

## **MHMRA of Harris County**

Intellectual & Developmental Disabilities Service Division

Local Plan

2014 - 2015

## **Executive Summary**

In accordance with Guidelines for Local Service Planning and Texas Health and Safety Code (THSC), 533.0352 the Harris County Local Authority (LA) ensures that a continuum of services, as mandated by the Department of Aging and Disability Services (DADS) is available to residents of Harris County, service fees are affordable and that services and benefits are not denied to eligible persons because of their inability to pay. The Harris County LA provides assistance to eligible persons by developing a comprehensive range of accessible cost effective services for persons who need supported care, intervention, prevention, education, treatment, or habilitation and seeks to minimize duplication and share financing through the coordination and collaboration among governmental and private entities.

The Harris County LA oversees responsibilities that include the coordination of resources and benefits through the ongoing planning and assessment of community needs and the identification of resource gaps. Those responsibilities include policy development that addresses the needs of the local authority that incorporates the consideration of the public input, best value, and consumer care issues, as well as coordination of services that include collaboration with other agencies, criminal justice entities, and child serving agencies, family advocacy organizations, local businesses, and community organizations. In addition, the Harris County LA ensures that services are coordinated among and between network providers; and other persons, and provides consumers a choice among all eligible network providers.

## **History and Organizational Overview of MHMRA**

Mental Health Mental Retardation Authority of Harris County (HCMHMRA) was created on November 19, 1965, and was the second center created in Texas. It is the largest mental health and mental retardation (MHMR) center in the country, and is larger than MHMR centers of over 20 states. It provides services in over fifty sites throughout Harris County. Its growth and programmatic innovations and changes have always occurred in full collaboration with the community and the Harris County citizens, the advocacy, academic, law enforcement, behavioral health, physical health, and social service organizations, agencies and training institutions.

The local planning report chronicles the history of MHMRA as well as the outstanding achievements of the Harris County Local Authority beginning with the Laying the Foundation (1965), Expansion Years (1976-1990), Years of Innovation and Redirection (1991-1999), Meeting the Challenging New Millennium (2000-2003) and Major Projects (2003-2013). The Local Authority under the auspices of MHMRA of Harris County is fully aware of the importance of developing an environment that inspires and promotes innovation, and fosters the challenge to do more and better with fewer resources. However, workforce, its management, its Planning Advisory Council, and its Board of Trustees are prepared to meet, with the support and collaboration of the widest variety of individuals and institutions, whatever challenge is required to assure that its mission is fulfilled.

## **Vision**

The vision of the MHMRA is that the public mental health and intellectual disability system will act in partnership of individuals, family members, service providers and policy makers which creates options responsive to individual needs and preferences. This vision includes recognition of these values.

- MHMRA serves individuals that share common human needs, rights, desires and strengths;
- MHMRA celebrates cultural diversity and individual uniqueness and is committed to support individual choices and preferences;
- MHMRA is committed to dynamic leadership and rewards creativity among our staff, volunteers and consumers.

## **Mission**

It shall be the mission of the Mental Health and Mental Retardation Authority of Harris County (MHMRA), within the resources available, to provide or ensure the provision of services and supports in a respectful fashion that are high quality, efficient, and cost-effective such that persons with mental disabilities may live with dignity and fully functioning, participating, and contributing members of our community as possible, regardless of their ability to pay or third-party coverage.

Under the umbrella of the Agency's mission, the mission of the Intellectual Disabilities Local Authority is that persons with intellectual and developmental disabilities should be able to acquire the skills and access community resources to develop networks of human relationships, learn, work, and live in environments of their choosing.

## **Philosophy and Values**

The Local Authority adheres to the following values that guide the operational support and service delivery of MHMRA of Harris County:

- Integrity: Honesty. Firm adherence to a set of values and principles.
- Accountability: Accepting responsibility for one's actions and the outcomes of those actions.
- Consumer-driven: Developing and implementing services based on consumer needs, priorities, and choices within the resources available.
- Quality: Providing services that make a measurable difference.
- Efficiency: Optimizing the use of available resources to achieve the desired results.

## **Description of Services and Supports**

With the available resources, the Harris County LA provides the listed range of services and supports mandated by the DADS State Contract.

- Eligibility Determination Assessment - Determines whether an individual has an intellectual disability and whether a person is a member of the priority population.
- Service Coordination – Assistance to an individual in accessing medical, social, educational, and other services and supports to help the individual achieve the quality of life and community participation acceptable to the individual.
- Service Authorization and Monitoring - Assistance to an individual with a single need to help the individual achieve the quality of life and community participation acceptable to the individual. The need for the service is re-assessed on an annual basis.
- Support Services - Assistance for individuals not receiving residential services, including community supports, respite services (in-home or out-of-home), and specialized therapies (support services provided by a licensed or certified professional such as psychology, nursing, social work, occupational therapy, physical therapy, speech, or behavioral health services).

## **Strategic Priorities – services for persons with intellectual and developmental disabilities**

Drawing upon the previous year of operational reviews, the Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) summarized their recommendations for service and program priorities for the Intellectual Disabilities Services Division. The IDD-PAC Authority subcommittee reviewed, discussed and prioritized the identified issues. The strategic priorities were reviewed by the full IDD-PAC before submission to the Program Committee of the Board of Trustees for review and acceptance.

The following page summarize the programmatic priorities from the IDD-PAC that were submitted to the Program Committee of the Board of Trustees, which recommended their adoption by the Full Board of Trustees.

### **Priority of Persons Served**

1. Individuals with Co-occurring Intellectual and Developmental Disabilities (including Autism), and Mental Illness;
2. Transition for individuals with IDD (including Autism) post secondary education;
3. Individuals with IDD (including Autism) who are aging;
4. Individuals with IDD (including Autism) in the Criminal Justice System.

### **Strategic Priorities**

- Issue 1: Services and support for individuals with co-occurring Intellectual and Developmental Disabilities (including Autism) and Mental Illness;
- Issue 2: Transition services and supports for individuals with IDD (including Autism) post secondary education;
- Issue 3: Services and supports for individuals with IDD (including Autism) who are aging;
- Issue 4: Services and supports for individuals with IDD (including Autism) in the Criminal Justice System.

### **Local Authority Goals**

1. Create a comprehensive and cost effective service delivery system that provides opportunities for persons with intellectual and developmental disabilities to become functioning, contributing, and integrated members of society.
2. Establish collaborative relationships with the public and private provider network to maximize the available service array for persons with high intense needs.
3. Establish collaborative relationships with organizations to maximize services and supports for individuals with intellectual disabilities who are aging.
4. Continue to educate families and community members about available service options.
5. Strive to ensure appropriate identification and access to a suitable array of safety net services and supports are available for persons needing such interventions, including individuals with co-occurring IDD and mental illness.
6. Continue the integration of careprocess to address behavioral health needs, IDD, and physical health needs for individuals receiving services through the IDD service delivery system.

### **Objectives**

To achieve the stated goals, the Harris County Local Authority will implement the following objectives:

1. Continue to streamline the access and intake process for services, and expand the availability of services and supports for persons with intellectual and developmental disabilities by partnering with community stakeholders.
2. Continue to coordinate supports for individuals by partnering with service providers within the medical, criminal justice, and educational systems for the identified priority list of individuals to be served
3. Continue to join and promote efforts at the state and local levels to develop jail diversion and appropriate community-based programs for people with intellectual and developmental disabilities within the criminal justice system.

4. Continue to devote staff to public awareness and education for community organizations and agencies, school districts, and criminal justice system regarding services and supports for persons with intellectual and developmental disabilities through the Training & Community Outreach Program.

### **Resource Development and Allocation**

There are two primary sources of funding for the Harris County Local Authority: Medicaid earned revenue and general revenue from the Department of Aging and Disability Services (DADS). The resource development activities include the following:

### **Maximizing Opportunities for Existing and New Funds and Resources**

- Continue to implement strategies to increase the number of Medicaid eligible consumers;
- Continue to obtain additional funding through service contracts with agencies, public and private providers such as Department of Assistive and Rehabilitation Services (DARS), and waiver programs;
- Continue to aggressively seek to contracts with private providers through the open enrollment process to deliver services funded by DADS to ensure best value;
- Improve efficiencies through the use of available technology such as the use of electronic mobile devices, video-conferencing, laptops and wireless air cards.

The local plan for the Harris County Local Authority is a collaborative effort among the IDD-PAC, local authority leadership staff, administrative support staff (Quality Management, Information Technology, Financial Services) and the Board of Trustees. We are very proud of the level of expertise, support, and commitment of all parties involved. Most importantly, the Harris County Local Authority continues to display leadership and innovation to meet the needs of our residents.

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## I. INTRODUCTION

### PURPOSE AND FUNCTION OF HARRIS COUNTY LOCAL AUTHORITY (LA)

#### Purposes

In accordance with Guidelines for Local Service Planning and Texas Health and Safety Code (THSC), 533.0352 the Harris County Local Authority (LA) will ensure that a continuum of services is available to residents of Harris County by:

Providing assistance in developing a comprehensive range of accessible services for persons who need supported care, intervention, prevention, education, treatment, or habilitation through coordination among governmental and private entities to minimize duplication and share financing by:

1. Implementing policies consistent with state rules and standards
2. Spending any available funds appropriated by the state legislature for priority population
3. Carrying out the policies of the state to ensure treatment of persons in their own
4. communities, when appropriate and feasible; that the services be the responsibility of local agencies, justice entities and organizations to the greatest extent possible; and to offer services first to persons who are most in need by:
  - a. Providing screening services and continuing care services for persons entering or leaving state facilities (state supported living centers and state hospitals),
  - b. Charging affordable service fees and not denying services to eligible persons because of their inability to pay.

#### Functions

In accordance with the Performance Contract with DADS, the Harris County LA provides the following oversight responsibilities to coordinate resources and benefits offering a full continuum of services:

- Planning to assess community needs and identify resource gaps
- Policy development to address the needs of the Harris County LA that include consideration of the public input, best value, and consumer care issues.
- Coordination of services that include collaboration with other agencies, criminal justice entities, other child serving agencies, family advocacy organizations, local businesses, and community organizations.
- Services are coordinated among and between network providers; and other persons
- Provide individuals served a choice among all eligible network providers

To offer a full continuum of services, the following functions pertaining to the coordination of services are performed:

#### 1. Management of Resources and Benefits

The following functions are performed to assist in managing resources and benefits in providing the full continuum of care:

Center-wide Administrative & Support Services	Intellectual Disability & Autism Services
Call Center	Local Planning
Accounting Services	Eligibility (Access & Intake)
Credentialing	Business Office
Quality Management & Client Rights	Interest List Management
Information Technology	Quality Assurance
Facility Services	Service Coordination
Human Resources	Service Authorization & Monitoring
Public Affairs	Clinical Services
Contract Management	Network Management
Risk Management	Community Outreach & Training

## 2. Provider of Last Resort

Over the years, the Local Authority (LA) has positioned itself as the provider of last resort. It is our desire to re-direct as many services and supports as the community private providers can absorb, and are willing to provide to ensure full continuum of care to persons with intellectual and developmental disabilities. The services provided directly through the LA are those that private providers have indicated that they are unable to provide stating that the services are cost prohibitive. In other instances, the providers do not have the necessary expertise to provide specialized services for persons with a dual diagnosis of an intellectual disability and psychiatric impairment, autism spectrum disorders (ASD), or persons with challenging behaviors. For those services and supports, that the provider network does not provide, the LA serves as the safety net in meeting the needs of individuals who otherwise would not receive services to achieve their personal outcomes.

According to the Center for Disease Control's (CDC) Autism and Developmental Disabilities Monitoring (ADDM) Network, as of 2008, about 1 in 88 children have been identified with an autism spectrum disorder (ASD). Based on the current estimate of 4.1 million people, there are approximately 82,272 Harris County citizens with intellectual disabilities, and an estimated 24,000 people who have Autism Spectrum Disorder, and an estimated 46,713 residents of Harris County with intellectual disabilities and/or an Autism Spectrum Disorder, and are dually diagnosed with mental illness. It is evident that this population is largely untreated due to the lack of resources, and available trained providers.

The ID Clinical Services Department's funding since 2009 by the Department of Assistive and Rehabilitative Services (DARS) for applied behavior analysis services to children with Autism continues; however to expand the provider network the local authority is willing to provide training to community providers in order to increase services to address the intense needs of this population. To close gaps and strengthen the Intellectual Disabilities (ID) and Autism Spectrum Disorder (ASD) safety net, the ID Services Division pursued Delivery System Reform Incentive Payment (DSRIP) funding. The division has operated a specialty outpatient clinic, Specialized Treatment & Rehabilitation Services (STARS); supported an embedded psychiatrist and caseworker at the Harris County Psychiatric Center (HCPC) to consult on inpatient cases with IDD or ASD; and developed an outpatient Community Behavioral Supports team and Clinical Out-of-home Respite to address behavioral crises. These resources have been expanded and developed further through three (3) DSRIP projects:

- Expansion of STARS outpatient clinic services to include:
  - Increased capacity for psychiatric services
  - Increased capacity for clinic-based and in-home psychological and behavior analytic services
- IDD/ASD Wrap-Around and In-Home Services
- Providing community-based, wrap-around services
  - Stabilizing behavioral problems in the natural home,
  - Linking the individual and family to other supports

### Gap Analysis

As part of the three new DSRIP projects, the IDD Division undertook an analysis of service gaps that precipitate and/or exacerbate behavioral crises. The cases that were analyzed for this report were derived from two sources:

- 87 cases referred to the Community Behavioral Supports (CBS) team at MHMRA of Harris County; and
- Two months' of identification of gaps in services and staff training in an inpatient setting, The Harris County Psychiatric Center (HCPC) through our embedded Consultation and Liaison (C&L) team

The knowledge gained from the analysis is being used to address specific needs and develop services through the three DSRIP-funded projects. Gaps were identified in the following domains:

- Family Issues
- Medical Problems
- Dental Problems
- Dual and Triple Diagnoses
- Guardianship
- Adjunctive Services/Wrap Around
- Mental Health Services for Children
- Communication
- Therapist Issues

Moreover; in an effort to expand safety net services for persons in crisis, in September 2010, (FY 2011) the Clinical Out of Home Respite (COR) program was implemented. Out-of-home respite has traditionally had two components, routine and emergency. The former has usually been used for the temporary relief in the care of a loved one with an intellectual disability. The latter, which is authorized less frequently, is used during a time when an unexpected event occurs, e.g., illness or death of a caregiver. Routine respite includes both as described above, while emergency is now redefined as clinical out-of-home respite (COR). COR is intended to provide an opportunity for the assessment of respite services for eligible consumers away from their natural home during times of crisis, such as on-going display of challenging behaviors. COR is designed to have consumers return to their natural home setting after a combination of respite and clinical services (as applicable) have been rendered. COR will not be authorized for service/funding until such time that an assessment team has been able to jointly evaluate the needs and determined the appropriateness of the referral.

MHMRA is committed to supporting consumers and their providers in maintaining a satisfying, stable community life. We recognize that sometimes, problems arise, and if we can help improve the situation, we're eager to help. To this end, the ID Community Behavioral Supports (CBS) are available to anyone with IDD who is in crisis. HCS, TxHmL and ICF-MR providers can request this service for their consumers. However; the Team is not designed to provide ongoing clinical services or to replace existing community clinicians. The Team works with community clinicians of the consumer's and provider's choice to successfully transfer care back to them. The CBS Team consists of a Licensed Psychologist with behavioral expertise, a Registered Nurse and a Training Specialist who respond to situations that are jeopardizing a person's safety and/or continued community services. CBS Team members combine office and field-based services to assess a situation and provide services where they are most effectively delivered.

### 3. Partnership with Community Resource Coordination Group (CRCG)

In fulfilling the requirement for coordination of services, the LA participates as a partner with the CRCG for children, and attends monthly meetings. Over the years, the collaborative effort of local interagency groups comprised of public and private providers to coordinate services for children and youth who have complex needs and need services from more than one agency. This partnership has proved to be very productive in the sharing of resources, problem identification, and problem resolution and has resulted in effective communication and an increased understanding of the abilities and constraints of community organizations and agencies within Harris County. The LA notifies CRCG when a child or youth with developmental disabilities are placed in an institution in an effort to promote permanency planning.

### 4. Permanency Planning

Initial planning is a philosophy and planning process that focuses on the outcome of family support for children and families with developmental disabilities. S.B. 368, 77<sup>th</sup> Legislature, Regular Session, 2001 mandates that admission of an individual under 22 to an institution is considered temporary and may be initially approved for only six months, requiring the approval of the Commissioner or designee for admission or extension. In addition, it requires that the names of all individuals under age 22 admitted to an institution be placed on the appropriate waiver interest list. "Institution" in this law is defined as an ICF-IID, ICF/RC, HCS three-and four- person homes, DFPS licensed institutions, DFPS group homes, and nursing facilities.

S.B. 40, 79<sup>th</sup> Legislature, Regular Session, 2005 amended this requirement by requiring that permanency planning be conducted by an entity other than institutional program provider of long-term services and supports in an attempt to minimize the potential conflicts of interest that, in developing the plan, may exist or arise between the institution and the best interest of the

child. It requires the institutional provider to participate in permanency planning for individuals under age 22 who are residing in the institution and cooperate with requests for records by the entity responsible for the permanency planning process. In accordance with this law, the Harris County LA adheres to DADS stipulation that the LA conducts initial permanency planning for individuals under 22 years old who are enrolling in an ICF/IID (which includes a state mental retardation facility) or HCS residential setting, as well as conducting reviews of the permanency plan every six months. As of FY 2006, permanency plans are reviewed every six (6) months for individuals under 22 years who currently reside in an ICF/IID or HCS residential setting.

#### 5. Law Enforcement/Jail Diversion Activities

The Criminal Juvenile (CJJ) Committee of the IDD/PAC facilitated the development of a partnership among the Juvenile Probation Department, the ID Eligibility Determination Unit and the STARS Clinic to expedite clinic supports for youth with IDD who are identified in Juvenile Probation. These youth and their families are connected with behavioral and psychiatric supports, as needed, to promote the development of positive change that can divert these youth from future involvement in the justice system.

The CJJ Committee also worked to support at-risk youth with IDD by bringing together community programs that work with such youth. The Community Resource Exchange (CRE) is a gathering of representatives from education, legal/justice, communities of faith, advocates and public and private programs, with the goal of learning about one another and building partnerships and collaborative efforts. The success of the first CRE held in 2012 led to the second CRE which was held in 2013. Forty-one (41) agencies/programs participated in the 2013 CRE. Because this event is very well-received, the committee plans to continue to organize the CRE as an annual event.

In conjunction with the ID Training and Community Outreach program, the Clinical Services Department developed and presented training about IDD and Autism Spectrum Disorders to probation officers from the Harris County Community Supervision & Corrections Department Adult Probation. This training led to the development of training for juvenile personnel. The latter has been implemented as mandatory training for staff in the Harris County Juvenile Probation Department. In addition, the LA and Harris County Juvenile Probation System's leadership staff is actively collaborating on behalf of children with IDD in the juvenile justice system.

#### 6. State Supported Living Center Involvement

For many years, the Harris County Local Authority has hosted a bi-monthly regional transition planning meeting with Richmond and Brenham State Supported Living Centers, and Local Authorities in the surrounding counties to ensure effective communication and collaboration regarding the planning process for persons transitioning from the state supported living center to the community. Initially, these meetings were held monthly; however due to the meetings' effectiveness for problem solving, the meetings are now hosted quarterly by local authorities on a rotating basis. In addition, the Local Authority hosts a Deputy's regional planning meeting on a quarterly basis. The participants in these meetings include the Deputy Director of Intellectual Disabilities Local Authorities and the Superintendent of the Richmond State Supported Living Center (SSLC). The Richmond State Supported Living Center's Superintendent is a member of our Intellectual and Developmental Disabilities Planning Advisory Council.

The allocation of SSLC Diversion slots by DADS has resulted in the reduction of individuals admitted to SSLCs. Individuals eligible for admission to the SSLC are offered SSLC diversion slots once all efforts to access community services and supports are exhausted. Primarily, individuals offered the SSLC Diversion slot are experiencing severe behavioral challenges, and are offered the opportunity for enrollment in the HCS program. In FY 2013, the Harris County LA was allocated seven (7) SSLC Diversion slots.

#### 7. State Hospital Involvement

Due to the Local Authorities' emphasis on the provision of "safety net" services, the number of persons with intellectual and developmental disabilities (IDD) admitted to the state hospital continues to be remarkably low. The provision of clinical services for persons with IDD and a psychiatric impairment has made a significant impact in addressing these individuals' needs; thus reducing the need for hospitalization in a state facility. However, the Local Authority staff, in collaboration with the State Hospital staff, coordinates the admission and discharge of individuals who are determined to need hospitalization at a state hospital.

## 8. Community Hospital Involvement

In the event that an individual is hospitalized in a community (private/public) hospital, close collaboration occurs with the hospital's social worker, usually through the service coordinator to effectively transition the individual from inpatient treatment to out-patient treatment, provided by the Local Authority or through a physician in the community. More frequently, crisis intervention is needed for persons with intellectual and developmental disabilities and psychiatric impairments. In most instances, the individuals are screened for admission to the MHMRA's Neuro-Psychiatric Center (NPC). If admitted, following discharge, or if it is determined that the individual is not in need of hospitalization, but has a need for immediate placement where typically the service coordinator is able to coordinate and authorize emergency respite service on the same day. This is done through contracts the local authority has with private providers to provide emergency respite services and transportation from the hospital to the respite facility. To ensure immediate access to the appropriate local authority staff, contact procedures have been provided to the NPC staff.

In a collaborative effort to ensure that persons with developmental disabilities receive appropriate services and supports several meetings have been held with key staff from both the Harris County Hospital District and the Harris County Local Authority to formulate strategies to ensure that this target population is treated by physicians with knowledge pertaining to intellectual disabilities. In addition, there is an ID Consultative and Liaison Team housed at the Harris County Psychiatric Hospital (HCPC) to assist in identifying those persons with developmental disabilities. Moreover; in FY 2013, within ID Authority Services a Crisis Continuity of Services (COS) Liaison position was created and housed at HCPC to actively participate in admission and discharge planning to ensure that individuals with intellectual disabilities and psychiatric impairments are accessed to appropriate services through screening and service coordination.

## 9. Promoting Independence Initiative

The purpose of Promoting Independence is to promote an individual's choice to live in the most integrated residential setting to receive long-term services and supports. This initiative was begun in response to the U.S. Supreme Court's decision in *Olmstead v. L.C.* (June 1999).

In 2006, HHSC and DADS entered into a settlement agreement in the lawsuit, *Travis v. Hawkins* [formerly *McCarthy v. Hawkins*] to seek additional legislative support to reduce interest lists for the Home and Community-Based Services (HCS) and Community Living Assistance and Support Services (CLASS) waiver programs. The lawsuit requires HHSC to request additional funding for HCS and CLASS for three consecutive legislative sessions. HHSC requested additional funds in its 2008-2009 Legislative Appropriations Request (LAR) and has included a similar request in its 2010-2011 LAR. The 80th Legislature increased appropriations to significantly reduce DADS' community interest lists and also included a number of Riders that support the Initiative.

During FY 2013 under Rider 34, in Harris County 13 children aging out of the foster care program under the conservatorship of Department of Family and Protective Services were enrolled into HCS programs. Under the Promoting Independence Initiative to reduce the number of persons in institutions that have been determined to be appropriate for the community based services, and choose to move back to the community, during FY 2013, an additional 61 individuals transitioned from the SSLC, or a large ICF-IID facility (14 beds or more) to the HCS program. In addition, in FY 2014, a large ICF-IID facility volunteered to close under the Money Follows the Person Demonstration Project, resulting in a total of 76 individuals that were offered the opportunity to into the HCS program by DADS.

## **VISION**

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- *Quality*: Providing services that make a measurable difference.
- *Efficiency*: Optimizing the use of available resources to achieve the desired results.

## **II. LOCAL PLANNING PROCESS**

Planning at the Local Authority (LA) of Harris County is multidimensional. It encompasses internal as well as external processes. It focuses on state and local policies and on national, state, and local forces that impact the Local Authority, its consumers, and its personnel - the major resource upon which our services and support depend. Analyses of socio-demographic characteristics of consumers as well as the general Harris County population, coupled with market penetration data and prevalence data, provide further major input into the process of planning.

### **INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL (IDD-PAC)**

The IDD Community Advisory Council has existed since the beginning of the Agency's founding. During the 1990's a more formal restructuring of the community advisory process was implemented by the Board, resulting in the IDD Planning Advisory Council along with PACs for Adult Mental Health, Children and Adolescent, and the Medical PAC. The IDD-PAC meets monthly and provides advice and recommendations to the Board of Trustees regarding community priorities for services and best practices, and is supported by divisional staff, and is composed of 30 members; fifty percent of which are consumers or family members of consumers; including children or adolescents. The IDD-PAC has three (3) subcommittees which include the IDD Authority & DSRIP Stakeholder Committee, the Public Awareness Committee, and the Criminal and Juvenile Justice Committee. An example of the involvement of the IDD-PAC is the annual "Picnic in the Park" for persons with intellectual and developmental disabilities sponsored by the Public Awareness Committee. Although the intent of the picnic is for persons with intellectual and developmental disabilities and their families to relax, and to have a fun-filled day, it also presents an opportunity for professional staff to answer questions about services and supports, as well as receive feedback regarding satisfaction with services. The Local Authority's staff supports this effort by assisting with the coordination of the event, and mailing invitations to persons currently receiving services and to those persons on the Interest List for IDD programs.

The IDD Deputy Director attends all meetings of the IDD-PAC and assigns senior managers to attend all meetings of the committees of the IDD-PAC. This process ensures that the PAC is routinely apprised of critical strategic issues, program achievements, and operational challenges. Information made available to the PAC comes from divisional staff as well as from special investigations by the Executive Decision Support (EDS) Department. Special studies, as requested by the IDD-PAC, are

conducted by the EDS in collaboration with and with input from the appropriate program division staff. The EDS Director and his representatives attend PAC meetings as appropriate or needed. The Board of Trustees maintains a close and continuous connection with its planning advisory councils. All PAC meeting minutes are submitted for review and acceptance to the Board of Trustees through its Program Committee. In addition, one or more Trustees are assigned to serve as Board Liaison to the IDD-PAC. The Board Liaison is responsible for presenting the PAC's official recommendations to the Board of Trustees. The PAC continues to be active in seeking opportunities to receive and provide information necessary for the planning process or to review the progress of the plan implementation.

## **PLAN REVIEW**

The Plan Review process occurs continuously, and planning issues constitute a standing item on each the PAC's monthly agenda. Progress towards expanding, exploring in-depth, initializing, reconsidering, or implementing different aspects of the local plan is constantly reviewed with the PAC. Additionally, the Deputy Director shares regularly with the PAC the local authority's progress in meeting the Performance Contract requirements with the Department of Aging and Disability Services (DADS), which incorporates performance data relative to the Plan. MHMRA's Executive Director and the Deputy Director share with the PAC emerging or anticipated issues and seek their assessment and advice. The Local Authority's staff continuously conducts special studies to clarify issues and to gather basic information needed by management, the Board of Trustees, the Advisory Board, and even with external, independent planning groups such as the Intellectual and Developmental Disabilities (IDD) Needs Council for planning and decision making purposes. This information not only covers internal data relating to the Local Authority's capacities, service performance, clientele profile, operational capacities and processes, and compliance with state contracts, but also external forces (market trends, market penetration potentials, unmet needs, collaborative readiness on the part of other agencies, etc.), and constraints. Analyses of these data and trends are shared freely with the advisory council and the Board of Trustees so that they can provide input and guidance regarding new actions and programmatic changes, not only in order to meet new challenges, but also to stay true to the strategic priorities. Thus, the Plan Review occurs monthly at the meetings of the advisory council, Board of Trustees, at community forums and other focus groups. In addition, the Quality Management Director attends weekly Intellectual Disabilities Service Division (IDSD) management meetings, and provides input and receives feedback regarding program improvement outcomes.

In summary, the openness of the Local Authority's planning process, and the collaborative nature of this process with the community are the Local Authority's trademarks. This openness is evidenced by the innovative and progressive programs that the Local Authority has implemented, such as programs for persons with developmental disabilities and psychiatric/behavioral conditions (dually diagnosed), and for those persons with Autism Spectrum Disorders. Quality Improvement is achieved through the continuous evaluation of the effectiveness of systems and processes, and the modification of those systems, as necessary.

## **FY 2014-2015 ASSESSMENT RESULTS**

Based on consumer satisfaction surveys, service requests and service utilization trends, and recommendations by the IDD-PAC, the priorities as identified by Board of Trustees are as follows:

1. Medicaid - 1115 Waiver
  - a. To fully implement the approved IDD DSRIP projects and participate with Harris Health System (HHS) (formerly Harris County Hospital District (HCHD) regional planning and implementation process. Continue to pursue opportunities under the DSRIP Pool for DY 3, 4, 5.
  - b. Pursue opportunities for expense alleviation under the Uncompensated Care Pool of the 1115 Waiver.
  - c. Monitor and adjust to changes due to Medicaid Managed Care Implementation.
2. Work to ensure an adequate an appropriate array of Safety Net Services and Supports are available on a timely basis for persons with IDD needing such interventions.
3. Work to ensure that Medicaid coverage benefits and reimbursements for services are appropriate and adequate to address complex people with mental illness or IDD under Medicaid Managed Care.

- a. Continue to assist all potentially eligible MHMRA consumer to enroll in Medicaid, Medicare, CHIP, or third party coverage available to them.
  - b. Work to adjust the Texas Medicaid Plan to ensure appropriate and adequate service benefits, codes, and reimbursements.
4. Monitor and adjust to modifications in State Supported Living Centers (SSLC) available resources due to Department of Justice concerns and interventions, and address within Harris County provider network the requirements and expectations pertaining to quality and appropriateness of community-based care for people with IDD.
  5. Work to ensure access to acute, inpatient psychiatric services, for individuals needing that level of care, and the development of appropriate housing options for those in need of a supported living environment.
  6. Continue collaboration with DARS, the Texas Council, other ECI Providers, advocacy groups, families, and interested parties to address resources and coverage for Infant/Baby Intervention Programs.

### **III. INTERNAL/EXTERNAL ASSESSMENT**

#### **INTERNAL PROCESSES FOR ASSESSING KEY FACTORS**

Four (4) administrative venues provide support for assessing key factors that affect the planning process: (1) IDD Local Authority program staff, (2) Research, Evaluation, and Planning Department, (3) Quality Management (QM) Department, and (4) the Operations Division.

#### Role of IDD Local Authority Program Staff

Typically, administrative staff in each division's program provides first-line responses to the data needs and information requests made by the PAC. These responses take the forms of reorganizing operational data, identifying DADS' mandates, data reports, or issues relative to their responsiveness to concerns or complaints. Complaints and concerns are usually addressed on the program level; however when complaints point to a systemic problem, the complaint is provided to the IDD Management Team, Quality Management or the PAC, as appropriate for resolution.

The IDD Local Authority continuously assesses the effectiveness of its service delivery system through the person directed planning process, which empowers individuals to identify their desired outcomes and preference for services and supports. During the intake process, a Service Coordination Assessment is completed for each individual to determine eligibility, intensity of needs, and the appropriate program for referral. Once the individual is referred to service coordination, a comprehensive Person Directed Plan (PDP) is completed to identify met and unmet needs, and to discover the individual's personal outcomes.

During FY 2013, due to the number of individuals transitioning from the state supported living center with challenging medical issues, a Registered Nurse (RN) position was created within IDD Authority Services to serve as a consultant to service coordinators in identifying and addressing physical and health care needs in the development of the individual's PDP. In addition, effective May 24, 2013, the Local Authority assumed responsibility for the completion of Pre-Screening Admission and Resident Review (PASRR) evaluations (formerly completed by Nursing Facilities) for individuals requesting admission to nursing facilities. As of September 1, 2013, the Local Authority is responsible for providing service coordination to individuals with an intellectual disability or with a dual diagnosis of intellectual disability and mental illness residing in nursing facilities. With the focus on individuals with physical and health care needs and those individuals with intellectual disabilities who are aging, the services of a nurse is very beneficial in meeting the needs of this population.

The person planning process and discovery process is not only used to determine the individual's met and unmet needs, but is also used to identify gaps in services and the need for resource allocation. When requested services are not available, individuals are placed on an interest list, which clearly evidences the gaps in services and service capacity. The interest list is reviewed to

measure and analyze requests for service type, service capacity, service gaps, and delays in access to services.

Barrier Busters meetings are regularly scheduled to discuss and resolve issues and barriers to an individual achieving his/her desired outcomes. The Barrier Buster meetings are facilitated by the Medical Director for the Intellectual Disabilities Services Division, and include participants such as the service coordinator, service coordination program director, clinical and administrative staff, including the Deputy Director for the Intellectual Disabilities Services Division. Occasionally, the individual and family members are present and participate in the problem solving process. Typically, the meetings are initiated by the service coordinator and/or the program provider staff. Through the collaboration, brainstorming, and the contribution of ideas by professionals from multiple disciplines, these meetings have proved to be invaluable for removing barriers to achieving personal outcomes for the individuals we serve.

The IDD Authority Quality Assurance staff plays a critical role in determining service utilization trends, cost of services, and resource allocation. The over-utilization or under-utilization of services is frequently reviewed to ensure cost effectiveness and efficiency in the delivery of services. Consumer satisfaction surveys are conducted on a quarterly basis to determine if the individual served is satisfied with access to services, quality of services, their level of participation in the person directed planning process, and the achievement of their identified personal outcomes. The surveys are trended to monitor progress in quality improvement. In addition, record reviews are conducted on a monthly basis to monitor programs' compliance with the Performance Contract.

Centralizing data management responsibilities has resulted in greater efficiency and accountability for Authority services, including mass mailings, and distribution of required documents to individuals served within specified time frames. This approach frees the direct care staff from clerical tasks and allows them to focus on meeting the needs of individuals served, and provides a reliable system for tracking the distribution of documents. All data within IDD Authority Services flows through the Data Processing and Distribution Center which is supervised by the Data Management Coordinator.

Under the leadership of the Medical Director, the IDD Division has participated in the training rotation for child psychiatry residents from Baylor College of Medicine and University of Texas Medical School at Houston. A total of 32 child psychiatry residents from Baylor College of Medicine and 28 child psychiatry residents from the University of Texas Medical School at Houston have participated in this rotation (a combined total of 60 child psychiatry residents since the rotation was established in 2006). An additional 25 developmental pediatric residents from Texas Children's Hospital/Meyer Center have visited MHMRA's dual diagnosis clinic. In FY 2015, this training activity continues to be very effective in introducing child psychiatry residents to the public sector service system for individuals with intellectual disabilities. Hopefully, this training activity will increase the number of psychiatrists and other physicians knowledgeable about the IDD population and needed services and support.

An additional 137 students have participated in internships for the Psychology, Social Work, Nursing and Community (Speech & Language) programs. The Social Work internship program was initiated in 2000 and include students from universities such as University of Houston (UH) - Central, University of Texas (UT) - Austin, UT- Arlington, Rice, Texas Southern University (TSU), Prairie View A & M, Lone Star LEND (Leadership and Education in Neurodevelopmental Disabilities), University of Southern California, and Worden School at Our Lady of the Lake University in San Antonio. The implementation of the Psychology internship program was in 2006 for participating universities that included the University of Houston, Prairie View A&M, Lone Star LEND, and St. Thomas University. In 2012, the Nursing Department partnered with Prairie View A&M and introduced the Nursing Internship. In addition, working collaboratively with University of Houston, the Communications (Speech/Language) internship program was also implemented in 2012.

The levels of the child psychiatry residents and student's participation varied from Limited (involved observation and casual contact with consumers). Partial (observation, data collection, and some consumer interaction) to Full participation (fully embedded into clinical activities). Over the years, the child psychiatry residency training and internship program have been highly successful in educating students and psychiatry residents about the IDD population and increasing the pool of professionals with the knowledge and commitment to serve individuals with intellectual disabilities, especially those with a co-occurring diagnosis of an Intellectual Disability and Mental Illness.

The Local Authority continues to explore creative and innovative ways of educating the persons we serve and their families about

MHMRA's available services and supports as well as community service options. A very effective mechanism was the development of web-based videos highlighting the provider service array within the IDD Division. The project also serves as a training tool for new and tenured agency employees. On February 20, 2009, a media event was held to allow press members as well as community leaders to view and receive copies of videos to be used as public service announcements. A look back at years 2008-2015 reveals the commitment and dedication that our staff has in educating consumers, their families and the community at large about people with developmental disabilities. Staff was actively involved in many conferences and educational activities that our Local Authority either sponsored or was a participant such as the Fetal Alcohol Syndrome Disorder (FASD) seminar that was co-hosted by MHMRA, DPFS, March of Dimes, the Houston Council on Drug and Alcohol and The Arc of Greater Houston to increase FASD Awareness. In conjunction with the Training and Community Outreach staff, the Authority and Provider staff make several presentations at educational events for schools, resource fairs, and organizations. The Clinical Services staff continues to be active in increasing educational awareness on ABA practices to special education teachers, administrators, aides and parents from school districts. In collaboration with the leadership staff of DADS, Region 6, and the Area Agency on Aging (AAA), the Assistant Deputy for Authority Services conducted presentations at the University of Houston Graduate School of Social Work and Texas Southern University as well as the Regional Gulf Coast ADRC Crosswalk Conference to enhance the students and community knowledge about the services and supports provided through the front doors of the Department of Aging and Disability Services (DADS) service delivery system.

The Local Authority's leadership staff is very actively involved with various committees and workgroups on the local and state levels. For example, the Deputy Director serves on the DADS System Improvement Work Group. In addition, both the Deputy Director and Assistant Deputy Director for Authority Services have served as Chair and Secretary respectively for the IDD Director's Consortium. The Assistant Deputy Director for Provider Services previously served as President of the Association for Intellectual and Developmental Disabilities (AAIDD) and Secretary of the AAIDD Board-Texas Chapter. Currently, she serves as Secretary for the IDD Director's Consortium and instructional faculty for fellows in the training program which led to MHMRA becoming a partner in the development and subsequent operation of the Lone Star LEND model. She also works on the DADS' Eligibility Determination Rule Revision and the Restraint and Highly Restrictive Policy workgroups. On the program level, currently a Program Director within IDD Clinical Services is the President of AAIDD. The Network Management Director served as faculty at the UT School of Medicine for the LEND Program representing MHMRA and was appointed by Mayor Anise Parker to represent MHMRA on the Houston Commission on Disabilities for which he served as Secretary and Chair of the Transportation/Parking/Metro Committee. The IDD Services Division psychiatrists represented the agency in the UniCare Medical Advisory Committee and the Texas Council coding work group.

#### Role of the Research, Evaluation and Planning (EDS) Department

When efforts to gather and analyze planning data become more intensive or extensive and/or involve complex techniques (e.g., literature review, surveys, statistical analyses), special projects are created and carried out by the Executive Decision Services (EDS) Department with input and consultation from program staff as well as from PAC members, concerned citizens, and other experts from the surrounding academic institutions.

#### Role of the Quality Management (QM) Department

The Quality Management Department routinely monitors various aspects of the Local Authority programs (e.g., program monitoring, incidents, rights violations, consumer satisfaction, etc.). From this monitoring the QM Department provides directly or through the IDD Authority Quality Assurance staff regular reports that profile the performance of each program. These profiles are shared with the IDD-PAC to obtain informed input and recommendations regarding processes that may improve the quality and efficiency of the programs (internal and external). In addition, in an effort for the Local Authority to provide information about supports and services, and to solicit feedback regarding the service delivery system, meetings are held with individuals served, as well as with providers within the Provider Network to share information regarding requirements, as stipulated by DADS, and to solicit information regarding the effectiveness of the administration of the provider network system.

The IDD Local Authority works collaboratively with the Quality Management Department to ensure quality services and ongoing compliance with the Performance Contract with DADS. Quality Management reviewers conduct program audits on a quarterly basis. The results of the reviews are provided to Authority staff. Focus reviews are conducted upon request by the Quality

Management Department or by a specific IDD Local Authority program. The IDD Quality Assurance staff conducts monthly chart reviews to assess billing compliance with CMS and DADS guidelines.

### Role of the Operations Departments

The Agency's various operations departments provide information concerning the IDD Local Authority's performance via the contractual targets, financial status of the local authority, personnel issues and challenges, technological challenges, or by obtaining input through special committee meetings or community forums. Routine meetings are held with members of our Provider Network to share information regarding requirements, as stipulated by DADS, and to solicit information regarding the effectiveness of the administration of the provider network system.

### **EXTERNAL PROCESSES FOR ASSESSING KEY FACTORS**

The Harris County ID Local Authority has maintained and continues a long history of collaboration with major social service and educational agencies and institutions, health, and law enforcement in Houston and Harris County. The listing below includes, but is not limited to, community agencies and organizations that we interface with on an ongoing basis to build rapport in an effort to collectively identify service gaps, the need for resource allocation, and to share knowledge and resources. To the degree possible, the aim is to minimize the duplication of effort for the persons we serve, and within the Harris County service delivery system.

#### Community Partnerships And Liaisons

*Greater Houston Partnership (GHP) Health Care Taskforce:* This interagency committee was formed to address issues surrounding emergency services in Harris County. The Harris County Local Authority is well represented in this effort to ensure that the needs of persons with intellectual disabilities as well those persons with intellectual disabilities co-occurring with mental illness. Persons with intellectual and developmental disabilities were acknowledged and represented in the formulation of a county-wide plan to address issues pertaining to emergency services for persons who are uninsured and indigent.

*Intellectual and Developmental Disabilities (IDD) Needs Council:* Brings together a collaborative group of stakeholders so that their efforts will be unified, coordinated, focused and more effective in identifying services currently available to persons with intellectual disabilities and developmental disabilities, and gaps in services. Makes a formal assessment of service capacity and needs for services and supports by residents of Harris County, and advises Commissioners Court on issues related to mental retardation and related developmental disabilities. Several ID Local Authority representatives serve on the IDD Needs Council.

*TOPDD-Tx Office:* Texas Office for the Prevention of Developmental Disabilities Agency leaders have collaborated on the development of a state plan to eliminate Fetal Alcohol Spectrum Disorders (FASD) in Texas. Locally, agency staff co-chair the Houston Area Partnership for FASD, which is the only community education/support group in the state.

*Care for Elders:* Coalition of partners from the public, private and non-profit sector that focuses solely on elder care issues, and is dedicated to informing public policy and influencing community practice to increase access to services, improve the quality of care, and enhance the quality of life for older adults and their families. As of December 2013, a local authority leadership staff member serves on the Care for Elders Leadership Council.

*United Way Interagency Network:* Coalition of organizations that identify community needs and resources, and facilitates efforts to meet those needs. Identify public policy issues that affect health and human services and provide input to create an effective social service system. The Local Authority staff members actively participates in monthly meetings.

*HISD Region 4 Service Center Transition Committee:* Assists schools with improving student performance, enables schools to operate more efficiently and effectively, and implement initiatives assigned by the Legislature or TEA Commissioner. Actively participates in transition process, upon request by individuals/LAR.

*Department of Family Protective Services (DFPS):* As required by the Social Security Act, the Texas Family Code, and the Human Resources Code, the Agency receives and investigates reports of suspected child abuse and neglect and takes action to protect abused and neglected children from further harm; works with children and their families to alleviate crisis situations families by providing or arranging for services. The ID Local Authority works closely with DFPS, particularly when enrolling children under DFPS' conservatorship who are turning 18 years old into the HCS program, as stipulated legislatively by Rider 54. In addition, the ID Local Authority serves as a safety net for DFPS in assisting in interim placement such as emergency out of home respite for children and youth.

*DFPS Special Taskforce Unit: An interagency Taskforce* that identifies issues and resolutions to enhance services for persons within the DFPS system. ID Authority staff participates in monthly taskforce meetings.

*Department of Determination and Disability Services (DDS):* Makes disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance and/or Supplemental Security Income. The ID Local Authority has a designated staff person who serves as the liaison with DDS.

*Department of Assistive and Rehabilitative Services (DARS):* Assists people with disabilities to participate in their communities by achieving employment of choice, living as independently as possible and accessing high quality services; designated as the state's principal authority on the vocational rehabilitation of Texans with disabilities, except persons with visual impairments and the legally blind.

*Regional Interagency Transition Committee: Regional Local Authorities and State Supported Living Center representatives* in the Harris County catchment area identify and resolve issues related to the transition of individuals from state schools to the community. These meetings are held quarterly and are hosted on a rotating basis.

*The Arc of Greater Houston:* A non-profit organization that advocates for the rights and full participation of all children and adults with intellectual and developmental disabilities in the community. The Local Authority and The Arc works collaboratively on an ongoing basis to meet the needs of persons with intellectual and developmental disabilities.

*Houston Police Department - Crisis Intervention Team (CIT):* A voluntary team of patrol officers who receive 40 hours of experiential training regarding issues related to mental health and intellectual disability issues and communication/de-escalation techniques. The ID Local Authority has participated in training over 500 officers. Often times, police officers receive volatile calls involving people who are a danger to themselves and/or others.

*Social Service Administration: Social Security Administration (SSA)* pays retirement, disability and survivors' benefits to workers and their families and administers the Supplemental Security Income program. Social Security numbers are also issued by the SSA. ID Local Authority has a designated staff person who serves as the liaison with the SSA.

*Harris County Juvenile Justice Department:* Administers the MHMRA Children's Forensic Unit, which is part of the county's electronic network system allowing reports to be transmitted and filed electronically. Psychological and Social Services Department completes evaluations electronically facilitating the provision of services and treatment. Judges can order youth to participate in assessment/treatment of mental health services through MHMRA as part of their rules of probation. The IDD staff continues to work collaboratively with the Juvenile Justice Department to meet the needs of persons with developmental disabilities in the juvenile justice system

*Harris County Psychiatric Center (HCPC):* Provides in-patient care for individuals with psychiatric impairments and persons with intellectual disabilities with a psychiatric impairment (dually diagnosed). IDD Clinical and Authority Services staff persons are housed at HCPC for immediate access, and actively participates in the HCPC admission and discharge planning process to ensure individuals with an intellectual disability and co-occurring diagnosis of a psychiatric impairment are accessed to appropriate services and supports following discharge.

*Houston Metropolitan Transportation (Metro-Lift) System: (METRO):* Provides transportation for persons with a disability who

cannot board, ride, or disembark from a regular METRO fixed-route bus.

*The City of Houston's Mayor's Office on Disabilities:* Primary mission of this office is to make Houston the most accessible city in the nation by working to remove physical and attitudinal barriers at all levels of City government and throughout the greater Houston community. Harris County LA has a staff member on the Board of this organization.

*The Red Cross Transportation:* Provides non-emergency van transportation for persons who need medical attention and have no other means of transport.

*Harris County Community Access Collaborative:* Provides access to healthcare for the uninsured and underinsured residents in Harris County, and facilitates access to adequate healthcare for uninsured by establishing a mechanism for healthcare agencies, health care service related coalitions, and advocacy groups to coordinate common administrative and service delivery requirements to provide a seamless service delivery system.

*Ben Taub General Hospital (BTGH):* Provides care for individuals in Harris County without regard to financial or insurance status. The psychiatric services offered provide a full continuum of care, including crisis and emergency intervention, inpatient psychiatric treatment, and outpatient patient programs, as well as providing adult and child consult liaison services.

*Harris County Probate Courts:* Have jurisdiction over probate of wills, appointment of guardians, and the settlement, partition and distribution of estates; share in the processing of the mental illness dockets.

*Shriners Hospital:* Accepts and treats children with routine and complex orthopedic problems; provides for the education of physicians and other health care professionals, patients

*One Voice:* One Voice is a network of public, private and non-profit organizations in the Greater Houston area working together to ensure that the health and human service needs of all Texans are addressed in legislative, regulatory, funding and other public policy initiatives. The Local Authority leadership staff is a participant on the "Care for the Aging and Disabled" Committee.

*Gulf Coast Aging and Disability Resource Center (GCADRC):* Texas was awarded an Aging and Disability Resource Center (ARDC) grant to establish several resource centers in local communities. In 2008, a Regional ADRC was awarded to the Area Agency on Aging (AAA) of the City of Houston to serve the Gulf Coast region which is composed of 13 counties. The core agencies are Local Authorities, AAAs, and DADS, Region 6 which serve as the front door to DADS service delivery system; however there are a host of ADRC partners. The ADRC serves as an entry to long- term service and supports for individuals who are aging and those who have a disability. The primary goal of

he three-year grant is to organize, simplify, and ensure access to all available programs, including Medicaid waiver services, transportation, housing, and assistance with public and private benefits. ID Authority leadership staff serves on the Steering Committee, Advisory Committee, and Texas Coalition Committee. In addition, program staff members serve on the Advisory Committee.

## **IDD TRAINING & COMMUNITY OUTREACH PROGRAM**

In response to the need to increase the public's awareness about the importance of the services and supports provided by the Harris County Local Authority, and to expand partnerships with community organizations, the IDD Training & Community Outreach Program was created in fiscal year 2006. The goal is to collaborate with other organizations and school districts that serve persons with developmental disabilities, to work towards a common goal of meeting the needs and personal outcomes of the individuals we serve. The program components consist of a pool of qualified trainers who contribute to one or more of the following domains:

- *Printed/Visual Materials* - Written materials are developed that pertains to services and supports, person directed planning process, provider choice process, local or state initiated system changes. This information is provided to persons with developmental disabilities and their families through brochures, fliers, pamphlets, presentations, etc.
- *Virtual Provider Fair* - For the convenience and comfort of individuals requesting services as well as providers, the

virtual provider fair was created to provide a mechanism for consumers to visit the Waiver program providers (HCS/TxHmL) via the internet. Few Provider fairs are held due to the fact that the number of persons that attend the fairs have decreased markedly. The majority of consumers are choosing their provider via the Virtual Provider Fair. To assist the Program Provider in remaining competitive, they are encouraged to post their video clip or slides on the website for consumers to access on a 24 hour basis. The Virtual Provider Fair is cost effective to the local authority, individuals served, and the provider. For individuals who do not have computers, service coordinators are equipped with laptops, and can assist consumers, as necessary.

## **INTELLECTUAL AND DEVELOPMENTAL DISABILITY NEEDS COUNCIL OF HARRIS COUNTY**

Unlike some areas of Texas where needs assessment for persons with intellectual and developmental disabilities must be undertaken exclusively by the Mental Health Mental Retardation Authorities, the Harris County Commissioners' Court has established two needs assessment councils: the Mental Health Needs Council, which has been in existence since 1976 and the Intellectual and Developmental Disabilities Needs Council (IDD), which was established in 2001. The IDD Needs Council was formerly named the Mental Retardation (MR) Needs Council. The name was changed in 2008. The IDD Needs Council, in collaboration with MHMRA, sponsored a study "Mental Retardation and Other Developmental Disabilities Including Autism (MR/DD/Autism) in Harris County" regarding the status of public services for children and adults with developmental disabilities, with particular focus on persons with intellectual and developmental disabilities with psychiatric conditions and autism. Although the assessment was completed in November 2004, the issues identified remain unchanged in 2014. The assessment indicated that although concerted efforts have been made, our public service system is substantially inadequate to meet the needs of most citizens, especially children and adults who are indigent and have intellectual disabilities and autism.

The IDD Needs Council of Harris County Destination Dignity embodies the philosophy that greater awareness facilitates education, which ultimately combats the effects of stigma, such as discrimination, bigotry, and hate. To this end, the IDD Needs Council spearheaded a Destination Dignity event on September 12, 2012 at the Harris County Juvenile Justice Building to combat stigma regarding persons with intellectual and developmental disabilities who are stigmatized daily in many ways, such as in employment opportunities, housing options, the education system, and in social settings.

## **IV. LOCAL AUTHORITY ASSESSMENT COMPONENTS**

### **DESCRIPTION OF POPULATIONS SERVED**

#### Priority Population

Harris County Local Authority provides services directly or through contract to the following priority population members in Harris County: Individuals with intellectual disability, as defined by Texas Health and Safety Code:

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

The LA is committed to serving residents of Harris County whose lives are affected by an intellectual disability and other related developmental disabilities. Our target population consists of persons in Harris County who are directly affected by these conditions including their families and caregivers. Due to funding constraints, our capacity allows us to focus only on the priority populations as defined by DADS. However, to the extent possible and throughout its history, the Local Authority seeks *additional funding* to provide services not available through General Revenue. Several Local Authority programs such as the Skip and Community

Support Services (CBS) programs as well as expanded services through DSRIP are supported by non-General Revenue funds to address the needs of persons with intensive unmet needs. These programs contract with third party funding sources. In addition, county funds are provided to assist in meeting the needs of Harris County residents with developmental disabilities.

We have also sought to increase our linguistic capacity to reach out to two major cultural groups that have traditionally underused mental health and intellectual disabilities services: Hispanics and Asians. These two groups have grown at the fastest rates among all cultural and ethnic groups in Harris County. As of 2012, the Hispanic population (43.3%) in Harris County is the largest compared to any other county in Texas. The Local Authority reaches out to Hispanic and Asian support groups and provides information about available services and supports and how to access those services. As of October 2013, data indicates that the Hispanic population make up 47.85% of individuals served through the Harris County Local Authority service delivery system.

The Harris County LA has kept an unwavering commitment to expand services to children and adolescents, particularly those with intellectual and developmental disabilities and a psychiatric impairment, or autism spectrum disorders. To ensure the continuity of care for offenders with intellectual and developmental disabilities who are involved with juvenile justice system or the Juvenile Probation Department, designated staff members actively participated on the Jail Diversion Taskforce, and are currently collaborating with the Harris County Juvenile Probation Department to meet the needs of juveniles with intellectual and developmental disabilities.

Through the Early Childhood Intervention Program (ECI), we strive to reach children at the youngest possible age in order to assess and recommend or provide services to them and their families such that developmental challenges can be met as early as possible.

Although the state funding streams have been strictly categorical (impeding the ability to effectively and efficiently serve consumers with multiple needs), the Local Authority has innovatively and successfully combined services to serve persons with multiple disorders, i.e., a diagnosis of intellectual disability and mental illness or autism spectrum disorders. These programs have been showcases of positive outcome on the lives of consumers and positive impact on the whole service delivery system. These results have convinced us to develop and implement multi-specialty approaches to achieve maximum programmatic efficiency and effectiveness.

**RANKING OF PRIORITY FOR PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES**

1. Children at Risk of Institutionalization
2. Persons with Co-occurring Intellectual and Developmental Disabilities (IDD) and Mental Illness
3. Persons with Autism Spectrum Disorders
4. Persons with IDD in the Criminal Justice System
5. Persons with IDD who are aging

DADS reported that for September 2013, there were over 67,201 persons on the state-wide HCS Interest List.

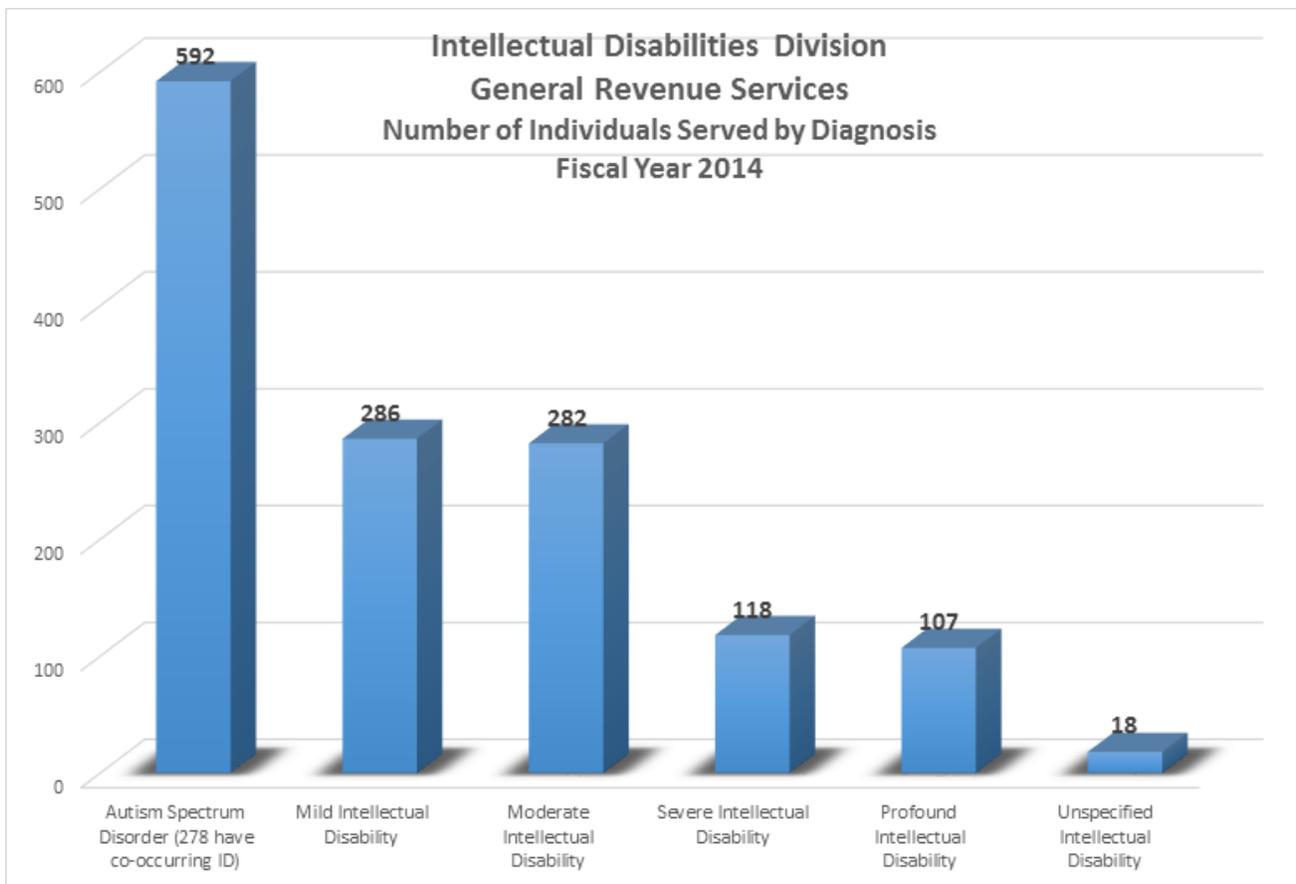
**Length of Time Individuals Spend on Harris County HCS Interest List As of September 2014**

<b>Number of Years on Harris County HCS Interest List</b>	<b>Average Percentage of Persons on Interest List</b>
0-1 year	9.00%
1-2 years	11.00%
2-3 years	11.80%
3-4 years	11.90%
4-5 years	12.40%
5-6 years	10.90%
6-7 years	8.60%
7-8 years	7.20%

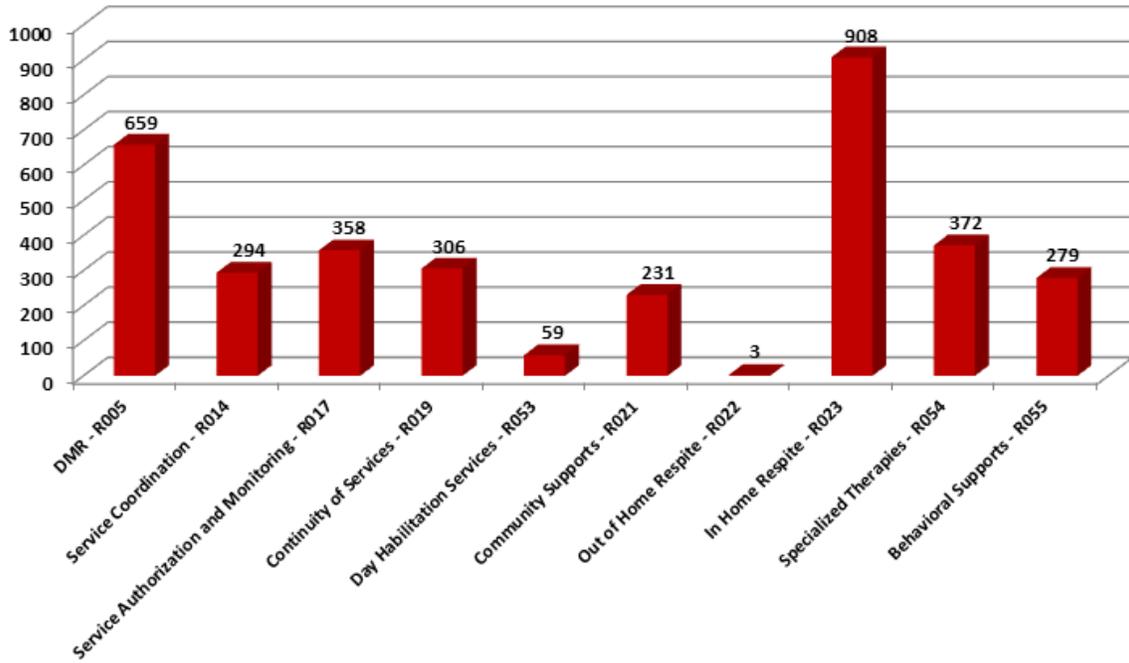
8-9 years	5.80%
9-10 years	4.50%
10-11 years	4.30%
11-12 years	2.70%
12-13 years	0.00%
13-14 years	0.00%

Harris County Local Authority's data reveals that there is a significant number of persons 55 years and older on the HCS interest lists. The local authority recognizes that individuals with intellectual disabilities who are aging is a growing population with multiple needs, and has placed a high priority on identifying and addressing the needs of this population. As a result, collaboration is occurring with the leadership staff for agencies such as Care for the Elder, Area Agency on Aging (AAA) and DADS, Region 6 with the goal of establishing partnerships to identify and address the unmet needs of aging individuals with intellectual disabilities.

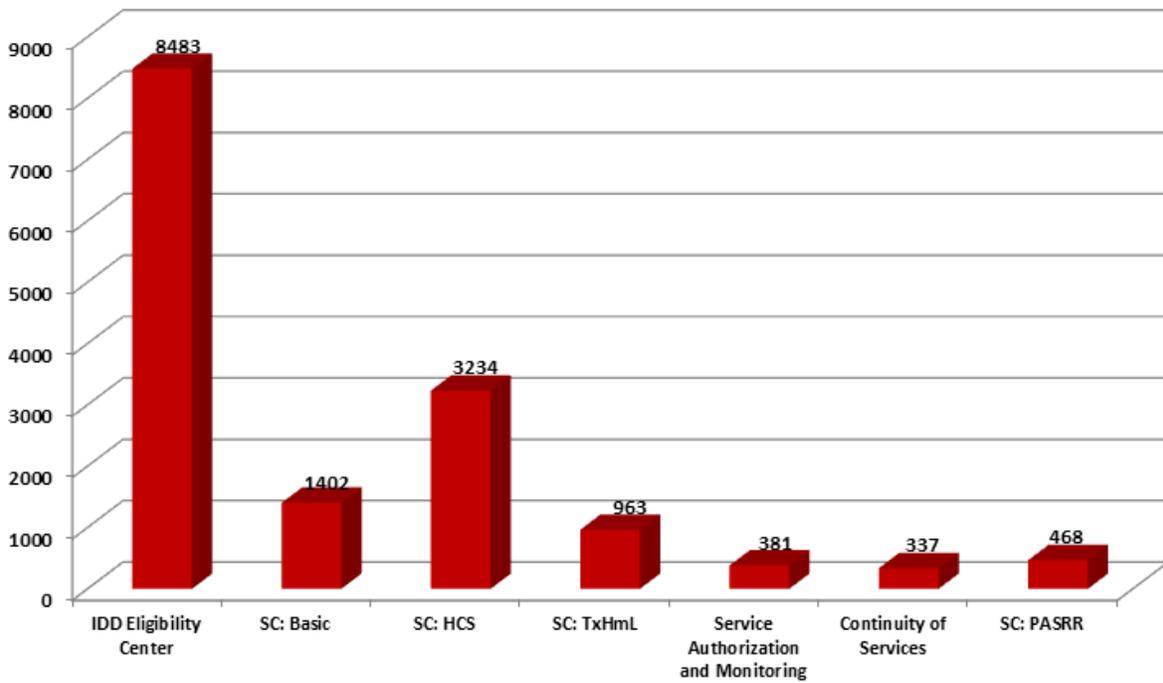
The following figures depict the FY 2014 population using the categories defined by DADS, and the population served by service type, diagnosis, and age:



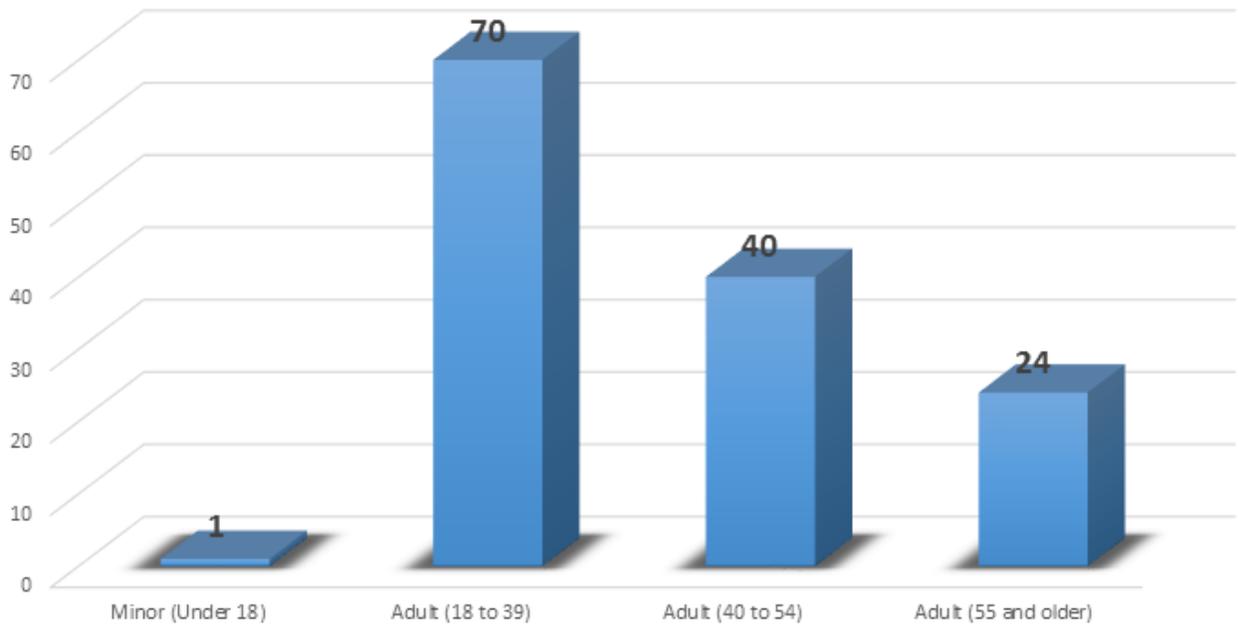
**Intellectual Disabilities Division  
Number of Individuals Served  
General Revenue Services  
Fiscal Year 2014  
(Unduplicated Count Per R0 Service Type)**



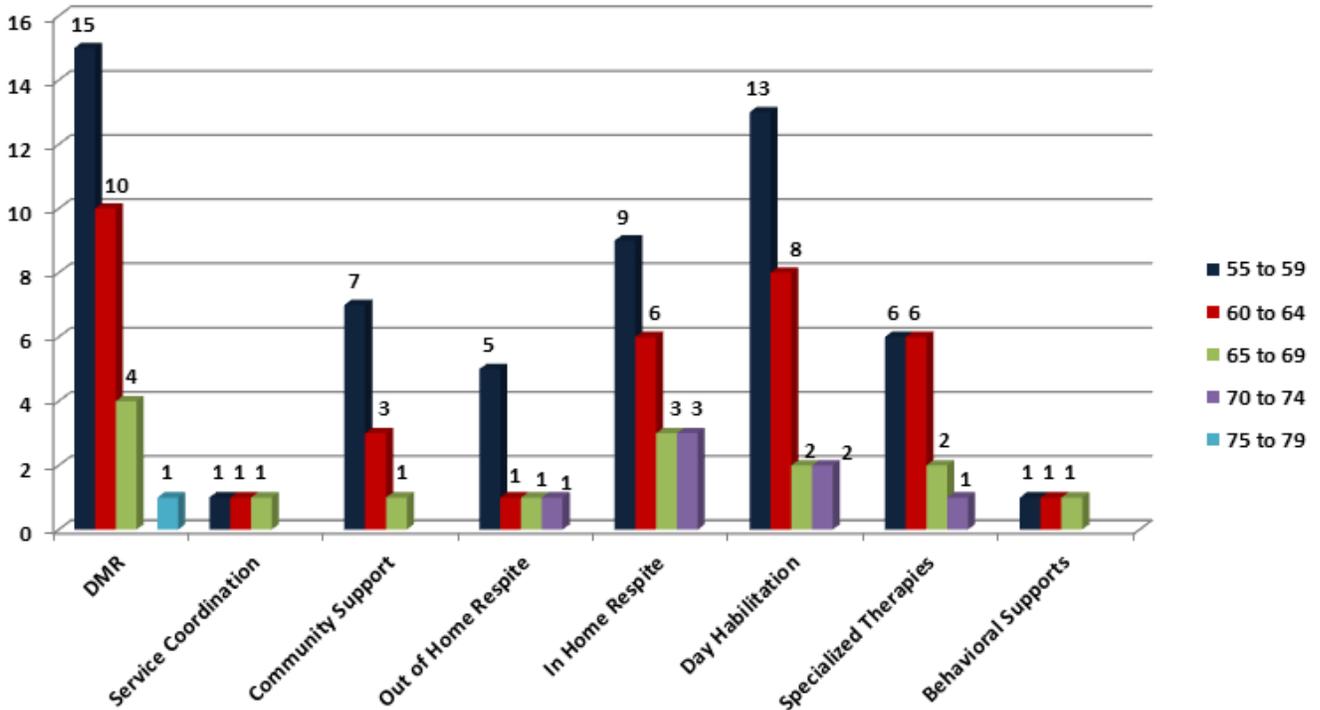
**Intellectual Disabilities Division  
Number of Individuals Served in ID Authority Services  
Fiscal Year 2014**



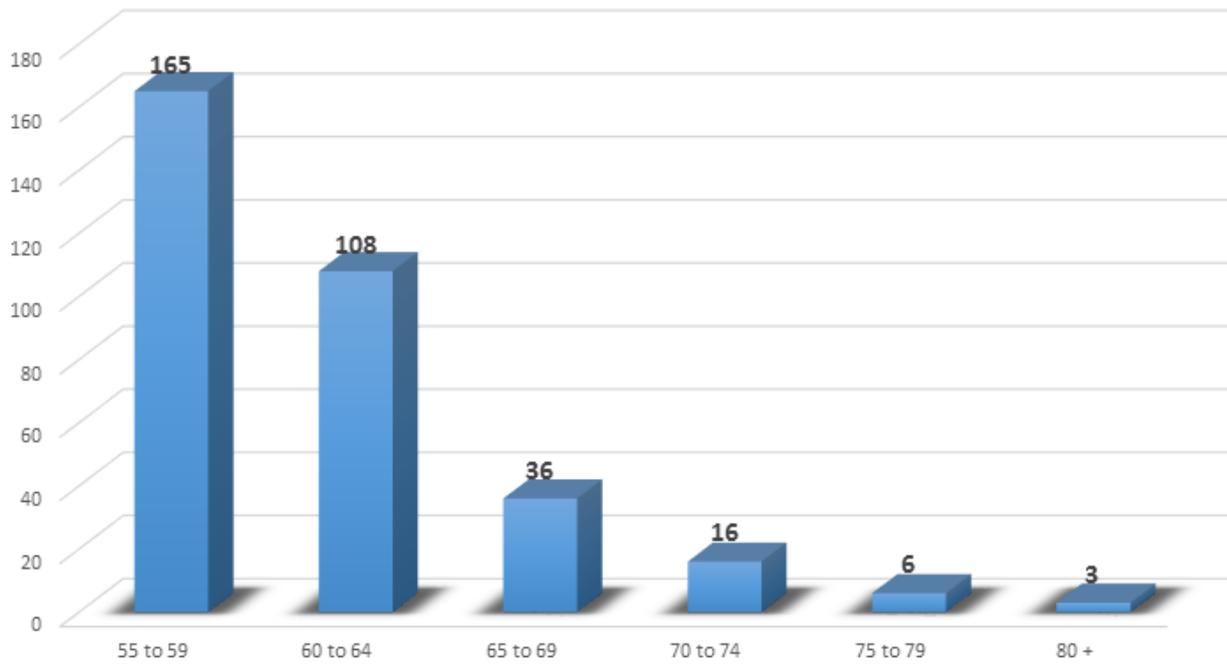
### Number of Individuals Served in IDD Operated Waiver and ICF/IID Programs Fiscal Year 2014



### Age Makeup of General Revenue Interest Lists (Ages 55 and Over)

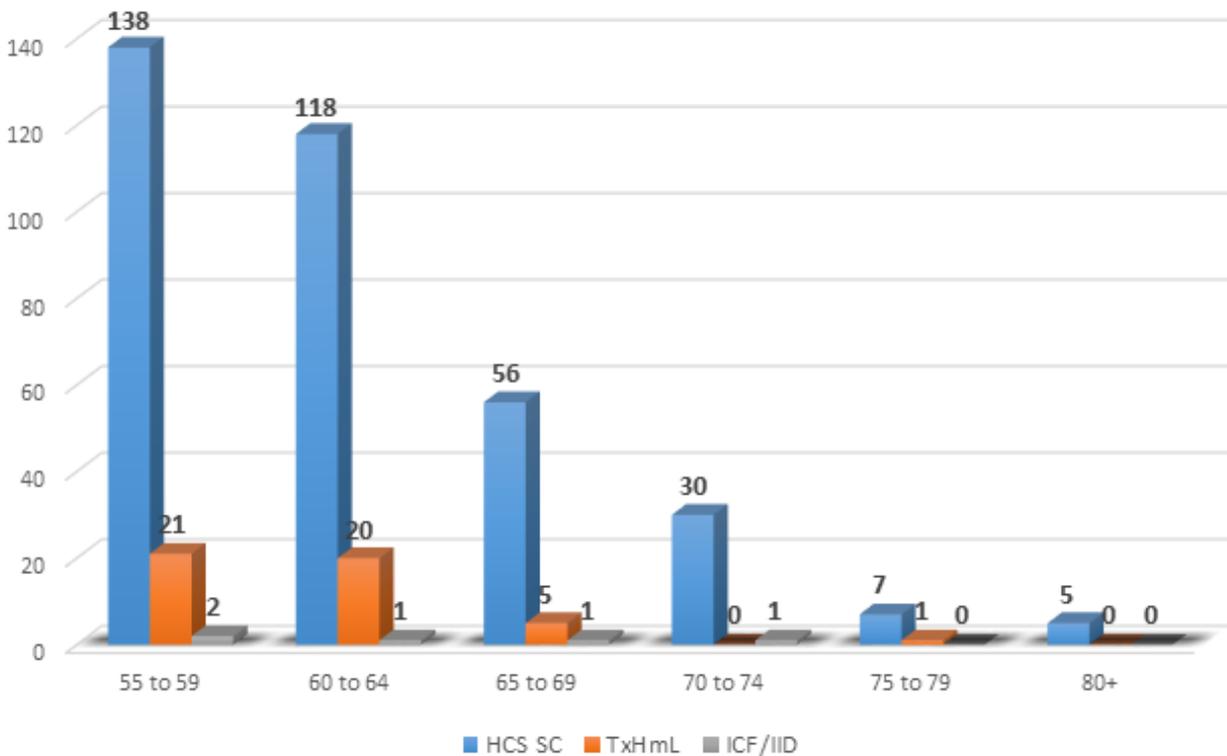


**Age Makeup of Home and Community Based Services (HCS) Interest List**  
Age 55 and Over



**Intellectual Disabilities Division**  
**ID Authority Services**

**Number of Waiver and ICF/IID Individuals Served by Age (Over 55)**



## DESCRIPTION OF SERVICES AND SUPPORTS

With the available resources, the Harris County LA provides the listed full range of services and supports mandated by the State Contract.

- **Eligibility Determination Assessment** - Determines whether an individual has an intellectual disability and whether a person is a member of the priority population.
- **Service Coordination** – Makes available assistance to an individual in accessing medical, social, educational, and other services and supports to help the individual achieve the quality of life and community participation acceptable to the individual.
- **Service Authorization and Monitoring** - Makes available assistance to an individual with a single need to help the individual achieve the quality of life and community participation acceptable to the individual. The need for the service is re-assessed on an annual basis.
- **Support Services** - Assistance for individuals not receiving residential services, including community supports, respite services (in-home or out-of-home), and specialized therapies (support services provided by a licensed or certified professional such as psychology, nursing, social work, occupational therapy, physical therapy, speech, or behavioral health services).
- **Day Training Services** - These services, which are provided away from an individual's home, assist in developing and refining skills necessary to live and work in the community. This category includes vocational training and day habilitation services.

### Resource Development and Allocation

Harris County LA continuously evaluates the effectiveness of its system and strives to increase the strength of the service system through the accrual of new resources and by increasing service efficiencies. In general, there are three (3) primary sources of funding for Harris County LA: Medicaid earned revenue, general revenue from the Department of Aging and Disability Services (DADS), as well as local funding from the county.

The resource development activities include the following:

#### *Maximizing Opportunities for Existing and New Funds and Resources*

- Continued Implementation of strategies to increase the number of Medicaid eligible individuals
- Continue to obtain additional funding through service contracts with agencies, public and private providers such as Texas Education Agency (TEA), Department of Assistive and Rehabilitation, Services (DARS), and Waiver programs.
- Continue aggressive pursuit of contracts with private providers through the open enrollment process to deliver services funded by DADS to ensure best value.
- Utilization of service coordinator floaters during vacation, or extended sick leave to maximize Medicaid revenue and to ensure continuity of services to individuals served.
- Assignment of staff member procurement and maintenance oversight of agency vehicles, and training of drivers to increase safety of consumers and to reduce cost; thereby saving dollars to increase service capacity.
- Improvement of efficiencies through the use of available technology such as the Blackberry, LogMeIn, video-conferencing, scanners and the assignment of laptops with wireless Air Cards to staff.
- Increasing Administrative and Service Efficiencies

- Implementation of strategies to evaluate existing administrative, intake, and direct consumer service activities and identify and eliminate inefficiencies, clarify staff roles and activities, and modify system and processes to increase efficiencies.
- The Cost Accounting Methodology and Encounter data are closely monitored to ensure consistency between service assignments and service entry into the DADS' CARE system to ensure compliance with the Performance Contract and to avoid loss of funds.

## **IMPACT OF KEY FORCES**

### *Strengths, Weaknesses, Opportunities, and Threats*

What follows summarizes perceived Strengths, Weaknesses, Opportunities, and Threats of the Harris County Local Authority:

#### A. Strengths

- Infrastructure for services basically sound.
- Core staff strongly committed.
- Position of influence.
- Knowledgeable staff is flexible.
- Ability to initiate and adapt to organizational change, as necessary.
- Harris County Commissioners' Court is supportive.

#### B. Weaknesses

- Continuing stigma of the persons with intellectual and developmental disabilities.
- Budget depends on external factors/conditions.

#### C. Opportunities

- Technologies and therapies continue to improve
- Pressure increases support for reinvention and modification of existing systems.

#### D. Threats

- Public/private network may constrict & close during current budget crisis, thus add to the Local Authority's pressures.
- State reorganization of authority requires continuous need for strategic planning.
- Laws and regulations that do not recognize current treatment environments, e.g., family therapy.
- Equity dollars have discontinued.
- Unpredictability of "compassion fatigue".

For the Intellectual Disabilities Services Division, interest list tracking and analyses are critical for planning; service requests and utilization are closely monitored for trends and signs that may necessitate changes in the priority and delivery structure. The market place and funding realities force constant reassessment of the Local Authority's plan concerning its infrastructure and its service delivery mechanisms. For example, salary competition emanating from private or public sector salary increases for certain groups of employees' forces frequent salary adjustments, leading to re-budgeting and reprogramming of services. The Local Authority pays close attention to the cultural and linguistic diversity of the county population as we strive to maximize the cultural and linguistic staffing patterns and cultural diversity skills to meet the needs of this population. Outsourcing versus in-house staffing is another issue that the Board of Trustees and senior management must frequently consider. Real estate and technological changes also force the Agency to weigh different options regarding leasing versus purchasing infrastructure components. New methods of revenue enhancement are constantly explored. All anticipated or planned adjustments are shared in a timely manner with the advisory council for reaction and input before implementation. Anticipated programmatic impacts are shared with the IDD-PAC during meetings, which are held on a monthly basis. Special community forums are also conducted to address major planned programmatic changes.

## STRATEGIC PRIORITIES – SERVICES FOR PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Drawing upon the previous year of operational reviews, plan review, and issues identification and discussion, the Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) summarized their recommendations for service and program priorities for the Intellectual Disabilities Services Division. The IDD-PAC Authority subcommittee reviewed, discussed and prioritized the identified issues presented by program staff. The strategic priorities were reviewed by the full IDD-PAC before submission to the Program Committee of the Board of Trustees for review and acceptance.

The following pages summarize the programmatic priorities from the IDD-PAC that were submitted to the Program Committee of the Board of Trustees, which recommended their adoption by the Full Board of Trustees.

### ***ISSUE 1: Services and Support for Individuals with Intellectual and Developmental Disabilities, including Autism, and Mental Illness***

People with IDD, including Autism, and co-occurring mental illness are frequent users of the most expensive inpatient and outpatient mental health services. The existing mental health system is not equipped to manage mental illness in people with lower intellectual ability, and the IDD system has not traditionally provided psychiatric treatment for these individuals. Although MHMRA has developed a safety net model for this population, the needs of the community are greater than the agency's GR resources.

In response to this situation, the agency has pursued 1115 Medicaid Waiver DSRIP funding to expand and strengthen the safety net. These new resources will require careful planning and coordination within the agency and with external partners to develop a strong safety net model. Additionally, the model will need to become self-sustaining after the DSRIP funds end.

#### **RECOMMENDATION #1**

- a. Promote greater awareness of the psychiatric and behavioral needs of people with co-occurring IDD and MI.
  - Formalize assessment and intake processes such that they identify mental health treatment needs that arise, and
  - Allocate funding for appropriate behavioral health services that may need to be incorporated as part of any DADS plan of care and support, and
  - Allocate funding for appropriate behavioral health services that may need to be maintained and/or developed further as DSRIP funds end in three years
  - Develop seamless, complementary processes for consumers who received mental health services through the Department of State Health Services (DSHS) and intellectual disabilities through DADS.
- b. Review and modify the agency's current IDD safety net systems to develop a model that integrates new DSRIP components and closes or reduces identified service gaps.
- c. Continue to develop and expand IDD/MI services; especially psychiatric and medication management, day program with rehabilitation component, counseling and psychotherapy rehabilitation.
- d. Continue to provide formal training to behavioral health staff (MDs, Licensed Professional of the Healing Arts (LPHAs) etc.) regarding the special needs among persons with IDD-MI, and continue to expand this training to community resources, such as medical schools, physician continuing education, etc.
- e. Create family services:
  - Family education on Mental Illness in the IDD Local Authority
  - Family therapy. This latter type of service needs special advocacy effort, since it cannot be provided under the DADS contract. Thus, permission must be secured from DADS to provide this service or seek other funding for it.

- f. Continue advocacy with the Legislature for additional funding for Rider 55 HCS slots for children with mental illness and developmental disabilities aging out of the custody of Department of Family and Protective Services (DFPS). These children get "stuck" in respite or are caught within the hospital-home-hospital cycles. These HCS slots have been shown to be very effective in diverting children from institutional care. And should be continued and expanded.
- g. Develop and implement unique, in-home short-term interventions to promote treatment benefits after behavioral treatment or hospitalization, or to prevent hospitalization.
- h. Explore the capacity for a short-term, residential treatment program within the community for children with intellectual and developmental disabilities and mental illness either singly by MHMRA or in collaboration with the DFPS.

***ISSUE #3 Services and supports for Aging Individuals with Intellectual and Developmental Disabilities, including Autism***

With the legislatively mandated separation of IDD and mental health service planning and provision into different sectors of the Texas Health and Human Services Commission (HHSC), persons with intellectual and developmental disabilities, including Autism, are now grouped with aging persons. However, aging persons with intellectual and developmental disabilities have very special needs that providers of general geriatric services are not usually trained or equipped to address properly. Consequently, one can anticipate that aging persons with intellectual and developmental disabilities who will likely lose their regular care-takers/advocates (i.e., parents), will be more likely to encounter greater access barriers and experience possibly substandard health care and supports.

**RECOMMENDATIONS #3**

State and local Aging and Disability Services planning should:

- a. Establish processes that ensure accurate identification of aging persons with intellectual and developmental disabilities and differentiate them from other groups of aging persons;
- b. Ascertain more comprehensively their needs for services and supports;
- c. Develop services and supports that are appropriate and cost-effective for aging persons with intellectual and developmental disabilities; and
- d. Secure funding to implement the identified services.
- e. Continue to collaborate with other agencies such as Area on Aging Agency, Regional DADS, Health and Human Services, Sheltering Arms, Care for the Elderly to identify and address the needs of persons who are aging and those with intellectual and developmental disabilities from a holistic perspective.

***ISSUE #4: Services and Supports for Individuals with Intellectual and Developmental Disabilities, including Autism, in the Criminal Justice System***

The inclusion of youth and adults with intellectual and developmental disabilities, including Autism, in community settings also creates opportunities for these persons to violate the law and to come in contact with the criminal justice system. Once in the system, their limited cognitive capacity, combined with criminal justice personnel's lack of knowledge about disabilities creates serious disadvantages. At present, there are no adequate screening methods for identifying people with intellectual and developmental disabilities as they enter the criminal justice system or diverting them successfully into effective services. Additionally, there are no methods for addressing unique needs that arise during incarceration and upon release.

The needs of individuals in the criminal justice system continue to be unmet.

**RECOMMENDATION: #4**

- a. Continue to participate in local and state workgroups and task forces to understand the issues related to persons with intellectual and developmental disabilities within the criminal justice system.
- b. Continue to collaborate with the County Probate Court to develop and implement effective court diversion for persons with intellectual and developmental disabilities.
- c. Continue to promote the Community Resource Exchange to bring together agencies and programs with resources to address issues related to persons with intellectual and developmental disabilities within the criminal justice system.

## **V. LOCAL AUTHORITY GOALS**

### **GOALS**

1. Create a comprehensive and cost effective service delivery system that provides opportunities for persons with intellectual and developmental disabilities to become functioning, contributing, and integrated members of society. Prevent institutionalization of "at risk" individuals that prefer to receive community based services.
2. Establish collaborative and supportive relationships with the public and private provider network to maximize efforts for persons with high intense needs.
3. Establish collaborative and supportive relationships with organizations to maximize services and supports for individuals with intellectual disabilities who are aging.
4. Continue to educate families and the public about service options and availability.
5. Strive to ensure an adequate and appropriate array of Safety Net Services and Supports available on a timely basis for persons needing such interventions.
6. Expand and Enhance Provider options within MHMRA Networks to Address the Services and Support Needs of People with IDD and Mental illness.
7. Expand and enhance Early Identification and Access to Essential Services and Supports for People with Mental Illness and IDD.
8. Integration of Care: continue process to address behavioral health needs, IDD, and physical health needs for individuals receiving services through the IDD service delivery system.

### **OBJECTIVES**

To achieve the stated goals, the Harris County Local Authority will implement the following objectives:

1. Continue to streamline the access and intake process for consumer services, and expand the availability of services and supports for persons with intellectual and developmental disabilities by partnering with community stakeholders.
2. Continue to promote and coordinate effective comprehensive services and supports by developing service providers within the medical, criminal justice, law enforcement, educational systems for the following consumer groups:
  - a. Children "at risk" for institutionalization
  - b. Persons with intellectual and developmental disabilities
  - c. Persons with co-occurring intellectual and developmental disabilities and mental illness
  - d. Persons with autism spectrum disorders, and
  - e. Persons with intellectual disabilities that are aging.
3. Continue to join and/or promote collaborative efforts at the state and local levels to develop jail diversion and

appropriate community-based programs for people with intellectual and developmental disabilities within the criminal justice system.

4. Continue to devote staff to public awareness and education for community organizations and agencies, school districts, and criminal justice system regarding services and supports for persons with intellectual and developmental disabilities through the Training & Community Outreach Program.

## **INFRASTRUCTURE AND LINKAGES**

In accordance with the Agency's Strategic Plan, the IDD Local Authority continues to be committed to refining its' infrastructure and internal support systems and establishing external links with providers and the community.

Infrastructure: To refine infrastructure, the ID Local Authority sets the following objectives:

- Continue to implement, refine, and restructure to prepare for contract performance review process by DADS.
- Continue efforts to meet or exceed DADS performance outcome measures/targets
- Continue to implement continuous quality improvement process.
- Continue to streamline the ID Local Authority system to reduce costs.
  
- Define quality according to consumer, family, and stakeholder satisfaction.
- Evaluate services according to output, outcome, and cost criteria.
- Meet or exceed Medicaid, Medicare, and third-party revenue targets.
- Continue to improve service and performance in the access and intake process for individuals served by the LA through the creation of accessible services that maximize resources.
- Continue to identify technologies to minimize administrative and operating cost and improve productivity.

Linkages: To foster linkages with the community and other providers, the authority set out the following objectives:

- Continue to establish relationships with the health care providers, community agencies and organizations such as private providers, school districts, private psychiatric hospitals, HCPC, HCHD, state supported living centers, DPFS, local DADS, law enforcement, and juvenile justice system to comprehensively meet the needs of persons with developmental disabilities.
- Continue to work collaboratively with the Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) to develop and refine service delivery mechanisms to reflect community needs.
- Establish, in conjunction with the Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC), criteria for "Best Value" in services.

## **VI. PROVIDER NETWORK PLANNING**

The LA serves as the point of entry in Harris County for the coordination of enrollment of individuals into Medicaid programs which include the Home and Community Based Services (HCS) Waiver and Texas Home Living (TxHmL) Waiver programs, and the community Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/IID). Harris County LA has a positive and collaborative relationship with the public and private program providers within Harris County. Currently, there are 361 private HCS program providers and 20 TxHmL program providers within the Regional Provider Network. Harris County LA hosts monthly meetings for issue identification and resolution, provision of legislative updates, and to serve as a forum for presentations by external presenters to enhance providers' knowledge of available resources to assist in meeting the needs of the individuals w both serve. During FY 2013, Regional Provider Network meetings became regionalized, and now include Texana Center, Gulf Coast Center, and Tri-County Services local authorities that participate in the provider network meetings. The benefit for the regional meetings is that the number of provider meetings required by DADS is reduced for those local authorities and providers that operate in all of the local authorities' catchment area. Moreover; Harris County LA staff and fifteen (15) Provider representatives participate in a System Quality Improvement Work Group that meets quarterly to address any identified system

issues. Over the years this work group has been very effective in establishing and maintaining open lines of communication and collaboration. Moreover; the LA serves as a "safety net" when a Harris County program provider's contract with the Department of Aging and Disability Services (DADS) is terminated, and is very responsive in assisting DADS in the coordinating the provider selection process and transfer of individuals to a different provider. Often times, due to health and safety issues the persons enrolled in the provider programs are in need of immediate placement; thereby necessitating a strong provider network that has the ability to respond quickly.

In the past, especially when a large number of HCS slots were allocated, Provider Fairs were held regularly to provide an opportunity for individuals to meet the providers; thereby assisting them in their decision-making regarding provider selection process. The Provider Fair benefited the program providers in that it was a mechanism for them to market their programs to potential program participants. However; due to the marked reduction in the allocation of HCS slots, and individuals/LARs low attendance, Provider Fairs are no longer held. In response to a progressive, technologically-based society, the LA has designed a website that provides extensive information to individuals and providers about the Provider Network System, and much more. Moreover; the Virtual Provider Fair concept was created and introduced to individuals and their families. With their demanding schedules families discovered the ease in which to obtain information via the use of technology. Individuals and their families can view Harris County HCS providers' brochures, video clips, or slides in the comfort of their own environment and as their schedule permits. Unlike the physical provider fairs, the online Virtual Provider Fair provides the opportunity for individuals to gain valuable knowledge 24 hours a day, 7 days a week