



# **IDD LOCAL NETWORK DEVELOPMENT PLAN**

*Fiscal Year 2026 - 2027*

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## PREFACE

The purpose of the Texas Panhandle Centers (Center) Intellectual and Developmental Disabilities (IDD) Local Plan (Plan) is to define a plan that communicates the mission, vision, values, goals, and objectives throughout the organization; it furthers the Center's development by providing a framework to accomplish those goals and objectives. The Plan describes the Center's IDD programs and services while providing a systematic, organization-wide approach to designing, measuring, assessing, and improving consumer treatment, outcomes, and support services. The Plan is designed to be responsive to community and consumer needs and improve consumer outcomes.

The Plan represents a collaborative effort, all parts of the organization contributed to its development. The Center's goals and objectives to include IDD, were developed by the IDD Leadership by reviewing the following: Fiscal Year (FY) 2026 Performance Contracts; input from the Planning and Network Advisory Committee (PNAC), consumers and community representatives, staff through department/unit meetings, and the various center committees.

The Plan is the framework for performance improvement initiatives. IDD Services identifies the Center's goals and key functions that most affect the consumer's personal outcomes. Leadership, management, and quality improvement bodies analyze and focus initiatives in order to improve processes and/or correct identified problems.

# I. Mission, Vision, and Values

## Mission

To respond to the behavioral and developmental health needs of individuals by creating an accessible system of care that supports individual choice and results in lives of dignity and independence.

## Vision

The vision of Texas Panhandle Centers is “**Making Lives Better.**”

## Values

The focus of our **value** system is on recognizing that people with disabilities have rights, that the individuals served understand those rights, and that they are upheld. We teach people to exercise the highest level of self-determination and personal autonomy. We strive to ensure that they live, work, and play in the least restrictive, non-stigmatizing environments consistent with their strengths, hopes, and desires.

The **general values** that serve as guides for our services include (but are not limited to):

- Individual Worth - We affirm that the individuals we serve share with us common human needs, rights, desires, and strengths. We appreciate our cultural diversity and individual uniqueness and commit ourselves to support and enable each person’s choices and preferences.
- Quality - We commit ourselves to the pursuit of excellence in everything we do.
- 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.

- Innovation - We are committed to developing an environment that inspires and promotes innovation, fosters dynamic leadership, and rewards creativity among our staff, volunteers, and the people we serve.
- Teamwork - We believe that teamwork is essential for providing comprehensive and professional services. Teamwork relates to the individuals we serve and staff, as well as collaboration with other service agencies, family members, etc.
- Accountability - We believe in being accountable to the public, our payers, and those we are responsible to serve. This accountability encompasses fiscal, contractual, and system of care performance.

## **Guiding Principles**

The Center developed a set of guiding principles to provide a basis for decision-making and prioritization of the Center's activities and use of resources. The use of the guiding principles by Center staff in their daily activities and decision-making should strengthen the Center's performance as a consumer-focused service delivery organization bringing the best value return on the public funds invested in our mission. The guiding principles are as follows:

1. To provide personal outcome-based services in partnership with the individual, the family, and the community.
2. To empower the individual and family by respecting their right to make choices about their lives.
3. To provide innovative solutions that shape the current operations and future direction of the organization.
4. To work together with others across all Center systems.
5. To address issues proactively and in a timely manner.
6. To seek the best value for the individual, the community, and the organization.
7. To continue building community support for the Center's mission and services.

## II. Local Authority Assessment

### History

Before September of 2000, Texas Panhandle Centers was actually two organizations: Texas Panhandle Mental Health Authority (TPMHA) and Amarillo State Center (ASC). Texas Panhandle Mental Health Authority served adults with chronic mental illness and adolescents with emotional disturbances in the upper counties of the Texas Panhandle. Amarillo State Center served individuals with intellectual and developmental disabilities residing in the Panhandle. TPMHA employed approximately 160 staff, and ASC employed approximately 450. These two organizations merged in September of 2000, becoming Texas Panhandle Mental Health Mental Retardation.

#### Texas Panhandle Mental Health Authority (TPMHA)

The City of Amarillo appointed the original Board of Trustees in March of 1966. The name of the organization was Amarillo Community MHMR Center, and it served only Potter and Randall Counties. In September of 1973, the Center reorganized in order to expand service coverage to the upper twenty-one counties of the Panhandle. The Center's name was changed to Texas Panhandle Mental Health Authority in 1988. The agency established offices in Dumas, Borger, Perryton, Pampa, Hereford, Clarendon and Amarillo in order to serve residents in all twenty-one counties.

#### Amarillo State Center (ASC)

In 1966, Amarillo was selected as a pilot project to demonstrate the feasibility of training persons with mental retardation in their community. Construction began in 1966 on land donated by the Harrington Foundation in the Harrington Regional Medical Center and completed in 1967. The Amarillo State Center for Human Development began serving clients in twenty-three counties of the Texas Panhandle.

A system of satellite offices was established in Pampa, Borger, Childress, Tulia, Dumas, Hereford, Perryton, and Wellington to provide daycare, training, preschool, prevocational, and vocational training. The picture below is from the early 1970s expansion of the Amarillo State Center.

In 2000, with the merger of TPMHA and ASC, **Texas Panhandle Mental Health Mental Retardation** was formed. On December 13th, 2010, Texas Panhandle Mental Health Mental Retardation began doing business as **Texas Panhandle Centers Behavioral and Developmental Health**. This change was made to better reflect the agency's focus on service, as well as reflect our goal of erasing the stigma attached to intellectual disabilities.

Texas Panhandle Centers (TPC) serves persons with behavioral health diagnoses, co-occurring substance abuse disorders, intellectual and developmental disabilities (formerly referred to as mental retardation), and children with developmental delays from birth to three years of age. The Board of Trustees adopted a decentralized service system requiring care to be provided to local service areas in the most cost-effective manner. The Center has service centers located in seven locations in the Texas Panhandle: Amarillo, Borger, Clarendon, Dumas, Hereford, Pampa, and Perryton. All Texas Panhandle Centers' primary locations are accessible to persons with disabilities, and all TPC services are available through planned accommodations.

## Organizational Overview

Texas Panhandle Centers is governed by a Board of Trustees divided by Eastern and Western divisions. The **Eastern Division** is made up of eleven counties and they are Hansford, Ochiltree, Lipscomb, Roberts, Hemphill, Gray, Wheeler, Armstrong, Donley, Collingsworth, and Hall counties. One of the two appointees from the Eastern Division is **Judge Willis Smith** of Higgins, TX. The other is **Sheriff Terry Bouchard** of Perryton, TX.

The **Western Division** is made up of eight counties and they are Dallam, Sherman, Hartley, Moore, Hutchinson, Carson, Oldham, and Deaf Smith Counties. The two appointees from the Western Division are **Janis Robinson** and **Sheriff Dale Butler Jr.**, both of Hereford, Texas.

The **Amarillo City Commission** has three appointees and they are **Jerry Don Williams**, **Linda Brian**, and **Patty Ladd**.

The **Potter County Commission** appointee is **Larry Adams** while the **Randall County** appointee is **Amy Hord**.

There are two non-voting members and they represent the **above median (Sheriff J. Dale Butler of Hereford)** population of the Texas Panhandle as well as the **below median (Sheriff Terry Bouchard of Perryton)** population of the Texas Panhandle.

The public is invited to attend all meetings and there is an opportunity provided to address the Board at these meetings if desired.

Texas Panhandle Centers has reconfigured our service delivery model several times over the last few years. The Center's Executive Management Team continues to monitor legislative action for its possible impact on center organization and function.

### **Description of Services**

On March 1, 2022, Texas Panhandle Centers was recognized as a Certified Community Behavioral Health Center. The Center is one of 39 Community Mental Health and Intellectual and Developmental Disabilities Centers within the Texas BH and IDD system working towards certification. The CCBHC model integrates primary care screenings and substance use disorder care into mental health care settings clinically, financially, and administratively, with the goal of improving overall health outcomes. The Center's programs are responsible for the delivery of a broad array of services within our 21-county area.

### **Intellectual and Developmental Disabilities Populations Served**

Because demand for services and support exceeds available resources, delivery of services is prioritized in accordance with published directives and needs. The Health and Human Services Commission (HHSC) priority population for IDD services consists of individuals who meet one or more of the following descriptions:

- Persons with IDD, as defined by the Texas Health and Safety Code 591.003;
- Persons with pervasive developmental disorders (PDD) as defined in the current edition of the Diagnostic and Statistical Manual, including autism;

- Persons with related conditions who are eligible for services in Medicaid programs operated by HHSC, including the ICF/IDD and waiver programs;
- Children who are eligible for services from the Early Childhood Intervention program; or
- Nursing facility residents who are eligible for specialized services for IDD or a related condition pursuant to Section 1919 (e) (7) of the Social Security Act

### **Available IDD Services**

A full range of IDD services are available to the consumers of the communities served by the Center. Professional diagnostic, therapeutic, and rehabilitation services are provided. Services usually begin with screening and diagnosis. Upon establishment of eligibility, the individual plays a significant role in the selection of services to meet their needs.

Services include:

- Service Coordination
- Specialized Therapies-
  - Audiology
  - Speech/Language Pathology
  - Physical/Occupational Therapy
  - Dietary services
  - Behavioral Supports
- Individual Skills and Socialization
- Day Habilitation
- Nursing Services
- Residential Support Services
  - 4-bed residential homes
- Supported Home Living
  - Based in individual's homes
- Contract/Host Homes (Foster Care)

- Respite Services
- Supported Employment
- Adaptive Aids
- Dental Services
- Minor Home Modifications
- Outpatient mental health services for adult and children with IDD

### **Community Living**

Texas Panhandle Centers strives to meet the needs of the individuals we serve through community-based programs as an alternative to treatment in a more restrictive environment. Texas Panhandle Centers serves panhandle families and individuals in their own community, including day habilitation centers for adults with intellectual and developmental disabilities located in the communities we serve.

Studies show that persons with intellectual and developmental disabilities who are integrated into their community are happier, healthier, and lead productive lives. Everyone in the community can benefit when persons diagnosed with intellectual and developmental disabilities are given the opportunity to achieve the highest level of functioning possible.

### **Service Delivery System**

Entry to Services: Individuals seeking Intellectual and Developmental Disabilities Services go through an assessment or endorsement conducted in accordance with THSC §593.005 and 25 TAC Chapter 415 to determine if an individual has IDD or is a member of the HHSC IDD priority population. Once eligible, a consumer is assigned a service coordinator in IDD. In some instances, such as in crisis situations, or when outpatient mental health services are needed for someone with IDD, entry to services can be fast-tracked through those programs.

Other Assessments: The Service Coordinator determines the individual's need for IDD Service Coordination by completing a Service Coordination Assessment – IDD Services form.

Person-Directed Plan: A person-directed plan for individuals with Intellectual and Developmental Disabilities is developed. The plan identifies training and support services that address the needs and preferences of the individual and builds on the strengths of the individual. The person-directed plans are reviewed as prescribed by Texas Administrative Codes and new plans are developed.

Referrals: Referrals are made to internal or external providers and other community resources for services identified within the plan.

Continuity of Care: The Center strives to provide care in a systematic, continuous, and seamless manner that meets the needs of the individual. The quality of consumer care is assessed on a continual basis through progress reviews of treatment/personal outcome plans and actions are taken to improve consumer care.

Discharge Plan: A discharge plan is developed when an individual leaves Center services; it ensures the individual will be assisted in the community through other resources or providers. The Center provides authority and provider services to consumers.

## **Service Priorities**

There are services required by legislation to be provided by all local authorities for Intellectual and Developmental Disabilities Services. These services are noted with an “R” in the respective service description section.

## **Intellectual and Developmental Disabilities Services**

### Authority Services:

- Screening (R)
- Eligibility Determination (R)
- Service Coordination, Medicaid Waiver (R)
- Basic Service Coordination (R)
- Continuity of Services
- Service Authorization and Monitoring (R)
- PASRR/Habilitation Coordination (R)
- Crisis Intervention Services (R)
- Outpatient Biopsychosocial Approach for IDD

### Provider Services:

- Respite (R)
- Community Support Services
- Individual Skills and Socialization
- Day Habilitation
- Behavioral Support
- Nursing

Family Living  
Residential Living  
Contracted Specialized Residences  
HCS Waiver  
Employment Assistance  
Supported Employment  
Vocational Training  
Specialized Therapies

### **Administrative Services**

The Center's administrative services consist of financial/accounting/audit control, budgeting, contract management, purchasing and supply, billing/reimbursement, property and building management, transportation, maintenance and environmental services, communication systems, information management, human resources, risk management, quality management, utilization management, consumer rights, and staff development.

### **Client Rights**

The goal of client rights is to ensure that the rights of all persons are respected and that the Center's practices are in keeping with the highest ethical standards. Individuals are informed of their rights and how to contact the Rights Protection Office upon entry into services and annually thereafter. Individuals receive a Client Rights Handbook based on their service program. Specific services provided include mediation of disputes, assistance in resolving complaints, and consultation and referral on matters of ethical concern. The Rights Protection Officer ensures due process for individuals with Intellectual and Developmental Disabilities when a limitation of their rights is being considered. A Human Rights Committee will convene if a behavior management plan is developed to ensure the required processes are followed and informed consent to participate is documented. The Rights Protection Officer tracks complaints and conducts trend analysis on the data collected. Trends are shared with appropriate supervisors, the Human Rights Committee (HRC), and the Planning and Network Advisory Committee (PNAC) in order to develop improvement strategies.

## **QM Authority and Overview**

The Executive Director of TPC acts on behalf of the Health and Human Services Commission (HHSC) as its representative and as such, has the authority and responsibility to establish an integrated Quality Management Program within the Center. The Executive Director has designated the responsibility for coordinating Quality Management activities within the Center to the Director of Quality Management. The Rights Protection Officer, the Coordinator of Compliance and Planning, and the Special Projects Coordinator are key participants in the Quality Management (QM) department and work closely with the QM Director. Quality Management activities are prioritized and planned to ensure compliance with regulatory requirements and to promote continual improvement processes for TPC. To allow for a more objective analysis of processes and program improvements, Quality Management is organizationally independent of other TPC programs.

# **III. Planning Process**

## **Local Planning**

The Quality Management department is responsible for providing a systematic method of reviewing, maintaining, and monitoring all plans. TPC develops and implements the Local Plan consistent with the HHSC strategic priorities referenced in the Health and Human Services System Strategic Plan and ensures the timely submission of plans as appropriate. The QM Director supervises the Coordinator of Compliance and Planning and provides oversight of planning activities. The Coordinator of Compliance and Planning takes the lead role in planning for the center and serves as the agency facilitator for TPC's Planning Network Advisory Committee (PNAC). TPC's Planning and Network Advisory Committee is a combined IDD and Behavioral Health Committee. Per the HHSC Performance Contract, PNAC requirements are followed and PNAC reporting and recommendations are provided to the Center's Board of Trustees at least quarterly.

## **Planning and Network Advisory Committee**

The Planning & Network Advisory Committee (PNAC) serves both BH and IDD interests and meets quarterly on an as-needed basis to provide broad-based community input into the planning process and the Center's growth. The Center strives for committee membership that reflects the ethnic, cultural, and social diversity of the community and includes representation of individuals served and family members of individuals served. The role of the PNAC is to reflect the perspectives of individuals, family members and other stakeholders on the provisions of services and supports. The "Guidelines for Local Service Area Planning" received by the Center on February 28, 2005 provides expected outcomes for the PNAC. The Board shall establish outcomes and reporting requirements for the PNAC. The expected outcomes of the PNAC include:

- The PNAC operates according to the charge assigned by the local board; and
- Individuals receiving adult behavioral health, children's behavioral health, and intellectual and developmental disabilities services and their families or guardians, are represented and their views are explicitly incorporated into recommendations of the PNAC

### **The PNAC is charged with the following:**

- Identify the needs and priorities of the local service area;
- Submit recommendations to the Center staff and Board regarding the content, development, and implementation of the Local Service Area Plan and budget strategies to meet the community needs and priorities; and
- Provide input in assembling a network of available and appropriate service providers to meet the needs of individuals in the local service area while considering public input, ultimate cost-benefit, and individual care issues to ensure the individual's choice and the best use of public money.
- Receive a written copy of the final annual budget and biennial plan for each program area as approved by the Board of Trustees, and a written explanation of any variance from the PNAC's recommendations.

- Receive information regarding total funds available through the Performance Contract document for services in each program area and required performance targets and outcomes.
- Reports to the Board of Trustees at least quarterly on issues related to the needs and priorities of the local service area; implementation of plans and contracts; and the PNAC's actions that respond to special assignments given to the PNAC by the Board of Trustees.

The Center provides initial and ongoing training to the committee members. The training provides members with the information they need in order to perform the tasks and fulfill the purpose of the committee. The Center will attempt to recruit family members of children or adolescent individuals to serve on the PNAC.

Planning activities have successfully guided Texas Panhandle Centers in achieving its goals of providing the Center, its Board of Trustees, and its staff focus and direction. The Center educates staff, individuals, family members, committees, government officials, advocacy groups, and other interested individuals and agencies on the planning process. Updates to additional resources are also posted on TPC's website as needed. The Executive Management Team participates in strategic planning to develop specific center-based goals and objectives. Through the development of local plans, the center's mission, vision, and values were developed, all of which remain the focus of our operations today.

### **Coordination of Services within Local Service Area**

The Quality Management department collaborates with directors from crisis services, screening/intake, and service coordination/case management to ensure that persons have access to 24-hour crisis support services, referral information, and disaster assistance when needed. Collaborative efforts also ensure that eligible individuals have a choice of providers and receive timely service based on individual needs and preferences. Cooperation with network providers and other human service agencies facilitates a team approach and quality continuity of care. TPC collaborates with many external providers including (but not limited to): Community Resource Coordination Groups (CRCG/CRCGA), Outreach Screening Assessment and Referral (OSAR), Amarillo Council on Alcoholism and Drug Abuse (ACADA), Early Childhood

Intervention (ECI), Community Services Supervision and Corrections (CSDS), Texas Juvenile Justice Department (TJJD), Texas Department of Family and Protective Services (TDFPS), Amarillo Independent School District (AISD), Canyon Independent School District (CISD), Highland Park Independent School District (HPISD), Randall County Detention Center, Northwest Texas Hospital, and the Panhandle Suicide Coalition. Minutes, training logs, and/or MOUS serve to evidence collaborative efforts. Program reviews, focused reviews, individual served/family surveys, and/or data are utilized to measure and assess the following:

- An easily accessed, continuously available, and well-publicized crisis hotline to provide screening, information, support, referrals, and crisis intervention.
- Participation of the Suicide Prevention Coordinator in required activities to include regular dissemination of prevention information and resources.
- Access to the Mobile Crisis Outreach Team for assistance with crises.
- Efficient use of scheduling to ensure timeliness of intake assessments. Assessment results are available on the day of intake and services are initiated depending on eligibility.
- Consistent monitoring of waiting/interest lists to maintain contact with individuals and provide appropriate support and referrals.
- Persons eligible to receive services are provided with information on service options and are encouraged to choose from a variety of providers. Efforts are made to have an individual's providers located within 75 miles of the individual's residence.
- Persons not eligible to receive services are informed of community resources.
- Person-Directed planning that reflects individual needs and builds on the individual's strengths.
- Effective coordination of services (including participation in the development of transition and/or discharge plans) for individuals being transferred to/discharged from other center programs, schools, hospitals, jails, and other facilities.

- Appropriate notification of adverse determinations, education of individuals in filing appeals, and use of objective criteria when making timely appeal determinations.
- Effective collaboration with other human service agencies is necessary to ensure that individuals receive needed services in the least restrictive setting.

To ensure statewide quality improvements, QM staff participate with other centers through consortium meetings, webinars, e-groups, and workgroups.

## **IV. Oversight of IDD Services**

Quality Management is responsible for oversight of service delivery and design and facilitates improvement activities. All TPC programs and personnel are subject to QM reviews, satisfaction surveys, and other audits. TPC contracts with a number of licensed external providers in various disciplines who are also subject to reviews, surveys, and other audits as outlined in each provider contract. The QM Program coordinates all external reviews, audits, and surveys that may be conducted by state or federal entities. The following chart/work plan outlines key reviews and audits that are conducted or overseen by the QM Program for both internal and external providers.

### **Network Development and Monitoring of External Providers and Contracts**

The Contracts Management Program through the Planning and Network Advisory Committee facilitates network development. The Director of Human Resources and Contracts Management collaborates with the Director of Quality Management when developing a new contract within the network or when revising current contracts. In general, the Planning and Network Advisory Committee then makes contract recommendations to the Board of Trustees. The QM Program will review the contracts when necessary to ensure compliance with the appropriate contract, state, and federal requirements. The QM Program will provide coordination and oversight of all reviews and audits that may occur with these contracts. The Quality Management Program, Contracts Management, and Program Directors are all responsible for monitoring and providing oversight to external providers. Programs including HCS, TxHmL, PASRR, Crisis Respite, CFC, as well as individual contractors are reviewed by the Contracts Management program. These reviews are forwarded to Quality

Management for oversight. At the program level, contractors who provide services receive training as required. Program managers review individual services to ensure quality and adherence to all requirements. Contractors needing additional training may be referred to Quality Management.

### **Reduction of Incidents of Individual Abuse, Neglect and Exploitation**

The Rights Protection Officer (RPO) is the liaison between TPC and the Texas Department of Family and Protective Services (DFPS). The RPO coordinates any investigations involving the care and treatment of those the agency serves, including DFPS investigations. The RPO is also responsible for handling other individual/LAR complaints or appeals. Data is maintained and is reviewed by the UM Committee, Executive Management Team, and Board of Trustees.

The RPO is responsible for the development of an annual Abuse/Neglect Reduction Plan. This plan is based on data gathered during the year in quarterly reports. The reports contain the following elements:

- Number of allegations by class, location, funding source, and individual served
- Number of confirmations by class, location, and disciplinary action
- Comparison data from previous months and years
- Findings
- Analysis
- Recommendations

Reports are distributed to The Board of Trustees and the TPC Executive Management Team (to include the Director of Quality Management and Compliance) quarterly. An annual report is developed, additionally. The annual report is compared to the reports from previous years and those comparisons are also used in the development of the Abuse/Neglect Reduction Plan. After review of all information and results of the work plan from the previous year, a goal for the next year is developed.

## V. Goals

In FY 2025, TPC set a goal to have an allegation confirmation rate of  $\leq 2\%$ . There were 17 total allegations, 15 of which are still pending a conclusion from the state. Two allegations were referred back to the agency for review and did not meet the criteria for abuse, neglect or exploitation.

The following strategies were developed to assist in achieving this goal:

- Continue the collection and distribution of quarterly allegation and confirmation data
- Continue to offer supplemental training such as Stress Management, Ethical Behavior, Time Management, etc.
- Continue a 95% compliance goal related to staff training on Abuse, Neglect and Exploitation Prevention and Reporting
- Monitor trends related to staff involved, and report any concerning trends to the Director of QM and Compliance for further action if necessary
- Continuation collection of daily client injury, and unusual activity data.
- Continuation to improve new employee training on preventing, recognizing, and reporting abuse, neglect, and exploitation.
- Continue to proactively provide new specific training and retraining for staff, as warranted.
- Continue to implement all recommendations from DFPS, HHSC, and client rights investigations.

The Abuse/Neglect Reduction plan is reviewed annually by the Executive Management Team and more often as appropriate. The plan is maintained in the Offices of the RPO and the Director of Quality Management and Compliance.