

**Mental Health Mental Retardation  
Authority of Harris County**

**LOCAL PLAN REVIEW  
FY 2006-2007**

**PART II  
MENTAL RETARDATION  
AUTHORITY**

## **EXECUTIVE SUMMARY 2006-2007**

In accordance with Guidelines for Local Service Planning and Texas Health and Safety Code (THSC), 533.0352 the Harris County Mental Retardation Authority (HCMRA) 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. HCMRA 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.

HCMRA 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. Moreover, those responsibilities include policy development that addresses the needs of the HCMRA 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, HCMRA ensures that services are coordinated among and between network providers; and other persons, and provides consumers a choice among all eligible network providers.

### **Description of Population Served**

HCMRA is committed to serving residents of Harris County whose lives are affected by mental retardation 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; however due to funding constraints we are only able to focus on the priority populations as defined by DADS. Throughout its history, HCMRA seeks *additional funding* to the extent possible to provide services to those who fall outside the priority populations but are in need of our services. The local planning report describes various sources of Non-General Revenue funding.

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

Mental Health Mental Retardation Authority of Harris County (HCMHMR) was created on November 19, 1965, and was the second center created in Texas. It is the largest mental health and mental retardation 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.

Part I of the Local Plan chronicles the history of MHMRA as well as the outstanding achievements of the HCMRA 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 HCMRA Major Projects (2003-2006).

HCMRA, under the auspices of MHMRA of Harris County, is fully aware of the challenge to do more and better with fewer resources. Its workforce, its management, and its Planning Advisory Council 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

Congruent with the vision of the HCMHMRA, HCMRA's vision is that the public mental health and mental retardation system will act in partnership of consumers, family members, service providers and policy makers which creates options responsive to individual needs and preferences. This vision includes recognition of these values.

- The individuals that HCMRA serves share common human needs, rights, desires and strengths
- HCMRA celebrates cultural diversity and individual uniqueness and is committed to support individual choices and preferences.
- HCMRA is committed to developing an environment that inspires and promotes innovation, fosters dynamic leadership and rewards creativity among our staff, volunteers, and consumers.

## Mission

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

Under the umbrella of the Agency's mission, the mission of the HCMRA is that persons with mental retardation or developmental delays 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

The HCMRA adheres to the following values that guide the operational support and service delivery of the 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. Doing what you say you will do.
- **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. Best value.
- **Efficiency**: Optimizing the use of available resources to achieve the desired results.

## Description of Services and Supports

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

- **Eligibility Determination** – Assessment determines whether a person has MR/RC, and whether a person is a member of the priority population.
- **Service Coordination** – Service 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** – Service 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, including community supports, respite services (in or out of home), employment assistance, individualized competitive employment, and specialize 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).
- **In-Home Family Support** – Grant benefits are available to eligible individuals and families to pay for services or items that meet a need that exists solely because of the individual's mental retardation or a related condition and which allows the individual to maintain or improve his or her ability to live in the community.
- **Day Training Services** – These services, which are provided away from an individual's home, assist the individual in developing and refining skills necessary to live and work in the community. This category includes vocational training and day habilitation services.
- **Residential Services** – These 24 hour services are available to an individual with mental retardation who does not live independently or with his or her natural family. There are three types of general revenue funded residential services: family living, residential living, and contracted specialized residences. This is a very limited service and is being phased out as opportunities become available to refinance services to Medicaid-funded supports or as individuals leave residential services.

### **Local Authority Service Priorities (Strategic Issues)**

Drawing upon their previous year of operational reviews, plan review, and issues identification and discussion, the MR PAC formally summarized their recommendations for the overriding, highest level of service and program priorities for the Mental Retardation Services Division during spring of 2006. The process for determining service priorities and strategic issues was through the MR PAC forming a planning subcommittee that reviewed, discussed and prioritized the identified issues presented by program staff. The strategic priorities were reviewed by the full PAC before submission to the Program Committee of the Board of Trustees for review and acceptance.

The following page summarizes the programmatic priorities from the MR PAC that was 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. Persons with Mental Retardation and Mental Illness
2. Persons with Autism Spectrum Disorders
3. Aging Persons with Mental Retardation and Developmental Disabilities
4. Persons with Mental Retardation in the Criminal Justice System

## **Strategic Priorities**

Issue #1: Continued distribution of allocation of Equity General Revenue allocation to the Local MRAs

Issue #2: Services and supports for persons with mental retardation and mental illness

Issue #3: Services and supports for persons with autism spectrum disorders

Issue #4: Aging persons with mental retardation and developmental disabilities

Issue #5: Persons with mental retardation in the Criminal Justice system

## **Goals**

1. Create a comprehensive and cost effective service delivery system that provides opportunities for persons with mental retardation and developmental disabilities to become functioning, contributing, and integrated members of society.
2. Deliver services and supports within the limits of resource availability, within payer requirements and constraints.
3. Optimize service capacity and improve configuration to accommodate volume and service needs.
4. Maximize revenue and cost management strategies
5. Expansion and coordination of services provided

## **Objectives**

To achieve the stated goals, the HCMRA will implement the following objectives:

1. Continue to streamline the intake and access process for consumer services, and expand the availability of services and supports for persons with mental retardation and developmental disabilities by partnering with community stakeholders.
2. 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 mental retardation and developmental disabilities within the criminal justice system.
3. 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 mental retardation through the MR Community Relations Outreach Program.
4. Continue to demonstrate the use of "Best Practices" when making decisions in service delivery.
5. Gather input from persons served, families, utilization management, community members and staff to include in the development of the quality management process.
6. Continue to promote and coordinate effective comprehensive services and supports by developing service providers within the medical, criminal justice, law enforcement and educational systems for the following consumer groups:
  - Persons with mental retardation,
  - Persons with co-occurring mental retardation and mental illness,
  - Persons with asperger's disorders,
  - Persons with autism spectrum disorders, and
  - Persons with mental retardation and developmental disabilities who are aging.
7. Support successful aging through development of appropriate and cost effective services and supports for aging persons with mental retardation and developmental disabilities.

## **Resource Development and Allocation**

HCMRA 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 two primary sources of funding for HCMRA: Medicaid earned revenue and general revenue from the Department of Aging and Disability Services (DADS). With allocation of Equity GR

funds, dollars are now available for the provision of new services or enhancing the number of persons receiving services. The resource development activities include the following:

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

- Implementation of strategies to increase the number of Medicaid eligible consumers
- Obtains 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.
- Aggressively seeks to contract 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 consumers
- 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.
- Improve efficiencies through the use of available technology such as the Blackberry, video-conferencing, 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.

The local planning for the HCMRA is a collaborative effort among MR/PAC, HCMRA 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 in assisting HCMRA to achieve success on a consistent basis. Most importantly, HCMRA has consistently displayed leadership, innovation and a "can do" attitude as demonstrated by the history of the creation of unique programs to meet the unmet needs of Harris County residents and the ability to meet or exceed the contract performance outcomes as stipulated by DADS with limited funds.

We look forward to new challenges for Fiscal year 2007.

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## **I.1 1. INTRODUCTION**

### ***Purpose and Function of Harris County Mental Retardation Authority (HCMRA)***

#### ***Purposes***

In accordance with Guidelines for Local Service Planning and Texas Health and Safety Code (THSC), 533.0352 HCMRA 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 populations.
3. Carrying out the policies of the state to ensure treatment of persons in their own communities, when appropriate and feasible; that the services be the responsibility of local agencies and organizations to the greatest extent possible; and to offer services first justice entities to persons who are most in need by:
  - Providing screening services and continuing care services for persons entering or leaving state facilities (state schools and state hospitals)
  - 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 HCMRA 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 HCMRA 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 consumers a choice among all eligible network providers

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

<b>Center-wide Administrative/ Support Services</b>	<ul style="list-style-type: none"> <li>▪ Call Center</li> <li>▪ Accounting</li> <li>▪ Financial Services</li> <li>▪ Credentialing</li> <li>▪ Quality Management/Consumer Rights</li> <li>▪ Information Technology</li> <li>▪ Facilities</li> <li>▪ Human Resources</li> <li>▪ Accounting Services</li> <li>▪ Public Affairs</li> <li>▪ Contract Management</li> <li>▪ Risk Management</li> </ul>
<b>MR Authority Services</b>	<ul style="list-style-type: none"> <li>▪ Local Planning</li> <li>▪ Intake/Eligibility</li> <li>▪ Business Office</li> <li>▪ Consumer Benefits Assistance</li> <li>▪ Interest list Management</li> <li>▪ Utilization Management</li> <li>▪ Quality Improvement</li> <li>▪ Service Coordination</li> <li>▪ Service Authorization &amp; Monitoring</li> <li>▪ Continuity of Services</li> <li>▪ Network Development &amp; Transportation</li> <li>▪ In-Home Family and Support</li> <li>▪ Resource Coordination &amp; Training</li> <li>▪ Transition Services</li> </ul>

**2. Provider of Last Resort**

Over the years, HCMRA has positioned itself as the provider of last resort. It is our desire to contract out 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 mental retardation and developmental disabilities. The services provided directly through the HCMRA are those that private providers have refused 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 mental retardation and psychiatric impairments, pervasive developmental disorders (Autism Spectrum Disorder, Asperger’s) or persons with challenging behaviors. For those services and supports, that the provider network does not wish to provide, the HCMRA 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 study completed by the MR Needs Assessment for “*Mental Retardation and other Developmental Disabilities, including Autism in Harris County*”, there are an estimated 85,014 Harris County citizens with mental retardation, approximately 6,801 people who have Autism Spectrum Disorder, and an estimated 36,865 residents of Harris County with mental retardation 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. To expand the provider network, the HCMRA is willing to provide training to community providers in order that we can began to address the intense needs of this population. To date, DADS has not required a Provider of Last Resort Plan.

**3. Partnership with Community Resource Coordination Group**

In fulfilling the requirement for coordination of services, the HCMRA participates as a partner with the following (CRCG) CRCG for adults (CRCGA). Over the years, the collaborative effort of local interagency groups comprised of public and private providers to coordinate services for persons of all ages, including children, youth, and adults 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 HCMRA notifies CRCG when a youth with developmental disabilities IS 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-MR/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. Moreover, 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, HCMRA adheres to DADS stipulation that the HCMRA conducts initial permanency planning for individuals under 22 years old who are enrolling in an ICF/MR (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/MR or an HCS residential setting.

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

In an effort to become actively involved in the Jail Diversion Initiative, HCMRA staff collaborates with the Mental Health Authority's Forensic unit, and the Courts, and actively participates as a member of the Jail Diversion Taskforce with the goal of developing options for people with mental retardation in the criminal justice system. Recently, the HCMRA has become a participant of the Texas Appleseed Project, which fosters a public education campaign for, and monitoring of, indigent defense improvements in Texas.

In addition, MR clinical staff, in conjunction with staff from the Mental Health Authority (MHA), participates in a Court Pilot Program for persons with mental retardation and developmental disabilities that was initiated in response to the concerns of a Criminal District Court Judge regarding some probationers who appeared to be noncompliant with the conditions of probation, possibly due to limited cognitive ability. To address this concern, a plan was formulated by staff from the HCMRA's Clinical Services Department, Mental Health Authority (MHA) Adult Forensic program, University of Texas Medical Science Institute (UTMSI) and the Judge for the Criminal District Court. The outcome of the collaborative effort was to:

- Develop a brief screening tool to screen defendants who appear to have limited cognitive ability, and train key personnel to work with defendants with mental retardation (HCMRA)
- Staff provide case management (HCMHA)
- Develop a grant to support a study of the effectiveness of this model (UTMSI) seek funding for a probationer to handle special caseload of approximately 25 persons (District Court)

#### **6. *State School Involvement***

For many years, HCMRA has hosted a bi-monthly regional transition planning meeting with Richmond State School, Brenham State School, and MRAs in the surrounding counties to ensure effective

communication and collaboration regarding the planning process for persons transitioning from the state school to the community. Initially, these meetings were held monthly; however due to the meetings effectiveness for problem solving, the meetings are now held bi-monthly. In addition, the HCMRA hosts a Deputy's regional planning meeting on a quarterly basis. The participants in these meetings include the Deputy/Director of Mental Retardation Services and Superintendent of the State School.

### ***7. State Hospital Involvement***

Due to the HCMRA's emphasis on the provision of "safety net" services, the number of persons with mental retardation admitted to the state hospital is remarkably low. The provision of clinical services for persons with a dual diagnosis of mental retardation 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 HCMRA 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 HCMRA or through a physician in the community.

Periodically, crisis intervention is needed for persons with a dual diagnosis of mental retardation 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, usually the service coordinator is able to coordinate and authorize emergency respite service on the same day. This is done through contracts the HCMRA 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 HCMRA staff, contact procedures have been provided to the NPC staff.

In a collaborative effort to ensure that persons with mental retardation receive appropriate treatment, several meetings have been held with key staff from both the Harris County Hospital District and the HCMRA to formulate strategies to ensure that this target population is treated by physicians with knowledge pertaining to mental retardation. In addition, there is a MR Liaison Team housed at the Harris County Psychiatric Hospital (HCPC) to assist in identifying those persons with mental retardation, and ensuring that appropriate referrals are made to the HCMRA for screening or service coordination.

### ***9. Promoting Independence Initiative***

The purpose of the Promoting Independence Initiative (PII) 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. Zimring* (June 1999).

The HCMRA actively facilitates and coordinates the transition of Harris County residents with mental retardation from large Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) with 14 beds or more to community based programs. The individuals' are provided by DADS, and must be enrolled within the community based program selected by the individual or the Legally Authorized Representative within a specified time frame. The majority of individuals choose the Home and Community Based Services (HCS) as their provider for services and supports.

In addition, a designated HCMRA representative participates in the "Money Follows the Person" (MFP) interagency Committee which is another Promoting Independence Initiative sponsored by the local Department of Aging and Disability Services (DADS). This committee is responsible for the identification and resolution of barriers to the successful transition of individuals from nursing facilities to the community. The money that had been used to provide their nursing facility services is transferred to

the community program up to the amount required to provide community services, while that person receives services in the community. This system allows nursing facility residents to receive the needed services in a location of their choice without having to be placed on the Interest list for Community-Based Alternatives or Medically Dependent Children. Moreover, participation in this effort provides a great opportunity to discover commonalities and differences in the array of services and supports provided and populations served. In fact, most of the organizations and agencies represented provide services to the same individuals, including persons with mental retardation and developmental disabilities.

## ***VISION***

The vision of the MHMRA is that the public mental health and mental retardation system will act in partnership of consumers, family members, service providers and policy makers which creates options responsive to individual needs and preferences.

This vision includes recognition of these values:

- The individuals MHMRA serves 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 developing an environment that inspires and promotes innovation, fosters dynamic leadership and rewards creativity among our staff, volunteers, and consumers.

## ***MISSION***

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Under the umbrella of the Agency's mission, the mission of Harris County Mental Retardation Authority is that persons with mental retardation or developmental delays 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***

The Mental Retardation Authority of Harris County adheres to the following values that guide the operational support and service delivery of the 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. Doing what you say you will do.
- **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. Best value.
- **Efficiency**: Optimizing the use of available resources to achieve the desired results.

## **II. LOCAL PLANNING PROCESS**

Planning at the Mental Retardation Authority of Harris County (HCMRA) 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 HCMRA, 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.

### ***Mental Retardation Planning Advisory Council (MR-PAC)***

The HCMRA 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 HCMRA Planning Advisory Council (MR/PAC), along with PACs for Adult Mental Health, Children and Adolescent, and the Medical PAC. The MR/PAC provides advice and recommendations to the Board of Trustees regarding community priorities for services and best practices, and is supported by divisional staff.

The MR/PAC, which is composed of 30 members; fifty percent of which are consumers or family members of consumers; including children or adolescents meets monthly. The MR/PAC has four (4) special committees which include the MR Authority Committee (includes provider network planning), Public Awareness Committee, Transportation Committee and the Education Committee.

An example of the involvement of the MR/PAC is the annual "Picnic in the Park" for persons with mental retardation and developmental disabilities sponsored by the Public Awareness Committee. The picnic held in April 2005 and March 2006 were highly successful; over 600 persons signed in upon arrival for both events. Although the intent of the picnic is for persons with developmental disabilities and their families to relax, and to have fun-filled day, it also presents an opportunity for professional staff to answer questions about services and supports, as well receive feedback regarding satisfaction with services. The HCMRA's staff supported this effort by assisting with the coordination of the events, and mailing over 4,000 invitations to persons currently receiving services and to those persons on the MR Interest list.

The Deputy Director provides initial and ongoing training to all MR/PAC members, attends all meetings of the PAC and assigns senior managers to attend all meetings of the committees of the MR/PAC. This process ensures that the MR/PAC is routinely appraised of critical strategic issues, program achievements, and operational challenges. Information made available to the MR/PAC comes from divisional staff as well as from special investigations by the Executive Decision Support (EDS) department. Special studies, as requested by the MR/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 MR/PAC meetings as appropriate or needed.

The Board of Trustees maintains a close and continuous connection with its planning advisory council. First, all PAC meeting minutes are submitted for review and acceptance to the Board of Trustees through its Program Committee. Second, one or more Trustees are also assigned to serve as "Board Liaison" to the MR/PAC. The Board Liaison is the person who formally presents the MR/PAC's official recommendations or requests for clarification to the Board of Trustees on behalf of the MR/PAC. Third, and finally, the PAC chairs are regularly invited to present to the Program Committee, the PAC's processes, issues, and progress.

The PAC has been extremely active in seeking opportunity 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 is integrated within the planning process. 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 HCMRA's progress in meeting the Performance Contract with the Department of Aging and Disability Services (DADS), which incorporates performance data relative to the plan.

Also, the Executive Director and the Deputy Director share with the PAC emerging or anticipated issues and seek their assessment and advice. The HCMRA staff continuously and regularly conducts special studies to clarify the issues and to gather basic information needed by upper management, the Board of Trustees, the Advisory Board, and even with external, independent planning groups such as the Mental Retardation Needs Council for planning and making decision purposes. This information not only covers internal data relating to the HCMRA's capacities, service performance, clientele profile, operational capacities and processes, compliance with state contracts, and assets) but also external forces (market trends, market penetration potentials, unmet needs, collaborative readiness on the part of other agencies, etc), and constraints (market saturation, salary competition, human resource availability or scarcity, regulations, judicial edicts, etc). 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. The Executive Director continues to expose and discuss major issues relating to new directions or new challenges in a lead article in our *Interface* magazine. In addition, the Quality Management Director or designee meets with the MR Leadership team monthly regarding program improvement outcomes.

In summary, the openness of the HCMRA's planning process and the collaborative nature of this process with the community are the HCMRA's trademarks. This openness is evidenced by the innovative and progressive programs that the HCMRA has implemented, such as programs for persons with a dual diagnosis (mental retardation and psychiatric impairments as well for those persons with a Pervasive Developmental Disorder. Quality Improvement is achieved through the continuous evaluation of the effectiveness of systems and processes, and the modification of those systems, as necessary.

## ***FY 2005 Assessment Results***

The listed priorities as identified by the MR PAC, and Board of Trustees and the Public Listening Forum held in FY'05 (November, 2004) and included in the Local Plan for FY 2005 are currently being addressed as follows<sup>1</sup>:

- ***Inequity in the distribution of General Revenue allocation to the Local Mental Retardation Authorities.***

Effective FY'06, Legislature mandated equitable distribution of General Revenue (GR) funding to MRAs to address the inadequate funding to meet the needs of persons with mental retardation and developmental disabilities.

- ***Services and Supports for Persons with Mental Retardation and Mental Illness***

As a result of the allocation of equity GR funds, programs have been initiated or expanded to serve persons with a diagnosis of Asperger's, and a dual diagnosis of mental retardation and a psychiatric

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<sup>1</sup> Listening Forum details can be accessed at [www.mrnc.hctx.net](http://www.mrnc.hctx.net).

impairment. The Coffee House, a site-based habilitation program was created to serve individuals with Asperger's Disorder as well as an Applied Behavioral Analysis (ABA) outreach program to serve children with challenging behaviors. The Community Support services were expanded to remove persons with a dual diagnosis of mental retardation and mental illness from the interest list. Other expanded services include respite and day habilitation.

- ***Respite Services for Persons with Disabilities***

Although In-Home Respite services have indeed been expanded, more providers within the Provider Network are needed to provide Crisis Respite.

- ***Reduction of MR Interest Lists***

HCMRA's interest lists exceed 4,000 persons waiting for services. During the Regular Session of the 78<sup>th</sup> Legislature, DADS received \$97.9 million for reducing the interest lists for the waiver programs. For the biennial FY 2006-2007, Harris County was allocated Medicaid funding to offer an estimated 479 persons on the Interest list an opportunity to participate in the Home and Community Based Services (HCS) program. Persons are enrolled in the HCS Program on a first-come first-serve basis; currently Harris County residents who were placed on interest list in 1997 are being offered the opportunity to enroll in the HCS Program. In addition, due to the allocation of the Equity GR Funds service capacity is expanding; thereby allowing more persons waiting for General Revenue funded services to receive requested services. While equitable funding and the allocation of Medicaid funding for HCS Waiver slots do not guarantee that interest lists do not exist, any additional funding will reduce the number of persons waiting for services.

### III. EXTERNAL/INTERNAL ASSESSMENT

#### Internal Processes for Assessing Key Factors

Four administrative venues provide support for assessing key factors that affect the planning process: (1) the HCMRA program staff, (2) the MHMRA Executive Decision Support Department, (3) the Quality Management (QM) department, and (4) the Operational Supports division.

- ***Role of HCMRA Program Staff***

Administrative staff in each division's program usually 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. Typically, complaints are addressed on the program level; however when complaints points to a systemic problem, the complaint is provided to the MR Management Team, Quality Management or the PAC, as appropriate for resolution. (Process for Quality Management) On the program level, HCMRA continuously assesses the effectiveness of its service delivery system through the person directed planning process. During the intake process, a Service Coordination Assessment is completed for each individual requesting services to determine the intensity of needs, and the appropriate program for referral. Once the individual is accessed to services, a comprehensive Person Directed Assessment is completed to identify met and unmet needs, and to assist him/her in determining personal outcomes. Based on the assessment, a Person Directed Plan is developed to address the unmet needs, as identified by the consumer. To address the unmet needs, consumers are given the opportunity to identify their preference for services and supports. These assessments are not only used to address the individual's unmet needs, but are also used to identify gaps in services and the need for resource allocation. When requested services are not available, they 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 routinely held to discuss and resolve issues and barriers to an individual achieving his/her desired outcome. The Barrier Buster meetings are facilitated by the Medical Director for the Mental Retardation Services Division, and include participants such as the service coordinator, service coordinator program director, program provider, and clinical and administrative staff, including the deputy director for the Mental Retardation 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 the program provider staff. Through the collaboration, brainstorming, and the contribution of ideas by multi-discipline professionals, these meetings have proved to be invaluable for removing barriers to achieving personal outcomes for the individuals we serve.

Moreover, utilization management is very critical in determining service utilization and resource allocation. The over utilization or under utilization of services are 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 person 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.

HCMRA places a high priority on the utilization of technology to streamline processes, increase efficiency and cost effectiveness. For example, all service coordinators have been assigned laptops with wireless Air Cards, which has resulted in the completion of required documents within the required time frames. Key staff persons are assigned a Blackberry for accessibility, as well laptops with "Go to

My PC” for accessibility to the desk top PC, when needed. In addition, the Clinical Services program is actively utilizing Telemedicine, with positive results.

Other processes that have resulted in very positive outcome include the modification of the access and intake process, and the implementation of new processes. The most effective strategy has been the assignment of selected service coordinators at the point of entry (POA) into the mental retardation service delivery system. The POA Service Coordinator, in conjunction with the individual requesting services, completes the Person Directed Plan (PDP) and Individual of Care (IPC); thereby authorizing services and accessing individuals to services immediately.

With the allocation of the equity GR funds over the next seven years, as stipulated by DADS, and the expansion of service capacity, an increased focus has been placed on the HCMRA to manage a viable interest list over time to ensure that program providers vacancies are filled in a timely manner, and most importantly that persons requesting services are accessed to services within a timely manner.

The centralization of clerical support has resulted in greater efficiency and accountability for mass mailing to individuals served, and program providers, and in the provision of required documents to individuals served, program providers, medical records, and other programs, as appropriate within the specified time frames. Moreover, this approach provides a reliable system for tracking the distribution of documents.

- ***Role of the Executive Decision Support (EDS)***

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 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)***

The Quality Management Department routinely monitors various aspects of the HCMRA programs (e.g., program monitoring, incidents, rights violations, consumer satisfaction, etc.). From this monitoring the QM Department provides regular reports that profile the performance of each program. These profiles are shared with the PAC so that they can provide informed input and recommendation regarding processes that may improve the quality and efficiency of the programs (internal and external).

In addition, in an effort for the HCMRA to provide information about supports and services, and to solicit feedback regarding the service delivery system meetings are held with consumers, 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 HCMRA works collaboratively with the Quality Management Department to ensure quality services and ongoing compliance with the Performance Contract with DADS. To that end, under the oversight of Quality Management, a self monitoring review process has been implemented whereby program monitors within the HCMRA conduct program reviews on a quarterly basis. The results of the reviews are provided to Quality Management. Moreover, focus reviews are conducted upon request by the Quality Management Department or by a specific HCMRA program. Meetings are held with the HCMRA program monitors and Quality Management staff on a monthly basis to discuss the effectiveness of the reviews, and to provide technical assistance.

The HCMRA's Quality Improvement staff conducts a consumer satisfaction survey via phone using a questionnaire on a quarterly basis to solicit feedback and input from individuals receiving mental retardation services to identify areas for quality improvement. The survey focuses on the person's

satisfaction with access to services, quality of services, and the HCMRA's responsiveness to stated concerns and issues.

The survey results and system modification, when necessary are provided to Quality Management. Complaints that point to systemic problems which cannot be resolved on the program level are forwarded to Quality Management as well as other problem solving entities, as appropriate.

▪ ***Role of the Operational Supports Division***

The various operational support departments provide information concerning the HCMRA's performance via the contractual targets, financial status of the HCMRA, personnel issues and challenges, technological challenges and implementation goals programmatic areas, or obtaining input through special committee meetings or community forums. In addition to these meetings, meetings are held with consumers to provide information about supports and services, and to solicit feedback regarding the service delivery system. Meetings are held 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.

**External Processes for Assessing Key Factors**

HCMRA 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/Liaisons**

***Greater Houston Partnership (GHP) Health Care Taskforce:*** Interagency committee formed to address issues surrounding emergency services in Harris County. HCMRA was well represented in this effort to ensure that the needs of persons with mental retardation, as well those persons with mental retardation concurring with mental illness, and persons with developmental disabilities were acknowledged and represented in the formulation of a county-wide plan to address issues pertaining emergency services for persons who are uninsured and indigent.

***Coalition Special Needs Committee:*** Committee formed by the Mayor to address housing needs for Hurricane Katrina and Rita evacuees, including persons with developmental disabilities.

***Mental Retardation 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 mental retardation 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 HCMRA representatives serve on the MR Needs Council.

***Coalition for Care for the Elderly:*** Coalition of community organizations that identify issues and collectively explore service options for the elderly, including elderly persons with developmental disabilities.

***United Way Interagency Committee:*** 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 HCMRA is an active participant on this committee and attends monthly meetings.

**“Money Follows the Person” Committee sponsored by local DADS:** Interagency committee addresses issues pertaining to Promoting Independence Initiatives, i.e., transitioning persons to the community from nursing facilities, and state schools, and large ICF/MR facilities. The primary focus of the committee is the successful transition of individuals from nursing facilities to community based programs. HCMRA was invited to provide a presentation relative to promoting independence pertaining to individuals transitioning from large ICF/MR facilities to community based programs. Due to the recognition of common issues, the local DADS requested the HCMRA’s participation on the committee, which meets monthly. This collaboration is very positive in that the HCMRA has the opportunity to serve as the voice for persons with mental retardation and developmental disabilities in the problem identification and resolution process.

**HISD Region 4 Transition Committee:** Assists schools with improving student performance, enable schools to operate more efficiently and effectively, and implement initiatives assigned by the Legislature or TEA Commissioner.

**Caring for Adults with Respect and Empathy (CARE): An Interagency Collaborative Council for Incapacitated Adults:** an interagency taskforce that identifies issues and resolutions to enhance services for incapacitated adults in Harris County.

**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 HCMRA works closely with DFPS, particularly when enrolling children under DFPS’s conservatorship who are turning 18 years old into the HCS program, as stipulated legislatively by Rider 54. In addition, the HCMRA serve as a safety net for DFPS in assisting in interim placement such as emergency out of home respite for children and youth.

**In-Family and Support Program (DADS):** Provides funding for services or items, including special equipment, architectural modifications to home, health services, counseling and training services, home care services, transportation, respite care, other items or services that meet criteria. The HCMRA’s IHFS program has a designate d staff person who serves as a liaison with the local DADS IHFS program in order to avoid duplication of services.

**Adult Protective Services:** Protects older adults and persons with disabilities from abuse, neglect and exploitation by investigating and providing or arranging for services a necessary to alleviate or prevent further maltreatment. HCMRA and Adult Protective services have held meetings (small and large groups) to discuss strategies to identify gaps in services, barriers and constraints that cause individuals to fall through the cracks in order to work more collaboratively and effectively in the provision of services to persons with mental retardation and developmental disabilities. In addition, the agencies will conduct in-services to each other’s staff to ensure that the front line staff is informed regarding eligibility criteria, intake process, available services and supports, and contact persons. .

**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. HCMRA 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. An example of this collaboration is DARS initiation of a contract with the HCMRA’s Employment Connection Services Program to deliver services to persons with mental retardation.

**Regional Interagency Transition Committee:** Coalition of MRAs and state school representatives surrounding Harris County to identify and resolve issues related to the transition of individuals from state schools to the community. These meetings are hosted by HCMRA.

**The Arc of Greater Houston:** a non-profit organization that advocates for the inclusion of people with mental retardation and other developmental disabilities in all aspects of society; and works in collaboration with other agencies and organizations to facilitate the development of a wide array of services and options available to individuals and their families in the community. The HCMRA and The Arc works collaboratively on an ongoing basis to meet the needs of persons with mental retardation and developmental disabilities.

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

**Harris County Psychiatric Hospital (HCPC):** Improving knowledge of and understanding about patient flow through various public mental health service providers.

**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.

**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.

***Shiners Hospital:*** Accepts and treats children with routine and complex orthopedic problems; provides for the education of physicians and other health care professionals, patients, families and fraternity community-wide and to engage in research with a focus on patient outcomes assessment.

***Aging and Disability Resource Center:*** Texas was awarded an Aging and Disability Resource Center (ARDC) grant to establish several resource centers in local communities. HCMRA is participating with Area Agency on Aging, Sheltering Arms and the Coalition for the Elderly in efforts to secure funding from DADS to establish a resource center in Harris County to serve as an entry to long-term service and supports for individuals who are older and those who have a disability. The primary goal of the three-year grant is to organize and simplify, and ensure access to all available programs, including Medicaid waiver services, transportation, housing, and assistance with public and private benefits.

### **MR Community Relations Outreach Program**

In response to the need to increase the public's awareness about the importance of the services and supports provided by the HCMRA of Harris County, and to expand partnerships with community organizations, the MR Community Relations Outreach Program was created in FY'06. The goal is to collaborate and network with other organizations, and school districts that serve persons with developmental disabilities, although not exclusively and work toward a common goal of meeting the needs and personal outcomes of the consumers we serve. The program components consist of a pool of qualified staff who serves in one or more of the following domains:

- ***Speaker's Bureau*** – Conducts presentations and workshops about the HCMRA's service delivery system to community organizations, child serving agencies such as the Texas Education Agency (school districts) and Department of Family Protective Services (DFPS), as well as universities, and resource fairs. Since the implementation of the Speaker's Bureau, collaborations with the school districts have increased significantly. Presentations for parent meetings and participation in transition resource fairs are frequent requests. This has proven to be an excellent mechanism for informing students and parents of the available services and supports, particularly for students upon graduation from high school. The intent is to expand this interface to the criminal entities such as the Criminal Justice System and the Juvenile Probation Department. To accommodate the individuals and their families, most of the events are held after work hours and on weekends.
- ***Community Partnership/Liaison Activities*** – Knowledgeable staff participates as a member of interagency councils, taskforces, or committees to establish partnerships with local and state organizations to present issues and concerns for resolution regarding the service needs of persons served by multiple agencies. Liaisons have been formed with several agencies and organizations which have resulted in enhanced communication and collaboration to ensure positive outcomes for the populations served.
- ***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 will be provided to persons with developmental disabilities and their families through brochures, fliers, pamphlets, and informational sheets.
- ***MR Resource Center*** – The MR Resource Center is currently in the planning stage for consumers to view information pertaining to access to the service delivery system, available services and supports within the MR Provider Network, as well as community resources through program providers' brochures, videos, electronic and printed resource directories. Computers will be available for easy access to the relevant information such as the website for Mental Retardation Services, which has a wealth of information.

- **Virtual Providers Fair** – For the convenience and comfort of individuals requesting services as well as providers, HCMRA is exploring the option of the development of pilot whereby consumers will visit the Waiver program providers (HCS/TxHmL) via the internet. Currently, provider fairs are held at a large facility, and the providers pay a fee to market their programs to potential consumers. The Virtual Providers Fair would be cost effective to the HCMRA, consumer, and the provider. For consumers who do not have computers, information would be shared as to availability of computers. In addition, service coordinators are equipped with laptops, and would assist consumers, as necessary.

## **Community Needs and Priorities**

### ***Mental Retardation Needs Council***

Unlike some areas of Texas where mental retardation needs assessment must be undertaken exclusively by the mental health mental retardation authorities, the Harris County's Commissioners' Court has established two needs assessment councils: the Mental Health Needs Council, which has been in existence since 1976 and the Mental Retardation Needs Council (MRNC), which was established in 2001.

The HCMRA continues to be an integral participant in the assessment process conducted by the MR Needs Council, and contributes effort, data analytic support and expertise as needed to ensure that the needs assessment process conducted by the council is comprehensive, relevant, and methodologically sound. The Mental Retardation Needs Council can be reached at <http://www.mrnc.hctx.net>.

The MRNC, in collaboration with MHMRA, sponsored a study "*Mental Retardation and other Developmental Disabilities including Autism (MR/DD/A) in Harris County*" regarding the current status of public services for children and adults with MR/DD/A. The assessment, completed in November 2004, indicates 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 such as mental retardation, and Autism Spectrum Disorders (ASD). This report is included as an attachment.

Through the sponsorship and collaborative efforts of the MR PAC and the MR Needs Council, a Listening Forum was sponsored by the held in November 2004, and was hugely attended with over 400 persons in attendance at the event. The purpose of the forum was to state, regional, county, and local leaders, who influence public policy, of the needs of people with mental retardation and developmental disabilities in Harris County. The panel members included local and state level decision-making level officials representing the Legislature, Juvenile Justice System, Guardianship Program, Juvenile Justice System, Children Protective Services, Health and Human Services on local and state levels, as well the Chairperson for the MHMRA Board of Trustees and the MHMRA Executive Director. Forty (40) attendees signed up to speak; however time constraints permitted only 20 persons the opportunity to speak regarding concerns about services and supports. Overwhelmingly, the focus of concern pertained to the HCS Interest list, and the lack of funding to obtain needed services and supports for persons with mental retardation, autism, and other developmental disabilities. The report can be accessed via the MR Need Council website at <http://www.mrnc/hctx.net>.

## IV. LOCAL AUTHORITY ASSESSMENT COMPONENTS

### HISTORY AND ORGANIZATIONAL OVERVIEW OF MHMRA (Please refer to Section I).

#### DESCRIPTION OF POPULATIONS SERVED

##### Priority Population

HCMRA provides services directly or through contract to the following priority population member in Harris County:

- individuals with mental retardation, 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 ICF/MR Program, Home and Community-based Services (HCS) Program, or 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)

In addition to the members of the DADS mental retardation priority population, the HCMRA serves the following populations:

1. Persons and Families Who are Eligible for the In-Home and Family Support (IHFS) Program. The IHFS Program is a resource of last resort; therefore, all other available resources (including HCMRA services) must be accessed before the program's funds may be accessed.
2. Former Residents of a State School. Individuals who have resided in a state school on a regular admission status, but who may not be in the DADS mental retardation priority population.

HCMRA is committed to serving residents of Harris County whose lives are affected by mental retardation 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 HCMRA seeks *additional funding* to provide services to those who fall outside the priority populations but are in need of our services. Several HCMRA programs such as the New Day Program, Employment Services, and Clinical programs are also supported by non-General Revenue funds to address the needs of persons who do not qualify as priority population, but nonetheless have intensive unmet needs, these programs contract with third party funding sources. The New Day Program is a highly successful program with demonstrable, data-based evidence of positive outcomes. This program contracts with several school districts through the Texas Education Agency to serve children with challenging behaviors that are disruptive to their remaining in the school's classroom setting. Once the children's behaviors are stabilized, they are transitioned back to the classroom setting. The Employment Services program contracts with Department of Assistive Rehabilitative Services (DARS) and several private providers such as the Home and Community Based Services Program. Moreover, private providers contract with our clinical services programs for behavioral support services. 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 mental retardation services: Hispanics and Asians. These two groups have grown at the fastest rates among all cultural and ethnic groups in Harris County. Numerically, the Hispanic population in Harris County is the largest compared to any other county in Texas. In addition, 68% of the Harris County population increase in the last decade is Hispanic. The agency has set up special task forces to solicit advice from representatives of these groups regarding making our services more culturally appropriate and acceptable.

HCMRA has kept an unwavering commitment to expand services to children and adolescents, particularly those with a dual diagnosis of mental retardation and a psychiatric impairment, or Pervasive developmental disorders. To ensure the continuity of care for offenders with mental retardation or a developmental disability who are involved with juvenile justice system or the juvenile probation Department, designated staff members actively participate on the Jail Diversion Taskforce.

Through the Early Childhood Intervention program, 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 HCMRA has innovatively and successfully combined services to serve persons with multiple disorders, i.e., mental retardation and mental illness or pervasive developmental 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.

According to DADS Strategic Plan for FY 2007-2011, "Among the population requiring mental retardation or related condition services, the majority of people with developmental disabilities in the United States currently live with family caregivers. National surveys indicate that relatives care for four out of five older people with a disability. This informal system is experiencing stress as the pool of family caregivers shrinks. Further, 2.79 million individuals who receive care from caregivers revealed that 25 percent were living with family caregivers age 60 and over, and an additional 35 percent were in households of middle-aged caregivers (41-59) for whom transition issues are near-term considerations. The remaining 40 percent were living with caregivers less than 42 years of age".

Of the 26,450 individuals on the FY2004 Interest List for MR Services, 25,877 were on the HCS Interest List and 19,759 (76 percent) lived with family. Sixteen percent of those individuals had a caregiver between the ages of 36 years of age; 64 percent had a caregiver between the ages of 36 and 55 years; 12 percent had caregivers between 56 and 65 years of age; and Eight percent (1,673) of the 19,759 believed they would need an out- of -home placement within the next 12 months.

Moreover, DADS concluded that with continued improvement in their health status, persons with mental retardation and developmental disabilities, particularly those without severe impairments can be expected to have a lifespan equal to that of the general population. Moreover, as persons who are aging live longer, they will require services and supports, particularly out of home placement for longer periods of time, directly impacting the capacities of the service delivery system.

The following figures depict population priorities (MR/DD) using the categories defined by DADS, and the population served by service type, diagnosis, and age.

Figure 1 Ranking of Priority for Persons with Mental Retardation and Developmental Disabilities

Priority Ranking	
1	Persons with Mental Retardation and Mental Illness
2	Persons with Autism Spectrum Disorders
3	Aging Persons with Mental Retardation and Developmental Disabilities
4	Persons with Mental Retardation in the Criminal Justice System

Figure 2

Number of Consumers Served by Service Type

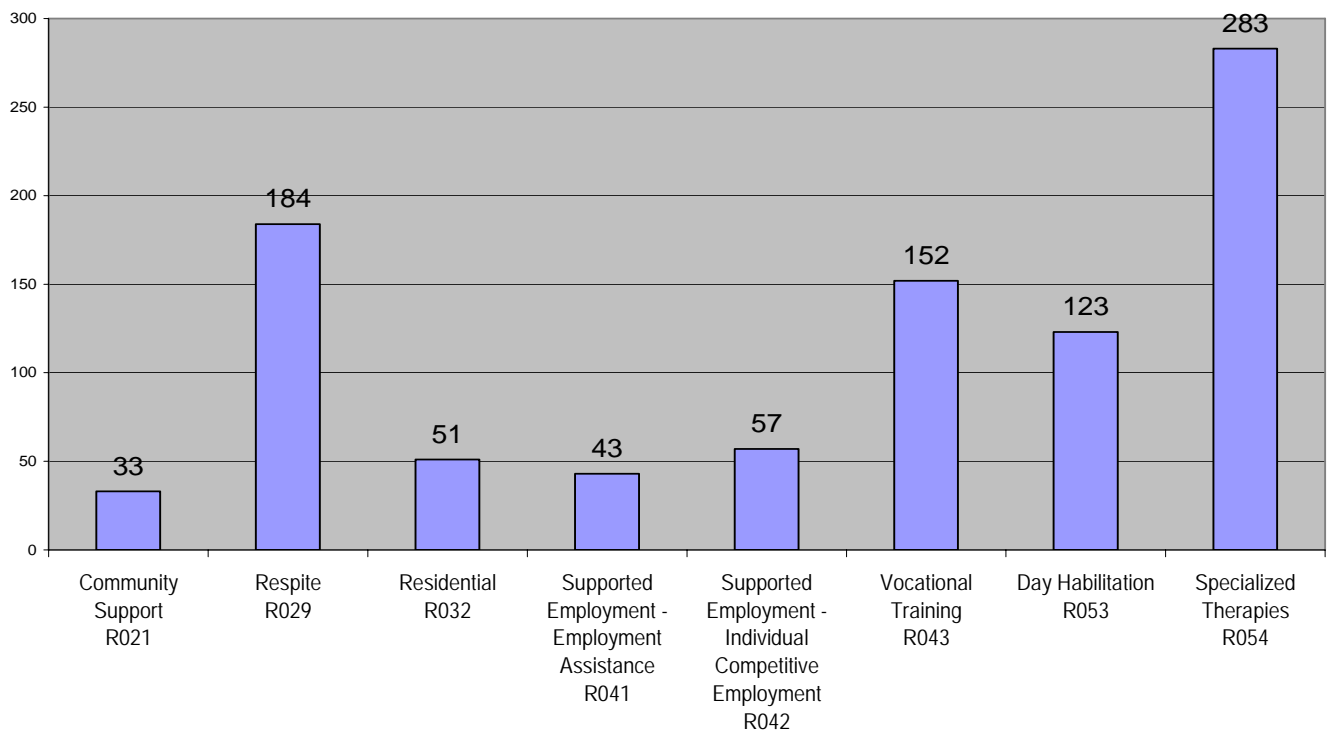


Figure 3

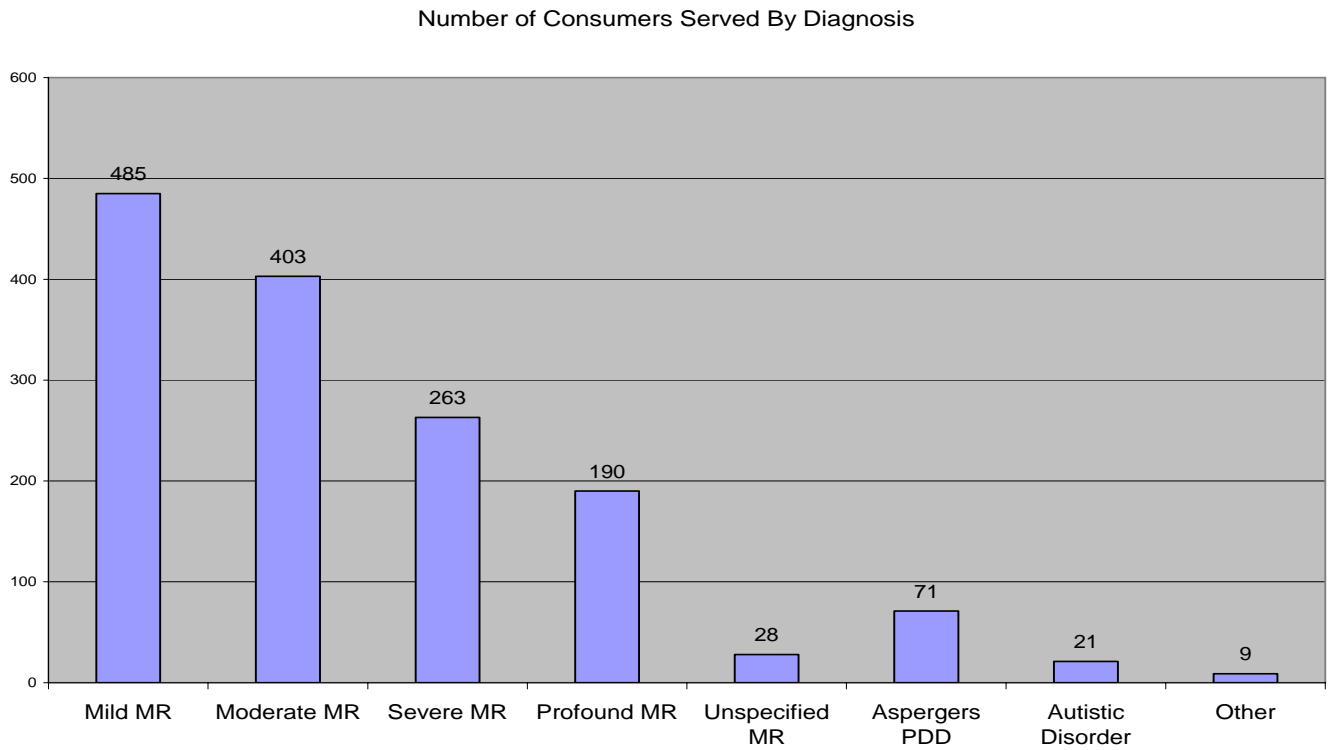
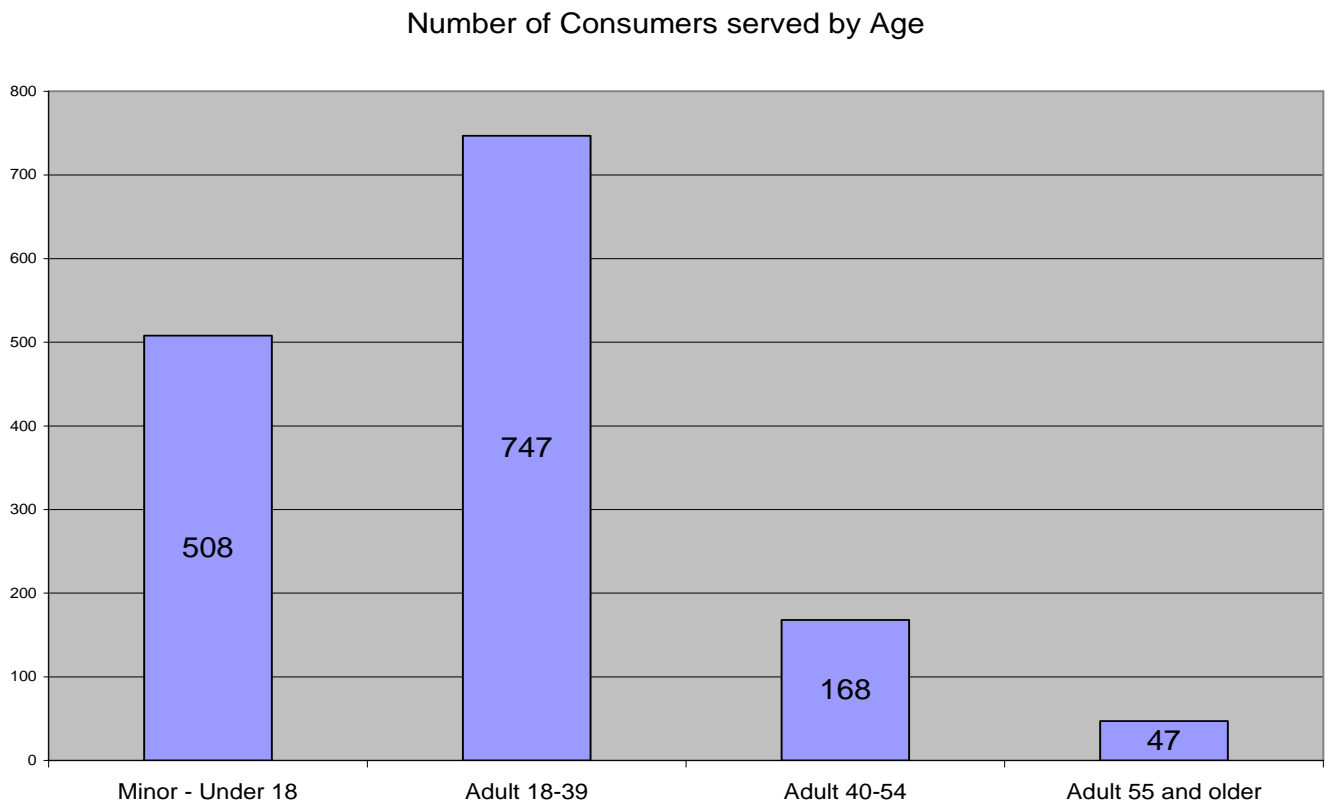


Figure 4



## Description of Services and Supports

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

**Eligibility Determination** – This assessment determines whether a person has MR/RC, and whether a person is a member of the priority population.

**Service Coordination** – This service 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** – This service 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** – This is assistance for individuals not receiving residential services, including community supports, including community supports, respite services (in or out of home), employment assistance, individualized competitive employment, and specialize 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).

**In-Home Family Support** – Grant benefits are available to eligible individuals and families to pay for services or items that meet a need that exists solely because of the individual's mental retardation or a related condition and which allows the individual to maintain or improve his or her ability to live in the community.

**Day Training Services** – These services, which are provided away from an individual's home, assist the individual in developing and refining skills necessary to live and work in the community. This category includes vocational training and day habilitation services.

**Residential Services** – These 24 hour services are available to an individual with mental retardation who does not live independently or with his or her natural family. There are three types of general revenue -funded residential funded residential services: family living, residential living, and contracted specialized residences. This is a very limited service and is being phased out as opportunities become available to refinance services to Medicaid-funded supports or as individuals leave residential services.

The present service array facilitates a system of care accessible to all individuals of any age requiring mental retardation services. The array of mandated and optional services provided or contracted by HCMRA is listed on the following page:

<b>Internal Services/Supports</b>	<ul style="list-style-type: none"> <li>▪ Eligibility Determination</li> <li>▪ Service Coordination</li> <li>▪ Interest List Management</li> <li>▪ Service Authorization and Monitoring</li> <li>▪ Continuity of Services</li> <li>▪ Consumer Benefit Assistance</li> <li>▪ Employment : Employment Assistance</li> <li>▪ Supported Employment: Competitive Employment</li> <li>▪ Respite (In-Home/Out Of Home)</li> <li>▪ Specialized Therapies</li> <li>▪ Nursing</li> <li>▪ Behavioral Supports</li> <li>▪ Day Habilitation</li> <li>▪ Vocational Training</li> <li>▪ Community Supports</li> <li>▪ Residential Services</li> <li>▪ In-Home and Family Support</li> <li>▪ Early Childhood Intervention</li> <li>▪ Home And Community Based Services (HCS) Program</li> <li>▪ Texas Home Living (Them) Waiver Program</li> <li>▪ Intermediate Care For Persons With Mental Retardation (ICF-MR)</li> </ul>
<b>External Services/supports</b>	<ul style="list-style-type: none"> <li>▪ Respite (in and out of home)</li> <li>▪ Community Supports</li> <li>▪ Day Habilitation</li> <li>▪ Residential Services</li> <li>▪ Advocacy for Persons with Mental Retardation (Arc)</li> </ul> <p>(services such as summer camp, socialization activities; monthly dances, Educational Awareness, and Training regarding rights are provided to Harris County residents with mental retardation</p>

### Resource Development and Allocation

HCMRA 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 two primary sources of funding for HCMRA: Medicaid earned revenue and general revenue from the Department of Aging and Disability Services (DADS). With allocation of Equity GR funds, dollars are now available for the provision of new services or enhancing the number of persons receiving services. The resource development activities include the following:

### Maximizing Opportunities For Existing And New Funds And Resources

- Implementation of strategies to increase the number of Medicaid eligible consumers
- Obtains 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.
- Aggressively seeks to contract 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 consumers
- 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.

- Improve efficiencies through the use of available technology such as the Blackberry, video-conferencing, 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 HCMRA of Harris County that resulted from the 2003-2005 Strategic Plan by the Board of Trustees (<http://www.mhmraofharriscounty.org/documents/SPlan/A.htm> ). The results for 2006-2007 are essentially unchanged; however, additional strengths were added due to (1) the allocation of Home and Community Services (HCS) Waiver slots to the Mental Retardation Authority and (2) the allocation of Equity GR dollars. The 78<sup>th</sup> Legislative Equity Rider authorized the State Authority to allocate 5% of General Revenue (GR) per year to begin equalizing per capital funding across the MRAs effective Fiscal Year 2006.

#### **A. Strengths**

- Allocation of Equity dollars
- Infrastructure for services basically sound.
- Core staff/supporters strongly committed.
- Excess volunteer capacity to be tapped.
- Dominant position of influence.
- Knowledgeable staff is flexible.
- Ability to initiate and adapt to organizational change, as necessary
- Harris County Commissioners' Court is supportive
- Allocation of projected 479 HCS slots (FY 2006-2007)

#### **B. Weaknesses**

- Continuing stigma of the MR population.
- Budget depends on external factors/conditions.

#### **C. Opportunities**

- Opportunity to add new services; expand service capacity.
- Technologies and therapies improving.
- 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 HCMRA'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 may discontinue.
- Unpredictability of "compassion fatigue".

For the Mental Retardation Services Division (MRSD), interest list tracking and analyses are critical for planning; service requests and service utilization are closely monitored for trends and signs that may necessitate changes in the service priority and delivery structure. Moreover, the market place and

funding realities force constant reassessment of the HCMRA'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 HCMRA 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 MR PAC during meetings, which are held on a monthly basis. Special community forums are also conducted to address major planned programmatic changes.

Overall, the HCMRAs consumers, staff, contractors, and the Board of Trustees are involved in ongoing discussion about the key concerns of customers and the Agency's commitment to continual improvement in services. The HCMRA actively solicits information from external customers, the general public, members of advocacy groups, representatives of sister agencies, as well as consumers and staff to gain a better understanding of the perception of these groups about services and gather their suggestions for practical improvements in services.

### **Local Authority Service Priorities (Strategic Issues)**

Drawing upon their previous year of operational reviews, plan review, and issues identification and discussion, the MR PAC formally summarized their recommendations for the overriding, highest level of service and program priorities for the Mental Retardation Services division during spring of 2006. The process for determining service priorities and strategic issues was through a PAC forming a planning subcommittee that reviewed, discussed and prioritized the identified issues presented by program staff. The strategic priorities were reviewed by the full 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 MR PAC that was submitted to the Program Committee of the Board of Trustees, which recommended their adoption by the Full Board of Trustees.

#### ***Mental Retardation Strategic Priorities***

##### ***ISSUE 1: Continued Distribution of General Revenue Allocation to the Local Mental Retardation Authorities***

Effective FY 2006, the Legislature approved equalization of the general revenue (GR) funds for services and supports for persons with developmental disabilities based on the population size and the amount of funds previously allocated. HCMRA has received the first allocation of Equity GR funds to meet the needs of persons with mental retardation and developmental disabilities. Because of this funding we have begun to remove persons from the GR Interest list. However, while equitable funding does not guarantee the elimination of Interest lists, any additional funding would assist in reducing the size of the Interest list. To ensure that persons in Harris County receive requested services and supports, it is essential that DADS continue the allocation of equity funds.

Moreover, there continues to be inequity of funding for other community centers within the State of Texas in the distribution of Mental Retardation GR funds. Moreover, the State of Texas continues to be significantly below the average per capita funding for persons with mental retardation within the United States.

**RECOMMENDATION 1:**

1a. The State MR Authority should strive toward obtaining additional general revenue funds in order to bring the state up to at least the national per capita average in order to provide adequate services and ensure the quality of these services.

2a. The State MR Authority should continue the equalization of the general revenue funds for persons with developmental disabilities.

3a. The State MR Authority should make general revenue funds available to Harris County HCMRA to address the most urgent and unique needs of persons on its continuously changing and growing Interest lists.

**ISSUE 2: Services and Support for Persons with Mental Retardation and Mental Illness**

Persons with mental retardation are at higher risk of mental illness because of biological and environmental variables that impact this population uniquely. Unfortunately, traditional mental retardation services focus more upon training and supports than treatment, while conventional behavioral health services utilize therapeutic techniques that often do not recognize the full spectrum of special needs of individuals with mental retardation. Furthermore, as mental retardation authority and provider services become organizationally separated from mental health authority and provider services, there is greater likelihood that persons with mental retardation will encounter greater difficulties in accessing behavioral health services or in obtaining appropriate behavioral health services when the need arises.

**RECOMMENDATION 2:**

2a. Department of Local Aging and Disability Services (DADS) should:

- Formalize assessment and intake processes such that they identify mental health treatment needs that arise, and
- Allocate resources to fund appropriate mental health services that may need to be incorporated as part of any DADS plan of care and support.
- Develop seamless, complementary processes for consumers who received mental health services through the Department State Health Services (DSHS) and mental retardation services through DADS.

2b. Expand MR/MI services; especially psychiatric and medication management, day program with rehabilitation component, counseling and psychotherapy rehabilitation.

2c. Provide formal training to behavioral health staff (MDs, LPHAs etc.) regarding the special needs among persons with MR/ MI. Expand this training to community resources, such as medical schools, physician continuing education, etc.

2d. Create family services:

- Family education on Mental Illness in the HCMRA

- 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.

2e. Foster collaboration with Department of Family and Protective Services (DFPS) to develop alternate placements for the children with mental retardation and mental illness. These children get “stuck” in respite or are cycled within the hospital-home-hospital cycles.

2f. Provide funding for “slots” in the community-based network of psychiatric practice providers for MR/MI consumers. These are consumers who will have been “stabilized” by the HCMRA’s MR/MI treatment services.

2g. Develop and implement unique, in-home short-term interventions to promote treatment benefits after behavioral treatment or hospitalization, or to prevent hospitalization.

2h. Explore the capacity for a short-term, residential treatment program within the community for children with mental retardation and mental illness either singly by MHMRA or in collaboration with the DFPS.

### ***ISSUE 3: Services and Supports for Persons with Autism Spectrum Disorder***

The incidence of Autism Spectrum Disorders (ASD) has increased significantly over the past few years. Currently, it is estimated that one in 166 people is diagnosed with an ASD. These individuals exhibit social, communication and sensory excesses and deficits that interfere with their ability to succeed in community activities. Furthermore, their constant care places extreme demands on families who cannot access effective, affordable treatment.

#### ***RECOMMENDATION 3:***

3a. Develop and implement empirically-based intervention services such as Applied Behavior Analysis (ABA) training to address behavior excesses and deficits.

3b. Develop parent training services for working with persons with Autism Spectrum Disorders.

3c. Promote greater awareness, acceptance and access to quality services for persons with Autism Spectrum Disorders by training professionals (e.g., physicians, psychologists, educators, etc.) in the community.

### ***ISSUE 4: Aging Persons with Mental Retardation and Developmental Disabilities.***

With the legislatively mandated separation of mental retardation and mental health service planning and provision into different sectors of the Texas Health and Human Services Commission (HHSC), persons with disabilities (i.e., mental retardation) are now grouped with aging persons. However, aging persons with mental retardation 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 MR, 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.

#### ***RECOMMENDATION 4:***

State and local Aging and Disability Services planning and provision should

- 4a. Establish processes that ensure accurate identification of aging persons with developmental disabilities and differentiate them from the “normal” group of aging persons;
- 4b. Ascertain more comprehensively their needs for services and supports;
- 4c. Develop services and supports that are appropriate and cost-effective for aging persons with mental retardation and developmental disabilities; and
- 4d. Secure funding to implement the identified services.

***ISSUE 5: Persons with Mental Retardation in the Criminal Justice system***

The inclusion of youth and adults with developmental disabilities 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 seriously disadvantages the person. At present, there are no adequate screening methods for identifying people with mental retardation 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.

***RECOMMENDATION 5:***

- 5a. Participate in local and state workgroups and task forces to understand the issues related to persons with mental retardation and developmental disabilities within the criminal justice system.
- 5b. Collaborate with other agencies and advocacy groups to develop a screening tool or process for identifying persons with mental retardation in the criminal justice system
- 5c. Secure funding to develop and implement effective court diversion services.

## V. LOCAL AUTHORITY GOALS

### Goals

1. Create a comprehensive and cost effective service delivery system that provides opportunities for persons with mental retardation and developmental disabilities to become functioning, contributing, and integrated members of society.
2. Deliver services and supports within the limits of resource availability, within payer requirements and constraints.
3. Optimize service capacity and improve configuration to accommodate volume and service needs.
4. Maximize revenue and cost management strategies
5. Expansion and coordination of services provided

### Objectives

To achieve the stated goals, the HCMRA will implement the following objectives:

1. Continue to streamline the intake and access process for consumer services, and expand the availability of services and supports for persons with mental retardation and developmental disabilities by partnering with community stakeholders.
2. 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 mental retardation and developmental disabilities within the criminal justice system.
3. 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 mental retardation through the MR Community Relations Outreach Program.
4. Continue to demonstrate the use of Best Practices when making decisions in service delivery.
5. Gather input from persons served, families, utilization management, community members and staff to include in the development of the quality management process.
6. Continue to promote and coordinate effective comprehensive services and supports by developing service providers within the medical, criminal justice, law enforcement and educational systems for the following consumer groups:
  - Persons with mental retardation,
  - Persons with co-occurring mental retardation and mental illness,
  - Persons with Asperger's disorders,
  - Persons with autism spectrum disorders, and
  - Persons with mental retardation and developmental disabilities who are aging.

7. Support successful aging through development of appropriate and cost effective services and supports for aging persons with mental retardation and developmental disabilities.

### **Infrastructure and Linkages**

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

A. **Infrastructure**. To refine infrastructure, the Mental Retardation Authority sets the following objectives:

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

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

1. Continue to establish relationships with the health care providers, community agencies and organizations such as school districts, private psychiatric hospitals, HCPC, HCHD, state schools, DPFS, local DADS to comprehensively meet the needs of persons with mental retardation and developmental disabilities.
2. Continue to work collaboratively with the Planning Advisory Committee (PAC) to develop and refine service delivery mechanisms to reflect community needs.
3. Establish, in conjunction with the Planning Advisory Committee (PAC), criteria for "Best Value" in services and supports.
4. Seek new resources to enhance child and juvenile services.
5. Seek opportunities to enhance relationships with county and city institutions.

## VI. NETWORK PLANNING

### Provider Network Planning

The responsibility for the provider network planning activities rests with the MR Authority Committee, a subcommittee of the MR PAC. The MR Authority committee addresses issues that pertain to Authority functions, which encompasses network planning and relate its recommendations regarding those issues to the full PAC for approval, and ultimately to the Board of Trustees for final approval.

The oversight and management of the external provider network funded with General Revenue (GR) dollars is the responsibility of the MR Network Development Department. Currently, there are twenty-three (23) GR funded contracted providers within the MR Provider Network. The review of HCMRA's history illustrates that we are continuously and seriously concerned with networking with providers, funders, and other agencies serving persons with mental retardation and developmental disabilities, advocacy organizations, concerned citizens, and consumers and their families. In addition, the Mental Retardation Services Division has developed wide ranging networks of private providers for almost the total array of services provided through its service delivery system. Meetings are held on a quarterly basis with contracted program providers funded with General Revenue funds to provide updates regarding requirements and procedural changes and to receive feedback regarding satisfaction with the administration of the Provider Network.

Moreover, HCMRA 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 program, Texas Home Living (TxHmL) Waiver program, and the community Intermediate Care Facility for Persons with Mental Retardation (ICF/MR). Meetings are held with individuals on the HCS Interest list to provide information regarding the services and supports offered by these programs, as well as the enrollment process. In addition, meetings are held with the HCS program providers to share information about the specific enrollment procedures in Harris County, and to introduce key staff persons, as well as to receive ongoing feedback regarding the effectiveness of the enrollment process. Provider Fairs are held to provide an opportunity for consumers to meet the providers; thereby assisting them in their decision-making regarding provider selection process. The Provider Fair benefits the Medicaid Waiver program providers in that it is a mechanism for them to market their programs to potential consumers. Moreover, in addition to the consumer and provider meetings, and provider fairs, the HCMRA has designed a website that provides extensive information to consumers and providers about the Provider Network System, and much more. This network of multiple program providers enables persons with mental retardation and other developmental disabilities to have choices of available services and supports, program providers and provider locations. Persons requesting specific services are given a Provider List of program providers participating within the Provider Network and their geographical location.

The HCMRA serves as a "safety net" when a program provider in Harris County Contract with the Department of Aging and Disability Services (DADS) is terminated, and is very responsive in assisting DADS in the coordination of the transfer of individuals and provider selection. Often times, due to health and safety issues, the persons enrolled in the programs are in need of immediate placement; thereby necessitating a strong provider network that has the ability to respond quickly.