



LIDDA LOCAL SERVICE PLAN
2023-2024

MISSION AND VALUES

MISSION

Border Region Behavioral Health Center exists to provide cost-effective services that improve the quality of life of those we serve by promoting independence in the community.

VISION

Border Region Behavioral Health Center will be the leader in the provision of quality and cost-effective Mental Health and intellectual and developmental disability services that maximizes each person's potential.

GUIDING CONSIDERATIONS:

Border Region Behavioral Health Center is committed to providing quality services in partnership with the individual, the family, and the community. Border Region Behavioral Health Center strives to empower the individual and family by respecting their right to make choices about their lives. Border Region Behavioral Health Center is actively involved with community initiatives that will improve the quality of life. Border Region Behavioral Health Center believes that it is through commitment to the individual's personal and professional development that you build an organization that strives for excellence.

Border Region Behavioral Health Center is a contract agency of the state of Texas that is governed by a nine-member board of trustees appointed by the county commissioner courts of Webb, Zapata, Jim Hogg and Starr counties. Border Region Behavioral Health Center serves as the Local Mental Health Authority and Local Intellectual and Developmental Disability Authority for the following counties: Webb (Laredo, Texas); Jim Hogg (Hebbronville, Texas); Zapata (Zapata, Texas) and Starr (Rio Grande City, Texas).

Border Region Behavioral Health Center intends to provide the highest quality of services in the most efficient manner possible for eligible consumers while at the same time being good stewards.

I. LOCAL SERVICE AREA PLANNING PROCESS

The approach to planning is that Border Region Behavioral Health Center local service plan is based on internal information gathering based on stakeholder issues of concerns and identifying those external factors that impact the center's operations. Factors that impact the planning are organizational mandates in relation to funding of services, wait lists and the changing demographics of the four counties that our center services for the LIDDA program.

The Local Service Plan is composed of achieving the Center's vision using both the data gathered from annual reviews and the ongoing daily Center processes. Border Region Behavioral Health Center has many committees and councils that provide input concerning services. Some groups are composed of personnel that are internal to Border Region Behavioral Health Center, but many include participation by stakeholders from outside the

Center. This committee is the Planning and Network Advisory Committee (PNAC). Membership of this committee includes consumers, family members, community members and staff from other agencies from various counties serving Border Region Behavioral Health Center. Meetings are held as necessary to ensure this committee is up to date on agency, community and state policies. This group is also the driver behind the local community needs assessment surveys to identify local needs and priorities and strategies to address them. Many of the members are also members of their respective county's local Advisory Councils and bring local issues of concern for consideration as a possible Center-wide concern that may need to be addressed.

II. EXTERNAL/INTERNAL ASSESSMENT

Border Region Behavioral Health Center has a comprehensive methodology for gathering information to assess key factors that influence the efforts of meeting the vision, mission and goals.

EXTERNAL ASSESSMENT

The external assessment of service delivery is mostly provided by the Health and Human Services Commission (HHSC) through their oversight of performance contract expectations. The following external methodologies are utilized to gather information regarding the many facets of service delivery and business practices in IDD services:

HHSC Reviews

- 1) Home and Community Based Waiver Services (HCS) and
- 2) Texas Home Living Waiver Services (TxHmL) Provider Services
- 3) Quality Assurance Authority Review
- 4) Budget and Cost Reports
- 5) Mental Retardation and Behavioral Health Outpatient Data Warehouse (MBOW)
- 6) CARE
- 7) IDD Financial Audit every two years
- 8) Audit HCS and TxHmL billing every two years
- 9) Annual Fiscal Audit by External Auditor
- 10) Building Safety Inspection by Texas Risk Management Council

INTERNAL ASSESSMENT

Internal Assessment of service delivery and business practices are generally done through internal reviews and audits, satisfaction surveys and community needs assessment surveys. The following is a general list of the internal review processes that are undertaken at Border Region Behavioral Health Center:

- HCS and TxHmL and GR Satisfaction Survey
- Quarterly Consumer Advisory Committee meetings for HCS, TxHmL, Authority Corporate Compliance or Quality Management Audit
- Community Needs Assessment
- Utilization Management Reviews of MBOW Data
- Review of Performance Accountability Measures

III. LOCAL AUTHORITY ASSESSMENTS COMPONENTS POPULATION

Priority Population Description for Intellectual and Developmentally Disabled Services:

The priority population for IDD services consists of persons with an intellectual disability as defined by Texas Health and Safety Code § 591.003 individuals with a pervasive developmental disorder (including autism) or autism spectrum disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders; individuals with a related condition, who are eligible for and enrolling in services in the ICF/IID Program, Home and Community-based Services (HCS) Program or the Texas Home Living (TxHmL) Program; children who are eligible for Early Childhood Intervention services through the Department of Assistive and Rehabilitative Services (DARS); and nursing facility residents who are eligible for specialized services for intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act.

The priority population for intellectual and developmental disabilities includes those persons who request and need services and possess one or more of the following conditions:

- Intellectual Disability, as defined by 591.003, Title 7, Health and Safety Code: the IQ requirement has been lowered from 70 or below to 69 or below as of April 1, 2016. Individuals found eligible with an IQ of 70 prior to April 1, 2016, remain eligible despite the change.
- Autism Spectrum Disorder as defined in the Diagnostic and Statistical Manual (DSM-V), which encompasses all previous sub-types (autism disorder, Asperger's Disorder) of the DSM IV-TR category "pervasive developmental disorder (PDD).
- Children eligible for Early Childhood Intervention Services (ECI) regardless of IQ.
- Nursing facility residents eligible for PASRR mandated services for individuals with intellectual disabilities or a related condition per federal guidelines.

For persons with IDD and autism, the priority population includes only those individuals whose needs for services can be most appropriately met through programs currently or potentially offered by the IDD services division of HHSC.

Border Region Behavioral Health Center serves individuals with IDD beginning with Eligibility Determination at Intake, Service Coordination for the development of Individual Person Directed Plans, and a variety of community services intended to promote independence.

The Center provides the following services through its IDD Services division:

- **Screening and referral** is the process of gathering information through structured interview, and by reviewing medical and school records to determine potential eligibility for IDD services. The majority of individuals for whom information is gathered move to eligibility determination. For those who clearly will not be eligible for services, referrals to the most appropriate service

resource are made. During the screening process, the individuals' initial service preferences are documented and placement on the interest lists for HCS and TxHmL is discussed.

- **Eligibility Determination** As assessment or endorsement conducted in accordance with the Texas Health and Safety Code § 593.005 and 25 TAC Chapter 415, Subchapter D to determine if an individual has an intellectual disability or is a member of the HHSC priority population.
- **Service Coordination** Assistance in accessing medical, social, educational and other appropriate services and supports to help an individual achieve quality of life and community participation acceptable to the individual as described in the Plan of Services and Supports. Service Coordination is provided to people in the General Revenue, HCS, TxHmL, PASSR, and Community First Choice (CFC) program. Service coordination functions are:
 - **Assessment** to identify an individual's needs and the services and supports that address those needs as they relate to the nature of the individuals' presenting problem and disability;
 - **Service planning and coordination** are activities to identify, arrange, advocate, collaborate with other agencies, and link for the delivery of outcome-focused services and supports that address the individual's needs and desires;
 - **Monitoring** activities to ensure that the individual's needs and desires
 - **Crisis prevention and management** activities that link and assist the individual to secure services and supports that will prevent or manage a crisis
- **Continuity of Services:** Assistance in placement into or out of a state facility, enrollment, or transfer into the HCS or IC/IMR program, or assistance in maintaining an individual's placement or developing another placement for the person.
- **Service Authorization and Monitoring:** Service Coordination provided to an individual who is assessed as having temporary relief.
- **Respite:** Support Services provided to the consumer in or out of the home to give the family or primary care givers temporary relief.
- **Employment Assistance:** Assistance in helping a participant locate paid employment in the community by assisting the participant to identify his or her employment preferences, his or her job skills, his or her requirements for work setting and work conditions, and prospective employers offering employment comparative with the participant's identified preferences, skills and requirements.
- **Supported Employment:** Supports provided to an individual to assist them in maintaining their job in the community.
- **Vocational Services:** Services provided away from an individual's home to help the individual develop and refine skills necessary to live and work in the community.

- **Day Habilitation:** Assistance with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and participate in home and community life.
- **Community Supports/Individualized Skills and Socialization (ISS):** Services and supports provided to an individual in the individual's home or community that are necessary to achieve outcomes in the Person Directed Plan.
- **Foster Care Services:** Services provided to individuals who are in need of a residential setting and are eligible for HCS.
- **Special Therapies:** occupational therapy, physical therapy, speech, audiologists, and dietary services provided to individuals who have been identified with a need and participate in a Medicaid waiver.
- **Behavioral Support:** Provides specialized interventions that assist a participant to increase adaptive behaviors to replace or modify maladaptive behavior that prevent or interfere with the participant's inclusion in home and family life or community life.
- **Nursing:** This service includes treatment and monitoring of health care procedures prescribed by a physician / medical practitioner and/or required by standards of professional practice or state law to be performed by licensed nursing personnel.
- **Permanency Planning:** this service is for persons under age 22 enrolled in or in the process of being enrolled into an Intermediate Care Facility or HCS residential setting. Border Region Behavioral Health Center conducts permanency planning.

COLLABORATION

Border Region Behavioral Health Center is integrated into the community and collaborates with various agencies and local systems in order to provide comprehensive supports to consumers while avoiding duplication of effort. Examples of these efforts are as follows:

- **State Supported Living Centers:** The Center works closely with the State Supported Living Centers to facilitate placements in the community once consumers are identified as needing placement. Collaboration with the admissions department occurs when community-based consumers are in need of facility placement.
- **Community Resource Coordination Groups (CRCG's):** Border Region Behavioral Health Center assigns staff to participate in local CRCG's to assist in planning for consumers that are served by multiple providers.
- **Local School Districts:** Collaboration occurs with transition into and out of the school system. Supports are provided to school aged who meet priority population criteria.

- **Counties:** Border Region Behavioral Health Center works closely with the local governance entities that are the sponsoring agencies or the Center. Staff routinely work closely with county judges, area schools, area schools, local law enforcement and other social service providers to meet consumer needs.
- **Community Centers:** Border Region Behavioral Health Center is a member of the Texas Council for Community Centers, through which the efforts are collaborated. We visit other centers, information share, and help to identify opportunities to help improve our services.

IV. COMMUNITY NEEDS AND PRIORITIES

Border Region Behavioral Health Center will increase public awareness of the services it provides in all four counties we are represented in such as Webb (Laredo, Texas); Zapata (Zapata, Texas); Jim Hogg (Hebbronville, Texas) and Starr (Rio Grande City, Texas).