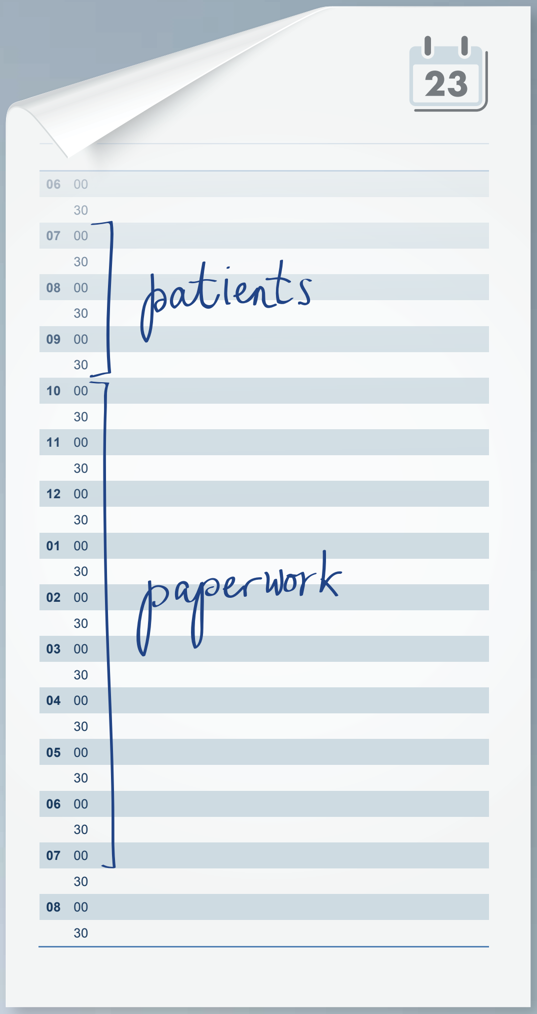
PANHANDLE HEALTH

A QUARTERLY PUBLICATION OF THE POTTER-RANDALL COUNTY MEDICAL SOCIETY

Fall 2017 | VOL 27 | NO. 4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On The Cover: "October Morning", by Roylynn Evans.

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President's Statement:
Notes from the Sidelines

by Rouzbeh K. Kordestani, M.D., MPH

I have been "retired" now for three months and have found the experience somewhat surprising. I did not know what to expect. I can tell you I was filled with a sense of dread before I left. Now I am filled with a sense of wonder and a new found vigor for what I believe is right and wrong. I will explain.

As I left Amarillo and my position as the senior reconstructive plastic surgeon, I was filled with a sense of dread and fear not knowing what exactly I was going to do after my life as a surgeon ended. It truly is simple to wake up in the morning and go directly to surgery and to save lives. Normal people believe our job is scary. I beg to differ. In many ways, our lives are simple. Our routines are set. I know or rather I should say I knew that on Tuesday mornings and Thursday mornings I would be at NWTH at 8:00 in the morning. I knew which teams would be ready to go and I would know what was expected of me. Now, as a newly "retired" person, I am filled with an anxiety because my days are not so well defined and routine. Sure, before, there were life and death issues every day but not the usual curveballs that normal people face. In that way, doctors really have an isolated bubble that is not affected by the outside world. Before, there could have been a zombie apocalypse going on outside and I would not have known about it until I left the OR at night.

As my new life unfolds, I realize that most of health care is now predicated by insurance companies and their "version" of health. As I now sit and listen daily to hours of information about health care and the health care system, I realize how little most people, even educated people, know about health care administration, doctors, the aged, and the health care system in general. Most people are ignorant and seem to have preconceived ideas about health, sickness, hospitals, doctors, the system and the overall state of progress. I literally have been witness to lengthy discussions between groups and have realized that neither side really has any idea of what is truly going on at the front lines of hospitals and ERs. This side is blue. That side is red. This side is arguing about Obama Care and that side is arguing about the virtues of Trump Care. I have to confess that they are all so far off base with their versions of the facts and data that neither would have any idea how to right the system.

The truth is that the only people who can truly fix and bring forth a new health care system are the same people who are stuck in the hospitals and ERs giving the care---the doctors, the nurses and the allied health professionals. As the manpower (and woman power) shortage is becoming critical, the health care

individuals/ professionals are so busy actually delivering the care that they are not able to participate in the discussion. So the actual people who can right the system are not involved in the discussion to educate the masses about the shortfalls in the system…WOW…..How did that happen? I say this because, looking at it from the sidelines, I realize that one day with one of us would educate people for years to come. They have to understand that the health care system is at a critical stage, literally about to collapse. This is not because it is Obama Care or abuse or whatever. It is a system that has been for far too long neglected and treated with small fixes here and there. The actual fixes have been simply postponed.

My old chairman (Dr. Claude Organ) told me once that if you take fraud, waste and the bureaucracy out of health care, it would actually be fairly affordable. I think there is much truth to that. But without the actual players, the system cannot be put in the right order. So I urge every doctor and every health professional to realize that we have to actively be involved in the discussion. The system is failing and your daily toils in the OR, ER and the ICU will not fix it. You have to be involved in order to educate people and the populace and your fellow medical professionals on how to make the system better. Obama Care is not the answer but then again neither is Trump Care.

By the same token, the bureaucratic health care associations have done a poor job of educating the average people. The American Medical Association (AMA) has become a political association and a bureaucratic animal with little connection to the realities and toils of the life of a normal physician. This is why its membership is dwindling. Physicians no longer identify with associations like the AMA. Another example is the American College of Surgeons (ACS). The ACS is now so enriched that its agenda does not match the interests of the average community surgeon. Did you know that the ACS has over $400 million in its bank accounts?! Did you also know that they just spent over $45 million dollars for their new offices in Washington, DC?! Over forty five million dollars (of physician membership monies) was spent so that the ACS could be more engrained in the bureaucracy of Washington, D.C. And you have to ask and wonder IF we have lost our way?!

We as physicians and health care professionals need to re-establish our leadership. Health care in the United States BELONGS to us. It is OUR relationships with OUR patients and their trust in us that is the underlying foundation for the health care system. Big pharmaceutical companies, the insurance companies and the politicians have done an excellent job of supplanting us from the leadership role. Now they control the system. That's why, when there are health care system discussions, the two parties most often missing are the doctors/health care professionals and the patients. How is that? The two main groups that make up the system are not involved in the discussion on how to make the system right!! How did that happen??

That needs to stop. Each of us needs to stop, look, listen and become active. As groups of physicians, we have the power and the responsibility to defend our patients and our sworn way of life. No politicians have taken or are going to take the Hippocratic Oath (a few exceptions do exist—e.g. Dr. Frist/ Dr. Rand)—We did. They do not go home crying when they have lost their patients—We do. So to ensure that the health care system survives and evolves into an effective delivery system, we have to not only become involved, we have to push to take OUR system back.

This is a fight and I urge you all to get ready. You have to fight for yourself, your profession, your Oath, and for your patients. This is OUR system---This is OUR time.

Our Next Issue Of

Panhandle Health

Features:

Case Studies

Alliance News

by Irene Jones, Co-President

The Potter-Randall County Medical Alliance welcomes all of our students and teachers back to school! Heal the City ended the summer with a Back to School Event. The Alliance raised $1,285 to provide 300 backpacks filled with school supplies. The non-profit group called "Give More Hugs" provided the remaining funds. We were thankful for their partnership. Heal the City checked in over 100 kids during the first two hours of the event. Students were seen for immunizations, physicals, haircuts and backpacks. Thank you to Dr. Keister, staff and all of the volunteers for their commitment to our community. Several Alliance families gathered to help stuff the backpacks. It was a great way to see kids giving back to others.

Our Alliance applied for a community grant called "Be Wise-Immunize" through the Texas Medical Association Alliance. We were awarded $2,500 to help pay for some of the immunization supplies Heal the City needed.

We awarded scholarships to two nursing students this summer through our endowment fund. It is truly heartwarming to receive thank you notes from these students who are pursuing a career in the medical field. Congratulations to Huong and Jenna.

SHOUTOUTS!

Thank you **Shelby Neichoy, Joan Urban** and **Lisa Veggeberg** for stocking the Hygiene Closet the last few months. Also shout out to **Elisia Miller** and **Becky Gulde** for providing meals to the Ronald McDonald House from July-September. Thank you to **Audra Kirkendall** for coordinating/writing the "Be Wise-Immunize" grant with Heal the City. We appreciate you ladies. Thank you to **Dr. & Mrs. Wilhem f**or opening their beautiful home to all of us for our Fall Social.

Hope to see you at our upcoming events!

September 14th: Couples Fall Social @ Wilhem's Home

September 23rd: Susan G. Komen West Texas Race for the Cure

November: Last Quarterly Meeting TBA

December 31st: New Year's Eve Gala @ the new Downtown Embassy Suites Hotel (please visit our website for more information www.potterrandallalliance.com)

SAVE THE DATE: December 31st

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Letter from the Editor:
Patient Advocacy Reference Project, Part 2

by Tracy Crnic, M.D.

First and foremost, I'd like to again thank all of our contributors and readers for this project. I have been very pleasantly surprised to learn more about so many of our community's organizations and available patient advocacy. I have also been excited to have such informative and eager authors that helped us create both advocacy issues of *Panhandle Health.*

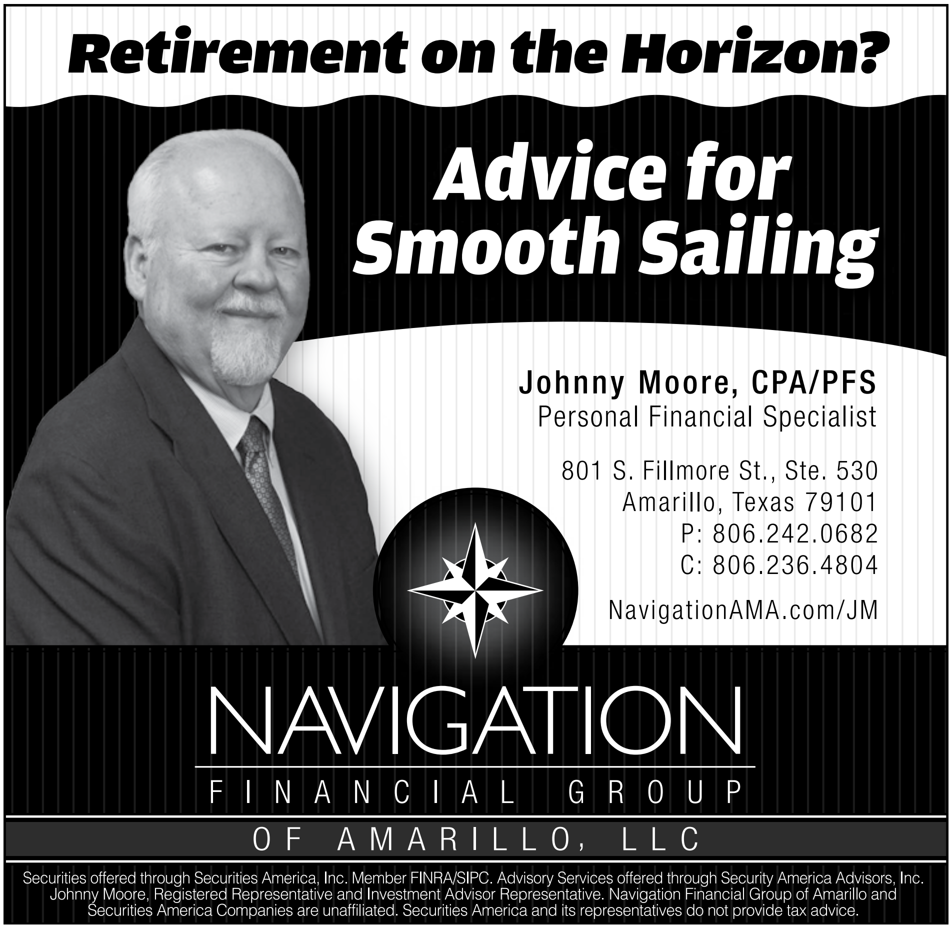
This project began as an effort to create a resource for our readers, providers, and patients to easily attain information about all the "accessory" services our area has available to us, and to help provide more comprehensive care for patients and their families. As we all know, being at the doctor's office or in the hospital is only the tip of the iceberg in accomplishing complete and accessible care. As I mentioned in my previous letter, finding these resources requires more time than we have available as providers. In these issues, we have put together a group of local highlighted resources as well as a listing for easy reference in hopes of alleviating some of that distress.

There are many wonderful groups locally that offer support with finances, travel, research, education, group support, fund raising and much more. In addition, there is also a wealth of broader area or nationally supported groups that offer so much for our patients. Many of these, I was previously unaware of and wasn't able to find an avenue to quickly get to this information. While our issues cover a great number of these, there are likely many more that weren't included that are available. These, of course, were not intentionally excluded but just weren't in the purview that I had exposure to. Knowing that, I hope that if there are any groups etc. that anyone knows of that weren't included, please feel free to let us know, and we can amend this by placing them in future issues. The volume of local operations I found was so expansive that we decided to break this project into two issues. This enabled us to provide more information and a greater number of options. This was only possible because of the wonderful responses received from so many members of our Panhandle's great community.

I will keep this brief so that you can focus more of your time on the content of these pieces. I also wanted to mention that you will find some overlap in the two issues, notably their conclusion that lists in a few formats the organizations in a "directory" type format. We decided to leave this more comprehensive list intact for both issues to enable our readers to be able to utilize either or both issues for quick reference.

I hope that these issues are of help to all of our readers and their support staff, and, of course, to all those that we care for. It has been a privilege to work with all of these contributors, and I look forward to having their assistance moving forward. Thank you to all the members of the Editorial Board who have assisted me in putting these issues together.

So with no further ado, I present you with Volume 2 of Patient Advocacy.



Living with Down Syndrome

by Maria Garcia

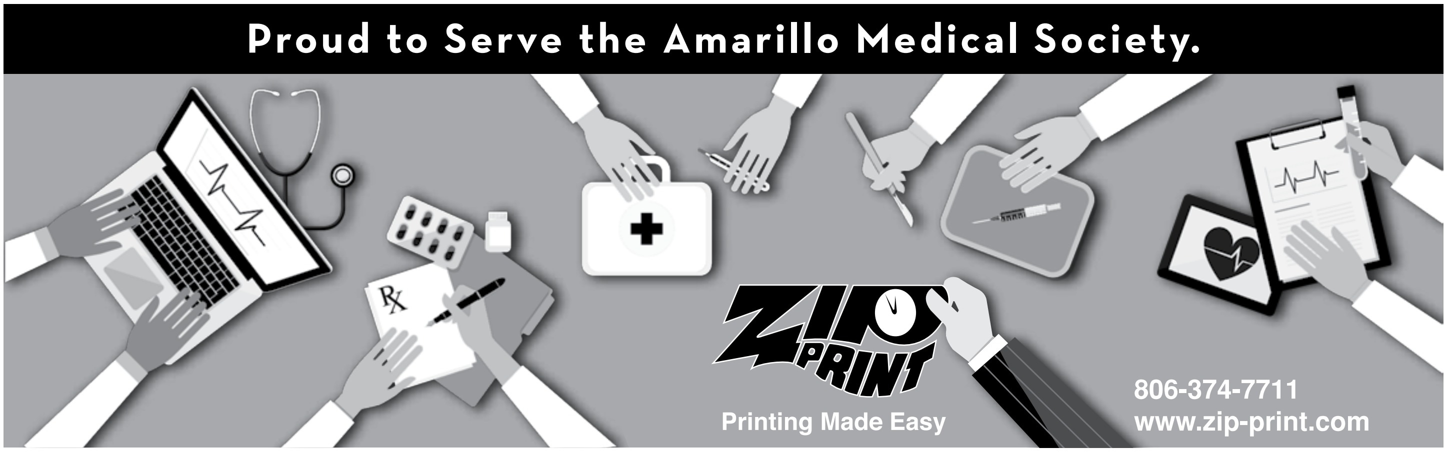
My name is Maria Garcia. I was a young mom and school counselor at Hereford Independent School district when my son, Joe, was born to me. I did not know when I was pregnant that he had Down Syndrome, or even at birth. It was not until right before my six week post-partum checkup that my doctor called me and asked me to make sure I made my appointment. I knew immediately something was wrong, as I had had two other children with the same physician, and he had never called me personally the day before to make my appointments. I asked my doctor if something was wrong, and he said we just needed to talk. Immediately, I called my husband and asked him to take the day off so he could come with me to the appointment, since I was expecting the worse. I knew at that time screenings for different conditions were normal using post-partum blood samples. So I assumed my child had some horrible medical condition.

During my medical appointment, I learned my child, my only son, had Down Syndrome. My doctor gave me a medical book that described Down Syndrome in one paragraph and asked me to treat him like my other children and told me he would need extra help and attention. My doctor gave me the best advice ever: to treat him like my other children. I was heartbroken. I still remember that day vividly and the faces I saw in the exam room: my husband's, my child's, and my doctor's. How hard it must have been and continues to be for a doctor to give life-altering news about a child to his family. I have changed my mind since then. I admire my doctor, and he remembers us to this day as he asks my parents about my child every time they go see him. I did not know at the time that I had embarked on a journey to help people who had children with disabilities.

First of all, I was grieving. I don't think you ever get over devastating news. I was grieving over the child that I lost, that perfect little boy. I had lost the child I was expecting to fulfill my dreams and maybe even take over my husband's trucking company. I had to think differently, and I was not prepared for that news. I knew life would never be the same. I wanted my child back; yet he was in my arms. I was grieving. At the same time, I was hiding in my home and was not letting anyone know about the news I had just received. I guess I thought if people did not hear about it, people would never know, and his Down Syndrome would just go away. How silly was I? Once I went back to work at my school, my peers would ask me about my son, and I would pretend he was fine. Eventually, I had to come to terms with my son's diagnosis. I don't think this would have happened as soon as it did, had not a few events happen to me where I had to come clean about my son's diagnosis. During a staff meeting, my principal gave me some time to let all the teachers know about my son's diagnosis. My fellow coworkers could sense there was something wrong. Why did I hide? Why could I not tell my friends and family about Joe's diagnosis? I assume now that I really thought if I did not talk about it, his diagnosis would just disappear.

After several life divulging events with friends and family, I finally started coming to terms with my new life and accepting my son, my Joe. I wish now I had gotten some family therapy or just some individual grief counseling. I had to learn to accept my son. I know that sounds absurd or maybe even silly. I never did verbalize that I did not accept my son. I think deep inside, I just wished he did not have Down Syndrome. I was a good person, so why was a bad thing happening to me, or so I thought. How selfish of me. I now consider having my son a life-altering and wonderful experience. He became a driving force in my life as I dealt with being a wife and a mother to two other beautiful girls. I had to learn to juggle everything that life was about to throw at me.

One afternoon, I visited our special



education director. I knew she would direct me and give me some advice to help with my son. She instructed me to call Early Childhood Intervention, Texas ECI. This program sent home visitors who evaluated my son's developmental needs. It seems funny now; even then, I thought that by placing him in this program, his Down Syndrome would somehow go away. Down Syndrome does not go away. It is a genetic disorder. Children with Down Syndrome have additional chromosomes and have some similar facial features; however, their level of intellect and health condition varies. I was destined to have this child, and it was nobody's fault. I eventually understood that this child came to me as he should. I love him today and always will.

Joe soon got speech, physical, occupation and nutritional services from ECI. I made some great contacts. I had a case. This was such good non-professional therapy for me. She offered occasional breaks from my son through their respite program. I was able to visit my daughters and my husband and/or just spend time doing personal errands. I was also able to set up a parent support group so I could meet other parents who had children with disabilities. This was very helpful. I invited families I knew over to our home one day to talk, and this group grew on its own. I needed to know that I was not on this road by myself. Eventually, I joined workgroups related to ECI and was elected to serve on the state ECI board. I learned advocacy skills by attending workshops ECI recommended. I attended everything that was offered related to disabilities because I was going to help my son succeed. My attitude changed from feeling like a victim to becoming a survivor!

As my son exited ECI at age 3, I was concerned. I would not have that one on one service that I had come accustomed to from ECI. I was told that I could consider the Preschool Program for Children with Disabilities at our local school district (PPCD), or he could just continue to go to a day care. My case manager was very resourceful and told me to get on the Home and Community Based Services Program (HCS), a Medicaid Waiver Program, a service that could take almost 8 years to access but could give him Medicaid long term for medical coverage. That interest list is now 11-12 years in length. As a practice, I now tell families, if your child has developmental delays, immediately call and place your child on the interest list for long term services. I learned that the HCS program would offer us Medicaid, a case manager, therapies, nursing, durable medical equipment, minor home modifications, and some adult services when the time came.

Joe attended PPCD. He was not potty trained. He had only a few words, but he received speech and physical therapy at school. Furthermore, he rode the school bus at age 3. How hard for parents to let go of their babies and place them at school! I kept thinking that if I do everything they ask of me, Joe's Down Syndrome will improve. I did not want him to get behind developmentally; however, I kept being reminded by professionals that it would happen. Down Syndrome does not go away. Intellectual delays were not going away; however, you can make a difference with early childhood intervention and education and, perhaps, bridge some gaps. Children with developmental delays, such as Down Syndrome, continue learning as all people do. Repetition was a necessary key in everything he did and so was modeling behavior. Expectations were also important. If you wanted good manners, you had to model them and teach them over and over again; so that is what we did. He had to be challenged and, if he failed, we just kept on trying. This was what my doctor tried to tell me. It was good parenting practices that were going to help my son. We just had to have a lot more patience, and we had to continuously teach him by example. This is also how the teachers at PPCD helped my son accomplish goals.

Eventually, Joe, at age eight, received his HCS program and became eligible for Medicaid. Prior to that, Joe was covered by insurance through a Cobra plan. Once he received Medicaid, I realized that I had to find providers that took the insurance my son had. When I took on a new job that carried insurance for my family, I was able to use a program called Health Insurance Portability Program or HIPP. This program helped pay the insurance premiums and copays since Medicaid found our insurance to be cost effective. Families can currently access this program if you have both insurance and Medicaid.

Joe was now in elementary school, and he continued receiving special education services. His services included physical, occupational, and speech therapy. He went to a self-contained classroom part of the day and to regular education classes other parts of the day. We strived to include him in all aspects of his education and after school activities. This was important to us as a family, as we wanted the community to know my son, Joe and for the community to accept him as well. The Admission Review and Determination (ARD) committee, which included parents, helped determine his schedule and goals for the year. It was the committee who referred me to other social services. I got to know some wonderful teachers that inspired my mission to give my son the best that I could. My daughters became immersed in Joe's activities to try not to exclude him. If Joe got a new toy to help him develop a skill, that toy was a family toy that everyone

| continued on page 12

played and learned with.

I thought it so important to give my daughters, Victoria and Linda, their own time with mom, so I created lunch dates. I would take them out to eat during my lunch hour so they could have some mom time. I found that that my girls became very protective of their brother and really tried not to let harm come his way. He had two shields, his sisters. I had to balance my time as a mother and a wife. Moms and dads have to work together to help the family stay together and play together.

I now wish I had sent my girls to counseling because they witnessed my grief, my struggles, and you don't grieve alone. The family grieves as well. The family had to survive and I was determined that mine would be a surviving family. I can't say it enough: you are not alone. Talk to families who have children with similar disabilities; Facebook; look for support systems in your community to help you out; the internet is full of wonderful support resources for families of children with disabilities to help you.

I also involved Joe and our family in Special Olympics when he turned eight. He was in Boy Scouts, and he also went to church and made his first Holy Communion like other children. Was it easy? No; however, I would look for sympathetic adults; I would look for groups that were willing to work with my children and me. I would volunteer my time and my talents to help out in order to involve my family and my son in these activities. Special Olympics gave us a lifelong recreational outlet. What we reaped as a family were some wonderful relationships and friends. Joe made long lasting friends that are part of Special Olympics. I would strongly recommend Special Olympics because it is about family. It is also an avenue to involve your whole family through many volunteer positions. Special Olympics can also be found all over the state, the nation and internationally. This is a wonderful way to connect with families who understand your struggles, your pain and your triumphs.

As Joe got older, we started thinking about work and paid employment. His school helped him volunteer at different places; however, his transition program at school never really got him a job. So we ventured off on our own, and his first job was at a day care. He later went to work for a fast food restaurant, then a super market. Next he volunteered for the police department, and he is currently providing maintenance for a company that hires people with disabilities. We used Vocational Rehabilitation Services (VRS) for job coaching, job searches, evaluations and tools needed for his different jobs. VRS provided paid staff to teach him skills at his jobs. This was a good service he received. I wished that this service had been much more plentiful, since most people with developmental delays need longer periods of time in order to master skills. Therefore, the job coaching never did quite match the amount of time he needed support. VRS did help him with job coaching at several of his jobs. Services were reinstated when he needed to learn new skills at different positions. Transition services for young adults are important, and this agency gave him support. He also learned to use Spec trans within Amarillo city limits so he could get a ride to and from work. Yet another program Joe accessed was Panhandle Independent Living Program. This program offered a summer youth program that instilled independent skills. This was something I so desperately wanted for my son.

Joe went to camp during his adolescence. I think this really did help with his independent skills growth. He needed time away from mom and dad, and we needed time away from him. Personal growth was a challenge as he became older and his neurological development did not match his age. Today, we still struggle with that separation between age and development. We make appropriate adjustments and try to keep things simple while challenging and giving him the opportunity for success as well as failures.

Joe continues to go to church and is a part of that community. He continues in Special Olympics. He played in the band in High School and Middle school. He was in percussion and learned several instruments and still plays drums at home. He has friends and goes out with them, and we get together as a family with our friends who have children with disabilities for supper and special occasions. Joe participates in all family events and even plays games at Christmas time by teaming up with someone who coaches him.

Life has been good. Of course, we have had ups and downs, but I would not trade my life. I love my daughters, my husband and my son. We were given an opportunity to either sink or to swim, and we chose the latter.

Today, Joe has occasional dates with young ladies. He even went to prom and escorted a couple of ladies. We talk to him about being a young man and being courteous. Again, we are always teaching and modeling. I hope families will not feel alone in their grief. Love and support one another. Remember, you are not alone. You can count on other parents to help you who have walked your path. Uniting Parents is a wonderful resource for parents of children with disabilities in the Panhandle of Texas, and it is an organization that I have been proud to be part of since 1994. Give them a call, or reach out to other parents from the Panhandle Down Syndrome Guild in Amarillo. They will help you, cry with you, and inspire you!

Uniting Parents

Empowering families. Enhancing lives.

by Maria Garcia

Uniting Parents is a parent case management program. Trained parents of children with disabilities themselves help families navigate local, state, and federal programs so families can find the resources they need for their own child/children with disabilities under the age of 21. Families want to have the best life possible for their loved one with special needs. Uniting Parents can offer a pathway to finding services in the family's own community and elsewhere. Services from Uniting Parents are at no cost to you, but child or young adult with disabilities must reside in the top 32 counties of the TX Panhandle to be eligible for services.

Our nonprofit agency is the Coalition of Health Services, and we receive our funding through grants from the Department of State Health Services. We offer support and a wealth of information through referrals, a resource handbook, networking opportunities, education, a Recycle Closet, camp scholarships, college scholarships, a respite reimbursement program, and most of all, support, using a network of parents who are case managers. Our case managers are familiar with many resources that may help families find solutions, strategize, and access services such as insurance coverage for children with chronic medical conditions living in Texas.

Uniting Parents has two other offices: one in Dumas and one in Lubbock. Our service area includes the top 32 counties of the TX Panhandle. Each of the sub office parent case managers travels to designated northern and/or southern counties of the TX Panhandle and are integral community partners with families and their children to provide comprehensive case management and resources to families.

Uniting Parents can provide a wealth of information to families and can serve as a conduit to finding answers, emotional support and resources. Families and agencies are encouraged to call us at our toll free number 888.892.2273 for referrals, either to our case management program or to our respite scholarship program. Uniting Parents can be found at http://www.cohs.net/Uniting-Parents.

You can also email me at maria.garcia@cohs.net.

Living with Cystic Fibrosis

by Morgan Carter

In July of 2014, our lives forever changed. We thought we were bringing home a healthy baby boy, but within a week's time we were faced with our first of many hospitalizations. Within hours of being admitted, we were told emergency surgery would be needed, and the OR was being prepped. Our newborn baby was experiencing a blockage in his intestine, but the cause was unknown. During surgery, the blockage was cleared, and a colostomy bag was placed on our child. We spent a full two months in P.I.C.U., our baby intubated, and looking for a diagnoses. With the persistent help of our doctor, he insisted on testing for Cystic Fibrosis. We had never heard of this disease, nor did it run in either of our families. We were told most cases were caught through newborn screening and our child's CF screening showed negative. At the time he was experiencing a bacterial infection and was having a hard time gaining weight. We were told that travel - to Lubbock for a sweat test was needed. The ultimate test for a CF diagnosis. I decided to stay in town to see if there were any other options. We decided to have a blood test while waiting in the hospital. After the blood test results, we were told that he had the gene mutation, double F508del. The doctors were confident that our child did have Cystic Fibrosis. How could this be? The disease wasn't in either family! After some research, it was learned that since the parents were carriers of the disease, they had no side effects. Both parents carry a specific gene, and upon conception there is a 25% chance the child might be born with CF, a 50% chance the child might be a carrier but does not have CF, and another 25% chance the child might not be a carrier and might not have CF. Not all parents are carriers of the gene mutation. One out of every 31 persons in the US is a carrier of the CF gene.

Cystic Fibrosis is an autosomal-recessive disease that affects the lungs and digestive system. More than 30,000 kids, teens and young adults in the United States have CF. The CF gene disrupts the essential balance of salt and water needed to maintain a normal, thin coating of fluid and mucus in the exocrine glands. The exocrine glands make the mucus thick and sticky enough to cause formation of mucous plugs that cause problems with breathing and digestion. Most CF patients also have difficulty with malabsorption of food nutrients. The pancreas makes enzymes to help digest fat and protein. When there is a decrease in of function in the pancreas, caused by CF, pancreatic enzymes are lacking. They are usually given in pill form. Symptoms of malabsorption include poor weight gain, frequent greasy, foul smelling stools, excessive gas and stomachaches.

CF patients deal with a strict regimen of many medications and multiple breathing treatments and Vibrating Vest therapy to help keep the sticky mucus moving and prevent infections from forming in the airways. The long-term treatments are aimed toward helping keep the lungs as healthy as possible. Breathing for a CF patient is like breathing through a normal sized straw when compared to a person without CF.

After my son's diagnosis, I began to research and found out where to go and how to find support. I was connected with another CF mother, and she connected me with the Cystic Fibrosis Foundation. At this point, I knew no other way to deal with his diagnoses than to get involved in raising awareness for a disease that rapidly became our family's new normal. The Cystic Fibrosis Foundation funds and accredits more than 110 CF credited centers and affiliates programs for CFers.

Because of generous contributions and support of the foundation, the following milestones have been reached in the treatment of CF. It should be noted that currently no governmental funds are given for CF research.

-In 2014, the FDA approved ivacaftor as a single therapy to treat people ages 6 and older with one of nine rare CF mutations in addition to G551D. They later extended approval to children ages 2 to 5 with any of these 10 mutations – representing about 8 percent of the U.S. CF population.

-In 2015, The FDA approved the lumacaftor/ivacaftor combination drug (Orkambi®) for people with CF ages 12 and older who have two copies of the most common CF mutation, F508del – representing about a third of those with CF in the United States.

-In 2016, The FDA approved lumacaftor/ivacaftor (Orkambi®) for children with CF ages 6 to 11 who have two copies of the F508del mutation. The decision meant that about 2,400 additional children in the U.S. are eligible to receive the drug, bringing the total number of those eligible for the treatment in the U.S. to nearly 11,000. Also in 2016, the Foundation maintained a robust pipeline of potential therapies that target the disease from every angle. The more drugs in the pipeline, the greater the odds of producing successful therapies and a cure for all people with CF. -www.cff.org <http://www.cff.org/> . To the Cystic Fibrosis foundation.

Locally, we have a Cystic Fibrosis Walk yearly, that is rapidly growing and raising awareness here in Amarillo. We have more than doubled our walk participation in the last three years and continue to see a monetary growth toward donations for research. 100% of donations go directly to the National Cystic Fibrosis Foundation office located in Bethesda, Maryland. The walk is held in Medi-park yearly, and the support is an amazing sight to see. This year, the walk is scheduled for September 30th, 2017. A representative from the Cystic Fibrosis Foundation helps coordinate, plan and attends the walk every year. Many community members come to the walk to help, such as WT nursing students and local businesses who donate products. This walk is open to the public, and we hope you all will join us and invite others as we continue to grow and raise awareness. Donations are accepted in person at the walk, or you may submit them online at www.fightcf.cff.org <http://www.fightcf.cff.org>.

So where are we today, you may ask? We are just shy of coming up on 3 years old, and we travel every three months to Ft. Worth for treatment. We make frequent visits to the pediatrician's office for weight checks and sick visits. For the most part, we have had healthy lungs postpartum issues. His main issues lately have been illnesses and weight gain which are always a battle. CF does not affect developmental growth. From the outside, you see a boy riding his scooter or playing with motorcycles but really inside, his body is fighting a battle to breathe-something so many take for granted. He runs, jumps, learns and plays just like the average toddler. We are so thankful for God's grace and faithfulness and the continued support of our family and friends.

For support and information contact-Cystic Fibrosis Foundation Northeast Texas Chapter-DFW 4040 North Central Expressway, Suite 730, Dallas, TX, 75204. Phone number-214-871-2222.Because of our sweet boy and others in this battle, we will keep fighting until CF stands for "CURE FOUND."

The Theory of Everything:
The Texas Panhandle and South Plains

by Katie Klaehn, MA, LPC

Evolution

Theory of Everything: The Texas Panhandle and South Plains (formerly known as The Texas Panhandle and South Plains: Chiarians/Dysautonomia-POTS/IH/EDS) is currently in the process of establishing itself as an independent 501(c)3 organization. The group has been participating under the National Organization and 501(c)3 Conquer Chiari since 2012. Over the years, the group has grown from five members dealing with Chiari to over 200 members dealing with Chiari, Dysautonomia/POTS, IH, EDS, or some combination of the conditions. In order to expand the group's ability to donate for research of all the conditions along with providing awareness to the local community, the group must become independent from any national organization.

History

The group started in 2009 with four individuals diagnosed with Chiari Malformation and one parent with a child diagnosed with Chiari Malformation, meeting once a month. Originally, the members gathered for lunch to support each other with life struggles due to the condition as well as to share knowledge about Chiari Malformation. The group began to grow. Though word of mouth contributed to the growth, the biggest avenue of information came through social media. The individual members' knowledge grew via medical treatment and through basic life experiences living with the condition. The members realized that Chiari Malformation often couples with several comorbid conditions: Dysautonomia and Postural Orthostatic Tachycardia Syndrome (POTS), Intracranial Hypertension (IH), and Ehler's Danlos Syndrome (EDS). Knowing this, the group modified its name to include the comorbid conditions. The group soon outgrew the modest restaurant lunches and began meeting inside a building on the weekends. Currently, the parent of the Chiari-diagnosed child facilitates the group, organizes meetings, and with the help of her husband, group members, and multiple community volunteers, organizes an annual Awareness walk in September. The walk serves as encouragement and provides a time for families and

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Texas Medical Liability Trust

Silver Level

Interim Healthcare
Happy State Bank
Panhandle Eye Group, L.L.P.
Support Hose Plus

Bronze Level

The Cottages at Quail Creek • First Bank Southwest
Christy Price Ufford, Realtor
Daryl Curtis, CLU, CHFC - Physicians Financial Partners
Cenveo Amarillo

Be a part of the circle. In 2006, Potter Randall County Medical Society introduced the Circle of Friends, a program designed with the business of medicine in mind. Members of the Circle of Friends are companies that pay an annual fee to participate in Medical Society events. Their financial commitment allows PRCMS to provide quality programs throughout the year, such as the Annual Meeting, Doctors Day, Resident Reception, Family Fall Festival, Retired Physicians Lunch and Women in Medicine. In return, these companies are invited to attend these events and discuss with the physicians the benefits that their companies offer a physicians practice.

We are grateful for the support of these organizations and anticipate another great year of serving the needs of our members. The purpose for Circle of Friends is to provide a valuable base of resources to assist the physician in the business of medicine so their practice of medicine can improve.

This program has proven to be a valuable resource of services such as liability insurance, accounting, banking and much more. This year, we hope to expand the Circle to include services the physician may use in his or her personal life. Through this program, we can invite businesses serving physicians to support the Society and increase their visibility among its members. Corporate support contributes to the Society's ability to advocate and care for physicians and patients in Potter and Randall Counties.

The Medical Society thanks all of its supporters as it offers new opportunities to its membership.If your business is interested in being a part of our Circle of Friends, please contact Cindy Barnard at 355-6854 or e-mail prcms@suddenlinkmail.com.

friends to gain awareness, but the organizers aim to make the day special for those with the conditions. Conquer Chiari, the national organization, requires that days events donate all funds raised at the walk to Conquer Chiari for the purpose of research. To date, the walks over the years have raised over $58,000, all of which has gone to Conquer Chiari for research.

Population Served

The group currently serves the Texas Panhandle and South Plains. We have members from the Midland/Odessa area, Muleshoe, across the border into New Mexico, north to Canadian, and over to Memphis, TX. The foundational group members have been on their medical journeys anywhere from 8 years to over 20 years. However, we have members diagnosed a few weeks ago. The group welcomes anyone diagnosed with silent medical conditions such as Chiari, EDS, POTS, Dysautonomia, or any comorbid condition associated with these diagnoses. Since research and knowledge on these diagnoses evolves, the addition of comorbid diagnosis is on-going.

Mission

The group's mission remains constant: to provide support, awareness, education, and a venue (either face to face or social media) for members to communicate with each other. The group strives to inform family, friends, employers, medical providers, and mental health advocates of the dangers associated with these silent conditions. Most people overlook the severity of these conditions because those diagnosed with the conditions at times look and act normal.

The National Organization of Rare Disorders (NORD) lists Chiari, Dysautonomia, and EDS; these are conditions several members of the group experience. Since there is minimal progress for finding a cure at this time, the group stays connected with different organizations attempting to find a cure through research while some of their research and information is committed to improving the quality of life for diagnosed individuals.

Purpose

Group members laugh together, cry together, encourage each other, and do all they can just to listen to each other. Most individuals diagnosed with a chronic, silent condition seek validation in their suffering, especially when the disease changes their quality of life. Often when individuals find the group, they are either battling depression or anxiety concerning the diagnosis, changes to their bodies, or uncertainty in their future. The group desires to ease some of their fears. From the first time a new member joins, the group helps the individual feel welcome and encourages the new member to ask any questions. They also want to encourage new members that life does continue; they want to encourage new members to regain some form of quality of life, and they want to encourage new members to learn from group members who have adapted in ways to not exacerbate symptoms. The group desires to help new members manage their syndrome. Ultimately, members want to provide a shoulder to individuals who come to the group, because there is at least one person he can talk to no matter what is going on with him that day. Research shows that, when navigating a chronic or terminal illness, an individual's positive mental health increases with the likelihood of more encouraging outcomes pertaining to his overall physical health.

Following are a few comments from some group members:

"Having a child with special needs can make you feel like you are the only one that has to deal with it…it's a very lonely feeling. Some of us have our spouses or significant other that share our pain and story, but others do not. I think having a support group has helped me in more ways than one. You get to meet other parents and children that have been where you are or are currently going through it. You get to share your stories, rant, give advice, and above all they understand what you are going through. It's a safe place where you can tell the whole, sometimes gory truth. There is no judgment. The truth is told in a way that is compassionate, but isn't covered up or sugar coated. Life isn't sugar coated; so why should you or your child's medical diagnosis be? The main point of a support group is just that….to show support: to help each other through some of the most difficult times and to celebrate the best of times. They are our extended family and are loved. I appreciate each of them. We might not always agree on things, but that's what make them invaluable…they tell their unadulterated, unfiltered opinion."

~ Bonnie Whitehead

"I lost my granddaughter April 30, 2016, after she went into have decompression surgery. She was 12 years of age. I heard about this page after her death and I wish I would have known then what I know now. My family has access to articles and individuals living with the condition. This has taught us so many things. I wish I would have known Chiari is not rare at all. My granddaughter's doctor said it was a simple surgery and she would be in the hospital just a couple of days then back to nor-

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mal. However, that was not the case and we miss her every day. The group has helped myself, my daughter, and the twin and 3 other siblings of my granddaughter slowly heal from the loss of our sweet Destiny."

~Hilda Lopez

"The local group has brought so many of us together and has really helped me to cope. It has given me the ability to talk to others face to face and make lifelong friendships. It's so hard when people don't understand what we go through on a daily basis. It's nice to have someone say they 'totally get it'. Each individual in the group is able to share the knowledge they possess and many have helped others get the help they need. I am thankful for my extended family every day."

~Roberta Corona

The group desires to be an asset to the medical community and to assist in providing support and encouragement to individuals with these conditions. They work with the doctors, and they encourage all members to seek medical treatment from their doctors, to follow their doctors' recommendations, and to assure they are compliant with their care plan. The group can assist members in seeking medical treatment if they are overwhelmed by the diagnosis. They also encourage individuals to seek mental health treatment and have referred to mental health services to address deeper issues than the group can provide. The group can also connect members to resources such as Social Security and Disability, United Parents, Heal the City, Tyler Resource, and other resources that fit their needs. Ultimately, the group hopes that no one will ever walk this journey alone.

Events

Our annual walk is our main fundraiser. The walk usually occurs during September each year. We will be holding our 5th walk this year. The past four years, the group called the walk the Conquer Chiari Walk Across America: The Texas Panhandle and South Plains. This year, the name will change to The Walk Across the Texas Panhandle and South Plains. All proceeds from this event will remain local this year. There is discussion of expanding the fundraising efforts into a second event: a Chili Cook-Off.

Facilitator Information

The facilitator of the Theory of Everything: Texas Panhandle and South Plains is Katie Klaehn, MA, LPC. Katie worked for Child Protective Services for 18 years and now is a Licensed Professional Counselor working with Troy Timmons, M. Ed, LPC, SOTP. She can be reached via email at katieklaehn@gmail.com and her cell phone number is 806-236-4394. She can also be located on Facebook at KatieKlaehn@yahoo.com.

Resources

www.ConquerChiari.org - Chiari
http://ASAP.org – American Syringomyelia Alliance Project
https://ehlers-danlos.com/ - Ehler's Danlos
http://www.pedspainmedicine.org/- Pediatric Pain
http://www.familialdysautonomia.org/ - Dysautonomia
http://dysautonomiainternational.org – Dysautonomia
http://ihrfoundation.org/ - Intracranial Hypertension
http://www.aans.org/ - American Association of Neurological Surgeons

PANHANDLE HEALTH

A Publication of the Potter-Randall County Medical Society

Editorial Policy and Information for Authors

Purpose *Panhandle Health* strives to promote the health and welfare of the residents of Amarillo and the Texas Panhandle through the publication of practical informative papers on topics of general interest to most physicians while maintaining editorial integrity and newsworthiness.

Spectrum *The Journal* seeks a wide range of review articles and original observations addressing clinical and non-clinical, social and public health, aspects as they relate to the advancement of the state of health in the Texas Panhandle. Pertinent letters to the editor, news submissions, and obituaries listings are accepted pending editorial review. The Editorial Board accepts or rejects submissions based on merit, appropriateness, and space availability.

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Maintenance of Chronic Illness in Children with Collaborative Care

by Katie Klaehn, MA, LPC and Daniel Klaehn, M.A.

Introduction

Most parents strive to achieve the "American Dream" through hard work and clean living, and most parents hope to provide a good life in both their marriage and their children. However, not all dreams come true. Some parents must navigate the nightmarish diagnosis of a chronic illness in a child. Stress, trauma, and uncertainty will challenge the family, and, without a strong foundation and healthy coping skills, statistics heavily favor divorce and broken families. The average divorce rates in America are forty percent to fifty percent, but adding the stress of raising a "special needs" child increases these rates to eighty-five to ninety percent. Despite these overwhelming statistics, hope exists. The treatment team assisting with a child's chronic illness must understand the life-altering situation for the family system, which includes the parents, the child, any siblings, extended family members, and the treatment team. The family system should seek a Mental Health Professional with a qualified license to assist with the mental health needs of the family, to coordinate with the medical personnel treating the condition, and to support the mission of the treatment team. Each family member must be aware of his or her own mental health, which will strengthen the family as a whole, and the family must be willing to work with the medical team and an individual therapeutic provider to keep the family unit intact. When the mental health provider understands the dynamics occurring in the family system, the provider can apply appropriate skills to sustain the family unit, and also facilitate the medical team in assisting with lowering anxiety, depression, and family stress. These measures assist with the child's overall medical improvement.

The Diagnosis

Upon diagnosis, parents should set the tone for healthy living and appropriate coping. Most professionals, not living in the home of a chronic illness family or marriage, attempt to simplify the initial shock of the diagnosis by putting the stress into general categories such as: emotional difficulties, health related stressors, uncertainty, open social rejection, minimal expertise about a given age group, and the constant comparison to healthy children. Professionals typically overlook parents' grief impacting different stressors in all areas, present and future. Parenting a chronic needs child requires daily changes for every family member. Along with the normal roles as spouses and professionals, parents immediately become caretakers, medical experts, advocates, cheerleaders, chauffeurs, pharmacists, life mental health counselors, and special educators. Parents often take the "one step at a time" approach while trying to cope with the initial diagnosis. Despite exhaustion, marital strain, and isolation as they cope with the diagnosis, the family eventually settles into a new normal.

The Parent

At times, parenting a chronic needs child strains the relationship between a parent and child. If one parent primarily takes the child to medical appointments, the child, especially at a younger age, may perceive that parent as a contributor to the condition. In other words, if there are medical tests involved, the child may unconsciously blame the parent for the situation. This strain could become a roadblock to appropriate bonding. Grief and adjustment can lead to anger towards self, the child, or the condition. It could also lead to depression, anxiety about the journey, and guilt about negative feelings. Depending on the severity of the child's needs, parents struggle to find personal time. This includes relinquishing care to others. Potential sit-

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ters are frequently hesitant to assume care because they may not understand the condition. Finances are a source of contention in most marriages, but they are acerbated when adding a significant stressor. Chronic needs children require significant resources in addition to usual financial demands. Knowledge of available resources is critical. Finding balanced responsibility in the overall care of the child requires both parents to willingly invest in the knowledge and oversight of the condition. Most parents who are able to get to this stage in their marriage with the family unit intact have the following characteristics: a strong family belief system, a strong sense of coherence, acceptance of the diagnosis, a supportive extended family and solid treatment team. Parents who do not possess these skills can obtain the skills through therapeutic intervention. The ultimate desire in working with parents is reaching the point of understanding that the diagnosis does not define the family. Parents must find balance in treating every piece of the family equally while protecting their child and fostering the child's potential through collaboration with medical providers, family, mental health providers, schools, and the community.

The Child

The child with chronic needs is totally dependent on his/her family for basic needs as well as medical and emotional needs. Parents must accept the child's difference from other children so that bonding can occur. If bonding does not occur, a young child may not receive the necessary emotional care and physical touch required for full development. As the child develops, he/she will navigate a grieving process multiple times as milestones occur and limitations are realized. The child will proceed through stages of withdrawal and depression, preoccupation with self, and then a gradual return to reality, but the parents must be adjusted and nurturing to support the child through this process. If the parents are not, the child could accept inappropriate ownership for family circumstances, both financially and emotionally. The chronic needs child will certainly require individual counseling to deal with these feelings and learn coping skills to accept and adjust to the altered life. The child's mental health provider should be knowledgeable about the child and the condition. Literature is available on most conditions; however, the child could be unwilling to engage if the mental health provider applies inaccurate stereotypes. If the parents are not fully committed to understanding the situation, the child will not show as much resilience and may not successfully maximize his/her quality of life. The child constantly seeks a place in the diagnosis, the medical community, the school community, and, often, the child searches for his/her place in their immediate and extended family. The child wants to be as equal and normal as possible, hoping that all the problems do not somehow tie back to them and their diagnosis. Some families do effectively manage life with a chronic needs child, but some families need therapy to integrate the child into the family and to assure there is no self-blame.

The Sibling(s).

The healthy child(ren) in the family are a key piece in the family and are necessary for successful mental health intervention. Because they are often overlooked in the family, the healthy siblings typically need referrals for individual counseling well into adulthood due to unhealthy thought processes and coping techniques never addressed in childhood. Parents unintentionally expect these siblings to mature at a faster rate and carry an implied standard of being the "perfect child" to alleviate stress on their parents. They have implied pressure to fulfill all the parents' hopes and dreams since they are the healthy child(ren). The siblings have underlying anger toward the parents for always forgetting and anger with their sibling for taking all the attention. This anger leads to massive guilt for having these feelings and believing they are not justified by being the healthy sibling. This will result in jealousy about the immense amount of attention and resources for the chronic needs sibling. Often, parents fail to explain why there is disruption in family life. The loss of routine and parental attention along with clarification of the diagnosis can plague them and can cause the sibling to act inappropriately for their age level, resulting in a shift in sibling hierarchy. Open discussions with and without a mental health professional perpetuate a vicious cycle resulting in a skewed perspective. Healthy coping can lead to phenomenal assets to apply later in life. Typically siblings are very loyal in relationships, are empathetic, and seek careers in the helping professions when parented in a healthy manner. Sibling relationships are the first peer group experience and provide foundational skills to further abilities in dealing with peers. An unhealthy skills base will affect the healthy sibling over his/her lifetime in all types of relationships. It is imperative they not be forgotten and their needs must be met.

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The Provider

Parents must come to trust the medical team and the mental health professional before any progress happens. Professionals must commit to the journey with the parents to start an initial foundation of trust. Parents must come to trust the medical team and mental health professional before any progress occurs. In this process, the doctors and mental health professional must avoid prejudice and avoid any opportunity for transference concerns. The parents need to know they are a part of the team and considered active participants. They know the child and his/her needs. The team should let the child provide updates and suggestions. Providers should focus on strengths since so much of the family's world is negative. Families with chronic needs children become isolated, and this isolation is a slow process most families do not notice until they are alone in crisis. Often, extended family gets frustrated when parents and children frequently miss family events, and employers become intolerant with excessive absences. Parents need assistance educating extended family and employers with the realities of the condition and parental demands. Medical professionals provide essential perspective more effectively for extended family and employers than emotionally entrenched parents. Parents need help in finding value, purpose, and in understanding the circumstance of "what is" instead of "what is supposed to be." Families should not rush through this process, and they should expect setbacks. Parents just want what is best for their child, and the providers should provide encouragement. Medical and mental health professionals must be aware of parent support groups. Parents want to know they are not alone, and these sounding boards are a tremendous help. Mental health professionals should encourage families to embrace social networking as a possible form of support. The mental health provider should also model appropriate techniques and coping mechanisms for families, especially in dealing with the complex medical system. This includes assistance navigating record transfers, appointment coordination, referral processes, and treatment team collaboration. Progress will be slow, so everyone must be patient.

Summary

The number of children diagnosed with chronic medical conditions is increasing at an alarming rate. Working with these children is hard, but successful results are very rewarding. The need is also great because a diagnosis can have a traumatizing effect on the family, causing stress and turmoil sometimes resulting in the family disbanding. Statistics show that chronic needs children are significantly less likely to live with both biological parents. There are ways to learn resilience and effective coping through effective marriage, family, and individual counseling. Research shows a chronic needs child's progress correlates with the family's strengths, weaknesses, and emotional reactions to the diagnosis. Parents look to the medical team and mental health professional for information on "what's next." Commitment, hard work, and intervention can help a family become a success story rather than another statistic.

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CASE REPORT

Infants at Threshold of Viability

by Kyle Richardson, M.D., Mike Hansen, M.D., Mubariz Naqvi, M.D.,

Abstract

Infants that are born prematurely have a variety of health issues. One must assess several factors in order to determine whether a neonate has enough viability in order to survive in the world. Some will be able to live normal lives while others will be able to live, but with health issues. Currently, age of viability for neonates is around 24 weeks of gestation. If an infant is born 24 weeks or more of gestation, there is a chance of viability. The parents must also be counseled on potential health problems of the baby and the financial and emotional consequences on themselves. This is so the parents may make a fully informed decision. If the decision is made to try to save a premature baby, warmth, pulmonary, and cardiovascular support should be provided in the delivery room. Later on, the baby should be transferred to the NICU for proper management. If the decision is made that the baby is not viable, or if the infant dies in the NICU, steps should be taken to ease the parents' suffering. Let the parents participate in the care of their child in his/her last moments. Offer continual emotional support and walk with them to their transportation when it is time to leave the NICU. A memory box, in order to remember their child, is encouraged. By preparing for both scenarios in which the neonate lives or dies, a healthcare team will be able to show compassion and operate smoothly.

Gestational Weeks	Mean Survival Rate %	Disability %
23 Weeks	30	56
24 Weeks	52	53
25 Weeks	76	46

Introduction

Until recently, a child born prematurely had many uphill battles in order to just survive, let alone to develop adequately. Due to advancements in care, such as antenatal steroids, surfactant therapy, and enteral nutrition, the line in the sand for delivering a viable baby is being pushed back further and further. While more babies are becoming viable, there are still some that are on the cusp of that line. Unsurprisingly, the topic of what to do with a child that is on that line is heavy with debate. To add another layer, this is also a very emotionally charged area in perinatology. This blurs the boundary between utility and fatality. So while there are guidelines in how to treat a premature neonate, there is not a consensus if the guidelines are actually the best course of action. This can be attributed to two patients being affected, the mother and the fetus. One must balance the risk and benefit for each patient, which are sometimes quite different. As always, the decision ultimately resides with the parents. The advice of their obstetrician and neonatologist helps parents make the most informed choice in regards to the infant's best interest.

World Health Organization Guidelines for Live Birth

In determining whether an infant is viable one must first determine if the infant is considered to be alive. The WHO has put forth guidelines in order to establish if the neonate is alive at the time of delivery. These guidelines are the same irrespective of the duration of the pregnancy as well as status of umbilical cord or placenta.

1. Complete expulsion or extraction from mother of a product of conception
2. After separation, neonate breathes or shows signs of a beating heart, such as a pulsating umbilical cord
3. Voluntary movements of muscles

What is Viability?

Simply put, viability is the state of being in which one is able to live, grow, and develop. This is a broad definition in the sense that development can be highly variable. The age of viability has changed with advances in medicine. However, not all locations have these advances. As a result, the age of viability changes; currently, in developed countries, the leading edge of viability can range from 22-25 weeks gestation. In countries that do not have the most advanced treatments as an option, the limit of viability increases to 28 weeks gestation.

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Condition	Frequency %
RDS	78%
BPD	50%
NEC	4%
Sepsis	48%
Grade III IVH	10%
Grade IV IVH	13%

Current Threshold of Viability

Not only have the limits of human viability been pushed to younger gestational ages, the survival rates of these neonates has increased. When a neonate is at 22-25 weeks gestation, viability begins to be possible. This is due to the physiologic development of the lungs during that time. With current technologies this is not expected to improve. While lungs are the current limiting factor on how premature these babies can be, the rate of morbidities gets higher the closer one gets to this line of viability.

RDS is an abbreviation for Respiratory Distress Syndrome. This is when an infant does not have mature lungs or enough surfactant. The baby will have a difficult time breathing. Bronchopulmonary Dysplasia (BPD) is a complication that can result from ventilating neonates to treat RDS for a long period of time. A baby's lungs are fragile and can be easily damaged. This can also occur in infants with a low birth weight. Necrotizing Enterocolitis (NEC) is a gastrointestinal issue were parts of the bowel will undergo necrosis. Symptoms will include abdominal distension, bloody stools, and feeding intolerance. Intraventricular hemorrhage is bleeding into the ventricles of the brain. This occurs because the blood vessels are not developed fully and are quite fragile. This occurs most often in the first few days of life.

Counseling of Parents

In order to preserve the principles of autonomy, beneficence, non-maleficence, and justice, a lot of information needs to be shared with the parents, as they are in charge of making the decision regarding the baby. The first discussion with the parents ought to be about whether or not medical intervention is futile in their particular circumstance. There are problems that no amount of medicine or surgery can fix. Other things to take into consideration while talking to the parents include the degree of pain and suffering that their child will experience based on the gestation age, and the likelihood of survival free of serious disability. Examples include BPD, ROP, NEC, or IVH. Finally, what kind of impact this child will have on the family in emotional and financial terms should also be discussed.

Neonatal Management

If the decision to deliver and try resuscitation is made, then several things must be taken into consideration. One of the most important steps is to have the delivery room prepped in order to increase the chance of survival. This includes warmth, pulmonary, and cardiovascular support. Upon delivery an assessment ought to be made as to whether the obstetrical gestational age matches the physical exam. In the physical exam, vital signs and the presence of any lethal malformations or anomalies are to be noted. Should the child be considered viable, more steps are taken in accordance with NRP guidelines. If the infant responds positively, the baby should be transported to the NICU for further care. During the stay in the NICU post-natal growth rates should be monitored. Skin care needs to maintained to keep barrier function and minimize risk of infection. Brain injury and healing also need to be monitored. As always an open communication should be maintained between the health care team and the parents.

Limits of Continuing Care in the NICU

Often there is a temptation for younger clinical staff to see each flash-

Gestational Age (In Completed Weeks)	Death Before NICU Discharge	Outcomes at 18 to 22 Months Corrected Age*		
		Death	Death/ Profound Neurodevelopmental Impairment	Death/Moderate to Severe Neuro-developmental Impairment
22 Weeks	95%	95%	98%	99%
23 Weeks	74%	74%	84%	91%
24 Weeks	44%	44%	57%	72%
25 Weeks	24%	25%	38%	54%

ing light and each shrill noise as a challenge to be met simply because the baby is a patient in the NICU. However, the NICU should be seen more as a supportive role to the parents while the baby is undergoing a trial of life. Sometimes this trial of life is unsuccessful and treatment becomes a futile endeavor. This can be seen if there is multiple organ failure, no sign of improvement, steadily deteriorating, massive intracranial hemorrhage, or perhaps some other indication.

Preparation for Palliative Care

If the baby shows signs that he/she is going to die, steps should be taken to prepare the parents for the event. The parents should be counseled as what the process will entail. They should be given the opportunity to contribute to the care of their baby. Finally, they should be given a time frame on how much time will elapse before their baby will die following extubation.

Care After Withdrawing Ventilator Support

If the decision is made to let the baby die, the parents' emotional comfort should be a top priority. A compassionate environment with a non-judgmental staff should be established. The parents should be given time to create memories with their baby; let them dress, diaper, bathe, feed, hold their baby, and take pictures. Spiritual, religious, and cultural values should be respected. Finally, one should remember that a young baby's skin is very delicate. Skin care should be maintained and if the baby is in distress medications for pain relief and discomfort should be used.

Care of Parents After Baby's Death

After baby has passed, a continued showing of kindness and compassion is of upmost importance. It is also a good idea to walk with the parents to their transportation vehicle. This way they will not have the feeling of leaving alone from the hospital; instead it will show that they have been supported throughout the entire process. They should also be given a memory box. Not only does this show compassion and give a way to remember their child, it also prevents them from leaving with nothing when they expected to be carrying a baby.

Long Term Issues

Though babies can be delivered earlier than ever before, there are many complications associated with preterm births. Many of these infants will die before, during, or after birth, many in the NICU. Of those that survive the NICU many will still die before their first birthday. Of the group that survives, approximately 50% will suffer from moderate to severe neuro-developmental problems. This includes the discovery of a learning disability upon enrollment in a school. The severity of learning disability can be broken into three categories: severe, moderate, and mild. Those with severe disability are highly dependent on caregivers. This could mean that they are unable to walk, have very low I.Q., are blind, or have profound hearing loss, as some examples. Moderate disability is classified as those having a reasonable level of independence, e.g. below average I.Q., correctable hearing loss or vision. Those with mild disability are considered to have a learning difficulty or the need for glasses. Finally, there are those that have no discernible problems.

Conclusion with Ethical and Clinical Considerations

Most infants born between 22-24 weeks of gestation will die in the neonatal period or will have significant long-term neurodevelopment morbidity. Outcomes in individual cases are hard to predict as this depends on how accurate the obstetri-

Weeks Gestation	22	23	24	25
Live Births	138	241	382	424
Survival per Live Birth %	1	11	26	44
Assessed at 6 Years %	100	88	74	79
Severe Disability %	50	23	29	18
Moderate Disability %	0	41	22	22
Mild/No Disability %	50	36	49	60

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cal gestational age was, the services available at the center where the baby was born, and on the child itself. Due to this uncertain outcome for infants born in this timeframe, the decision regarding the child's management should be individualized and family-centered. This requires a lot of communication between parents and healthcare staff. In communicating with the parents it is important to ascertain their ability to comprehend the situation, language preference, cultural or religious considerations, as well as their family support structure. If a decision is made to not resuscitate a baby, comfort care is appropriate.

In determining the viability of the child one must keep in mind these considerations:

1. Outcome of babies at borderline viability
    a. Balance between severity of impairments and benefits of survival
2. Global perspective
3. Ethical considerations
4. Differences of opinion
5. Counseling of parents
6. Assessment and care at delivery room
7. Limits of continuing care in the NICU
8. The futility of continuing treatments
9. Care after withdrawing ventilator support
10. Future directions

Key Words: Viability, Threshold, Neonate, Infant

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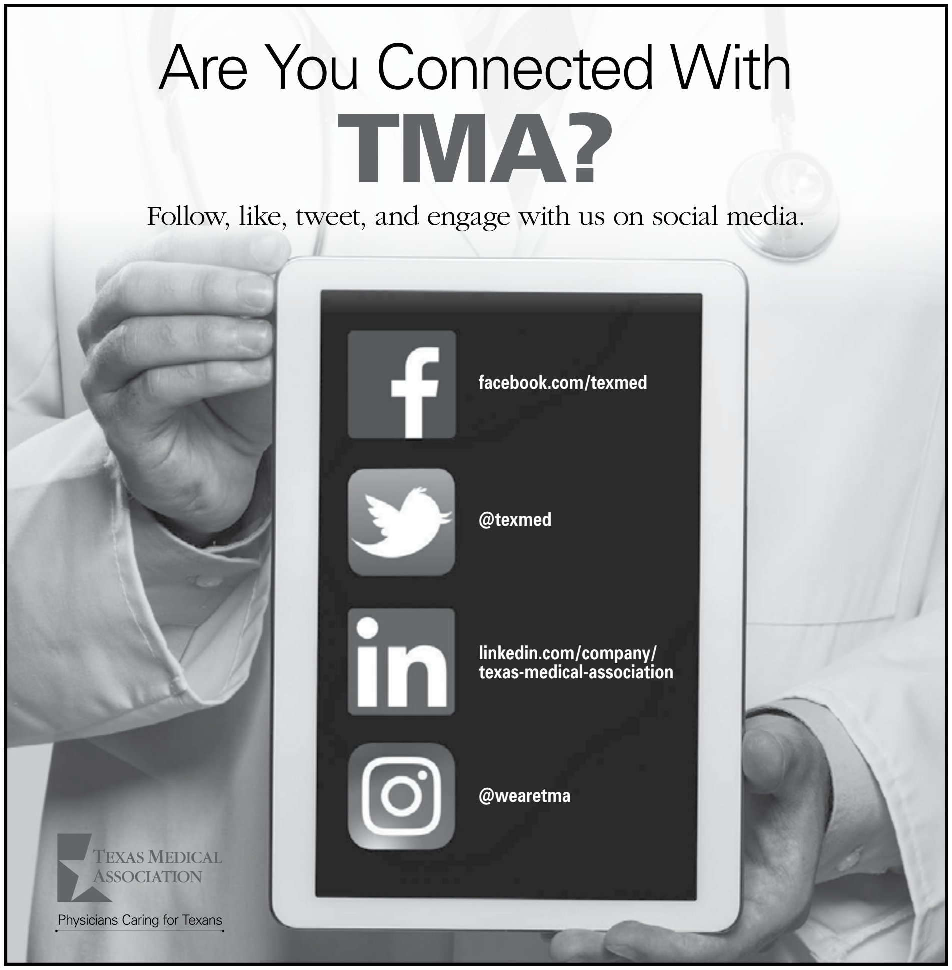

PANHANDLE
COMMUNITY SERVICES

Panhandle Community Services (PCS) is one of the oldest social services agencies in the Texas Panhandle. Founded in 1966, PCS provides services to low income families in all 26 counties in the Texas Panhandle.

PCS' mission is to work with community partners to change lives and lead change for low-income people bridging the gap from poverty to self-sufficiency. PCS' vision is that low-income people have the power to live independent of government assistance.

In 2015, after a year of consulting with community partners, low income families and PCS staff, the Board of Directors approved a strategic plan based on evidence of factors that prevent low income families from becoming self-sufficient. Among these was access to quality health care. Evidence shows that low income families have a number of uncompensated work hours due lack of quality healthcare for themselves and their families. As a result their path to self-sufficiency has slowed down or stopped.

To meet this need, PCS designed and now implements a healthcare initiative with a purpose to bridge the healthcare gap for families in the Panhandle in 3 different areas.

1. Access to Healthcare

PCS is the only federally certified health care navigator agency in the Panhandle. With a staff of 20 federal and state certified staff, PCS assists families with enrollment in private (marketplace) or public (Medicaid or CHIP) insurances based on their individual or family needs. Staff can also make referrals to clinics who offer free or reduced healthcare services in the community.

2. Education

In addition to access to quality care, it is very important to educate families in two major areas:

a. Preventive care:
PCS staff educates families on the importance of preventive care, with an emphasis on reducing the chronic illnesses that impact the families' ability to obtain and maintain self-sufficiency. Staff also distribute a pamphlet called "Know your Numbers" to clients designed for families to take to their doctor and develop a preventive health plan for that individual/family.

b. Use of Insurance:
PCS staff provides families with training on how to use their insurance and the importance of developing a relationship with their primary provider.

3. Outreach:

PCS staff makes presentations to community groups and organizations about the importance of health care insurance and how it can be used to improve the health care of individuals, families, and communities.

Helping someone become self-sufficient requires more than one strategy or service. PCS administers a number of programs and services that are focused around families to help them become more successful. They include:

1. Family Development:

The Family Development Program is family-driven and encompasses the entire family unit. The process includes creating a set of family-wide goals, identifying and overcoming barriers, and

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charting a clear course of smaller attainable goals, which lead to reaching the larger goal of self-sufficiency. Staff works with the family, community organizations and other programs at PCS to bundle services to meet each family's need. Families make a 3-5 year commitment to work with staff under this program.

2. Utility Assistance:

The Utility Assistance Program is designed to prevent utility disconnects and stabilize utility costs for low income households. PCS works with both public and private funds to assist qualifying residents. In addition, staff members provide families and individuals with educational information to help reduce their utility cost.

3. HUD Housing:

As a HUD Housing Authority, PCS promotes the "Fair Housing Act" that strives to achieve affordable and decent living environments for all people. More than 1,900 Section 8 vouchers for rental assistance are issued throughout the 26 counties to serve thousands of Texas Panhandle residents.

4. Weatherization:

The Weatherization Program combines public and private resources to help eligible families reduce energy consumption, heating, and cooling costs by doing minor repairs to their home. Trained and certified staff members conduct in-depth reviews of each home, then work with local contractors to make necessary repairs.

5. Panhandle Transit:

Transportation is a major barrier for people in the Panhandle. In a 2015 needs assessment of the Panhandle region conducted by PCS, transportation ranked as one of the top five major needs in the area. Panhandle Transit provides transportation to non-urban areas across the Texas Panhandle for access to employment, education, shopping, recreation, healthcare, and social services.

6. Retired and Senior Volunteer Program:

The Retired and Senior Volunteer Program (RSVP) allows seniors volunteer opportunities to use their talents and experiences to enrich the lives of others in meaningful ways. Many of the seniors serve in organizations that support low income families.

While PCS receives the majority of its funding from public, private and foundation agencies, we also host an annual fundraiser, Festival of Trees, during the middle of November. PCS provides pre-lit Christmas trees and local business, organizations or individuals adopt a tree and decorate it. On the night of the fundraiser, the trees are auctioned off to the community.

For more information on any of our services, please visit our website or give us a call.

www.pcsvcs.org
Main phone number:
(806) 372-2531
Main address:
1309 SW 8th Ave
Amarillo, TX 79101

The Panhandle Down Syndrome Guild

The Panhandle Down Syndrome Guild (PDSG) was founded in 2002 to promote a greater understanding of the medical and developmental aspects of Down syndrome. The Panhandle Down Syndrome Guild strives to improve the lives of those persons affected by Down syndrome living near the panhandle of Texas. We reach nearby residents of New Mexico, Oklahoma, Colorado, and Kansas.

Down syndrome occurs when an individual has three, rather than two, copies of the 21st chromosome. This additional genetic material alters the course of development and causes the characteristics associated with Down syndrome. Down syndrome is the most commonly occurring chromosomal abnormality. One in every 691 babies is born with Down syndrome or about 6,000 births per year. There are more than 400,000 people living with Down syndrome in the United States, and over 200 in our service area. All people with Down syndrome experience cognitive delays, but the effect is usually mild to moderate and is not indicative of the many strengths and talents that each individual possesses. People with Down syndrome have an increased risk for certain medical conditions such as congenital heart defects, respiratory and hearing problems, Alzheimer's disease, childhood leukemia, and thyroid conditions. Researchers are making great strides in identifying the genes on chromosome 21 that cause the characteristics of Down syndrome. Many feel strongly that it will be possible to improve, correct or prevent many of the problems associated with Down syndrome in the future.

The Panhandle Down Syndrome Guild works to increase public awareness about Down syndrome, to assist families in addressing the needs of children born with this genetic condition, and to sponsor community events. We work with national affiliates to dispel the myths associated with Down syndrome, while helping people with Down syndrome in the community achieve their full potential. The Panhandle Down Syndrome Guild disseminates the most current information and plans activities to increase awareness and acceptance of people with Down syndrome.

The Panhandle Down Syndrome Guild encourages fellowship, fosters a community of families affected by Down syndrome, and promotes public awareness of the dignity, promise, and potential of all persons with Down syndrome.

We serve the community primarily by:

- Providing encouraging and uplifting literature, positive stories, personal experiences, and a wealth of information and support to all new families of someone with Down syndrome. Frequently, families are fraught with questions and concerns at diagnosis, and we are here to help them through their journey.
- Hospital Visitation - Upon request a representative-parent from PDSG will meet with new parents in their home, at the hospital, or by telephone to answer any questions and inform them of sources of support and information. The first days after diagnosis can be challenging for families.
- Local training - Parents are invited to attend training seminars and meetings featuring speakers and discussions on a wide variety of topics related to Down syndrome
- Library Initiative - We supply local libraries with the most current educational materials and a wide selection of children's books that promote inclusion and encourage interaction between children with Down syndrome and their peers.
- Social Outings - We create fun family oriented events for people with Down syndrome and their families to network and experience all the Panhandle has to offer.
- Raising money for research about Down syndrome. There are several large organizations that are looking for way to improve the lives of people with Down syndrome by looking at neurological and physiological effects, causes, and treatments to prevent or minimize adverse symptoms associated with this condition. We are supporters of both the National Down Syndrome Society and National Down Syndrome Congress, both of

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which work to provide information, research, forums, and funds to look for ways to help.

- Each year we host each the Buddy Walk, which is a registered walk of the National Down Syndrome Society, to promote acceptance and inclusion of people with Down syndrome. It's one of 300 in the country, and ours attracts thousands of people. We think it's the best one in the nation because we turn it into a festival at an Amarillo park where people with Down syndrome get to cut to the front of the line. It's their day to be catered to, and it's a lot of fun. Some of the proceeds of this event is sent to the National Down Syndrome Society to support their research grant programs.

The Buddy Walk serves as one of our largest outreach efforts and touches the community in many ways. Not only does it celebrate people with Down syndrome, but the event is open to the public and promotes inclusion, acceptance, and helps dispels the barriers people feel when something is unfamiliar to them. The event is well attended by families with and without members with Down syndrome, and it's a wonderful sight to see all of them playing together.

This year the Buddy Walk will be held
on September 30, 2017 at
Sam Houston Park
4101 Line Ave
(off Western)
Amarillo, TX
You can find out more information
about our group and the Buddy Walk
at www.pdsg.org. The Panhandle Down
Syndrome Guild is a 501 C 3 non-profit
organization and our EIN is 76-0707182.

You can contact us any of the following ways:

PanhandleDSG@yahoo.com

Jeff Medford : 806-678-4450
Vicki Cabrera: 806-670-1568

PDSG
PO BOX 20783
Amarillo, TX 79114
And follow us on Facebook at Panhandle
Down Syndrome Guild

https://www.facebook.com/panhandledsg/


Medical
Dental
Life
Long-Term Disability
Critical Illness
Accident
Long-Term Care
Supplemental Hospital Indemnity
Business Overhead Expense
Travel
Medical Evacuation
Renters
Auto
Home

THE Bridge

Statistics:

- 1 in 4 children will be sexually abused before the age of 18
- Only 1% of offenders are strangers
- The Bridge interviews approximately 1000 children each year
- The conviction rate of child abuse cases before The Bridge was 65%. With cases that utilize The Bridge and multi-disciplinary team process, the conviction rate is 95%

Services:

Services requiring referral by Law Enforcement or CPS:

- Forensic Interviews
- On-Site Forensic Medical Exams
- Facilitation of Multi-Disciplinary Case Review Teams

Services for community professionals/general public:

- Counseling and Community Referrals
- Community Education Programs for Adults
- Safety Education Programs for Children, Ages 5-10

Target Population:

- Children ages 0-17
- Service the top 26 counties of the Texas Panhandle
- Victims of sexual abuse
- Victims of physical abuse
- Witness to homicide
- Witness to drug use

MISSION:

" A Child's Path to Healing and Justice. "

RECOGNIZE

- Learn the signs of child abuse.
- Contact The Bridge to attend or request free training.
- Be the safe person a child can outcry to.

RESPOND

- Control your emotions.
- Don't ask multiple questions.
- Make a report to local Law Enforcement or Statewide Hotline 1-800-252-5400

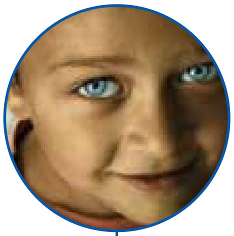
REPORT

- The Bridge is a resource for Law Enforcement and CPS.
- Texas is a mandatory reporting state.
- You are required by law to contact law Enforcement or CPS if you suspect abuse.

What to do if you suspect abuse...
(For Medical professionals)

1. Refrain from asking too many questions. Children often shut down after a lot of questions.

2. Make a report to local Law Enforcement or the statewide hotline 1-800-252-5400. Remember, The Bridge can only receive referrals from Law Enforcement and CPS.



3. If your patient needs medical care in combination with a history of abuse refer them to Northwest Texas Healthcare Emergency Room.

4. Be cautious alerting caregivers about what you suspect. Let your investigator make this determination.

5. Document what the child said and any observable injuries/signs.

6. If you have questions or are unsure of what steps to take, contact The Bridge.

Get Involved...

GO ONLINE:
www.bridgecac.org

TAKE A TOUR:
804 Quail Creek Drive
Amarillo, TX 79124

FOR QUESTIONS OR TO SCHEDULE TRAINING:
(806) 372-2873

THE Bridge

Diabetes Foundation of the High Plains

by Allison Lunsford, M.D. founder of Diabetics Foundation of the High Plains

The creation of this foundation is a magical story of why giving local really can change lives. I understand that giving to large national foundations can change the lives of persons afflicted with the disease, in the long term but there is a need for the persons currently living with a disease to also be helped.

I left a large, academic institution with 25 diabetes educators, several CDE/RD, nurse practitioners, child psychologists, and 10 endocrinologists and moved west to Amarillo as a solo Pediatric Endocrinologist. I moved here because the team of people caring for the children with diabetes are great and the patients were also wonderful…and I love my husband! The team however was small, consisting of myself, Sue Rankin CFNP/CDE, and Dr. Thomas Parker PharmD/CDE. The care of the children with diabetes has been good, but I felt there could be more done. Essentially Sue and Dr. Parker have been doing the job of 10 people. They have kept the diabetes camp going on very little funding.

Then one day, a parent approached me after camp asking if they could donate money somehow, what do I envision could be done with that? I of course asked, how much and when…because I have **BIG** ideas. A few meetings later and a small group of people created the Diabetes Foundation of the High Plains. Why? Because there are 400-500 children in our region of the high plains suffering from diabetes. This is an expensive disease that ravishes the family's resources financially and emotionally.

It has almost been three years this coming August since the Diabetes Foundation was created. I would love to highlight several of the projects that the foundation supports which can enlighten why giving local is important.

The majority of the money raised for the foundation supports our local diabetes camp, Camp New Day (http://www.dfhp.org/camp-new-day) along with supporting scholarships to a residential overnight camp, Camp Sweeney. I became an endocrinologist because I worked at Camp Sweeney as a counselor during college. Study after study supports that kids who attend camp do better long term with their diabetes control. It is not only a time for them to be around other kids who also have diabetes, so they are not ostracized by their peers, but also to improve their control. Many kids learn to give their own injections, change their pump site, and count carbohydrates for the first time at camp. It is also a safe place for the parents to leave their children, as your regular summer camp now feels unsafe since the child was diagnosed with diabetes. The parents report they actually slept through the night. Since the inception of DFHP, the camp has expanded to two weeks instead of one, with a junior camp (ages 5-12) and senior camp (13-18). More activities have been added to keep the kids entertained. Last summer, we took both camps to see the play Texas. In collaboration with Children's Miracle Network, we are able to send any child who desires to go to camp regardless of their ability to pay.

The next area of growth I felt was needed in our region was added personnel to our small team. In an academic environment, it is difficult to justify a new position and to add to ancillary personnel. I wanted to bring research to our local children, but I could not do it without a research nurse. Thanks to a generous gift from the DFHP and the Range Riders, we were able to hire a clinical research coordinator. Over the past three years I have been able to grow the Pediatric research greatly. We have several ongoing studies and future studies pending that our local children are able to participate in. It is unlikely we will find the cure, here in Amarillo, but we can do our part by participating in Trial Net (www.trialnet.org). The DFHP has also donated a gift in efforts to hire a child psychologist to our department. There is a period of grief any time a healthy child is diagnosed with any condition; in addition, the chronicity and life-threatening situation these parents and children face causes ongoing psychological needs with the families I deal with. Then, of course, there are teenagers. They all need a counselor! It is simply not possible to see patients in a 20 minute slot and deal with diet, diabetes and depression.

Lastly, the foundation has focused on local parental support. At diagnosis, the start-up costs for supplies and goods can be up to $2,000. Oh, and now you have to go home and restock the kitchen, bring snacks for the school nurse, and pay your hospital bill. For many patients making it paycheck to paycheck, this is a lot of money at one time. The foundation is working to help ease that cost, and is a primary focus in the next year to increase our aid to the newly diagnosed families. Many of the education supplies given at diagnosis are donated by the DFHP. We are able to get gas money for parents to make their frequent doctor appointments. The foundation has also hosted our annual boot camp for the families to hear national speakers and a time to fellowship together. Several of the parent volunteers have created local support groups for the parents to discuss their tricks of the trade.

The creation of this foundation has kept me here as a provider. This is a tough disease to care for in children due to the financial, psychological and medical needs of the family. With the support of an entire community behind our small, but growing, medical team, we can help fulfill the mission of the DFHP.

Improving the lives of High Plains children and young adults with diabetes through education, research, and social support.

$500 can support a child to attend Camp New Day. (http://www.dfhp.org/)

DIABETES FOUNDATION
of the HIGH PLAINS

Catholic Charities of the Texas Panhandle

by Jeff Gulde

Catholic Charities of the Texas Panhandle was formed in 1932 during The Great Depression as Catholic Charities of the Diocese of Amarillo, serving the areas that are now the Dioceses of Amarillo, Lubbock and San Angelo. Over the years, the agency was also known as the Catholic Welfare Bureau and Catholic Family Service. Today, Catholic Charities of the Texas Panhandle continues the same mission of providing help and creating hope. Our Mission Statement says, "Catholic Charities of the Texas Panhandle supports the value and dignity of human life, promotes self-worth and independence, and strives to meet the ever changing needs in our community" Our programs target those in need regardless of race, creed, color, sex, sexual orientation, etc. Our main number is 806-376-4571 and we are located at 2801 Duniven Circle, or can be found online at www.cctxp.org.

Pearl Longbine Emergency Youth Shelter

Our emergency youth shelter is a 28-bed transitional emergency placement for at-risk, abused, neglected, runaway and homeless youth ages 5-17. Our staff's ultimate goal is to ensure the youth are in a safe, secure and welcoming environment until they are placed in long-term or permanent residence, or until they return home to family. The shelter is also a National Safe Place agency, providing crisis intervention through our crisis hotline (806.376.7731), educating area youth on the dangers of running away, and providing access to resources so that youth have alternatives to ending up in law enforcement, criminal justice, or mental health systems.

Refugee Resettlement Program

One of two resettlement agencies in Amarillo, our Refugee Resettlement division has a diverse staff, dedicated to meeting the needs of refugees arriving to reunite with family members, as well as secondary migrating refugees who arrive in the area. Through a cooperative agreement with the State Department, managed by the U.S. Conference of Catholic Bishops, our agency resettles refugees from all around the world. We receive approximately 160 reunification refugees annually. Our case managers, many of them former refugees, help new arrivals by setting up a fully-furnished apartment, taking clients to health screenings and assisting with orientations (school, home, city, etc.). Our job developers help these clients find jobs by arranging interviews for jobs that complement their skills and interests. We strive to help new arrivals become self-sufficient as quickly as possible.

Citizenship and Immigration

Our citizenship and immigration division is the only Board of Immigration Appeals-accredited immigration service agency in the Texas Panhandle. In addition to Amarillo, we provide services throughout the Texas Panhandle. Services provided include family reunification, lawful permanent residence, adjustment of status, asylum, and citizenship services for refugees and immigrants. We offer the lowest fees in the area.

Amarillo Interpreting Service

Established in 2000 as an extension of the Refugee Resettlement program, this service was created to meet interpreting needs throughout the Texas Panhandle. This program employs a diverse, trained staff that covers over 30 different languages. Each interpreter is thoroughly trained and guided by a strict code of ethics. Amarillo Interpreting and Translation Service charges a reasonable fee to cover expenses.

Community Services – Affordable Housing

Catholic Charities of the Texas Panhandle is a Community Housing Development Organization, designated by the City of Amarillo. This enables us to use HOME funding to acquire and renovate properties which are then rented to low-income clients. We have 13 apartment complex units consisting of one bedroom, efficiency and two-bedroom units. The apartments are "all bills paid," and 10 percent are handicap-accessible. Additionally, we have three single family homes to help meet the housing needs for families.

Community Services - Adult Eye Care

Our adult eye care division works in conjunction with local optometrists and ophthalmologists to provide eye exams and glasses for adults unable to pay for these services. Donors and the Family Care Foundation provide money for us to buy eyeglasses, and local eye care professionals provide services at no cost to clients who qualify.

Catholic Charities Hunger Project

The CCHP is a grocery store located in our building at 2801 Duniven Circle. CCHP serves those in need 55 and older or disabled. Food is donated from parishes, businesses and individuals, as well as purchased from the High Plains Food Bank and grocery vendors. This program currently serves 500-600 each month and is growing rapidly. Clients shop for what they want and know they will use, leading to greater use of resources. We also deliver groceries once a month to approximately 60 homebound individuals. The Hunger Project continues to be a critical lifeline to this growing population.

Catholic
Charities
of the Texas Panhandle

The American Red Cross: *Its Foundation and Its History*

by Rouzbeh K. Kordestani, M.D., MPH

As most people have been witness to the disaster and carnage that has overwhelmed us in the last few weeks as we so hopelessly watch the unfolding of events in the aftermath of Hurricanes Harvey and Irma, we have also been privy to the ever-present nature of the American Red Cross. They seem to be present, willing and able to volunteer and do their best in these difficult circumstances. The American Red Cross can be thought of the best of what we health care professionals can offer in times of crisis and need. The American Red Cross is America's answer to the International Red Cross/Red Crescent.

The Foundation of the American Red Cross

Mrs. Clara Barton initially founded the American Red Cross on May 21st, 1881 in Washington, D.C. Its purpose was to address humanitarian aid in the United States of America in times of need. Clara Barton herself had been witness to the foundation of the International Red Cross (IRC) organization in Geneva in 1869. After her personal involvement with the IRC during the Franco-Prussian War, she thought that a similar entity should be created in the United States. Thanks to her personal efforts and her contacts with individuals like John D. Rockefeller, she was able to get the initial funding for the organization.

Almost immediately, the American Red Cross began to be involved in relief efforts throughout the United States. One of the first relief efforts was the Great Fire of 1881, in Michigan. The next effort was the Johnstown Flood in Pennsylvania where over 2,000 people died. These events showed that such an organization was much needed in the United States. In time, Mrs. Barton and her small circle of friends were replaced with a more effective and extensive organization in order to address the needs throughout the expanse of the United States.

In 1905, the United States Congress established the Charter of the American Red Cross. Contrary to the Charter of the International Red Cross/Crescent, the American Red Cross is "a federally chartered instrumentality of the United States and a body corporate and politic in the District of Columbia." In other words, while the International Red Cross/Crescent is a grouping of organizations with help from governments and non-governmental organizations, the American Red Cross is actually part of the United States government with governmental appointees. In this way, the American Red Cross is different. The charter also advanced a different agenda. In the Charter, the American Red Cross is tasked "to carry out a system of national and international relief in time(s) of peace and apply that system in mitigating the suffering caused by pestilence, famine, fire and floods, and other great national calamities, and to devise and carry out measures for preventing those calamities." Until then, the Red Cross organizations throughout the world were tasked specifically for relief and efforts during times of war. The American Red Cross was very different in this way. It was given an ongoing function even in times of peace that would prove truly hard to match by other Red Cross organizations.

The American Red Cross and its international involvements

Even though the American Red Cross (ARC) was founded in the United States, it soon found involvement in other parts of the world. As early as 1918, the ARC helped establish hospitals and refugee protection at Vladivostok, in Russia, to accommodate the injured during the Russian civil war. This effort soon disbanded after the Communists took over the government.

In international efforts, the ARC accepted its role as part of the International Red Cross and the Red Crescent movements. But since these other organizations' main role had been in response to conflict and war, the ARC International Services Department focused on global health and disaster preparedness and response. For this reason, at times, the ARC has become more involved with the efforts of the World Health Organization on the global stage. An example of such an initiative was the Measles Initiative launched worldwide in 2001. Within a cooperative of the World Health Organization, the United States Centers for Disease Control and Prevention, and UNICEF, ARC efforts have led to the vaccinations of over 1 billion children in more than 70 countries.

The ARC has been and continues to be an integral member of these initiatives and other others like it, such as the Malaria No More Initiative, throughout the world.

The Journey of the American Red Cross

A recent tabulation of the ARC shows that it comprises a national network of greater than 700 chapters and blood banks. There are over 600,000 volunteers nationally and internationally responding to over 7,000-emergency and disaster calls, affecting millions of Americans and other populations worldwide. The ARC is the largest supplier of blood and blood products in the world, supplying more than 2,500 hospitals. Its revenue in 2008 was greater than $7 billion.

Many of the tasks initially undertaken by the ARC have slowly been given up, as other organizations have proven more effective. The ARC initially undertook these functions and tasks because, at the time, no other organization was available. However, in areas such as tissue and plasma services, the ARC has slowly given up ground. Case in point, after more than 50 years of involvement and recruitment in allograft tissues, through its Tissue Services Program, the ARC relinquished this division in 2005. In similar fashion, the ARC disbanded and closed its plasma services after decades of use. It relinquished the role to other plasma service groups throughout the United States. The ARC gave these roles/divisions up in order to focus on its primary mission of disaster relief and blood provision.

In accordance with its charter, the ARC has a national role in disaster relief and is responsible furthermore for assistance to individuals and families with the effort of being able to help them resume their normal daily lives/activities. The ARC again as part of its national charter is a cooperative of the Federal Emergency Management Agency (FEMA). As part of the National Response Framework support agency, the ARC is responsible for shelter, food and other types of emergency relief to victims of disasters and for issues/care of health and mental support services.

The ARC and its response during recent disasters

In 2005, in response to the hurricanes that affected the east coast of the United States and the Gulf region (Hurricanes Katrina, Wilma and Rita), the ARC established over 1,500 shelters and documented over 3,500,000 stays for individuals and kids displaced by the storms. They were able to pull together over 250,000 volunteers to help with these efforts, and to further provide shelter, transportation, communication and food. Roughly 70,000,000 meals were provided using ARC services. Through its affiliates, the ARC was able to provide financial assistance to over 1 million families.

ARC and its controversies

Even though the ARC has shown itself to be a truly admirable organization, it has had its missteps. In 2007, Johnson and Johnson filed suit against the ARC for using its name and label on survival kits and for competing against J & J in the open market, even though competition in such a fashion was strictly forbidden in the ARC charter. The federal courts further substantiated this as the ARC and its actions were condemned and the ARC was forced to cease and desist such competitive activities.

In 2003, the ARC and its blood labs were noted to be in federal violations of safety practices and data breaches. These violations were addressed in serial fashion. Fines were incurred, and the ARC was forced to pay $1.7 million in fines in 2008 and was further pressured to change its national blood collection and data collection policies.

After September 11th, 2001, the ARC conducted a massive national charitable drive for victims of the disasters. The "Liberty Fund" collected approximately $547 million, of which only a small percentage (30%) was actually redistributed to the peoples in need and for disaster relief. Only after the *New Yorker* magazine highlighted the shortcomings did the ARC respond. This resulted in criminal investigations of the ARC and the resignation of its chairman. Additional federal officials were appointed and only then were the monies appropriately redistributed back to the victims' families.

In 2010, after a magnitude 7.0 earthquake struck Haiti and caused more than 150,000 deaths, and the displacement of an additional one million people, the ARC responded to requests for aid. In the United States, the ARC quickly collected monies for disaster relief and for the health services and disaster response. By June 2011, the ARC had raised more than $500 million dollars for the intended disaster response. Unfortunately, most of the monies never made it to Haiti. A series of investigative reports showed that the monies that most Americans donated never made it to Haiti and were used by the ARC for other tasks.

The ARC, Harvey and Irma

Recent events in the Gulf of Mexico and in Florida have shown that the ARC is still a formidable organization with the ability to pool volunteers and to respond to disasters quickly. In Houston, in response to the calamity caused by Harvey, the ARC has performed amazingly well. It has pooled thousands of volunteers together to support tens of thousands of displaced individuals and families with food, shelter and help. It has organized, housed and supported more than ten thousand people in the convention centers in Houston. Moreover, it has supplied food to more than 600,000 additional Houstonians in the areas affected.

Throughout these events, it becomes clear that the ARC, even with its faults, has been an amazing creation. Since it's founding, the ARC has addressed disaster and disaster relief. In contrast to the charter of the International Red Cross/Crescent, the ARC is not restricted by war. In fact, the ARC was created to react in all times and to all forms of need, in all areas of the world. In this form, the American Red Cross has served well to satisfy its purpose here in the United States and abroad.

In 1881, the American Red Cross was founded based on a simple idea--to offer people assistance and hope. Now, the American Red Cross is truly an American institution and serves as a beacon of hope to many peoples throughout the world in times of need, in times of war and in times of peace.

F•S•S
FAMILY SUPPORT SERVICES

In our 109th year of serving Amarillo residents, our mission is to empower individuals and families through comprehensive advocacy, education, and intervention services.

BEHAVIORAL HEALTH SERVICES

Cutting Edge therapy provided through modalities that include:

- *Eye Movement Desensitization and Reprocessing (EMDR)*
- *Equine Assisted Growth and Learning (EAGALA) - Equine Assisted Psychotherapy (EAP)*
- *Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*
- *Trauma Informed Yoga Therapy*
- *LGBTQ-specific counseling*

Highly experienced counselors certified as LPC, LCSW, LMFT, LPCI, LMSW, LCDC.
Counseling for children, adults, couples and families.
Counseling fees based on sliding income scale; Insurance, Medicaid, and Medicare accepted.

CRISIS SERVICES

- Only Domestic Violence/Sexual Assault/Human Trafficking Safe House in Amarillo/Canyon.
- 24 hour crisis response and hotline services.
- On-site kennel so pets aren’t left behind.

EDUCATION AND PREVENTION SERVICES

- Evidence-based programs focusing on breaking cycles of abuse and neglect for at-risk children, families and individuals.
- Prevention programs address bullying, substance abuse, teen pregnancy, dating violence and human trafficking.
- Parenting classes and child abuse prevention services.
- Many services offered at no cost to community groups, businesses and schools.

VETERAN RESOURCE CENTER

- Veteran-staffed drop-in facility providing peer support, housing assistance, basic need support, mental health services, employment assistance and more.
- Services available to all veterans, family members and surviving spouses regardless of discharge status.
- All veteran services provided at no cost.

CONTACT:

We are conveniently located in downtown Amarillo at 1001 S Polk. We are open Monday through Thursday 8 a.m. – 8 p.m. and Friday 8 a.m. to 4:30 p.m.

24-HOUR CRISIS HOTLINE: 806.374.5433

TOLL FREE: 1.844.363.3452
SPANISH: 1.800.799-7233
TTY: 1.800.787.3224

For more information on our services, go to fss-ama.org or call 806.342.2500

SUPPORT:

- Volunteer
- Annual Harley Party
- Annual Mardi Gras Party
- www.fss-ama.org/donate

TEXAS VETERANS COMMISSION

United Way
United Way of Amarillo & Canyon

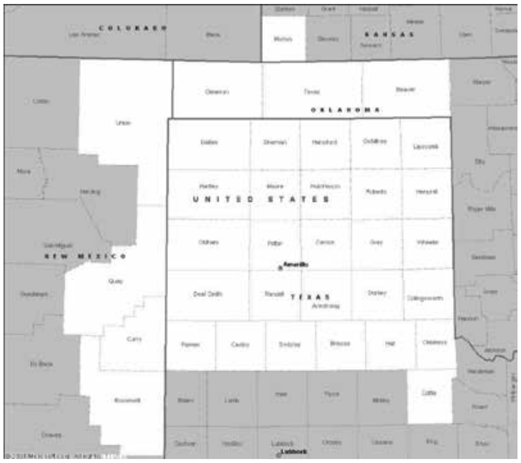
Children's Miracle Network

by Dr. Todd Bell, M.D., TTUHSC Amarillo Chair Pediatrics Department

A few months ago I was contacted by a social worker to see a child who lived in an outlying county. The patient's family traveled extensively in search of work, and the patient had no stable medical care in the past. Now at the age of 5 and with apparently severe developmental delay, the patient came to the attention of a social worker and been referred for further evaluation. Based on the third-hand description of the child's medical condition, I suspected the patient had Chromosome 18 Ring syndrome. Potential symptoms could include cleft palate and craniofacial abnormalities, congenital absence of ears with concomitant conductive deafness, developmental delay and failure to thrive. I paused for a moment as I thought through the favors I would need to extract to arrange for augmented hearing devices, surgical evaluation, imaging studies and possible alternate feeding mechanisms. Perhaps sensing my hesitation the social worker quickly interjected, "Children's Miracle Network is already on board. Just let them know what you need."

In the years I have had the privilege to work with Ms. Jodi Reid and Ms. Molly Caviness at Children's Miracle Network, my experience has been as simple as the social workers statement: "CMN is already on board, just let them know what you need." With shortened newborn hospital stays and increasing risk for excessive jaundice, our clinic needed a way to screen infants at their newborn visit without invasive blood draws. Transcutaneous bilirubin monitors were cost prohibitive, but we let CMN know what we needed. Now all babies are screened at their newborn visit without discomfort. With our echocardiography equipment far past its anticipated date of demise, we reached out to CMN for assistance. Pediatric patients can now get high quality echocardiograms in the cardiologist's office. Our pediatric sports medicine physician needed another imaging modality to allow evaluation of injuries without radiation. An ultrasound machine provided by CMN is now in routine use by sports medicine and general pediatrics. I have had many patients directly benefit from the CMN family grant program. A patient with a medical need they cannot afford, whether copay, un-covered services or off-formulary medications, can contact CMN directly for assistance. I believe most social workers and case managers who deal primarily with children in Amarillo have a "hot line" to the CMN office. CMN's largesse does not stop at the Amarillo city line. They support educational and health outreach initiatives in rural areas across the 35 counties of the northern Texas Panhandle and surrounding states.

More recently, CMN has recognized the strain placed on the patients and families in our community who require pediatric sub-specialty care from specialists that are not available in our area. Patients who must travel out of the community to care for a sick child have additional financial strain, must take off from work, and are pulled out of their social support network. It is difficult for physicians and patients seen in the emergency or hospital setting to provide state of the art care when the specialist involved in that patient's care is hours away. Partnering with the Department of Pediatrics at Texas Tech University Health Science Center (TTUHSC), Amarillo, CMN has provided funding for the recruitment of pediatric pulmonology and pediatric neurology physicians. The first pediatric neurologist started in Amarillo in 2016 with plans for a second neurologist and pulmonologist to start in the next several months.



Service area for the Harrington Cancer and Health Foundation Children's Miracle Network.

To meet the clinical demand for pediatric subspecialty care in our community, CMN has also taken the lead on the development of child-friendly health care facilities. Long a supporter of the child life services at both community acute care hospitals in Amarillo, CMN has recently pledged 50% of the cost of a new, free-standing, pediatric sub-specialty clinic in Amarillo. The facility will be located on the TTUHSC campus, directly across from the regional hospital complex on Coulter Street. This facility will house outpatient pediatric subspecialty clinics and offices and will provide a state of the art facility for care of children in a child-focused setting.

CMN came to the Texas Panhandle in the mid-1980s. Since its inception, all money raised is spent locally for children in our community. In 2016, $623,528 was granted to benefit these kids. As a healthcare provider, I appreciate the equipment and facilities support that CMN provides to so many programs across our community. As a parent, though, I most admire CMN's willingness to step up when a family is in grief and a child is hurting; their willingness to be "on board."

CMN can be contacted by phone at 806-331-6939 or on the web at https://amarillo.childrensmiraclenetworkhospitals.org/

Haven Health

by Carolena Cogdill, MBA, CMCO – Chief Executive Officer

Haven Health's presence in Amarillo dates back to 1968 when the first board-certified obstetrician/gynecologist in our community, Dr. Early B. Lokey, was named the first Medical Director of the organization. Dr. Lokey recognized a need to provide women without private healthcare access to basic health services, such as Pap smears, exams, and contraceptives.

His drive to provide those medical services combined with the passion, determination, and support of resident Estelle Marsh led to the creation of what is now Haven Health.

More than half the pregnancies in the United States each year (more than three million) are unintended and, by age 45, more than half of all American women will have experienced an unintended pregnancy. Unintended pregnancies create hardships for children, women and their families.

A child born as the result of an unintended pregnancy is at greater risk of premature birth, low birth weight, and abuse or neglect. Children whose conception was unintentional are also at greater risk of experiencing negative physical- and mental-health outcomes and are more likely to drop out of high school and to engage in delinquent behavior during their teenage years.

Women who experience unplanned pregnancy are more likely to suffer from post-partum depression, face increased risk of physical abuse and suffer greater relationship instability compared to women whose pregnancies were intended, according to *Child Trends*, a nonpartisan research organization out of Washington, DC. These hardships often prevent women from reaching their full potential.

Teen birth rates in the United States have declined to the lowest rates seen in seven decades, yet still rank **highest** among developed countries. Contributing to this decline are increases in the proportion of teens who have never had sex, combined with increases in contraceptive use among sexually active teens. Texas ranked 5 out of 51 (50 states + the District of Columbia) on 2011 final teen birth rates among females aged 15-19 (with 1 representing the highest rate and 51 representing the lowest rate). Together, African American and Hispanic teens comprised 57% of U.S. teen births in 2012. Potter County ranked as one of the highest teen births in the state of Texas.

According to local statistics, Potter County has the highest percent of unmarried mothers – 51% percent in 2011. Additionally, Potter County is a county with a large percentage of people with low incomes. High poverty and minority rates are consistent with other county outcomes such as lower educational acheivement, worse health outcomes and a greater proportion of people in vulerable circumstances such as reliance on public assistance and abuse.

Information from The Guttmacher Institute shows that teen and unintended childbearing in Texas cost taxpayers at least **$2.9 billion** in 2010. Births involving teenage mothers cost the United States nearly **$10 billion** in increased public assistance and health care and income lost as a result of lower educational attainment and reduced earnings among children born to teenage mothers.

In an effort to prevent unintended and teen pregnancies, Haven Health offers comprehensive reproductive health services to the women of the Texas Panhandle. Not only do we provide well woman exams, pap tests and various forms of contraception including long acting reversible contraception, we also provide STI (sexually transmitted infections) testing and treatment. Vaccinations are available for those who qualify such as HPV (human papillomavirus), MMR (measles, mumps and rubella), Tdap (Tetanus, Diphtheria and Pertussis), Flu and Meningococcal. We also provide dysplasia services such as colposcopies and loop electrosurgical excision procedure (LEEP).

Haven participates in several state funded programs, namely Healthy Texas Women, the Family Planning Program and Breast and Cervical Cancer Services. In addition, we are the only Title X provider in the 26 counties of the Panhandle. Services are provided on a sliding fee scale, meaning family size and income determines fees to be paid, if any. Any client falling below 100% of the Federal Poverty Limit is not charged a fee.

We also accept Medicaid and most insurance including but not limited to Blue Cross Blue Shield, Aetna, Cigna, Superior, Amerigroup, First Care (Medicaid program only), United Healthcare and TriCare.

The **Healthy Texas Women (HTW)** program seeks to improve access to comprehensive care for eligible women in Texas and to promote their general and reproductive health by providing safe and effective family planning and certain primary care services. To be eligible for the program the following qualifications must be met:

- 15 through 44 years of age
- Must be a U.S. citizen or a legal permanent resident
- Must be a Texas resident
- Is not pregnant
- Does not have health insurance and
- Has a household income at or below 200 percent of the Federal Poverty Limit

(Note: HTW also serves women who are sterile or infertile.)

The following services are covered under the HTW program:

- Annual family planning and preventive healthcare visit
- Contraceptive services including necessary follow-up and surveillance (includes long-acting reversible contraceptives such as the Nexplanon, Mirena or

  ParaGard)
- Preconception care
- Basic infertility services
- Certain screening, diagnostic and treatment services, as indicated:
  - Pregnancy testing
  - Screening and treatment for sexually transmitted diseases and infections
  - HIV testing
  - Breast cancer screening
  - Cervical cancer screening
  - Screening for post-partum depression
  - Diabetes screening
  - Hypertension screening
  - Screening for elevated cholesterol

The **Family Planning Program (FPP)** provides the same services as the HTW program. Eligibility requirements for FPP are as follows:

- *<u>Males</u>* and females age 64 years and younger
- Must be a Texas resident
- Must not be eligible for any similar program including HTW
- Have a household income at or below 250 percent of the Federal Poverty Limit

(Note: FPP also serves women who are sterile or infertile. U.S. citizenship is not required.)

Women may be eligible for benefits under the **Breast and Cervical Cancer Services (BCCS)** program if they:

- Are a Texas resident
- Are 18 -64 years of age
- Don't have health insurance
- Have a household income at or below 200% of the Federal Poverty Limit

(Note: U.S. citizenship is not required.)
Services include:

- Screening Services
  - Clinical breast examination
  - Mammogram
  - Pelvic examination and Pap test
- Diagnostic services
- Cervical dysplasia management and treatment (colposcopies and loop electrosurgical excision procedure-LEEP)
- Assistance with Medicaid for Breast and Cervical Cancer application

The **Title X** program is a federally funded family planning program. The main focus of Title X is to provide reproductive healthcare to women under the age of 18. The services provided under this program include:

- Annual family planning and preventive healthcare visit
- Contraceptive services including necessary follow-up and surveillance (includes long-acting reversible contraceptives such as the Nexplanon, Mirena or ParaGard.)
- Certain screening, diagnostic and treatment services, as indicated:
  - Pregnancy testing
  - Screening and treatment for sexually transmitted diseases and infections
  - HIV testing
  - Breast cancer screening
  - Cervical cancer screening

Together these provide a full-range of health coverage options for women's healthcare.

Haven Health's mission is to reduce the occurrence of unintended pregnancy and to improve the health of women and their families. Our clinic is located at 1 Medical Drive - 806.322.3599. The website is www.havenhealthamarillo.com.

Access to affordable health care and the ability for individuals to determine when, and if, to start a family is strongly connected to an improvement in a women's educational attainment, increased wages, and health benefits for mothers, newborns, families and communities.

HEALTH NEWS

by Tarek Naguib, M.D., M.B.A., F.A.C.P.

Student Tobacco Use is Down JAMA (7/25) – CDC announced the number of students who used tobacco products in 2016 is still near 4 million, albeit down from 4.7 million in 2015. About half of the users use 2 or more tobacco products.

COPD Death Rate Doubled JAMA (6/27) – The National Heart, Lung, and Blood Institute (NHLBI) announced a coordinated national plan to address COPD, the third leading cause of death in the U.S. The death rate has doubled as compared to 1969, while mortality from other chronic diseases has dropped. Eight out of 10 diagnoses of COPD are related to smoking.

Suicide up in Teenage Girls *AMA* (8/3) – CDC reported increase in suicide risk among girls 15-19 to double between years 2007 and 2015. Suicide has increased among same age boys by 30 percent.

Killed under Influence of Opioids *AMA* (8/3) – A seven-fold increase in the proportion of drivers killed while under the influence of prescription opioids was noted as compared with 1995. This highlights the risk of death in relation to opioids beyond the risk of overdose.

Millions of Americans Live Far from Hospitals *AMA* (8/3) – A study suggests that 30 million Americans don't live within an hour of trauma care, and another analysis suggests that residents living in 16% of mainland U.S. are 30 miles or more away from the nearest hospital, making urgent care for heart attacks suboptimal.

Veterans Affairs Unveils a Telehealth Service *AMA* (8/3) – The Secretary of Veterans Affairs, Dr. David Shulkin, unveiled the Veterans Affairs Telehealth Services which will have significant impact on veterans across the nation as it brings specialty care (including mental health care) to those who live in rural areas via the internet. Also, it will allow patients to schedule health services from their smart phones.

Telemedicine is Legal in Texas *Texas Med* (8/1) – The Texas Senate Bill 1107 has finally been approved and signed into law by Gov. Greg Abbott. It makes clear that telehealth care provides a valid practitioner-patient relationship through audiovisual means and requires insurance carriers to post on their websites an explanation of their payment practices for telemedicine.

Texas Final Budget *Texas Med* (8/1) – The 2018-19 budget is approved by the Legislature at a total of $217 billion. The Health and Human Services total is $79.5 billion, 62.4 of which for Medicaid. Mental health gained circa $200 million in this budget. And, general medical education gained 25.7% bump in this budget up $41 million from $160.2 to $201.4 million.

Yoga for Chronic Low Back Pain *Ann Intern Med* (7/18) Researchers from Boston and Harvard Universities have shown that a yoga program is as effective as physical therapy in terms of function and pain relief, in persons with chronic low back pain. Physical therapy has been shown in previous research to be equivalent to surgical intervention for this condition.

Walking, Cycling may Reduce Sciatica *AMA* (8/3) – A study published in the *American Journal of Medicine* reveals that walking and cycling decreased sciatica risk by a third, while obesity and smoking increased it by the same ratio.

Nut Intake Over 5 years *European J of Nutrition* (7/25) – In a multinational study in 10 European countries researchers found that higher level nut consumers, including peanuts, gained on the average 2.1 Kg (4.7 lbs.) over 5 years but were less likely to become overweight or obese.

Beef Stew is what's for Dinner? *Diabetes Care* (6/1) – In a follow-up study of 1.24 million person-years, Harvard researchers found that high temperature cooking and/or open flame cooking methods for red meats, especially broiling and barbequing, may further increase type 2 diabetes risk among regular meat eaters, independent of the total red meat consumption. Of interest, stewing, boiling and pan-frying red meats were not associated with increased risk of diabetes.

Artificial Implantable Kidney Progressing *MDLinx* (8/1) – Joint research among Vanderbilt University and the University of California at San Francisco has yielded a viable solution for dialysis patients. It is an artificial implantable kidney that uses cultured kidney cells, from deceased donors, placed in a silicone filter. The first human trials of these kidneys will be in 2018 with projected actual use within a few to several years. If so, this could be a huge life changer for our 1.5 - 2 million patients on dialysis care. The grant is provided from the National Institute of Health to these 2 universities.

Yes, Hepatitis E!!! *Infect Dis News* (7/1) – In a rare occurrence, five French patients developed hepatitis E virus (HEV) infection known to affect rabbits. Four were transplant patients and 2 ate well-cooked rabbit products. Water supply is suspected in this investigation. The CDC reports about 20 million HEV infections worldwide, mostly mild, but death toll may reach 56,600 persons.

Unwelcome Visitor! *JAMA* (6/22) – Candida auris, a multidrug resistant yeast infection, arrived in U.S. from Southeast Asia via New York. Other isolates identified in Illinois were similar to those reported in South America. The fungus was first isolated in Japan in 2009.

Children With Special Health Care Needs Services Program

The CSHCN Services Program (CSHCN-SP) is a health benefits program offered through the DSHS CSHCN department.. This program provides special services or equipment for eligible children with certain health problems. A child can become eligible for CSHCN-SP if:

- The child lives in Texas
- The child is under age 21 or has cystic fibrosis
- The child has a coverable condition
- The family is within the income and assets limits

CSHCN-SP applicants must apply for Medicaid/Medically Needy Program, Medicaid Buy In for Children (MBIC) and Children's Health Insurance Program (CHIP) and send copies of determinations to the regional DSHS office. If the child is NOT a U.S. citizen, a CHIP determination is not required.

CSHCN-SP will pay for such things as:

- Doctor visits
- Up to 60 days in the hospital
- Braces and artificial limbs
- Prescription drugs
- Special equipment
- Medical supplies
- Home health care
- Travel costs to medical appointments

CSHCN-SP Eligibility Staff enter applications submitted to obtain medical assistance through CSHCN Services Program. In the application process, staff are required to verify documents, enter various proofs of residency & income, & work with families to assure that the process is completed.

Region 1 Staff & Contact Numbers

Judy Lara, LBSW-IPR (806) 783-6444
Program Manager

Rebecca Williams, LBSW –IPR (806) 783-6442
Case Management Supervisor

Kathie Robinson (806) 477-1108
Administrative Assistant

Case Managers

Canyon Office

Jana Campbell, LMSW-IPR (806) 477-1136
Becky Brock, LBSW (806) 477-1134
Kimberly Ford, LBSW (806) 477-1135
Susan Bush, LBSW (806) 477-1121

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Shannon Fitzpatrick, LBSW-IPR (806) 783-6449
DeAnna LaRue, LBSW (806) 783-6440
Lori Nutt-Lopez, LMSW (806) 783-6417
Ruby Vidaurre, LBSW (806) 786-6478

CSHCN-SP Eligibility Staff

Canyon Office

Caroline Todd (806) 477-1109

Covering Counties: Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Wheeler

Lubbock Office

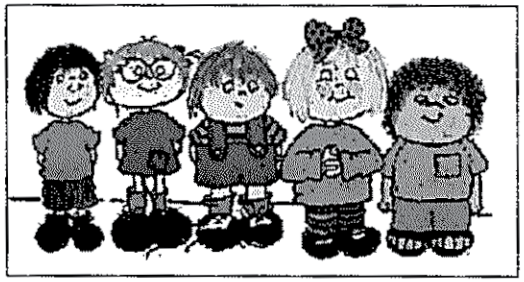
Eva Tagle-Coronado (806) 783-6452

Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn,

TEXAS
Department of
State Health Services

CSHCN

Children with Special Health Care Needs Program



Kids Are Our Business!

Health Services Region 1

(Lubbock Main Office)
6302 Iola Ave
Lubbock, Texas 79424

(Canyon Sub Office)
WTAMU Box 60968
Canyon, Texas 79016

HSR1 CSHCN Program

Our goal is to provide the highest quality of social work services to maximize the physical, psychological & emotional health for the children of Region 1 who have special health care needs.

In working towards that goal, direct & indirect services will be provided in a family-centered, culturally sensitive, community-based manner to this population and other targeted populations identified by the Texas Department of State Health Services (DSHS).

Services may include.....

Case management services are available through DSHS for children on the CSHCN Services Program as well as those who receive SSI or Medicaid, or any child with special health care needs. Staff can assist with:

- Outreach
- Individual Assessment
- Education
- Advocacy
- Information & Referrals
- Case Management
- Technical Assistance
- Community Organization
- Assessments for attendant care

DSHS Case Management

DSHS Case Managers ensure access to case management services for clients who are eligible for the following programs:

- Children with Special Health Care Needs Services Programs (CSHCN-SP)
- Supplemental Security Income (SSI)
- Case Management for Children & Pregnant Women
- Personal Care Services (PCS)

When no other case management system is available, the case managers provide the services directly. After assessing the medical, rehabilitative, developmental, educational & social strengths & challenges of the child & family, a service plan is developed in partnership with the family to obtain needed services in the community. Our goal is to empower the family to meet their identified needs. Case managers can assist with:

- Access to needed medical services
- Educational Concerns
- Financial Concerns
- Equipment and Supplies
- Family problems
- Needs for attendant care services

Other Case Management Service Activities

- Community Education
- Community Presentations
- Interagency Activities
- Community Resource Coordination Groups

Case Management for Children & Pregnant Women

Case Management for Children and Pregnant Women provides services to children with a health condition/health risk, birth until 21 years of age and to high-risk pregnant women of all ages, in order to encourage the use of cost-effective health and health-related care. Together, the case manager and family will assess the medical, social, educational and other medically necessary service needs of the Medicaid eligible recipient. The regional Coordinator recruits, certifies and trains qualified contractors who provide services for their approved area. They review prospective applicants, provide training as well as ongoing technical assistance & quality assurance or providers who are approved by the department.

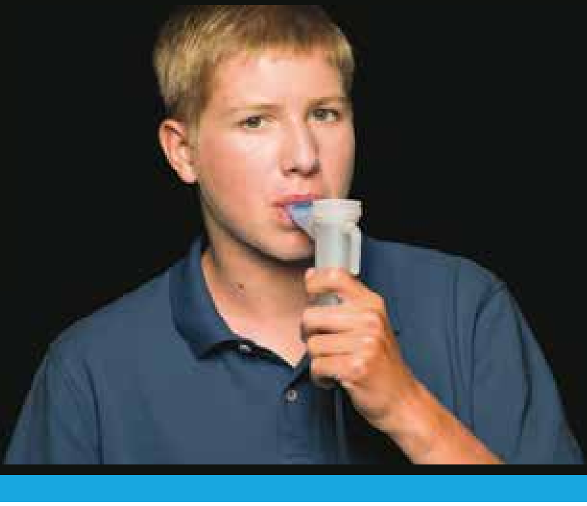
A Case Manager must be a currently licensed registered nurse or a currently licensed social worker in the state of Texas. They must possess 2 years of cumulative work experience in the past 10 years which includes work with children up to 21 years of age, or pregnant women. This experience must include making psychosocial and health assessments and referring clients to community resources.

For information on how to become a contractor/provider, or locate an approved contractor/provider, visit the website at:

http://www.dshs.state.tx.us/caseman/

Or call 1-877-THSTEPS

cure CYSTIC FIBROSIS.



GREAT STRIDES – AMARILLO

Saturday Sept. 30, 2017
Medi Park
Amarillo, TX
Check in: 9 AM
Walk begins: 10 AM

CONTACT:

Samuel Swanson
Sr. Development Director

Cystic Fibrosis Foundation
4040 N. Central Expressway
Ste. 730
Dallas, TX 75204
214-871-2222
Sswanson@cff.org

Together, we're raising the funds to help add more tomorrows for people with CF. And every step is another great stride toward finding a cure for cystic fibrosis.

ABOUT CYSTIC FIBROSIS

Cystic fibrosis is a life-threatening, genetic disease that causes persistent lung infections and progressively limits the ability to breathe. More than 30,000 children and adults in the United States and 70,000 people worldwide have CF.

ABOUT THE CYSTIC FIBROSIS FOUNDATION

The Foundation is the world leader in searching for a cure for CF. It funds groundbreaking research and is dedicated to improving the quality of life for people living with this disease. Nearly every CF drug available today was made possible because of Foundation support—including therapies to treat the underlying cause of CF. The Foundation will not rest until we find a cure for CF

ABOUT GREAT STRIDES

Great Strides is the Cystic Fibrosis Foundation's largest fundraising event. Almost 500 walks are taking place across the country this year, bringing together friends of the Foundation, donors, volunteers, families and community members to help support the search for a cure. Together, let's LACE UP. WALK. CURE CYSTIC FIBROSIS.

4 WAYS TO GET INVOLVED

1. Create or join an existing team
2. Make a donation
3. Become a sponsor
4. Become a CF Foundation teamMATE and volunteer before, during or after the event.

Visit: www.cff.org/greatstrides for more information or contact Samuel Swanson and your local office.

abbvie

CYSTIC FIBROSIS FOUNDATION
ADDING TOMORROWS

NOVARTIS | VERTEX | Walgreens | Genentech A Member of the Roche Group | GILEAD

Patient Advocacy for the Texas Panhandle-Reference Guide

Emergency Contact Numbers
911
Amarillo Police Department - 806-378-3038
Canyon Police Department - 806-655-5055
Ambulance Service Amarillo – 806-358-8511
Ambulance Service Canyon – 806-222-1222
Amarillo Red Cross - 806-376-6309
Suicide Crisis - 1-800-692-4039
Poison Control 1-800-222-1222
Amarillo Fire Department - 806-378-9360
Canyon Fire Department - 806-655-7133
Northwest Texas Hospital - 806-354-1000
Baptist St. Anthony Hospital - 806-212-2000
Coffee Memorial Blood Center – 806-358-4653

Alzheimer's Association –STAR
www.alz.org/westtexas
5410 Bell St. #411 Amarillo TX 79109
806-372-8693 or 800-272-3900
Caregiver support groups in Amarillo, Borger, Friona, and Pampa
Caregiver Conference "The Journey Continues"
Memory Screening: TTUHSC
Transportation, Hospice, Nursing services, Attorneys, Physician contacts

Amarillo Area Parkinson Association
Support and Information for families and patients dealing with Parkinson's disease.
2211 Peach Tree Street P.O. Box 19721
Amarillo, TX 79114
(806) 355-7979

Amarillo City Transit
806.378.3095 www.ci.amarillo.tx.us
- Adult $.75
- Children (ages 6 - 12) $.60
- Children under 6 with paying adult FREE
- Student - Middle/High School with ACT Transit card - $.60
- Senior Citizens 65 and older with Medicare and City Transit ID card only - $.35
- Medicare Card holder - $.35
- People with Disabilities - $.35 with ACT I.D. Card.

Spec-Trans Services:
- Individuals need to apply for this service.
- Individuals with disabilities who cannot navigate the fixed route buses.
- Fares are $1.50 for one-way trips

A public transportation providing demand responsive CURB-TO-CURB service for certified mobility-impaired citizens of Amarillo who cannot physically use accessible fixed route buses. The service is operated by Amarillo City Transit Monday through Saturday, except holidays, be-tween 6:15 a.m. and 7:00 p.m.

Amarillo College Disability Services
Amarillo 806.371.5436 www.actx.edu/disability
- Personalized Academic Advising & Accommodations
- Specialized Testing & ADA Classroom Accommodations
- Student Success Class
- LITE Scholarship

Works with students, faculty, and agencies to provide a smooth transition into college while providing appropriate academic accommodations. Provides funding through the Living Independently Through Education (LITE) Scholarship program, available during the Spring semester.

Advocacy Inc.
West Texas Regional Office 1001 Main St. Suite 300
Lubbock, TX 79401
806-765-7794
Works to protect and advocate for the legal rights of people with disabilities in Texas

Alcoholics Anonymous
www.aa.org
Support for recovering Alcoholics
1301 S. Taylor St. Amarillo, TX (806) 373-4600
Other Amarillo locations: 107 N. Hughes St. 806-373-2740
4000 SW 58th Ave. 806-355-0123

Amarillo Area Mental Health Consumers- Agape Center
Peer Support, Education, and Advocacy
Hours: M, W, F—10:00-4:00, Tues.--12:00-4:00, Thurs.—3:30-7:30
Phone: (806) 373-7030
Website: www.aamhc.us

Amarillo Council on Alcoholism and Drug Abuse
Hotline 800-566-6688 Amarillo Branch 806-374-6688
Substance Abuse Services
803 South Rusk Street
Amarillo TX 79106
Phone: (806) 374-6688 Hotline: (800) 566-6688

Medical Center League House
www.leaguehouse.org
7000 W Amarillo Blvd. Amarillo TX 79106
806-358-3759
Provides housing and resources for families visiting Amarillo for medical services.
Director: Amber Glawe

American Cancer Society – Amarillo
3915 Bell ST. Amarillo TX 79109
806-353-4306
1927 available resources in Texas, programs including wigs-free or reduced cost, look good feel better program, road to recovery, reach to recovery, health education, and hope lodge
www.cancer.org

American Heart Association – American Stroke Association
www.heart.org local Krystal Stone, Austin
7272 Greenville Ave. Dallas TX 75231
1-800-AHA-USA-1, 1-800-242-8721, 1-888-474-VIVE
Programs including My life check, Heart360, Professional Heart Daily, Scientific sessions, You're the Cure, and eBooks

ARC Alcoholism Recovery Center
412 SE 16th Ave. Amarillo TX 79101
Phone 806-376-7993 Fax 806-373-1677
Email: amarilloarc@yahoo.com website: arcamarillo.org
Recovering alcoholics and families providing education and training in life skills with life coach approach.

The Arc of Potter/Randall County
Offers a respite program for children or adults with special needs, camp scholarships, an equipment lending library, and fills emergency fund requests on limited basis.
202 S. Louisiana St.
Amarillo, TX 79106
Contact: Susan Stokes, (806) 655-7151

Burkhart Center for Autism Education and Research
Texas Tech University -Lubbock 806-742.4561 www.depts.ttu.edu/burkhartcenter
- Applied Behavioral Analysis Training (ABA)
- Family Resource Support Line
- Burkhart Transition Academy
- Project CASE: Connections for Academic Success & Employment

The Burkhart Center provides ABA training and consultations, postsecondary educational transition program for people with ASD; helps parents find resources in the community and provides both educational and social events for families

The Bridge
The Bridge is a comprehensive, child-focused program that offers a highly effective, one-stop approach to child abuse investigation. The facility allows law enforcement, child protective services professionals, prosecutors and the medical and mental health communities to work together to assist child victims in a comprehensive and cohesive manner.
804 Quail Creek
Amarillo, TX 79124
www.bridgecac.org
(806)372-2873

Catholic Family charities of the Panhandle
2801 Duniven Circle Amarillo TX 79109
806-376-4571

Community Living Assistance and Support Services (CLASS)
Toll Free 877.438.5658 www.dads.state.tx.us/services/faqs-fact/class.html
- Diagnosed with a Related Condition Before Age of 22.
- In need of Habilitation and Case Management Services.
- Must Live in Your or Your Family's Home.

Provides home and community-based services to people with related conditions as a cost-effective alternative to an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/ IID) such as: respite care, nursing services, adaptive aids/supplies, home modifications, case management, attendant care, specialized therapies, and other related services.

Counseling Services
Alcoholics Anonymous 806-373-4600
Al-Anon (Families of Alcoholics) 806-371-6366
Family support services 1001 S. Polk 806-342-2500
PASO (Panhandle AIDS Support) 1523 S. Tyler 806-372-1050
Texas Panhandle Centers Behavior/Developmental Health 1501 S. Polk 806-337-1000

DADS- Department of Aging and Disability
State Headquarters
701 W 51st. St. Austin TX 78751
PO BOX 149030 Austin TX 78714
512-438-3011

DARS Division of Blind Services, Texas Department of Assistive and Rehabilitation Services
Gives information, medical service coordination and help obtaining adaptive equipment to families of children from birth through age 10 with visual impairments. Also provides Division of rehabilitative services through Office for Deaf and Hard of Hearing Services (DHHS) for services to all ages and all socioeconomic states with multiple daily functional issues,
7120 W. Interstate 40, Ste. 100 Amarillo, TX 79106 (806) 353-9568

Deaf-Blind Multiple Disabilities Program (DBMD)
Toll Free 877.438.5658 www.dads.state.tx.us/services/faqs-fact/dbmd.html
- Individuals who are Deaf-Blind & Have another Disability
- Diagnosed by the Age of 22
- Must Meet Level of Care Criteria for Placement in an ICF/IID.

Provides home and community-based services to consumers to communicate and interact with their environment. It is a cost-effective alter-native to an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID). Services include: respite care, nursing services, adaptive aids/supplies, home modifications, case management, attendant care, orientation & mobility services, specialized therapies, assistive living, chore provider, and other related services

Disability Rights Texas
Amarillo/Lubbock Area 806.765.7794 State Toll Free Number 800.252.9188 www.disabilityrightstx.org
- Information & Referral Services
- Advocacy
- Legal guidance related to special education

Disability Rights Texas (DRTx) protects and advocates for the rights of people with disabilities. They provide legal assistance, educate and inform policy makers, family members & the community about the rights of people with disabilities, and make referrals to programs and services.

Panhandle Down Syndrome Guild – Buddy Walk
Works to increase awareness about, and to assist families and patients with Down syndrome
PO Box 20783 Amarillo, TX 79114
Contacts: Vicki Cabrera (806) 670-1568, Jeff Medford (806) 678-4450
panhandledsg@yahoo.com

Early Childhood Intervention
offers services for families with children from birth to 3 years old who were born premature or possess disabilities, injuries or developmental difficulties.
For Potter and Randall counties (provided by Texas Panhandle Centers)
2201 S. Western St.
Amarillo, TX 79106 (806) 358-8974
For 20 rural panhandle counties
Region 16 Education Service Center
5800 Bell St.
Amarillo, TX 79109-6230 (806) 677-5228

Epilepsy Foundation – Amarillo Branch
600 S. Tyler Suite 2007, Box 12013 Amarillo, TX 79101
888-548-9716 or 806-352-5426
Eftx.org
Programs and services for patients and families living with epilepsy including public and professional education and awareness, camps Spike 'n' Wave, Kamp Kaleidoscope, Camp Neuron and Adult and family Retreats, Specialized Medical care, Education and Consultation services.

Goodwill Industries of Northwest TX
Amarillo 806.331.6890 Plainview 806.293.1055 Lubbock 806.744.8419 www.goodwillnwtexas.org/
- Placement & Support Services
- Rehabilitation Programs
- Resources for Farmers & Ranchers with Disabilities
- Thrift Stores

Provides vocational evaluations and training, personal and social development, sheltered employment, job placement, and independent living classes for adults with disabilities. Thrift stores available with affordable clothing and household items.

Heal The City
609 S Carolina Amarillo, TX 79106
806-231-0364 healthecityamarillo@gmail.com
Providing free urgent medical care and referral services with compassion and dignity to the uninsured in Amarillo. Our vision is to provide for the medical needs of the uninsured while connecting them to the existing health community

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High Point Village
Lubbock 800.698.0015 www.highpointvillage.org
- Youth & Adults with Disabilities
- Educational Center

High Point Village provides enrichment activities including Reach High, a day program for adults, Afternoon Enrichment classes, a Special Olympics team, summer camps, and various social parties during the year.

Home and Community-Based Services (HCS)
Intakes at the following centers:
Texas Panhandle Centers (TPC) -Amarillo area 806.351.3212 www.txpan.org
Star Care -Lubbock area 806.740.1421 www.lubbockmhmr.org
Central Plains Centers –Plainview area 806.293.2636 www.clplains.org
www.dads.state.tx.us/services/faqs-fact/hcs.html
- Available Statewide
- Persons with Intellectual Disabilities or Autism
- All ages

Provides individualized services and supports to persons with intellectual disabilities who are living with their family, in their own home, in other community settings, or group homes with less than 4 residents. Services include case management, therapy services, habilitation, residential assistance, nursing, dental treatment, supported employment, adaptive aids/supplies, and home modifications

LIFE/RUN Center for Independent Living
Lifetime Independence for Everyone (LIFE)
Rural Utilization Network (RUN)
Lubbock Toll Free 800.429.4371
Phone & TTY 806.795.5433 ww.liferun.org
- Advocacy, Information and Referral, Peer Support, Independent Living Skills Training
- Home By Choice Nursing Home Relocation Program
- Deaf & Hard of Hearing Program

LIFE/RUN Centers provide individuals with disabilities the information and skills necessary to become independent and to achieve full inclusion in every aspect of their communities. Services are provided regardless of disability, age, gender, race, or ethnicity. Life Inc. consist of three independent living centers: LIFE/RUN in Lubbock, Not Without Us in Abilene, and Disability Connections in San Angelo

Make-A-Wish Foundation North Texas
Amarillo 806.358.9943
Lubbock 806.785.9474, 800.242.7167
www.ntx.wish.org
Make-A-Wish will grant any child with a life-threatening illness a wish of his/her dreams to enrich the human experience with hope, strength, and joy.

Medical Transportation Program (MTP)
Toll Free 877.633.8747 www.dshs.texas.gov/cshcn/mtp.shtm
- Available Statewide
- Medicaid or Children with Special Health Care Needs recipients
- Children & Adults on Medicaid

MTP sets up non-emergency rides for people who have no other way to get to their Medicaid health-care visits. This includes people on Medicaid, children who get services through the CSHCN program, and people in the Transportation of Indigent Cancer Patients program. The program can pay back (reimburse) someone who uses their personal car to drive a Medicaid or CSHCN client to their appointment.

National Kidney Foundation of West Texas
6141 Amarillo Blvd. PO Box 51231 Amarillo TX 79106
806-358-9775 https://www.kidney.org
Financial Aid, medications, food, other assistance for patients with kidney disease and dialysis patients

National Lekotek Center
Toll Free 800.366.7529 www.lekotek.org
- Support & Information to families
- Toy Lending Library
- Play Sessions & Playgroups
- Training for Professionals & Parents

The National Lekotek Center, provides an array of services to improve the lives of children with special needs through the utilization of toys and play. It features libraries of toys, adaptive equipment, electronic materials, and books for families to borrow.

National Multiple Sclerosis Society – Panhandle Division
6222 Canyon Rd. Amarillo TX
806-468-7500 txp@nmss.org
Workshops, awareness, equipment, and support for families and patients with Multiple Sclerosis

National Organization for Rare Disorders (NORD)
Toll Free 800.999.6673 https://rarediseases.org
- Available Nationwide
- Clearinghouse of Information
- Education & Advocacy
- Patient Assistance Services

Provides a clearinghouse of literature on rare disorders and offers networking, support, and education to families with children having similar disorders. Provides advocacy and support to providers

Impact Futures!
We provide awareness and leadership toward education of professionals, parents, youth, and community members regarding substance abuse prevention, intervention and treatment in the Texas Panhandle. The ultimate mission of Impact Futures is to ensure a healthier community by building assets and protective factors in the community.
Email: info@impactfutures.org
Call: 806-326-1339 Fax: 806-354-5086

Lefleur Transportation
Available for medical transport, covered by Medicaid (in Amarillo and surrounding areas with appointment)
900 S. Nelson
806-576-3495 or 800-844-0046 https://www.lefleur.net

Panhandle Assessment Center
A nonprofit corporation that provides emergency shelter and foster placement for abused or abandoned children in Child Protective Services (CPS) custody.
Phone: (806) 335-9138 Fax: (806) 335-3038

Panhandle Council for the Deaf
Offers certified sign language interpreters and has an equipment demonstration room for specialized telecommunication devices for anyone with difficulty using a telephone.
Mark Sturkie, Director Pcd.mark@amaonline.com
1300 Wallace Road
Amarillo, Texas 79106
806-359-1506 V/TTY 806-359-7755 Fax

Panhandle Independent Living Center
Offers advocacy, peer counseling, independent living skills training, and information/referral to individuals with disabilities. Operates Youth Encountering Success for teens with disabilities and Parents Encouraging Parents group.
1118 S. Taylor St.
Amarillo, TX 79101
374-1400, 374-2774 TDD

Panhandle Mamas
A chapter of Mothers against Methamphetamine – strives to reduce methamphetamine use in the Texas Panhandle through community action, focuses on drug use prevention, awareness, and education
3405 Western suite 204 Amarillo TX 79105
806-331-6068 or 337-1700 or toll free (888)892-2273

PASO – Panhandle Aids Support Organization
1501 SW 10th Amarillo TX 79101 PO Box 2582
806-372-1050 or 806-388-4879
Panhandleaso.org
Case management, referrals, financial aid, and education for patients and families with AIDS

Personal Care Services (PCS)
Canyon 806.655.7151 Lubbock 806.791.7502 Toll Free 888.2076.0702
www.dshs.texas.gov/Caseman/PCS.shtm
- Physical or mental disability and/or health problem
- Medicaid Eligibility
- Children under the age of 20
- Physician Statement Required

PCS is a Medicaid benefit that helps clients with everyday tasks. These tasks are called activities of daily living (ADLs) and instrumental activities of daily living (IADLs) such as: bathing, eating, going to the toilet, dressing, walking, laundry, light housework & fixing meals

The Pavilion – NWTH
806-354-1810
Treatment of mental health and psychiatric disorders

Pregnancy/Counseling/Treatment and Infancy needs
CARENET Crisis Center 6709 Woodward 806-354-2244
CARENET Pregnancy center Amarillo 706 Polk 806-350-7854
CARENET Pregnancy center Canyon 1712 2nd Ave. Canyon 806-655-2240

Saint Jude Hospitals for Children
www.stjude.org
Seven locations
888-226-4343 or 866-278-5833
Treatment, support and aftercare for children with childhood physical defects, cancers, blood disorders, and other life-threatening disorders

Second Chance Foundation Amarillo
806.212.7645 www.secondchanceama.org
- Grant Funds
- Individuals with a TX ID or TX Drivers License
- Requires equipment/services in order to be independent
- Must have exhausted all other resources

Provides grants for a wide array of needs to individuals who have a disability. The Second Chance Foundation assists those with disabilities, giving them the opportunity to lead more active and productive lives. Our goal is to extend a helping hand … to give a second chance at life.

Shriners Hospital
Houston 713.797.1616 Toll Free 800.853.1240
Galveston 409.770.6600 Toll Free 888.215.3109
www.shrinershospitalsforchildren.org
Children who need orthopedic, burn, or cleft palate services, (orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate) are eligible for care at Shriners Hospitals for Children and receive all services regardless of the patients' ability to pay.

Scottish Rite Hospital
Tsrhc.org
2222 Wellborn St. Dallas TX 75219
214-559-5000 or 800-421-1121
Treatment, education, research and support for children with orthopedic, blood disorders, infectious and inflammatory diseases and neurological disorders

Special Olympics Texas, Area 16
112 W 8th Ave Suite 341 Amarillo TX 79101
806-374-7171
Provides year round training and competition in Olympic type sports for children 8 and older with intellectual disabilities.

Specialized Telecommunications Assistance Program (STAP)
Lubbock 806.795.5433 ext. 121 www.liferun.org
- Available Statewide
- Low-Income Individuals
- Provides Economic Equipment

STAP is a voucher program that provides financial assistance to Texans with disabilities that interfere with access to the telephone networks for the purchase of specialized assistive equipment or services. STAP services are available to any Texan with a disability of any kind. LIFE/ RUN's STAP Specialist will identify, certify, and assist consumers in applying for specialized telecommunications devices in the Texas Pan-handle and South Plains Region.

Sudden Infant Death Syndrome Support and Education
4325 Omaha St. Amarillo TX 79106
806-355-1548
sidshq@charm.net
Support and education for families and friends that have experienced SIDS

Susan G Komen West Texas
1655 Main St. Suite 203 Lubbock TX 79401 806-698-1900 info@komenwesttexas.org
Amarillo Office Location: 9645 Amarillo Blvd. Amarillo, TX 79159
Komen's National Breast Cancer Helpline
to speak to someone about breast health and breast cancer concerns, please call 1-877-GOKOMEN (1-877-465-6636)
Supplemental Security Income (SSI) Amarillo 877.803.6318 Lubbock 866.467.0460 www.ssa.gov
- Available Statewide , Based on Income and Resources, Provides Medicaid coverage and monthly income assistance to eligible individuals who meet the criteria in the areas of disability, citizenship, finances, and resources

Texas Council for Developmental Disabilities
6201 E. Oltorf, Suite 600
Austin TX 78741-7509
(512) 437-5432 or (800) 262-0334
Tcdd.texas.gov/side-by-side-get-involved

Texas Department of Insurance
Toll Free 800.578.4677 www.tdi.state.tx.us
- Available Statewide
- Information & Advocacy

Assists families including parents of children with disabilities with problems they encounter with their insurance company

Texas Panhandle Centers (TPC) Respite Services
Amarillo 806.351.3212 www.texaspanhandlecenters.org/
- Must Have Intellectual Disabilities (IQ below 70) or Related Condition
- All Ages Accepted
- Must Complete Screening/Intake Process
- Medicaid, Private Insurance, or Sliding Scale Fees Apply

Services include: on-site facility respite program, short term respite services, and 24 hour per day placement designed to provide relief to consumers and their families

Texas Panhandle Suicide Prevention Coalition
Local crisis line – Texas Panhandle Area 806-359-6999
National 800-273-8255
panhandlesuicideprevention@gmail.com
Survivors of Suicide support group 806-358-1347
Works to reduce the incidence of suicide through public education and awareness and offers support to the families surviving suicide through community collaboration and education.

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Texas State Library's Talking Book Program
Austin 512.463.5458 Toll Free 800.252.9605
www.tsl.texas.gov/tbp/gstarted.html

- Books & Magazines in Large Print, Braille, or Tape
- Special Equipment
- Quarterly Newsletter

Provide free library service to Texans of all ages who cannot read print materials due to visual, physical, or permanent disability. Our books & magazines are available in different formats, cassette, in recording, writing in relief & large print. Best of all, books are delivered right to your door & you can return by mail free of charge.

Texas Technology Access Program (TTAP)
Toll Free 800.828.7839 www.techaccess.edb.utexas.edu
Amarillo/Located at Specialized Therapy Service 806.468.9400

- Demonstration on the different types of tools
- Loan Program - Tools or Grants
- Recycle & Reuse Program

Assistant Technology is a tool or service used by individuals with disabilities to help improve their quality of life and increase their independence. The TTAP Program works to improve access, advocacy, and awareness of assistive technology to meet the needs of Texans with disabilities

Texas Tech Health Center Amarillo
1400 S. Coulter Amarillo TX 79106
Family Medicine – 806-414-9559
OB/Gyn - 806-414-9013
Pediatrics – 806-414-9800
Internal Medicine – 806-414-9100
Surgery – 806-414-9558
Psychiatry (1400 Wallace Blvd.) 806-414-9970
https://www.ttuhsc.edu/amarillo/

Texas Workforce Center
Youth program connects people ages 14 to 21, including those with disabilities, with work experiences and training for basic skills.
1206 W. Seventh Ave. Amarillo, TX 79103
372-5521, ext. 1626

Turn Center
provides occupational and physical therapy to children with disabilities at their schools, as well as an outpatient clinic and some free clinics.
1250 Wallace Blvd. Amarillo, TX 79106
806-353-3596 https://www.turncenter.org

Uniting Parents, Coalition of Health Services Inc.
A parent case management program for families of children with chronic illnesses and/or disabilities in the upper 32 counties of Texas. Provides information, education, training, referrals, networking and support.
301 S. Polk St., Ste. 740 Amarillo, TX 79101
(806) 337-1700 or (888) 892-2273
Unitingparents.cohs.org

Vocational Rehabilitation Program
Amarillo 806.351.3878 Toll Free 800.628.5115
Lubbock 806.783.2930 Toll Free 800.687.7010 Austin 800.687.7032
www.twc.state.tx.us/partners/vocational-rehabilitation-providers-resources

- Eligibility is based on individuals needs.
- Texas Resident
- Rehabilitation Services & Independent Living Services

Vocational Rehabilitation (VR) program helps people with disabilities prepare for, find, and keep jobs. Services are individualized and may include counseling, training, medical treatment, assistive devices, job placement assistance, and other services. There must be the presence of a physical or mental disability that results in a substantial impediment to employment.

Quick Reference Online Resources –
U.S. Department of Education Office of Special Education and Rehabilitative Services www2.ed.gov/about/offices/list/osers/index.html
Texas Education Agency www.tea.texas.gov
Individuals with Disabilities Education Act information www.ideapractices.org
West Texas A&M University www.wtamu.edu
Amarillo College www.actx.edu
Texas Tech University Health Sciences Center www.ttuhsc.edu
Addiction Center www.addictioncenter.com/rehabs/texas
Alcohol Awareness Council www.alcohol.org
Americans with Disabilities Act www.ada.gov
The Arc of the United States www.thearc.org
Autism Society of America www.autism-society.org
Cerebral Palsy Group – Information and Education Resource cerebralpalsygroup.com
Cornucopia of Disability Information codi.tamucc.edu/children.html
Developmental Delay Resources www.devdelay.org
Disability Resources Inc. Texas Resource Directory www.disabilityrightstx.org
Health and Human Services Commission (HHSC) Office of Mental Health Coordination: www.mentalhealthtx.org
Online Resources Parenting
Parenting help http://www.parentinginformation.org/ (English)
http://www.informacionparapadres.org/ (Spanish Version)
Autism Parenting Magazine- https://www.autismparentingmagazine.com/
Help and Hope Parenting skills and support, videos also
www.youtube.com/TexasDFPS. facebook.com/4MyKid
www.HelpandHope.org

Local Quick Reference Phone Contact Information
Accolade Home Health Care - Amarillo 806-352-3900
Accolade Home Health Care - Dumas 806-934-2000
ADVO Companies, Inc. 806.342.0600
Amarillo ABA 806.367.9358
Amerigroup 800.600.4441
Angels of Care Pediatric Home Health 806.353.2700
Angel Community Services, LLC 877.227.1077
ASCI Day Program—TX Panhandle Centers 806.383.1253
Baptist St. Anthony's Health System 806.212.2000
Bethesda Ministry Center 806.381.0361
Caprock Home Care 806.463.7051
Castro County Hospital District 806.647.2191
Catholic Charities 806.376.4571
Children's Medical Center of Dallas 844.424.4537
City of Amarillo 806.378.3000
City of Lubbock 806.775.3000
Childress Regional Medical Center 940.937.9100
Coalition of Health Services, Inc. 806.337.1700
Collingsworth General Hospital 806.447.2521
Community Options of Amarillo 806.379.6901
Coon Memorial Hospital 806.244.4571
Cornerstone Outreach 806.381.2131
DynaVox Technologies 800.344.1778
Epic Health Services 806.353.2101
Family Support Services 806.342.2500
FirstCare Health Plans 806.584.5311
Fresh Start of Monroe, Inc. Amarillo 806.803.9337 Lubbock 806.745.9326
Golden Plains Community Hospital 806.467.5700
Hansford County Hospital District 806.659.2535
Haven Health Clinics 806.322.3599
Hemphill County Hospital 806.323.6422
Hereford Regional Medical Center 806.364.2141
Hightech Rehab Solutions 210.698.9377
High Plains Children's Home - Pa & Megan's Place 806.622.2272
Lubbock Adult Education Center 806.281.5750
Lubbock Community Services for the Deaf 806.795.2345
Lubbock Family Guidance & Outreach Center 806.747.5577

Local Quick Reference Phone Contact Information (Cont.)

Lubbock South Plains Area Agency on Aging/ Information Referral Contact Center-211
Option 1 806.687.0940
Managed Care Center Prevention Resource Center Amarillo 806.331.2723
Lubbock 806.780.8300
Moore County Hospital District 806.935.7171
National Home Health Care 806.379.7311
Northwest Texas Healthcare System 806.354.1000
Ochiltree General Hospital 806.435.3606
Open Arms Therapy 806.244.5838
Open Road Mobility 806.353.2747
Parmer Medical Center 806.250.2754
Progressive Steps Rehabilitation - Amarillo 806.468.7611
Progressive Steps Rehabilitation- Borger 806.274.9856
Progressive Steps Rehabilitation - Lubbock 806.796.1774
ResCare Services 806.356.8416
Specialized Therapy Services 806.468.9400
Superior Health Plan 844.664.2257
Swisher Memorial Hospital District 806.995.3581
Texas Attorney General-Child Support Division 806.252.8014
Teaching and Mentoring Community 806.763.4187
The Hope and Healing Place 806.371.8998
Therapy 2000 806.553.7780
Touch of CLASS 806.467.1700
Turn Center 806.353.3596
Unique Individuals Day Care 806.322.7444
United Way 806.376.6359

National and Local Quick Reference Phone Numbers & Web Addresses

7 Star Therapeutic Riding Center 806.355.4773 www.7starhorsetherapy.org/
Aging and Disability Resource Centers 800.642.6008 www.prpc.cog.tx.us/Programs/Aging/default.html
Adult Protective Services Hotline 800. 647.7418 www.dfps.state.tx.us
Americans with Disabilities Act 800.514.0301 www.ada.gov
American Cancer Society 800.227.2345 www.cancer.org
Arthritis Foundation 800.442.6653 www.arthritis.org/texas
Autism Society of America 800.328.8476 www.autism-society.org
Brain Injury Association of Texas 800.444.6443 www.biausa.org/
Texas Corporate Angel Network (CAN) 866.328.1313 www.corpangelnetwork.org
Children with Hyperactivity and Attention Deficit Disorder (CHADD) 800.233.4050 www.chadd.com Coalition of Texans with Disabilities 512.478.3366 www.cotwd.org
Council for Learning Disabilities 913.491.1011 www.cldinternational.org
Crisis Hotline (TPC) 800.692.4039 www.texaspanhandlecenters.org/
Cystic Fibrosis Foundation 800.344.4823 www.cff.org
Family Voices 888.835.5669 www.familyvoices.org
Foster Care and Adoption Inquiry Line 800.233.3405 www.dfps.state.tx.us/Adoption_and_Foster_Care/children_in_our_care.asp
Got Transition 202.223.1500 www.gottransition.org
Horse Play at Mesquite Ranch 806.356.7457 www.horseplayatmesquiteranch.com/
Immunization Shot Line 888.963.7111 www.dshs.state.tx.us/immunize/default.shtm
International Dyslexia Association Dallas Branch 972.233.9107 x222 www.Dyslexiaida.org
Learning Disabilities Association of Texas www.ldat.org
Lupus Foundation of America - Lone Star Chapter 866.205.2369 www.lupus.org/lonestar
Mission Amarillo 806.322.2654 www.missionamarillo.org
Morgan's Wonderland 877.495.5888 www.morganswonderland.com
National Alliance for the Mental Illness (NAMI) 800.950.6264 www.nami.org
National AIDS Hot Line www.thebody.com
PACER Center 800.537.2237 www.pacer.org/directions.asp
PALS Developmental Center 806.771.7257 www.palsdc.com

National and Local Quick Reference Phone Numbers & Web Addresses (Cont.)

Panhandle Children's Foundation 806.935.5598 www.panhandlechildrensfoundation.org/
Refuge Services 806.748.7202 www.refugeservices.org/
Speak-Up Texas 877.325.8789 www.speakuptexas.com
Spina Bifida Association 800.621.3141 www.spinabifidaassociation.org
Texas Council for Developmental Disabilities 800.262.0334 www.tcdd.texas.gov
Texas Day Care Information 800.862.5252 www.dfps.state.tx.us/child_care/search_texas_child_care
Texas Department for the Deaf and Hard of Hearing 800.628.5115 ww.hhsc.state.tx.us/dhhs/index.shtml
Texas Department of Housing and Community Affairs 800.525.0657 www.tdhca.state.tx.us
Texas Department of Protective and Regulatory Services Child Abuse & Neglect Hotline 800.252.5400 www.dfps.state.tx.us
Texas Education Agency Parent Information line 800.252.9668 http://tea.texas.gov/Curriculum_and_Instructional_Programs/ Special Education/
Texas Hands and Voices 936.463.8948 www.txhandsandvoices.org
Texas Health Steps Client Helpline 877.847.8377 www.txhealthsteps.com/cms
TexasLawHelp.org www.texaslawhelp.org
Texas Parent to Parent 866.896.6001 www.txp2p.org
Texas Runaway Hotline (Peer Counseling) 800.989.6884 www.dfps.state.tx.us
Texas Tech Therapeutic Riding Center 806.742.2805 www.depts.ttu.edu/afs/ttrc/
Think College www.thinkcollege.net
United Cerebral Palsy 800.872.5827 www.ucp.org
United Healthcare Children's Foundation 1.855.MY.UHCCF 1.855.698.4223 www.uhccf.org/ Wrightslaw www.wrightslaw.com

Special Needs and Educational Camps and Recreational Services

Camp Agape - Montezuma, New Mexico 806.881.8106 www.campagapeamarillo.com/
El Porvenir Christian Camp is for students 10 and older who have intellectual disabilities and are ambulatory and capable of basic self-help skills.. Registration fee.
Camp Agape—Talon Point Channing, TX 806.881.8106 www.campagapeamarillo.com/
Camp Agape at Talon Point is a free camp for adults with disabilities.
Camp Teen Agape at the Point - free camp for 13 to 20 year olds with a disability and their families.
Camp Junior Agape at the point - free camp for 3 to 12 year olds with a disability and their families.

Camp Alphie
An overnight camp for children with or recovering from cancer with availability for siblings and family. Medical supervision provided. Parents' Camp at same time. Held at Ceta Canyon Retreat Center. Contact at: 301 S. Polk PO Box 3819 Amarillo, TX 79116
806.359.7434 http://www.campalphie.org

Camp Aurora Dallas 817.332.7110 ext. 6110 Lubbock 806.794.0691 www.diabetes.org/in-my-community/diabetes-camp/camps/arora.html
Diabetes Day Camp is a week-long for children with diabetes, ages 6 to 12. Sponsored by Diabetes Association, Inc.

Camp Broncho 682.885.4048 www.cookchildrens.org/ForPatientsFamilies/Programs/Camps/CampBroncho/ Pages/default.aspx Camp Broncho is a week-long camp for children ages 7-12 who have mild or severe asthma. Camp Bronco provides asthma education & management skills along with promoting self-care, self-image, & independence for children with asthma sponsored by Cook Children's' Hospital.

C.A.M.P. (Children's Association for Maximum Potential) Center Point, TX 830.634.2267 www.cookchildrens.org/ForPatientsFamilies/Programs/Camps/campcamp/ Pages/default.aspx Residential camping sessions are available for people with disabilities, ages 5 to 21, and their siblings.

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Camp Challenge - Belton 254.702.7296 www.campchallenge.org
This camp is for older academic students ages 12-16 to explore a variety of intensive mental & physical recreational challenges within a supportive environment. All participants must have the physical & social ability to participate in the intense & demanding program. Each student participating in Camp Challenge remains at TSVI until the final ceremony & reception are over.

Camp Courage 682.885.5872
www.cookchildrens.org/ForPatientsFamilies/Programs/Camps/campcourage/Pages/default.aspx
This camp is for sibling of patients with a chronic illness or a life changing injury. There are two camps; a day camp for siblings ages 6-12 & a week-end retreat for those ages 13-18.

Camp El Tesoro - Fort Worth, TX 817.831.2111 www.campfirefw.org
This camp is for children with mild physical and mental disabilities, grades 1 to 12. It is sponsored by Camp Fire USA First Texas Council in Fort Worth.

Camp MDA - Meridian, TX 888.548.9716 www.cookchildrens.org/ForPatientsFamilies/Programs/Camps/campmda/Pages/ default.aspx
Camp MDA is for children ages 7-17 with Muscular Dystrophy. For a whole week during the summer, kids & teen can experience new things & meet other kids with MD.

Camp Neuron- located at the Texas Lions Camp in Kerrville, TX 888.548.9716
www.cookchildrens.org/ForPatientsFamilies/Programs/Camps/campmda/Pages/default.aspx
Camp Neuron is for young people ages 8-14 with epilepsy. Children & teens with epilepsy can feel accepted, understood, & unafraid. They will explore nature, learn new skills, try new activities & make new friends.

Camp New Day -806-414-9796 www.dfhp.org
This camp held at Ceta Glen provides fun activities and support to children with Type 1 Diabetes. Children also lean skills to care for their diabetes.

Camp Sanguinity - Fort Worth, TX 682.885.7989 www.cookchildrens.org/ForPatientsFamilies/Programs/Camps/campmda/ Pages/default.aspx
Camp for children with cancer, ages 6 to 16. Sponsored by Cook Children's Medical Center, Fort Worth, TX

Camp Summit, Inc. - Argyle, TX 972.484.8900 www.campsummittx.org
Camp Summit provides a residential camping experience for children, youth and adults with disabilities in the Dallas area.

Camp Sweeney - Gainesville, TX 940.665.2011 www.campsweeney.org
Camp Sweeney is provided for children and youth with diabetes, ages 6 to 18 who live near Gainesville, TX.

Camp TLC - Meridian, TX 972.238.8755 www.cookchildrens.org/ForPatientsFamilies/Programs/Camps/camptlc/Pages/ default.aspx
Camp TLC is held in early June for children & teens ages 8-15 with Spina Bifida. Children get self-esteem that comes from the fun & independence of summer camp.

Camp X-Treme - Burton, TX 713.797.5997 www.campxtreme.com
This camp is for children 8-21 years with physical disabilities. Camp X-Treme is held at Camp for All in the Houston area.

Kamp Kaleidoscope - Anna, TX 888.548.9716 www.cookchildrens.org/ForPatientsFamilies/Programs/Camps/kampkaleidoscope/Pages/default.aspx
This camp is open to teens, ages 15-19, with a primary diagnosis of epilepsy. Kamp Kaleidoscope is usually the 2nd or 3rd week in July.

Muscular Dystrophy Association Summer Camp
Amarillo 806.359.3141 Lubbock 806.793.5632 www.mdausa.org
Youngsters ages 6-21 who are affected by any of the 40 plus neuromuscular diseases in MDA's program and who are registered with MDA are eligible to apply. Applications are considered on a "first come, first served" basis. There is no cost to families to send their children to camp. Application forms are available at your local MDA office.

NF Family Camp - Burton, TX 972.868.7943 www.texasnf.org/camp
This camp is for families who have a child with Neurofibromatosis. NF Camp is for every member of the family, including parents, patients, siblings, extended family & caregivers.

SKY Camp - Amarillo, TX 806.372.7696 Toll Free 800.572.6365 www.gentivahospicefoundation.org/?nd=b_camps
Camp for students who have experienced a recent death or loss. Ages, 7- 17. Held at Ceta Canyon the last week-end in June. This camp cannot accommodate physical disabilities.

Special Friends Camp - Panfork Baptist Church Contact: Joburta Helms at 806.681.9734
Camp for individuals ages 14 & up who are diagnosed with intellectual disabilities and who have self-help skills. Camps begin the second week in June

Sea Camp - Galveston, TX 409.740.4525 www.tamug.edu/seacamp
Marine adventure camp for children with disabilities ages 10-18 years. Call to discuss your child's needs with staff at Texas A & M University in Galveston.

Spike 'n' Wave Camp Toll Free 888.548.9716 www.eftx.org/camp.html
This camp in Houston is for children with epilepsy, ages 8 to 14 and it is sponsored by the Epilepsy Foundation.

Special Olympics Texas
Amarillo 806.374.7171 Lubbock 806.788.1540 Toll Free 800.876.5646
www.specialolympicstexas.org
Offers year-round training and competition in a variety of Olympic type sports for children and adults with intellectual disabilities. Competition is open to anyone ages eight and up. The Young Athletes Program begins at age 2.

Summer Work Experience and Empowerment Program Project SWEEP
Amarillo 806.351.3870 Lubbock 806.783.2930 Toll Free 800.687.7010
www.hhsc.state.tx.us
High school graduates who are visually impaired from Abilene, Amarillo, Midland/Odessa, Wichita Falls, and Lubbock area are eligible. Students are housed at Texas Tech and receive job skills training.

Texas Asthma Camp - Tyler, TX 903.877.7000
www.texasasthmacamp.com
This one week camp in June is for children with asthma, ages 7-14. There is a cost for this camp but scholarships are available.

Texas Elks Camp - Gonzales, TX 830.875.2425
www.texaselkscamp.org
Children ages 7-15 with special needs must function independently. Financial aid available. Six different sessions starting in June until first of August.

Texas Lions Camps
Kerrville, TX
830.896.8500
www.lionscamp.com
Free summer camps for children ages 4-12 with physical disabilities, type 1 diabetes, Down Syndrome and cancer. Call your local Lions Club for dates and applications. Transportation available in some areas.

Texas Special Needs Camps and Programs 877.242.9330
www.kidscamps.com/camps/texas-specialneeds-camps.camp
This is a website that includes camps from across Texas for children with disabilities. Go to the website to do searches based on disabilities, different areas of Texas and interest.

Adult and Senior Care Organizations and Facilities

Accolade Home Care
6300 I-40 W. Amarillo TX 79106 806-352-3900

Amarillo Home Care Services
Physical Therapy
2200 SW 7th Ave Amarillo, TX 806-331-5194

Amarillo Multiservice Center
3108 S Fillmore St, Amarillo, TX, 79110 806-374-7199
Adult Day Care

Amarillo Senior Citizens Association
Non-Profit Organization
1217 S. Tyler St. Amarillo, TX · (806) 374-5500
Amarilloseniorcitizens.com

Apria Healthcare
Home healthcare service
2001 S. Coulter Amarillo TX 79106 800-453-2060

Area Agency on Aging – The PRPC
www.theprpc.org/programs/aging
415 Southwest 8th Ave. P.O. Box 9257 Amarillo, TX 79105 806-372-3381

Arbor Nursing Home
1910 Medi Park Dr. Amarillo, TX 79106 806-355-1117
www.arborsparkwest.com

Autumn Leaves of Amarillo
7480 Hillside Road, Amarillo, TX, 79119 806-410-3215
www.autumnleaves.com
Assisted Living, Alzheimer's Care, memory care

Bivins Memorial Nursing Home
Nursing Facility
6901 Bell St. Amarillo, TX 79109 806-358-3673

Bivins Pointe
6600 Killgore Dr. Amarillo, TX 806-350-2200
Rehabilitation

Brookdale Medi Park West and Brookdale Sleepy Hollow
7404 Wallace Blvd, Amarillo, TX, 79106 806-553-5647 – Independent and Assisted living
7401 Seville Dr. Amarillo, TX 79121 888-848-5698- Assisted living, Alzheimer's Care, Respite care
www.brookdale.com

BSA Home Care
Home health Care services
721 N. Taylor Amarillo TX 79107 806-373-8100

Caprock Home Health Service
1619 S. Kentucky St. Amarillo, TX 79102 806-463-7051
Nursing Agency, Home healthcare services

Caring Senior Service of Amarillo
Home Health Care Service
1100 S. Fillmore St. Suite 103, Amarillo, TX 79101· (806) 373-8940
www.caringseniorservice.com
Open 24 hours

The Clairmont
4707 BELL STREET, Amarillo, TX, 79109 806-421-0485
www.holidaytouch.com
Independent Living – meals, utilities, activities, housekeeping

Conner Place
2 Cottonwood Ln, Canyon, TX, 79015 806-452-4321
www.assistedliving.com/texas/canyon/conner-place
Assisted Living

The Cottages at Quail Creek
6811 Plum Creek Dr, Amarillo, TX, 79124 806-553-6642
www.Alzcottages.com
Executive director Tiffany Alley
Alzheimer's Care and other dementias.

Country Club Manor
9 Medical Dr, Amarillo, TX, 79106 806-352-2731
Nursing Care and Rehabilitation

Compassion Home Care
Home health care
1301 Coulter Suite 401Amarillo, TX 79106 806-322-2744

The Craig Senior Living
5500 SW 9th Ave. Amarillo, TX 79106 806-352-7244
www.erseniorliving.com/craig-senior-living-amarillo
Assisted Living, Retirement living, Nursing home

Delcorp Home Health Services Inc
1408 S. Jefferson St Amarillo, TX 79101 806-373-8100

Encompass Home Health and Hospice
2505 Lakeview Dr. #104 Amarillo, TX 79109 800-723-8007

Epic Health Services
Home health care services
1901 Medi Park Dr. Suite 2048 Amarillo, TX 806-353-2101

Georgia Manor Nursing Home
2611 W 46th Ave, Amarillo, TX, 79110 806-355-6517
Nursing Care and Rehabilitation

Heartis Amarillo
1610 Research St. Amarillo, TX 79101 806-353-1900
www.heartis.com/communities/amarillo
Assisted Living, Alzheimer's Care

Harrington Assisted Living Center
401 SW 12th Ave, Amarillo TX 806-337-4040

Heritage Convalescent Center
1009 Clyde St, Amarillo, TX, 79106 806-352-5295
Nursing Care Rehabilitation

Home Care Connections
Home health care services
3131 Bell St. Suite 211 Amarillo, TX 79106 806-356-8911

Interim Health Care of Amarillo
Home health care
3501 Soncy Rd. #134 Amarillo, TX 806-467-1156
www.interimhealthcare.com/ammarillotx

Jan Werner Adult Daycare
Adult day care, help with activities of daily living and medical
3108 Fillmore Amarillo, TX 79110
Phone 806-374-5516
Janwerneradultdaycare.org

Kindred at Home
2007 South Coulter Amarillo, TX 79106 806-353-3601
Home Health, Speak with Registered Nurse 866-546-3733
www.kindredhealthcare.com/locations/home-health/amarillo-tx

Kindred Hospice
3232 Hobbs Ave. Suite A Amarillo, TX 79109 806-372-7696

Kings Manor Methodist Retirement System
400 Ranger St, Hereford, TX, 79045 806-364-0661
www.kmmrs.com
Independent Living, Continuing care

Kirkland Court Health and Rehabilitation Center
1601 Kirkland Dr. Amarillo, TX 79106 806-355-8281
Nursing Facility

Legacy Rehabilitation & Living
4033 W 51st Ave, Amarillo, TX, 79109 806-355-4488
Legacyrehabandliving.com
Nursing Care and Rehabilitation

Outreach Health Services
Home health care
1616 Kentucky St. Amarillo, TX 79102 800-800-0697

Palo Duro Retirement Village
Assisted Living Facility
9 Hospital Dr. #326 Canyon, TX 79105 806-655-1712
www.palodurovillage.com/

Park Central Retirement Community Center
1300 S Harrison St, Amarillo, TX, 79101 806-337-4100
Assisted Living, Retirement Home, Alzheimer's Care, Independent Living

Plum Creek Place
6800 Plum Creek Dr, Amarillo, TX, 79124 806-513-3563 www.aplaceformom.com
Assisted Living – activities of daily living, meals, transportation, mediation, home visit program

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Plum Creek Specialty Hospital
5601 Plum Creek Dr, Amarillo, TX, 79124 806-351-1000
Specialtyhospitalplumcreek.com
Acute care and long term nursing care

Plemons Court
Retirement home
400 SW 15th Ave Amarillo TX 806-337-4747

Senior Ambassadors Coalition
P.O. Box 2024 Amarillo, TX 79105 806-331-2227
www.sac-panhandle.com
Assistance with groceries, transportation

Shepard's Crook Nursing Agency
3101 Hobbs Rd, Amarillo, TX, 79109 806-358-9548
In Borger, TX 806-273-2301
Home Care and Physical Therapy

Ussery-Roan Texas State Veterans Home
1020 Tascosa Rd Amarillo, TX 806-322-8387
www.texvet.com/ussery-roan-texas-state-veterans-home-amarillo
Long term care for Veterans

Vivian's Nursing Home
508 N. Taylor St. Amarillo, TX 79107 806-372-6822

Visiting Angels Living Assistance Services
Variable hours available, home based care
2314 Lakeview Amarillo, TX 79109 Phone 806-344-8264
www.visitingangels.com

Ware Living Center
Assisted Living
400 SW. 14th Ave Amarillo TX 806-337-4000

Ware Memorial Care Center
Nursing Home
400 SW 14th Ave Amarillo TX 806-376-1177

Important Numbers to Remember and Notes:

Thank you to all of our contributors, organizations, readers, and patients for your help in inspiring and creating this edition. I hope it makes a few small things simpler for yourself and those you care for.

Sincerely,
Dr. Tracy C. Crnic MD – Editor, *Panhandle Health*
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CARDIOLOGY

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Marc Moreau, M.D.
Prakash K. Desai, M.D.
Jon Luigi Haddad, M.D.
D. Gary Soya, M.D.
Agustin Cabrera-Santamaria, M.D.
Ismaile S.H. Abdalla, M.D.
Ernesto Rivera, M.D.
Arunava D. Ray, M.D.
A. Alan Chu, M.D.
Rajesh Nambiar, M.D.
1901 Port Lane
Amarillo, TX 79106-2430
(806) 358-4596 • 1-800-355-5858
www.amarilloheartgroup.com

CARDIOVASCULAR & THORACIC SURGERY

Masoud A. AlZeerah, M.D., F.R.C.S.C.
Radiofrequency ablation for
varicose veins & spider veins
1301 S. Coulter, Suite 103
Amarillo, TX 79106
(806) 463-1712 • Fax (806) 463-1715
www.amarilloveins.com

DERMATOLOGY

HIGH PLAINS DERMATOLOGY
CENTER, P.A.
Scott D. Miller, M.D.
Jason K. Jones, M.D.
Christi A. Baker, M.D.
4302 Wolflin Ave.
Near I-40 & Western
(806) 355-9866
Fax (806) 355-4004

PALO DURO DERMATOLOGY,
PLLC
Larry C. Roberts, M.D.,
M.A., F.A.A.D.
Diplomat of the
American Board of Dermatology
2005 N. 2nd Ave., Ste.D
Canyon, Texas 79015
(806)510-3376 Fax: (806)510-3379
www.paloduroderm.com

GASTROENTEROLOGY

Abdul Thannoun, M.D.
3501 S. Soncy Road #107
Amarillo, TX
(806) 354-2400 • Fax (806) 354-8070
www.amarillogastro.com

HEARING

PHYSICIANS HEARING CENTER
Royce A. Armstrong, Au.D., CCC-A
Steven Allred, Au.D., CCC-A
3501 S. Soncy Road #140
Amarillo, TX
(806) 352-6901 • Fax (806) 352-2245

HOSPICE/PALLIATIVE MEDICINE

KINDRED HOSPICE
Eric Cox, M.D.
Board Certified in
Hospice & Palliative Care
3232 Hobbs Road
Amarillo, TX 79109
806-372-7696 (ofc)
800-572-6365 (toll free)
806-372-2825 (Fax)
www.kindredhospice.com

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AMARILLO DIAGNOSTIC CLINIC
6700 W. Ninth
Amarillo, TX 79106
(806) 358-0200
Gastroenterology
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Ashley Quillin, RN, MSN, FNP-C

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