objectives that drive center activities and services, describes planning processes and intended directions for the center. The LP is the basis for the center's Operational Plan that provides program specificity regarding outcomes and strategies.
- **Plan Review:** Monitoring or reviewing the plan is both the end and the beginning of the center's ongoing planning process. The Leadership Team, the PNAC, and the Board of Trustees review the entire formal Local Plan document at least every two-year cycle, but the strategic elements of vision, mission, values, goals, and objectives are reviewed at least annually. The review process of evaluating the relevance and effectiveness of the planning processes, center goals, operations, and services is continual. Through monthly and weekly meetings, the previously mentioned key decision groups engage in analyzing information, updating or revising plans as needed. The internal Operational Plan with objectives that are time-specific to each program area is reviewed and updated each fiscal year. Progress is measured throughout the year.

***A broad visual representation of the center's local service area planning process components for review and decision-making is depicted on the flow chart on page 12 and will be elaborated upon later in this planning section.***

**MHMR SERVICES OF TEXOMA  
LOCAL SERVICE PLAN DEVELOPMENT**



## Methodology For Obtaining Information

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MHMR Services of Texoma gathers different kinds of information and utilizes various methods for the purpose of planning in order to carry out the center's mission and vision and to develop and implement goals and objectives.

- **Technological Data:** The Administrative Management Team (AMT), Utilization Management Committee, and the Mental Health Action Team routinely review information acquired through Iserv, CARE, and MHMR Data Warehouse/Business Objects Reports. This data assists the center in identifying where improvements are needed and making decisions related to service delivery, operational procedures, and maximizing revenues.
- **Critical Data:** The Human Rights/Quality Management Officer collects and summarizes the information that deals with Rights, Abuse, Complaints, and Safety issues. The AMT, Mental Health Action Team, and MR Quality Improvement Team, and Leadership Team reviews general information that is specific to their areas for the purpose of planning and executing steps toward improved outcomes.
- **Inter-Agency Meetings:** Networking and collaborating with other human service organizations and groups within the community is an excellence source of information, useful in the planning process. Although the center has always interacted and cooperated with other organizations to meet people's needs, the process for this collaboration is now more defined because designated employees attend monthly meetings or activities of other service organizations and advocacy groups. This information is shared monthly at the center's Leadership Team meetings. Meetings in which MHMR Services of Texoma participates include but are not limited to:
  - Community Resource Coordination Groups (CRCG) for Children and Families in Cooke County, CRCG for Children and Families in Fannin County, and CRCG for Adults in Grayson County
  - Texoma Health Coalition
  - Texoma Jail and Detention Diversion Committee (Including sub-committee task groups)
  - Texoma Information and Access Council (TCOG program)
  - Early Childhood Intervention Council
  - National Alliance of Mental Illness (NAMI—Grayson, Cooke, Fannin)
  - Association for Retarded Citizens (ARC)
  - Transitional ARD Meetings with school districts in service area
- **Collaboration With Other MHMR Centers:** As community centers have responded to significant political changes, the informal and formal mechanisms for collaboration provide valuable information. MHMR Services of Texoma is a member of the North Central Texas Coalition that includes community centers in Tarrant County, Denton County, Collin County, and Pecan Valley.

- **Customer Satisfaction Surveys:** One of the most important channels of information that drives planning comes from consumer and family input through annual satisfaction surveys. All mental health and mental retardation programs participate in the survey process. The survey tool is the result of input from key staff groups with suggestions from the PNAC. Individuals representing a random cross section of consumers and family members who are recipients of services in each of the mental health and mental retardation programs of Cooke, Fannin, and Grayson Counties are surveyed.

The most recent satisfaction surveys were conducted in January and February 2005. The Human Rights/Quality Management Officer interviewed Mental Retardation consumers and family members either by telephone or face- to- face. Mental health consumers and family members completed written questionnaires unless they specifically requested a face- to- face or telephone interview with the Rights Officer. The Rights/Quality Management Officer compiled and distributed results to the AMT, Mental Health Action Team, MR Quality Improvement Team, Leadership Team, and the PNAC for review and recommendations.

- **Community Forums, Focus Groups, Public Questionnaires:** With active assistance by the PNAC, the center sponsored three community forums in Cooke, Fannin, and Grayson Counties during April 2005 for the purpose of “Identifying Unmet Needs of Individuals and Families with Mental and Developmental Disabilities.” In conjunction with the project, questionnaires were distributed to stakeholder groups by mail, email, and via the center’s web-site. Information acquired will be used to address some of the unmet needs that were cited. A more detailed description is included in the Community Participation section of this document.

## **Decision Making Groups and the Planning Process**

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The current center planning process recognizes four key groups of decision makers who are involved in the development of its Local Service Plan. Those groups are the center’s Administrative Management Team (AMT) that includes the Executive Director, Chief Operations Officer, Chief Financial Officer, Director of Mental Health Services, and the Director of Mental Retardation Services; the Leadership Team consisting of AMT and mid-level managers representing different service areas; the Planning and Network Advisory Committee (PNAC); and the Board of Trustees. The AMT meets weekly (The center’s Medical Director, Dr. Joseph Burdett, with whom the center contracts through Tarrant County MHMR, meets monthly with the AMT and is always available for consultation); the Leadership Team and the Board meet monthly, and the PNAC meets at least quarterly or as often as needed.

During the spring season prior to submission of the Local Service Plan document to the State, members of the center’s Leadership Team convene to review the Mission, Vision, Values, Goals and Objectives section of the Local Plan. Since this is the section that drives the entire planning process, the review takes into account other sections of the document but most especially, the current, relevant internal and external factors...*local*

public input, consumer satisfaction surveys, needs assessments, internal quality assurance and utilization management information, performance data, internal and external audits, state mandates, resources, progress or lack of progress in current goal/objective areas. The Leadership Team then develops recommended changes, and a "marked-up" copy is submitted to the PNAC for their review and recommendations.

Using the Leadership Team's recommendations for changes in the Local Plan, the PNAC determines if it agrees with those changes and considers any additional revisions it believes should be recommended to the Board of Trustees. Because the center provides ongoing information to the PNAC regarding internal and external factors previously mentioned, the committee's own recommendations may also be influenced by that information or from a more oriented community and consumer input perspective. The document is refined to reflect the recommendations of the PNAC and is then submitted to the Board of Trustees.

The center's Board of Trustees provides the final determination regarding content. Using a "mark-up" version of the previous components, it considers alterations recommended by the Leadership Team and Planning and Network Advisory Committee prior to authorizing a final version. Following authorization by the Board of Trustees, the Local Plan is returned to the Leadership Team for development and implementation of an Operational Plan that will provide specific direction and timelines for center activities during the next planning cycle.

## **Local Area Service Plan**

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The result of the planning process is the very broad document currently referred to as the Local Area Service Plan that is submitted to the State every two years. Current required components of the document include the Local Plan, Jail and Detention Diversion Plan, the Quality Management Plan, and the Provider of Last Resort Plan.

- **Local Plan:** This is the component of the Local Area Service Plan that contains the strategic elements of mission, vision, and value statements, and goals and objectives, based on acquired information relative to service area needs. The Local Plan also includes a description of planning processes, key considerations that drive planning, methods of soliciting community participation, and specific roles of the PNAC. While past state guidelines for the inclusion of specific sections have been very precise and prescriptive, guidelines for the current document appear less prescriptive at this time.

### ***Differences Between the Local Plan And the Operational Plan***

*For clarity and for purposes of more directive activity for staff during each fiscal year, the center distinguishes between its Local Plan and its Operational Plan. The Local Plan states broad goals that provide general direction for the center over an unspecified period of time. The objectives state observable outcomes anticipated to be achieved within the two year planning cycle. The Operational Plan is an internal guide, separate from the Local Plan document that states specific objectives to be obtained in all center services. The objectives in the Operational Plan link with the strategic Local Plan goals and objectives. Objectives in the Operational Plan are evaluated for progress twice annually for the purpose of maintaining staff attention on*

*planned activities and evaluating the relevance of objectives in light of changes in the center's internal and external environment, public input, and service needs.*

**Jail and Detention Diversion Plan:** The jail and detention component of local service area planning contains the center's planning efforts to implement over time a comprehensive diversion plan for the service area through partnering with stakeholders from law enforcement, judicial, probation, hospital, advocacy, family, and consumer sectors. *The plan appears as Attachment I of this document.* It is the result of frequent and ongoing interaction with stakeholders via a Jail and Detention Diversion Action Committee and sub-committees called task groups.

- **Quality Management Plan:** The quality management component of the center's local service planning reflects strategies to improve quality of services, to evaluate success in accomplishing mission, vision, and values, and to make the best use of resources. *The plan appears as Attachment II of this document.*
- **Provider of Last Resort Plan:** The purpose of this component of local service planning is to fulfill State requirements and to give the center information regarding service providers in the Texoma area who are interested in providing services to children and adults with mental illness and developmental disabilities. This plan is based on the Request for Proposals that were submitted by service providers in Cooke, Fannin, and Grayson Counties in response to the Request for Information that community centers were required to publicize and send to providers in 2004. In compliance with the State requirement, MHMR Services of Texoma submitted its Provider of Last Resort Plan on December 1, 2004. *An addendum of the plan appears as Attachment III of this document.*

## **Plan Review**

MHMR Services of Texoma recognizes that, in order for a plan to effectively move an organization forward as it attempts to respond to needs of its community, it must be consistently monitored to assure implementation and continued evaluation of results. The plan must also be periodically reviewed to determine its relevance to rapidly changing contingencies in its environments. The planning process, itself, should occasionally be subjected to scrutiny in an effort to determine if more effective and efficient approaches to plan development, implementation, and evaluation can be made.

As previously alluded, the center currently takes a two-tiered approach to planning. The upper tier of the plan results in a somewhat lengthy document referred to as the Local Plan. The Local Plan document describes the entire planning process consistent with guidelines established by the Department; communicates to the Department and the community its purpose as expressed through its vision, mission, and values; and establishes relatively broad goals and objectives that will be pursued during the two year planning cycle.

The purpose statements and the Local Plan goals and objectives constitute what the center considers to be strategic elements because they convey its strategic position in respect to the Department and the community. The process for reviewing the Local Plan was described in the Decision Making Groups section on pages 14 –15. The second tier

of the center's planning process is its Operational Plan. The Operational Plan establishes specific objectives the center will pursue during the fiscal year relative to the broader objectives stated in the Local Plan document.

## **Roles and Timelines For Review Process**

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The Operational Plan is more subject to change than are the strategic elements of the Local Plan document. As upper level management and leadership staff, the PNAC, and the Board of Trustees respond to changes that have an impact on center finances and organizational structure - such as revised federal and state funding methodologies, delegated responsibilities or new mandates from the Department, opportunities to fund and develop new program activities, etc. - the Operational Plan will document planned activities and designate responsibilities for managing changes. The center's process for monitoring and updating its Operational Plan during FY 2006-2007 Local Plan cycle is outlined below.

- **Initial Review Prior to September 1 of Each Year:**

Members of the Leadership Team will submit measurable unit-specific objectives that operationalize strategic objectives stated in the Local Plan document. Designated staff from within the Quality Management Department will assure that objectives are stated in measurable terms with time lines, that individuals or groups are designated as being responsible for implementation and review, and that objectives are relevant and consistent with broad goals and objectives stated in the Local Plan and reflect community input via the PNAC.

Following submission of specific objectives by the Leadership Team, the Administrative Management Team will review the Operational Plan and add any objectives that relate to the operation of the center as a whole.

Planning and Network Advisory Committee will review the Operational Plan prior to September 1 and determine if recommended changes should be made. They will also review the center's proposed budget for the coming year to assure allocated financial resources are dedicated to meeting the objectives. They will then make recommendations to the Board of Trustees.

Board of Trustees will review the Operational Plan prior to September 1, and consider recommendations made by the PNAC. It will determine the need to alter, add, or eliminate objectives and will endorse an Operational Plan for the year.

- **Six Month Review:**

At the end of six months, leadership will evaluate progress on Operational Plan objectives and submit a report to the Administrative Management Team. Included with the report will be recommendations for any changes to the objectives. The Administrative Management Team will evaluate progress on the objectives and consider any changes it feels should be made. It will then submit a progress report to the Advisory and Planning Committee along with recommended changes.

he PNAC will review the progress report, consider recommended actions for changes made by the Administrative Management Team, make any

recommendations it deems important, and submit a progress report and recommendations to the Board of Trustees. The Board of Trustees will then consider any changes that need to be made to the Operational Plan and authorize its continuation for the subsequent six- month period.

The same evaluation process for the Operational Plan involving leadership, AMT, and the PNAC will take place prior to the end of the fiscal year. Based on recommendations, the Board of Trustees will consider changes, and the Board's endorsement of the Operational Plan will constitute a new plan for the coming fiscal year.

- **Continuity and Flexibility:** It is possible that circumstances affecting the center - such as changes in funding sources, new directives from the Department, or opportunities for program development - may result in a need for Operational Plan objectives that do not link to strategic Local Plan components. In such cases, the Administrative Management Team may recommend alterations to the Local Plan components. The recommendations are submitted to the Planning and Network Advisory Committee for review. The recommended changes, along with PNAC comments, will then be submitted to the Board of Trustees for consideration. If the Board of Trustees endorses the recommendations, the Local Plan component will be changed, and new associated objectives will be added to the Operational Plan. Because the strategic elements component is a part of the Local Plan document, change will not be reflected in it. The center will maintain a separate document that reflects the changed components, and they will then be reflected in the renewed Local Plan document if they continue to be supported through the planning process.
- **Review of Local Plan Strategic Elements:** As previously mentioned, the strategic elements of the Local Plan document provide overall guidance to the center through its purpose statements, broad goals, and objectives. Unless they are modified through changes in the Operational Plan, they remain constant. They will be reviewed and progress will be evaluated in the following manner during the Spring of Fiscal Year 2006.

The Leadership Team will convene to review the proposed statements, goals and objectives established in the Local Plan document. It will consider progress made in meeting objectives in the Operational Plan, acquired consumer and citizen input, quality review and performance information, resource constraints, and what it knows about the current service delivery environment to determine if changes need to be made. Recommended changes to the mission, vision, values, goals, and objectives and a justification for those changes will be conveyed to the Planning and Network Advisory Committee. The PNAC will consider recommendations of the Leadership Team, progress made in meeting objectives in the Operational Plan, acquired consumer and citizen input, quality review and performance information, resource constraints, and what it knows about the current service delivery environment to determine if changes need to be made to the existing purpose statements, strategic goals, or objectives. Recommended changes and a justification for those changes will be conveyed to the Board of Trustees. The Board of Trustees will consider recommendations made by the Leadership Team and the PNAC, and will determine the final disposition of the strategic elements of the Local Plan.

## V. COMMUNITY PARTICIPATION

MHMR Services of Texoma recognizes that an essential part of the planning process must be an understanding of the reasons for which planning occurs. In order to have a greater understanding of local service needs and to foster community partnerships in order to maximize limited resources and collaborate creatively to meet needs, the center has actively solicited community input from many stakeholder groups and has been diligently networked with other social agencies and community groups. The use of internal satisfaction surveys completed by consumers and families provides invaluable information that fuels planning and operational processes.

### Solicitation of Public Input

- **County Community Forums:** With the assistance and support of the Planning and Network Advisory Committee, in early April 2005, the center sponsored three separate public meetings in Cooke, Grayson, and Fannin Counties for the purpose of “Identifying Unmet Needs of Individuals and Families with Mental Disabilities.” PNAC members worked with the staff PNAC liaison in planning the effort and provided input regarding the Unmet Needs Questionnaires that individuals were asked to complete.

Information about the community forums in Cooke, Fannin, and Grayson Counties was published in newspapers within each county. Approximately 300 letters that also included an “Unmet Needs” questionnaire were sent to individual stakeholders consisting of consumers, family members, social service representatives, representatives from the medical community, church, and community leaders. Many emails were also sent to social service groups. Because MHMRST has been working with law enforcement and judicial entities on a jail diversion planning process, it was felt that those groups would not be included in this particular solicitation of input because the center was already aware of unmet needs expressed by those stakeholders. Community forum information and the questionnaire were also posted on the MHMRST website.

#### ***Appendix B contains the Public Input Questionnaire.***

The public input obtained during the process is regarded as valuable and informative, and has been instrumental in fostering planning ideas for future center initiatives. However, the overall public response to the community forum project was somewhat disappointing with regard to actual numbers of people who attended and returned the questionnaires. The PNAC has already made recommendations for improving the process and has recommended that the center repeat the community forum endeavor during FY 2006.

- **Regional Focus Group:** As part of the community input process, PNAC members, PNAC staff liaison, and other stakeholders attended a focus group to review the full list of needs that had been identified during the forums and to

↓ establish a list of “Primary Unmet Needs.” The group’s strategy was to identify common denominators across the three counties and to note areas that were unique to each county. The group then made a preliminary assessment of whether or not the unmet need, as a result of gaps in services and community supports, required a solution that could be met by the State, Community, or MHMRST.

- **Follow-up:** The PNAC will continue to review this information and make recommendations to the MHMRST Leadership Team and Board of Trustees for future goals as appropriate to local planning.
  - Unmet needs that require a solution generated at the state level will be incorporated in the Local Plan document and submitted to the State.
  - Unmet needs that require a solution generated by the community through a networking process will be publicized in local newspapers and will be addressed through future networking activities in which MHMRST is a participant.
  - Unmet needs that can be met by the center will be addressed and prioritized by the MHMRST Leadership Team as it formulates the FY06 Operational Plan targeting goals and objectives through specific action steps.

***Appendix C contains complete details and results of community forums. Note the table on page 4 citing primary unmet needs.***

## **Collaboration With Stakeholder Groups**

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As already referenced, the current more defined networking and collaboration between MHMR Services of Texoma and other human service organizations and groups within the community is a viable mechanism for increasing community participation and a beneficial planning tool for many reasons. First, the interaction with many different groups of stakeholders provides information about the needs of individuals and families with mental and developmental disabilities. It is clear to see that significant numbers of people’s needs are not being met. Due to limited staff resources and a more narrow definition of mental health priority population, many either do not qualify for services or, if they do, they are required to endure long wait times before being seen. Second, interaction on a regular basis with the CRCGs where many other human service organizations are in attendance, interaction with law enforcement, probation, and advocacy groups as a result of jail diversion initiatives, and close ties with advocacy groups like NAMI and ARC have helped stakeholders to understand the existing limitations of community MHMR centers. In addition to clarifying misperceptions about MHMR Services of Texoma, the center has been able to work with other groups for the purpose of exploring solutions through partnering and collaborating. These channels of collaboration increase the center’s visibility in the community and promote a positive image of the center as a caring, competent organization.

A few examples are worthy of mention.

- **NAMI (Grayson, Fannin, Cooke Chapter)** and the center have cooperated in supporting and empowering the creation of a consumer peer group. Through information from NAMI and information reported by consumers, it became evident in September, 2005 that there were some socialization and support needs that were not necessarily being met by the RDM model. Through the joint cooperation with NAMI and the center's PNAC, a new consumer-operated peer group was formed. Within months they named themselves "The Good News Peer Group" and have recently applied for a grant through the Texas Mental Health Consumers.

The center also co-sponsored with NAMI a Mental Health Consumers Conference held in October 2004, and is working with NAMI on the next one that is scheduled for October 2005.

- **Jail Diversion Initiatives** promoted an increased commitment between the center and many groups of stakeholders to work toward a more effective detention and diversion system for the service area. Through the meetings of the Diversion Action Committee and the individual task groups, greater appreciation for the efforts, limitations, and special problems encountered by each group reinforced the necessity for collaborative processes. Improved partnering with Adult Probation via TCOOMI Grant has resulted in both groups working together effectively and even, in some instances, modifying some of their own procedures so that the program would operate more efficiently. In addition, definite strides are being made with Jail Medical Services. The center applied for and received a limited amount of additional funding for the provision of psychiatric services during incarceration.

## **Internal Satisfaction and Needs Surveys**

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As already mentioned, satisfaction and needs surveys are an invaluable source of information and are used as a major frame of reference for evaluating each mental health and mental retardation service unit. During the past two years, the center has become more organized in its approach to collecting information from consumers and families. When there are noticeable trends regarding dissatisfaction in a particular service domain, the problematic area is addressed by the AMT and the the Mental Health Action Team or the Mental Retardation Quality Improvement Team in the form of action steps to improve or resolve the problem. Information is also shared with the PNAC who, on certain occasions, has offered specific recommendations.

Following the summary and compilation of the surveys administered during January and February 2005, it was noted the biggest complaint and source of dissatisfaction in mental health services was the excessive time consumers were required to wait to see the doctor. As a result of steps taken by the Mental Health Action Team, new procedures were initiated which have improved the problem. In addition, the PNAC suggested having training videos and educational material about mental illness available while consumers wait.

Survey information is also useful as the center has attempted to recognize successful outcomes of services and to validate support for the services it provides and for the staff who provide them.

Surveys have, for the most part, rendered a majority of satisfied responses. "Needs" surveys have consistently provided reinforcement for existing services, although certain unfunded needs have also been recognized.

***Appendix D provides detailed information about the surveys.***

***Attachment IV. Contains the FY2005 Local Service Area Plan Information Supplement and provides additional information about the surveys.***

## **VI. THE PLANNING NETWORK ADVISORY COMMITTEE (PNAC)**

The MHMR Services of Texoma's Planning and Network Advisory Committee was established in January 2004 when the former Advisory and Planning Committee merged with the Network Advisory Committee. The committee was established by the Board of Trustees to ensure the existence of a highly participatory process to identify local needs and priorities to guide program development, resource development, and the best use of public money to provide quality and cost efficient consumer care.

The purpose of the committee is to solicit public input and to advise the Board of Trustees on planning, budget and contract issues, mental health and mental retardation needs and priorities for the service area and the center, and the implementation of plans to promote quality and cost effective consumer care.

### **Committee Membership**

The composition of the committee is in compliance with State requirements. Currently there are ten voting members and a non-voting Board liaison. There is a staff liaison who assists the group with meeting arrangements, preparing agendas, maintaining documentation, and providing support as needed.

Five of the members are either consumers or consumer family members. Membership also includes individuals with affiliation to NAMI and ARC, children's services, the Health Department, Grayson County College, Denison Independent School District, Sherman Democrat Newspaper, and the attorney community. All of the members reside in Grayson or Fannin County. During the next cycle of appointments in August 2005, the center is hopeful that a member from Cooke County can be appointed to the committee.

### **Policy and Procedures**

The center's PNAC Policy and Procedures identify the application process, membership qualifications, duties of the chair and vice-chair, membership terms and responsibilities, frequency of meetings, and training requirements. The committee reviews the policy annually. The PNAC meets as needed to fulfill its purpose but meets no less than four times a year. Because there have been so many changes this past year with the implementation of RDM and jail diversion, the committee has been at least every other month or more frequently.

### **PNAC Training**

Members are provided training at initial membership that consists of orientation to MHMRST Board policies, necessary information related to Confidentiality and Protected Health Information, and training determined necessary to assist members in fulfilling the purpose of the committee. This training includes the PNAC Policy and Procedures, with emphasis on the role of being a liaison to the community for the purpose of public input. Training updates are provided on an annual basis; informal training is offered during each meeting at some point when FYI kinds of information regarding legislation, service delivery, and center issues are presented.

## **Role of the PNAC**

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The PNAC has been alluded to throughout this document as a viable component of the planning process and a tool for capturing public input. During the past year, the role of the committee has expanded in several ways. It is presumed that the PNAC's role, as it links the center with public input, will continue to grow.

Not only has the group been instrumental in making recommendations to the center but also assisting with specific activities.

- **Support for the “Good New Consumer Peer Group”:** The creation of a successful mental health peer support group grew out of an initial discussion during a PNAC meeting in September 2004 regarding the unmet socialization needs of many mental health consumers. A sub-committee consisting of the PNAC staff liaison and PNAC members who represent the NAMI, family, and consumer perspectives met to discuss how to form a consumer-operated peer group. NAMI and those PNAC members have continued to provide support and assistance to the consumer – operated group that meets at least once a month at the MHMRST facility. This is not an MHMR service; it is a consumer -operated peer group that meets at the facility.
- **Community Forum and Focus Group Project:** The PNAC was instrumental in planning, implementing, and following up during the three community forums and follow-up focus group that were held in April. As this has already been explained, the only thing to add is that the PNAC has made the recommendation to hold another focus group during the next fiscal year, and has already begun informal plans to explore solutions for some of the primary unmet needs that were identified.

***Attachment IV. Contains the FY2005 Local Service Area Plan Information Supplement and provides additional information about the PNAC.***

## **VII. PLANNING CONSIDERATIONS**

### **Ensuring Accountability For Cost-Effectiveness and Value of Service Delivery Options**

As a part of its planning, MHMR Services of Texoma has in place processes that ensure accountability for cost-effectiveness and efficient operation of services. Priority attention is given to monitoring services in ways that are relevant to their value as established by state directives or locally determined commitments. The following strategies are examples of the center's continuous monitoring and quality improvement processes.

- Monthly oversight and review of budget and other performance indicators by a board of trustees appointed by local units of government across the center's three county service area.
- An annual independent financial audit performed by a Certified Public Accounting firm with a subsequent plan of correction for any deficiencies noted.
- Quarterly review of services and continuing input from the Planning and Network Advisory Committee (PNAC), comprised of consumer advocates and other citizens.
- Weekly meetings of upper level management staff (Administrative Management Team--AMT) for the purpose of reviewing data and initiating operational changes as needed.
- Monthly meetings with mid-management and systems coordination staff (Leadership Team).
- Weekly meetings with an "action team" who is responsible for implementation of "quick change" requirements.

The center also has in place formal structures that monitor effectiveness and facilitate change; such as a quality assurance committee, a safety committee, a human rights committee, and a flexible and responsive staff training program. These systems provide continuing monitoring and feedback that create opportunities for innovation in service design and relatively expedient implementation of changes in the service delivery system.

## **Goals to Minimize Need For State Hospital and Local Hospital Care**

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. Although the processes and individuals responsible for developing and refining the center's Local Plan may not specifically address certain intended outcomes through the formalized goals established for each planning period, there are established policies and procedures which recognize certain fundamental values that guide everything the center does. Among those is a commitment to principles of normalization which focus staff energies on assuring that persons receive services and reside in environments that are least restrictive based on their unique capabilities; thus recognizing a fundamental interest of the center to minimize need for local hospitalizations and admissions to state mental health and mental retardation residential facilities.

The Mental Health Action Team, in conjunction with Utilization Management and Quality Management efforts, review data weekly to ensure that individuals are in the appropriate service package and moved down after improvement to make room for other individuals who are at greater risk for decompensation. Consumers who have a history of multiple hospitalizations and remain at risk for future hospitalization are referred to the Assertive Community Treatment (ACT) program for intensive supports. In addition, mental health consumers are referred to the consumer peer support group and NAMI, both of which offer an additional component of support and education.

Efforts to keep people out of the hospital are ongoing. Consistent with the principles of Resiliency and Disease Management, mental health clinical staff work assertively with consumers to educate them about the recovery concept and emphasize the consumer's responsibility in the process. Staff consistently reinforce in formal and informal ways the importance of the consumer's adherence to the treatment plan and compliance with the medication regimen.

## **Goals For Ensuring Least Restrictive Environment For MR Consumers**

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As expressed in the MHMR Services of Texoma mission statement, the purpose of the center is to provide and promote accessibility of services that improve quality of life and support self-determination. This is consistent with the Person Directed Planning Approach that guides the treatment plans for individuals receiving mental retardation services. This approach to treatment focuses on the person choosing real life goals and choosing certain kinds of services and supports in the pursuit of desired outcomes, consistent with those goals. Although the former QAIS system of personal outcomes and measurements is no longer a State requirement, the principles still apply as staff provide services and link MR consumers to community supports.

As part of the assessment and person directed planning process, when MR consumers express their choices regarding where they want to live, services and supports are accessed consistent with their choices. An array of services and supports that might support a person's choice could include things like assistance in filling out housing applications, skills training classes, money management, etc.

As part of the service coordination process, person directed plans are reviewed quarterly and updated at least annually or as needed. A person's level of safety with regard to his/her current living environment is monitored regularly. The integration of a person's choice and safety are measured by staff in formal and informal ways to ensure the least restrictive environment.

## **Opportunities for Innovation Communicating Availability Of State School Services**

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While potentially antithetical to the intent to serve individuals through least restrictive community alternatives, the center does recognize and carry out its legislated responsibility for communicating the availability of state school services to all potential and incoming consumers of mental retardation services. Designated staff ensure that consumers and their families are aware of all options and waiver programs within the state at the time of being admitted into services and annually. Documentation of this communication is maintained at the program level.

## **Goals To Divert Consumers From Criminal Justice System**

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Consistent with this commitment to provide services resulting in the most "normal" living circumstances possible for individuals, it is a policy stated goal of the center to divert adults and juveniles from incarceration if they can be more appropriately served through community-based supports. As part of the MHMR Services of Texoma Jail and Detention Diversion Plan, the center will continue to facilitate meetings of the Jail Diversion Action Committee and four sub-committee task groups (Resource Development and Allocation, Existing Models Review, Systems Interface, Legislative Action). The ultimate outcome is intended to be a Memorandum of Understanding (MOU) that will define the working relationships and on-going commitments of the stakeholder groups. The MOU will be reviewed at least annually, and will be subject to ongoing revision based on new commitments and resources identified through the Action Committee.

*Attachment I contains the center's Jail and Detention Diversion Plan*

## **Goals To Ensure Child With Mental Illness Remains in Home**

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It is also a policy goal of the center to assure that children with mental illness remain with their guardians when it is understood that care is safe and most appropriate. The implementation of Resiliency and Disease Management model offers services to meet the needs of the individual consumer and there is increased effort to provide family education and involvement. Children and Adolescents with more intense mental health needs receive more intense and wider variety of services that could include flexible supports, intensive case management, family partner, and family support groups. Families are also given referral information about NAMI meetings and supports.

## **Opportunities For Innovation In Services and Service Delivery**

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- Increase public awareness about the center and its services.
- Solicit consumer and public input for recognizing new service opportunities.
- Explore opportunities for expanding staff service hours to include persons outside of the priority population
  - Employee assistance programs
  - Marriage counseling
  - Adjustment counseling
  - Integrated daycare for ECI program
- Maximize revenue through third party sources
- Contract for outside vocational and day habilitation services
  - Summer vocational day habilitation services for school students
- Promote needs of special populations with religious and civic organizations via training seminars with clergy and interested parties
- Compete in the private insurance arena
- Continue networking with justice system for expansion of jail diversion

## **VIII.RESOURCE DEVELOPMENT AND ALLOCATION**

MHMR Services of Texoma has focused almost exclusively on the delivery of services to children and adults with mental health related conditions, persons with mental retardation, and children ages 0-3 who show signs of developmental delay. The center has historically been dependent on state general revenue, Medicaid, and Medicare funds to finance its services. However, these funds have been substantially reduced over the past decade. These reductions - along with costs related to building a managed care infrastructure, double digit cost increases for medications, and other inflationary factors - have compelled the center to search for additional resources and more efficiently manage its allocation of resources. Recognizing that managed care systems are the outcome of public resistance to escalating costs and a perception of wasteful human service systems, the center has committed itself to demonstrating efficient resource management and accountable care. While doing so, the unfunded costs of building and maintaining an infrastructure that is responsive to the demands of a managed care environment present a threat to center solvency. It will be necessary for the center to continue to look for innovative ways to reduce its costs and to share operating costs with other human service entities

### **Resource Development Strategies**

Some of the ways in which MHMR Services of Texoma has developed additional resources and improved resource allocation are listed below.

- The center has a 501(c)(3) designation for a Volunteer Services Council that is committed to fundraising activities and assists with recruitment of volunteers that help off-set center operating costs. The center funds an employee position that coordinates Council activities and solicits support from foundations and other grant sources. The position also provides continuing public relations support for center programs. During the past year, 501(c)(3) fund raising activities have obtained financial support needed for remodeling and updating two buildings, purchase of two automobiles, and has solicited contributions to a center indigent medication fund.
- The purchase and renovation of a building that now houses Administrative Services, ECI services, Child and Adolescent Services, and Adult Mental Health Services in Grayson County has effectively reduced costs. The center has been able to pay for the renovation costs though the grant match funds obtained through the Volunteer Services Council
- Specific service units have conducted fund raising activities that have provided financial support for additional service activities.
- Every year the center submits grant requests and receives funding from its local establishing governments.
- In an effort to reduce the escalating cost of medication programs, the center has effectively leveraged pharmaceutical company patient assistance programs, actively

solicited medication samples, and contracted with pharmacies that have offered the lowest bids for medications. Use of the patient assistance program and medication samples has resulted in a savings of 1.2 million dollars.

- The center has effectively managed utilization of local psychiatric hospitals and controlled costs for admissions.
- The center has effectively managed utilization of state hospitals and controlled costs for both the state and the center.
- Center wide staff utilization review initiatives have resulted in recognition of improved efficiency measures and financial resource allocations. These initiatives have supported a reduction in the number of center staff and a re-defining of some positions has created increased revenues.
- Increased proficiency in forecasting Medicaid income is resulting in system changes that are maximizing the financial benefit of funded services while reducing the effect of lowered rates.
- A full time staff person has been designated to assist consumers through the Medicaid eligibility process and has resulted in a well-defined process for taking people from the initial application through the appeals process.
- New treatment planning initiatives are emphasizing accountability for consumer progress and building an expectation for reduced dependence on support systems to minimize long-term expenses.
- The center has adjusted its employee retirement plan in a way that has reduced center costs while providing a greater reward for staff who contribute to their savings plan.

## **IX. STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS (SWOT) ANALYSIS)**

For the local plan to result in a meaningful commitment to action, an organization must attempt to attain a collective understanding of the following: attributes that contribute to its successes, internal limitations or deficiencies that may inhibit an effective response to current and future demands, external threats that may impair or obviate its ability to function, and opportunities that may support or expand its mission. The SWOT analysis was reviewed in March, 2005 and is included on the next three pages.

### **STRENGTHS**

- Active, knowledgeable Medical Director and nursing staff
- Interested, supportive, and active Board of Trustees
- More organized and efficient due to re-organization, streamlining, and regional focus
- Demonstrated flexibility in responding to system changes
- Strong assistance and commitment of volunteers
- Commitment to positive relationships with community stakeholders
  - Consumers
  - Family members
  - Advocacy groups
  - Local government officials
  - Judges
  - Law enforcement officials
  - Other human service organization
  - Schools
  - Churches
  - Interested citizens
- Experienced, knowledgeable and committed program managers
- Staff demonstrate ownership in their programs
- Staff show desire for personal growth
- Attention is given to consumer choice within clinical appropriateness and financial constraints
- Geographic size and location is conducive to knowing consumers and providing more personalized service

- Good performance ratings from the State
- Good employee benefits package
- Attractive, consolidated facilities
- Unified Administrative Management Team (AMT)
- Improved communications within the center due to consolidation and focused action teams
- Commitment to learn and work as a team
- Commitment to survival for the purpose of meeting the center's mission
- Availability of local psychiatric hospitalization
- Volunteer Service Council 501C(3) that brings in money for special projects
- Positive media relationships and coverage
- Community support demonstrated through donations to the center

## **WEAKNESSES**

- Lack of MH long-term residential options
- Performance Contract targets not relevant to a need-based service delivery system
- Variation and uncertainty related to fee collection system
- Challenges in obtaining 3<sup>rd</sup> party preferred provider status
- Dependence on governmental funding systems
- Lack of staff depth for backup support
- Time consuming non-funded state mandates
- Lack of formalized on-the-job training in service units
- Lack of performance-based incentive/rewards
- Lack of opportunity for staff advancement
- Long wait time between initial consumer contact and physician appointment
- Excessive wait time for scheduled appointments

- Lack of consumer socialization programs
- Community perception and lack of acceptance for the center's service constraints

## **OPPORTUNITIES**

- Increase public awareness about the center and its services
- Solicit consumer and public input for recognizing new service opportunities
- Explore opportunities for expanding staff service hours to include persons outside of the priority population
  - Employee assistance programs
  - Marriage counseling
  - Adjustment counseling
  - Integrated daycare for ECI program
- Maximize revenue through third party sources
- Contract for outside vocational and day habilitation services
  - Summer vocational day habilitation services for school students
- Promote needs of special populations with religious and civic organizations via training seminars with clergy and interested parties
- Compete in the private insurance arena
- Continue networking with justice system for expansion of jail diversion

## **THREATS**

- Uncertain future brought about by legislative actions
- Limited availability of staff (especially licensed)
- Lack of public knowledge and acceptance of system changes
- Perception of community centers as entitlement mandated system
- Uncertain funding streams
- Continuous reduction/capitation of revenue sources
- Lack of legislative understanding of the value of community centers
- Unfunded state mandates

- Depletion of reserves
- Medication costs
- Increasing insurance costs