



dedicated to people | committed to care

**Intellectual and Developmental Disabilities
Local Plan**

Fiscal Year 2020 -2021

PREFACE

The purpose of the Betty Hardwick Center (Center) Intellectual and Developmental Disabilities (IDD) Local Plan (Plan) is to define a plan that communicates the mission, vision, values, goals, and objectives throughout the organization; it furthers the Center's development by providing a framework to accomplish those goals and objectives. The Plan describes the Center's IDD programs and services. The Plan is designed to be responsive to community and consumer needs and improve consumer outcomes

The Plan represents a collaborative effort, all parts of the organization contributed to its development. The Center's goals and objectives to include IDD were developed by the Executive Leadership Team (ELT) from reviewing the following: Fiscal Year (FY) 2019 Performance Contracts; input from the Planning and Network Advisory Committee (PNAC), consumers and community representatives, staff through department/unit meetings, and the QM and UM Committees. The Plan is comprehensive and integrates all the planning requirements contained in the Texas HHSC IDD Division Performance Contracts.

VISION

Full, safe, and healthy
lives for our community

MISSION

Improving the behavioral,
intellectual, and developmental
health of the people we serve

VALUES

Respect and kindness for all
Quality services that make a difference
Integrity demonstrated by fairness and honesty
Collaboration for the good of our community
Innovation and commitment to growth

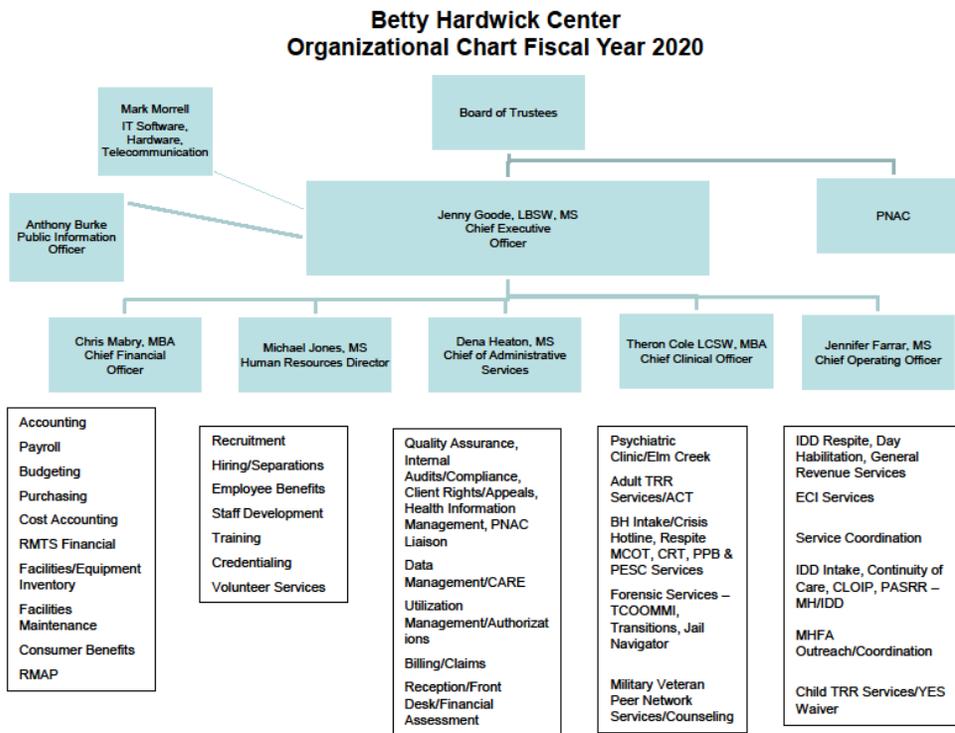
CENTER LEADERSHIP

Governance

A Board of Trustees (Board), comprised of nine members, is responsible for the effective administration of the Center and makes policy that is consistent with the departments' rules and standards. The Board has the authority and responsibility within the local service area for planning, policy development, fiscal oversight and ensuring the provision of mental health and Intellectual and Developmental Disabilities Service. The Center is considered a unit of local government. The Center's Board has representatives from each county of the local service area. Trustees are appointed by their County Commissioner's Court and approved for a two-year term. The Board also includes two Ex-Officio Members who are Sheriff's or their designee. The Board of Trustees hires and oversees the Executive Director.

Executive Director

The Executive Director is the Chief Executive Officer and is appointed by and responsible to the Board. The Executive Director is responsible for the Center infrastructure, functions, resources, services, planning, implementation, monitoring, evaluation, and administrative supervision of all staff and all operations. The Executive Director directly supervises the Executive Leadership Team.



CONSUMER AND COMMUNITY INVOLVEMENT

The Center's IDD Services is an integral part of the communities it serves. Communication between the Center, consumers, families, and the community is encouraged and facilitated so that the Center is responsive to the community's needs, delivers services in the most effective and efficient manner, and ensures the protection of the legal and human rights of the individuals served.

Planning and Network Advisory Committee

The Planning & Network Advisory Committee (PNAC) serves both MH and IDD interests meets every month and on an as-needed basis to provide broad-based community input into the planning process and Center's growth. The Center strives for committees' membership that reflects the ethnic, cultural, and social diversity of the community and includes consumer and consumer family representation. The role of the PNAC is to reflect the perspectives of consumers, family members and other stakeholders on the provisions of services and supports.

The "Guidelines for Local Service Area Planning" received by the Center on February 28, 2005 provides expected outcomes for the PNAC. The Board shall establish outcomes and reporting requirements for the PNAC. The expected outcomes of the PNAC include:

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

The PNAC is charged with the following:

- Identify the needs and priorities of the local service area;
- Submit recommendations to the Center staff and Board regarding the content, development, and implementation of the Local Service Area Plan and budget strategies to meet the community needs and priorities; and
- Provide input in assembling a network of available and appropriate service providers to meet the needs of consumers in the local service area while considering public input, ultimate cost-benefit, and consumer care issues to ensure consumer choice and the best use of public money.
- Receive a written copy of the final annual budget and biennial plan for each program area as approved by the Board of Trustees, and a written explanation of any variance from the PNAC's recommendations.
- Receive information regarding total funds available through the Performance Contract document for services in each program area and required performance targets and outcomes.
- Reports to the Board of Trustees at least quarterly on issues related to the needs and priorities of the local service area; implementation of plans and contracts; and the PNAC's actions that responds to special assignments given to the PNAC by the Board of Trustees.

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

Community

The community, consumers and family members not participating on advisory committees have several different means to provide planning input, assess services and supports and submit recommendations for consideration. Opportunities for providing input and determining community needs/priorities are as follows: interviews with Center/State staff, complaint process with Rights Protection Officers, consumer satisfaction survey cards at all service sites, advocacy meetings, consumer/family community forums, citizen comments at the Board of Trustees meetings and public forums.

LOCAL PLANNING PROCESS AND PLAN REVIEW

Local Planning Process

The local planning process is based on the Guidelines for Local Service Area Planning (LSAP Guidelines) dated February 28, 2005. The local planning process focuses on obtaining public input and addressing items identified in THSC 533.0354.

The THSC §533.354(d) (2), specifies that the Center in developing the local service area plan will consider the following identified items:

1. Criteria for ensuring accountability for, cost-effectiveness of, and relative value of service delivery options.
 - The Center ensures accountability for service delivery options by monitoring the service contracts to ensure statutory, regulatory, and contractual requirements are met.
 - The Center ensures accountability for service delivery options by evaluating the required elements of documentation and making revisions when changes occur.
 - The Center's QM and UM committees review MBOW reports and Anasazi reports and recommend cost effective corrective actions that are implemented by management. The IDD management team addresses issues with cost effectiveness and relative value of services.
 - Relative (best) value is not just about cost-effectiveness. The Center considers access, choice, outcomes (e.g., satisfaction), service availability, service provider's ability to meet regulatory requirements, service provider capacity, and all relevant factors.
2. Goals to ensure that a consumer with intellectual and developmental disabilities is placed in the least restrictive environment appropriate to the person's care.

- A service coordination assessment is completed upon intake and at least annually that addresses the least restrictive environment appropriate to the person's care.
 - A verification of freedom of choice form is completed for persons eligible for waiver programs that offer a variety of placement options. A special planning meeting is held to address need for changes in the person's living environment.
 - A service coordinator oversees the permanency planning process that is designed to keep minors living with their natural supports.
 - The Center continues to participate in the Community Living Option Information Process (CLOIP) at State Supported Living Center facilities for adult residents. This process entails discussing community living options with the residents and facilitating community placement. The Center must exhaust all community placement opportunities prior to State Supported Living Center placements.
3. Opportunities for innovation to ensure that the Local Authority is communicating to all potential and incoming consumers about the availability of services of State Supported Living Centers for persons with intellectual and development disabilities in the local services areas of the Local Authority.
- Services of State Supported Living Centers are explained upon entry into services and when consumer needs change. The identification of preferences form that list State Supported Living Center facilities as a preference is provided to the consumer or their legally authorized person annually.
4. Goals to divert consumers of services from the criminal justice system.
- The Center operates a variety of Crisis services including the IDD Crisis Specialist, Mobile Crisis Outreach Team and Community Response Team, all of which operate with commitment to jail diversion.
 - The Center provides crisis screening and assessment for
 - The Center employs a Jail Navigator that works at Taylor County Jail who screens individual at booking and provides services to consumers in jail or detention. This is being considered for expansion to rural counties as well.
 - The Center assists Community Supervision and Corrections Department (CSCD) personnel with the coordination of supervision for offenders who are Center clients. The Center offers and provides technical assistance training to CSCD and other criminal justice entities regarding early identification, intervention, and how to access the Center for both adults and juveniles.
 - The Center assists local and county jails with the identification of offenders who have a history of State mental health/IDD care and with the continuity of care of offenders who have a history of state mental health care. The liaison coordinates with the intellectual and developmental disabilities section regarding their consumers in jail.
5. Opportunities for innovation in services and service delivery.
- The Center coordinates with Aging and Disability Resource Center, Center for Independent Living, Transportation Coalition, 211, CRCG and a host of other local groups to ensure collaboration and intersection of appropriate services.

- The Center leads local Private Provider groups for HCS and TxHmL providers in an effort to improve services not only between the LIDDA and providers, but also coordination and enhancement of services of provider agencies.
- Center leadership participates with local stakeholder groups such as Reach for a Difference and Upside-Down Club, to help families to understand services and to learn about the need's families have.

The information derived from the local planning process is used in the development of the local plan to include quality improvement initiatives, goals, and objectives.

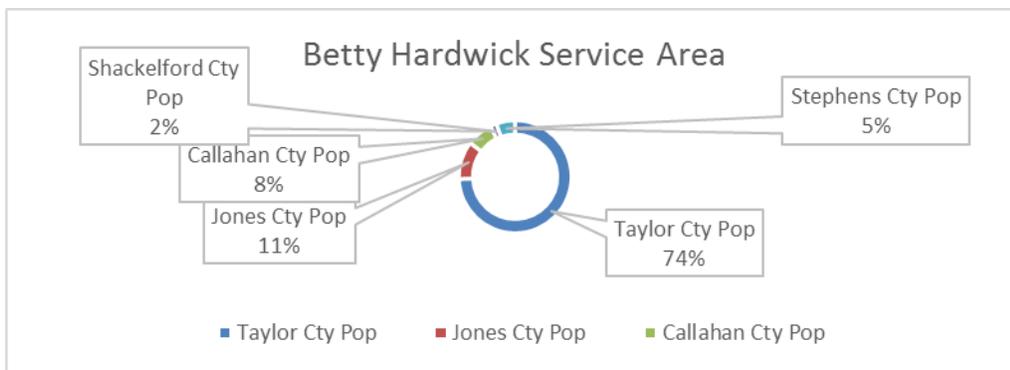
Plan Review

Through the various information gathering tools, staff members, consumers, PNAC, and community stakeholders have numerous means of providing input to the Plan review process. Their input is assessed and integrated into the planning cycle. Through their input, there is an ongoing process of evaluating delivery of services provided, as well as capturing emerging needs and changing priorities. Consumers and community stakeholders will access the planning cycle through the Planning Advisory Committee, public forums, focus groups, and Board of Trustees meetings.

DESCRIPTION OF SERVICES

Service Area

The Center is one of 39 Community Mental Health and Intellectual and Developmental Disabilities Centers within Texas. The Center's programs are responsible for delivery of a broad array of services within a five-county area including Taylor, Jones, Callahan, Shackelford and Stephens Counties. The total population for the area is 183,585 persons in the five counties which covers 4,594 square miles. Taylor County is the area "hub" for surrounding rural communities.



Service locations throughout the five county areas are as follows:

<u>County</u>	<u>Location</u>	<u>Services (MH, IDD, ECI)</u>
Taylor	2616 S. Clack Street	MH, IDD
	2626 S. Clack Street	MH, IDD
	802 Cypress	IDD
	744 Hickory	IDD
	765 Orange	ECI, MH, IDD
Jones	1601 Columbia	MH, IDD
Shackelford	724 Pate	MH, IDD
Stephens	612 West Walker	MH, IDD
Callahan	100 W. 5 th , Ste 305	MH, IDD

Intellectual and Developmental Disabilities Populations Served

Because demand for services and support exceeds available resources, delivery of services is prioritized in accordance with published directives and needs. The HHSC IDD priority population for Intellectual and Developmental Disabilities Service consists of individuals who meet one or more of the following descriptions:

- persons with IDD, as defined by Texas Health and Safety Code §591.003;
- persons with pervasive developmental disorders (PDD) as defined in the current edition of the Diagnostic and Statistical Manual, including autism;
- persons with related conditions who are eligible for services in Medicaid programs operated by DADS, including the ICF/IDD and waiver programs;
- children who are eligible for services from the Early Childhood Intervention Interagency Council; or
- nursing facility residents who are eligible for specialized services for Intellectual and Developmental Disabilities or a related condition pursuant to Section 1919(e)(7) of the Social Security Act.

Intellectual and Developmental Disabilities Services

A full range of Intellectual and Developmental Disabilities Service are available to the consumers of the communities served by the Center. Professional diagnostic, therapeutic and rehabilitation services are provided. Consumer services may involve:

Service Coordination: Assistance in accessing medical, social, educational, and other appropriate services and supports that will help a consumer achieve a quality of life and community participation acceptable to the consumer as described in the Plan of Services and Supports.

Crisis Services: Mental Health services provided to an individual who is determined through an initial screening to need crisis services. This service includes crisis intervention and/or monitoring of the individual until the crisis is resolved or the consumer is placed in a clinically appropriate environment. The crisis hotline and the mobile crisis intervention team are used during times of emergencies. The crisis hotline is a continuously available staffed telephone

service providing information, support, and referrals to callers, 24 hours per day, seven days per week. The mobile crisis intervention team offers face-to-face, out of the office, crisis intervention/support services to assist individuals and families in managing an identified crisis. Crisis Services will be expanded with the implementation of new funds.

Respite Services: Services provided for temporary, short-term, periodic relief of primary caregivers.

Skills Training: Training consumers in mental health services in skills that will help further his or her independent functioning in the community. This training promotes community integration, increases community tenure, and maintains the consumer's quality of life.

Supported Employment: Supported employment is provided to a consumer who has paid, individualized, competitive employment in the community to help the consumer sustain that employment.

Community Support: Individualized activities that are consistent with the consumer's person-directed plan and provided in the consumer's home and at community locations.

Vocational Training: Day Training Services provided to a consumer in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the consumer to obtain employment.

Day Habilitation: Assistance with acquiring, retaining or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life.

Service Delivery System

Entry to Services:

Individuals seeking Intellectual and Developmental Disabilities Service go through an assessment or endorsement conducted in accordance with THSC §593.005 and 25 TAC Chapter 415, Subchapter D to determine if an individual has IDD or is a member of the DADS IDD priority population. Once eligible, a consumer is assigned a service coordinator in IDD.

Other Assessments:

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

Person Directed Plan:

A personal directed plan for Intellectual and Developmental Disabilities consumers is developed. The plan identifies training and support services that address the needs and preferences of the consumer and builds on the strengths of the consumer. The personal directed plans are reviewed as prescribed by Texas Administrative Codes and new plans are developed.

Referrals:

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

Continuity of Care:

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

Discharge Plan:

A discharge plan is developed when a consumer leaves Center services; it ensures the consumer will be assisted in the community through other resources or providers. The Center provides authority and provider services to consumers. Required (R) services are services the Center is mandated to provide through the DADS Performance Contracts.

Service Priorities

There are services required by legislation to be provided by all local authorities for Intellectual and Developmental Disabilities Service. These services are noted with an "R" in the respective service description section. The Center provides those marked with an asterisk.

Intellectual and Developmental Disabilities Services & Utilization

Authority Services:

Individuals Served by BHC in FY19

Screening (R)*	170
Eligibility Determination (R) *	213
Service Coordination, Medicaid Waiver (R)*	418
Basic Service Coordination (R)*	348
Continuity of Services*	22
Service Authorization and Monitoring (R)*	0

- Additionally, the Center provides CLOIP (Community Living Options Information Process) services to residents of State Supported Living Centers. In FY19, we served 255 individuals in that program.
- The Center also operates a Consumer Benefits Unit that assists clients with Social Security, Medicaid and Medicare eligibility applications and ongoing reporting requirements. The CBU program served 20 IDD clients in FY19.
- Betty Hardwick Center receives funding for Crisis Services for the IDD population. The LMHA's Mobile Crisis Team served 39 IDD clients and the IDD Crisis Intervention Specialist worked with 115 individuals in Fy19.
- LIDDA staff completed 14 PASSR assessments in FY19, providing Nursing Facility Service Coordination to 34 persons, Enhanced Community Coordination to 22 individuals.

Provider Services:

Individuals Served by BHC in FY19:

Respite (R) *	83
Community Support Services*	60
Day Habilitation*	83
Behavioral Support*	2
Nursing	0
Family Living	0
Residential Living	0
Contracted Specialized Residences	0
HCS Waiver	58 (program closed in March 2019)
Employment Assistance	0
Supported Employment*	0
Vocational Training	0
Specialized Therapies	0

- Additionally, 113 IDD clients received psychiatric medication clinic services in FY19.

Administrative Services

The Center’s administrative services consist of financial/accounting, budgeting, contract management, purchasing and supply, billing/reimbursement, facility management, public information, information management, human resources, risk management, quality management, utilization management, consumer rights, and staff development.

Resource Development and Allocation

The Center’s primary funding comes from State general revenue in addition to block grant funds, local match funds and Medicaid earned revenue. The timely and effective development of resources in support of Center programs and operations is paramount. Additional support and revenue must be generated beyond existing resources in order to sustain current services against inflationary erosion and, if possible, grow the level of services and support to an improved level. Components of the Center’s resource development initiative include:

Network Development: For cost effectiveness and consumer choice, the Center contracts with a network of providers. Most of our IDD services are delivered by Center employees. On rare occasions, we have contracted for IDD Respite with clients were unable to receive services at our site-based program.

Utilization Review& Management: Through Utilization Review and Utilization Management processes and analyses, Center resource utilization becomes more focused and productive.

Utilization Management monitors services and assists in determining if services are being provided in the most effective manner. In addition, Utilization Management monitors third-party payments and their management to ensure accurate and timely billing. The IDD Authority Unit evaluates the effectiveness of the authorization process.

Grants: Solicitation of funding through various grant programs continues at the Center when deemed appropriate.

Third-Party Billing: An effective administrative and clinical process aggressively monitors and supports management of third-party billing. Services to consumers on Medicaid or with third-party billing are maximized in an effort to augment this revenue stream. A Consumer Benefits Assistance program is in place

to increase the number of Medicaid eligible service recipients. Strategies are in place to increase direct service time by service providers to maximize Medicaid earned revenue. Electronic billing has enabled the Center to expedite the payment process. The Center's Integrity and Compliance Committee monitors and makes recommendations for improving the billing process. The IDD Authority Unit continues to monitor Targeted Case Management billing through QM activities.

Collaboration with other Service Providers The Center participates in the Community Resource Coordination Groups for Children and Adults by providing at least one representative to each group with authority and expertise in IDD services. Medicaid Waiver Providers contract with the Center to provide day habilitation services to their consumers. The IDD Authority Unit coordinates with the HCS and TxHmL providers to implement regulatory changes with the local authority functions as needed.

Volunteers: As established by the Center's organizational by-laws, volunteers are recruited to work with the staff to help in providing cost-effective and beneficial services to our customers.

Communities' Needs and Priorities

The purpose of local planning is to identify community needs and priorities. Community needs are identified through public forums, focus groups, Board of Trustees meetings, Center's performance data, Center's quality improvement efforts and the PNACs. HHSC requires the Center to solicit information regarding community needs from consumers of community-based services and of state supported living centers, representatives of the local community and other interested persons to inform the local service area plan. The Center asked the general public, through public forums, surveys, and focus groups to identify services and supports the Center should be providing to the local community.

The Center reviews the community's needs as identified in the local planning process and integrates as much as possible into the Center goals and objectives and department initiatives. Those identified needs that could not be integrated will continue to be prioritized and assessed for feasibility for future planning initiatives.

Service Capacity and Access to Services

IDD Services are provided in both the office and in community locations across the five counties. Day Habilitation and Respite programming is based out of the Abilene locations. IDD Services provides some transportation for clients to participate in site-based services when possible. Service Coordination caseloads are reviewed and revised based on the number of consumers and consumer demographics to ensure maximum service capacity and improve access to

services. For some time, local demand and limited resources have forced the Center to have a waiting list for services for clients who are not Medicaid recipients.

Waiting Lists

At the end of FY19, the Center does have IDD individuals on Waiting Lists for the following services -

Local Clients on the Statewide HCS interest list -1105

Local Clients IDD Front Door Intakes – 46 -this was for the quarter; for the entire FY it was 181

Local Clients waiting for service provided by BHC - 17- NO MEDICAID this was for the quarter; for the entire FY the number is 40. I wish there were a different way to word this so it's not so confusing to anyone reading the plan. The 40 represents folks who are eligible for services based on diagnosis/testing but do not have Medicaid, therefore we are not serving them.

Areas of Focus FY20

The Planning and Network Advisory Committee will continue to improve client and community input into service planning and evaluation through surveys and other tools determined necessary and will review the plan and strategies indicated in this plan to determine it's effectiveness and to identify service gaps for the IDD population.