



dedicated to people | committed to care

**Intellectual and Developmental Disabilities
Local Plan**

Fiscal Year 2023-2024

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) 2023 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.

what we aspire to see

OUR VISION

Full, safe, and healthy lives for our community

how we make a difference

OUR MISSION

Empowering people to live their best lives.

ideals we strive to embody

OUR VALUES

Dignity

We treat others with compassion and respect their individuality

Engagement

We are fully present, optimistic and committed

Integrity

We demonstrate fairness, honesty and transparency

Accountability

We deliver on our commitments

Collaboration

We build trusted relationships with clients, coworkers and community partners



CENTER LEADERSHIP

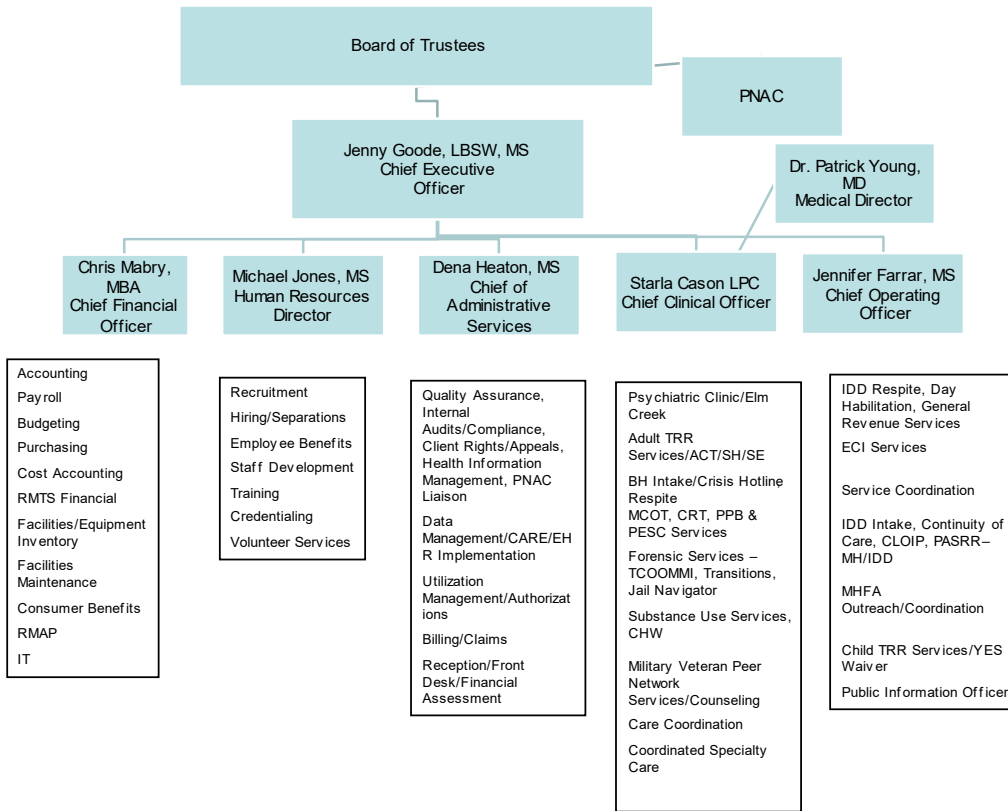
Governance

A Board of Trustees (Board), comprised of eleven 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. Two of the nine Board members are 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.

**Betty Hardwick Center
Organizational Chart Fiscal Year 2023**



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.

Provider Groups

Our local community is home to a number of Texas Home Living, Home and Community Based Services waiver providers, many ICF-ID group homes, and the Abilene State Supported Living Center. Additionally, we provide services to a number of individuals with IDD diagnoses that live in Nursing Facilities through our PASSR program. All of these agencies are important stakeholders and are included in our communications, surveys, community networking groups and ongoing local planning conversations.

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 Teams, all of which operate with commitment to jail diversion.
 - The Center provides crisis screening and assessment upon request by individuals, families, or community partners, including law enforcement.
 - The Center employs two Jail Navigators that work out of Taylor County Jail and serve all four rural county jails. Jail Navigators screen individuals at booking and provide services to consumers in jail or detention.
 - 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.
 - Using TLETS match information, 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 LIDDA's Crisis Intervention Specialist, Service Coordinators, and others when persons with intellectual and developmental disabilities are 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 ,TxHmL and ICFID and the SSLC 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.

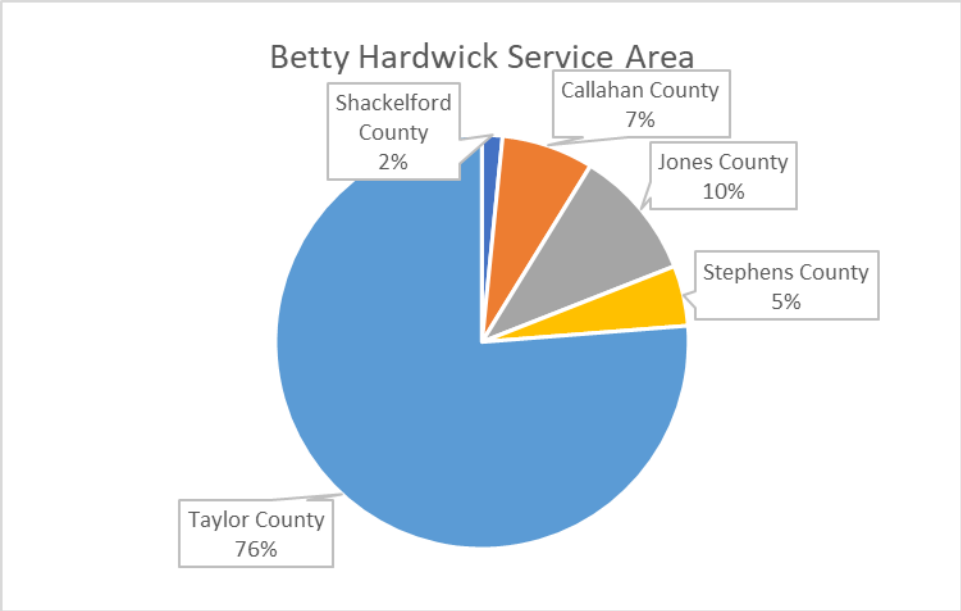
Plan Review

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 190,889 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
	2626 S. Clack Street	MH, IDD
	802 Cypress	MH, SUD
	744 Hickory	IDD
	2901 S. 7 th	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 FY22

Screening (R)*	103
Eligibility Determination (R) *	113
Service Coordination, Medicaid Waiver (R)*	442
Basic Service Coordination (R)*	324
Continuity of Services*	37
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 FY22, we served 204 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 8 IDD clients in FY22.
- Betty Hardwick Center receives funding for Crisis Services for the IDD population. The LMHA's Mobile Crisis Team served 22IDD clients and the IDD Crisis Intervention Specialist worked with 86 individuals in FY22 with over 473 contacts throughout the year.
- LIDDA staff completed 32 PASSR assessments in FY22, providing Nursing Facility Service Coordination to 30 persons, Enhanced Community Coordination to 37 individuals.

Provider Services:

Individuals Served by BHC in FY22

Respite (R) *	57
Community Support Services*	53
Day Habilitation*	155
Behavioral Support*	2
Nursing	0
Family Living	0
Residential Living	0
Contracted Specialized Residences	0
HCS Waiver	0 (program closed in March 2019)
Employment Assistance	0
Supported Employment*	0
Vocational Training	0

Specialized Therapies	0
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- Additionally, 93 IDD clients received psychiatric medication clinic services in FY22.

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. Presently, our Day Habilitation Program utilizes local grant funds from the United Way of Abilene and has been granted donations from the Community Foundation of Abilene.

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. The LIDDA staff work routinely with Abilene SSLC staff for local client transitions to and from the institutional setting, psychiatric hospitals, jails, law enforcement, schools and other systems that serve our clients.
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. Our Center's Day Habilitation program is active in Special Olympics and utilizes a number of volunteers as unified partners. The Center is located in a community with several universities and we actively recruit and train interns across all program areas.

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, surveys, participation in other community needs assessments and networking 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.

BHC's LIDDA staff participate in quarterly SSLC/LIDDA meetings with our local SSLC and other neighboring Centers. During these meetings, SSLC and LIDDA staff discuss status of individuals that are awaiting placement in an SSLC, individuals at SSLC that are in the process of transitioning out, and then general programmatic updates and community issues.

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 FY122the Center does have IDD individuals on Waiting Lists for the following services -

Local Clients on the Statewide HCS interest list -904

Local Clients IDD Front Door Intakes –for the entire FY it was 38

Local Clients waiting for service provided by BHC - 22- persons who are eligible for services based on diagnosis/testing but do not have Medicaid, therefore we are not serving them.

Areas of Focus FY23

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 its effectiveness and to identify service gaps for the IDD population. The Board of Trustees issues charges to the PNAC each year. For FY23, the following recommendations were approved by the Board:

- a. Provide recommendations regarding customer feedback tools, administrative reviews, and comparative reviews;

Areas of Focus: Develop a Customer Feedback that is more general with focus on the person's most recent visit or service. Develop and implement a QR Code for easier access. For those served who do not have internet access set up stations at Center locations for those we serve to respond to the survey. Volunteers could also call those without internet to ask the survey questions over the phone. This will allow for continuous feedback. Review the completed Customer Feedback surveys and make recommendations for improvement/change. Committee members will participate as requested in administrative review groups, including death reviews, and provide feedback to improve services.

- b. Provide oversight and input into local planning and network development activities;

Areas of Focus: The PNAC will actively review and participate in the development of the Consolidated Local Service Plan, the Provider Network Development Plan and IDD Local Plan. This will involve education about programs and services, participation in needs assessments, evaluating contracted services and other related activities.

- c. Provide ongoing oversight and input into local Intellectual & Developmental Disability Services design and delivery;

Areas of Focus: All local authority services and provider programs are included in the scope of the PNAC's work. Capacity, budget, service provision, client satisfaction, marketing and public information are all areas of interest. The committee will also participate in the restricting of the Day Habilitation service to meet the new HHSC requirements.

- d. Provide ongoing oversight and input into local Behavioral Health services design and delivery;

Areas of Focus: Community Mental Health Care program, potential new Diversion Center as well as collaborating with other community resources that could provide additional services and support to the Behavior Health population.

- e. Report to the Board regarding needs and priorities of the Local Service Area.

Areas of Focus: Consideration and collaboration with other stakeholder's work, reports and meetings related to persons served by the Center – i.e., homeless services, children's services, Veteran's services, Review of Community Stakeholder Surveys, etc. The Board may assign special projects to help inform this work.