“Helping People Achieve Dignity, Independence and Their Dreams”

LOCAL PLAN
FY 2007-2008
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MISSION
HISTORY
Mission

Mission:
The mission of Sabine Valley Center is to help people achieve dignity, independence and their dreams.

We will do this by:

- Serving as the mental health and mental retardation governing authority for Gregg, Harrison, Marion, Panola, Rusk and Upshur counties.
- Helping people and their families heal the consequences of mental illness.
- Assisting people with mental retardation and their families achieve maximum independence in all aspects of their lives.
- Providing programs and services in greater East Texas that help people lead lives free from addictions.
- Helping people access appropriate community resources through information and referral services.
- Networking with other groups and organizations that share our goals.
- Demonstrating our commitment to our vision and mission in all we say and do.
Agency History

Sabine Valley Center originally established in 1970, known as the Gregg/Harrison MHMR, was created as a result of the efforts and in response to the identified need for services for people with mental illness and mental retardation within the community. The original local service area, Gregg – Harrison Counties, was expanded in September 1976 to include services to Marion, Panola, Rusk and Upshur Counties. On November 6, 1993, the Executive Director executed an Assumed Name Certificate that authorized the Center to conduct and transact business as Sabine Valley Center. During FY 1997 Sabine Valley Center joined the Burke Center, The Gulf Coast Center, Life Resource and Tri-County MHMR Services as charter members of a consortium called the East Texas Behavioral Health Network. The mission of the consortium is to provide a vehicle to act jointly for the enrichment of the service systems they represent and to develop opportunities for expanding participation in managed care provider and at-risk contracts.

Having recently celebrated thirty years serving individuals, Sabine Valley Center’s scope of service and areas of responsibility has steadily expanded. Sabine Valley Center maintains relationships with diverse agencies including the Texas Department of State Health Services and Texas Department of Aging and Disability Services, contracts with the Texas Department of Family and Protective Services, and Texas Department of Assistive and Rehabilitative Services, as well as working with the Texas Correctional Office on Offenders with Medical or Mental Impairments. Sabine Valley Center is designated as a Local Mental Health Authority and a Mental Retardation Authority. This designation carries with it the delegation of the State’s authority for planning, policy development, coordination, resource allocation and resource development for and oversight of mental health and mental retardation services in the local service area.
In serving the local area Sabine Valley Center has expanded from a service system of 12 staff members and an operating budget of $2,180,000 in 1970 to employing over three hundred staff, full time and part time and a current budget in excess of $20 million (Fiscal Year 2006). Sabine Valley Center manages performance agreements with public, private for-profit and private non-profit providers. More than 70,000 people have accessed the Sabine Valley Center’s network of mental health, mental retardation and chemical dependency services since its inception. These services are available throughout the geographical area and are provided in a variety of locations as determined by individual need.
Demographic Profile

Estimated Total Population of Sabine Valley Center service area:

297,112 (Census 2004 Data)

SABINE VALLEY CENTER'S CATCHMENT AREA: POPULATION

Population by Race:

- African American: 57,638
- Asian/Pacific Islander: 1,232
- Hispanic: 19,039
- Native American: 1,312
- White: 217,891

County Population Growth:

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<thead>
<tr>
<th>County</th>
<th>1990</th>
<th>2004</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gregg</td>
<td>104,948</td>
<td>115,035</td>
<td>9.6%</td>
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<tr>
<td>Harrison</td>
<td>57,483</td>
<td>62,727</td>
<td>9.1%</td>
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<tr>
<td>Marion</td>
<td>9,984</td>
<td>11,115</td>
<td>11.3%</td>
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<tr>
<td>Panola</td>
<td>22,035</td>
<td>22,865</td>
<td>3.8%</td>
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<tr>
<td>Rusk</td>
<td>43,735</td>
<td>47,973</td>
<td>9.7%</td>
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<tr>
<td>Upshur</td>
<td>31,370</td>
<td>37,397</td>
<td>19.2%</td>
</tr>
<tr>
<td>Total of counties</td>
<td>269,555</td>
<td>297,112</td>
<td>10.2%</td>
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</table>
Priority Population Definitions

**Mental Health:**

The Texas Department of State Health Services provides contractual definitions for which Sabine Valley Center is able to provide adult and children mental health services when utilizing State Funding.

**ADULT POPULATIONS SERVED:**

1. Adult Mental Health (MH) Priority Population - Adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

2. Adult MH Target Population - Adults who have a diagnosis of schizophrenia, bipolar disorder, and severe major depression.

For additional detail go to:
http://www.dshs.state.tx.us/mhcontracts/FY06Contract/FY06_AltultMH_Program_Attachment_Revised_4_13_06.doc

**CHILDREN POPULATION SERVED:**

Child and Adolescent Mental Health (MH) Priority Population – children ages 3 through 17 with a diagnosis of mental illness who exhibit serious emotional, behavioral or mental disorders and who:

a. Have a serious functional impairment; or,

b. Are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or,

c. Are enrolled in a school system’s special education program because of a serious emotional disturbance.

For additional detail go to:
http://www.dshs.state.tx.us/mhcontracts/FY06Contract/Childrens_Attachment_Packet_1.pdf
Mental Retardation:

The Texas Department of Aging and Disability Services (DADS) provide contractual definitions for which Sabine Valley Center is able to provide mental retardation services when utilizing State Funding. This is sometimes referred to as the priority population.

The DADS mental retardation priority population consists of:

- Individuals with mental retardation, as defined by Texas Health and Safety Code 591.003;
- Individuals with a pervasive developmental disorder, as defined in the current edition the Diagnostic and Statistical Manual, including autism;
- Individuals with a related condition who are eligible for services in the ICF/MR Program, Home and Community-based Services (HCS) Program, or Texas Home Living (TxHmL) Program;
- Nursing facility residents who are eligible for specialized services for mental retardation or a related condition pursuant to Section 1919(e)(7) of the Social Security Act; and
- Children who are eligible for Early Childhood Intervention services through the Department of Assistive and Rehabilitative Services (DARS).

The determination of mental retardation and the diagnosis of pervasive developmental disorder and related condition must be made through the use of assessments and evaluations performed by qualified professionals. Individuals who are members of the DADS mental retardation priority population are eligible to receive mental retardation services from the DADS service system. Each individual is not necessarily eligible to receive all mental retardation services funded by DADS. For example, an individual may not be eligible for a service because it is not appropriate for the individual’s level of need.

For additional detail go to:  
http://www.dads.state.tx.us/business/mental_retardation/perform_contracts/fy06/attachments/Attach_E.pdf
Priority Population
Prevalence and Unmet Demand for Services

Estimated Total Number of Clients Served for 12 Month Period:

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<th>Mental Health</th>
<th>Adults</th>
<th>Children</th>
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<tr>
<td></td>
<td>3,491</td>
<td>1,448</td>
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<table>
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<tr>
<th>Mental Retardation</th>
<th>231</th>
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<tr>
<td>TOTAL SERVED</td>
<td>5,170</td>
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**Mental Health**

Estimated Prevalence for Catchment 41,596 %

Estimated # Served by SVC 4,939 11.9
Estimated # Served by other providers 15,810 38.0
Estimated # Served in Community 20,749 49.9

**Estimated unmet demand for services** 20,847 50.1

**Mental Retardation**

Estimated Prevalence for catchment 8,913 %

Estimated # Served by SVC 231 2.5
Estimated # Served by other providers 200 2.2
Estimated Total Served in Community 431 4.7

**Estimated unmet demand for services** 8,482 95.3

MH based on estimates provided by DSHS using a value of 14% prevalence of the population
MR based on estimates provided by DADS using a value of 3% prevalence of the population
Array of Services

Sabine Valley Center provides services to persons in Gregg, Harrison, Marion, Panola, Rusk and Upshur counties. A staff of approximately 350 full-time employees includes psychiatrists, nurses, therapists, QMHPs, service coordinators and direct care staff. Sabine Valley Center is also expanding its network of providers to include psychiatrists, general practitioners, residential service providers and others.

Mental Health Services

• Adult Outpatient

Adult outpatient clinical services include psychiatric assessment, pharmacological management, counseling and education. Sabine Valley Center currently operates five adult outpatient clinics:

  • Longview Counseling Services – Longview, TX
  • Marshall Counseling Services – Marshall, TX
  • Panola County Family Services – Carthage, TX
  • Rusk County Family Services – Henderson, TX
  • Sabine Valley Counseling – Gilmer, TX

• Children’s Outpatient

Children’s outpatient services include psychiatric assessment, pharmacological management, counseling, crisis management and education. Sabine Valley Center offers children’s outpatient services in five locations:

  • Longview Counseling Services – Longview, TX
  • Marshall Counseling Services – Marshall, TX
  • Panola County Family Services – Carthage, TX
  • Rusk County Family Services – Henderson, TX
  • Sabine Valley Counseling – Gilmer, TX
• Crisis Services

Crisis Services staff are on call and available 24 hours a day, 365 days a year to provide face-to-face screenings to individuals in need of crisis intervention. Crisis Services provides the following services:

• 24 hour toll-free hotline,
• 24 hour response for face-to-face screenings,
• local crisis stabilization and
• respite for adults and children.

• Residential Facilities

Sabine Valley Center operates three residential facilities for individuals with mental illness. These facilities are primarily funded through HUD.

• Fredonia
• Cypress Manor
• Pegues Place

• Community Support Programs

Sabine Valley Center offers several intensive services to ‘high risk’ consumers and helps the consumer to live in the community. These services incorporate:

• crisis management,
• skills training,
• symptom management,
• medication and monetary responsibility training,
• psychosocial rehabilitation,
• service coordination,
• supported employment,
• supported housing and
• Assertive Community Treatment Team.
Mental Retardation Residential & Waiver Services

- ICF Residential Services

ICF Residential Services includes a variety of ICF/MR residential programs for persons with mental retardation. These residential programs are designed to meet the specified needs of:

  - Adults with mild, moderate and severe mental retardation.
  - Persons with Autism

- Home and Community based Services (HCS)

Special Medicaid waiver (1915(C)) program which includes:

  - Residential homes which offer 24 hour supervision for up to three persons.
  - Specialized supports to persons living in their own homes or family’s home.
  - Supports to individuals living in foster home settings.
  - Respite services.

- Texas Home Living Program

Special Medicaid waiver (1915(C)) program which includes:

  - Specialized supports to persons living in their own homes or family’s home.
  - Respite services
  - $10,000 Spending cap
Mental Retardation Support Services

- Community Support Services
  - Golden Employment Management Services (GEMS) offers supported employment services such as job skill assessment, job training, skill development and job coaching.
  - Supported Home Living including training in the home and community; also can provide transportation.
  - Respite

- Day Training
  - Sabine Valley Industries is a facility for persons to receive vocational training as well as site based habilitation services.
  - Marshall Vocational Industries is a facility for persons to receive vocational training as well as site based habilitation services.
  - John Logan Workshop is a facility for persons to receive vocational training as well as site based habilitation services.
  - The Percolator is unique vocational training program to persons who want to sample community employment in a controlled environment.

- Essential Services
  - ACCESS services provide a single point of entry into services and provide community referrals when necessary.
  - Continuity of Care provides continuous services for individuals transitioning to and from state facilities and the Community
  - Permanency Planning
  - Service Coordination
  - In Home Family Support
The Planning & Advisory Committees

Four groups contribute to the development of the Local Plan

Organizational Planning Committee of the Board of Trustees

This three member board committee provides organizational oversight to all of the local planning efforts of the Center. This group typically meets monthly at the prior to each Board of Trustee Meeting and reviews reports and recommendations from other committees prior to presentation to the full Board.

Comprehensive Planning Advisory Committee

The functions of the Comprehensive Planning Advisory Committee are to assist the Board of Trustees in an advisory capacity, making recommendations concerning local service delivery and the development of the local strategic plan. The Comprehensive Planning Advisory Committee also identifies community needs, make recommendations for new programs, services, or improvements of services and stimulate financial support and public interest in the community for the Center. Providing local, state and federal governmental bodies with information in support of the Center and educating the community about the kinds of services offered and means of availing oneself of services further assist the community in achieving mental health and mental retardation services. The Comprehensive Planning Advisory Committee also recommends and participates in special studies at the request of the Board of Trustees. The Comprehensive Local Planning Advisory Committee, which is part of the Center feedback loop and support the infrastructure, reviewed the mental health and mental retardation services and produced reports and/or surveys, which form the basis for this Local Planning Strategy.
Regional Network Advisory Committee

Assist the Board of Trustees in an advisory capacity, making recommendations regarding the development of the regional network plan and the subsequent development, design, management, and evaluation of the provider network.

The goals of the Center are based on elements of governance, which support the Center in its efforts to meet its obligation as a public steward. These goals are developed as a part of the planning process and are further defined as they flow into the development of objectives and strategies. Monitoring and evaluation activities support the need for ongoing assessment of responsiveness, effectiveness and efficiencies.

Activities conducted within the various service areas of Sabine Valley Center support the priorities, goals and objectives identified through the planning processes.

Jail and Detention Diversion Task Force

This is a special task force that focuses on Jail Diversion. It is made up of members from the Comprehensive Planning Advisory Committee, NAMI, consumers, family members, Advocacy Incorporated, County Judge, Criminal Justice System personnel for both adult and juvenile, Sabine Valley Center’s Executive Director and other key staff who interface with the system. Its Diversion Action Plan is updated at least annual and is provided under separate cover on the Sabine Valley Center Web Site.
Local Plan Development

I. Board of Trustees Assess Needs and Opportunities
   a. Meet with the Organizational Planning Committee of the Board of Trustees
      A. Identify Strategic Building Blocks
      B. Identify key aspects of each Block
   b. Conduct a Board Retreat for Board of Trustees
      A. Hire an Outside Facilitator
      B. Present Strategic Building Blocks
      C. Present Decision Matrix
      D. Identify Opportunities
   c. Finalize Framework for Strategic Plan 2006-2010

II. Jail Diversion Action Plan
   a. Review prior Jail Diversion Action Plan with Committee
   b. Modify plans for FY2006

III. Regional Planning & Network Advisory Committee
   a. Complete SWOT Analysis
   b. Identify Gaps in Services
   c. Present to the Comprehensive Planning Advisory Committee and Board of Trustees as warranted

IV. Comprehensive Planning Advisory Committee
   a. Quarterly review and discuss key issues and areas of focus
   b. Review work of the RPNAC
   c. Accept and Modify information

V. Publish and Distribute for utilization in FY07 Budget
   A. Print
   B. Internet
ASSESSMENT RESULTS
SWOT Analysis

Strengths:

Desire to involve families and consumers
Extensive experience in providing service
Implementing business approaches to be more competitive
Proven to be adaptable and flexible
Adapting to scarce resources
Continues to provide services with limited financial resources
Responsive to needs of the community
Strong board of trustees that advocate for centers at the state level
Developed a Regional Pharmacy
Offer both Detox and Dual Diagnosis Services

Weaknesses:

Under funded
Forced to implement waiting lists
State mandates put centers at a disadvantage when competing
Population is defined for us – we cannot choose who we serve

Opportunities:

Diversify to other services to broaden base
Educate general public to needs
Expand services other service populations

Threats:

Legislation restricts what we can do
Loss of historic services as a result of Provider of last resort
Manner in which equity is determined
Funding cuts
Staff retention in some positions
Difficult to plan for the unknown
Complying with regulations
Gaps in Services

MR adults:

- Dentistry
- Transportation
- Job opportunities
- Long HCS waiting list

MR children:

- Recreational opportunities
- Dentistry
- Transportation
- Long HCS waiting list
- Stronger parent voice in organization
- Community education and outreach

MH adults:

- Too many in the low service packages
- Resource limitations
- Not able to provide needed services due to RDM
- No funding for outreach, education
- Jail diversion is under funded and so not as effective
- Housing options (few licensed boarding homes in the area)
- Community resources, particularly psychiatrists to refer people to
- Transportation
- State hospital bed availability

MH children:

- State hospital bed availability
- Residential care
- Transportation
- Counseling services
- Willing foster care providers for RDM foster care
- Dual diagnosis (Chemical dependency/mental health)
- Few resources for detox
- Limited integration with public schools
Waiting List Information

Mental Health Services

• 34 Adults

Mental Retardation Services

• 522 Individuals on the HCS Waiting List
Strategic Goals and Objectives

STRATEGIC PLANNING BUILDING BLOCKS

1. Operate As A Business:
   - Create "Star Ship Model" which serves as an umbrella structure which can breakaway parts i.e. authority where no longer viable
   - Develop internal non-MHMR books of business
   - Capture private pay services
   - Organize in anticipation of the future

2. Be More Responsive To Our Local Communities:
   - Partnerships with school systems, probation, parole, TRC
   - Establish new core business that address community need, i.e. aging services, community health services, affirmative business, prevention services

3. Ensure Services In Less Populated Counties Through Diversification
   - Aging and Disability resource center
   - Community health
   - Affirmative business outlets
I. BUSINESS

Establish a three to five year Business Plan which creates new books of business and partnerships which:
   A. Helps us sustain our core business
   B. Create a viable service centers in our rural areas
   C. Operate as a business

II. LEGAL

Organize business under a “Starship” model for the development of new business.
   A. Establish independence (employment, benefits, etc.) for new enterprises
   B. Create umbrella protection and infrastructure supports for new initiatives
   C. Establish clear asset flexibility for income and property
   D. Develop image and marketing plan for new enterprises

III. PROGRAMMATIC

Consider all relevant opportunities for the creation of marketable services for aging and youth populations to include but not limited to:

- Nutrition
- Home Health
- Hospice
- Affirmative business
- Attendant care in home
- Charter school development
- Community health
- Assistive technologies
- Recreation
Network Planning

A specific role for the local authority is the development and maintenance of a network of service providers that allow consumers to have increased options for service providers, increased accessibility of services and continuous quality monitoring.

Once needs are identified through both internal and external assessments, the local authority may utilize one of several methods for ensuring that the identified services are provided, if feasible. An RFP, or request for proposal, may be sent to interested providers and upon review by both local authority staff and the Regional Network Advisory Committee, an award is granted to the provider(s) of best value. For services which require many providers, an Open Enrollment may be issued in which specific information relating to the service(s) to be provided and the rate of reimbursement is provided to which all qualified providers who apply must be placed in the network of providers. Rules also allow for Sole Source once it is established the service is unique and can only available through that single provider in the area.

The local planning process assists in identifying these needs and gaining input from the community through the Planning and Advisory Committees in order to decide which services will be offered. It is the priority of Sabine Valley Center to develop an efficient and effective network of providers to ensure choice of provider, quality of service and accessibility to services. To assist in this process Sabine Valley Center works through the Regional Network & Planning Advisory Committee. This group is more removed of local interests than our local Planning Advisory Committee. It provides both an objective review of Service Proposals from issued RFPs and at least annually reviews Sabine Valley Center’s Network of Providers. Sabine Valley Center’s most current provider network at this publishing is listed in Appendix C.
Appendix A – Contact Information

For more information, contact Sabine Valley Center via the most appropriate method.

• Crisis 24-hour hot-line
  • 800-832-1009

• Intake/Admission
  • 800-4-INTAKE

• Administration
  • 903-758-2471

• Internet/Web Site
  • www.sabinevalley.org

• Mailing Addresses
  • Sabine Valley Center
    Post Office Box 6800
    Longview, TX  75608
  
  • East Texas Behavioral Health Network
    Mailing Address:
    4101 South Medford Drive
    Lufkin, Texas 75901
Appendix B – Catchment Area

Texas Department of Human Services Region 4

Sabine Valley Center Catchment Areas:

- Mental Health and Mental Retardation Services and Early Childhood Intervention (ECI)
  - Gregg
  - Harrison
  - Marion
  - Panola
  - Rusk
  - Upshur

- Substance Abuse
  - All Counties in Region 4

- STAR Program
  - Bowie
  - Camp
  - Cass
  - Franklin
  - Gregg
  - Harrison
  - Marion
  - Morris
  - Panola
  - Red River
  - Risk
  - Titus
  - Upshur

- PAL (Preparation for Adult Living) Program
  - All counties except Delta, Rains & Lamar
## Appendix C – Network Table

<table>
<thead>
<tr>
<th>Service area (MH, MR, etc)</th>
<th>Service</th>
<th># of providers</th>
<th>Procurement process used</th>
<th>Amount of money spent to provide this service by contract (projected cost for all of FY 06)</th>
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<tr>
<td>MH</td>
<td>MH Crisis Services – Inpatient Hospitalization</td>
<td>2</td>
<td>Open enrollment</td>
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<td>MH, MR, SA</td>
<td>On-Call Crisis Services</td>
<td>1</td>
<td>Contract since 2001 (RPNAC reviewed RFP for Crisis Services)</td>
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<td>MR</td>
<td>Day Habilitation</td>
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<td>Consumer Choice</td>
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<td>MR</td>
<td>Independent Respite Providers</td>
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<td>Sole source as determined by client choice</td>
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<td>Independent HCS Day Habilitation Providers</td>
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<td>Sole source as determined by client choice</td>
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Submitted to the Regional Network and Planning Advisory Committee April 27, 2006 for review
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