



LOCAL PLAN

FY 2006-2007

*June 1, 2006 **

Lubbock Regional Mental Health Mental Retardation Center

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* The Local Plan was approved by the Board of Trustees in August 2000. June 1, 2006 is the most current update to the Local Plan. The June 1, 2006 update is posted on the Lubbock Regional MHMR Center's website per the Department of State Health Services and the Department of Aging and Disabilities Services FY 2006 Performance Contract requirement.

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Executive Summary

Lubbock Regional Mental Health Mental Retardation Center is a partnership of Board members, staff, consumers, family members, and stakeholders who work together to identify and create service and support options that are responsive to individual needs and preferences. As the local mental health and mental retardation authority we willingly accept the obligation of public trust. We are committed to developing, maintaining, and expending resources in a manner that ensures the greatest benefit to consumers and our community.

The Local Plan provides a strategic framework for achieving our vision and mission. A significant component of this plan is the development of achievable goals that are based on assessed need and consistent with our vision and mission. By mobilizing our efforts to achieve these goals we will:

- Broaden our base of knowledge;
- Strengthen our position as a steward of public funds; and
- Assure accountability to consumers and the community.

The mission of the Center will be advanced as a result of the ongoing impetus created by consumer and community input.

We are confident that an open, inclusive process of local planning will enhance our ability to understand the needs of our community, expand service and treatment options and maximize our resources.

Vision

People facing the challenges of aging, mental retardation, mental illness and chemical dependency shall be part of a community that is safe, accessible, and supportive of individual needs and preferences.

Mission

To assure that the diverse needs of people facing the challenges of aging, mental retardation, mental illness and chemical dependency are met through the management of an accessible system of services and resources which supports individual choices and promotes lives of dignity and self-determination.

Values

- **Individual Worth:** We affirm that the people we serve share with us common human needs, rights, desires, and strengths. We respect and celebrate our cultural and individual differences.
- **Integrity:** We believe that our personal and professional integrity is the basis for public trust.
- **Dedication:** We take pride in our commitment to public service and to the care of the people we are privileged to serve.
- **Quality:** We commit ourselves to the pursuit of excellence in everything we do.
- **Choice:** We believe that a commitment to dignity and respect begins by supporting choice in lifestyles, services, supports and an enhanced quality of life.
- **Access:** We are committed to increasing access to needed services and supports.
- **Efficiency:** We are committed to the achievement of the best use of public funds and to measuring the worth of an expenditure in terms of the return of the outcome desired.
- **Continuity:** We believe in the importance of maintaining consistency and security in all aspects of life.
- **Education:** We are committed to public education concerning disability issues, human rights, and diversity.
- **Innovation:** We are committed to developing an environment which inspires and promotes innovation, fosters dynamic leadership, and rewards creativity among our staff, volunteers, and the people we serve.

Organizational Overview

Lubbock Regional Mental Health Mental Retardation Center is a Community Mental Health and Mental Retardation Center created under the authority of the Texas Mental Health and Mental Retardation Act, Articles 5547-210 to 5547, enacted by the 59th Legislature, Regular Session, effective September 1, 1965 as amended and is a non-profit agency with 501(c) (3) status.

The Center provides services for adults, children and adolescents who have a diagnosis of mental illness, developmental disabilities or substance abuse. As the state designated mental health and mental retardation authority for Lubbock, Lynn, Cochran, Crosby and Hockley counties, the Center has authority and responsibility for:

- Planning
- Policy development;
- Coordination, development and allocation of resources; and
- Oversight of mental health and mental retardation services.

As the local mental health and mental retardation authority, the Center accepts the obligation of public trust and is committed to developing, maintaining, and expending resources in a manner that ensures the greatest benefit to consumers and to the community.

The Center is governed by a nine-member Board of Trustees appointed by the City of Lubbock, Lubbock County and Lubbock Independent School District (See Appendix B: Board of Trustees). The Board of Trustees is reflective of the community, includes consumer and/or family member representation, and is governmental in nature and accountable to the public trust. Their responsibilities as the governing body of a local authority and as public stewards are paramount as they carry out their duties in:

- Determining the organization's vision, mission and values;
- Evaluating implementation activities and planning to assure:
 - Public Accountability
 - Sound Financial Planning and Asset Protection
 - A Focus on Individual and Organizational Outcomes
 - Equitable, Confidential and Dignified Treatment of Staff and Volunteers
- Developing governing policies;
- Complying with state laws applicable to board actions;
- Developing relationships with local, state and national officials;
- Advocating for funding and statutory changes, which will support the vision, mission and values of the Center.

History

Originally known as the South Plains Guidance Center, Lubbock Regional MHMR Center was created in February 1964 as a result of the efforts of the Lubbock Community Planning Council and in response to the identified need for services for people with mental illness and mental retardation within the Lubbock community. The Mental Health and Mental Retardation Act of 1965 prompted a request to the Texas Department of MHMR by the City of Lubbock for the formation of a Community MHMR Center in the Lubbock area. The request was approved and the Board of Trustees of Lubbock Mental Health Mental Retardation Center was appointed in March of 1966. The original local service area, Lubbock County, was expanded in 1975 to include Cochran, Crosby, Hockley and Lynn Counties. At that time the Center's name was changed to Lubbock Regional Mental Health Mental Retardation Center.

Over the ensuing thirty plus years, the Center's scope of responsibility and geographic service area have steadily broadened, even beyond the five county MHMR service area, through its relationship with a variety of state agencies (for example, the Texas Department of State Health Services (DSHS), Texas Department of Aging and Disabilities (DADS), Texas Department of Criminal Justice, Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), Texas Department of Family and Protective Services (DFPS) and designation as a Local Mental Health and Mental Retardation Authority. Under this designation, the Texas Department of Health and Human Services Commission (HHSC) delegates the authority for planning, policy development, coordination, resource allocation and resource development, and oversight of mental health and mental retardation services to the Center for the service area specified by HHSC. The Center's operating budget has likewise grown from the original budget of \$125,864 (Fiscal Year 1968) to the current budget of nearly \$23 million (Fiscal Year 2006). The Center employs 459 employees, of which 330 are direct care, 86 are support positions, 40 are technical/program management positions and 3 are executive positions. The Center manages 182 contracts with public, private for-profit and private non-profit providers. More than 9500 people last year accessed the Center's network of mental health, mental retardation and addiction treatment, prevention and intervention services. These services are available throughout the geographical area and are provided in a variety of locations as determined by individual need.

Accountability as a Public Steward

Public trust is the obligation placed on the Board of Trustees, and the Center as a whole, to develop, maintain, preserve and expend resources to ensure that the organization's activities benefit the Center's consumers and the community. Consumer and stakeholder input is crucial to the effectiveness and responsiveness of all planning activities. This input is obtained through a variety of mechanisms such as the Center's Advisory Committee, focus groups, community needs assessments, consumer volunteerism and consumer satisfaction surveys.

In accordance with the requirement in the DSHS/DADS FY 06 Performance Contract to determine the number of Planning and Network Advisory Committees necessary, during FY 04, the Center supported (3) Advisory Committees, the Mental Health Planning Advisory Committee, the Mental Retardation Planning Advisory Committee and the Network Advisory Committee. These (3) Advisory Committees evaluated the Center needs for Planning and Network Advisory Committees and recommended to the Board of Trustees that one advisory committee be formed. All the current members from the (3) committees were integrated into the newly formed Planning and Network Advisory Committee. Additional members were added in January 2005. A charge to the committee was made by the Board of Trustees and new committee guidelines and objectives were developed.

Additional Community Advisory Committees also provide input into Center planning. These include the Children and Youth Advisory Council (CYAC), the Community Youth Development Advisory Committee, the Regional Medicaid Advisory Committee and the Bio-terrorism Regional Advisory Council.

Alliances & Affiliations

Developing a system of care and expanding resources to meet the needs of consumers requires the building of sound collaborative relationships with a wide array of agencies and other entities both public and private. The Center has forged many partnerships that are crucial to the planning and delivery of mental health, mental retardation and substance abuse service. As resources in the services environment become scarcer, the need for effective collaborations has become even more critical to the provision of adequate services in the community. While it would be impossible to list all entities with which the Center has established partnerships, a few examples include:

Local Government:

City of Lubbock
 - Law Enforcement
 - Community Development
 Lubbock County
 - Sheriff's Department
 - Lubbock County judge
 Lubbock Independent School District
 Lubbock County Hospital District
 South Plains Association of Governments (SPAG)

Local and Surrounding Agencies:

Guadalupe Economic Services
 United Way
 Life Run Independent Living Center
 Goodwill Industries
 Volunteer Center of Lubbock
 Salvation Army
 Catholic Family Services
 Lubbock Housing Authority
 American Red Cross
 South Plains Food Bank
 Buckner's Children's Home
 Planned Parenthood
 YWCA
 Central Plains MHMR Center
 West Texas Centers for MHMR
 Public and Private Providers
 Area Churches
 Lubbock Community Health Clinic
 Lubbock Fetal Alcohol Spectrum Disorder (FASD)
 Diagnostic Team

Local & Regional Community Involvement:

Children & Youth Advisory Council
 Bio-terrorism Regional Advisory Council
 Community Resource Coord. Groups
 Regional Director's Roundtable
 Development and Education for Birth Through Two (DEBT)
 Rural South Plains Coalition
 South Plains Transportation Alliance
 Lubbock Chamber of Commerce
 Family Business & Leadership Development Forum
 Regional Medicaid Managed Care Advisory Committee
 South Plains Homeless Consortium
 Lubbock Area FASD Coalition
 Lubbock Emergency Operations Center

Accrediting Bodies:

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 Council on Accreditation of Rehabilitation Facilities (CARF)

Governmental Bodies:

Texas Department of Aging and Disabilities
 - Central Office
 - State Facilities
 Texas Department of State Health Services
 - Central Office
 - State Facilities
 Texas Department of Criminal Justice
 Texas Department of Health and Human Services
 Texas Department of Assistive and Rehabilitative Services
 Texas Dept of Housing and Community Affairs
 Social Security Administration
 Texas Department of Family and Protective Services
 Area Agencies on Aging

Education:

Texas Tech University Health Sciences Center
 Texas Tech University
 South Plains College
 Local School Districts
 Region XVII Education Service Center

Advocacy Organizations:

NAMI
 Texas Mental Health Consumers
 Schizophrenics Anonymous
 Texas Association on Mental Retardation
 American Association on Mental Retardation
 Advocacy Inc.

Other:

Texas Community Solutions
 Texas Council of Community MHMR Centers
 National Council for Community Behavioral Healthcare
 Texas Council Risk Management Fund

Local Planning Process

The basic tenant behind the local planning strategy espoused by the Center is that every aspect of the process should include mechanisms for consumer, family, stakeholder, and community participation. The planning process utilizes local input to guide the development, management, and evaluation of the Center's service delivery system. Multiple methods are used to obtain local input, including but not limited to the following:

- Board of Trustees policy direction;
- Planning and Network Advisory Committee recommendations;
- Children and Youth Advisory Council;
- Child and Adolescent Community Resource Coordination Group recommendations;
- Community Resource Coordination Group for Adults recommendations;
- Community Needs Assessment findings;
- Direct service provider input;
- Collaboration with other community agencies;
- Education and training opportunities;
- Peer and support group input;
- Public input through public forums and focus groups;
- Consumer complaints and appeals;
- Recommendations of reviewers and auditors;
- Agency self-assessment findings; and the
- Person directed planning process.

The Planning and Network Advisory Committee (PNAC) has served as a key component in the Center's local planning process. New members of the committees are presented to the Board of Trustees for approval. Committee membership consists of over 50% consumers and family members.

The Advisory Committee meetings include verbal and written reports, such as survey results, complaints, abuse and neglect data, budgetary changes, programmatic issues, service assessments, procurement, staffing and consumer demographics. The committee's activities and recommendations are an integral part of the Quality Management Process, through report to the Board of Trustees, feedback to Center Management, feedback to Network Management, all of which influence the development and revision of the Local Plan..

Plan Review

In an effort to assess the effectiveness of the local planning process, it is necessary to monitor and evaluate the plan on an ongoing basis and adjust the plan as necessary based on these evaluations. The input obtained through the local planning process is used to develop an Operational Plan that specifies the goals, objectives, and strategies necessary to successfully implement the plan. The evaluation process is being enhanced during this fiscal year 2006 in order to ensure that significant progress is being made towards the accomplishment of the Center's major goals. The major focus of the weekly Center Management meetings is discussion and reporting of the current status and activities of the strategies supporting the objectives and goals of the Operational Plan.

The diagram below demonstrates how consumer, family member and stakeholder input become the basis for the local plan and evaluation of the planning process.



External and Internal Assessment

It is critical to identify and adjust to the external environment surrounding Center operations. The external environment includes factors such as economics, public perception, legislation, political climate, changing demographics, technological advances, research findings, and treatment innovations. While it is impossible to anticipate and plan for all external factors, dynamic leadership and flexibility allows for prompt reactions to the demands of the environment. Events within the past few years, including the 78th legislative sessions and the statewide implementation of the Resiliency and Disease Management Initiative, present perhaps the most sweeping challenges for Texas Community MHMR Centers in their history of existence. Several important external factors have required modifications to the service system as discussed below.

Shifting Demographics

The 2000 Census reveals several important dynamics in Lubbock area demographics, including changes in terms of age and race. Compared to Texas, Lubbock has a lower percentage of children ages zero through four and a higher percentage of people over age sixty-five. With a lower fertility rate than the state, the Lubbock area population is likely to continue to age. The demographics of the area are also shifting in terms of racial distribution. While there is a larger proportion of children of Hispanic ethnicity than adults of Hispanic ethnicity, there are decreases in proportions of Caucasian children to Caucasian adults, African-American children as compared to African-American adults, and those of other racial/ethnic backgrounds.

The Mental Health report released by former U.S. Surgeon General David Satcher focusing on culture, race and ethnicity says that minorities "are less likely than whites to use services, and they receive poorer quality mental health care." The diversity of the West Texas area calls for the assurance of services that are culturally appropriate. It is also critical to address the disparities in the percentage of minorities receiving services as compared to the general population. Furthermore, mechanisms are necessary to ensure that consumer and public input is obtained from a diverse representation of the population.

As people become older they tend to require increased support services and medical care. It is important for the system to meet the needs of consumers as they age. It is also necessary to take into account the aging of the primary caregivers of people with mental illness and mental retardation. Some elderly develop major depression, other major mental illness, Alzheimer's, and other forms of dementia later in life. Suicide rates among people over the age of 85 are nearly twice the overall average.

Uninsured Population

A large percentage of the population of the Center local service area is medically uninsured. The identification of funding sources is an ongoing challenge in supporting individuals who are in need of services and are uninsured. While the Children's Health Insurance Program (CHIP) has the potential to have a positive impact on being able to support children who have previously been uninsured, only approximately 7% of the children and adolescents served by the Center are currently enrolled in CHIP. The lack of affordable health insurance for people with low-income wages and those that are unemployed continues to be an issue, especially among adults needing mental health services. Good news is that the 79th Legislature did restore the mental health benefit for CHIP and the Medicaid mental health benefit (counseling) for adults.

Public Expectations and Involvement

Public demand for a higher quality and quantity of services, as well as a leaner government has resulted in the reexamination and reshaping of the Community Mental Health and Mental Retardation Service System. An increased level of public input in the development of processes and services has resulted in a renewed focus of the Center's role as a steward of public funds.

Interagency Initiatives

The outcomes of the 78th legislative session reduced resources for multiple agencies involved in the provision of health and human services. The passage of HB 2292 directed the integration and reorganization of many of these agencies under the auspices of The Health and Human Services Commission. It becomes more critical for all community resources to come together to find new and innovative ways to meet the needs of the local community. It is recognized that much effort and progress has been made toward the integration and reorganization of the state level agencies as evidenced within the Draft *2007-2011 Coordinated Strategic Plan for Health and Human Services*. Lubbock was one of the sites selected for stakeholders to have opportunity for input into the strategic plan. The Public Hearing in Lubbock was held 4/25/06. Lubbock Regional MHMR Center's Chief Executive Officer did present comments at the hearing.

Advances in Research and Understanding

The design, delivery, and evaluation of services and supports are changing with advances in research and understanding. Research in the areas of mental health and mental retardation has resulted in greater knowledge of more effective prevention, intervention, and treatment methods. The importance of involving consumers and their natural supports in identifying and measuring outcomes has been recognized.

New Generation Medications for Adults

The efficacy of new generation medications has been established. It is anticipated that these medications will play an even more important role in the treatment of mental illness. New generation medications are significantly more costly than traditional medication, resulting in increased medication expenses by the Center to provide new generation medications to people with low incomes lacking other resources. As consumers use new generation medications and become more stable, the need for community supports such as supported employment and supported housing increases. The need for new generation medications funding is likely to increase as their effectiveness continues to be revealed and even more efficacious medications are developed.

Challenges for the future include even more vigorous efforts to access existing funding sources such as Patient Assistance Programs and Medicaid, the development of medication purchasing alliances, and local collaborations with the County Hospital District, the Lubbock Community Health Center and others to develop new ways of sharing the local responsibility for care.

Texas Medication Algorithms Project

The Texas Medication Algorithms Project (TMAP) was designed to develop and implement a set of medication algorithms for three major psychiatric disorders (schizophrenia, major depressive disorder, and bipolar disorders) in adults that would help improve quality of care and decrease some of the variation in psychiatric medication practice. One of the goals of TMAP was to focus on optimizing outcomes with the underlying assumption that long-term costs thereby could be minimized. The ultimate goal of the project was to develop and continuously update medication algorithms or clinical pathways and to train systems to utilize them in order to reduce the immediate and long-term emotional, physical and financial burdens of mental disorders for clients, their families, and their health care systems. The Center participated as a TMAP project site treating individuals in a bipolar "control" group and individuals in a schizophrenia algorithm. Since the conclusion of TMAP, Texas Implementation of Medication Algorithms (TIMA) has been incorporated in the contracts of local mental health authorities. TIMA now addresses implementation statewide of algorithms for Major Depressive Disorder, Schizophrenia, and Bipolar Disorder.

The TIMA Algorithms, and the science-based research upon which they were developed, have become the core evidence-based practices around which the Department of State Health Services (DSHS) Resiliency and Disease Management (RDM) Initiative has been constructed. Lubbock Regional participated as one of the four initial rollout sites selected for the implementation of RDM.

Criminal Justice & Mental Health

An ever-increasing national, state, and local problem is the prevalence of mental illness among people involved in the criminal justice system. Nationwide approximately 7% of people in jail and 14% of people in prison have some form of mental illness.

Attachment D contains Lubbock Regional MHMR's Jail Diversion Plan.

President's New Freedom Commission on Mental Health Report

The President's New Freedom Commission Report (Attachment M) issued July 2003, takes the American mental health system to task for being fragmented, disconnected and often inadequate, a patchwork relic resulting from disjointed reforms and policies. The report declares "traditional reform measures are not enough..." and recommends a wholesale transformation that involves consumers and providers, policymakers at all levels of government, and both the public and private system. A summary of specific recommendations includes:

- Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention
- Address mental health with the same urgency as physical health
- Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance
- Involve consumers and families fully in orienting the mental health system toward recovery
- Align relevant federal programs to improve access and accountability for mental health services
- Create a comprehensive state mental health plan
- Improve access to quality care that is culturally competent
- Improve access to quality of care in rural and geographically remote areas
- Promote the mental health of young children
- Improve and expand school mental health programs
- Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies
- Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports
- Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses
- Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation
- Improve and expand the workforce providing evidence-based mental health services and supports
- Use health technology and telehealth to improve and coordinate of mental health care, especially for Americans in remote areas or in underserved populations.

Promoting Independence Initiative

In the fall of 1999 the U.S. Supreme Court (*Olmstead v. L.C.*) ruled that states have an obligation to allow access into existing community-care programs for people in institutional settings if:

- The state's treatment professional determines that community care is appropriate for the individual and;
- The individual or legally authorized representative chooses to leave that institutional setting in favor of community care; and
- The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of other persons with mental disabilities.

Also in fall of 1999, Governor George W. Bush passed the statewide Promoting Independence Initiative under Executive Order 99-2 to the Health and Human Services Commission. This initiative emphasizes the importance of providing community-based alternatives to institutional care.

Lubbock Regional MHMR was awarded an Olmstead Grant of initially \$211,661. The program was initiated September 1, 2004 for (2) years. This is a Tenant Based Rental Assistance program for persons affected by the Olmstead Decision. Persons affected by the Olmstead Decision include individuals residing in institutions with a desire to transition into the community. In February 2006, the program was extended to July 31, 2007 and increased available funds to \$514,000, allowing the target of the number of people to be assisted to increase from (20) to (42).

Self Determination Project

The Texas Council for Developmental Disabilities awarded a statewide grant to implement Self Determination training throughout Texas. Lubbock Regional MHMR, representing the South Plains and the Panhandle, is one of four original regional sites contracted to participate in this project. The other three are: Midland ARC, representing Rural West Texas; Life Path Systems, representing Dallas-Fort Worth Metroplex; and The Arc of the Gulf Coast, representing the Gulf Coast and Coastal Plains. The purpose of the Self Determination for Texas project is to bring the principles and practices of self-determination to individuals with developmental disabilities and their families, the diverse cultures of Texas communities, Texas providers, and administrative systems. This project is designed to bring to it specific, programmatic information and learning; skills for individuals, providers, and state agency decision makers; and support to the growing systems change efforts within Texas. The original grant period ends May 31, 2006. Lubbock Regional MHMR has developed strategies within the Center's Operational Plan to expanded self-determination through the creation of support and self-advocacy groups.

Statewide Service System and Funding

The last (2) Legislative Sessions have had profound impact on treatment and services for people not only with mental illness and mental retardation, but also people with any type of health issue.

The 78th Legislature, Regular Session, 2003, passed H.B. 2292, mandating a comprehensive redesign and transformation of the administration and delivery of health and human services in Texas. Twelve (12) agencies were consolidated into a 5-agency system. The Texas Department of Mental Health and Mental Retardation was one of the Texas agencies identified to be eliminated and its functions reorganized under HHSC. Three agencies, Texas Commission on Alcohol and Drug Abuse, Texas Department of Health, and the Mental Health Division of TDMHMR, were combined to form one entity, The Department of State Health Services. The Mental Retardation Services Division of TDMHMR was joined with the Department of Aging and Disability Services. The Texas Department of Mental Health and Mental Retardation ceased operation September 1, 2004. The consolidation of all the agencies was accomplished also by September 1, 2004. The other (2) agencies joining the HHS System were the Department of Family and Protective Services (DFPS) and the Department of Assistive and Rehabilitative Services (DARS). Similar agency administrative support functions such as Human Resources and purchasing were transferred to HHSC and consolidated. The Draft FY 2007-2011 HHSC Coordinated Strategic Plan is currently being presented statewide for stakeholder comments. The Plan evidences much work has been accomplished toward the consolidation and transformation of the HHS System while "much remains to be done in furthering the transformation of the HHS System and in responding to the dynamic circumstances faced in delivering health and human services that meet the evolving needs of the citizens of Texas."

The 79th Legislature, Regular Session, 2005, impacted the structure and delivery of health and human services in Texas in the following:

- The legislature showed a commitment to the reduction of the interest lists across all DADS waiver programs to include \$79.5 million GR for reducing interest lists. Additional Home and Community

Based (HCS) slots became available and were allocated across the MRAs. Lubbock Regional MHMR received (1) additional slot which will become effective in 2007.

- H.B. 2572, passed by both the Senate and the House, allowing Community Mental Health & Mental Retardation Authorities to continue in the roles as the local authority and as a provider of services, was vetoed by the Governor Rick Perry June 17, 2005. The Governor's Executive Order directed the Texas Health and Human Services Commission ("HHSC") to continue the implementation of Section 533.035 (e) through (g) of the Health and Safety Code as it relates to the requirement that community mental health and mental retardation authorities operate as providers of last resort. The Order also directed the executive commissioner of HHSC to immediately request clarification from the Office of the Attorney General as to the applicability of this Health and Safety Code to the provision of mental health services. The Attorney General published, GA-0416, March 16, 2006 upholding that this code applies to the provision of both mental retardation and mental health.
- The Texas Legislature has considered funding equity among local MHMR authorities since the 75th Session. Most significantly the 78th Legislature passed TDMHMR Rider 15 requiring TDMHMR to develop and implement a long-term equity plan in fiscal years 2006 – 2011. In response, DSHS and DADS both developed equity plans as required. The departments subsequently submitted their respective equity plans as part of their 2006 – 2007 Legislative Appropriation Requests. The 79th Legislature passed HHS Special Provision (SP) 29 to expand the plans' implementation period from fiscal years 2006 – 2013. The Texas Council continues to work with both DSHS and DADS on further developments regarding plan implementation.
- Permanency planning is a philosophy and planning process that focuses on the outcome of family support for children with developmental disabilities. This is achieved by facilitating a permanent living arrangement for a child, individuals under the age of 22, with an enduring and nurturing parental relationship. S.B. 40, amended the Texas Government Code to require that permanency planning be conducted by an entity other than the institutional provider of long-term services and supports and requires the institutional provider to participate in permanency planning and cooperate with request for records by the entity responsible for the permanency planning process.
- While planning for the Resiliency and Disease Management initiative began at TDMHMR prior to the 78th Legislative session, the importance of this development to the Mental Health service delivery system was reinforced by this legislative mandate to incorporate a Resiliency Disease Management Model into the provision of services statewide effective September 1, 2004. The TIMA algorithms provide the vehicle for a Resiliency and Disease Management (RDM) approach for the treatment of Major Depressive Disorder, Schizophrenia and Bipolar Disorder. Lubbock Regional MHMR was an initial implementation site for RDM with three other implementation sites; Texas Panhandle MHMR, Hill Country MHMR, and Tarrant County MHMR to develop and refine the tools and processes for this systems change initiative. Currently, the Adult and the Children and Adolescent Resiliency and Disease Management models are implemented in all (41) Community MHMR Centers in Texas.

The Department of State Health Services (DSHS) plans in the future to roll out a fee-for-service payment model. Fee-for-service describes a model of payment for services. In the contractual relationship with DSHS, this means that the Center will receive a payment for a service, after it has been provided, based on a rate established by the State that may or may not cover the entire expense of the Center to deliver that service.

Planning for this model has occurred over the last several years, Community MHMR Centers have:

- Implemented the Cost Accounting Methodology (CAM) and analyzed costs to provide services

- Redirected clinical practices toward implementing the Resiliency and Disease Management (RDM) service model;
- Analyzed and deployed the resources necessary to provide the services required within the RDM model;
- Measured status toward implementing the RDM service model through the data captured within internal data systems and the DSHS Business Objects data system; and
- Established utilization management systems that measure the capacity of the system, admit persons based upon available capacity, and authorize services.

Identified needs are to:

- Become proficient in the delivery of the RDM service model;
- Ensure provision of services to all persons admitted into Service Packages;
- Achieve the minimum and average hours within the RDM Service Packages;
- Analyze and manage the cost per service package per client;
- Control costs for medications and crisis services;
- Increase productivity to meet contractual obligations;
- Begin budgeting and planning for a retrospective payment for services rather than a lump sum prospective payment;
- Obtain timely clarification and direction from DSHS or DADS should the plans roll out; and
- Gear up for a system that requires flexibility, prompt and accurate analysis, and a rapid response.

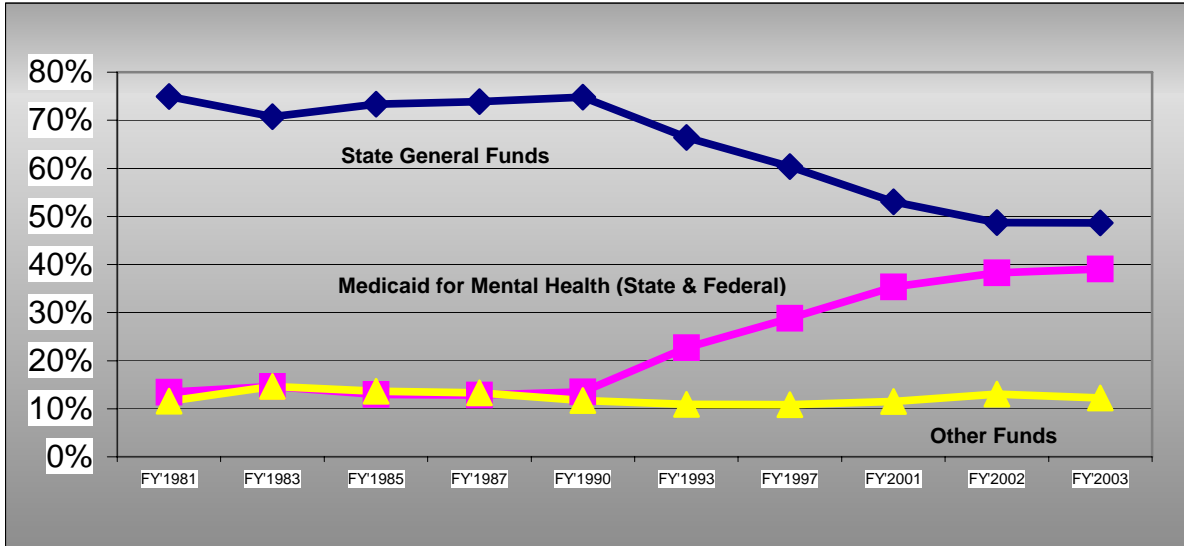
Additional challenges presented the Community MHMR Centers in FY 06 are within the State Contracts with the Department of State Health Services (DSHS) and the Department of Aging and Disabilities (DADS). The contracts contain measures of high accountability and financial penalties for not achieving the measures. Some penalties are configured to permanently reduce related allocation of funds. Additional challenges faced are that the rates for reimbursement of services have not increased matching rising health costs, as well as, the setting of rates are not equitable across the health care system. General revenue funds from DADS and DSHS have less flexibility. The general use is to meet performance targets and for state Medicaid match. Any general revenue allocations not used at the end of the FY are returned to the state. The cost reimbursement grants also are less flexible.

Funding for Services

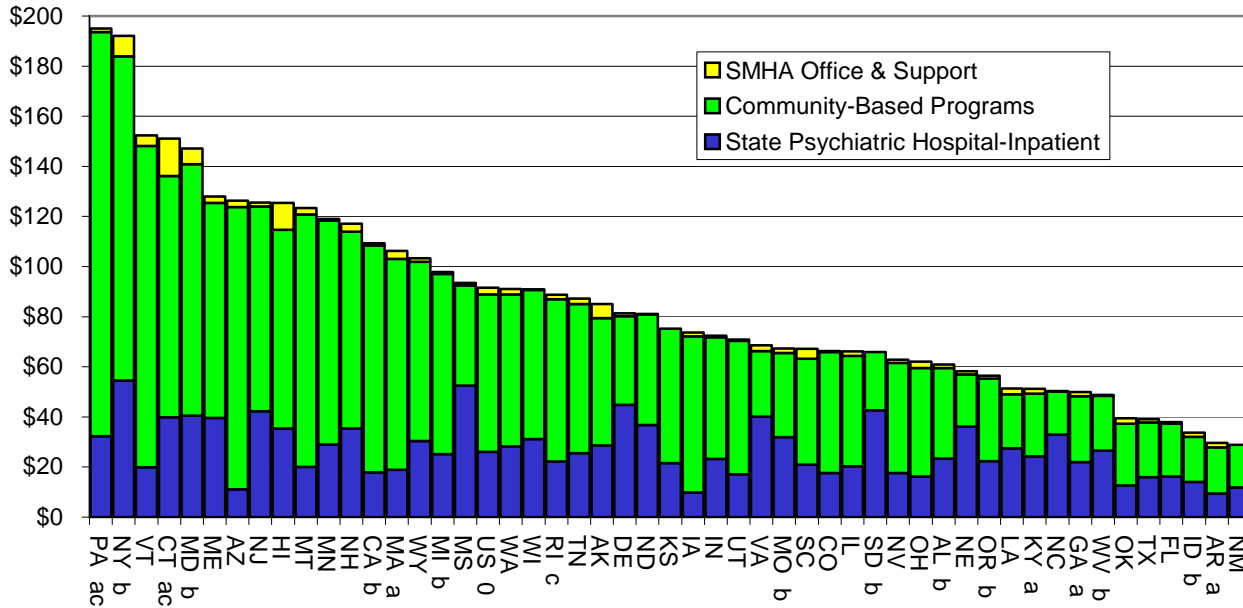
A significant trend in state mental health financing is the increasing role Medicaid plays in funding public mental health services. Texas has increased reliance on Medicaid to leverage limited state financial resources to obtain federal funds. This raises several concerns. Even though leveraging federal funds through Medicaid may increase the available resource base, it reduces the capacity of the state to implement the most effective programs and services. Also, many indigent persons with serious mental illness have not been determined disabled by the Social Security programs and therefore are not eligible for Medicaid. So, as available resources are used for the state's matching portion to bring down Medicaid dollars, there are less state dollars available to serve persons not Medicaid eligible and less resources to provide services that are not funded by Medicaid.

The following chart (1) depicts the strong shift over the past two (2) decades of state mental health authorities (SMHA) decreasing the general revenue state funds while increasing reliance on Medicaid funding to support the delivery of mental health services. Per capita expenditures for community mental health, mental retardation and substance abuse services in the state of Texas continue to be among the lowest in the nation. Chart (2) illustrates Texas's standing in per capita expenditures for mental health services.

SMHA-Controlled Revenues By Source As a Percent of Total Funds: FY1981 to FY2003



Fiscal Year 2003 SMHA-Controlled Per Capita Expenditures For Mental Health Services



Source: NASMHPD Research Institute, FY 2003 Revenues and Expenditures Study & 2004 State Profiles System

State Hospital Services

Lubbock Regional Mental Health Mental Retardation Center has no bed days from the trust fund allocation for FY 06 due to the presence of Sunrise Canyon Hospital, a 30 bed state funded, center operated community-based Psychiatric Hospital in Lubbock. The majority of State Hospital bed days utilized by the Center in recent years have not been easily controlled, as they were used for two primary reasons: 1) bed days used for admissions that circumvented the Local Authority admission authorization process; and 2) bed days used for 46.02 commitments (restoration of competency to stand trial). Performance Improvement activities around these issues have resulted in increased compliance with the Local Authority admission authorization process through Memorandums of Agreement with State Hospitals and the implementation of a Competency Restoration component at Sunrise Canyon Hospital. These developments have further decreased the Center's dependence on State Hospital beds. The Center also maintains contracts for regional Psychiatric hospital beds for children and adolescent admissions, and adults' beds in the event Sunrise Canyon is at capacity. Despite the minimum need for access to State Hospital beds, Center management has remained active in discussions and planning in the West Texas region related to use of beds at Big Spring State Hospital. Some of the issues under discussion include State Hospital compliance with TIMA, discharge medications, and increasing communications and planning related to transfers and discharge beginning at pre-admission.

Market Profile

Lubbock is the medical center for the entire West Texas and Eastern New Mexico region, offering the most comprehensive health care services between Dallas and Phoenix. Lubbock's hospitals provide state-of-the-art medical services, which explains why people from 77 counties in West Texas and Eastern New Mexico travel to the city for their health care needs. The health care sector is a vital component of the Lubbock economy. It employs more than 17,000 people, whose payroll (\$543.3 million) and related contributions provide a \$735.6 million impact to the Lubbock area. The Texas Tech University Health Sciences Center (TTUHSC) houses schools of Medicine, Allied Health, and Nursing. Regional campuses are maintained in El Paso, Amarillo, and Odessa. The TTUHSC holds a national reputation for excellence in teaching and research. Lubbock Regional MHMR Center is recognized in the top 25 major employers in Lubbock.

Lubbock Healthcare
 Industry Profile:

Clinics	102
Hospitals	7
Hospital Beds	2,018
Doctors and Dentists	716
RNs and LVNs	4,387
Retirement/ Nursing Homes/ Assisted Living	36

Major Area Medical Facilities:

Sunrise Canyon Hospital

Sunrise Canyon Hospital is a 30-bed inpatient mental health treatment facility operated by Lubbock Regional MHMR. Services are provided to adults with mental illness who meet the criteria for involuntary admission and are in need of crisis care or who are transitioning into the community from more restrictive and long-term treatment environments. Service delivery and design are based on the belief that recovery from mental illness is supported most fully by partnerships and collaboration with consumers, professionals and the community.

Sunrise Canyon Hospital provides a community-based alternative to State Hospital services, and the 30 beds serve as Lubbock Regional's State Hospital bed allocation.

Canyon Lakes Residential Treatment Center

Canyon Lakes provides treatment for emotionally disturbed children ages five to seventeen. The center specializes in treatment for oppositional/defiant behavior, conduct disorders, and depression. Crisis services have been added to its residential program.

Highland Medical Center

Highland Medical Center is a 123-bed medical /surgical facility providing staff privileges to more than 150 physicians. The hospital offers services ranging from obstetrics to orthopedic surgery and skilled nursing. Specialized treatment is available at the Highland Regional Center for Diabetes and in such areas as rehabilitation, pain management, mammography, osteoporosis screening, and physical therapy. The Lubbock Rehabilitation Institute provides inpatient and outpatient services for patients with stroke-related problems, head injuries, arthritis, neuromuscular diseases, and amputations.

Covenant Health System

The merger of Methodist Hospital and St. Mary of the Plains Hospital has resulted in Covenant Health System. This not-for-profit system of services now has 1338-beds and is owned and operated by the St. Joseph Health System in Orange County, California. Over 600 physicians provide comprehensive medical care in areas such as cardiology, rehabilitation, women's and children's services, mental health, chemical dependency, home health care, corporate wellness, neurodiagnostics, outpatient services, and pediatric and neonatal intensive care.

University Medical Center

University Medical Center (UMC) is a 422-bed hospital serving as the primary teaching hospital for the Texas Tech University School of Medicine. The hospital consists of general and specialized medical and surgical facilities. As the most specialized medical center in the region, UMC provides many one-of-a-kind services and is the first designated Level 1 trauma center in the state of Texas. More than 130 full-time faculty physicians from Texas Tech University Health Sciences Center, 200 physicians from the Lubbock community, fellows in four specialty areas of patient care, and 162 resident physicians in 12 specialties provide services at UMC. In addition, UMC compliments the services provided at Sunrise Canyon Hospital by providing physical health assessments, care and medical clearance as needed. Sunrise Canyon provides inpatient mental health services to individuals presenting at the UMC emergency room who are in need of psychiatric inpatient crisis care.

Lubbock Heart Hospital

Lubbock Heart Hospital, LHH, is a for profit cardiac specialty hospital that opened December 2003. LHH was developed by Heart Hospitals of America, LLC and local cardiovascular physicians. The hospital is a 74-licensed bed facility inclusive of 16 cardiac care beds. Services encompass cardiovascular diagnosis, treatment and emergency care.

Southwest Regional Medical Complex

The Southwest Regional Medical Complex located at 1409 9th Street operates a 30 bed long term acute care facility. The average length of stay is 25 days. Additionally, the complex operates a 58 bed skilled nursing facility for rehabilitative services.

The Larry Combest Community Health and Wellness Center broke ground at the center's new location, 214 40th St. in December 2004 and welcomed East Lubbock residents in late 2005. The new facility, is about 6,400-square-feet, with seven exam rooms, a large exam room, room for a pharmacy, counseling spaces and a community center for health care education.

Scott Laboratories, Inc. opened a new \$25 million health care complex April 2006. The 100,000-square-foot facility, Grace Clinic, is built on a seven-acre tract off the Marsha Sharp Freeway between Quaker and Salem Avenues. The facility is specifically engineered to offer high tech customer service.

Lubbock Profile of Providers of Services for Mental Retardation and Related Conditions:

State Mental Retardation Facilities (ICF/MR) (Intermediate Care Facilities for Persons with Mental Retardation)	1
Community-Based ICF/MR	9
Home & Community Based Services (HCS) Programs	8
Texas Home Living (TxHmL) Program	6
Day Habilitation	8

Appendix L provides a brief explanation of the mental retardation services and supports provided by the Texas Department of Aging and Disabilities (DADS) and lists of the active providers currently operating in the Lubbock area. DADS recently released a report, May 2006, providing statewide information about the individuals on the Interest List for Mental Retardation Services and Supports. Following release of this report, Lubbock Regional requested information of specificity to each Mental Retardation Authority (MRA). The link to that MRA specific information has been obtained and will be reviewed to make needed revisions to the Local Plan as indicated.

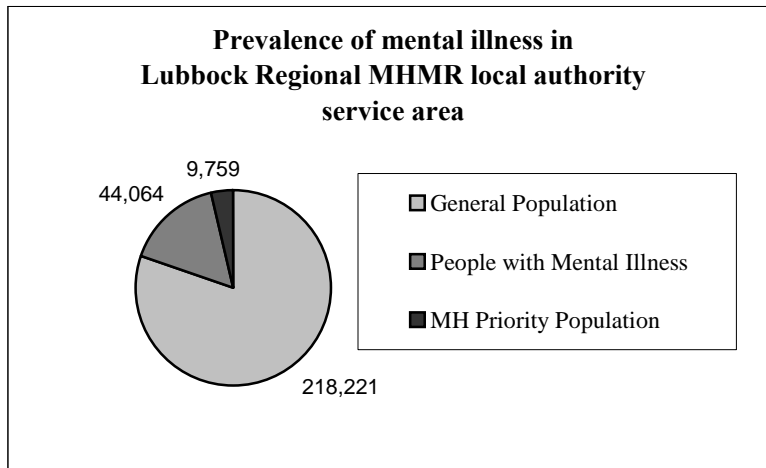
Local Authority Assessment Components

Consumer Population

Mental Health Services

The priority population for mental health services consists of:

- Children and adolescents under the age of eighteen with a diagnosis of mental illness who exhibit severe emotional or social disabilities which are life-threatening or require prolonged intervention;
- 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. A person must have a diagnosis of severe and persistent mental illness: schizophrenia, major depression or bipolar disorder to receive ongoing and long-term support and treatment

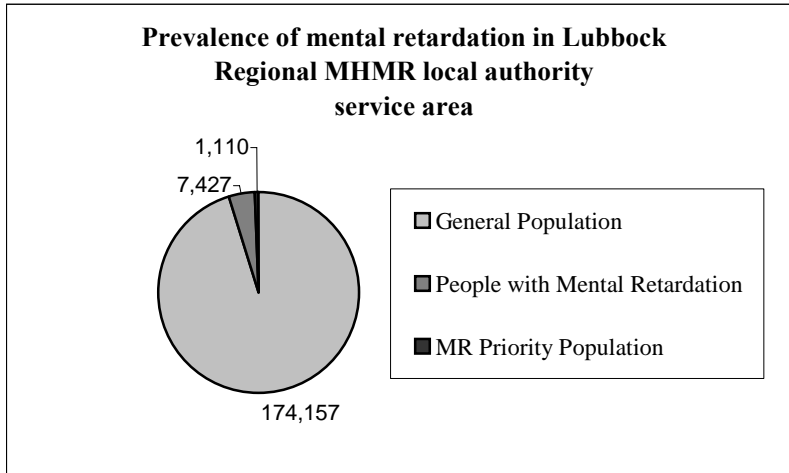


Source: TDMHMR prevalence data

Mental Retardation Services

The 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 Texas Health and Safety Code, Section 591.003;
- Autism and pervasive development disorders as defined in the current edition of the Diagnostic and Statistical Manual (DSM).
- Eligibility for OBRA '87 mandated services for mental retardation or a related condition as per specific legislation.



Source: TDMHMR prevalence data

In targeting services to the priority populations, the need for admission to services is determined jointly by the person seeking service and the Center. A choice of providers to deliver the service is provided whenever possible. As a result of Benefit Design implementation, only those individuals with a diagnosis of Major Depressive Disorder (severe), Schizophrenia or Bipolar Disorder will be eligible for inclusion in longer term services contained in service package I, II, III or IV. Other individuals will remain eligible for Crisis Services and short term Crisis Resolution which may include access to hospital services.

Chemical Dependency Services

The Center also provides an array of prevention, intervention, and substance abuse treatment services through contract with the Texas Department of State Health Services, the Texas Department of Criminal Justice and other third party payors. Eligibility for treatment services is based on chemical dependency diagnosis, individual program requirements and the availability of resources.

- **Outreach, Screening, Assessment and Referral (OSAR)**
This program serves as an essential link between prevention, intervention and treatment services and plays an integral role in assuring that people in need of services receive access to the appropriate level and type of substance abuse services through effective coordination with service providers.
- **State Incentive Grant (SIG)**
This grant was to establish a youth coalition to develop and implement a comprehensive resource plan for substance abuse prevention. A coalition has been successfully established in Slaton and had been structured to continue as an independent 501© organization following the end of the grant period June 30, 2006.
- **HIV Street Outreach**
HIV Outreach is a program which provides prevention and intervention services for people whose behavior places them at an increased risk for contracting the HIV virus. Outreach workers take risk-reduction education and prevention strategies directly into areas having significant numbers of persons at-risk. HIV testing is done by the outreach workers at Lubbock County Jail, and other high risk people are referred to the City Health Department for testing.
- **Opioid Pharmacotherapy (Methadone Clinic)**
The Methadone Clinic is a service for people who are addicted to opiates. The service assists them in developing the life skills necessary to stabilize their lives and families. Counseling and education are also provided to help people learn skills to prevent relapse.

- **Co-Occurring State Incentive Grant Systems Project**
This project provides funding through a voucher arrangement that makes additional community supports available to individuals with a co-occurring psychiatric and substance use diagnosis. Examples of services that can be purchased include housing assistance, childcare, transportation, clothing, educational and vocational assistance, medical care and temporary food assistance.

- **Access to Outreach (ATO) and Access to Recovery (ATR)**
Access to Outreach and Access to Recovery are federal grants awarded to Texas this year, 2006, for funding of \$7.6 million per year for 3 years with the goal to increase substance abuse services. Texas is one of 15 states participating in the ATO/ATR initiative. The grants in Texas are administered by The Texas Department of State Health Services (DSHS). The Lubbock County Drug Court initiated the receipt of the ATO/ATR initiative for the Lubbock area. DSHS appointed Lubbock Regional as the Single Assessment Provider for the Lubbock jurisdiction. The other identified counties in which the ATO/ATR program is operating through drug courts are in Bexar, Brooks, Collin, Dallas, El Paso, Ft. Bend, Grayson, Harris, Jim Wells, Tarrant, and Travis. Lubbock Regional receives referrals through the Lubbock County Drug Court and conducts the assessment, makes referrals and provides care coordination. Also Lubbock Regional assists in the development and education of a network of providers, both treatment providers and recovery support providers. To initiate development of a network of providers, notices were sent to approximately 150 community organizations and faith based services in the Lubbock area as well as a legal notice posted in the local newspaper. Interested providers are required to submit application to DSHS for approval. To date, (3) treatment providers and (1) recovery support provider have been approved in the Lubbock area. The state's goal is to serve 1,596 clients in year 1, and a total of 8,928 by the end of year 3.

- **Katrina Recovery Team**
Through the award of a FEMA funded crisis counseling grant Lubbock Regional was able to develop a team, consisting of a team leader, crisis counselors and outreach workers to provide individual crisis counseling, group crisis counseling, screening and outreach. The purpose of the Crisis Counseling Grant is to assist those impacted by the disaster in recovering. The initial grant was \$197,000. The continuing grant is not yet completed so the amount is still unknown. The grant covers 56 counties (Panhandle).

Policy Development and Organizational Structure

Policy Development

The Center's policies reflect the values of the organization and form a foundation for Center governance and operations. Consumer input is obtained in the development of Center policy either through the Advisory Committee or through consumer representation on committees and workgroups. Policy development is divided into three areas as outlined below:

1. Governing Policy

Governing policy promotes the board's role as one of stewardship. In order to fulfill this role these policies focus on the Center's mission, vision, values and goals. They ensure responsiveness to community stakeholders and empower the Chief Executive Officer to carry out the mission of the organization within specified parameters. The Board of Trustees is directly accountable for the formulation of governing policy.

2. Administrative Policy

Policies such as fiscal, physical infrastructure and personnel are developed consistent with governing policy. These policies are developed by the administration of the Center. The Board of Trustees is assured of their conformity to legal requirements and to governing policies.

3. Operating Policy

Procedures and practices of the working environment, expectations set by administration, directors and other managers of the organization represent operating policy. The Board of Trustees does not establish these procedures but is assured of their conformity to legal requirements and to governing and administrative policies.

Operating & Organizational Structure

Through the assembly of an experienced and visionary leadership staff, the Chief Executive Officer has assured that the Center is regarded throughout the state as a force in shaping the future of the public health and human services delivery system for people with mental illness, mental retardation and substance addictions.

In the past 10 years, the Texas Legislature has greatly impacted the operating and organizational structure of Lubbock Regional MHMR. In 1995 The Texas Legislature enacted House Bill 2377. The Center was selected as one of three pilot sites for implementation. As a pilot site, the Center demonstrated its ability to effectively separate authority and provider functions and to determine "best value" in assembling a network of service providers and deciding whether to become a provider of a service or to contract that service to another organization or provider. The concepts of HB 2377 were applied to every aspect of the organization, resulting in ongoing consideration of public input, ultimate cost benefit, client care issues, consumer choice and the best use of public dollars.

In 2004, House Bill 2292 superceded the earlier House Bill 2377 removing local centers from any responsibilities in relation to the private provider system and required local centers to proceed with a "Request For Interest" (RFI) of services delivered by MHMR Centers to be the basis of a "Provider of Last Resort Plan." Currently proposed legislation provides opportunity for further operating and organizational structure changes.

The Center currently consists of four major divisions: Network Management (which serves as the mental health and mental retardation local authority), Central Administration, Aging and Disability Services and Behavioral Health Services. (See Appendix A: Organizational Structure). A description of the roles of each division as it currently exists, follows. The divisions and roles will change as necessitated through the results of legislative decisions.

The Role of Network Management

The Network Management Division fulfills the Center's responsibilities for planning, coordination, allocation and development of resources in the local service area. This division is responsible for the objective evaluation of services in assembling a network of service providers and providing recommendations to the Board on whether to remain a provider of service or to contract that service to another entity. Additionally, this division provides management and protection of the Center's facilities' assets such as buildings, vehicles, inventory, and equipment.

Specific Network Management functions are:

- Utilization Management
- Quality Management
- Contracts Management
- Service Assessment/Evaluation
- Local Planning
- Resource Management and Development
- Texas Home Living Waiver Coordination
- Policy Development
- Benefit Coordination and Management
- Human Rights
- Consumer Relations
- Compliance
- Information Management
- Facilities Management

Role of Administrative Operations

The Administrative Operations division provides fiscal oversight and support for all areas of the Center. This division is responsible for the management and protection of Center fiscal assets, implementation and oversight of Centerwide budgeting activities and ongoing monitoring of the fiscal health of the Center. Specific functions are:

- Human Resources/Staff Development
- Fiscal Services
- Risk Management
- Governance

The Role of Disability and Aging Division and the Behavioral Health Division

The Program Operations Division develops, implements and provides those services that have been determined through objective evaluation to be best delivered through the public service delivery system. These include services that are evaluated to be of best value in terms of quality, access, and cost; and services that have been determined as necessary to the preservation of a "safety net" for people receiving services.

Service Array

An effective system of comprehensive community-based services and supports is provided through the two internal program operations divisions and contracts and performance agreements with external providers. Services are provided in accordance with applicable standards and contract provisions. The following are the current services and supports available through the Center's network of providers:

▶ **Child and Adolescent Behavioral Health Services:**

- Crisis Intervention
- Outpatient services (includes treatment planning and cognitive behavioral therapy, family training, medication related services)
- Rehabilitation Services
- Acute Services (includes inpatient services, crisis stabilization, in-home crisis intervention/support services, respite)

▶ **Adult Behavioral Health Services**

- Service Planning
- Outpatient Services (includes treatment planning, consumer peer support, medication-related services)
- Psychiatry
- Rehabilitation Services
- Assertive Community Treatment
- Inpatient Crisis Stabilization
- Crisis Intervention and Support
- Methadone Maintenance including treatment services
- HIV Counseling, Testing and Outreach
- Therapeutic Treatment Center Residential Services and Aftercare (Billy Meeks Center) for individuals transitioning from the Criminal Justice system or referred by Probation or Parole
- Substance abuse outreach, assessment and referral to treatment or recovery providers through referrals by the Lubbock County Drug Court

▶ **Aging and Disability Services**

- Training and Support Services
- Supported Home Living
- Site-Based Habilitation
- In-Home Respite
- Out-of-Home Respite
- Specialized Therapies (speech therapy, occupational therapy, physical therapy, psychology, nursing)
- Residential Services (includes contracted supervised family living homes, assisted living units, and intermediate care facilities)
- Supported Employment Services

▶ **Other Functions (Olmstead, PATH, Jail Diversion, Single Portal, Case Management, etc.)**

Lubbock Regional MHMR serves as the fiscal agent for:

- Community Youth Development Grant
- Texas State Incentive Grants
SIG to develop Youth Coalitions

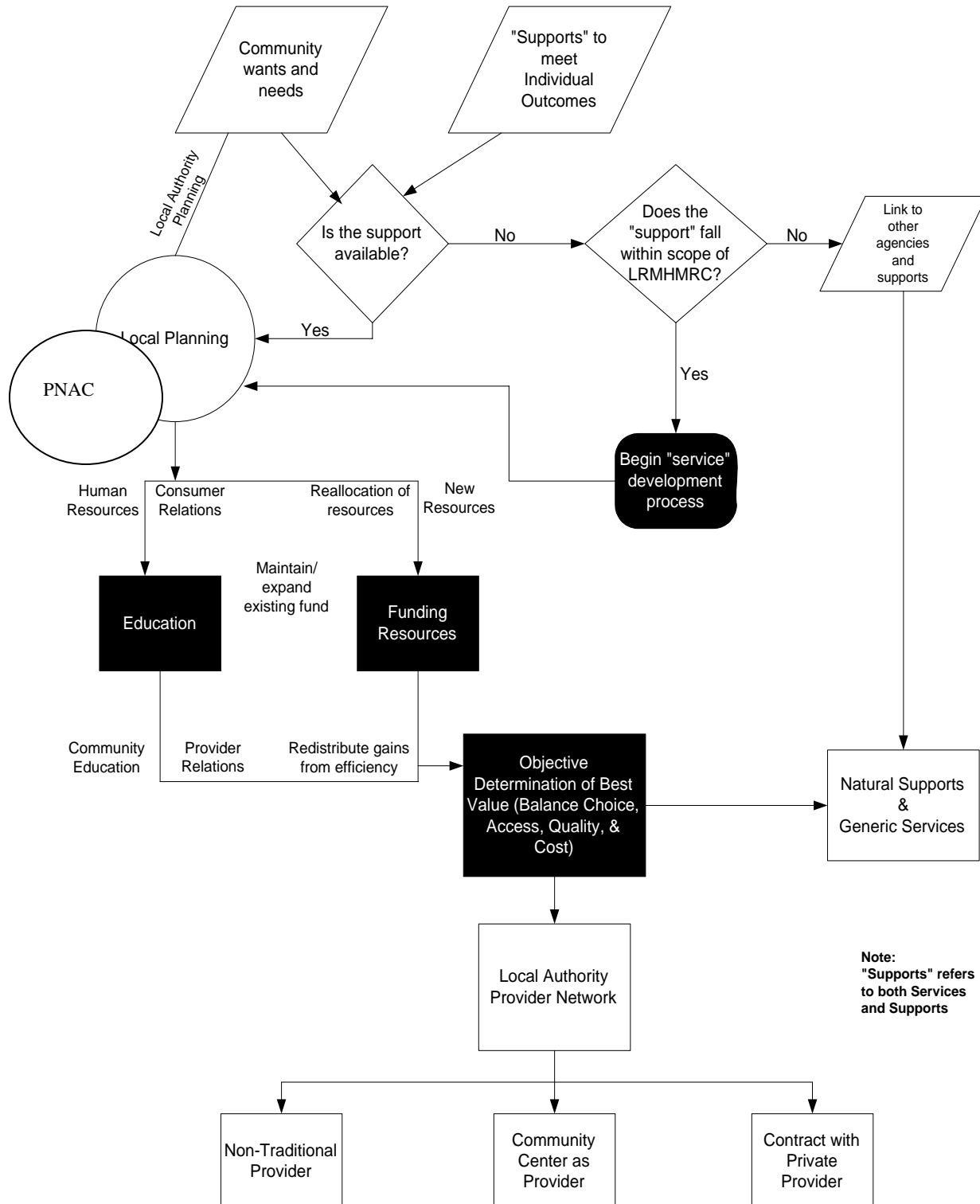
CO-SIG provides funding for case management to people with co-occurring disorders

As Administrative Agency for:

- Texas Department of Health HIV Services

Resource Development and Allocation

Resource development is any activity, which creates or improves the efficient delivery of high-quality, outcome-based services and supports. The Center has a responsibility for the aggressive development of new resources and the maintenance and effective use of current resources. The Center's Resource Management Director is responsible to identifying, obtaining, and maintaining financial resources from diverse funding streams. The following flow chart represents the process by which the Center develops resources.



As can be seen in the above flowchart, effective resource development requires education of the community, consumers, providers, and other stakeholders regarding the service delivery system. Fostering collaborative relationships with other agencies provides the opportunity to leverage limited resources and ensure that services are not duplicated.

One example of which Lubbock Regional has been involved is as the Administrator of (2) grants in 2004 awarded through the Texas Office for the Prevention of Developmental Disabilities (TOPDD). These grants were made available based on the national, statewide and local needs identified to develop community based Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD) Diagnostic and Prevention Networks. Children born in Lubbock have been identified as being higher risk for being born with FAS or FASD because at least one parent's use of alcohol at the time of conception or during pregnancy. Through one grant funding Lubbock Regional MHMR coordinated vital training to staff representing approximately 12 different child and adolescent serving agencies and organizations to build a network of FAS/FASD intervention specialists. The additional grant funding supported Lubbock Regional MHMR to coordinate and support the development of the Lubbock Area FAS/FASD Diagnostic Team. The team is comprised of five highly qualified professionals bringing together the expertise from: Pediatrics Association of Lubbock; Lubbock ISD ECI-DEBT Program; Region 17 Educational Service Center; Texas Tech University Health Science Center Department of Communication Disorders; The Parenting Cottage. Together with TOPDD, TOPDD Executive Committee and four other agencies across the state, Texas now has five FAS/FASD Intervention Networks and Specialized Diagnostic Teams. Work continues to strengthen the newly formed networks and expansion across the state. Lubbock Regional MHMR maintains these collaborative relationships as the State Liaison for the Diagnostic Team and as an active member of the Lubbock Area FAS/FASD Coalition. As of March 2006, the Lubbock Area FAS/FASD Diagnostic Team has screened 48 children. In addition, the Team and members of the FASD Coalition have provided various educational opportunities to the community through conferences, awareness days and presentations. July 18-19, 2006 is the 4th Annual STARFISH Conference. This year's conference will be totally devoted to FASD. The presenters this year are world known for their expertise in the FASD field.

The following is a listing of grant/foundation resources included in FY 06.

DSHS Department of State Health Services	Methodone	Treatment provided with the intent that the majority of clients will achieve sustained remission from symptoms of their substance abuse disorder.	\$265,000
	SIG Coalition	Provide strategies and supports to assist kids and adult leaders with performing activities aimed at increasing public awareness and education about underage drinking and drug use in their communities.	\$63,805
	CO-SIG	Alternative resources made available to eligible Methodone clients to assist in crisis resolution and/or specialized support in treatment.	\$10,000
	HIV	To increase opportunities for active substance abusers and their partners at risk for communicable diseases to make positive behavior changes that reduce or eliminate the potential for infection.	\$75,000
	OSAR	Acts as the "front door" for a full continuum of substance abuse treatment services offered by DSHS.	\$328,578
	PATH	To provide housing and homeless services to literally and marginally homeless persons who have serious mental or co-occurring substance abuse disorders.	\$120,813
	HIV AA Agency	To ensure the provision of comprehensive health and support services to low-income individuals infected with HIV/AIDS.	\$1,637,547
TCOOMMI Texas Correctional Office on Offenders with Medical or Mental Impairments of Offenders	Adult	Provide case management services and/ or continuity of care to offenders who are on probation or parole who reside in Cochran, Crosby, Lubbock, Lynn or Hockley County.	\$181,759

	C&A	Provide service coordination and rehabilitation services to juvenile offenders on probation or parole who reside in Cochran, Crosby, Lubbock, Lynn or Hockley County.	\$125,229
TDCJ Texas Department of Criminal Justice	Billy Meeks	The center is a residential facility, which provides transitional substance abuse treatment to offenders exiting Texas Department of Criminal Justice secure facilities. Also provides offender with therapeutic community outpatient treatment.	\$666,390
TDHC Texas Department of Housing and Community Affairs	Olmstead	To implement a Tenant Based Rental Assistance program for persons affected by the Olmstead Decision to assist (42) households for a maximum of (2) years	\$514,000
DFPS Department of Family and Protective Services	CYD	Prevention and intervention grant specifically aimed at the zip code 79415 for its increased rate of juvenile crime as compared to other Lubbock zip codes.	\$416,000
Imagine Enterprises	Self-Determination for Texas	To serve as a regional convener in order to provide training to the region in the principles and practices of self-determination	\$10,000
Hogg Foundation		Provide case management services to individuals receiving mental health services in SP1	\$54,431
Hurricane Relief	FEMA Initial Response		\$44,400
	FEMA Public Assistance		\$4,000
	Crisis Counseling Grant (ISP)	to assist those impacted by the disaster in recovering	\$30,429
	Crisis Counseling Grant (RSP)	Crisis counseling to assist those, within the designated 56 county area, impacted by the disaster in recovering	\$114,690

Organizational Citizenship

In addition to actions described as collaborative relationships and activities, Lubbock Regional MHMR supports a variety of community efforts to strengthen local community services and education; the environment; and practices of trade, business, or professional associations.

Lubbock Regional MHMR is an active member of several community organizations including the Lubbock Chamber of Commerce, NAMI Lubbock, and South Plains College Volunteer Council. Sponsorships have included: The Avalanche Journal *Make Kids Count*; the Lubbock Area United Way Campaign; American Red Cross Memorial Golf Tournament; the MLK Commemorative Council “Footprints of History” Memorial; Habitat for Humanities.

Lubbock Regional MHMR’s Chief Executive Officer, Danette Castle, was awarded a 2005 *Women of Excellence Awards* by the Lubbock YWCA. Lubbock Regional MHMR Center received an “Outstanding Achievement Award” from the Lubbock Area United Way in response to the 2004 campaign and surpassed the 2005 campaign goal set for the Center. Also, each year the Center appoints an *Executive on Loan* to support the United Way Community Campaign.

The Texas Tech University Medical Center, South Plains Nursing Program, Texas Tech Graduate School of Business, and the Lubbock Christian College’s School Social Work utilize Lubbock Regional MHMR to obtain practicum hours, training and internships.

Staff serves on various community and regional committees, councils, coalitions and advisory committees. Examples include Leadership Lubbock, Citibus Advisory Committee, Texas Tech University Nursing School Advisory Committee, the Medicaid Regional Advisory Committee and its Behavioral Health Subcommittee, the Lubbock ISD Positive Performance Advisory Committee, the Children and Youth Advisory Committee, South Plain's Association of Governments Resources United Committee, Regional Institute on Substance Abuse and Addiction to name a few.

Community Needs and Priorities

Community Needs Assessments

The Center assesses the needs and priorities of the community through several mechanisms, including surveys, focus groups, public hearings, and advisory committee participation. The identification of community needs and priorities is also determined through active participation in interagency efforts to gather public input. For example, the Center participates in planning efforts of the Lubbock United Way, Community Health Center of Lubbock, and South Plains Association of Governments (SPAG). Information obtained through these sources is critical indicators of the needs of the community.

Lubbock Regional MHMR Community Needs Assessment

An extensive Needs Assessment was conducted in 2002 that included a survey of consumers with mental illness, mental retardation, and chemical dependency, as well as staff members, external providers, and community stakeholders. This Needs Assessment revealed several important trends. Transportation and lack of awareness regarding available resources were identified as the two most common barriers to accessing services. The top areas of service needs consisted of counseling, transportation, housing, financial assistance, and employment services. Among adults receiving mental health services, the most common needs were housing, employment services, and treatment team services. Parents of children and adolescents receiving mental health services indicated that the highest areas of need were psychological services, family support, and assessment. Among respondents with mental retardation, the most common areas of need included basic education, supported living, and competitive employment. Respondents receiving chemical dependency treatment indicated that the top areas of need were adolescent treatment and dual diagnosis services (see Appendix H for detailed description).

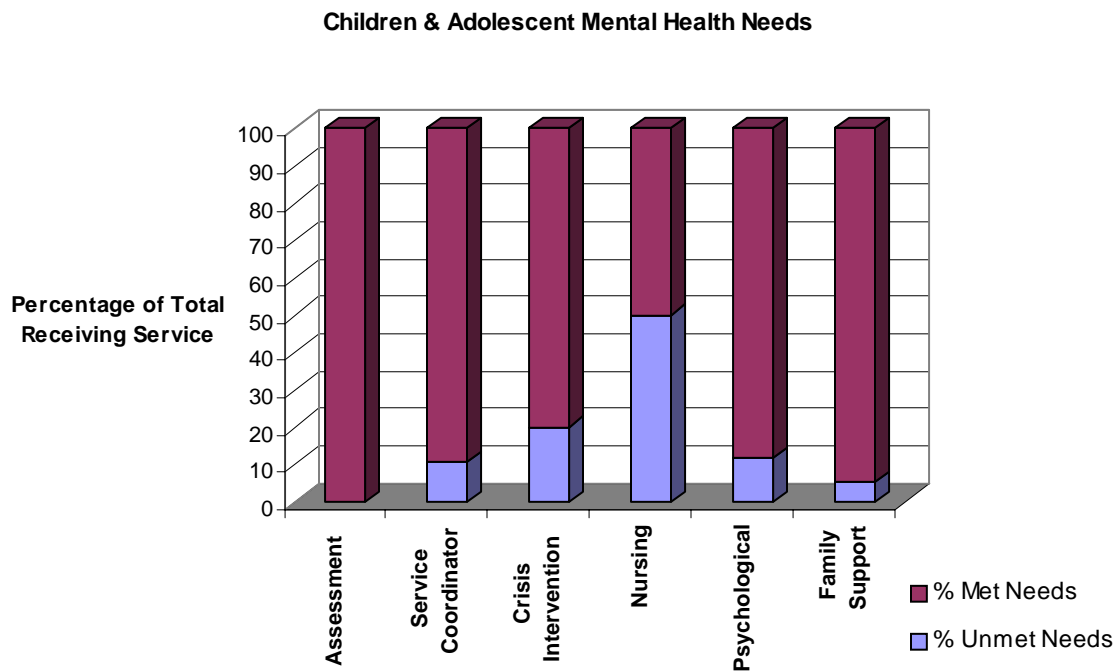
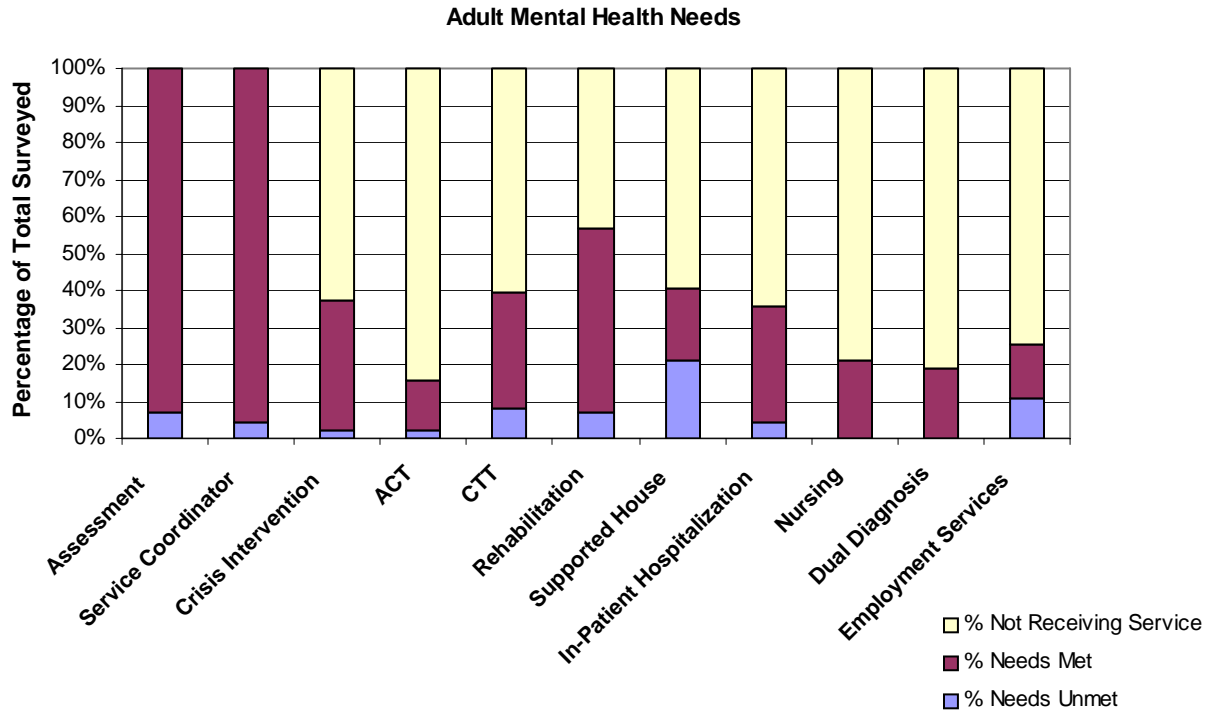
The Center implemented several projects in an effort to reduce/address the priority issues. For example, more convenient bus routes were obtained through collaboration with Citibus. One of the consistently identified needs over the years has been transportation. In 2002 Citibus proposed elimination of Saturday bus services in addition to several daily routes, members of the community and agencies came together to protest those changes. Dissent was expressed through public hearings and at the Lubbock City Council level, and consumers of the Center waged an impressive petition drive. The end result was denial of the proposal by the City Council, and the formation of a community coalition, The South Plains Transportation Alliance. This group, made up of individuals and agencies including Lubbock Regional staff and consumers, conducted a needs assessment and plan for transportation issues in Lubbock and the surrounding area.

Following a challenge by Alliance membership, the general manager of Citibus spent an entire week commuting by bus in a motorized wheelchair. Media reported he gained significantly better understanding of the challenges faced by people with handicaps, and resulted in two new initiatives: training for Citibus drivers to identify areas that are safe to unload wheelchairs; and training for people using wheelchairs. Other issues related to curb ramps and absence of sidewalks were reported to the City.

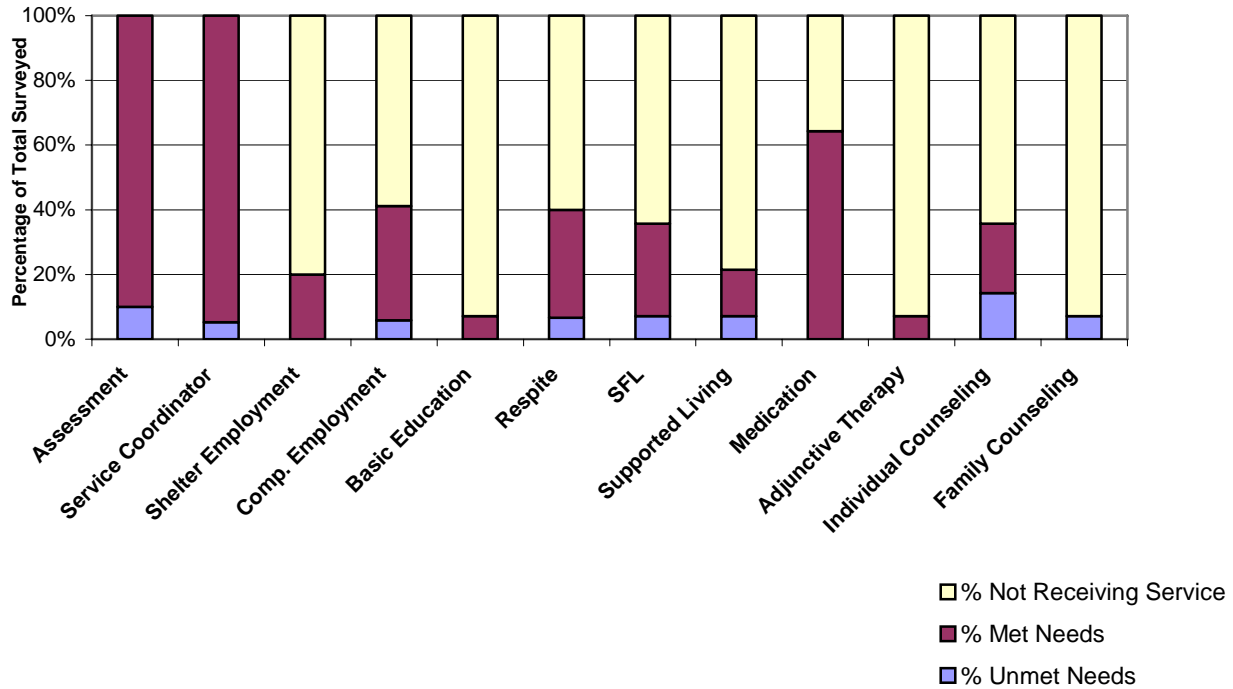
Another example of responding to the identified needs, is the Self-Determination project being initiated in FY 05.

Efforts to increase housing include active participation as an agency member of the Lubbock Housing Consortium and the South Plains Homeless Consortium. During FY 06 the Center has been awarded over \$600,000 through

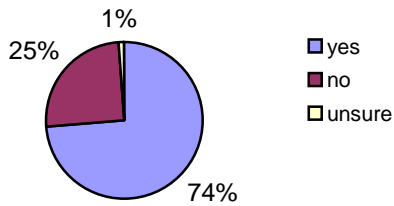
thr Olmstead Grant and the PATH Grant to be able to assist people in housing needs. The Center continues to research and pursue resources for housing assistance. Lubbock Regional staff are active participants in the South Plains Homeless Consortium, through participation on the Strategic Planning Committee and as an elected officer. The following charts reflect the results of the 2002 Needs Assessment Consumer Survey:



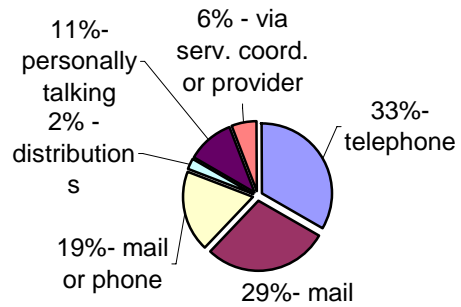
Mental Retardation Needs



Consumers Have Enough Information About Available Services to Help Meet Their Needs



Best Way To Relay Information to Consumers



Aging Texas Well Project

Lubbock Regional MHMR participated in the *Aging Texas Well Planning Project* for the South Plains Region. This project was initiated in October 2003 through the Texas Department of Aging, currently the Texas Department of Aging and Disabilities (DADS). Also involved were the Department of Rural Sociology/Texas State Data Center and the Public Policy Research institute at Texas A&M University and Cornell University's Community and Rural Development Institute. The Texas Department of Aging's Policy Resource Group served as a resource to the project.

This project was initiated based on the following reported demographic changes in population: continued diversity in age as the number of centenarians increases, increasing Hispanic population, women outliving men, education and health disparities for minority populations, and income inadequacy a growing risk for the baby boomer generation. Communities must begin to recognize and develop plans to address in the near future an increased number in the aged population. Health status and risk issues regarding service access and service quality (poverty, oldest old, degree of disability) remain identified concerns. A holistic community action plan is needed. The South Plains Region preparedness for its aging population is dependent on the scope of health and long term care services offered, the access to continuing education, the socioeconomic characteristics including education and income level, workforce, and economic infrastructure.

In order to increase access and quality to health and long term care services in the South Plains Region, Lubbock Regional MHMR conducted a feasibility study to submit to the State to be a provider of a Program of All-Inclusive Care for the Elderly (PACE). The PACE comprehensive managed care model was developed to address the needs of long-term care clients, providers, and payers. For most participants, the comprehensive service package permits them to continue living at home while receiving services rather than be institutionalized. Lubbock Regional MHMR submitted application to the Texas Department of Aging and Disabilities (DADS) February 2006. DADS is currently reviewing the application and making recommendations. Search is underway for a PACE building location and funds are being pursued through fund raising and grants. To date, \$27,000 have been received through grants from Walmart, Betenbough Foundation, Lubbock Osteopathic Foundation, and Dr. Charles and Charla Brogan. Lubbock Regional MHMR is hopeful to be able to initiate this program to become the third PACE provider in Texas to serve 150 residence of Lubbock County. The only (2) PACE providers in Texas currently are located in Amarillo and El Paso.

Community Health Center of Lubbock (CHCL) External Needs Assessment

Staff from Lubbock Regional MHMR participated with approximately 60 other community agency staff in a Community Need Assessment Workgroup in October 2004. The purpose of this workgroup was to identify community needs. In April of this year, CHCL announced the agency's reorganization and its plans to continue to build and strengthen its community partners in order to foster community development of comprehensive health and social services. Lubbock Regional MHMR participates as a community-planning partner with the CHCL. Results from the Needs Assessment are Appendix K.

2005 Community Status Report Lubbock County

Information provided through United Way of Lubbock's Community Status Report assists in assessing conditions and trends, developing specific improvement strategies, conduction of community-wide strategic planning efforts, and in creating partnerships to effect positive community change. All data is updated as soon as the reporting agency updates its own reports, which provides a database that is always as current as is possible. Whenever possible, data is also tracked by community or neighborhood, as well as by city, county, state and nation. The Status Report was developed in partnership with Lubbock Regional MHMR, Lubbock Independent School District, Lubbock Area United Way, Community Health Center of Lubbock, City of Lubbock, The State of Texas Lubbock County and Covenant Health System. The Lubbock Area United Way coordinates, designs and distributes the report annually. The Community Health Center of Lubbock External Needs Assessment, addressed above, is included as one of several data sources in the preparation of this report. Submissions by

Lubbock Regional MHMR in 2004 provided data in mental health challenges and substance abuse focused on alcohol use/abuse. For 2005, Lubbock Regional MHMR provided data in children and adolescent mental health challenges, Fetal Alcohol Syndrome (FAS) Fetal Alcohol Spectrum Disorders (FASD), and substance abuse. .
[Appendix O – Community Status Report Lubbock County 2005]

Goals and Objectives

The goals and objectives of the Center are reflective of the Center's position as a public steward and focus on the resulting areas of accountability. They are applied to all activities of the Center and are further detailed through the development of strategies and action steps at the operational level. Review and revision of the goals and objectives is an ongoing process. A single Operational Plan is developed, inclusive of each division's action steps to support the goals and objectives of the Center. The Board of Trustees initially approved the Goal Statements of the Center, identified below, in August 2000. These Goal Statements continue to guide the planning and operation of the Center in support of its mission, vision and values.

1. INDIVIDUAL AND ORGANIZATIONAL OUTCOMES:

We believe that a focus on individual and organizational outcomes grounds the organization in what matters most. Organizational outcomes are the platform from which personal outcomes are achieved and demonstrate a commitment to ongoing improvement of organizational capability. Individual and organizational outcomes provide a sense of purpose and motivation for each of us as we continue moving from providing programs and services to supporting people in achieving the life outcomes they value.

2. FINANCIAL PLANNING, ASSET UTILIZATION AND RISK MANAGEMENT:

Recognizing funding limitations, we believe that resources must be allocated in a manner consistent with the attainment of outcomes for people receiving services. This can be achieved only through the effective use of person-focused system information and aggressive risk management activities focused on the protection of organizational resources and ensuring the fiscal viability of the organization.

3. HUMAN RESOURCES:

Each employee, volunteer and service provider brings a unique combination of life and work experiences that contributes to organizational growth and development and to the facilitation of personal and organizational outcomes. Through a systems perspective we can connect listening to the consumer with the training of staff and an emphasis on staff competency. The development of staff competence in understanding and learning results in greater dignity, respect, effectiveness and efficiency for the organization, staff and the people we serve.

4. PUBLIC ACCOUNTABILITY:

As Public Stewards we are each accountable for the discharge of our duties and for assuring that our actions are based on good judgment and sound thinking. We recognize that collective recognition of the value of consumer, staff, stakeholder and community input is imperative to the effectiveness and efficiency of a local, state and national system of services that is truly responsive and supportive of the achievement of personal and organizational outcomes.

Revision of the Operational Plan

Center management initiated the most recent review of the overall Operational Plan in February 2006 and determined the plan to be too cumbersome to provide the concentrated focus and understanding it needed to be successful. The plan, maintaining the (4) goals, was paired down to (9) objectives. Strategies support each of these (9) objectives. Currently action steps are being developed by each division and are being discussed in weekly center management meetings to direct center-wide consistencies, efficiencies, and improved quality,

outcomes and satisfaction of services. In addition to the planning process as outlined in the Local Plan the 2007-2011 Coordinated Strategic Plan for Health and Human Services is expected to influence further revisions. Refer to Appendix G for the Center's Operational Plan.

Network Development

A critical role of the Center as a local authority is the development and maintenance of a network of service providers that allow consumers to have increased choice among providers, increased accessibility, and continuous quality monitoring. The needs and priorities identified through the Local Plan are operationalized through the process of network planning and development.

Objectivity in the Network Planning Process

Objectivity is crucial to the success of the Center's network planning process. Because decision-making occurs at many levels within the Network, the mechanisms for ensuring objectivity in decision-making are found in a variety of places. They include, but are not limited to the following:

- Role of the Center's Board of Trustees (objectivity is inherent in the enabling legislation which established Boards of Community Centers as governing bodies);
- Broad based constituency of the Planning and Network Advisory Committee;
- Method by which advisory committee members are appointed;
- Use of public input through written surveys, public forums, focus groups, self report, consumer and/or provider appeals, agency self assessment; outcome-directed service planning, etc.;
- Use of standardized templates (i.e., Request for Proposals, Request for Information, Open Enrollment, etc.);
- Use of standardized evaluation processes; etc.

Network Planning and Development

The procurement of services by the Center results from recommendations made to the Board of Trustees by the Planning and Network Advisory Committee. The recommendations are based upon information gathered from a procurement process that requires input from the Planning and Network Advisory Committee in areas such as:

- Selection of the most appropriate procurement procedures to be used; design and development of provider applications;
- Specific requirements regarding provider credentials; and
- Evaluation and selection of the most appropriate providers.

The decision regarding the appropriate application procedure to use is based upon conditions specific to the service being procured. The Planning and Network Advisory Committee, Contracts Management Department, and other areas of the Network Management Division must determine the type of service needed, ascertain the availability of potential providers for that service, and create conditions so that providers can be invited to join the Network. Detailed procedures for provider procurement and credentialing are outlined in the Center-wide Contracts Management Policies and Procedure Manual.

In order to assess whether current services should be redefined and/or eliminated, if new services should be developed, and how the expansion/contraction of services is prioritized, a variety of mechanisms are used. Examples of Network Development Analysis Tools that Lubbock Regional MHMR Center utilizes to ensure consideration of public input, cost benefit and client care include:

- The Planning & Network Advisory Committee (PNAC)
- The PNAC's Evaluation of Services Process
- Perception Analysis Surveys
 - Adult Mental Health Satisfaction Surveys

- Youth Services Surveys for Families
- Satisfaction Questionnaire for Consumers/Parents/Guardians/Care Providers
- Staff Surveys
- Other Surveys – ad hoc as requested by other agencies or as related to specific issues
- Services Assessment Surveys
- Focus Groups
- Community Needs Assessment
- Data Collection and Analysis

As a result of the efforts described above, following is a listing of services to be contracted out and/or expanded/contracted, which are currently the most important initiatives to promote choice of providers and access within the system during the timeframe of this plan.

Lubbock Regional MHMR Center – Contracted Services		
Mental Health		
Service	Provider	Procurement Information
Crisis Services: <i>Crisis Counseling</i>	LRMHMR	Open Enrollment
Crisis Services: <i>Psychiatric Consultation</i>	LRMHMR Texas Tech University Health Science Center Office of Managed Care	Open Enrollment
Crisis Services: <i>Crisis Respite</i>	Bair Foundation	Open Enrollment
Crisis Services: <i>C&A Inpatient Hospitalization</i>	River Crest Hospital Pavilion Northwest Texas Healthcare System Abilene Psychiatric Center	Open Enrollment
Crisis Services: <i>Adult Inpatient Hospitalization</i>	Sunrise Canyon Hospital Covenant Behavior Health Systems Pavilion Northwest Texas Healthcare System Abilene Psychiatric Center	Open Enrollment
Pharmacological Management Services	LRMHMR	Open Enrollment
Routine Case Management	LRMHMR	Medicaid prohibits subcontracting of service.
Rehabilitative Services	LRMHMR	Open Enrollment
Supported Employment	LRMHMR	Open Enrollment
Rehabilitative Counseling and Therapy	LRMHMR	Open Enrollment

Skills Training – Child and Parent	LRMHMR	Open Enrollment
Family Psychoeducation	LRMHMR	Open Enrollment
Family Partner	LRMHMR	Open Enrollment
Intensive Case Management	LRMHMR	Medicaid prohibits subcontracting of service.
Medication Management	LRMHMR West Texas Developmental Pediatric & Behavioral Health	Open Enrollment
Psychiatric Evaluation	LRMHMR	Open Enrollment
Treatment Foster Care	Bair Foundation	Open Enrollment
Pharmacy	University Medical Center	Open Enrollment
Ambulance Transportation	Lubbock Aid Ambulance	Open Enrollment
Primary Medical Care – Co-SIG	Community Health Center of Lubbock	Open Enrollment

Lubbock Regional MHMR Center – Contracted Services		
Mental Retardation		
Service	Provider	Procurement Information
Community Support	LRMHMR	Open Enrollment
Respite	LRMHMR Bair Foundation	Open Enrollment
Employment Assistance and Supported Employment	LRMHMR Marion Moss Enterprises Goodwill Industries	Open Enrollment
Vocational Training	LRMHMR	Open Enrollment
Day Habilitation	LRMHMR Alternative Business Services Lubbock Adult Day Center Goodwill Industries Marion Moss Enterprises	Open Enrollment
Nursing	LRMHMR Physician Network Association	Open Enrollment

Behavioral Support	LRMHMR Kaylene Brown, L.P.C.	Open Enrollment
Specialized Therapy – Dietician	Karen Simmacher, R.L.D. Shelley Fillipp, M.S., R.D., L.D	Open Enrollment
Specialized Therapy – OT, PT, ST, AT	Lubbock State School Owens White Rehab Center Theracare	Open Enrollment
Specialized Therapy – Hippotherapy	Turf Therapy	Open Enrollment

*Substance abuse services are contracted by the Department of State Health Services and cannot be sub-contracted by the Center.

Network Management

The Planning and Network Advisory Committee has recently implemented a Service Assessment process. Measures are service specific and are developed as a result of identifying those variables that most adequately define best value for that service. The domains from which the specific indicators are considered and developed include: access; cost; outcomes; satisfaction and ability to meet regulatory requirements; business practices; and public interest. The level of relevancy of each of these domains needed by the provider are factors used in making decisions regarding the level of performance. The frequency and method of monitoring depends upon the service being provided.

Network Evaluation

Access, choice, quality, and best value are indicators that reflect the success of the Network in facilitating the achievement of individual outcomes, as perceived by recipients of service and other stakeholders. Likewise, these are also indicators of the relative success of the entire service delivery system. The flowchart depicted in the “Network/Resource Development” section of this plan shows the evolutionary nature of resource allocation and development. It also indicates the intricate nature of the network evaluation process. Basically, there are two (2) levels of evaluation that must occur: individual providers and the network as a whole. In order to complete this task, one must have a thorough understanding of the Center’s Local Plan. It is this plan that outlines the organizational goals and objectives and the resulting relationship between these and the evaluation process. Communication among the Contracts Management, Evaluation & Planning, Quality Management, and Resource Development Departments is critical to the development of the indicators used as performance standards for each individual provider and each service area in the Network. A risk management tool (Contract Risk Assessment) is to be established in which all contracts are assessed. This tool is to determine the frequency with which the contract is monitored. It is to be completed upon the award and/or renewal of a contract. The selection of specific performance indicators represents best value for the specific service provider and service area. Each provider in the Network is expected to be in compliance with the measures stipulated in their respective contracts. Outcome/performance measures are drafted with input from a variety of sources including, but not limited to, payors, executive management staff, the Planning and Network Advisory Committee, service recipients, collaterals, etc. The service assessment process includes an analysis of event data (i.e. units of service provided during a specific time period, actual cost of the services provided, comparison of the actual cost with a benchmark rate, waiting lists, abuse/neglect confirmations, number of people served, etc.). In addition, period perception analysis is conducted by the Evaluation and Planning Department in which service recipients, family members, collaterals, staff members, etc. are surveyed as to their perception of services. The perception analysis, too, focuses upon specific outcome/performance measures (See Appendix N: Service Assessment Process). The

outcomes achieved by providers, both individually and collectively, must reflect and be in support of the Center's mission, vision, values, and goals. Review of the provider performance by the Center Management Committee, Network Management Committee, Planning and Network Advisory Committee, Board of Trustees, etc. serves as a series of checks and balances and provides mechanisms by which feedback is generated for purposes of improved provider performance.

The successful implementation of network planning hinges upon the utilization of the Center's standardized and objective procurement and evaluation processes, the Center's Local Plan, and the relationship between the two.

Local Service Area and Provider of Last Resort Plan

The FY 2005 Performance Contract between Lubbock Regional MHMR Center and Texas Department of State Health Services (DSHS) and Texas Department of Aging and Disability Services (DADS) required Lubbock Regional MHMR Center to submit a “Provider of Last Resort Plan” that contained a summary of all responses to the Center’s March 2004 RFI as well as a listing of all the services for which Lubbock Regional MHMR Center planned to contract and timelines for implementation. The “Provider of Last Resort Plan” was submitted on December 1, 2004. This Plan stated that Lubbock Regional MHMR Center anticipated submitting its Local Plan inclusive of the Baseline Provider Network Analysis and the procurement plans. In addition, it stated that the determination of which services will be procured for FY 2006 and the implementation timeline would be contingent upon a variety of factors including: (a) analysis of baseline level of current provider network; (b) incorporating the procurement plans with public input process, including the Local Plan; and (c) obtaining clarification and guidance for the concerns enumerated in the Plan. Even with the executive commissioner of HHSC requesting clarification as to the applicability of the Health and Safety Code’s applicability to the provision of mental health services and the Attorney General’s publication, GA-0416, March 16,2006, upholding that this code does apply , uncertainty of the “Provider of Last Resort” laws remain. Continued clarification will be sought and review and revision to the “Provider of Last Resort Plan” will be made. The local authority continually seeks additional providers through an open enrollment process for those services not mandated otherwise. Presenting provider options at the time of eligibility determination and as part of each individual’s personal planning process is one mechanism used in supporting personal choice and self-determination.

[Appendix I – Provider of Last Resort Procurement Plan FY 2005]

Quality Assurance/Management

Policy

The Lubbock Regional MHMR Center conducts Quality Assurance/Management activities in its Behavioral Health, Chemical Dependency, and Aging and Disability Programs. The Network Management Quality Management Program coordinates the development, implementation, management and evaluation of the Network Management Quality Assurance/Management Plan in cooperation with other staff. This Quality Assurance/Management Plan serves to define organizational Quality Management structure, processes, and functions. The Plan supports, fosters, and promotes the Vision, Mission, Values, and Goals of the Center.

Purpose

The purpose of the Network Management Quality Assurance/Management Plan is to ensure monitoring and evaluation for performance improvement and assure and improve the quality of clinical care, direct care, administrative services, and processes for consumers of services. This plan describes the resources for assessing quality, planning quality-related activities, and mechanisms to monitor improvement activities.

Public agencies must retain certain responsibilities that cannot be delegated to private organizations. These include protecting public interest, standard setting, oversight and monitoring to ensure that organizations serving public consumers of services are held accountable.

Quality Assurance/Management at Lubbock Regional MHMR is designed to be a continuous, ongoing process, rather than discrete, time-limited functions. It is all-inclusive, meaning the processes involve all entities with a vested interest in Lubbock Regional MHMR operations. Thus, it includes consumers, family members, Center-operated and contracted providers, advocates and community members, in addition to Network Management staff. Each group of stakeholders has a differing set of concerns and each shares a degree of responsibility for quality.

Procedures

1. The Quality Assurance/Management Plan is included in the Center's Local Plan.
2. The Quality Assurance/Management Plan and Program is guided by the Center's Operational Plan.
3. The Quality Assurance/Management Plan is reviewed and if needed, revised at least annually.
4. The revised plan is reviewed and approved by the Chief Executive Officer, Chief Operating Officer and Chief Administrative Officer.
5. The Plan is developed to meet performance contract criteria.
6. Network Management oversees the development, implementation, and evaluation of the Plan.
7. The Plan is distributed to all appropriate Network entities.
8. Appropriate resources for Quality Assurance/Management are made available.

The Board of Trustees of Lubbock Regional MHMR Center holds ultimate responsibility for the quality of organizational services, practices, and outcomes. The Board delegates responsibility for the development, implementation, monitoring, and evaluation of the Quality Management Plan to the Chief Executive Officer, and ensures that adequate resources are available to implement the Quality Management Plan.

The CEO's responsibility is operationalized by the Network Management Division. Quality Management roles and functions are decentralized throughout the Network Management, Administrative, and Program Services Divisions. The Quality Management Director's office serves as the centralized site of Quality Management activities, and is the repository for data resulting from those activities.

The Quality Management role is not to provide a sole or primary source of performance improvement activities. Rather, its objective is to involve and provide support, expertise, and guidance to Administrative, Network Management, and Program Services staff in performance and improvement activities. Therefore, all divisions and departments participate actively in Quality Assurance/Management activities.

Committee work is a resource for Quality/Assurance Management activities. Committees fall into the following categories: Advisory Committee, Center-wide Committees, Network Management Committees, and Program Services Committees.

Oversight of the Quality Improvement Initiatives is a function of the Network Management Committee, which is made up of the Directors of Planning and Evaluation, Resource Development, Contracts Management, Quality and Utilization Management, Human Rights Officer, Compliance Officer, Records Administration, Governmental Affairs and Risk Management, Texas Home Living/Crisis Coordinator, Information Management, Data Management, Programming Management, and Facility Operations. The Chief Operating Officer chairs the committee. The Committee meets as often as necessary, but no less than weekly.

Processes utilized to carry out the functions of Quality Assurance/ Management are multiple and are significantly integrated with other Network Management functions and departments.

The Quality Management Program is guided by the Center's Operational Plan, which specifies the Goals of the Center. All areas of the Center have responsibilities in Quality Management activities to ensure the Goals are attained. Continuous monitoring by Network Management ensures the success of the Operational and Quality Management Plan. Program information and monitoring flow from program areas to Network Management, and at times, Center Management, Executive Committee, Advisory Committee, or the Board of Trustees.

Center Management Committee Meetings serve as a comprehensive forum for Quality Management Monitoring. This Committee includes Network Management, Central Administration, and Program Services. This meeting serves as the ideal venue to connect Network Management functions with Program Services to properly monitor Center wide Quality Management. In this meeting problem areas may be identified, or brought to the meeting if identified elsewhere, corrective measures identified, and reviewed after implementation, in follow-up meetings. This aids in performance and outcome improvement. Minutes and Agendas are maintained to document Quality Management efforts. The Center will also work with DSHS and respond to recommendations made involving areas such as staff training, self –monitoring activities, BHIPS report monitoring, or additional activities identified by DSHS.

Monitoring Improvement Activities

Monitoring of improvement activities occurs throughout the system on an ongoing basis via multiple mechanisms.

Daily, weekly, monthly, and quarterly review of various data elements by both Network Management and Program Services Divisions keep direct service providers and managers abreast of current status. Contract, risk management, and financial information are examples of closely monitored functions. Satisfaction surveys and the Service Assessment process are utilized to measure and monitor issues such as access, cost, quality, and outcomes.

Committees monitor areas specific to their charge, such as Global Utilization Management, Credentialing, Risk Management and Human Resources. The results of audits, surveys and accreditations also are utilized as monitoring tools.

Significant issues and data that emerge from these processes are brought to the Network Management Committee for evaluation. Improvement activities are then developed and implemented. Information

from the Network Management Committee is communicated to the Executive Management Team, Center Management, the Board of Trustees via the Chief Operations Officer, and the Advisory Committee via the Evaluation and Planning Director.

Formal monitoring of implementation and results of the written Operational Plan, Goals and Objectives are the responsibility of Network Management. Monitoring and evaluation are documented within the format of the Operational Plan, as are any changes to the plan.

Formal written evaluation of achievements and deficits is accomplished prior to the end of the planning/improvement cycle, and this evaluation informs and aids in the subsequent planning process.

Data Collection and Analysis

Network Management data systems development, collection of and analysis of data are carried out within the Information Management Department. Internal systems are designed in collaboration with data users to ensure data collection is meaningful and meets the needs of users. Data is further reviewed and analyzed by a variety of entities and departments such as Contracts Management, Planning and Evaluation, Risk Management Director, Fiscal Department, Quality/Utilization Management, and Advisory Committee. Pertinent analyzed data that includes strengths, errors, inconsistencies, needs for additional data, trends, outliers, comparison to baseline/benchmarks and performance measures are reviewed by the Global Utilization Management Committee.

Priorities For Quality Improvement Activities

Priorities for Quality Improvement activities are determined through the planning process which identifies Center goals and objectives for a two-year period.

The planning process incorporates data and information gleaned from all ongoing measurements and quality related processes. Stakeholders, including community, consumers, family members, providers and staff play a role in identifying needs and priorities. Priorities are then formulated into an Operational Plan consisting of Center Goals, Objectives, and Strategies. Each strategy identifies the individual responsible for implementation oversight and timeline for accomplishment. The Center Operational Plan (Quality Improvement Plan) for FY 2005-2007 is a part of the Local Plan.

Goal 1

The Center shall be directly involved in the achievement of desired individual and family outcomes and shall achieve organizational outcomes which support its vision and mission. The following areas of Quality Management support this Goal.

Abuse and Neglect

The Center's Human Rights Officer is a member of the Network Management Committee. The Human Rights Officer is responsible for the oversight of the Center's processes designed to measure, assess, and improve the number instances of abuse, neglect, or exploitation. Lubbock Regional MHMR Center has clear definitions of abuse, neglect, and exploitation, and processes that all staff follow to recognize and prevent abuse, neglect, or exploitation.

Staff follow clear processes to report knowledge or suspicion of abuse, neglect or exploitation. All new employees receive, as part of their pre-service training, extensive training to help them recognize, prevent and when necessary, report incidents of abuse, neglect, or exploitation.

Staff, contract providers, and volunteers who work directly with consumers will receive training, and can demonstrate competency in the following areas, prior to being assigned to the work sites:

1. Following established guidelines for reporting abuse, neglect, or exploitation
2. Recognizing and protecting the rights of the people who receive services
3. Following established standards and guidelines for the ethical behavior of health care professionals.

A written assessment, administered after the initial training will verify competency in these areas. Additional training and follow-up assessments will be provided to staff who cannot demonstrate competency at the initial assessment.

Annual refresher training is required for all Center Employees. All employees, volunteers and contract providers who have knowledge or suspicion of abuse, neglect or exploitation of a person who receives services from the Center, will follow established policies and procedures to report the incident to the appropriate agencies. Contracts with private providers include requirements that clearly outline the contractor's responsibility to have mechanisms in place for the prevention of abuse, neglect, or exploitation. The conditions must be established reporting procedures that meet Center standards.

Continuous Risk Management activities are designed to monitor situations and incidents which may contribute to, or cause allegations of abuse, neglect, or exploitation.

1. Data regarding allegations of rights infringements, abuse, neglect, or exploitation is tracked in the Center's data base. Information that is monitored includes the type of allegation, program area where the event occurred, incident severity, and specific staff data. This information helps to identify trends. Monthly summaries of this data are forwarded by the Human Rights Officer to the Chief Operations Officer, Director of Behavioral Health, and the Director of Aging and Disability Services.
2. A quarterly review of reported abuse, neglect, or exploitation allegations will identify trends, areas of concern, and gaps in employee competence to deal with potentially volatile situations. This information is reviewed by the Network Management Human Rights Committee, and the Advisory Committee. These groups review the data with the goal of identifying ways to improve services, and decrease the number of confirmed cases of abuse, neglect, exploitation, or rights infringements. Trends or other vital information are presented to the Network Management Committee.
3. When issues are identified, recommendations are made to the Director of the identified program area. The types of recommendations made may include plans of improvement, policy changes, process improvements, staff training, and any other aspects designed to correct problems. Management staff promptly develop a plan of improvement to address the problem. Corrective measures are documented and monitored to ensure that the problems are corrected. Corrective measures must address the identified issue. The completed plan is forwarded to the entity making the recommendations, for approval or further recommendations. The success of the plan of improvement is monitored through data tracking concerning allegations of rights infringements, abuse, neglect, or exploitation. If no marked improvement is noted or if additional concerns are identified, the Director of the program and the Chief Operations Officer are informed of the lack of progress, and additional aspects of the plan of improvement may be implemented.
4. When necessary, appropriate disciplinary actions, which may include termination from employment, contract termination, or termination of the volunteer agreement, are taken to ensure that staff, contractors, or volunteers who are not suited to work with consumers, have no further contact with individuals who receive services, or receive training to develop the necessary job skills.
5. Private providers have similar processes in place, and are able to provide verification to the Center when requested that corrective measures have been implemented in response to identified issues and concerns.

Consumer Rights Protection Process

Improvement of the Center's Rights Protection Process occurs throughout the Center through a broad range of activities.

All Center employees receive rights training as part of New Employee Orientation and refresher training annually. In addition, the Center ensures that employees, volunteers, and contracted providers are trained in areas which address abuse, neglect, and exploitation. This is described further in the "Abuse and Neglect" section of this plan. This serves as one vehicle to continually protect the rights of consumers.

The Center has in place processes for complaint reporting and resolution, through the Rights Protection Office. The review of rights restrictions, occurs in Program Operations' Human Rights-Specially Constituted Committee and the Network Management Rights Committee. Consumer rights protection occurs through the UM notification and appeals processes. Center Management ensures ongoing HIPAA compliance; Standards of Conduct for Board members, staff and volunteers also ensure rights protection. Consumers receive a rights handbook at the time of admission to services and are given opportunities to review their rights and responsibilities on no less than an annual basis.

Through the Person Directed Profile process, specific consumers may be identified who need assistance in the development of self-advocacy skills, or consumers in need of special assistance in recognizing and reporting situations and occurrences of abuse, neglect, or exploitation. Once identified, Service Coordination or Consumer Relations may assist consumers in the development of skills related to the protection of their rights.

The functions described above serve as ways and means of ensuring the ongoing Protection of Consumer Rights throughout the Center, and well as a means of continuous improvement of consumer rights protection. Areas of concern may be brought to the Network Management Committee for further review and initiation of corrective actions across the Center.

Complaints

Complaints are triaged by the Consumer Relations representative. Complaints related to Human Rights and Abuse and Neglect are directed to the Human Rights Officer (Abuse and Neglect issues are immediately reported to the designated investigatory agency). Complaints from providers are routed to the Contracts Management Department. All complaints are documented, and resolution coordinated by the Consumer Relations representative. Data is aggregated, analyzed, reported and utilized in planning, performance improvement efforts, provider profiling, contract renewals, and re-credentialing process.

Goal 2

The Center shall fulfill its role as a steward of the public dollar through effective and efficient development, utilization, and protection of resources in order to assure fiscal viability and the continued provision of services in carrying out its vision and mission. The following areas of Quality Management support this Goal.

Utilization Management

Utilization Management activities are carried out through the Utilization Management Department, which provides services to Aging and Disabilities, Behavioral Health and Chemical Dependency service areas. Although successful implementation of Benefit Design has taken place, refinement of processes is ongoing. The Center will continue to monitor and improve the implementation and of evidenced-based practices, and research-based approaches to care. An annual Fidelity review and COPSD competency reviews will allow the Center to measure, assess and improve in its program implementation. The results and recommendations from these types of reviews will be disseminated through Center Management Committee Meetings.

The UM Department serves as the Central point of monitoring to ensure that individuals receive the most clinically appropriate services, in the indicated amount, for the appropriate length of time. The UM Department authorizes services for Adult and C&A Behavioral Health Services, General Revenue Mental Retardation Services, TCOOMMI, and some Chemical Dependency services. Due to a Centralized UM system, this single authorization point allows for following individuals through the continuum of care. The UM Department manages most of the interest lists across the Center. The UM Department is responsible for request for authorizations from third party payors for inpatient and outpatient services. The UM Department conducts Utilization Reviews for inpatient services. The UM Department ensures appropriate use of resources by conducting targeted reviews of various services areas, monitors performance measures, provides technical assistance, and monitors and manages service capacity. The UM Department handles discharge reviews and processes. This Department is responsible for the Center's internal notification and appeal process. This Department also handles the Notification process for Medicaid Fair Hearings. [Appendix J - Utilization Management Plan]

Global Utilization Management Committee (GUM)

The Global Utilization Management Committee meets weekly to review service utilization, and other UM related data. The Director of Utilization Management chairs the GUM Committee. The Committee includes, but is not limited to; UM/QM Director, Contracts Management Director, Compliance Officer, Resource Development Director, Behavioral Health Director, TCOOMMI Program Director, C&A Director, Aging and Disabilities Director, Medical Director, and the Chief Operating Officer.

The GUM Committee reviews, assesses, and works to improve the following issues related to service utilization and continuum of care:

- a. Service Authorizations/ Eligibility Appropriateness
- b. Capacity
- c. Number of Assignments
- d. Interest Lists
- e. Needs
- f. Targets
- g. Areas of special concern
- h. Appeals and Denials
- i. Fairness and Equity
- j. Performance Measure Data
- k. Cost-effectiveness of services provided
- l. Exceptions/Overrides
- m. Over/Under Utilization

Resource Management

The Resource Management Director has primary responsibility for the Budget Management Process. This process works to create and maintain budgeting systems which improve the amount of capacity in each service area, thus allowing greater access to services for the most people possible. This is an integral piece to the provision of quality services within the Center. The Resource Management Director monitors budgeting trends and reports those trends, and other vital information to the Network Management Committee. The Network Management Committee reviews the information and then decides what action is required.

Accreditations/Audits

Results of various accreditation and audit surveys provide valuable information regarding outcomes and quality improvement opportunities.

- a. All audits and accreditation activity results are reported to the Board monthly.
- b. Individual Plans of Corrections are developed at the programmatic level for submission to the Auditor/Accreditation entity, and Network Management.

Contract Performance Measures

Performance measures are monitored for both upstream and downstream contracts. Contracts with DSHS, DADS and grant funding agencies implement performance measures to monitor center compliance with standards and expectations. Downstream contracts with Center operated and other public and/or private providers utilize performance measures to define services being purchased by the Center and outline performance expectations and outcomes, as defined by approved evidence-based practices and research-based practices. Contract monitoring is conducted by the Contracts Department to ensure compliance with contracts.

Performance measures are monitored by regular review of performance data, contract monitoring visits and contract oversight committees, made up of Network Management staff. Performance measures are reviewed no less than monthly. Frequency of monitoring for downstream contracts is determined through the Contracts Management Department.

The Contracts Management Department is involved in the Risk Management of Center Contracts as part of the Quality Management Plan.

Risk management is a structured process that reduces the chance of unwanted surprises. In contracting, risk management not only reduces the chances of unpleasant contracting surprises, but it also increases the chances of achieving contract outcomes.

The Contracts Management Department's risk management process includes **risk rating, risk management planning, and risk monitoring** of all Center contracts. This process reinforces good management practices, minimizes undesirable and unexpected outcomes, and is a practical way of ensuring accountability of public funds. Risk management activities begin early in the contracting process and continue through contract termination.

Risk Rating

Risk rating looks at the contract as a whole and determines how "risky" it is compared to other similar types of contracts within the Center. Given the risk level of the contract, the Contracts Management Department establishes what level of effort is required to assess and manage the risks.

Risk Management Planning

Once a risk rating is established a risk management plan is developed which describes how the identified risks will be managed. Risk management planning enables us to identify what could go wrong in a contract and proactively establish appropriate controls and strategies from the onset of the contract. The main objective is to ensure that appropriate risk management strategies are put in place and that the level of detail in the risk management plan is compatible with the contract's level of risk.

Risk Monitoring

To ensure risk management plans are implemented and contractual obligations are met, risk monitoring must occur. Risk monitoring activities include reviewing the risk management plan, monitoring contract performance, and monitoring contractual obligations.

To ensure risk management plans are reviewed and updated regularly by the appropriate stakeholders, "Risk Management" is placed on the agendas of all Utilization Management, Network Management and Center Management meetings which occur on a weekly basis. Routine monitoring and communication during the contract term ensures prompt action is taken if there is an indication that contract obligations are not being met.

Managing risks related to contracts is made easier by following this structured process which ensures consistency and reduces the likelihood of non-compliance. Our goal is to ensure risk management strategies are appropriate to the risk level of the contract; risk is monitored routinely with results and action plans communicated to the appropriate personnel; and contractual obligations are known, understood and met.

Data Verification

Data verification is mandated by the Department of State Health Services and the Department of Aging and Disability Services.

The goal of the data verification process is to implement valid and reliable procedures to evaluate and promote the continuous improvement of community service data reported to and used throughout the Department of State Health Service (DSHS) and the Department of Aging and Disability Services (DADS). Uses include external reporting, policy and operation decision-making, performance contract management, and oversight processes. Self-monitoring of the accuracy of data is accomplished via processes defined within the Data Verification Criteria Manual. (The DVC Manual is reviewed and revised at least annually by DSHS and DADS.) Self Monitoring of samples (selected by DSHS and DADS) occurs for all 4 quarters of the fiscal year. Identified deficits are corrected through review and improvement processes. The self-monitoring process is accomplished via the Compliance Officer. Sample reviews are submitted electronically and also via hard copy for desk reviews.

Compliance

The Compliance Officer has administrative responsibility for the development, monitoring and evaluation of the Center's Corporate Compliance Plan. As a part of that plan, the Compliance Officer provides education and training regarding compliance policies, conducts and coordinates monitoring activities, maintains a system for internal reporting of compliance issues, investigates compliance issues, and ensures the development and implementation of corrective action plans when appropriate. This position also ensures that all actions are appropriately reported to the CEO, COO, Board and oversight agencies and reviews and revises the Compliance Plan annually or as needed. The Compliance Officer is supported by the Network Management Committee.

HIPAA Compliance

Center employees are trained on compliance with HIPAA regulations. Notice of Privacy Practices (NPP) is posted on the Center website and all building lobbies. Notebooks in clinic lobbies contain NPP, and copies are available for consumers and visitors. A tracking process has been added to the Center's CMHC, data system which shows that consumers have received and signed a copy of NPP. The Center has a designated Security Officer who is responsible for Security Requirements related to Protected Health Information. This includes, but is not limited to

- Administrative Procedures (relating to policies, procedures, and organizational practices dealing with the behavioral side of security)
- Physical Safeguards (Protection of computer systems)
- Technical Security Services (Processes put in place to control access to information)
- Technical Security Mechanisms (Processes that are put in place to guard against unauthorized access to data that is transmitted over the network)

The Center also has a designated Privacy Officer who is responsible for the oversight of the implementation of the Center's privacy policies and procedures relating to state and federal medical privacy laws. The Privacy Officer must ensure that members of the workforce (employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the Center, is under the direct control or supervision of the Center, whether or not they are paid by the Center) receive training on the policies and procedures with respect to protected health

information (PHI) required by state and federal medical privacy laws, as necessary and appropriate for the workforce to carry out their functions for the Center.

Risk Management

Risk Management activities are coordinated by the Director of Governmental Affairs and Risk Management. Vehicles utilized in risk management activities include the Rights Officer, Consumer Relations Officer, Compliance Officer and unit Safety Officers. The Risk Management Office is the central reporting site for all Incident reports. The Risk Management office initiates investigations related to these reports. Significant risk issues are brought to the Network Management Committee.

Plant Operations

The Plant Operations Department of Network Management has direct responsibility for Center facilities, Center vehicles, and maintenance. This Department oversees scheduled inspections of vehicles and facilities as a means of monitoring quality and quality improvement related to Center property. This aids in the ongoing preservation of Center resources.

On a weekly basis, Center vehicles are inspected, using a “weekly vehicle safety inspection checklist”. This information is submitted to the Plant Operations Director who reviews the information and takes necessary action to preserve vehicle safety.

The Center’s residential facilities undergo monthly inspections. This consists of very detailed checklists. This information is submitted to the Plant Operations Director who takes necessary action to resolve any identified issues.

When significant trends occur, this information is presented to the Network Management Committee. The Committee then makes a determination regarding what action needs to occur. Decisions may be made within this Committee, or the issue may be referred to Center Management, Executive Committee, Advisory Committee, etc, for further review or action.

Goal 3

The Center shall sustain a culturally diverse, qualified and competent workforce who includes paid staff, volunteers and contract service providers who are committed to the Center’s mission, vision, and values. The following areas of Quality Management support this Goal.

Credentialing

The Contracts Management Department develops, manages, and evaluates a provider network operated by credentialed service providers who have state-of-the-art skills and abilities to provide services to people with mental illness, mental retardation, and/or chemical dependency. All service providers (internal and external) are credentialed and/or privileged into the provider network. In addition, licensed service providers have professional accountability systems that involve prescribed requirements to obtain and maintain licensure and define the scope of practice allowable under the license.

Credentialing and re-credentialing functions are carried out by the Credentialing Committee whose purpose is to establish and implement guidelines regarding the credentialing of licensed and unlicensed professionals into the Center’s provider network to provide client services and clinical supervision; to make determinations regarding individual applications for credentialing and reappointment; to make determinations regarding organization applications for delegation of credentialing/reappointment activities and to monitor those activities; and to provide input to other committees and staff dealing with provider competence and compliance. The Committee meets monthly, or on an as-needed basis, as determined by need.

Goal 4

The Center shall ensure public accountability, community awareness and education through collaborative relationships which embrace individual, community and stakeholder input in the design, development, and evaluation of a comprehensive community system of care. The following areas of Quality Management support this Goal.

Perception Analysis Surveys

Perceptions of consumers and other stakeholders, related to services, provide critical feedback that helps to shape the service delivery system. After analysis of results, appropriate improvement opportunities are incorporated into the Operational Plan.

- a. Adult Behavioral Health Satisfaction Survey
- b. Youth Services Surveys for Families
- c. Satisfaction Questionnaire for Consumers/Parents/Guardians/Care Providers
- d. Staff Surveys
- e. Other Surveys

Service Assessment Surveys

As part of the Services Assessment process, consumers, family, staff and collaterals are surveyed in the domains of access, cost, outcomes, and quality. Aggregate results become one element of the Service Assessment data that is reviewed by the Advisory Committee and Network Management. The Board of Trustees acts upon ensuing administrative recommendations from the Advisory Committee, as programmatic recommendations are acted upon by the appropriate program director and as appropriate, become part of the Operational Plan.

Summary

In this time of some uncertainty and great change, the Center faces multiple challenges. Many of these challenges are known and are being addressed. Others are yet to be determined, which makes the future seem unsettled and complicates decision-making. With its more than thirty year history as a primary provider of mental health, mental retardation and substance addiction services, and experience as the Local Authority for Mental Health and Mental Retardation services, the Center has built a broad knowledge base which is further enhanced by its application of modern business practices and data collection capabilities. The Center is further strengthened by its position as a steward of public funds, willingness to accept accountability that accompanies that position, and the desire to assure “best value” to consumers and the community. We are confident in our ability to meet the current and future challenges, and in doing so, will continue to serve our community with quality services and supports.