

MHMR SERVICES OF TEXOMA

Local Service Area Plan for Mental Health Services

Effective 7/27/10

MHMR Services of Texoma is the Local Mental Health Authority for Cooke, Fannin and Grayson Counties in North Central Texas. This document explains how the service delivery system is set up in the Center's service area and how stakeholder input is obtained.

The Center understands that planning is an ongoing process of identifying and evaluating local service needs, understanding changing internal and external forces, prioritizing needs and establishing strategies based on state requirements and available resources. Planning includes the allocation of resources, establishment and implementation of goals and objectives, and the development and evaluation of outcomes.

In contrast to prior 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. The Center actively solicits and incorporates opinions and information from a broad spectrum of stakeholder groups who have an interest in the welfare of individuals served. Stakeholders represent consumers, family members, advocacy groups, mental health service providers, emergency healthcare providers, public healthcare providers, Outreach, Screening, and Referral (OSAR) providers, local government officials, law enforcement, probation/parole departments, interested citizens and community groups, including churches and schools. The Center's Planning and Network Advisory Committee (PNAC) is a vital link in the planning process.

The following 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, represent the interests and needs of the community and individuals served, and are compliant with the Performance Contract with the Department of State Health Services.

Information: The Center has an organized methodology for acquiring information related to perceived needs and interests of stakeholders. The methodology addresses the level of satisfaction with center services, local needs of the service area, legislative initiatives and State requirements. To gather information the Center utilizes the following: complex data management systems, surveys, questionnaires, community forums, designated staff teams and committees, community collaborative meetings, networking with other social service agencies, collaboration with other community mental health mental retardation

(MHMR) centers and regional coalitions. To date, the acquired information has been effective and useful in collaboration with local officials, law enforcement, and hospital emergency room staff for the purpose of diverting individuals from jails and hospitals to less restrictive community supports. The Center uses a comprehensive process of reviewing information that results in this Local Service Area Plan (LSAP.) As the Center recruits its Board and PNAC members, emphasis is placed on recruiting participation from a broad spectrum of individuals who reflect the cultural and ethnic diversity of the service area in order that unique perspectives and needs may be recognized. As information is acquired from these and other stakeholders, a final document reflects broad planning over a two-year cycle. Sections of this LSAP include a combined Crisis Services and Diversion Action Plan, a Local Planning and Network Development (LPND) Plan and a Quality Management Plan.

Key Decision Makers: Important decision-making groups of the Center include the Administrative Management Team (AMT), Leadership Team, Mental Health Action Team, the Mental Retardation Quality Improvement Team, and Board of Trustees. Although the Planning and Network Advisory Committee (PNAC) does not actually make decisions about Center policies and procedures, the committee provides input and makes recommendations that are indispensable to the planning process. All key groups clarify the center's purpose, assist with planning activities, acquire needed information, and provide program specificity in an ongoing process.

MISSION, VISION, & VALUES

MISSION STATEMENT

The mission of the center is to provide services to improve quality of life and support self-determination for persons with mental, intellectual, and developmental challenges.

VISION STATEMENT

MHMR Services of Texoma envisions eliminating stigma associated with mental, intellectual, and developmental challenges by investing in people today for a better tomorrow in Texoma.

To achieve this vision, the center is committed to:

- engaging in individual service 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, intellectual, and developmental challenges;

- promoting satisfying lifestyles for persons served;
- promoting wellness;
- promoting awareness of the disabling effects of mental, intellectual, and developmental challenges;
- assuring that services value diversity.

VALUE STATEMENTS

Individual Worth:

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

Quality:

We strive for continuous quality improvement.

Integrity:

We are dedicated to optimizing and enhancing service delivery and revenue sources with professionalism and integrity.

Dedication:

We are committed to serve the public and to advocate for the individuals we serve.

Innovation:

We are committed to developing innovative staff support systems that promote performance excellence.

Teamwork:

We believe that our responsibilities are best defined by partnerships with consumers, family members and service providers.

Flexibility:

We are committed to flexibility to meet identified community needs.

PROCESS FOR SOLICITING STAKEHOLDER INPUT:

Beginning in February 2008, the Administrative Management Team (AMT), Mental Health Action Team, Planning and Network Advisory Committee (PNAC) and designated staff involved in the local planning process implemented a new process for obtaining stakeholder input. When the Provider Network Development rule (TAC §412.751) was initiated, the Center held numerous strategic meetings related to the concept of provider development. The purposes of these meetings focused on developing sequential methods to: 1) increase the Center’s understanding of the Rule; 2) to schedule and complete many educational activities for consumers, families, the PNAC, advocacy groups, local officials, and other stakeholder groups; 3) to develop specific survey tools and ways of soliciting stakeholder input; 4) to organize and understand collected input in order to develop a plan consistent with the Rule’s requirements; 5) to obtain additional stakeholder comments and input; and 6) modify the plan as needed. After that initial round of stakeholder meetings in the spring of 2008, the Center has continued to meet with stakeholders as indicated by the following list of dates, participants and topics:

DATE	PARTICIPANTS	TOPICS
5/13/08	Various community representatives and consumers	◆ Stakeholder education/input regarding network development and the structure of mental health services in the Texoma area
5/19/08	PNAC members	◆ Review responses to surveys and discuss information obtained during the stakeholder meetings
6/2/08	Fannin County Representatives – Law Enforcement, Attorneys, Probation, County Judge	◆ Crisis/Diversion Meeting – input, unmet needs, concerns, etc.
6/16/08	PNAC members	◆ Local Planning and Network Development (LPND) Plan ◆ Crisis Services and Jail Diversion Update
6/18/08	Grayson County – Law Enforcement, Probation, etc	◆ Crisis response, possible Mental Health Officer Training, areas of need, etc.
6/26/08	Fannin County Representatives – Law Enforcement, Attorneys, Probation, County Judge	◆ Crisis/Diversion Meeting – input, unmet needs, concerns, etc.
7/14/08	PNAC members	◆ LPND Plan, Crisis Services and Jail Diversion Update
7/24/08	Fannin County Representatives – Law Enforcement, Attorneys, Probation, County Judge	◆ Crisis/Diversion Meeting – input, unmet needs, concerns, etc.

DATE	PARTICIPANTS	TOPICS
7/30/08	Law Enforcement personnel, ER personnel, Probation Departments, NAMI-GFC, KXII-TV and the Herald Democrat (newspaper)	<ul style="list-style-type: none"> ◆ Law Enforcement Outreach Seminar
8/11/08	PNAC members	<ul style="list-style-type: none"> ◆ LPND Plan – Recommendation to Board of Trustees (BOT) for Approval ◆ Crisis Services and Jail Diversion Update,
8/14/08	Trenton/Leonard Law Enforcement & Justice of the Peace	<ul style="list-style-type: none"> ◆ Crisis/Diversion Meeting – input, unmet needs, etc.
8/28/08	PNAC members	<ul style="list-style-type: none"> ◆ LPND Plan – distribution of final draft as submitted to DSHS ◆ Budget review ◆ MH Services Update
Aug 2008	131 Adult Consumers &/or Families 18 Child & Adolescent Consumers &/or Families	<ul style="list-style-type: none"> ◆ Annual MH Satisfaction Survey and Needs Assessment completed ◆ Adult strongest areas of satisfaction: treatment with dignity & respect and consumer participation in treatment ◆ Adult needs: medical or dental care, relationship skills training, and leisure/recreation activities ◆ C&A strongest areas of satisfaction: consumer/family participation in treatment decisions, dignity & respect, and notification of appointment changes ◆ C&A needs: after school/summer programs, relationship skills training, and community inclusion activities
9/11/08	Fannin County – Judges, Law Enforcement, Probation, NAMI-GFC, VA Hospital Representative, etc.	<ul style="list-style-type: none"> ◆ Crisis funding – input, MOU, and concerns, etc.
10/20/08	Grayson County ER physicians/nurses	<ul style="list-style-type: none"> ◆ ER Diversion Meeting – unmet needs, input, questions, etc.
10/29/08	Fannin County Bar Association	<ul style="list-style-type: none"> ◆ Crisis Response System – overview, Q&A, public input process, etc.
11/6/08	TMC – Behavioral Hospital	<ul style="list-style-type: none"> ◆ Input obtained – feasibility of 24 hour drop off/observation unit
11/10/08	PNAC members	<ul style="list-style-type: none"> ◆ Review/discussion of the Center’s Mission, Vision and Value Statements, SWOT Analysis, and the Center’s Goals ◆ DSHS (initial) Response to LPND Plan ◆ LPND Request for Applications (RFA) document ◆ Review of MH Client Satisfaction/Needs Surveys ◆ MH Services Update

DATE	PARTICIPANTS	TOPICS
11/12/08	Grayson County – Law Enforcement, NAMI-GFC, etc.	<ul style="list-style-type: none"> ◆ Jail/ER Diversion Meeting – crisis response, input on current/potential funding
11/20/08	Fannin County – Judges, Law Enforcement, Attorneys, District Attorney, Adult and Juvenile Probation, Hospital Representatives, and NAMI-GFC	<ul style="list-style-type: none"> ◆ Jail/ER Diversion Meeting, including discussion of any stakeholder concerns or unmet needs ◆ Funding possibilities – extended observation unit, transportation, and competency restoration
12/8/08	PNAC members	<ul style="list-style-type: none"> ◆ Recap/finalization of Mission, SWOT and Goals ◆ Status of Current Procurement Efforts/LPND process ◆ Crisis & Diversion Activities Update ◆ MH Services Update
3/2/09	PNAC members	<ul style="list-style-type: none"> ◆ DSHS rejection of the initial LPND Plan ◆ PNAC discussion related to other procurement ideas for revised plan due 5/1/09 ◆ MH Services Update
3/12/09	Cooke County ER & Law Enforcement Personnel	<ul style="list-style-type: none"> ◆ Review of crisis services ◆ Crisis response – any issues/unmet needs? ◆ Input into possibility of a 24 hour drop off/observation unit
4/6/09	PNAC Members	<ul style="list-style-type: none"> ◆ <i>Revised</i> LPND Plan – Recommendation to BOT for Approval ◆ Update on Crisis/Diversion Activities ◆ MH Services Update
4/21/09	Grayson County ER physicians/nurses	<ul style="list-style-type: none"> ◆ ER Diversion Meeting – unmet needs, input, questions, etc.
5/5/09	Grayson County ER nurses	<ul style="list-style-type: none"> ◆ WNJ Hospital Nurses Meeting – unmet needs, input into safety net, etc.
5/7/09	Fannin County Mental Health Court Team	<ul style="list-style-type: none"> ◆ First official Fannin County Mental Health Court
5/14/09	Fannin County – Judges, Probation, Attorneys, Hospital representatives, etc.	<ul style="list-style-type: none"> ◆ Jail/ER Diversion – issues, concerns, unmet needs, etc. ◆ Veterans – unmet needs of individuals returning from Iraq & Afghanistan
6/2/09	Grayson County – Law Enforcement, etc	<ul style="list-style-type: none"> ◆ Jail Diversion Meeting – feedback on crisis response, etc.
6/11//09	Cooke County Police Department	<ul style="list-style-type: none"> ◆ Cooke County Jail/ER Diversion Meeting ◆ Areas of concern or unmet needs?

DATE	PARTICIPANTS	TOPICS
7/13/09	PNAC Members	<ul style="list-style-type: none"> ◆ Review of Request for Applications (RFA) related to the Center's approved LPND Plan ◆ Reduction in Force (RIF) implemented in MH Services due to budget constraints
7/21/09	Grayson County ER physicians/nurses	<ul style="list-style-type: none"> ◆ ER Diversion Meeting – unmet needs, input, questions, etc.
Aug 2009	144 Adult Consumers &/or Families 20 Child & Adolescent Consumers &/or Families	<ul style="list-style-type: none"> ◆ Annual MH Satisfaction Survey and Needs Assessment completed ◆ Adult strongest areas of satisfaction: participation in treatment, dignity & respect, and consumers feel comfortable asking questions about their treatment ◆ Adult needs: medical or dental care, leisure/recreation activities, and transportation services ◆ C&A strongest areas of satisfaction: consumer/family participation in treatment decisions and medications helped reduce/manage symptoms ◆ C&A needs: after school/summer programs, relationship skills training, and warm line
8/28/09	Judges from the 3 county service area	<ul style="list-style-type: none"> ◆ Justice & Mental Health, Making the System Work ◆ Including input from participants about local MH needs
9/21/09	PNAC Members	<ul style="list-style-type: none"> ◆ Status of RFA ◆ Process to insure consumer choice if contracts are initiated ◆ MH Budget Review ◆ MH Services and Diversion Activities Updates
10/27/09	Grayson County ER physicians & nurses	<ul style="list-style-type: none"> ◆ ER Diversion Meeting – unmet needs, input, questions, etc.
10/27/09	Fannin County Representatives – Judges, Probation, Attorneys, etc.	<ul style="list-style-type: none"> ◆ Input from Fannin participants – unmet needs, safety net, etc.
11/5/09	Sherman Police Department	<ul style="list-style-type: none"> ◆ Crisis needs of individuals in Grayson County
11/17/09	Red River Regional Hospital Personnel	<ul style="list-style-type: none"> ◆ Crisis services ◆ ER diversion ◆ Safety Net issues
12/7/09	PNAC Members	<ul style="list-style-type: none"> ◆ Review of Application (from The Wood Group) – Recommendation to BOT for approval ◆ Status Report on YTD Budget ◆ MH Services and Diversion Activities Update

DATE	PARTICIPANTS	TOPICS
12/16/09	Grayson County – Juvenile Detention Center/Boot Camp	<ul style="list-style-type: none"> ◆ Workshop on Self Injury – when to call for crisis assessment?
3/8/10	PNAC Members	<ul style="list-style-type: none"> ◆ Review/update of PNAC Policy and Procedure – Approved ◆ Update on procurement – following BOT approval, The Wood Group withdrew their interest ◆ 2010 LPND Planning Cycle ◆ Veterans Services and Supports ◆ MH Services and Diversion Activities Update ◆ Future challenges that may impact the Center related to statewide budget shortfalls
5/17/10	PNAC Members	<ul style="list-style-type: none"> ◆ PNAC Policy and Procedure – <i>Final Document</i> ◆ 2010 LPND Planning Cycle – No interested providers ◆ Long-term planning options for LPND ◆ Veterans Services and Supports ◆ MH Services and Diversion Activities Updates
6/14/10 (<i>anticipated</i>)	PNAC Members	<ul style="list-style-type: none"> ◆ 2010 Local Service Area Plan (including Crisis and Diversion Action Plan, LPND Plan, and Quality Management Plan) – Recommendation to BOT for approval

The meeting dates outlined above were integral to acquiring stakeholder input. The Center and the PNAC recognize the importance of presenting information in an understandable way in order to elicit meaningful input and to clarify any concerns or questions that stakeholders might have. MHMRST wants stakeholders to understand how important their input is to the ongoing process of developing a plan to expand consumer choice and still maintain a safety net to meet local service needs. The Center has attempted large stakeholder meetings in the past (most recently May 2008), but have found that the smaller group meetings that target specific audiences/counties are more effective in the Texoma area. Center staff utilize these smaller group meetings throughout the three county area to solicit stakeholder input. Over the last several years stakeholders have expressed more interest in crisis services, jail diversion activities and the local safety net. This has occurred for several reasons. There was a new (privately operated) jail that was built in Fannin County. Grayson County has looked at building a new jail and this has caused a great deal of controversy. The emergency rooms and families were feeling the burden of the large volume of individuals experiencing a mental health crisis, especially related to drug and alcohol abuse. Although consumers and families believe having a choice of provider is a good concept, they typically are most interested in a choice of specific physician or a specific case manager (i.e. individual), rather than the choice between two “organization/company” providers.

Local Mental Health Service Delivery System

The Center is contracted with the Texas Department of State Health Services to serve 675 adult consumers and 61 child and adolescent consumers. The Center actually provides services to an average of 860 adult consumers and 93 child and adolescent consumers. The Center implemented a waiting list several years ago, but approximately one year later, responded to stakeholder input and eliminated the list. The Center stretches its limited funds to cover the individuals with a priority population diagnosis in the three county area. The Center also provides crisis services to all individuals experiencing a mental health crisis, regardless of diagnosis. The Center provides the following array of services:

- Crisis Hotline
- Screening, Assessment, Outreach and Referral
- Psychiatric Services, including Initial Evaluations and Ongoing Monitoring
- Supplemental Nursing Services
- Medication provision to individuals without other prescription coverage (utilizing a contract with a closed door, mail order pharmacy)
- Medication Training and Support
- Routine Case Management
- Counseling
- Crisis Intervention Services
- Crisis Respite Services
- Crisis Follow-up and Relapse Prevention
- Crisis Safety Monitoring
- Crisis Transportation
- Skills Training
- Psychosocial Rehabilitative Services
- Supported Employment and Supported Housing
- Assertive Community Treatment (ACT)
- Inpatient Hospital Services (utilizing a contract with Texoma Medical Center – Behavioral Health Center)
- Flexible Benefits (crisis and non-crisis)
- Intensive Case Management (only available to children & adolescents (C&A) in specific service packages)
- Family Case Management (C&A only)

- Family Training (C&A only)
- Family Partner (C&A only)
- Parent Support Group (C&A only)
- Client Benefits Assistance

The Center has a clinic in each county that is fully staffed and open from 8:00 AM to 5:00 PM, Monday through Friday. All services are available at each location. It is costly to operate the smaller, individual clinics and some MHMR centers have either closed their smaller clinics or never established them at all. MHMRST and its local stakeholders have preferred to maintain the individual clinics to improve client access and provide a “local” resource to each community. The clinics are well-established in each county and staff at each clinic work closely with law enforcement personnel, judicial personnel, schools, churches and other community partners. Even though the Center is committed to continuing to provide a fully functional clinic in each county, financial factors may play a part in that ongoing decision if the State goes forward with the proposed 5-10% funding reductions that may occur in the next one to two years as a result of State budget shortfalls.

In adult services, there are 11 Qualified Mental Health Professionals (QMHPs) who function as case managers to provide Routine Case Management, Psychosocial Rehabilitative Services, and Skills Training Services. There are two physicians and five nurses who provide psychiatric medical coverage. There are three additional case managers and an RN who comprise the Assertive Community Treatment Team. The Center has a contract with the Texas Council on Offenders and Others with Medical or Mental Impairments (TCOOMI.) The TCOOMI team consists of a full-time case manager and Continuity of Care Worker. The other staff, such as RN, physician, etc., utilize a percentage of their time to provide the services to the clients being served under the TCOOMI contract.

In child and adolescent services, there are three case managers and one program manager (who also provides direct services.) Other services are provided by staff who “share” their time between the adult and C&A programs. The Center also collaborates with schools in the catchment area to identify children or adolescents who may need services. Center staff are actively involved with the Community Resource Coordination Groups (CRCGs) in each county. The Center’s Mental Health (MH) Director and Mental Retardation/Intellectual or Development Disabilities (MR/IDD) Director co-chair the committee in Grayson County.

The Center’s MH Director also serves as the TCOOMI manager. The Director has an Assistant Mental Health Director, who also serves as the Team Leader for the ACT Team and case managers. The Assistant MH Director provides some direct services, including counseling and intake services. The Center currently has four intake staff, referred to as Triage Specialists. These staff are either licensed staff or individuals in direct pursuit of their license (i.e. interns.) The Triage Specialists handle the intake and eligibility process for adults and children, as well as providing counseling as needed/indicated. The Center employees a full-

time MH Benefits Specialist to assist clients to apply for/maintain benefits such as Social Security Disability and Medicaid/Medicare. The Benefits Specialist is also starting to transition into a role of assisting with the accounts for the 44 individuals with mental illness for whom the Center is Representative Payee. The Center has 13 clerical staff who work for both the adult and children's programs. They provide data entry and records management. Three of the clerical staff function as Prescription Assistance Program (PAP) secretaries. The Center has an aggressive PAP program which is used to secure approximately \$600,000 each year in free medications from the pharmaceutical companies. This helps to offset the Center's pharmacy costs and enables the Center to provide medications to more consumers in the most cost efficient manner possible.

As mentioned above, the clinics are well-established in each community. Staff and management work closely with law enforcement, judicial officials, healthcare providers and probation/parole departments. There are meetings held every three to six months in each county to determine stakeholder satisfaction, areas for improvement and any other concerns the community leaders may have. MHMRST staff provided an integral role in the development of a Mental Health Court in Fannin County. The MH Court was established in the spring of 2009 and currently serves 13 individuals with mental illness who are on probation. At least one MHMR staff participates in the MH Court Team meetings that occur each month.

When the Texas Legislature appropriated additional funding to provide more focused attention on crisis services, the Center established a Mobile Crisis Outreach Team (MCOT). The MCOT is staffed with five QMHPs and one LPHA intern who serves as the supervisor for the team. The team is awake and on-duty for at least 56 hours per week, stationed at their office in the Center's central (and largest) county. The initial call is answered by the Crisis Hotline personnel through the Center's contract with Avail Solutions. If a face to face assessment is needed, hotline personnel contact the crisis team. The team arrives at the assessment location within one hour for 98% of all situations deemed to be urgent. In the rare event that the team will not arrive within the one hour window, they communicate this information to the hospital or law enforcement personnel who are with the individual in crisis, to insure that the individual is being monitored for safety. Every crisis call is discussed with a clinical supervisor prior to the final disposition.

MHMRST experienced some severe financial constraints in the area of mental health services in FY 2006, which resulted in almost total depletion of the Center's reserve funds. As a result, the Center has learned to "do more with less" and deliver services in the most cost-efficient manner possible. As identified above, most staff wear several "hats" and function in many roles as a way to reduce administrative overhead and provide services as efficiently as possible. Part of the reason for the financial problems in 2006 was an excessively high pharmacy cost. The Center utilized its regional collaboration with the North Central Texas Coalition of MHMR Centers to enter into a "shared" Medical Director position that is shared with three other centers. With the Medical Director oversight, the prescribing practices were modified to be more cost-effective through use of a center formulary and close monitoring of the monthly pharmaceutical bill. The PAP and sample medications obtained each year

help reduce the use of State General Revenue to pay for medications. The Center also developed a “pay for performance” system to incentivize case manager productivity. The case manager’s hourly wage was reduced and they earn that money back through the delivery of face to face services to the individuals on their caseloads. The staff have an opportunity to earn additional money if their productivity exceeds the basic minimum requirement. This has led to a reduction in staff turnover among the case managers because they have the ability to earn additional income and hard work is rewarded. The performance system seems to have improved consumer satisfaction and outcomes because the consumers are more actively involved in their treatment.

The other significant reason for the budget shortfall in 2006 was over-utilization of the local and state hospitals. The Center established a crisis respite unit through a contractual arrangement with The Wood Group. This provides an alternative to hospitalization for individuals who need monitoring, but may not necessarily need the restrictiveness of a hospital. The Center also partners with the Behavioral Health Center (a division of Texoma Medical Center) for inpatient psychiatric coverage for individuals who cannot be maintained in a less restrictive environment. The Center has dramatically reduced its local hospital expenses by utilizing the crisis respite unit when appropriate and through diligent effort and increased clinical/management oversight of every crisis call. In FY 2006, the Center spent over \$347,000 for local hospitalization. This amount has been reduced to only \$32,000 in FY 2009 and \$9,000 spent during the first six months of FY 2010. The crisis unit and additional clinical oversight of crisis services has also reduced the Center’s use of the state hospital. Each year since FY 2006, the Center has continued to stay well below its state hospital allocation each year. The crisis services provided by the Center, including the availability of respite through the contractual arrangement with The Wood Group promotes the appropriate use of resources allocated for law enforcement and emergency medical services.

This plan also includes the following attachments:

Attachment A - Crisis Services and Diversion Action Plan

Attachment B – Local Planning and Network Development (LPND) Plan

Attachment C – Quality Management Plan (which covers both MH and MR/IDD services)