Texas Statewide Intellectual and Developmental Disabilities Strategic Plan

As Developed by
the IDD Strategic Planning Group

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Executive Summary

Texas is home to more than 500,000 children and adults with intellectual and developmental disabilities (IDD). People with IDD face distinct lifelong challenges and often have complex medical, behavioral, physical, and social needs which span across several state and local Texas service systems.

Historically, people with IDD in Texas accessed publicly-funded services in institutions. Over the past 40 to 50 years, Texas has made significant changes and investments to shift access to community-based services, including the development of IDD waiver programs, a focus within the school system to provide appropriate education to children with disabilities, and a recognition of the importance of employment training and opportunities for people with IDD. Today, services in Texas for people with IDD encompass an array of acute care and long-term services and supports provided throughout a person's life. Services for people with IDD are intended to be individualized, foster self-determination and community inclusion, and focus on the person's quality of life.

A main strength of the existing Texas continuum of services for people with IDD is the focus to support people to reside in the community; connected to family, friends, education, and work opportunities. However, these services were developed by specific service categories with unique funding streams, thereby stratifying the current IDD system. As support needs change for people with IDD, a coordinated array of services and supports across existing service systems (state and local) is required.

The Texas Health and Human Services Commission (HHSC) and other state agencies work to provide needed and available services and supports to people with IDD to promote community placement and ensure each person continues to reside in the most integrated setting appropriate to their needs and desires. However, more can be done. For example, people may wait up to 13 years on interest lists for eligibility determinations and subsequent services and supports offered through the Medicaid home and community-based services waivers. While local IDD authorities (LIDDAs) provide general revenue-funded community safety net services annually for nearly 6,000 people who do not have access to long-term services and supports, capacity is limited.

Family members often serve as the primary caregiver for loved ones. This role can last a lifetime and may diminish the caregiver's own physical and emotional health, along with increasing economic stress. When a person with a disability is supported

only by family, sudden changes in the person's needs or in the caregiver's capacity create heightened risks for institutionalization. Enhanced access to comprehensive services would reduce these burdens.

The IDD service system also relies on the availability and readiness of the direct service workforce to deliver services across all service systems. However, demand and competition for these frontline staff exceed supply. Struggles with workforce capacity in part due to high levels of job stress, long hours, limited training, and low wages results in high turnover.

The *Statewide IDD Strategic Plan* is a roadmap for a statewide and strategic approach for addressing gaps in IDD services and policy in the state of Texas. The plan is designed to increase awareness of the IDD population and gaps in policy, services, and funding which must be addressed to ensure optimal care is provided to these individuals. The *Statewide IDD Strategic Plan* is also a call to action from key stakeholders. To achieve real change, multiple sectors must work together to implement strategies leading to results. Closing the gaps identified in this strategic plan will take commitment and collaboration among stakeholders and state, local, and federal organizations.

Background

The 2016-17 General Appropriations Act, House Bill (H.B.) 1, 84th Legislature, 2015, Regular Session, established the Statewide Behavioral Health Coordinating Council (SBHCC). Agencies receiving state funds for behavioral health services were tasked with developing a five-year *Statewide Behavioral Health Strategic Plan*. The document set forth a plan to coordinate state-delivered programs and services to eliminate duplication and perpetuate successful models to ensure optimal delivery of services. Since that time, the *Statewide Behavioral Health Strategic Plan* has served as a model for collaboration, development, and implementation of behavioral health services throughout Texas.

During this same time, HHSC began a transformative effort to produce a more efficient, effective, and responsive system, as directed by Senate Bill (S.B.) 200, 84th Legislature, Regular Session, 2015. In 2016, the HHS system was restructured to make it easier to navigate for people seeking information and services; break down operational silos to create greater program integration; create clear lines of accountability within the organization; and develop clearly defined and objective performance metrics for all organizational areas. This included the consolidation of the complex, multifaceted system of IDD services from different agencies to HHSC.

The success of the *Statewide Behavioral Health Strategic Plan* and the transformation of the HHS system demonstrates the value of a coordinated effort working toward common goals. Stakeholders expressed their desire to create similar support and coordination for people with IDD and their families. In 2018, HHSC facilitated the development of the first *Statewide IDD Strategic Plan*. This created an opportunity for collaboration with community stakeholders and Statewide Behavioral Health Coordinating Council (SBHCC) member agencies to assess the needs for improvement and jointly establish a collective direction for IDD services, supports, and policies.

The resulting *Statewide IDD Strategic Plan* aligns different perspectives and service settings to maximize coordination and impact. A strong network of agency and community partners is a critical component to implementing the strategic plan.

1. Strategic Planning Process

Stakeholders across Texas identified the need for a *Statewide IDD Strategic Plan* to focus on the IDD system across the state. The strategic plan is an opportunity to build on the current strengths of the IDD system and identify points of collaboration to incorporate the expertise of existing systems resulting in more holistic services. The strategic plan offers a unified road map to improve services, systems, and policies in Texas.

The *Statewide IDD Strategic Plan* was developed in two phases. In 2019, HHSC published the first phase, the *Foundation for the Statewide IDD Strategic Plan*.[1] The *Foundation* was developed in collaboration with the SBHCC, IDD stakeholders, and HHSC staff. The SBHCC consists of 23 state agencies and universities that collaborate to implement a strategic, statewide approach to behavioral health services. Not all SBHCC member agencies provide programs or services for people with IDD. However, several offer services that provide supports to people with IDD and their families. An inventory of dedicated and supportive services is provided in Appendix A.

The framework used to develop the *Statewide IDD Strategic Plan* was modeled after the successful coordination and unified approach of the *Texas Statewide Behavioral Health Strategic Plan*, with some differences due to the unique foundations for each plan.

To inform the strategic plan, HHSC conducted surveys in 2018 and 2019 to assess public feedback on IDD services. Both surveys collected input from people who use and deliver services. The survey results identified areas for improvement in the IDD system and are described in Section 4. In 2019 and 2020, HHSC also conducted a series of regional listening sessions across the state regarding disability services. The results were used to support development of the *Statewide IDD Strategic Plan* and other projects, such as the *Disability Services Action Plan*, included in the *2020 HHS Blueprint for a Healthy Texas*.[2]

A core group of stakeholders came together to develop the strategic plan, with facilitation by HHSC staff. The strategic planning group convened from December 2019 through May 2020 to review data, envision outcomes for an improved IDD system, and develop a strategic plan for implementation statewide. Group size was limited to allow for maximum discussion and consensus-building. Group members were sought to represent an array of stakeholders involved with IDD services and supports, including the following:

- People with IDD;
- Family, friends, guardians, and caregivers of people with IDD;
- Advocates;
- Care attendants and direct support professionals;
- Service providers (health, social service, housing, education, employment, etc.);
- Support organizations;
- Managed care organizations;
- Research and policy centers or organizations; and
- Law enforcement and justice system agencies.

The final planning group consisted of the members shown in the bullets below.

Strategic Planning Group Member Organizations

- Austin Police Department
- Central Counties Services
- Community for Permanent Supported Housing
- Disability Rights Texas
- EveryChild, Inc.
- Family member and caregiver
- Governor's Committee on People with Disabilities
- Imagine Enterprises
- Molina Healthcare
- Personal Attendant Coalition of Texas (PACT)
- Private Providers Association of Texas (PPAT)
- Providers Alliance for Community Services of Texas (PACSTX)
- Texas Advocates
- Texas Council for Developmental Disabilities
- Texas Council of Community Centers

- Texas Health and Human Services Commission
- The Arc of Texas
- University of Texas-Austin, Texas Center for Disability Studies

The five-year strategic plan outlines a vision, mission, guiding principles, priority areas, and long-term outcomes. Goals, objectives, and strategies for the years 2020 through 2025 can be found in Appendix E. In addition to incorporating public feedback through surveys in the strategic planning process, drafts of the strategic plan were shared with SBHCC members and stakeholder organizations to provide input.

2. Vision, Mission, and Guiding Principles

People with IDD face unique challenges throughout their lives and may have a combination of complex medical, behavioral, physical, and social needs. When health and community services are coordinated in a seamless continuum, people can more easily live, work, and participate fully in their communities.[2]

The *Statewide IDD Strategic Plan* is a guide to improve services, systems, and policies across Texas by channeling the efforts of public and private sectors toward shared goals. The plan includes a vision, mission, and guiding principles to drive the strategic plan toward the desired long-term outcomes.

The vision of the strategic plan is to ensure Texans with IDD get the services they need to pursue the lives they desire.

Vision

Texans with intellectual or other developmental disabilities get the services they need to pursue the lives they desire.

The mission of the strategic plan is to convene the State of Texas, people with IDD, and other stakeholders to align, invest in, and implement real strategies for change.

Mission

The State of Texas, people with intellectual and developmental disabilities, and other stakeholders align, invest in, and implement real strategies for change.

Guiding principles define the belief system for the strategic plan and provide guidance in implementing the strategies. The principles are listed below and describe how the strategic plan strategies should impact people, services, and systems.

For people:

- Respected
- High quality of life

- Strong and supported families
- Valued relationships
- Empowered to communicate their needs and preferences

For services:

- Timely and ensure inclusion and community integration
- Provide choice and flexibility
- Support meaningful life
- Promote employment

For systems:

- Simple processes and information
- Person-centered and responsive
- Embedded culture of customer service
- Innovative
- Transparent and accountable
- Investment in support and service professionals

The strategic planning group considered the changes that must occur across Texas for IDD services and supports to function at an optimal level. The following are the desired long-term outcomes:

- People have the supports they need to develop skills to make choices about their daily lives;
- People can find and use the community services they need, when and where they need them;
- More people live, access timely services, and actively participate in the community; and
- Systems work more effectively and in service of people.

3. Current IDD System in Texas

3.1 Statewide IDD Population

3.1.1 IDD Definition

There is no universally accepted definition for IDD among state agencies. Varying definitions may impact program and service eligibility, as well as data collection. It is important for the purposes of this plan to broadly define IDD to outline the scope of the *Statewide IDD Strategic Plan*. IDD is a broader category than intellectual disability: it includes people with intellectual or developmental disabilities, or both. A diagnosis of an intellectual disability, developmental disability, or related condition defined below all reflect a common need for lifelong or long-term services, supports, or other assistance. The type of service and intensity is individualized and may vary throughout a person's life.

Intellectual Disabilities

The American Association on IDD defines intellectual disability (ID) as a disability with onset before 18 years of age characterized by significant limitations in both intellectual functioning and in adaptive behavior.[3]

General intellectual functioning includes reasoning, problem solving, and planning. Adaptive functioning relates to social skills, personal independence, and conceptual skills such as time and money. People with an intellectual disability require ongoing support in activities of daily life, such as communication, social participation, and independent living.

Developmental Disabilities

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 defines developmental disability (DD) as a severe, chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments that manifests before age 22, is likely to continue indefinitely, and results in substantial functional limitations in three or more major life activities. Major life activities include: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. This can include a broad range of disorders and syndromes including cerebral palsy, Fetal Alcohol Syndrome, Down Syndrome, and Autism Spectrum Disorder (ASD).[4]

ASD is a term for a group of developmental disabilities including Autistic disorder, Asperger's syndrome, and pervasive developmental disorder not otherwise specified.[5]

Related Conditions

A related condition is a disability other than an intellectual disability or mental illness which originates before age 22. A related condition is found to be closely related to an intellectual disability because the condition substantially limits life activity and requires treatment or services similar to that of people with an intellectual disability. Related conditions include disabilities such as epilepsy, spina bifida, and head injuries.[6]

Due to differences in state agency adoption of definitions and eligibility criteria, the same disability or disorder may be categorized under both developmental disabilities and related conditions (e.g., cerebral palsy, epilepsy, spina bifida, ASD). Additionally, there is not a common definition of the term disability. It is defined broadly by some state agencies and national reports, and the term is inclusive of IDD in this report.

3.1.2 IDD in Texas: Estimated Prevalence

Conservative estimates identify approximately 485,000 children and adults in Texas diagnosed with IDD.[7] Based on national trends from the *National Health Interview Survey*, it is projected 17.8 percent of children age 3 to 17 years have a developmental disability (to include ID, ASD, and related conditions).[8] While estimates differ based on the varying definitions of IDD and varying estimated percentages, each estimate represents a significant number of Texans with IDD.

People with IDD in Texas migrate across multiple services and service delivery systems over the course of their lifetimes depending on their age, availability of services, and changing needs. In addition, people with IDD often have complex needs that require a coordinated array of treatment interventions and supports (e.g., criminal justice, special education, aging, housing, and medical). The intricacies of support systems call for enhanced communication and coordination across multiple systems to ensure services and supports are uninterrupted.

IDD and Children

The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and Health Resources and Services Administration analyzed data from the 2009-2011 and 2015-2017 collections of the *National Health Interview*

Survey. The analysis showed nearly 18 percent of children ages 3 to 17 years had some type of DD (2015-2017), an increase from 16 percent in 2009-2011.[8] Approximately 2.5 percent of children in the study had Autism spectrum disorder and 1.2 percent had an ID (2015-2017).[8]

Children with IDD Placed Outside the Home

According to the American Academy of Pediatrics, Council on Children with Disabilities, children with IDD are at higher risk of out-of-home placement than other children, particularly at higher risk of placement in residential facilities.[9] Infants and young children develop optimally through a strengthened relationship with a parenting figure which cannot be replicated by frequently changing caregivers. Research evidence suggests children raised in large congregate settings offering non-parental care by rotating shifts of caregivers experience poorer developmental outcomes compared to children raised in families.[10]

Youth with IDD in DFPS Conservatorship

Based on 2012 national Adoption and Foster Care Reporting System data, more than 31 percent of children in foster care have a disability.[11] Disabling conditions include ID, physical disability, visual or hearing loss, emotional disturbance, autism, and other medical conditions. A study based on 2007 national Medicaid claims data found the prevalence of children with autism in foster care was approximately 9 percent and the prevalence of children with IDD in foster care was seven percent.[12]

The primary reasons for youth with disabilities to enter the foster care system are neglect, parental inability to cope (nearly 23 percent for children with disabilities versus 17 percent for children without disabilities), and the child's behavior (21 percent for children with disabilities versus nine percent for children without disabilities).[11] In addition, youth with disabilities were more likely to experience placement instability and were less likely to be reunified with family. Further research showed these children were almost 2.5 times more likely than children without disabilities to live in a child welfare funded institution, and 2.2 times more likely than children without disabilities to live in a community-based group home.[11] The U.S. Department of Health and Human Services, Administration for Children and Families 2015 report to Congress on child welfare outcomes found that, "a long standing pattern continues in which states tend to be considerably more successful in finding permanent homes for the general foster care population (with a median success rate of 89 percent) than for children diagnosed with disabilities (with a median success rate of 80 percent). Children with disabilities are more likely to be placed in residential facilities and less likely to achieve permanency with families."[13]

Special Education

According to the National Center for Education Statistics, 14 percent of students ages 3 to 21 received special education services under the Individuals with Disabilities Education Act (IDEA) Part B in the 2018-2019 school year.[14] However, IDEA requires states to identify and provide services for all eligible students with disabilities[15] between ages three and 21. Schools develop and implement Individualized Education Programs (IEPs) which outline the specific services, supports, and accommodations needed for each child to receive free and appropriate education (FAPE). Children with disabilities who meet the eligibility requirements for special education become eligible on their third birthday and remain eligible through the school year after they turn 21.

The total number of students between the ages of three and 21 receiving special education services in Texas in the 2018-2019 school year was 532,185.[16] Of these students, 58,191 were identified as having an ID, 74,039 were identified as having autism, and 8,208 were identified as having multiple disabilities.[16] These IDEA eligibility categories represent the students most likely to be considered IDD. Additionally, some students who are identified within other IDEA eligibility categories (e.g. orthopedically impaired, other health impairment, deaf/blind) may also fall within the description of IDD.

IDD and Aging

Due to advances in medicine and better living and work conditions, the life expectancy for Americans has dramatically increased over the years. In 1930, the average life expectancy for Americans was 60 years of age. By 2018, the U.S. life expectancy rose to 79 years of age. The life expectancy for people with IDD has grown even more than that of the general population. In 1930, the average life expectancy for a person with IDD was 19 years of age. By 1993, this increased to 66 years of age.[17]

This longer life expectancy has resulted in a rise in the population of older adults with IDD. It is projected the number of Americans age 60 and older with IDD will nearly double from 850,600 in 2010 to 1.4 million in 2030.[18]

Unique Needs of Older Adults with IDD

Comparable to the general older adult population, many older adults with IDD experience age-related health conditions and a decline in physical and cognitive functions. Older adults with IDD have similar needs as the general older adult

population for long-term care supports and desires to remain active and engaged in their community.

Unlike most of the older adult population, people aging with IDD are more likely to be vulnerable to conditions that may make growing older more difficult. For example, the National Institute on Health estimates 50 percent of people with Down Syndrome will develop Alzheimer's as they age.[19] While people with IDD are living longer than before, their life expectancy is lower than that of the general population.[20] Older adults with IDD who have severe disabilities and certain genetic syndromes may have poorer health and need more supportive services. Due to a history of low employment, older adults with IDD have limited personal savings and income resulting in a greater need to rely on others. For many, their primary source of care and support comes from parents who are aging and older and in need of their own services and supports.[21] Many older adults with IDD have fewer opportunities to exercise self-determination to have a meaningful, fulfilling life.

As more people with IDD are aging, it becomes increasingly important for systems that focus on the needs of aging and systems that focus on the needs of people with IDD to collaborate. More research on factors that influence health will provide opportunities to create appropriate supportive services that address the unique needs of older adults with IDD and improve prevention efforts of certain health conditions.

Abuse, Neglect, and Exploitation

According to the National Association of Councils on Developmental Disabilities, people with IDD are four to 10 times more likely to experience physical abuse, neglect, or sexual abuse in their lifetime.[22] Factors that contribute to the increased risk of abuse include a lack of education around social norms, healthy relationships and sexual development, and being more dependent on support and services.[22] According to the National Child Traumatic Stress Network, most incidents of abuse and neglect of people with IDD are not reported. [23] A variety of factors interfere with the ability to report, such as difficulty communicating that abuse took place, difficulty in being believed, and problems related to communication in general.[23]

Trauma

According to the Disability and Abuse Project, people with IDD experience trauma at a much higher rate than people without a disability. This includes trauma related to abuse, neglect, institutionalization, restraint and seclusion, extended hospitalizations, abandonment, bullying, and other forms of maltreatment.[24]

Because of a potentially reduced capacity to process information, including traumatic memories, those with IDD may be at higher risk of developing post-traumatic stress disorder compared to the general population.[25] Additionally, some people with IDD may manifest aggression or externalize behaviors to express an experience of trauma due to a limited ability to verbally communicate. This can often lead to a focus on a person's behavior and a missed diagnosis and opportunity for treatment.[26]

Justice Involvement

A national report released by the U.S. Department of Education's Office for Civil Rights on School Climate and Safety in 2018 revealed while 12 percent of students were students with disabilities, students with disabilities represented:

- 28 percent of referrals to law enforcement or subjected to school-related events;
- 51 percent of students subjected to harassment or bullying based on their disability;
- 71 percent of all students restrained;
- 66 percent of all students secluded;
- 25 percent disciplined for bullying;
- 26 percent out of school suspensions; and
- 24 percent expulsions.[27]

Furthermore, The Arc, the largest national community-based organization advocating for and serving people with IDD and their families, identified people with IDD are more likely to be arrested, convicted, sentenced to prison, and victimized in prison. Once in the criminal justice system, people with IDD are less likely to receive probation or parole and tend to serve longer sentences.[28] People with IDD make up 4 to 10 percent of people in prison, with higher numbers in juvenile facilities and jails.[29] Data from the Bureau of Justice Statistics found that among prisoners and jail inmates, cognitive disabilities stood out as the most commonly reported disability with about 20 percent of prisoners and 30 percent of jail inmates reporting this type of disability.[30]

Socioeconomic Challenges

Texans with IDD are more likely to live at or below the poverty level due to a high unemployment rate, lack of affordable housing, challenges with transportation, sometimes high and expensive medical needs, and limited government benefits.

According to the employment survey directed by S.B. 2027, 85th Legislature, Regular Session, 2017, regarding access to employment training programs, 84 percent of participants expressed a desire to be trained and achieve employment but lacked the resources to do so.[31] On a national scale, the median annual income for people with disabilities was $20,250 which is $10,000 less than people without disabilities.[31] Lack of employment due to barriers perpetuate the cycle of poverty for Texans with IDD.

Co-Occurring IDD and Behavioral Health Disorders

A person with IDD can have co-occurring mental health or substance use disorders.[32] People with IDD experience the same behavioral health conditions as the general population, but symptoms may present differently or be overshadowed due to a focus on their IDD or maladaptive behaviors.[32] People with IDD are also at increased risk for experiencing trauma, including emotional neglect and physical and sexual abuse, which can result in mental health and substance use disorders.[33] Approximately 35 percent of people with IDD have a co-occurring behavioral health disorder often exhibiting substantial challenges requiring additional support beyond the array of services typically provided within IDD community programs.[34]

3.2 IDD System in Texas

Understanding the historical development of services and supports for people with IDD is an important foundational element to determine how to approach next steps and address gaps to improve the IDD system in Texas.

Historically, people with IDD in Texas could only access publicly-funded services in institutions. Over the past 50 years, Texas has made significant investments to shift access to community-based services, including a focus within the school system to provide appropriate education to children with disabilities and employment training, guidance, and opportunities.

3.2.1 IDD Services

Before the 1960s, people with IDD typically received services in an institutional setting based on a medical model. In the 1960s, Congress began providing funds to

states to develop services in community settings for the first time. Community mental health and IDD centers were created during this shift in funding and treatment expectations.[35]

Local Intellectual and Developmental Disability Authorities

In 1965, following the passage of major legislation by Congress, the Texas Legislature passed the *Texas Mental Health and Intellectual Disabilities Act*, which authorized the creation of community centers to serve as local agencies that would work in partnership with the state and federal government to develop community-based services as alternatives to institutional care for people with mental illness and intellectual disabilities. Today, community centers operate as local intellectual and developmental disability authorities (LIDDAs) to serve all 254 counties in Texas.[36]

LIDDAs act as the front door for essential and cost-effective services. Additionally, LIDDA service coordinators (case managers) work directly with people with IDD on an ongoing basis to ensure each person receives needed medical, social, educational, and other supports designed to achieve a high quality of life and community participation. LIDDA case managers provide consistent, in-person monitoring over time and across locations to promote effective outcomes and opportunity to remain in the community over the course of life.

Prior to 2000, IDD services were provided through State-Operated Community Services (SOCS), based out of state supported living centers (SSLCs). The SOCS were dissolved under Texas law, and in 2000, LIDDAs covered all Texas service areas. Today, HHSC delegates authority and responsibility of administering services through the LIDDAs as the single point of access to IDD services in Texas. Through service coordination, they provide information about services and supports, conduct psychological testing to determine eligibility, and help people identify and enroll into community-based services and supports. LIDDAs also assist people transitioning from nursing facilities and SSLCs to ensure they receive services in the most appropriate and available setting to meet individual needs.[37] In 2019, LIDDAs provided community safety net services to 6,000 people supported by state general revenue funds.[38]

Intermediate Care Facilities

Following the creation of local community centers in 1967, the federal government created the Intermediate Care Facilities for Individuals with an Intellectual Disability

or Related Conditions (ICF/IID) program as an additional alternative to nursing facilities for people with IDD that did not require medically-focused services.[39]

ICF/IIDs program are primarily Medicaid-funded and provide 24-hour supports and services to people with intellectual disabilities or a related condition in residential settings with a capacity of four or more people. There are two types of residential settings: SSLCs and community-based ICF/IIDs.

By the 1970s, the federal government developed regulations and standards for treatment of people with IDD who lived in ICF/IIDs.[40] These regulations shifted the focus from providing basic care for people with IDD to active treatment, a model that focuses on teaching people with IDD new skills in addition to meeting basic needs.[41] These new regulations also required individualized plans of care and the person's participation with their interdisciplinary team to develop the plan.[41]

Following the adoption of the active treatment model, professionals and other stakeholders in the field began developing tools and resources to facilitate person-centered planning. The ultimate outcome of person-centered planning is to further improve the quality of life for people with disabilities. Person-centered planning represented a fundamental shift from service planning that required providers to keep people with disabilities safe to a service planning and service delivery system that provides supports necessary for people to achieve their desired outcomes.[40]

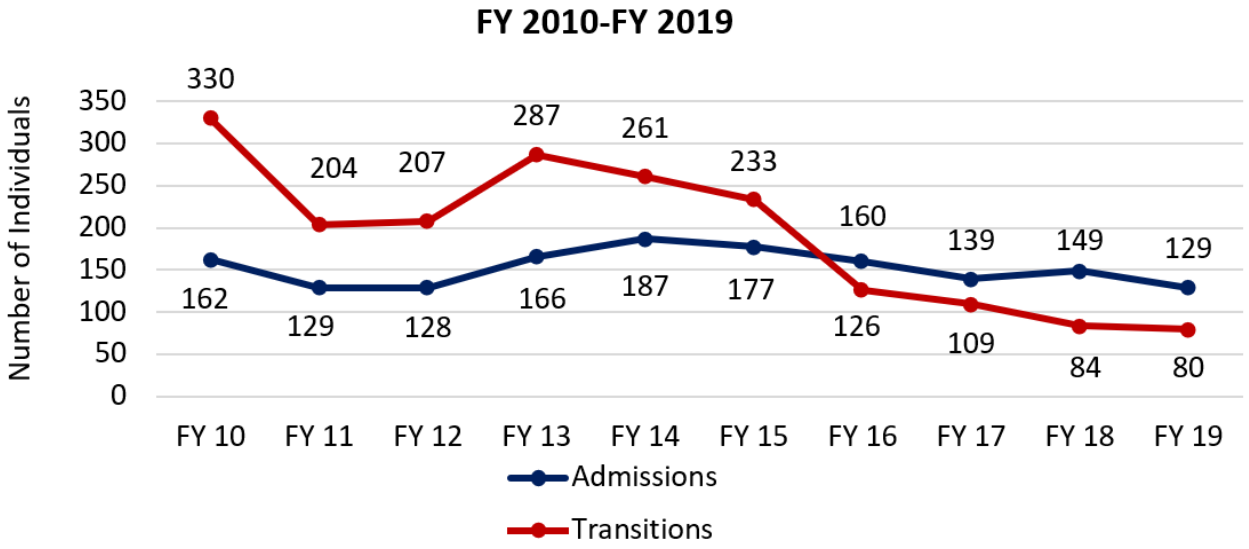
State Supported Living Centers

Today there are 13 SSLCs across Texas serving people with IDD. In fiscal year 2019, 2,910 people lived in SSLCs. Among all residents, the majority (78 percent) were between 22 and 64 years of age. Another 17 percent were 65 or older and 5 percent were under 22 years of age.[42].

Many people residing in SSLCs have complex needs that can be difficult to meet in community-based settings. For example, in fiscal year 2019, 46 percent of people residing in SSLCs were medically fragile and 10 percent had a severe or profound behavior management level.[42]

Figure 1 below shows the number of people admitted to SSLCs and transitioned to community-based residences. Since fiscal year 2016, more people were admitted into an SSLC than were transitioned to community-based residences.[42]

Figure 1. SSLC New Admissions and Community Transitions, FY2010-FY2019



Source: Texas Health and Human Services[42]

Table 1. SSLC New Admissions and Community Transitions, FY2010-FY2019

	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	FY 17
Admissions	162	129	128	166	187	177	160	139
Transitions	330	204	207	287	267	233	126	109

Community-based ICFs/IID

Community-based ICFs/IID are residential facilities in community settings serving four or more people with an ID or a related condition. The ICF/IID program provides ongoing evaluation and individual program planning, as well as 24-hour supervision, coordination, and integration of health or rehabilitative services to help people with an ID or related condition function to their greatest ability.

Providers contract with HHSC to operate these facilities. There are 779 ICF/IIDs considered community providers and are owned or operated by private companies or public entities (state or LIDDA owned or operated).[43]

Of the 779 ICF/IIDs, only three serve more than 13 people. The largest community-based ICF/IID serves up to 160 people. As depicted in Table 2, the most prevalent community-based ICFs/IIDs are those serving up to six people.[43]

Table 2. Community-based ICF/IID by Size as of May 2020

Total Facilities	4 beds	5 beds	6 beds	8 beds	9 beds	10 beds	12 beds	13 beds	72 beds	86 beds	160 beds
6779	1	6	706	22	2	7	4	28	1	1	1

Source: Texas Health and Human Services Commission[43]

Home and Community-Based Services

In the 1980s, the federal government started granting waivers from the existing Medicaid rules. Section 1915(c) of the Social Security Act (42 U.S.C., Section 1396n(c)) allows states with a waiver of certain requirements from the federal government to provide support services in the community as a cost-effective alternative to ICF/IIDs. In 1985, Texas developed the first IDD waiver program, Home and Community-based Services (HCS), with a focus on individualized services that create opportunities for meaningful life in the community which can be adapted to a person's changing needs over a lifetime.[40]

Today there are seven Medicaid home and community-based services (HCBS) waivers. Of the seven Medicaid HCBS waivers, four are designed as cost-effective alternatives to ICF/IID services: HCS, Texas Home Living (TxHmL), Community Living Assistance and Support Services (CLASS), and Deaf Blind with Multiple Disabilities (DBMD). Two programs are designed as cost-effective alternatives to nursing facility care: STAR+PLUS HCBS and STAR Kids Medically Dependent Children Program (MDCP). Lastly, the Youth Empowerment Services (YES) waiver is designed for children with serious emotional disturbance. In addition to the HCBS waivers, community-based services are also available through the Texas Medicaid State Plan services and some general revenue services.

In designing the HCBS waivers and other community-based IDD services, the state focused on individualized social, educational, and family support services that create opportunities for meaningful life in the community that can be adapted to a person's changing needs over a lifetime. Services are intended to support people to reside in the community, connected to family, friends, education, and work opportunities.

While potentially eligible people may wait up to 13 years on interest lists for services and supports offered through Medicaid HCBS waivers, they may receive services through one program while awaiting another.[44] However, the people on the following interest lists in Table 3 may not yet have had Medicaid, waiver, or service need determinations as of August 2019.[44]

Table 3. Waiver Program Enrollment and Interest Lists for the 2018-2019 Biennium

Waiver Program	Potentially Eligible People on Interest List (as of August 2019)	Total Slots Released during the 2018-2019 Biennium
CLASS	74,013	219
DBMD	673	129
HCS	102,907	0
TxHmL	83,711	0

Source: Texas Health and Human Services Commission[44]

People can be on multiple interest lists; therefore, the interest list numbers above include duplication. As of August 2019, there were 148,853 unduplicated, potentially eligible people identified across six Medicaid HCBS waiver interest lists.[44] This total includes interest lists for the following programs: CLASS, HCS, DBMD, TxHmL, MDCP, and STAR+PLUS. However, MDCP and STAR+PLUS are not limited to people with IDD.

Community First Choice

In June 2015, HHSC implemented Community First Choice (CFC) as a federal state plan option that allows Texas to provide home and community-based attendant services and supports to Medicaid recipients with disabilities. People who qualify for an institutional level of care[45] may receive CFC through a managed care organization, a 1915(c) comprehensive waiver provider (if they are already enrolled in a 1915(c) waiver program), or a state plan fee-for-service program provider.

Family Caregivers

In Texas, there are more than 300,000 family caregivers, and only seven percent of those families receive support from a state IDD agency.[46] There is limited outreach and support for family caregivers and an aging population caring for people with IDD. An estimated 70 percent of people with IDD live with family, and 20 percent of these family caregivers are age 60 or older.[4646] Within the family, less emphasis may be placed on the health and wellbeing of the caregiver, causing both generations to require support.[18] Both long-term and end-of-life planning need to take place to prevent unnecessary institutionalization, provide the opportunities for choice and self-determination, and ensure people with IDD have the highest quality of life.

3.2.2 Education

In 1975, Congress passed Individuals with Disabilities Education Act (IDEA) to ensure all students with disabilities receive a Free Appropriate Public Education.[47] In the 2004 amendments to IDEA, Congress stated, "[t]he Purpose of IDEA is to prepare students for further education, employment and independent living." The major tenets of IDEA require schools to:

- Find and identify students who have a disability;
- Involve parents in decision making;
- Develop an Individual Education Plan for each eligible student that includes measurable annual academic and functional goals designed to enable the child to be involved and make progress in the general education curriculum;
- Provide special instruction, related services, and supplementary aids and services in the least restrictive environment; and
- Provide processes for resolving parent complaints and disputes.[47]

The Texas Education Agency (TEA) provides guidance to local school districts and charter schools on the implementation of IDEA and protections contained in the federal law.

State laws and rules explain how Texas will carry out IDEA and local school districts and charter schools are to provide special education services. The Texas public schools included 1,032 school districts and 177 charter operators in the 2017-18 school year; enrolling 5,399,682 students on 8,766 campuses, including 705 charter schools.[48]

3.2.3 Job Training, Employment, and Housing

Vocational Rehabilitation

Prior to the 1970s, federal regulations included job training and guidance for some people with disabilities due to the need for a workforce during World War I and World War II. In 1973, Congress passed a new Rehabilitation Act that replaced the Vocational Rehabilitation Act and directed vocational rehabilitation (VR) to serve people with significant physical or mental disabilities. The Rehabilitation Act of 1973 also expanded research and training programs for people with disabilities, including IDD, and shifted the focus to more individualized VR services.[49]

In 1986, amendments to the Rehabilitation Act focused on community inclusion and individual choice for disability services. For people with the most significant disabilities, these amendments shifted the focus of VR away from jobs in protected places like sheltered workshops to help people adapt to work in typical jobs in the community. Since the 1986 amendments, VR federal and state officials have worked with the disability community to integrate emerging concepts and needs into its regulations and services. The guiding principles of the rehabilitation system that shaped the Rehabilitation Act are "a belief that employment and productivity lead to independence and a belief that independence is the right of all American citizens."[49]

In 2012, a statewide neurodevelopmental team was founded which included 93 VR counselors and other VR staff, and 29 employment specialists with the highest caseloads of people with autism. The team currently has 122 members located across the state. Today, the Texas Workforce Commission (TWC) provides VR services that are available for people with the following neurodevelopmental disorders: autism, Attention Deficit/Hyperactivity Disorder (ADHD), specific learning disorders, and IDD.

Specialized assessments such as the Environmental Work Assessment can be conducted for eligible people to identify environmental variables that either increase or decrease a person's social and emotional skills. There are 40 skills within four domains that are assessed: basic and advanced social and communication skills, problem solving and executive functioning, self-regulation, and emotional intelligence.

As of 2018, Texas VR served approximately 7,000 people with autism and 31,000 people with a neurodevelopmental disorder, including ADHD, specific learning disorders and IDD.[50]

Employment

H.B. 1230, 80th Legislature, Regular Session, 2007, was enacted to improve the services provided to Texas youth with disabilities as they transition from school to adult living with an emphasis on transition into successful employment. In 2008, the workgroup established by H.B. 1230 completed a plan to improve employment service delivery to youth with disabilities.

S.B. 45, 83rd Legislature, Regular Session, 2013, required all Medicaid 1915(c) waivers include employment assistance and supported employment services. In addition, the 83rd Texas Legislature authorized S.B. 1226 requiring HHSC, TEA, and

TWC jointly adopt and implement an Employment First policy. The Employment First Task Force was established to:

- Promote integrated, competitive employment of people with disabilities; and
- Reinforce the expectation that people with disabilities are able to meet the same employment standards, responsibilities, and expectations as any other working-age adult.

Housing

There are several federal and state laws that establish housing protections for people with disabilities, including IDD. The federal Fair Housing Amendments Act of 1988 (FHAA) prohibits housing discrimination based on race, color, religion, sex, disability, familial status, and national origin. It includes private housing, housing that receives federal financial assistance, state and local government housing, residential treatment programs, and group homes.[51] In addition, the FHAA ensures people with disabilities are treated equally in the process of obtaining and maintaining housing. Housing providers are required to grant reasonable accommodations and reasonable modifications to tenants with disabilities to ensure equal opportunity to use and enjoy a dwelling.

Title II of the Americans with Disabilities Act (ADA) of 1990, as amended in 2008, prohibits state and local governments from discriminating against people with disabilities by excluding them from services and activities due to their disabilities. One of the federal regulations associated with Title II of the ADA requires public entities to "administer services, programs, and activities in the most integrated setting appropriate to the needs of the qualified individuals with disabilities."[52] On June 22, 1999, the U.S. Supreme Court ruled in *Olmstead v. L.C.* that, under ADA, the unjustified institutional isolation of people with disabilities was a form of unlawful discrimination.[53] In response to the Olmstead decision, Executive Order RP-13, and S.B. 367, 77th Legislature, Regular Session, 2001, directed HHSC to develop and implement a plan to assist peoples' transition to community services. The Promoting Independence Initiative includes all long-term services and supports (LTSS) and the state's efforts to improve the provision of community-based alternatives, ensuring these programs in Texas effectively foster independence and acceptance of people with disabilities and provide opportunities for people to live productive lives in their home communities. The biennial revision of the plan provides updates on progress, challenges, and recommendations for improvement.[54]

One of the primary barriers to successful relocation from an institutional setting is the lack of affordable, accessible, and integrated housing. Federal resources are the primary source of funding available to support access to affordable housing for people with disabilities who have low income.

There are more than 400 public housing authorities in Texas that administer U.S. Housing and Urban Development (HUD) funded programs including Housing Choice Vouchers (tenant-based rental assistance), public housing units (project-based rental assistance), or both. The Center on Budget and Policy Priorities reports that in 2019, 20 percent of adults with disabilities in Texas were helped by federal rental assistance. However, due to funding limitations, "three out of four low-income at-risk renters do not receive federal rental assistance."[55] Additional affordable housing is available through other federal programs, such as the Low-Income Tax Credit Program administered by the Texas Department of Housing and Community Affairs (TDHCA). However, stakeholders have raised concerns that for the portion of persons with IDD who are currently living with aging parents, finding alternative affordable housing options is a growing concern.[56]

3.2.4 Additional State Services

People with IDD who require medical or psychiatric care, are under Child Protective Services (CPS) conservatorship, or are justice-involved are served by additional state agencies. The following section provides an overview of some state services provided by nursing facilities, state hospitals, and CPS.

Nursing Facilities

Nursing facilities provide services to meet medical, nursing, and psychological needs of persons needing a level of medical necessity that requires 24-hour care.

The Preadmission Screening and Resident Review (PASRR) Level 1 (PL1) Screening Form is completed for every person seeking admission to a Texas Medicaid nursing facility, regardless of their funding source. If from the PL1, there is the suspicion a person has a mental illness, an intellectual disability, or a developmental disability (also known as related conditions), the PASRR Evaluation Form is completed. If the PASRR Evaluation indicates a person is PASRR positive, the person is provided opportunities for community placement in lieu of admission to a nursing facility. However, if admission to a nursing facility is necessary, the person is eligible to receive medically-necessary PASRR specialized services.[57]

State Hospitals

HHSC operates nine psychiatric hospitals and one residential treatment center. In fiscal year 2018, the state hospital system served 7,574 people, of which 440 had a IDD diagnosis. Of those with an IDD diagnosis, 250 (57 percent) were admitted via a civil or voluntary commitment and 190 (43 percent) were admitted via a forensic commitment.[58]

Upon discharge from the state hospitals, 11 percent of people with IDD were admitted to an SSLC and 62 percent moved to a community setting in fiscal year 2018. The remaining 28 percent of people with IDD returned to jail or went to another state hospital.[58]

Child Protective Services (CPS) for Children and Youth with IDD

The service array for children and youth with IDD who are under CPS conservatorship includes; service management through STAR Health; Department of Family and Protective Services (DFPS) General Residential Operations (GROs); access to Medicaid 1915(c) waiver services and other Medicaid-funded and community-based services contingent upon funding availability; and support from DFPS Regional Developmental Disability Specialists.

STAR Health

Superior Health Plan created an IDD Program to which youth may be referred at any time during their enrollment in STAR Health. Youth become eligible for the program based on information obtained from: health needs screenings, orders from Family Court, acute behavioral health admissions, and presence of symptoms of IDD.

The IDD program supports people with IDD, caregivers, CPS caseworkers, and others involved in the person's care with education, assessment of needs related to IDD, coordination of services and supports to providers knowledgeable about IDD, and support and monitoring of adherence to plans to promote permanency.

General Residential Operations (GROs)

Per Child Care Licensing Minimum Standards, a GRO is an operation that provides childcare for seven or more children up to age 18. The care may include treatment and other programmatic services. GRO is a broad designation that includes many

different types of facilities and settings such as cottage homes, shelters, and residential treatment centers.

Home and Community-based Services 1915(c) Waiver

The Texas Legislature identified children in CPS conservatorship as a priority population for HCS slots appropriated to HHSC. The slots can be allocated to youth ages 16 and a half who are aging out of conservatorship or children moving out of GROs. Approximately 241 HCS slots were appropriated for CPS for the 2016-17 biennium and 110 slots for 2018-19. For the 2020-21 biennium, the 86th Legislature did not appropriate slots for CPS, but the Legislature directed HHSC to continue to serve youth through the Promoting Independence Initiative. HHSC is utilizing attrition slots to support this population.[59]

Regional Developmental Disability Specialists

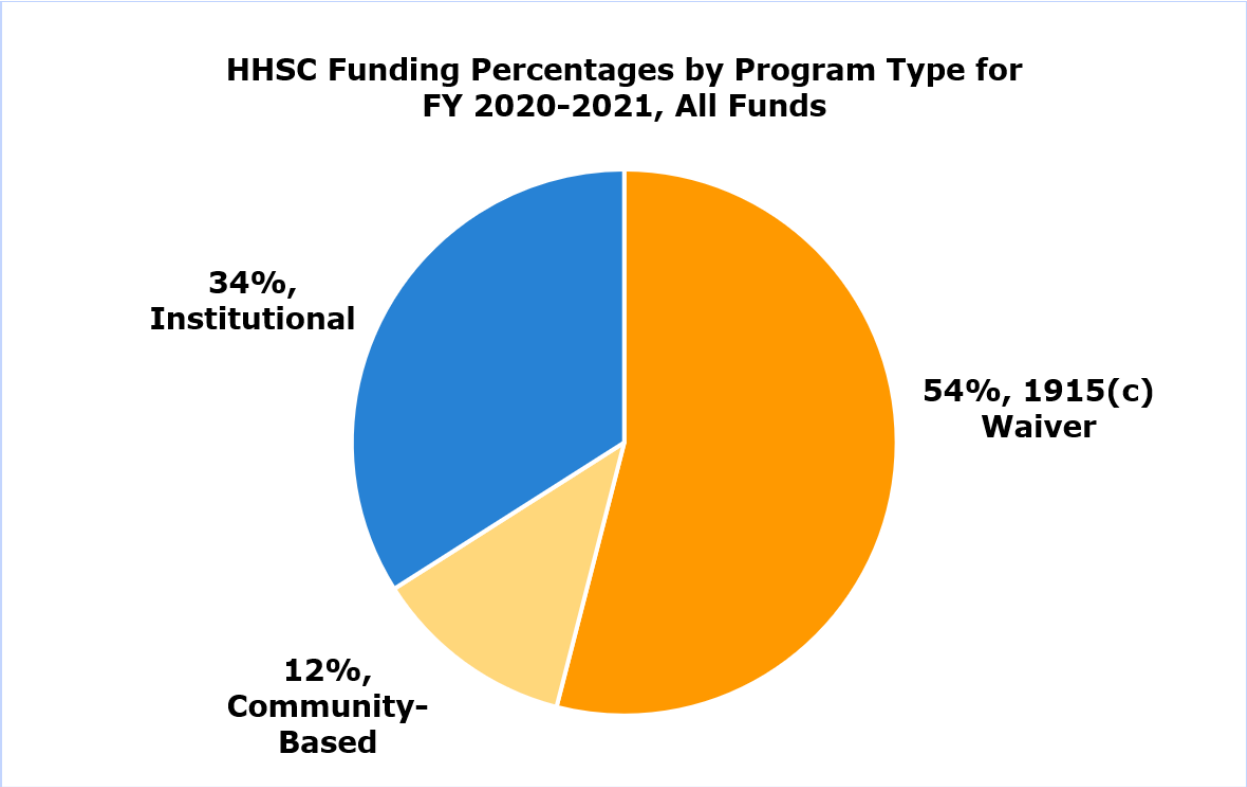
The CPS regional developmental disability specialists have expertise in the field of IDD and maintain a regional network of resources and contacts specific to youth and young adults with IDD. They also serve as primary caseworker for children with IDD placed in certain institutions, collaborate with other state agencies to access services for children, and facilitate transition of children from institutions into less restrictive community settings.

3.3 HHSC IDD Service Funding

HHSC programs for the IDD continuum are primarily funded across three major Medicaid categories: community-based, 1915(c) waivers, and institutional. For this report, 1915(c) waiver funding was not included in the community-based programming funding. The 1915(c) waivers and community-based programming are separated to highlight their unique purposes as alternative funding from institutional care.

For the 2020-21 biennium, the Texas Legislature appropriated $2.2 billion in state general revenue and $6.2 billion in All Funds for unique IDD programs. Figure 2 highlights the funding distribution within the three program type categories: 1915(c) Waivers, Community-based, and Institutions for fiscal years 2020 and 2021 combined.[60]

Figure 2. Comparison of Program Funding by Program Type



Source: Texas Health and Human Services Commission[60]

Table 4 and Figure 3 below illustrate the amount of funding Texas allocated to HHSC for IDD services by funding type and program for the 2020-21 biennium.[60] Funding tables do not include managed care appropriations.

Table 4. FY 2020-2021 HHSC IDD Article II Program Funding*

Program Type	Strategy Program Name	FY 2020 All Funds	FY 2021 All Funds	FY 2020 – 2021 All Funds Total
Community-Based	D.1.3. Strategy: Early Childhood Intervention Services	$169,720,796	$171,886,178	$341,606,974
	D.1.4. Strategy: Early Childhood Intervention Respite & Quality Assurance	$3,530,966	$3,530,966	$7,061,932
	D.1.6. Strategy: Autism Program	$7,188,435	$7,188,435	$14,376,870

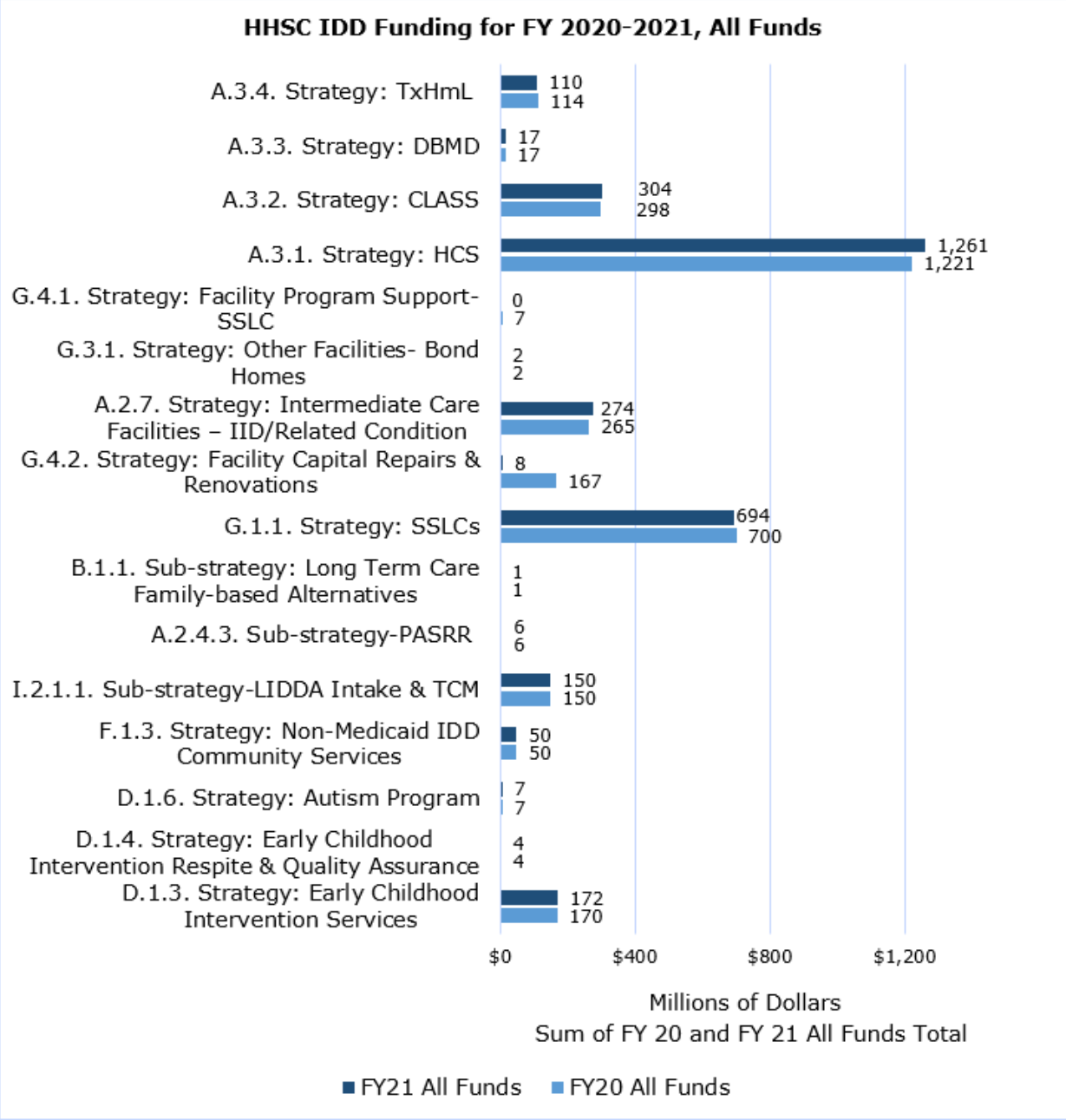
Program Type	Strategy Program Name	FY 2020 All Funds	FY 2021 All Funds	FY 2020 – 2021 All Funds Total
	F.1.3. Strategy: Non-Medicaid IDD Community Services	$49,901,920	$49,901,921	$99,803,841
	I.2.1.1. Sub-strategy: LIDDA Intake & TCM	$150,182,725	$150,182,725	$300,365,450
Institutional	A.2.4.3. Sub-strategy: PASRR	$5,750,000	$5,750,000	$11,500,000
	B.1.1. Sub-strategy: Long Term Care Family-based Alternatives	$882,850	$882,850	$1,765,700
	G.1.1. Strategy: SSLCs	$700,391,137	$693,967,624	$1,394,358,761
	G.4.2. Strategy: Facility Capital Repairs & Renovations	$166,534,330	$8,141,496	$174,675,826
	A.2.7. Strategy: Intermediate Care Facilities – IID/Related Condition	$264,548,602	$274,357,827	$538,906,429
	G.3.1. Strategy: Other Facilities-Bond Homes	$1,826,181	$1,795,927	$3,622,108
	G.4.1. Strategy: Facility Program Support-SSLC	$6,562,486	$0	$6,562,486
1915(c) Waiver	A.3.1. Strategy: HCS	$1,220,896,368	$1,260,673,094	$2,481,569,462
	A.3.2. Strategy: CLASS	$298,169,057	$303,506,234	$601,675,291
	A.3.3. Strategy: DBMD	$16,810,194	$17,002,026	$33,812,220
	A.3.4. Strategy: TxHmL	$113,599,515	$109,878,380	$223,477,895

Program Type	Strategy Program Name	FY 2020 All Funds	FY 2021 All Funds	FY 2020 – 2021 All Funds Total
Grand Total		**$3,176,495,562**	**$3,058,645,683**	**$6,235,141,245**

* Refer to Figure 3 to view funds for fiscal years 2020 and 2021 in a bar graph.

Source: Texas Health and Human Services Commission[60]

Figure 3. FY 2020-2021 HHSC IDD Article II Program Funding*



* Refer to Table 4 for specific funding amounts represented in the bar graph for fiscal years 2020 and 2021.

Source: Texas Health and Human Services Commission[60]

4. Stakeholder Input

To guide development of the IDD Strategic Plan, HHSC distributed two surveys between September 2018 and September 2019 to obtain direct feedback from people engaged in the Texas IDD system. Across both surveys, respondent feedback indicated:

- Across all indicators, providers or organization representatives expressed greater satisfaction with the Texas disability system than family members or friends of people with IDD.
- Respondents expressed higher satisfaction with educational services than other services.
- Respondents expressed lower satisfaction with transportation, housing, and crisis intervention services than other services.
- Respondents on interest lists expressed lower satisfaction with the Texas disability system.

Other important results emerged from the two surveys but could not be directly compared due to differences in survey instruments. Additionally, the number of people with IDD who responded to each survey was too small to allow for generalization of their levels of satisfaction with different areas. Thus, only responses from family and friends could be used to assess opinions about services sought and received. Subsequent sections of this report provide additional details on the two surveys, including similarities and differences between the survey instruments, and additional key results from each survey.

4.1 IDD Gap Survey, 2018

As part of the development of the *Foundation for the Statewide IDD Strategic Plan*,[1] HHSC conducted an initial survey to gather statewide stakeholder input to identify gaps in the Texas IDD system.

4.1.1 Survey Methods

HHSC aimed to assess areas for improvement in the Texas IDD system across four distinct populations who interact with the system: (1) people with IDD; (2) family members or friends of people with IDD; (3) service or support providers for people with IDD; and (4) people who work for an agency or organization that interacts with the IDD system.

Three meetings were held in August 2018 with stakeholder organizations to provide an overview of the purpose of the IDD Gap Survey. Stakeholders also provided feedback related to survey design and question development, use of accessible language for people with IDD, and content of the survey.

HHSC distributed the online survey via multiple HHSC email distribution lists starting September 20, 2018. The survey link closed on October 8, 2018. A total of 4,958 people started the online survey, with 3,217 people finishing all sections producing a 65 percent completion rate.

4.1.2 Survey Results

HHSC described results from the online survey in the *Foundation*,[1] completed February 2019. In the Foundation, HHSC presented areas for improvement based on individual statements about the Texas IDD system and by grouped service areas.

HHSC developed satisfaction indices to better describe potential areas for improvement in the Texas IDD system. The satisfaction indices were created by calculating an average score across all items in each system area and then standardizing the average score on a 100-point scale. Figure 4 presents the satisfaction indices across all IDD system areas covered by the online survey, separated by respondent type.

Figure 4. Satisfaction Indices by Respondent Type

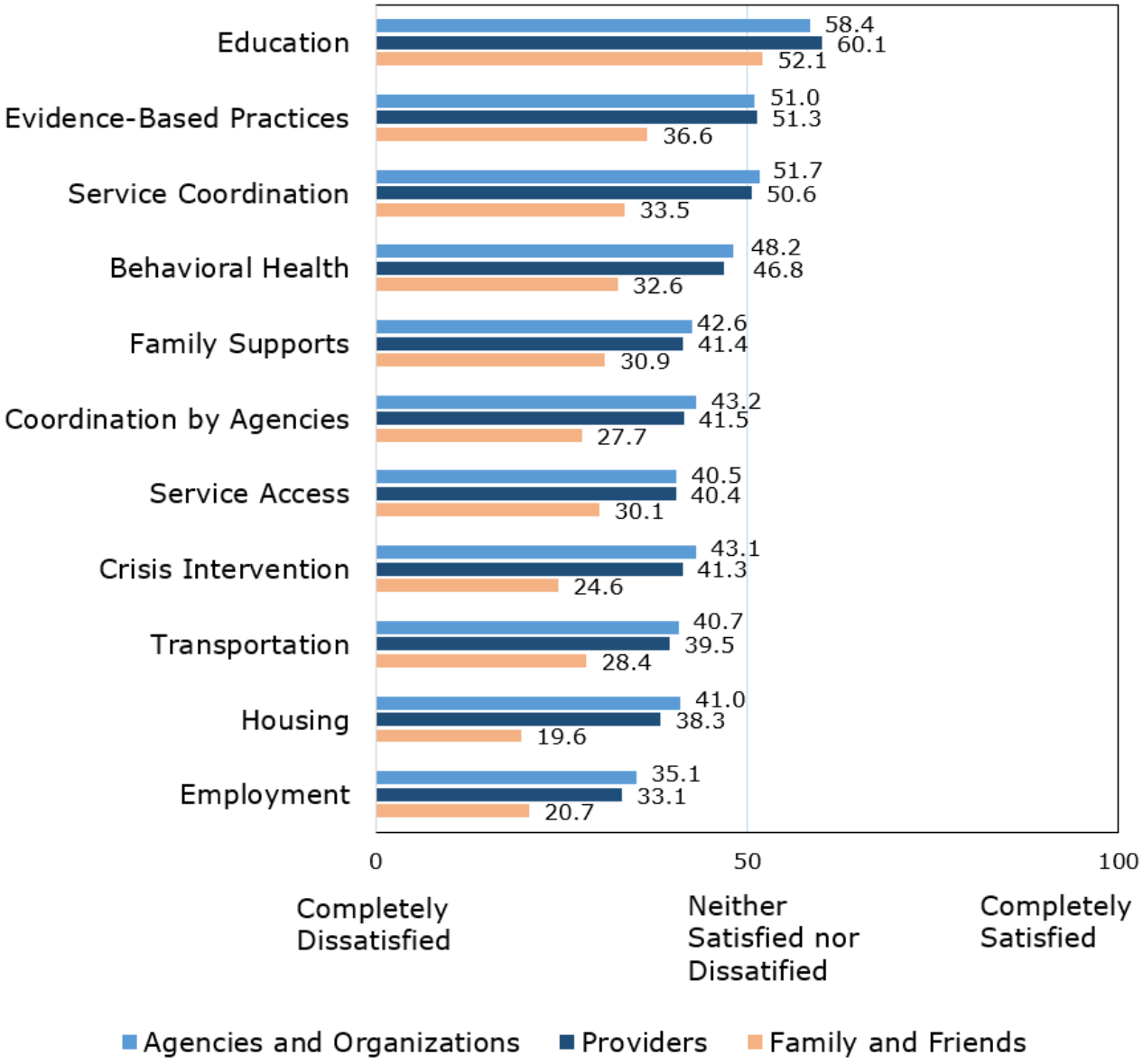


Table 5. Satisfaction Indices by Respondent Type

Type	Family and Friends	Providers	Agencies and Organizations
Employment	20.7	33.1	35.1
Housing	19.6	38.3	41.0
Transportation	28.4	39.5	40.7
Crisis Intervention	24.6	41.3	43.1
Service Access	30.1	40.4	40.5

Type	Family and Friends	Providers	Agencies and Organizations
Coordination by Agencies	27.7	41.5	43.2
Family Supports	30.9	41.4	42.6
Behavioral Health	32.6	46.8	48.2
Service Coordination	33.5	50.6	51.7
Evidence-Based Practices	36.6	51.3	51.0
Education	52.1	60.1	58.4
Overall Mean	30.6	44.0	45.0

Notes: Number of respondents vary by system areas due to "don't know/not applicable" responses. Total possible respondents are 3,217. Satisfaction indices were not created for people with IDD due to the low number of individual respondents and differences in how questions were asked.

Key findings from the satisfaction indices include:

- Respondents were not highly satisfied with any area of the Texas IDD system.
- Family members or friends of people with IDD expressed lower satisfaction across all areas of the Texas IDD system than other respondents.
- Respondents expressed the least satisfaction with employment, housing, and transportation services.

4.1.3 Survey Limitations

Findings from the 2018 IDD Gap Survey should be interpreted with several limitations:

- The survey was administered over a short time period, September 21 through October 8. Additionally, it was hosted online and was available only in English. This may have limited accessibility to some potential respondents.
- The information gathering process did not entail a design representative of procedures associated with an empirically-based study. As such, the results of the survey cannot be generalized to the entire population.

- Only 43 people with IDD participated in the online survey so their perspective is missing from key survey findings.
- The survey's length and difficulty may have caused some people to abandon the survey contributing to the low completion rate.
- Within the IDD system, respondents may serve multiple roles (e.g., family member and an advocate or person with IDD and a provider). This survey only allowed respondents to select one role group, and as a result does not capture this multi-layer stakeholder perspective.
- High proportions of respondents could not provide feedback on certain topic areas in the survey (indicated by many people marking all topic questions as "Not Applicable" or "I don't know"), suggesting people who interact with the Texas IDD system may not have in-depth feedback to offer on all IDD service areas. For example, some people may never interact with crisis intervention services or housing supports.
- The survey prompted respondents to identify areas needing improvement in the Texas IDD system. As a result, the survey framing may have predisposed respondents to provide negative feedback. General negative feedback made it difficult to identify the most pressing challenges in the Texas IDD system.

Collectively, these limitations mean the results may not be representative of all people engaged in Texas' IDD system nor all ideas about the system. Results should be interpreted with the understanding that some people engaged in the IDD system may have been excluded from findings.

4.2 Disability Services Survey, 2019

HHSC developed a second survey to strategically collect additional information to inform the development of the IDD Strategic Plan. HHSC reviewed all sections and items of the 2018 IDD Gap Survey, as well as overall survey logic, and made updates as necessary to improve survey capabilities. Major changes made to the second iteration of the survey include:

- Marketing and survey perspective were reframed from identification of areas for improvement to solicitation of general feedback on the Texas disability system.
- Demographic questions were added to better understand survey respondents and their unique perspective(s) within the IDD system.

- Question wordings were updated, and unneeded and potentially confusing questions were removed to increase survey interpretability and reduce the length of the survey.
- Key goals and questions related to important areas of the IDD system not assessed during the 2018 IDD Gap Survey were added, such as cultural sensitivity and person-centered services.

HHSC also expanded the scope of the survey from IDD-specific services to all disabilities services in Texas by changing language within the survey and broadening the range of stakeholders asked to complete the survey. The expanded survey allowed for collection of information to inform several projects at HHSC related to different disability services.

4.2.1 Survey Methods

On September 3, 2019, HHSC opened the Disability Services Survey online and promoted it via multiple HHSC email distribution lists, social media posts, stakeholder referrals, and posters inviting people to participate. The survey link closed on September 30, 2019. The survey was designed to gather information from four populations who interact with the disability services and systems: (1) people with a disability; (2) family members, caregivers, or friends of people with a disability; (3) service or support providers for people with disabilities; and (4) people who work for an agency or organization that interacts with the disability services system.

The survey primarily consisted of multiple-choice questions and included a few open-ended questions to allow people to share any type of feedback desired. Questions at the beginning of the survey asked respondents to share demographic information anonymously to allow for filtering of results during analysis. The demographic questions assessed the following areas:

- Respondent population group, as listed above;
- Respondent age;
- Respondent race and ethnicity;
- Type of geographic area where the respondent lived (people with a disability or their family/friends) or worked (providers or organizations) based on a list of categories offered; and
- Types of services or support the respondent sought or provided.

Responses from people who indicated they were engaged with IDD-related services and supports were analyzed separate of the entire respondent pool. A total of 4,330 people participated in the online survey with 2,821 people reporting being engaged with IDD-specific services; of those engaged with IDD services, 2,268 people completed the entire survey. This report only presents findings for respondents engaged in IDD services. Changes made to the second iteration of the online survey increased the overall completion rate to 80 percent for IDD-involved respondents and improved the proportion of respondents involved with IDD who felt capable of answering questions within the different service topics (see Table C-1). However, the number of people with IDD who completed the survey (67) was still low overall and limited the analysis for some survey questions.

Multiple Choice Questions

HHSC created satisfaction indices to analyze the second survey. Satisfaction indices were created by calculating an average score across all items in each disability area, and then standardizing the average score on a 100-point scale. Overall satisfaction averages the scores for all areas in which a respondent answered questions. These indices allowed for the exploration of satisfaction across key demographics. HHSC also examined responses to new questions related to key goals for Texas disability services. All respondents engaged in IDD services who completed demographic questions and answered questions about services were included in the survey analysis (2,411).

Open-Ended Question

HHSC conducted a qualitative analysis of the following survey question: *What changes would you most like to see in disability services?* The question was asked of family members and friends of people with disabilities, service providers, and agency and organization representatives. The responses were grouped into two sets:

- Family members and friends (787 responses; 63 percent of family member and friend online survey respondents engaged in IDD services), and
- Service providers or agency and organization representatives (799 responses; 54 percent of provider and representative online survey respondents engaged in IDD services).

HHSC conducted a content analysis of the question, relying on a deductive coding approach to develop an initial set of codes from survey results and feedback from stakeholder listening sessions conducted by HHSC. In the preliminary analysis, 11

main codes and 14 sub-codes were developed. HHSC added and adjusted codes as necessary based on responses to the survey question. The final analysis of the question used 12 final main codes and 17 final sub-codes.

Two HHSC staff independently reviewed and coded a subset of responses to the survey question. Cross checking across staff coding indicated a high level of agreement across responses. Staff discussed and resolved disagreements in coding to support reliability of final analysis. The main codes are listed below:

- Access to services
- Workforce capacity
- Navigating the disability system
- State administration of disability services
- Availability of funds
- Meeting needs of specific populations
- Support for caregivers
- Empowering people with disabilities
- Issues related to state supported living centers
- Quality of services
- Accountability for behaviors/issues related to safety
- Language barriers

4.2.2 Survey Results

Multiple Choice Questions

Figure 5 presents satisfaction indices for the survey. Key findings from the satisfaction indices include:

- Family and friend respondents expressed lower satisfaction than other respondents across all areas of the disability system ($p<.001$).
- Respondents expressed the most satisfaction with service access, education, and evidence-based practices ($p<.001$).
- Respondents were least likely to report engagement with housing and crisis intervention services, and when people engaged in these services, their

feedback was generally less positive than with other IDD service areas ($p<.001$)

Figure 5. Satisfaction Indices by Respondent Type

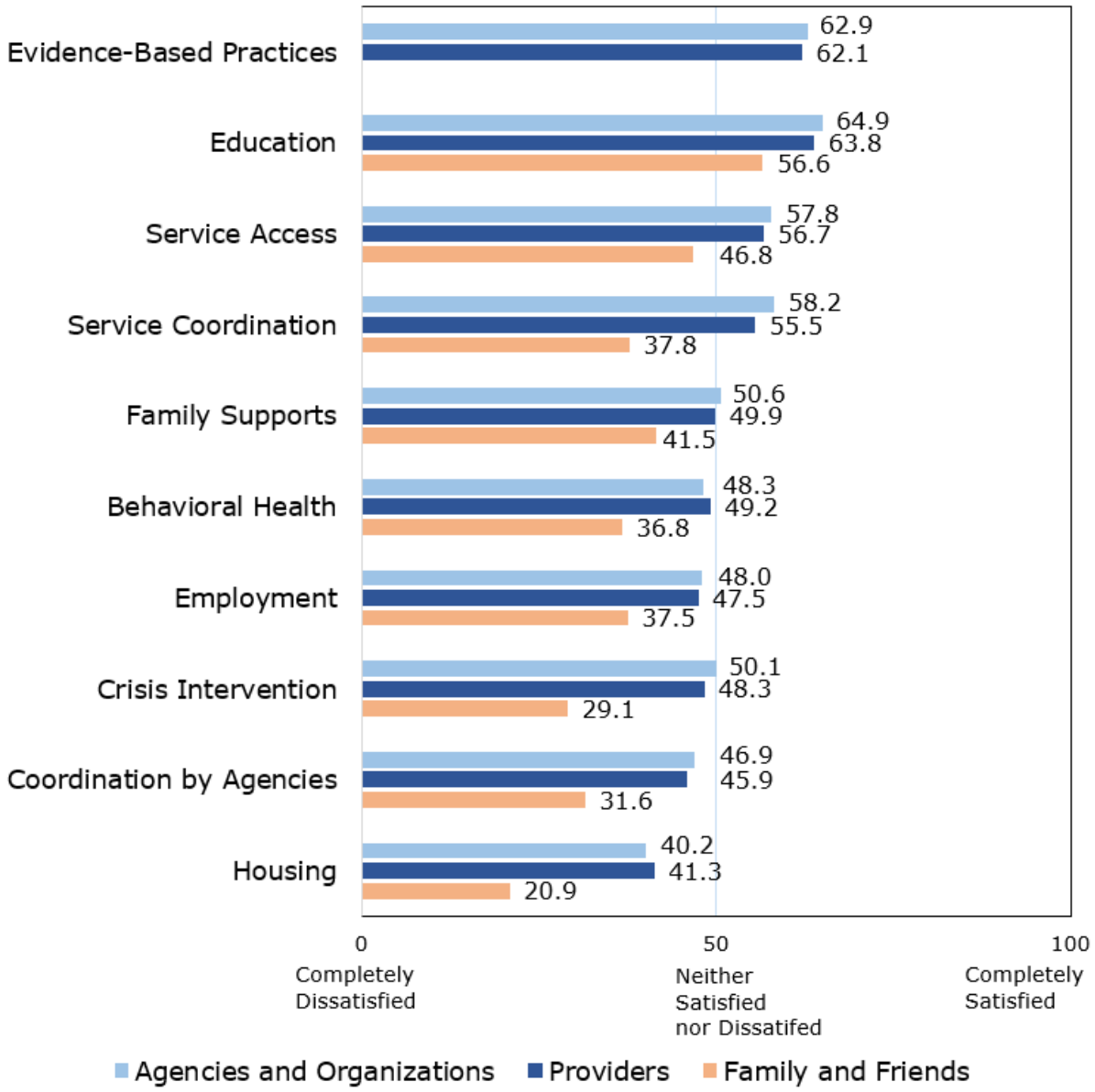


Table 6. Satisfaction Indices by Respondent Type

Service Areas	Family and Friends	Providers	Agencies and Organizations
Housing	20.9	41.3	40.2
Coordination by Agencies	31.6	45.9	46.9
Crisis Intervention	29.1	48.3	50.1

Service Areas	Family and Friends	Providers	Agencies and Organizations
Employment	37.5	47.5	48.0
Behavioral Health	36.8	49.2	48.3
Family Supports	41.5	49.9	50.6
Service Coordination	37.8	55.5	58.2
Service Access	46.8	56.7	57.8
Education	56.6	63.8	64.9
Evidence-Based Practices	0	62.1	62.9

Notes: Number of respondents vary by system areas due to missing or "don't know/not applicable" responses. Total possible respondents are 2,411. Questions on evidence-based practice were not presented to family or friend respondents. Indices were not created for people with IDD due to the low number of individual respondents (67) and differences with how questions were asked. All group differences were significant (p<.001) except evidence-based practices.

The satisfaction index scores were analyzed across three key demographics: locality, race or ethnic background, and living environment of people with IDD. Key findings included the following:

- Family or friend respondents in large urban areas, smaller urban areas, and non-urban areas had similar satisfaction scores that were not significantly different (p=.663).
- Respondents identifying as Black or African American were significantly more satisfied with disability services than respondents of other racial or ethnic backgrounds (p<.001; see Table C-2).
- Family members or friends were significantly more satisfied with disability services if the person they supported lived in medical or support facilities (p<.001; see Tables C-3 and C-4).

HHSC also explored variation in satisfaction indices across other demographic variables:

- Providers' or organization representatives' satisfaction with the disability system varied across employer type. People working for managed care organizations expressed higher overall satisfaction, while those working for an advocacy organization expressed lower overall satisfaction with the disability system (p<.001) (see Table C-5).

- Family members or friends of someone with IDD expressed significantly lower satisfaction with disability services if the person with IDD was on an interest list to receive services (p<.001) (see Table C-6).
    - This trend was significant (p<.01) at lower-levels of service engagement (people with IDD received four or less services), but not at high-levels of service engagement (people with IDD received five or more services).
- Satisfaction with disability services was significantly lower for family members or friends supporting multiple people (p<.05), or people with multiple disabilities (p<.001) (see Tables C-7 and C-8).

Figure 6 presents respondent ratings of Texas' performance on meeting four overarching goals within disability services. Respondents felt Texas could improve across all goals. Family members and friends of people with IDD expressed less favorable ratings than providers or organization representatives, a relationship also observed across satisfaction indices.

Figure 6. Rating of Key Goals for Disability Services by Respondent Type

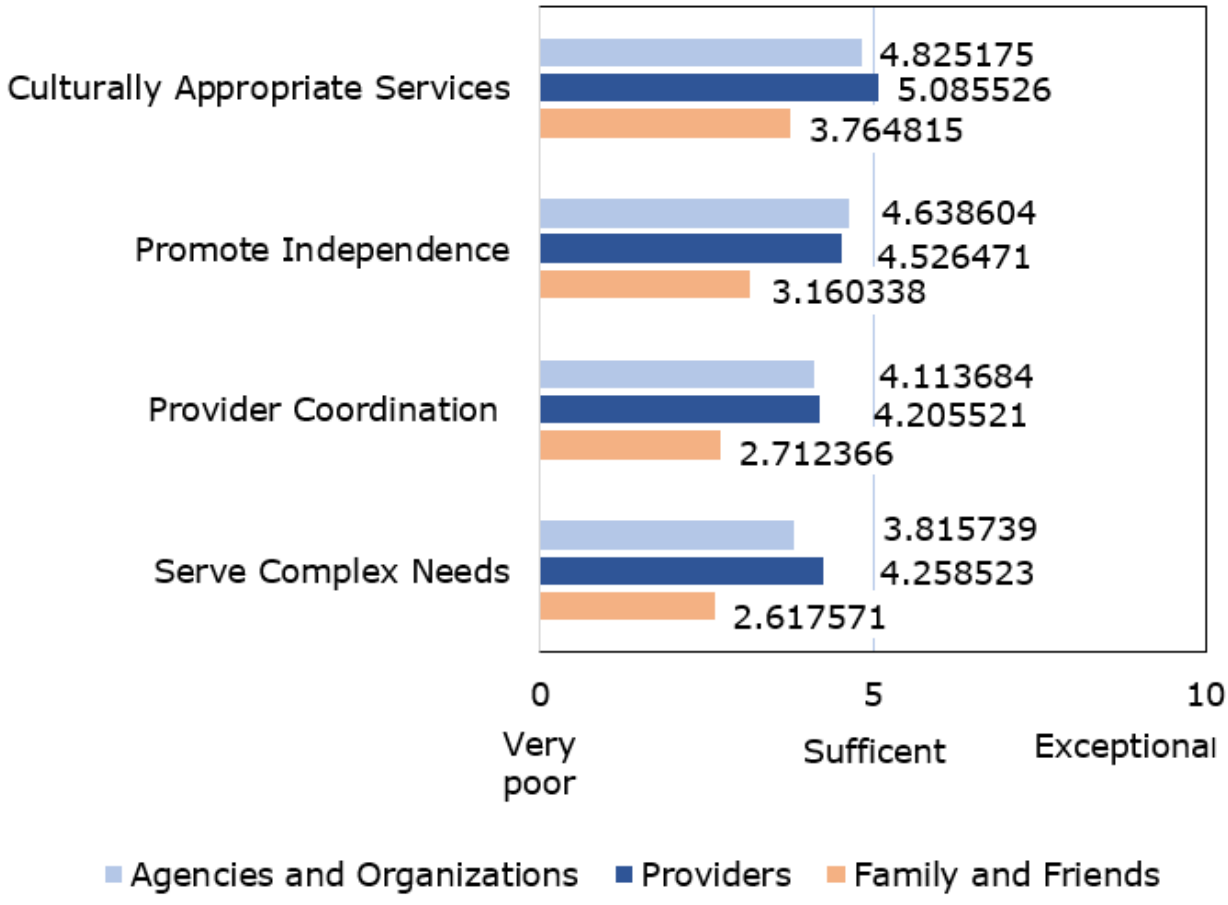


Table 7. Rating of Key Goals for Disability Services by Respondent Type

Key Goals	Family and Friends	Providers	Agencies and Organizations
Serve Complex Needs	2.617571	4.258523	3.815739
Provider Coordination	2.712366	4.205521	4.113684
Promote Independence	3.160338	4.526471	4.638604
Culturally Appropriate Services	3.764815	5.085526	4.825175

Notes: N=1,799 IDD-involved respondents who answered key goal items. All group differences for each service goal were significant, p<.001. People with IDD were not asked about key goal performance.

Open-Ended Question

Figure 7 presents the desired changes to disability services from family members and friends and the combined responses from providers, agencies, and organizations. The top five changes to disability services include:

- Access to Services,
- Workforce Capacity,
- Navigating the Disability System,
- State Administration of Disability Services, and
- Availability of Funds.

It is important to note family members and friends were more likely to recommend changes related to access to services and navigating the disability system while providers/representatives were more likely to recommend changes related to workforce capacity. Additional detail on desired changes to disability services for these top five areas are available in Tables C-10, C-11, C-12, C-13, and C-14.

Figure 7. Desired Changes to Disability Services

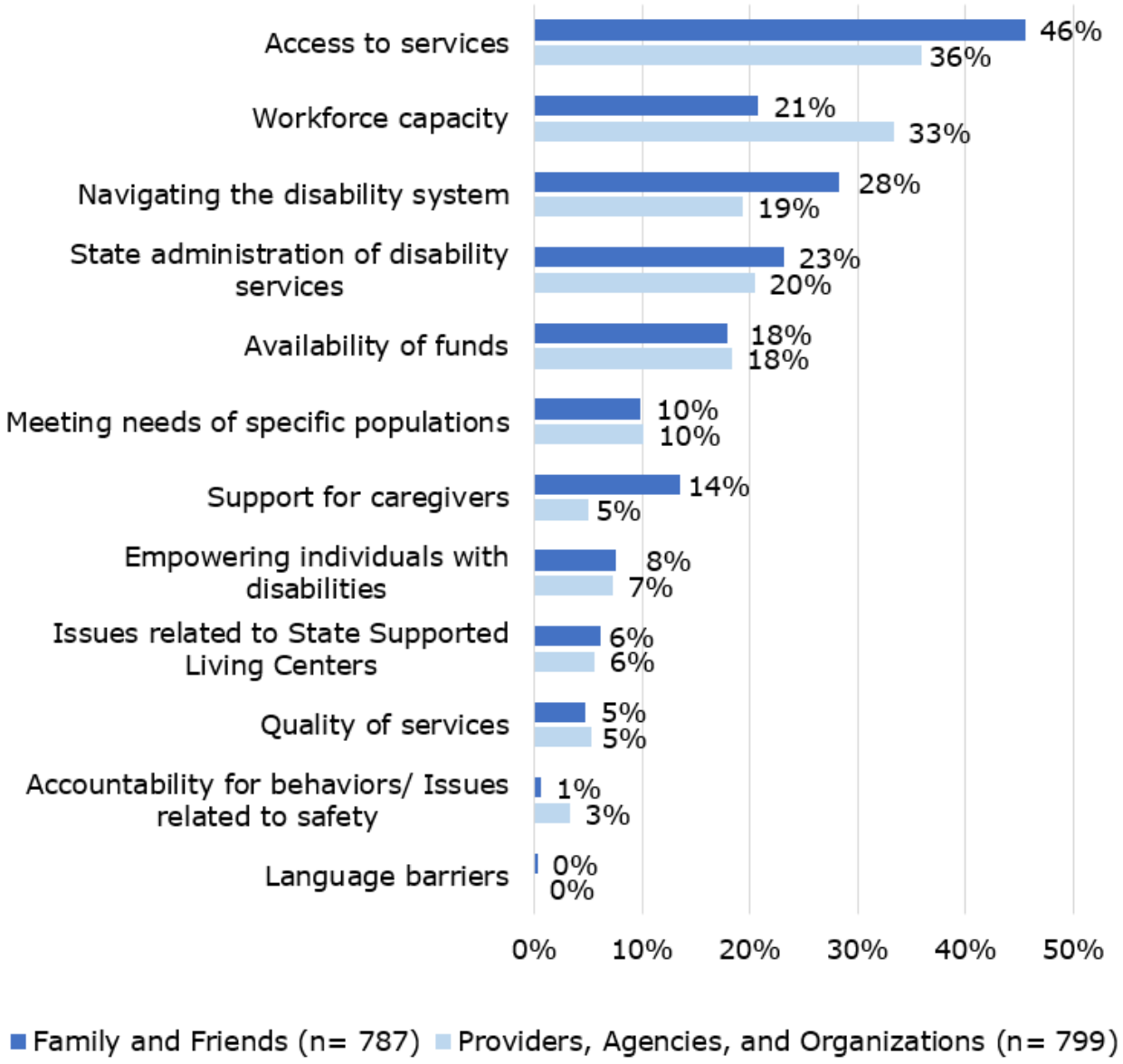


Table 7. Desired Changes to Disability Services

Desired Changes to Disability Services	Family and Friends (n= 787)	Providers, Agencies, and Organizations (n= 799)
Access to services	45.5%	35.9%
Workforce capacity	20.8%	33.3%
Navigating the disability system	28.2%	19.3%
State administration of disability services	23.1%	20.4%
Availability of funds	17.9%	18.3%

Desired Changes to Disability Services	Family and Friends (n= 787)	Providers, Agencies, and Organizations (n= 799)
Meeting needs of specific populations	9.9%	10.1%
Support for caregivers	13.5%	5.0%
Empowering individuals with disabilities	7.6%	7.3%
Issues related to State Supported Living Centers	6.2%	5.6%
Quality of services	4.8%	5.3%
Accountability for behaviors/ Issues related to safety	0.6%	3.3%
Language barriers	0.3%	0.0%

Notes: Some respondents provided suggestions across multiple areas of disability services. As a result, percentages do not add to 100 percent.

Ninety-five percent of open-ended responses aligned with the final coding schema. The 5 percent of responses that could not be coded primarily reflected non-descriptive responses such as "none", "not applicable", and "unknown". Most of open-ended responses suggested desired changes to a limited number of areas of disability services (see Table C-9).

4.2.3 Survey Limitations

The 2019 Disability Services Survey successfully addressed some limitations found in the 2018 IDD Gap Survey. However, limitations related to online surveys persisted, including building a representative sample. Additional limitations for the survey are detailed below:

- Failure to attract sufficient participants across all demographic groups, including people with IDD, and with specific service experiences prevented some subgroup analysis using indices.
- Suggested changes provided to the open-ended question may be biased due to the type of respondents who completed the online survey and, among online survey respondents, the type of respondents who were asked this question.

The open-ended question also had some limitations that impact the interpretation of the qualitative analysis. Limitations specific to the qualitative analysis are:

- Bias due to type of respondents who completed online survey. The survey was only available online in English. Opportunities for changes not discussed by respondents may reflect limitations of the online survey rather than a lack of importance.
- Bias due to type of respondents who answered the question. Among respondents able to complete the online survey, only people engaged in services were asked the open-ended question. Family members/friends representing people waiting for services to begin may provide valuable input into possible changes to the disability system, but that perspective was not included in this analysis. Furthermore, HHSC analyzed responses for respondents engaged in IDD services only. Feedback may not be applicable to all disability services in Texas.

4.3 Survey Summary and Further Considerations

To inform development of the *Statewide IDD Strategic Plan*, HHSC developed and distributed two surveys between September 2018 and September 2019. A comparison of the surveys is shown in Table C-15 in Appendix C.

The two surveys relied on responses from family members or friends and service providers or organizational staff to gain insight into the IDD system. Accounting for this and other limitations, key findings for people involved with disability services are organized into strengths, areas for improvement, and conflicting assessments regarding satisfaction with disability services in the table below (Table 8).

Table 8. Summary of Key Survey Results

Identified Strengths	• Education-related disability services • Providers or organization representatives' satisfaction with evidence-based practices • Overall satisfaction with services when a person with IDD lives in a medical or supported living environment

Identified Opportunities for Improvement	• Availability of and satisfaction with services, especially housing and crisis intervention • Additional support towards workforce capacity, navigating the disability system, and availability of funds • Improved state administration of disability services • Overall satisfaction for people waiting to receive services or join programs • Satisfaction with disability services for family members or friends supporting multiple people, or people with multiple disabilities
Conflicting Assessments	• Lower satisfaction across all services for family members or friends than for service providers or organizational staff • Lower satisfaction with services for staff providing advocacy services compared to those working as part of managed care organizations to plan and administer services

4.4 Gaps in IDD Services and Supports

The strategic planning group and community stakeholders provided insight to identify gaps and challenges related to coordination, access, and provision of IDD services in Texas. Identified gaps will provide opportunities to strengthen the system as the strategic plan is implemented.

Gap 1: Access to Appropriate IDD Services

Timely access to appropriate services to support the needs and preferences of people with IDD across their lifespan is critical to a high quality of life. Services and supports should be accessible to people of all ages in all areas of Texas. Services and supports must be further expanded and funded to provide an adequate network of resources with limited wait times.

Gap 2: Needs of Young Children and Public School Students with IDD

Early childhood and school-aged years are important periods in developing the trajectory of people's lives. While support services exist for young children with IDD

and those in school, the services can be enhanced to provide a progressive continuum that leads to successful transition through different stages of life. Support for families and their children creates a solid foundation to navigate those transitions.

Gap 3: Community-Based Behavioral Health Services for People with IDD

Mental health disorders can occur at higher rates and may manifest differently among people with IDD compared to the whole population. The behavioral health system in Texas has begun to focus more specifically on the mental health and wellness for people with IDD, recognizing they can recover from mental health issues given the appropriate services and supports.

While this increased focus on people with dual diagnoses certainly represents a step in the right direction, more extensive efforts are needed. People with IDD should have access to quality behavioral health services, trauma-informed care, and opportunities for recovery. Additionally, supports should be adequate in both their approach and intensity to avoid unnecessary crisis events, hospitalizations, or incarcerations. Behavioral health services should be available in community settings across the state as much as possible.

Gap 4: Transportation to Services, Jobs, and Community Activities

More than half of Texas counties are categorized as rural. When services, jobs, and community activities are spread over large geographic areas, reliable and accessible transportation becomes essential. Even urban areas that may seem rich in resources and opportunities are not accessible to people with IDD who do not have consistent transportation options. Adequate transportation allows people with IDD to utilize services, be involved in the community, and maintain employment.

Gap 5: Access to Community-Based Housing

In the past, people with IDD were placed in congregate living facilities because community-based services and housing were inadequate. As services and supports have grown more plentiful in the community, housing options must follow. People with IDD should be able to obtain affordable, accessible, and integrated community-based housing that meets their needs.

Gap 6: Employment Training and Long-Term Supports

State agencies and community organizations offer vocational training and job search services. However, people with IDD are often limited in the jobs they can obtain and wages they receive. Employment services can expand to provide support in maintaining employment and developing careers while communities and employers can create competitive and integrated jobs.

Gap 7: Satisfaction with IDD and Related Services

Every person wants to be satisfied with the services they receive. Attention to the satisfaction and preferences of people with IDD is an important component of making system enhancements. In addition, tracking satisfaction overtime is one way to measure progress.

Gap 8: Ease of System Navigation

State and federally funded services and supports can be difficult to find, understand, apply for, and maintain. Government systems that manage service benefits and resources are complex, cumbersome, and often shaped by funding sources. State agencies have begun and continue to make services and supports easier to navigate. People in any stage of life need to be able to readily identify and link to IDD services and related benefits for which they may be eligible.

Gap 9: IDD Services and Supports Workforce Shortage

As with many aspects of the medical and behavioral health workforces, service providers and other professionals trained to support people with IDD are in short supply. In some areas of Texas, this workforce shortage contributes to a lack of services or long wait times for certain types of care. A collaborative effort by state agencies, professional associations, colleges, and employers can develop, recruit, and retain more qualified providers to support people with IDD.

Gap 10: Coordination and Administration of Services

State agencies serve a significant percentage of people with IDD. Uncoordinated efforts across these systems can result in different services provided to people in a patchwork manner. IDD-related service and supports can be better coordinated, consistent, and have a cross-agency approach to service provision, program coordination, training, and funding.

Gap 11: State Agency Communication with Public

People with IDD and their caregivers often experience frustration trying to understand information from state agencies. People want clear and easy to understand information. They also want to be able to connect with agency staff or service representatives and easily locate information about agency performance. Communication can be enhanced at all levels including outreach, benefits management, service navigation, and performance reporting.

5. Stakeholder Recommendations

Goals, developed by the stakeholder driven strategic planning group, direct the *Statewide IDD Strategic Plan* to meet the long-term outcomes. Three goals drive the strategies in this plan:

1. Empower and support people to pursue the lives they want to live.
2. Deliver services in the most integrated setting according to each person's needs and preferences.
3. Enhance performance of systems.

The strategic planning group developed objectives and strategies for each goal. Each strategy is linked to the gaps determined by the planning group. The goals and objectives are listed in the table below. The full list of objectives, and strategies developed by the strategic planning group can be found in Appendix A.

Goal 1: Empower and support people to pursue the lives they want to live
1.1 Increase Self-Determination and Quality of Life for People with IDD
Goal 2: Deliver services in the most integrated setting according to each person's needs and preferences
2.1 Expand Individual Services to Support Diversion, Transition, and Interest List Enrollments
2.2 Improve Services Through Assessments, Planning, and Process Improvement
2.3 Enhance Family-Based Alternatives, Family Supports, Early Childhood and Education Services
2.4 Support Housing, Employment, Transportation, and Community Integration for People with IDD
2.5 Expand Mental Health and Crisis Supports for People with IDD
2.6 Expand Access to Trained Community Service Providers and Educators for People with IDD
Goal 3: Enhance performance of systems
3.1 Increase Satisfaction and Person-Directed Service for People with IDD and their Families
3.2 Increase IDD System Integration and Collaboration
3.3 Improve IDD System Transparency and Accountability

6. Future Considerations

The *Statewide IDD Strategic Plan* is the result of coordination between stakeholders through more than two years of meetings, discussions, and strategy development. Developing this strategic plan is the first step toward ensuring a unified and coordinated approach to the delivery of IDD services and supports in Texas.

The *Statewide IDD Strategic Plan* is designed to identify opportunities to improve services, systems, and policies statewide by channeling the efforts of multiple stakeholders toward a shared achievement. Groups that can contribute include, but are not limited to:

- State agencies;
- State and local elected officials;
- Advocates and community members;
- Community-based organizations;
- Public and private service centers and providers;
- Schools;
- Businesses; and
- Workplaces.

HHSC Next Steps

While the scope of the strategic plan covers a wide array of services and supports, HHSC oversees significant sections of the continuum of IDD services. HHSC has the opportunity to evaluate the recommendations laid out in the strategic plan and identify strategies within the agency's scope that can be implemented.

HHSC will, by December 1, 2022, develop an action plan that lays out strategies HHSC will implement in the short- and medium-term. Steps will include:

- Coordinate with existing advisory committees to provide recommendations and feedback;
- Identify immediate opportunities for short-term gains while laying foundations for larger system changes; and
- Collect data and develop mechanisms for continuous quality improvement.

In lieu of a stand-alone action plan HHSC may incorporate the action plan into related plans or reports, such as the Promoting Independence Plan or the Disability Services Action Plan.

Appendix A. Stakeholder Recommendations

This appendix contains the strategies listed in Section 5 as well as related sub-strategies and potential actions developed by the strategic planning group that created the *Statewide IDD Strategic Plan*.

Goal 1: Empower and support people to live the lives they want to live

1.1 Increase Self-Determination and Quality of Life for People with IDD

1.1.1 Support skill-building and utilization of self-advocacy and self-directed services for people with IDD

A. Identify ways to fund and provide training and technical assistance in understanding and exercising decision-making opportunities

B. Identify strategies for more peer-to-peer support options, both volunteer and reimbursed through Medicaid, to increase self-determination and social networks

C. Enhance training for self-advocates and service planning teams to learn how to best communicate, express, and discover needs and preferences

D. Support people's participation in self-directed service planning using their preferred manner of communication

1.1.2 Empower and strengthen people and their families, teach them about resources and services early and as eligibility and services change

A. Identify strategies to advise and support families early to identify and enroll in all appropriate services with direct assistance or referrals to state or community services or benefits counselors

B. Identify strategies to shift the burden of the enrollment process and documentation from families to enrollment specialists or other navigators

C. Ensure information is culturally and linguistically appropriate for people and families

D. Enhance webpages to make state and local services and information easier to find and understand

E. Promote peer-to-peer models to support people with IDD to understand options and make decisions and choose supports and services that allow them to live the life they want

1.1.3 Enhance the practice of teaching and utilizing self-determination and self-advocacy for all students with disabilities in school

A. Promote student understanding and participation in developing their IEP and transition goals

B. Identify opportunities for students to practice self-advocacy and self-determination, such as selecting classes and activities and developing hobbies

C. Explore and expand peer-to-peer student mentor support programs

1.1.4 Increase people's understanding of their civil rights and legal protections

A. Support training and practice in exercising civil rights, including the right to vote

B. Support self-advocates and families to utilize alternatives to guardianship through supported decision-making awareness campaigns and peer training

C. Support people's access to, understanding, and use of the complaints and grievances systems

D. Expand training about rights to reasonable accommodation in housing

E. Educate and support property ownership and assets management

F. Expand training about rights to reasonable accommodation in the workplace and community through collaborations with vocational rehabilitation services, Independent Living Centers, and advocacy organizations

1.1.5 Increase people's authority and decision-making regarding money, benefits, and other resources

A. Identify options to establish independent financial agencies or qualified individuals or community-based organizations to assist with budgeting and supported money management strategies to include earned money, Medicaid waiver budgets, and federal or state benefits

B. Enhance opportunities to protect access to financial and service benefits, including information about and access to Special Needs Trusts and Achieving a Better Life Experience (ABLE) accounts

1.1.6 Increase ownership and use of communication technology by people with IDD

A. Support strategies to ensure people have access to and receive ongoing training to use technology to enhance communication and participation

B. Identify options to allow students in kindergarten through 12th grade and 18-plus programs (K-12+) to purchase their assistive technology when leaving school, including augmentative communication tools or devices, for a reduced price on a sliding scale

C. Expand access to and ownership of technology devices through collaborative use of funding streams, including education, general revenue, vocational rehabilitation, Medicaid and Medicaid waivers, and technology company grants

Goal 2: Deliver services in the most integrated setting according to each person's needs and preferences

2.1 Expand Individual Services to Support Diversion, Transition, and Interest List Enrollments

2.1.1 Explore options to fully fund waiver programs, diversion options, and transition services for all eligible people

A. Create strategies to fund waiver service interest lists for all eligible people on the lists

B. Identify resources to fund existing diversion options to meet demands and expand diversion to additional waiver populations (DBMD, MDCP, CLASS, TxHmL, Star+PLUS)

C. Explore opportunities to increase number of people receiving CFC

D. Identify opportunities to support CFC outreach and education campaign for students with disabilities leaving high school

E. Identify opportunities to support CFC outreach and education to people receiving Medicaid acute care and other services through managed care

F. Consider adjustments to the CFC service array, provider qualifications, and service delivery design to more closely meet the needs of eligible people (e.g. transportation and respite)

G. Investigate options for MCOs to pay for day habilitation for people receiving CFC benefits

H. Identify mechanisms to wholly fund transition to community-based services from institutions

I. Explore ways to fund Medicaid HCBS waivers to provide community support and services to relocate from an institution to the community

J. Explore strategies to develop process change to set automatic higher transitional level of need (LON) for people leaving facilities of any type

K. Expand transition from any facility-based service, regardless of size, to HCS, CLASS, TxHmL and DBMD for people with IDD and related conditions

L. Expand options for providers to convert from ICF/IID to HCS, such as conversion to small HCS group homes

2.1.2 Enhance community-based services for people with complex medical, behavioral, and physical needs

A. Identify options to amend all developmental disability waivers to allow billing of all nursing services and create additional billable nursing services (e.g. nurse coordinator)

B. Explore rate adjustments for complex needs across settings for all types of providers

C. Explore options to create flexibility for individualized budgeting and exceeding service limits

D. Identify ways to increase cost caps while maintaining budget neutrality (add hospital and psychiatric hospital level of care and LON 9)

E. Explore strategies to allow for temporary or enhanced staffing (increased number or level based on needs) without increasing administrative burden to justify more staffing

F. Enhance options to ensure access to services in the community including use of state general revenue funds for people whose needs exceed cost or service caps

2.1.3 Consider ways to amend the financial eligibility requirements of some waiver programs and Medicaid Buy-In to expand service to more people and prevent risk of institutionalization

A. Identify benefits of and options to amend the financial eligibility requirements of the TxHmL waiver to match the HCS waiver and allow for people with related conditions to qualify regardless of their intelligence quotient (IQ)

B. Identify benefits of and options to amend financial eligibility for Medicaid Buy-In for Working Adults and Medicaid Buy-In for Children from 150 percent of the Federal Poverty Level to 300 percent

C. Identify benefits of and options to expand eligibility for the "HCS aging-out waiver" from Child Protective Services to include people with related conditions regardless of IQ

2.1.4 Explore options to add day habilitation and respite to the Medicaid State Plan

2.1.5 Maximize awareness and use of the Money Follows the Person (MFP) funding mechanism

2.2 Improve Services Through Assessments, Planning, and Process Improvement

2.2.1 Enhance assessment processes and planning for needs

A. Support comprehensive and accurate assessment of functional, medical, psychiatric, behavioral, physical, and aging needs in all settings

B. Identify options to allow and encourage using a variety of evidence-based, empirically-valid tools as necessary to accurately identify needs

C. Explore opportunities to ensure high quality services that align resources with assessed needs and preferences (adjust rates that support quality)

D. Strengthen the provision of meaningful, accurate information about community-based services and community acute care services to enhance meaningful choices

2.2.2 During any system restructuring support people in maintaining their services with no significant reductions

2.2.3 Enhance Medicaid eligibility processes so people who are ultimately deemed eligible do not experience a gap in coverage

A. Explore the creation of a staffed hotline at HHSC that can quickly and respectfully resolve eligibility issues with providers and people

B. Enhance system improvements in the state Medicaid eligibility offices to decrease loss of eligibility due to system errors or people's lack of understanding of the process

C. Identify strategies to provide education to people on how to maintain benefits while employed

D. Identify options to create a process where Medicaid eligibility offices automatically conduct a review upon any eligibility status change prior to sending Medicaid denial notifications, gather relevant information and options, and refer people to local qualified benefits counselors and service coordinators

E. Explore options to eliminate the requirement for annual renewal of determination of need for people with disability and chronic conditions that will not improve

2.2.4 Assess options to allow use of independent person-centered plan facilitators or case managers funded through Medicaid waiver individual budgets to facilitate person-centered planning, perform assessments, provide recommendations for services, give feedback to family, and evaluate impact and success (financial management services agencies will continue to bill for services and manage consumer-directed budgets)

2.2.5 Ensure adherence to state and federal rules about consent to care and treatment and respect for preferences of those under guardianship

2.3 Enhance Family-Based Alternatives, Family Supports, Early Childhood and Education Services

2.3.1 Promote early access to supports that strengthen and preserve families and prevent out of home placement of children, including respite, home modifications, assistive technology, positive behavioral supports, in-home nursing, and personal care services

A. Explore opportunities to increase access to respite for families including non-Medicaid funded respite

B. Identify options to reinstate the In Home and Family Support program

C. Explore strategies to increase the availability of Medicaid and non-Medicaid funded positive behavioral supports for children with autism, IDD and similar support needs

D. Identify opportunities to increase access to positive behavior supports training for families and caregivers

E. Explore opportunities to finalize policy and rates and implement the Medicaid Autism benefit, including applied behavioral analysis

F. Develop strategies to ensure rates adequately allow for the provision of respite and other family supports

G. Identify opportunities to increase access to Nurse Family Partnership for children with developmental disabilities

H. Explore options to review and amend all long-term service and support policies to ensure policies strengthen and support families to raise children at home while not overburdening natural supports

I. Enhance ways to provide access to HCS diversion waiver-funded host home services to children who cannot remain at home to ensure they grow up in families

J. Expand legal assistance programs and financial eligibility requirements to provide support to more families to pursue alternatives to legal guardianship, such as supported decision-making agreements and powers of attorney

2.3.2 Strengthen Early Childhood Intervention (ECI)

A. Identify options to ensure all eligible children and families are identified and appropriately served by providing dedicated funding for Child Find staff to increase communication with pediatricians and other referral sources

B. Identify strategies to increase awareness and enrollment in ECI and bolster referral practices and linkages among programs serving young Texas children, including Medicaid and CHIP Managed Care Organizations, private health insurers, primary care providers, Head Start programs, nurse family partnerships and early childhood education programs

C. Identify strategies for long-term increase of ECI budget to support growing caseload related to the increase in the population of Texas children under age 3

D. Explore opportunities to enhance ECI programs serving large geographical areas and ensure Texas children age birth to 3 have access to ECI services in their communities

E. Explore meaningful ways to address the disproportionalities and disparities within the ECI program, including enrollment of Black children

F. Explore strategies to reverse the decline in the number of ECI contractors and examine reasons for their decisions to exit the program, including the effects of state ECI policy changes and Medicaid reimbursement levels

G. Investigate and consider ways to require private insurance companies in Texas to cover specialized skills training and service coordination provided by early intervention specialists and speech therapy provided by speech and language pathologists licensed by their state board

2.3.3 Strengthen coordination and transition to school for K-12+

A. Examine the alignment of policies, guidelines, and procedures for children with special needs under the various programs (e.g. the school districts, Early Head Start, Head Start, IDEA, ECI, Early Childhood Special Education, and others) to improve coordination and cooperation

B. Promote and enhance community-based transition options for all children exiting ECI to school, including children not eligible for IDEA services

2.3.4 Support inclusive child care and preschool

A. Explore options to ensure that all working Texas parents, including those in lower wage jobs, have access to affordable, inclusive child care that keeps children safe and helps them develop the social, emotional, and learning skills they will need in school and life

B. Identify incentives and supports for child care facilities to enroll more children with disabilities in their programs

C. Explore strategies for licensed child care providers to receive training on the Americans with Disabilities Act and how to evaluate and accommodate children based on individual need

D. Enhance professional development opportunities for child care teachers and providers to build their capacity to care and create inclusive environments for children with IDD

E. Identify opportunities to develop child care health consultants to make visits to child care sites as part of licensing process and to provide technical assistance and consultation with child care staff on special topics (e.g. care for children with special healthcare needs, connecting parents and caregivers

to community resources, advocating for and promoting inclusive environments and practices, and policies and procedures for health and safety emergencies)

F. Examine the standards being applied generally in the early education system and their suitability for children whose primary language in the home is not English

2.3.5 Enhance primary and secondary education and supports to ensure students with disabilities receive a free and appropriate public education and are prepared to achieve their goals for further education, employment, and independent living in the least restrictive setting

A. Explore new funding mechanism or methodology based on student need that will adequately and equitably fund special education and related services for all eligible students with disabilities ages 3-21

B. Identify options to provide funding incentives that support instruction and support in inclusive pre-school and regular education settings and inclusive community-based settings for students ages 18-21

C. Enhance local independent school district's Child Find activities and collaboration with ECI programs to ensure children are appropriately and timely identified and referred for special education services

D. Explore options to increase and improve training for assessment personnel to ensure assessments and staff appropriately address cultural, language, communication, learning differences, and needs of children

E. Explore opportunities to increase access to board certified behavior analysts to identify and provide timely and appropriate functional behavior assessments and behavior intervention plans for students with disabilities

F. Enhance support systems to ensure school personnel, parents and students can easily participate in collaborative Admission, Review, and Dismissal (ARD) Committee meetings and work together to develop appropriate annual IEP goals that address all of the student's needs, including: teacher training, academic and functional goals, related services, behavior, discipline, Extended Year Services, extra-curricular activities, in home training,

transition, graduation, school health services, self-advocacy, and self-determination

G. Continue to improve development and implementation of IEPs and provide appropriate services and supports to ensure students receiving special education services, especially students of color, are not disproportionately disciplined, including: being sent home from school (asking the parents to pick them up), in-school suspension, out-of-school suspension, expulsion, Disciplinary Alternative Education Programs, and Juvenile Justice Alternative Education Programs

H. Explore opportunities to increase access to appropriate related services, such as therapies, for students receiving special education services by trained and certified services personnel, including access to telehealth and telemedicine when appropriate

I. Identify options to improve development of IEPs to increase access to individualized Extended Year Services for eligible students receiving special education services and support schools to ensure accurate eligibility determination and provision of services

J. Identify ways to provide In-Home Training and Support for parents to help them support their students

K. Explore strategies to ensure students are not inappropriately and indefinitely placed in homebound services

L. Identify ways to improve access to extra-curricular activities for students receiving special education services

2.3.6 Explore the creation of statewide system to ensure post-school success for students receiving special education services

A. Explore opportunities to ensure youth-to-adult transition planning and services start no later than age 14

B. Identify tools and training for school personnel, families and students to ensure comprehensive transition planning in all appropriate life domains, including: employment, continuing education, housing, recreation and leisure, self-advocacy, communication, public benefits, long term services and supports (waivers), budget management, community integration, health services, alternatives to guardianship, and supported decision-making agreements

C. Explore options to expand 18-plus programs to offer more students receiving special education services meaningful, appropriate, and individualized 18-plus programs that are community-based, inclusive, and focused on real experiences that prepare the student to achieve their goals for continuing education, employment, and community living

D. Explore ways to increase student participation in 18-plus programs by educating students and their families about their options to participate in graduation ceremonies and remaining eligible after age 18 to participate in 18-plus special education services

E. Identify strategies to increase resources and personnel to develop and implement inclusive community-based employment programs for students receiving special education services

F. Identify ways to improve student participation in paid summer trainings or job programs

G. Explore incentives for employers to train and employ students with disabilities

H. Collaborate between agencies to expand employer awareness campaigns that highlight the importance of hiring students with disabilities

I. Identify options to train school district personnel as community employment navigators and connect with Chambers of Commerce and local employers

J. Adopt a state System of Care plan which prohibits the use of state funds for services provided to recent high school graduates in sheltered workshops or enclaves or other sub-minimum wage jobs

2.3.7 Improve access to postsecondary education for students with disabilities

A. Identify opportunities to increase resources and support for students receiving special education services to enroll and participate in community college or other continuing education programs

B. Enhance and expand ways for students to pay for postsecondary education including Comprehensive Transition Programs, scholarships, grants, and ABLE accounts

C. Identify ways to promote inclusion within higher education institutions, including supporting students with IDD to enroll in courses not specifically designed for students with IDD

D. Expand dual-credit and concurrent enrollment opportunities for students receiving special education services

E. Identify strategies to ensure that students who complete postsecondary programs for students with IDD earn meaningful credentials that support their individual goals, needs, and preferences

F. Enhance the availability of appropriate assessment instruments for students to demonstrate college or career readiness

2.4 Support Housing, Employment, Transportation, and Community Integration for People with IDD

2.4.1 Explore options to increase access to affordable, accessible, and integrated community-based housing without diminishing choice and access to services by chosen providers

A. Promote best practices to be a part of the person's service plan: uphold standards for personal choice and self-direction regarding integrated housing type and location, who lives in the home, which services and supports to access, and how

B. Identify options to set aside affordable, accessible units in both public and privately-funded developments or housing through economic incentives

C. Identify state and local-level options to incentivize builders to create affordable housing for people with disabilities through tiered funding, set aside units for people with disabilities who are eligible for federally-subsidized housing vouchers

D. Identify strategies to increase physical accessibility, internet access, and smart homes through design of new construction and retrofitting homes

E. Promote model housing standards for single family homes and duplexes throughout the state using examples from local visit-ability ordinances

F. Identify when CMS and HUD regulations are in conflict to allow people with disabilities to receive their Medicaid benefits when they live in or move to HUD-funded properties

G. Expand education for housing owners about reasonable accommodation under the Fair Housing Act requirements

H. Promote and support access to HUD-funded housing programs for people who choose to live in their own apartment

I. Identify ways to increase availability of project-based vouchers, housing choice vouchers, and Section 811 programs throughout the state

J. Explore state and local-level options to create property tax abatements or incentives related to family-owned homes to increase opportunities for people to reside in family homes

K. Support funded positions through Aging and Disability Resource Centers (ADRCs) to help families navigate the housing system and find and set up positive housing options that meet their needs within their resource limitations, in coordination and collaboration with Independent Living Centers

L. Expand support for move-in expenses and basic household items beyond existing programs through automatic vouchers for people without needed resources

M. Explore the creation of a website with an online library of resources focused on topics including: affordable, accessible, integrated and high-quality housing options; list of groups advocating for quality housing and community-based residential options in Texas; and models of affording housing across the state and country

2.4.2 Explore options to increase competitive integrated employment for people with IDD

A. Encourage providers to address employment in the person-centered plan for every adult and student

B. Expand education opportunities for employers and businesses regarding reasonable accommodation requirements, solutions, and incentives

C. Identify options to tie local economic development incentives or other mechanisms to cultivate business participation in long-term employment of people with disabilities

D. Explore the current interpretation of competitive, integrated employment under the Workforce Innovation and Opportunity Act and revise to a livable wage, benefits, and peer support

E. Identify opportunities to create statewide training and services adapted to people with intellectual disabilities that result in the ability to obtain and maintain employment with higher wages and benefits, implement and expand services based on the findings of S.B. 2038, 86th Legislature, Regular Session

F. Identify strategies to invest funds and support for community service providers to develop and maintain employment, whether or not people are enrolled in a Medicaid waiver program

G. Identify options for funding and criteria for paid peer-to-peer support specialists to promote long-term employment and community integration goals

H. Support continuous learning and resources to maintain a well-trained workforce of vocational rehabilitation counselors and provide accessible benefits counseling services to include planning for and maintenance of federal and state benefits

I. Promote training in plain language to people to help people retain their benefits while employed via benefits counselors and online resources

2.4.3 Explore opportunities to integrate meaningful day activities into community using person-centered approaches and choice

A. Enhance meaningful daytime services for people receiving Medicaid waiver services that is predicated on integrated day habilitation and employment programs and activities

B. Identify mechanisms to adequately fund the transition of day habilitation programs to community-based day services that are in full compliance with the HCBS settings rule

C. Explore opportunities for adequate and appropriate funding is determined for each person to support full participation in the community

D. Explore strategies to train, utilize, and pay self-advocates as peers in monitoring HCBS settings

E. Consider options to provide an activities fee in the waivers and in individualized budgets or budget authority to pay for community activities, thereby allowing participation in activities

F. Explore options to allow people to pool or combine resources, including staff, to plan their own meaningful day

G. Identify options to allow flexible service hour options for people to use day services and supports at times consistent with their preferences

H. Enhance practices that support participation in hobbies and interests

2.4.4 Explore strategies to increase and expand transportation options in both Medicaid and non-Medicaid service delivery systems

A. Promote service provider's ability to address transportation needs in every person's service plan, to include any needs related to education, integrated work, and community activities

B. Explore and expand options to include transportation funds in all Medicaid waiver programs and CFC

C. Identify ways to add transportation benefits to supported employment and employment assistance in the STAR+PLUS Waiver Program

D. Identify opportunities to improve processes to eliminate the need to split reporting functions for CFC services and transportation under HCS Consumer-Directed Services option

E. Explore use Medicaid waiver flexibility to allow funds to apply to alternative transportation options such as shared rides and transportation network services

2.5 Expand Mental Health and Crisis Supports for People with IDD

2.5.1 Explore opportunities to expand mental health and crisis services for people with IDD

A. Explore opportunities to increase respite options and variety, including: in- and out-of-home planned respite, specialized respite services for children and adolescents, and transitional options for people leaving crisis services

B. Identify options to ensure reimbursement rates for psychiatric services for people with IDD are commensurate with best practices in other states and the national average

C. Explore reimbursement models that cover team-based staffing with mental health and IDD providers

D. Evaluate HHSC pilot project to establish outpatient mental health services through LIDDAs and expand successful model

E. Identify options to allow people with IDD and behavioral health needs to partake in both LIDDA and LMHA/LBHA services by eliminating funding constraints that restrict services and billing to one of the entities

F. Explore options for psychiatric liaison models, tele-psychiatry, and mid-level provider options

G. Promote best practices identified from the wraparound care or health home model, which co-locates mental and physical health services in the same building and allows these appointments to be conducted jointly

H. Explore ways to fund Systemic, Therapeutic, Assessment, Resources, and Treatment (START) model programs to expand statewide

2.5.2 Identify opportunities to increase crisis prevention and early recognition of mental health needs

A. Support opportunities to educate people on early signs of crisis and available resources, including: people with IDD and their families; service providers and case managers; K-12+ educators and staff; and law enforcement officers

B. Enhance mental health screening through LIDDA intake and assessment to obtain baseline information and identify needs

C. Identify opportunities to increase availability of appropriate mental health preventive care through implementation of START model

D. Explore ways to increase development of emergency and crisis plans and incorporation of mental health services in service plans to prevent crisis

E. Identify options to increase and improve routine mental health screenings

2.5.3 Identify opportunities to train law enforcement and community service officers to assist people with IDD during a behavioral health crisis

A. Collaborate among state agencies and law enforcement organizations to accredit a statewide online training

B. Enhance existing training offered by state agencies and organizations to deliver to all law enforcement organizations across the state

2.5.4 Explore options for justice diversion

A. Identify ways to increase funding and availability of competency restoration programs, with a special focus on community-based programs

B. Enhance collaboration between LIDDAs and the criminal justice system to assist in identifying and diverting people with IDD at every step of the criminal justice process, including pre-arrest

C. Explore options to create specialty services units as part of state hospital redesign to divert people from hospital emergency departments and jail

D. Collaborate with private and public hospitals to create space for people needing crisis stabilization and step-down options

E. Identify options to increase funding and access to LIDDA-based 24-hour crisis respite

F. Explore ways to collaborate and increase support for Mobile Crisis Outreach Teams (MCOTs) across Texas via state and local funds to complement community-based crisis services

G. Consider options to incentivize existing MCOTs to learn about working with people with IDD and trauma-informed care through wage incentives

2.5.5 Promote long-term care or follow up care for mental health needs

A. Identify step-down options for people leaving crisis respite and crisis care comparable to mental health system

B. Explore opportunities to create IDD-specific Assertive Community Treatment (ACT) Teams and Forensic ACT Teams to follow people in crisis through transfer to step-down

C. Support ongoing project to provide automated reports to LIDDAs when people who meet matching criteria are booked in a jail

D. Explore options to facilitate local post-booking jail diversion activities at all jails statewide

2.6 Expand Access to Trained Community Service Providers and Educators for People with IDD

2.6.1 Enhance community services provider capacity to meet needs of people with IDD no matter where they live

A. Identify options to adjust reimbursement rates to create and maintain community stability for people with IDD

B. Support increased access to technology, including telehealth when appropriate

C. Enhance access to high quality services through oversight and quality improvement

D. Identify options to increase the number of providers who are trained to support people with IDD, including those with complex needs

E. Collaborate with professional associations in Texas to create continuing education modules that expand all professionals' knowledge in working with people with IDD

F. Collaborate with Texas Higher Education Coordinating Board and universities and colleges to introduce education on working with people with IDD for professional education programs in Texas

G. Collaborate with universities and colleges to build scholarship fund programs to recruit students and incentivize working with people with IDD

H. Collaborate among professional associations, licensing boards, state agencies, and legislature to explore options to expand professions eligible to serve people in programs with shortages of providers

I. Promote professional development opportunities to college faculty and staff to improve their capacity to support, educate, and engage students with IDD

2.6.2 Explore options to allow caregivers in a household to be CFC-qualified providers under HCS and TxHmL (as with other waivers)

2.6.3 Identify options to expand the mental health workforce for people with IDD

A. Identify ways to increase pay rate, training, and incentives (loan forgiveness, etc.)

B. Explore options to increase number of providers and geography covered

C. Collaborate with Texas Higher Education Coordinating Board and professional organizations to require professionals in training to learn about IDD and working with people with IDD

D. Identify opportunities to cross-train the IDD and mental health workforce

2.6.4 Strengthen infrastructure to support direct support professionals (DSPs)

A. Explore the development of standards for basic professional training and competencies and offer tools to assess people's satisfaction with their DSP

B. Explore options and value of creating specific tracks of duties for DSPs to allow them to work in areas of their proficiency (e.g. household tasks, shopping, personal care) and determine whether it can be implemented in Texas

C. Identify opportunities to create training options for skill development while on the job

D. Explore methods to create career ladders with pay increases and other incentives based on professional development and real-world experience

E. Promote training of provider organizations to promote DSP professional growth

F. Explore the creation of multiple entry points to recruit and develop new DSPs, including: pipeline through career internship programs with high

schools and high school transition programs; recruiting through employment fairs

G. Enhance marketing of open DSP positions in collaboration with Texas Workforce Solutions

H. Explore the creation of one place online to advertise open DSP positions in Texas

2.6.5 Explore options to improve wages, standardize reimbursement rates, and establish worker benefits for DSPs

A. Explore how organizations are funding higher DSP wages with multiple funding sources and make recommendations for use in Texas

B. Identifies strategies to raise entry-level wages for DSPs to $15 per hour to create a fair market, livable wage, and attract and retain staff

C. Explore the same $15 per hour minimum reimbursement rate for DSPs across all service programs to assure pay equity without lowering existing rates

D. Assess options to offer health and wellness benefits to DSPs through shared risk pools that do no reduce the base wage

E. Identify options to offer paid time off to DSPs

F. Identify ways to offer optional benefits for DSPs (e.g. professional growth incentives and reimbursement, low-cost child care, long-term disability and life insurance, housing loan assistance) and consider models to increase options over time as a reward for service

2.6.6 Identify strategies within the system for recruitment, training, and retention of K-12+ school personnel

A. Explore pre-service preparation and certification programs to better focus on instructing students in inclusive settings and preparing for post-school life

B. Identify strategies to improve in-service training programs to provide ongoing support for personnel to provide effective instruction and support for students with disabilities to achieve their IEP goals in inclusive education settings and prepare students for transition to post school life

C. Promote ways to implement effective and sustainable teacher recruitment, preparation, and retention practices

Goal 3: Enhance performance of systems

3.1 Increase Satisfaction and Person-Directed Service for People with IDD and their Families

3.1.1 Enhance full budget authority to people and their representatives across all waiver programs

3.1.2 Promote flexibility and options to customize services for each person

A. Identify ways to provide the same scope of service options consistently across all waiver programs

B. Explore ways to expand service options beyond the traditional Medicaid menu to include a broader range of integrated community-based options

C. Promote person-directed practices that promote choice and flexibility across the entire long-term care system

D. Explore opportunities to allow hours and services to be flexed according to personal need within an allocated budget, including crisis prevention

3.1.3 Explore options to enhance the navigation, application, and dispute resolution processes for state services to create user friendly systems

A. Identify opportunities to shift the responsibility for navigating the system to agencies by expanding their role in supporting people in identifying and enrolling in services

B. Enhance the HHSC service application system to remove jargon and focus on people's needs

C. Enhance the dispute resolution system to provide a user-friendly and fair process that promotes meaningful access and participation by families in all options including complaints, mediation, and due process hearings

3.1.4 Enhance assessment and evaluation processes for people with IDD

A. Evaluate the service system to determine people's satisfaction and the flexibility of the system to meet their changing needs

B. Explore ways to holistically assess all needs and determine whether this requires modification of tools or new tools

C. Evaluate the holistic process and report results to the public

D. Identify ways to increase frequency of reviews throughout the year to ensure progress toward desired outcomes and preferences of the people using services and flexibility to make changes as needed

E. Promote objective assessments of children's strengths and needs by highly-qualified professionals to ensure the ECI system provides services consistent with recommended practice and at a frequency and intensity that will provide families the support they need to achieve their intended outcomes

3.1.5 Identify options to enhance capacity of LIDDAs to provide access, intake, and safety net services to people with IDD, including screenings for behavioral health needs during intake and eligibility determinations

3.1.6 Identify strategies to rebalance access to community services versus large institutional or congregate settings across Texas

A. Explore options to increase use of community services and decrease over reliance on large institutional settings for people with IDD

B. Identify opportunities to remove the obstacles for people with IDD seeking transition from large facilities to community settings to increase community transitions

C. Enhance access to publicly available data regarding admissions to and discharges from institutional settings

D. Identify reasons for admissions and barriers to discharges to community

E. Identify innovative strategies for services and funding to keep people in their community (i.e. own home/family home, group home, other community setting)

F. Enhance access to and quality of health care services frequently needed by people with IDD

G. Identify opportunities to track and share data as people transition or migrate across systems and among state agencies

H. Identify strategies to ensure qualified, resourceful, and helpful service coordination to support people to meet their personal goals as they age and evolve

I. Promote skill building, independence, self-determination, and transition to the community for people receiving services in institutional settings

J. Enhance staffing patterns and space utilization at SSLCs reflect current and projected populations, demands, and enhancement of community supports and services

K. Explore options to repurpose vacant space on SSLC properties to meet local community needs: deliver a range of public services not limited to health care, lease spaces to community organizations or businesses, or sell pieces of properties

3.2 Increase IDD System Integration and Collaboration

3.2.1 Enhance the partnership between people and state agencies

A. Enhance the partnership between people and agencies for collaboration and community inclusion to include shared decision-making, public disclosure of data, etc.

B. Explore opportunities to ensure people with IDD, their families, and other stakeholders can meaningfully participate in public advisory committees, hearings, meetings, and other opportunities to inform decisions that impact their lives

C. Promote supports and processes that allow for complete engagement in public events: provide funding for travel in advance, ensure people can provide informed and meaningful input, provide option for support people on site, provide materials and information at least five days in advance, facilitate pre-meetings for public members of committees, provide training opportunities for new members of committees and ongoing member needs

3.2.2 Enhance collaboration among state agencies and local organizations and partners

A. Collaborate among state agencies and contractors to assess the inventory of services, eliminate duplication, and increase cooperation

B. Support regional collaborations of agencies and community organizations to cooperate with each other in supporting their geographic areas

C. Increase coordination and collaboration between local providers and state agencies (e.g. TEA, HHSC, DSHS, LIDDAs, TWC, and DFPS) to ensure appropriate and timely transition connections, eligibility determinations, and appropriate services are provided to assist the student with a successful transition to post K-12 school life

D. Explore public-private partnerships to develop cross-system collaborations and innovative funding options to offer people with IDD meaningful access to the same opportunities as their peers without disabilities (e.g. employment, recreation and community centers, postsecondary education and adult learning, and volunteer opportunities based on people's interests)

E. Identify options to initiate data exchange systems to improve collaboration between all providers of long-term care services allowing records to follow the person

3.2.3 Consider options for continued sustainability of Texas ECI, including assessing the family cost share system and creating parity between Medicaid and private insurer coverage of early intervention services

3.2.4 Enhance collaboration among education agencies, service providers, and communities

A. Enhance use of the regional Education Service Centers' statewide networks to develop and provide innovative leadership development, training, and support for education professionals and parents

B. Support the inclusion of local education agency, ECI providers, and Medicaid program providers in the transition from IDEA Part C (early childhood) to Part B (K-12)

3.2.5 Identify opportunities to align strategies across programs and plans

A. Assess options to require state-funded grant programs and encourage other funders to require applications to align and support the Statewide IDD Strategic Plan, as with the Statewide Behavioral Health Strategic Plan

B. Identify opportunities to include Statewide IDD Strategic Plan recommendations regarding timely access and prevention of institutionalization in editions of the Texas Promoting Independence Plan

3.3 Improve IDD System Transparency and Accountability

3.3.1 Enhance measurement and use of data by state agencies and contractors

A. Identify strategies for recurring data collection, assessment, review, action plan, and public reporting of results and expenditures related to public IDD services

B. Explore options to provide state leaders with accurate, reliable data to use in development of policy and critical decisions that impact people with IDD

C. Consider options to measure ECI performance based on outcomes, such as children's development and developmental targets, rather than service hours

3.3.2 Enhance IDD services while maintaining focus on people's needs and preferences

A. Promote base program and financial audits on person-centered approaches to service delivery and ensure the state's resources reinforce guiding principles for quality services and supports

B. Enhance the cost effectiveness of IDD services, demonstrate the positive impact on future crisis prevention and service use and effectiveness, and assess the cost-benefit impact of non-traditional interventions

3.3.3 Consider options to require external investigation and public disclosure of findings for cases of neglect, abuse, and death related to people with IDD receiving public services

3.3.4 Enhance monitoring and measurement of special education services

A. Identify ways to enhance TEA monitoring of special education services to ensure local independent school district compliance with state and federal laws, regulations, and rules

B. Explore ways to measure and improve local district and state outcomes for post-school success for students with disabilities

C. Identify opportunities to increase the number of students for whom state and local school districts are required to collect federally required post-school outcome data

D. Explore mechanisms to provide local school districts with data and outcomes to review and use to improve appropriate school-age transition planning

E. Explore statewide post-school outcome data to improve training and support for appropriate school-age transition planning

3.3.5 Enhance tracking and information sharing regarding people with IDD in jails or prisons

A. Identify ways to track and report data about the number of people with IDD in jails or prisons

B. Enhance delivery of automated reports to LIDDAs when people who meet matching criteria are booked in a jail

Appendix B. Inventory of State IDD Programs and Services

The IDD inventory of programs and services was collected from existing state agencies on the Statewide Behavioral Health Coordinating Council (SBHCC) and identifies some programs for people with IDD. Not all SBHCC agencies provide programs or services for people with IDD. Some SBHCC agencies, like the Department of State Health Services (DSHS) provide services that are available for people with IDD, but do not have specific IDD program funding.

The following inventory outlines the programs and services for people with IDD provided by SBHCC agencies and describes the programs and services and the populations and number of people served. The inventory also groups the programs and services into service categories including: awareness and system navigation; screening and assessment; service coordination; acute care services; long-term services and supports; co-occurring IDD-BH services; housing; day habilitation; employment; and crisis intervention.

Article II, Health and Human Services Commission (HHSC)

Appropriation Article II, HHSC Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDDBH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
LIDDA: Screening Services, I.2.1.	Individuals with IDD	Services are face-to-face or by phone contact with person(s). Screening includes the process of documenting consumers' initial and updated preferences for services and the LIDDA biennial contact of individuals on the HCS Interest List.	41,809	X	X									
LIDDA: Eligibility Determinations, I.2.1.1	Individuals with IDD	An interview and assessment or an endorsement to determine if an individual has an intellectual disability or is a member of the IDD priority population.	6,362	X	X									
LIDDA: Service Coordination, I.2.1.1.	Individuals with IDD	Assistance in accessing medical, social, educational, and other appropriate services and supports that help individuals achieve a quality of life and community participation acceptable to the consumer as described in the plan of services and supports.	57,043	X	X	X								
LIDDA: PASRR, I.2.1.	Individuals with IDD	PASRR Evaluations/ Determinations for individuals to receive specialized services.	1,884	X	X	X				X				X
LIDDA: General Revenue Community IDD Services/ Residential, F.1.3.	Individuals with IDD	24-hour services provided to person who does not live independently or with natural family. Services provided by LIDDA employees or contractors of who regularly stay overnight in the consumer's home.	794	X	X	X		X	X	X	X	X	X	X
IDD Crisis Respite and Crisis Intervention Specialists Programs *CMS Grant Funded Initiative	Individuals with IDD who have significant behavioral and psychiatric challenges.	Behavioral intervention & crisis respite for temporary stabilization while securing services for long term needs. • Establish, expand, or enhance community-based crisis services; • Provide support to crisis mobile units, including available behavioral specialist trained on crises with individuals with IDD; • Provide crisis respite services for individuals with IDD & IDD/Mental Illness; • Provide follow-up care after crisis services.	2,849	X	X				X				X	

Appropriation Article II, HHSC Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDDBH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
LIDDA: Regional Medical, Behavioral, and Psychiatric Transition Support Teams; *CMS Grant Funded Initiative	Community providers and LIDDAs who serve individuals with IDD at risk of institutionalization and those who have moved from institutional settings, including SSLCs and nursing facilities.	• Quarterly educational activities to increase the expertise of LIDDA and provider staff. • Technical assistance, on request, on specific disorders and diseases, with examples of best practices and evidence-based services for individuals with significant medical, behavioral, and psychiatric challenges. • De-identified case-specific peer review support to service planning teams.	N/A	X	X								X	X
LIDDA Enhanced Community Coordination, *CMS Grant Funded Initiative	Individuals with IDD residing in an institution, such as an SSLC or nursing facility, who are transitioning to a community Medicaid waiver program or community ICF/IID.	• The individual and the legally authorized representative information about available community living options, services, and supports, in addition to the information provided during the community living options process • The individual and legally authorized representative opportunities to visit community resources • The individual intensive, flexible support to achieve success in a community setting • The individual enhanced pre- and post-transition services	1,966	X		X				X				X

Appropriation Article II, HHSC Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDDBH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
CLASS Medicaid Waiver	To be eligible for the CLASS Medicaid Waiver, a person must: 1) Meet financial eligibility criteria; 2) Meet diagnostic eligibility criteria; 3) Be diagnosed with related condition that manifested before age 22; 4) Demonstrate a need for CFC PAS/HAB; 5) Has an IPC cost for CLASS services at or below $114,736.07; 6) not be in a waiver or service that may not be received if in CLASS; 7) resides in own or family home; 8) requires at least one CLASS service per month or monthly monitoring and at least one CLASS service during an IPC period.	Community based: adaptive aids; auditory integration training/ auditory enhancement training; behavioral support; case management; cognitive rehab therapy; dental treatment; nursing; minor home modifications; dietary services; occupational therapy; physical therapy; prevocational services; respite; speech/language pathology; specialized licensed vocational nursing; specialized therapies; support family services; continued family services; employment assistance; supported employment; transition assistance services; and if at least one CLASS service delivered through the Consumer Directed Services (CDS) option: Financial Management Services (FMS) and support consultation.	5,878	X	X	X	X	X	X			X		X Pre-vocational services
DBMD Medicaid Waiver	To be eligible for the DBMD Medicaid Waiver, a person must: 1) Meet financial eligibility criteria; 2) Meet diagnostic eligibility criteria; 3) Have (A) one or more diagnosed related conditions and as a result: (i) has deafblindness; (ii) has a medical condition that will result in deaf-blindness; or (iii) functions as a person with deafblindness; and (B) one or more additional disabilities that result in impairment to independent functioning; 4) Have related conditions manifested before age 22; 5) Cost for DBMD at or below $114,736.07; 6) Is not enrolled in another waiver; 7) Does not reside in an unauthorized location; 8) At least one program provider I willing to provide DBMD Program services to the individual; 9) The individual resides or moves to reside in a county served by a program provider; 10) Requires at least one DBMD service per month or monthly monitoring and at least one DBMD service per year.	Adaptive aids; assisted living: audiology; behavioral support; case management; chore services; day habilitation; dental services; dental sedation; dietary services; employment assistance; intervener; minor home modifications; nursing; occupational therapy; orientation and mobility; physical therapy; respite; speech, hearing and language therapy; supported employment; transition assistance services; and if individual plan of care (IPC) includes at least one DBMD service to be delivered through the CDS option: FMS and support consultation.	381	X	X	X	X	X	X	X	X	X		X

Appropriation Article II, HHSC Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDDBH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
HCS Program Medicaid Waiver	To be eligible for the HCS Program Medicaid Waiver, a person must: (1) Meet financial eligibility; (2) Meet one of the following: (A) based on a determination of an intellectual disability performed in accordance with THSC, Chapter 593, Subchapter A and in accordance with §9.161 of this subchapter (relating to LOC Determination), qualifies for an ICF/IID LOC I as defined in §9.238 of this chapter (relating to ICF/MR Level of Care I Criteria); (B) qualifies for an ICF/IID LOC I as defined in §9.238 of this chapter or ICF/IID LOC VIII as defined in §9.239 of this chapter (relating to ICF/MR Level of Care VIII Criteria), and has been determined by to: (i) to have an intellectual disability or a related condition; (ii) to need specialized services; and (iii) to be inappropriately placed in a Medicaid certified nursing facility based on an annual resident review conducted in accordance with the requirements of Chapter 17 of this title (relating to Preadmission Screening and Resident Review (PASRR)); or (C) meets the following criteria: (i) based on a determination of an intellectual disability performed in accordance with THSC, Chapter 593, Subchapter A and as determined in accordance with §9.161 of this subchapter, qualifies for one of the following levels of care: (I) an ICF/IID LOC I as defined in §9.238 of this chapter; or (II) an ICF/IID LOC VIII as defined in §9.239 of this chapter; (ii) meets one of the following: (I) resides in a nursing facility immediately prior to enrolling in the HCS Program; or (II) is at imminent risk of entering a nursing facility; and (iii) is offered HCS Program services designated for a member of the reserved capacity group "Individuals with a level of care I or VIII residing in a nursing facility" included in Appendix B of the HCS Program waiver application approved by CMS; (3) IPC cost does not exceed: (A) $167,468 for LON 1, 5, or 8; (B) $168,615 for LON 6; or (C) $305,877 for LON 9.	The HCS Program provides community-based services and supports to eligible individuals as an alternative to the ICF/IID Program. Services available are: Transition assistance services; professional therapies: physical therapy, including a pre-enrollment minor home modifications assessment; occupational therapy, including a pre-enrollment minor home modifications assessment; speech and language pathology; audiology; social work; behavioral support, including a pre-enrollment minor home modifications assessment; dietary services; and cognitive rehabilitation therapy; nursing; residential support, supervised living, host home/companion care; supported home living (transportation); respite; day habilitation; employment assistance; supported employment; adaptive aids; minor home modifications, including pre-enrollment minor home modifications; dental treatment; and if IPC includes at least one HCS service delivered through CDS option: financial management services (FMS) and support consultation.	27,618	X	X	X	X	X	X	X	X	X	X	

Appropriation Article II, HHSC Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDDBH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
TxHmL Program Medicaid Waiver	An applicant or individual is eligible for TxHmL Program services if: (1) the applicant or individual meets the financial eligibility criteria as described in Appendix B of the TxHmL waiver application approved by CMS; (2) the applicant or individual meets one of the following criteria: (A) based on a determination of an intellectual disability performed in accordance with THSC, Chapter 593, Subchapter A and as determined in accordance with §9.560 of this subchapter (relating to LOC Determination), qualifies for an ICF/IID LOC I as defined in §9.238 of this chapter (relating to Level of Care I Criteria); or (B) meets the following criteria: (i) based on a determination of an intellectual disability performed in accordance with THSC, Chapter 593, Subchapter A and as determined in accordance with §9.560 of this subchapter, qualifies for one of the following levels of care: (I) an ICF/IID LOC I as defined in §9.238 of this chapter; or (II) an ICF/IID LOC VIII as defined in §9.239 of this chapter (relating to ICF/MR Level of Care VIII Criteria); (ii) meets one of the following: (I) resides in a nursing facility immediately prior to enrolling in the TxHmL Program; or (II) is at imminent risk of entering a nursing facility; and (iii) is offered TxHmL Program services designated for a member of the reserved capacity group "Individuals with a level of care I or VIII residing in a nursing facility" included in Appendix B of the TxHmL Program waiver application approved by CMS and found at www.dads.state.tx.us; (3) the applicant or individual has been assigned an LON 1, 5, 8, or 6 in accordance with §9.562 of this subchapter (relating to LON Assignment); (4) the applicant or individual has an IPC cost that does not exceed $17,000; (5) the applicant or individual is not enrolled in another waiver program and is not receiving a service that may not be received if the individual is enrolled in the TxHmL Program, as identified in the Mutually Exclusive Services table in Appendix I of the HCS Handbook; (6) the applicant or individual has chosen, or the applicant's or individual's LAR has chosen, participation in the TxHmL Program over participation in the ICF/IID Program; (7) the applicant's or individual's service planning team concurs that the TxHmL Program services and, if applicable, non-TxHmL Program services for which the applicant or individual may be eligible are sufficient to ensure the applicant's or individual's health and welfare in the community; (8) the applicant or individual lives in the applicant's or individual's own home or family home.	Provides services/supports to individuals who live in their own or their family's homes. Services available are: professional therapies: audiology services; speech/language pathology services; occupational therapy services; physical therapy services; dietary services; and behavioral support. nursing; community support (transportation); respite; day habilitation; employment assistance; supported employment; adaptive aids; minor home modifications; dental treatment; and if IPC includes at least one TxHmL service delivered through the CDS option: FMS and support consultation.	5,419	X	X	X	X	X	X		X	X		

Appropriation Article II, HHSC Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDDBH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
ICF/IID Strategy A.2.7	To be eligible for the ICF/IID Program, a person must: 1) Meet the LOC I or LOC VIII criteria; 2) Be in need of and able to benefit from the active treatment provided in the 24-hour supervised residential setting of an ICF/IID; and 3) Be eligible for SSI or be determined by HHSC to be financially eligible for Medicaid.	24-hour residential care and treatment services: (1) professional therapies; (2) durable medical equipment; (3) nursing; (4) dental; (5) transportation for home visits and independent employment; (6) prescription meds; (7) prescribed laboratory services; (8) meals/snacks; (9) purchase, repair & maintenance of specialized equipment adaptive aids; (10) medical services; (11) recreational activities; (12) training and habilitation; (13) eye exams and glasses; (14) laundry; (15) behavior modification programs; (16) personal hygiene; and grooming; (18) expenses associated with recreational or training activities.	7,464 Number of occupants in state, private and community -operated sites during FY2019 (FY2020 not available)	X	X	X	X		X	X	X	X	X	
Office of Disability Prevention for Children; GAA Strategy F.3.3 Additional	Children ages 0 to12	The Office of Disability Prevention for Children works to prevent disabilities through: Provider education and public awareness; Promotion of public policy; Working with state and local agencies, community groups and various other stakeholders; Developing long-term plans to monitor and reduce the incidence and severity of developmental disabilities; Evaluating state efforts to prevent developmental disabilities.	N/A	X										X Provider and public education
Children's Autism Program; GAA Strategy D.1.6. Autism Program	Children ages 3 to15 (up to 16th birthday)	Provides focused applied behavior analysis treatment services to children with a diagnosis on the autism spectrum.	1,409		X									X Provider focused ABA
Navigate Life Texas website; Strategy L.1.1. HHS System Supports Enterprise Oversight and Policy	0-Adult	Navigate Life Texas website provides families and parents online resources and services needed to support children and adults with disabilities or health-care needs.	N/A	X										X Provider and public education

Appropriation Article II, HHSC Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDDBH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Early Childhood Intervention; Strategy D.1.3. ECI Services and Strategy D.1.4. ECI Respite and Quality Assurance	Infants and toddlers ages 0 to 3	Statewide program for children (and their families) with developmental delays, disabilities, or certain medical diagnoses that may impact development.	57,500-61,100	X	X	X	X		X					X
State Supported Living Centers - Strategy G.1.1	Individuals of any age with an intellectual or developmental disability or related condition needing 24-hour residential supports and services	To provide residents with a safe, campus-based setting where they receive individualized behavioral treatment and health care.	2,843		X	X	X	X	X	X	X	X	X	
Other Facilities Strategy G.3.1	Individuals with ID residing in bond homes at Corpus Christi SSLC	To provide residents with a safe, small ICF/IID setting in lieu of a campus-based setting.	10			X	X	X		X	X			

Article II, Department of State Health Services (DSHS)

Appropriation Article II, DSHS Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness /System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Children with Special Health Care Needs, A.3.3.	Children/youth with special health care needs, including IDD, up to age 21	Strengthen community-based systems of care for children and youth with special health care needs through public and population health initiatives driven by state and national performance measures. Contracts with community-based providers to make progress on advancing medical home, family-professional partnerships, community inclusion, and transition planning for youth aging out of pediatric settings.	The number of people with IDD who are reached is not available. This is a public health program that targets all children and youth with special health care needs, including those with IDD.	X		X								
Women and Children's Health Services, B.1.1. *SAMHSA Grant Funded Initiative	Child care center staff and children 0 to 5 receiving a developmental screen.	Increase the percent of children, age 0 through 35 months, receiving a developmental screen using a parent-completed screening tool in the past year by, (1) increasing the number of educators and providers receiving developmental screening education, support and community resources and (2) training individuals in the Ages & Stages Questionnaire (ASQ) and ASQ-Social Emotional (SE) early childhood developmental screening tools and referral resources in the Texas LAUNCH funded communities.	The number of people with IDD who are reached is not available. This is a public health program that targets all young children through age 35 months, including those with IDD.	X	X	X								
Women and Children's Health Services, B.1.1. Newborn Screening Benefits Program Clinical Care Coordination (CCC)	All Texas newborns	Perform follow-up for abnormal bloodspot screening results with the goal of coordinating diagnostic testing and early intervention to prevent serious complications such as developmental delays, serious illness or death.	The number of people with IDD who are reached is not available. This is a public health program that targets all newborns, including those with IDD.	Yes		X		X					X	
Women and Children's Health Services, B.1.1. Newborn Screening Benefits Program	Individuals with a presumptive positive or confirmed condition screened for by the DSHS Lab	Provide limited access to confirmatory testing, follow-up care, dietary supplements, medications, vitamins, low-protein foods, and at no cost or reduced cost to those who qualify.	The number of people with IDD who are reached is not available. This is a public health program that targets newborns with a screened condition, including those with IDD.											
Women and Children's Health Services, B.1.1. Texas Early Hearing Detection and Intervention	All Texas newborn	Certify birthing facilities to screen and identify newborns and young children as early as possible for deafness or hard of hearing. Track screening results to facilitate appropriate intervention services in order to prevent delays in vocabulary, communication and cognitive skills development.	The number of people with IDD who are reached is not available. This is a public health program that targets all newborns, including those with IDD.	X	X	X								

Article III, Texas Education Agency (TEA)

Appropriation Article III, TEA Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
State Level Professional Development for School Personnel and Parents of Students with Autism Rider 10	School personnel and parents of students with autism	Implement state-level professional development for school personnel and parents of students with autism. This is accomplished through a series of activities led by TEA and the Texas Statewide Leadership for Autism Training (TSLAT) initiative. A statewide conference is one activity targeted directly towards parents and educators.	800 parents and professionals attend conference annually											X Training professional development
Best Buddies funds, Article III, Rider 81	High school and middle school students with IDD	Provides support in creating opportunities for one-to-one friendships, integrated employment, and leadership development for Texas high school and middle school students with IDD.	2,000 participants	X										X Developing social relationships and leadership skills
Services to Students with Autism Grant, Rider 76, 86th Texas Legislature, 2019	Students with autism ages 3 to 9	Grant provides startup funding for local educational agencies to provide innovative school-level models of instruction that effectively address the educational needs of students with autism. It is intended that this grant will result in exceptionally effective, innovative, scalable models for students with autism that can be replicated in other areas of the state.	11 local education agencies awarded across the state to serve 3-9 population of students with autism											X Instructional services and education
Athletic Programs for Students with Disabilities.	Student with intellectual disabilities and their peers without disabilities	Provides grants to organizations that provide statewide, Unified Sports, comprehensive early child development to adult transition programs with data-based health, social, leadership, transition and athletic programs for students with intellectual disabilities	800 campuses, 4,500 students with IDD and 9,000 partner students											X Developing social relationships and leadership skills

Article V, Texas Department of Criminal Justice (TDCJ)

Appropriation Article V, TDCJ Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Developmental Disabilities Program Unit and Psychiatric Care, Strategy C.1.8.	Incarcerated offenders	To provide opportunities to offenders with IDD to acquire skills necessary to enable them to function more successfully in the least restrictive environment.	715	X	X	X	X	X	X			X	X	

Article VII, Texas Department of Housing and Community Affairs (TDHCA)

Appropriation Article VII, TDHCA Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Project Access	Low income persons with disabilities transitioning out of institutions	Assists low-income persons with disabilities in transitioning from institutions into the community by providing Section 8 Housing Choice vouchers. Program administratively supported in part by Money Follows the Person funds and program coordinated with HHSC.	110							X				
Section 811	People with disabilities living in institutions, people with serious mental illness, and youth/ young adults with disabilities exiting foster care receiving DFPS services	Provides project-based rental assistance for extremely low-income persons with disabilities linked with voluntary long-term services through one of the HHSC agencies participating in the program.	300			X				X				
All TDHCA Programs	Persons with Disabilities	All TDHCA programs are open to all income eligible households, which is inclusive of those with disabilities. Additionally, several programs have specific measures to address the needs of people with disabilities.	N/A							X				

Article VII, Texas Workforce Commission (TWC)

Appropriation Article VII, TWC Item	Target Population	Goal/Services Description	FY2020, Projected People Served	Awareness/ System Navigation	Screening/ Assessment	Service Coordination	Acute Care Services	Long-term Services & Supports	Co-occurring IDD-BH Services	Housing	Day Habilitation	Employment	Crisis Intervention	Other
Vocational Rehabilitation	All Texans with Disabilities including Behavioral Health and IDD	Provides services for people with disabilities to help them prepare for, obtain, retain, or advance in employment.	N/A	X	X	X						X		

Appendix C. State Agency Profiles

The following is information on each state agency on the Statewide Behavioral Health Coordinating Council, outlining its populations of focus and eligibility requirements for IDD and behavioral health services.

The Office of the Governor (OOG): Criminal Justice Division

Populations Served:

- Juveniles (10 years of age and older or 17)
- Adults (17 years of age and older) with substance abuse problems and/or mental illness

Eligibility Requirements:

- Specialty Courts Program: Individuals are eligible to participate in specialty courts if they
- are determined to be high-risk/high-need and referred to a court program usually by the
- district attorney or Judge.
- Residential Substance Abuse Treatment Program: Individuals in correctional and detention
- facilities diagnosed with a substance use disorder.
- Juvenile Justice and Delinquency Program: Youth who are at-risk of or currently involved
- in the juvenile justice system.
- Edward Byrne Justice Assistance Grant Program: Individuals at-risk or currently in the
- adult or juvenile justice system.
- Crime Victim Assistance Program: Victims of crime.
- Violence Against Women Program: Women who have experienced a violent crime.

Texas Veterans Commission (TVC): Fund for Veterans' Assistance and Veterans Mental Health Department

Populations Served:

All ages

Eligibility Requirements:

- Fund for Veterans Assistance: Individual grantees define target populations within the larger population of veterans, their families and surviving spouses.
- Veterans Mental Health Department provides training and technical assistance to HHSC-contracted

Military Veteran Peer Network Coordinators and Veteran Counselors at the LMHAs serving the acute mental health needs of service members, veterans and their families.

Health and Human Services Commission (HHSC): IDD-BH Services

Populations Served:

- Children and youth ages 3 to 17 years (ages 13-17 for SUD treatment, through age 18 for YES Waiver)
- Adults 18 years of age and older who are low-income

Eligibility Requirements:

- Behavioral Health - Children: The children's mental health priority population is children ages 3 to 17 years with serious emotional disturbance (excluding a single diagnosis of substance abuse, intellectual or developmental disability, or ASD) who have a serious functional impairment or who:
  - Are at risk of disruption of a preferred living or children care environment due to psychiatric symptoms or are enrolled in special education because of a serious emotional disturbance.

- Children with dual diagnosis of IDD and SED are also eligible for services who are seeking services to address their mental health needs.

The YES Waiver Program expands eligibility to youth up to the last day before their 19th birthday for those at risk of being removed from their home due to their mental health needs.

- Behavioral Health - Adults: The Adult Mental Health Priority Population are people age 18 or older who have a diagnosis of severe and persistent mental illness with the application of significant functional impairment and the highest need for intervention. This would include people who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, bulimia nervous, anorexia nervous or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.
- Substance Use
  - Prevention: Substance Use prevention services are available to children, youth, and adult populations. Prevention programs are designed to reach: 1) the entire population; 2) target subgroups determined to be at risk for substance abuse; and 3) identify individuals who are experiencing early signs of substance abuse and other related behavioral associated with substance abuse.
  - Intervention and Treatment: Low-income adults and youth determined to have one of the following:
    - ◊ "Risky" substance use: This refers to using substances that can impact an individual's health and safety but does not meet the criteria for a substance problem. Individuals in this category can benefit from Intervention services.
    - ◊ Misuse occurs when the person uses substance for non-medical reason
    - ◊ Disorder is a diagnosis based on the evidence of impaired control, social impairment, and pharmacological criteria as defined by the most recently published version of the Diagnostic Statistical Manual (DSM).

In addition, state and federal guidelines specify priority access groups including identified pregnant injecting women, pregnant women, individuals injecting, and individuals determined to have a substance use disorder and infected with human immunodeficiency virus (HIV) and person at risk for HIV.

IDD

- For Medicaid IDD Programs, meet Intermediate Care Facilities LOC 1 or 8 as follows:
  - ICF LOC 1: A person must:
    - ◊ Have a full-scale IQ score of 69 or below, obtained by administering a standardized individual intelligence test; or
    - ◊ Have a full-scale IQ score of 75 or below, obtained by administering a standardized individual intelligence test, and have a primary diagnosis by a licensed physician of a related condition that is included on the list of diagnostic codes for persons with related conditions that are approved by HHSC and posted on its website; and
    - ◊ Have an adaptive behavior level of I, II, III, or IV (i.e., mild to extreme deficits in adaptive behavior) obtained by administering a standardized assessment of adaptive behavior.
- ICF LOC 8: A person must:
  - Have a primary diagnosis by a licensed physician of a related condition that is included on the list of diagnostic codes for persons with related conditions that are approved by HHSC and posted on its website; and
  - Have an adaptive behavior level of II, III, or IV (i.e., moderate to extreme deficits in adaptive behavior) obtained by administering a standardized assessment of adaptive behavior.
- For general revenue IDD services – Meet one of the following criteria:
  - Have an intellectual disability (i.e., IQ ≤ 69 and mild to extreme deficits in adaptive behavior if determined April 1, 2016 or later) or (IQ ≤ 70 and mild to extreme deficits in adaptive behavior if determined before April 1, 2016).
  - Have a diagnosis of ASD.
  - Be a nursing facility resident who is eligible for specialized services for an intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act (United States Code [USC], Title 42, Section1396r(e)(7)).
  - Be a child who is eligible for Early Childhood Intervention services through HHSC.

- Be diagnosed by an authorized provider as having a pervasive developmental disorder through a diagnostic assessment completed before November 15, 2015.

Health and Human Services Commission (HHSC): Health & Specialty Care System

Populations Served:

- Children and youth ages 3 to 17 years (age 13 years and older for SUD treatment)
- Adults 18 years and older who are low-income

Eligibility Requirements:

State Hospital System

- Emergency Detention: Persons with a mental illness who are determined to be at substantial risk of serious harm to themselves or others and evaluated by a physician for admission at the hospital. Some admissions may be delayed until acute or chronic medical conditions are addressed that the network state psychiatric hospitals do not have the capability to treat.
- Civil Commitments: Requires a physician's medical certificate filed with the court and a judge issued civil commitment for persons in the community determined to be a danger to themselves or others or at risk of deterioration and would benefit from inpatient care.
- Criminal Code Commitments: Persons determined Incompetent to Stand Trial or Not Guilty by Reason of Insanity.

State Supported Living Centers

The Health and Safety Code (Title 7, Section 593.052) establishes four mandatory admission criteria:

- The individual is a person with an intellectual disability;
- Evidence (per Texas Administrative Code Title 40, Part 1, Chapter 2, Subchapter F, Division 2, Section 2.255) is presented showing that because of the intellectual disability the individual:

    - Represents a substantial risk of physical impairment or injury to self or others; or
    - Is unable to provide for and is not providing for his/her most basic personal physical needs.
- The individual cannot be adequately and appropriately habilitated in an available, less restrictive setting; and
- The facility provides habilitation services, care, training and treatment appropriate to the individual's needs.

Health and Human Services Commission (HHSC): Medicaid/CHIP Services

Populations Served:

All ages

Eligibility Requirements:

Behavioral Health

- A child or youth with a SED and the child's family who is eligible for Medicaid or the Children's Health Insurance Program.
- An adult with serious mental illness who is Medicaid eligible.

Department of Family and Protective Services (DFPS)

Populations Served:

Children from birth to age 18

Adults who have been reported to DFPS to be in a state of or at risk of harm due to abuse, neglect, or financial exploitation and who have a disability or are at least 65 years old.

Eligibility Requirements:

- Families who either have a child in foster care or are receiving in-home family-based safety services due to the high-risk of having a child removed due to abuse or neglect and being placed in foster care absent preventive measures. Services are provided to children who are in substitute care, children who remain in their homes, and their caregivers and families.
- Families who need assistance to facilitate the achievement of the child's or family's service plan to resolve risk factors related to child abuse and neglect. Services are provided to children who are in substitute care, children who remain in their homes, and to their caregivers and families including those in family-based safety services.
- Children in DFPS conservatorship with serious mental or behavioral health needs.
- Adult Protective Services protects elderly adults and persons with disabilities who live in the community by investigating abuse, neglect, and financial exploitation and providing short-term services and arranging for long-term services, if needed, to stop or prevent further harm. These services may include short-term help with shelter, home repairs, food, transportation, managing money, medical care, home healthcare services, and mental health services.

Texas Civil Commitment Office (TCCO)

Populations Served:

Adults that are repeat sexually violent offenders who suffer from a behavioral abnormality.

Eligibility Requirements:

Clients are sexually violent predators who have been civilly committed as defined by Chapter 841 of the Health and Safety Code. The populations served by TCCO are repeat sexually violent offenders that suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities whereby the clients receive sex offender specific treatment. The clients have been adjudicated to be sexually violent predators. These sexually violent predators targeted for services under this strategy also suffer from concurrent behavioral health diagnoses and require mental health or substance abuse treatment.

Texas Workforce Commission (TWC)

Populations Served:

All Texans with disabilities

Eligibility Requirements:

Workforce Solutions VR Services provides services for people with disabilities to help them prepare for, obtain, retain or advance in competitive integrated employment.

People may be eligible for VR services if they:

- Have a disability which results in substantial barriers to employment.
- Require services to prepare for, obtain, retain or advance in employment.
- Are able to obtain, retain or advance in employment as a result of services.

Disabilities Served

Disabilities Other Than Vision-Related Disabilities:

- Behavioral and mental health conditions
- Hearing impairments, including deafness
- Alcoholism or drug addiction
- Intellectual, learning and developmental disabilities
- Physical disabilities, including traumatic brain and spinal cord injury, back injury, paralysis and impaired movement

Vision-Related Disabilities

- Blindness
- Significant visual impairments
- Deaf Blindness

Legal Authority

The Rehabilitation Act of 1973 as amended through P.L. 114–95 [(Workforce Innovation and Opportunity Act (WIOA)], enacted December 10, 2015.

34 Code of Federal Regulation (CFR), Section 361.5(c)(5)

Texas Education Agency (TEA)

Populations Served:

- Children and youth ages 5 to 21 years
- Adults ages 21 to 26 years

Eligibility Requirements:

A person who, on the first day of September of any school year, is at least 5 years of age and under 21 years of age, or is at least 21 years of age and under 26 years of age and is admitted by a school district to complete the requirements for a high school diploma is entitled to the benefits of the available school fund for that year in accordance with Chapter 25 of the Texas Education Code. Any other person enrolled in a prekindergarten class or Special Education Program under Chapter 29 is entitled to the benefits of the available school fund. All persons who meet the admission criteria are eligible to be served in Texas public school programs.

Texas Military Department (TMD)

Populations Served:

Adults 18 years and older

Eligibility Requirements:

- Texas Military Department members (Army and Air National Guard, State Guard)
- Active Duty (any branch)
- Adult Family Members of military and veterans
- Veteran and Prior Military (any branch)
- Service Members Surviving family
- Texas Military Department Civilian Staff and Contractors

University of Texas Health Science Center at Tyler (UTHSC–Tyler)

Populations Served:

Programming addresses the shortage of mental health providers in rural and underserved areas.

- The UTHSC-Tyler Behavioral Health Workforce Program supports a Doctoral Internship in Psychology and a Psychiatry Residency.
- There are currently eight Psychiatry faculty members and 12 Psychiatry Residents.
- There are currently 12 Psychiatry Residents with a full complement of 24 residents expected by July 2020.
- There are currently four Psychology faculty members, eight Psychology Interns, and one Post-Doctoral intern. The number of Psychology interns will increase to 10 in 2019.
- Residents complete training rotations at Rusk State Hospital and Terrell State Hospital.
- All trainees' complete rotations at both Rusk State Hospital and Terrell State Hospital.

Texas Indigent Defense Commission (TIDC)

Populations Served:

Indigent adults and juveniles charged with criminal offenses

Eligibility Requirements:

- Specialized Indigent Defense Program Grants: Texas counties are eligible to apply for grants to create or expand programs representing adults or juveniles with mental illness facing criminal charges. Eligible programs use multi-disciplinary teams to provide representation and advocacy focused on improving defendant outcomes and reducing recidivism through treatment-based alternatives to incarceration.

Texas Department of Criminal Justice (TDCJ)

Populations Served:

- Youth ages 10 to 17 years
- Adults ages 18 years and older

Eligibility Requirements:

Mental Illness:

- Youth on Probation must be concurrently enrolled with the Special Needs Diversionary Program at the Texas Juvenile Justice Department (TJJD). This program pairs a TDCJ-TCOOMMI funded mental health case manager and a local juvenile probation officer to manage the case implement coordinated treatment goals.
- Youth on Parole from TJJD are served through continuity of care and must have a mental health diagnosis.
- Adults on Pre-trail, Probation, or on Parole supervision having a mental health diagnosis that is severe or persistent in nature. Diagnosis include but are not limited to bipolar disorder, schizophrenia, major depressive disorder, post-traumatic stress disorder and anxiety.
- Adults incarcerated are served regardless of severity of the mental health disorder or intellectual disability.

Substance Abuse:

- Programs are targeted to adults on probation, incarcerated or on parole. The programs are responsive to prevention, intervention, and treatment. These programs are offered based on a variety of assessment outcomes and individualized need. The programs span the course of addressing those with chemical dependency disorders as noted in the latest version of the Diagnostic Statistical Manual.

Developmental Disabilities Program:

- The program provides a sheltered setting with the goal of enhancing the individual's adaptive behavior while addressing mental health, medical and educational needs.

- All offenders entering TDCJ are screened for potential intellectual and adaptive behavioral defects. Offenders identified with a diagnosis of Intellectual Disability or Borderline Intellectual Functioning are eligible for placement in the Developmental Disabilities Program.
- Services available for Developmental Disabilities Program offenders include educational instruction, appropriate job/vocational training, individual and group counseling, case management services, chaplaincy, psychiatric services, and pre-release counseling/preparation.
- The goal is to improve the persons' level of functioning so a person can successfully reenter the community.

Texas Juvenile Justice Department (TJJD)

Populations Served:

Youth ages 10 to 18 years

Eligibility Requirements:

- TJJD serves youth who have been adjudicated delinquent of felony offenses and committed to the agency by a juvenile court. For a youth to be committed to TJJD, the delinquent act must occur when the youth is between 10 and 17 years of age. TJJD may retain jurisdiction over a youth until his or her 19th birthday. The youth sent to TJJD are the state's most serious or chronically delinquent offenders.
- In addition to providing services to state-committed youth, TJJD provides support to 166 county probation departments across the state of Texas. County Probation Departments provide a wide variety of community-based programs to promote positive outcomes for youth, increase resilience, decrease risk factors, and ultimately divert youth form penetrating deeper into the juvenile or criminal justice systems.

Health Professions Council

Populations Served:

Licensee of listed agencies below

Eligibility Requirements:

The Health Professions Council represents the following:

- Texas Board of Dental Examiners
- Texas Board of Pharmacy
- Texas Board of Veterinary Medical Examiners
- Texas Optometry Board
- Texas Peer Assistance Program for Nurses
- The Texas Medical Board

There are several agencies within the Health Professions Council which operate in some form a peer assistance program. The agencies themselves do no provide mental health services.

University of Texas Health Science Center at Houston (UTHSC–Houston)

Populations Served:

- Children and youth ages 4 to 17 years
- Adults ages 18 years and older

Eligibility Requirements:

- A person is eligible for services if they meet clinical criteria for admission to an acute care inpatient psychiatric hospital.
- A person is eligible for outpatient services if they exhibit serious emotional, behavioral, mental health or SUDs.

Texas Commission on Jail Standards (TCJS)

Populations Served:

County jails, including inmates

Program Description:

- TCJS administers the one-time funded Prisoner Safety Fund, which, in part, provides funding to county jails with 96 beds or less to purchase telehealth equipment. The 85th Legislative Regular Session, 2017, required that all jails provide access to telehealth care 24/7.
- TCJS employs three mental health trainers who:
  - Educate county jailers in an understanding of mental impairments and their impact within the jail system and teach constructive techniques to use when communicating in a time of crisis in a jail setting.
  - Identify local resources and partnerships to assist with individuals in crisis and in need of supportive services.
  - Train jailers to utilize the screening tool for identification of suicide risk and the questions and actions necessary when an individual is identified as a suicide risk.

Texas Department of Housing and Community Affairs (TDHCA)

Populations Served:

All ages

Eligibility Requirements:

- Section 811 Project Rental Assistance is limited to people who are part of the target population and receiving services through one of the HHSC agencies participating in the program. Eligible households must have a qualified member of the target population that will be at least 18 years of age and under the age of 62 at the time of admission and is at or below 30 percent AMFI at the time of admission. All three target populations are eligible for community-based, long-term care services as provided through Medicaid waivers, Medicaid state plan options, or state funded services and have been referred to TDHCA through a service provider or coordinator. The target population includes people with disabilities living in institutions, people with serious mental illness, and youth with disabilities exiting foster care.
- The Project Access program utilizes Section 8 Housing Choice Vouchers administered by TDHCA to assist low-income persons with disabilities in

transitioning from institutions into the community by providing access to affordable housing. Eligible households must have incomes at or below 50 percent AMFI at the time of admission.

Court of Criminal Appeals (CCA): Judicial and Court Personnel Mental Health Education and Training Program Strategy: B.1.1. Judicial Education

Populations Served:

The target population served are the judges and court personnel in the state of Texas - from all courts (Appellate, District, County, Justice of the Peace, and Municipal).

Program Description:

The program(s) are designed to follow a master strategic plan to assist criminal justice stakeholders in identifying, assessing and providing proper treatment of alleged offenders with mental deficiencies. The program will encompass an appreciation for mental health disorders, treatment options and legislative enactments designed to facilitate proper treatment, deferment or placement of mentally impaired individuals. An across-the-board approach to statewide mental health behavioral problems will allow all stakeholders to understand the roles of all involved as to best address the needs of our citizens.

Department of State Health Services (DSHS): Public and Population Health

Populations Served:

All Texans

Program Description:

Improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions including:

- Improving health through prevention and population health strategies;
- Enhancing public health response to disasters and disease outbreaks;
- Reducing health problems through public health consumer protection; and Expanding the effective use of health information.

Appendix D. Survey Tables

The tables in the appendix provide additional information about the 2019 Disability Services Survey described in Section 4.

Table C-1. Survey Completion Rate by Respondent Type

Stakeholder Type	2018 Survey Starts (N)	2018 Survey Completions (N)	% Completed	2019 Survey Starts (N)	2019 Survey Completions (N)	% Completed
People with IDD	64	43	67.2	78	67	85.9
Family and friends	1,637	999	61.0	1,251	1,041	83.2
Service and support providers	1,345	938	69.7	595	461	77.5
Agencies or organizations that interact with IDD system	1,912	1,237	64.7	897	699	77.9
Total	**4,958**	**3,217**	**64.8**	**2,821**	**2,268**	**80.4**

Notes: Survey completion indicates answering all required questions and reaching the completion screen. 2,411 IDD service-involved respondents completed questions on disability service areas.

Table C-2. Comparison of Overall Satisfaction by Racial/Ethnic Background

Racial/Ethnic Background	Family and Friends: Mean Overall Index Score	Family and Friends: Number of Respondents (N)	Agencies and Organizations: Mean Overall Index Score	Agencies and Organizations: Number of Respondents (N)
Hispanic or Latino/Latina, any race	42.0	227	56.2	259
Black or African American	49.6	71	60.2	192
White	39.7	684	53.6	753
Multiracial	46.6	33	52.7	53
Other	40.0	23	54.2	48
Total for any racial/ethnic background	**40.9**	**1,024**	**54.4**	**1,369**

Notes: N=968 IDD-involved family and friend respondents who provided their racial/ethnic background. Group Level differences are significant, p<.01. Index scores range from 0-100. Higher scores indicate higher overall satisfaction. Any racial/ethnic background includes those respondents preferring not to indicate their racial or ethnic background.

Table C-3. Reported Living Environment for Supported Person with IDD

Living Environment	% of Respondents	Number of Respondents (N)	Mean Overall Index Score
Living independently	4.3	54	35.6
Living with family member (family home)	83.1	1,040	39.9
Living in a group home	6.1	76	39.4
Living in a medical or supported living environment	10.9	136	49.9
Other living situation	0.7	9	N/A

Notes: N=1,254 Family and friend respondents who indicated the living situation of the person(s) they support with IDD. Respondents may select multiple choices to account for instances where they support multiple people with disability. Group Level differences are significant, p<.001. Index scores range from 0-100. Higher scores indicate higher overall satisfaction. Index scores range from 0-100, with higher scores indicating greater satisfaction.

Table C-4. Comparison of Overall Satisfaction by Supported Living Environment

Living Environment	Mean Overall Index Score	Number of Respondents (N)
State supported living centers	51.6	97
State mental health hospital	78.1	2
Nursing facilities	34.5	23
Community based intermediate care facility	43.2	14
Total for any living environment	**41.0**	**1,254**

Notes: N=136 IDD-involved family and friend respondents who indicated the living environment for the people they support was medical or support facility. Group Level differences are significant, $p<.05$. Index scores range from 0-100. Higher scores indicate higher overall satisfaction.

Table C-5. Comparison of Overall Satisfaction by Employer Type

Primary Place of Employment	Mean Overall Index Score	Number of Respondents (N)
Advocacy organization	41.8	32
Local government (city or county)	55.0	31
Local intellectual and developmental disability authority (LIDDA)	57.0	212
Local mental or behavioral health authority (LMHA or LBHA)	58.2	65
Managed care organization	61.5	174
Private provider organization	43.1	167
Self-employed/consultant	39.9	25
State government	56.7	535
Other	50.7	146
Total for all employer types	**54.4**	**1,387**

Notes: N=1,387 IDD-involved provider, agency, or organization representatives who provided their primary place of employment. Group Level differences are significant, $p<.01$. Differences between advocacy organization respondents and managed care organization respondents are significant $p<.001$ using pairwise testing. Index scores range from 0-100. Higher scores indicate higher overall satisfaction.

Table C-6. Comparison of Overall Satisfaction by Service Engagement and Interest List Status

Service Engagement	On an Interest List: Mean Overall Index Score	On an Interest List: Number of Respondents (N)	Not on an Interest List: Mean Overall Index Score	Not on an Interest List: Number of Respondents (N)
Low (1-2 service types)	34.7	254	43.7	197
Medium (3-4 service types)	39.0	151	46.6	128
High (5+ service types)	41.6	101	42.6	88
Total for all engagement levels	**37.5**	**506**	**44.7**	**413**

Notes: N=919 IDD-involved family and friend respondents who provided service engagement and interest list status for people they support. Index differences are significant between interest lists groups for low and medium engagement p<.01. Index scores range from 0-100, higher scores indicate higher overall satisfaction.

Table C-7. Comparison of Overall Satisfaction by Number of People Supported

Number of People Supported	Mean Overall Index Score	Number of Respondents (N)
1	41.6	881
2	36.6	89
3 or more	37.5	51
Total for any number of people supported	**41.0**	**1,021**

Notes: N=1021 IDD-involved family and friend respondents who indicated number of people supported. Index differences are significant between interest lists groups for low and medium engagement p<.05. Index scores range from 0-100, higher scores indicate higher overall satisfaction.

Table C-8. Comparison of Overall Satisfaction by Disability Types

Disability Types	Mean Overall Index Score	Number of respondents
Only intellectual/developmental disability	42.8	486
IDD and physical or medical disability	39.7	391
IDD and other disability (e.g. psychiatric disorders)	37.8	147
Total for people with IDD and any other disabilities	**40.9**	**1,024**

Notes: N=1021 IDD-involved family and friend respondents who provided type of disabilities for people they support. Index differences are significant between interest lists groups for low and medium engagement p<.05. Index scores range from 0-100, higher scores indicate higher overall satisfaction. "Other disability types" were written in by respondents.

Table C-9. Coverage of Main Codes

Number of main codes identified in open-ended response	Family and Friends (n=787)	Providers, Agencies, and Organizations (n=799)
None	4.5%	4.5%
One	45.4%	50.4%
Two to three	42.1%	39.9%
Four or more	8.1%	5.1%

Table C-10. Frequency of Access to Services Subcodes

Access to Services: Subtopics Among those who provided recommendations related to access to services	Family and Friends (n=358)	Providers, Agencies, and Organizations (n=287)
Increasing the types of services available	34.9%	49.5%
Availability of waiver spots	43.9%	21.6%
Issues related to settings of services	23.7%	26.8%
Issues related to making appointments	3.1%	1.4%
Other access-related comments	18.7%	16.0%

Notes: Some respondents provided multiple suggestions related to access to services. As a result, percentages do not add to 100 percent.

Table C-11. Frequency of Workforce Capacity Sub-codes

Workforce Capacity: Subtopics Among those who provided recommendations related to workforce capacity	Family and Friends (n=164)	Providers, Agencies, and Organizations (n=266)
Pay/wages of staff	31.7%	32.7%
Trainings available to staff	25.0%	28.6%
Number of staff/turnover of staff	24.4%	29.0%
Quality of staff providing disability services	23.2%	13.9%
Type of staff providing disability services	18.9%	7.5%
Other workforce-related comments	9.2%	14.3%

Notes: Some respondents provided multiple suggestions related to workforce capacity. As a result, percentages do not add to 100 percent.

Table C-12. Frequency of Navigating the Disability System Subcodes

Navigating the Disability System: Subtopics Among those who provided recommendations related to navigating the disability system	Family and Friends (n=222)	Providers, Agencies, and Organizations (n=154)
Improved coordination of services	38.7%	41.6%
Reduced bureaucracy related to accessing services	33.8%	29.9%
Improved coordination of benefits	27.9%	26.0%
Increased support transitioning between services	14.4%	11.7%
Other navigation-related comments	1.8%	0.7%

Notes: Some respondents provided multiple suggestions related to navigating the disability system. As a result, percentages do not add to 100 percent.

Table C-13. Frequency of State Administration of Disability Services Subcodes

State Administration of Disability Services: Subtopics Among those who provided recommendations related to state administration of the disability system	Family and Friends (n=182)	Providers, Agencies, and Organizations (n=163)
Increasing system transparency	69.8%	52.2%
Improved State oversight and monitoring	21.4%	49.7%
Other administration-related comments	12.6%	3.1%

Notes: Some respondents provided multiple suggestions related to state administration of disability services. As a result, percentages do not add to 100 percent.

Table C-14. Frequency of Availability of Funds Sub-codes

Availability of Funds: Subtopics Among those who provided recommendations related to availability of funds	Family and Friends (n=141)	Providers, Agencies, and Organizations (n=146)
Increasing availability of funds	76.6%	75.3%
Efficient use of current funds	22.0%	26.0%
Other fund-related comments	4.3%	5.5%

Notes: Some respondents provided multiple suggestions related to availability of funds. As a result, percentages do not add to 100 percent.

Table C-15. Summary of Differences in Survey Framing

2018 IDD Gap Survey	• Sent to people who may be involved in the IDD system • Asked respondents to identify areas for improvement across IDD service areas • Presented all respondents questions on all aspects of the IDD service system
2019 Disability Services Survey	• Sent to people who may be involved in disability services • Asked respondents to provide overall feedback on disability services • Focused respondents' feedback to service areas engaged within the last year

Appendix E. Survey Instruments

The questions from the 2018 and 2019 surveys are listed below.

IDD Gap Survey, 2018

Introduction:

Thank you for taking the statewide intellectual and development disabilities (IDD) survey. The Texas Health and Human Services Commission asked the Office of Mental Health Coordination to learn more about service gaps for people with IDD in Texas. Your answers to this survey will help us find gaps and make plans for IDD services in the future.

We will not see what you said on this survey. We will only look at answers for all people who took the survey as a group. Your answers will not change your role in the IDD system. The survey will take 10 minutes to complete. If you have any questions about this survey, please email xxxxxxxxxxxxxxxx.

Thank you.

Survey

1. Which option best describes you?
    a. I have IDD [Proceed to Q2]
    b. I am a family member or friend of someone who has IDD [Skip to Q5]
    c. I provide services and supports to individuals with IDD [Skip to Q7]
    d. I work for an organization or agency that administers or interacts with the IDD system. [Skip to Q7]
2. [IDD] How old are you?
    a. 20 or younger
    b. Between 21 and 64
    c. 65 or older
3. [IDD] Are you getting IDD services right now?
    a. Yes, I am getting IDD services only
    b. Yes, I am getting IDD and mental health or substance use disorder services
    c. No, I am waiting to get IDD services
    d. No, I used to get IDD services in the past
4. [IDD] Where do you live?

a. In or near a large city like Houston or Dallas (population of 250,000+) [Skip to Q11]

b. In a small city or town like Galveston or Marfa (population less than 250,000) [Skip to Q11]

5. [FAMILY/FRIEND] Is your family member or friend with IDD receiving IDD services?

   a. Yes, they are currently receiving IDD services

   b. No, they are waiting to receive IDD services

   c. No, they used to receive IDD services in the past

   d. I don't know

6. [FAMILY/FRIEND] Where do you live?

   a. In or near a large city like Houston or Dallas (population of 250,000+) [Skip to Q13]

   b. In a small city or town like Galveston or Marfa (population less than 250,000) [Skip to Q13]

7. [PROVIDER/AGENCY] Where do you work with the IDD system or population? (Check all that apply)

   a. Advocacy organization

   b. Local mental or behavioral health authority

   c. Local intellectual and developmental disability authority

   d. Managed care organization

   e. Private Provider Organization

   f. Emergency/Crisis Services (e.g., first responders)

   g. Education

   h. Health care

   i. Employment services

   j. Housing (e.g., local housing authority)

   k. Criminal justice

   l. Local government (city or county)

   m. State government

   n. Other (please specify)

8. [PROVIDER/AGENCY] Which age groups do you work with? (Check all that apply)

   a. I work with individuals age 20 or younger

   b. I work with individuals age 21 to 64

   c. I work with individuals age 65 or older

9. [PROVIDER/AGENCY] Where do you provide services? (Check all that apply)

a. In the community (e.g., school, doctor's office, individual's home)

b. In an institution (please specify, e.g., Nursing facility, State Supported Living Center, Residential Treatment Center or Jail)

c. Other (please specify)

d. Not applicable

10. [PROVIDER/AGENCY] In what size city do you work?

a. In or near a large city like Houston or Dallas (population of 250,000+) [Skip to Q13]

b. In a small city or town like Galveston or Marfa (population less than 250,000) [Skip to Q13]

IDD Services

Access to IDD Services and Providers

11. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a. I can get services in my home or where I live.				
b. I can get services for different medical needs.				
c. I can get services for different behavior needs.				
d. I help decide what services I get.				
e. I get enough services to stay healthy and participate in the community.				
f. Staff support me and help me do what I want to do.				
g. I can pay for things I want to do in the community.				
h. The assessments I take help me figure out which services I need.				
i. There are enough staff to give me services I need.				

12. Do you have problems getting the services you need? If yes, please write your problems getting services below. [Open response]

13. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about access to services in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. Services are provided in the most integrated setting possible (e.g., in the home or community).					
b. There are enough services for people with complex medical needs.					
c. There are enough services for people with complex behavioral needs.					
d. The services provided are person-centered.					
e. There is enough access to services to stay healthy and participate in the community.					
f. Staff understand how to support people with IDD reach their goals.					
g. People with IDD can afford to do things in the community.					
h. Assessments capture the services people with IDD need.					
i. There are enough staff to effectively deliver services.					

14. What gaps or challenges have you experienced with access to IDD services? Please provide examples. [Open response]

Identification and Access to Appropriate Education Services

15. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a. I get/got the help I needed in school.				
b. I have an Individualized Education Plan (IEP).				
c. I can be in/was in school activities I like.				
d. I've had chances to volunteer or train for jobs I like.				

16. Do you or did you have problems getting services you need in school? If yes, please write your problems getting services below. [Open response]

17. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about appropriate education services in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with IDD can access early childhood intervention services.					
b. People with IDD can access Individualized Education Plans (IEP).					
c. People with IDD can access inclusive special education services and supports.					
d. People with IDD can access volunteer and training opportunities.					

18. What gaps or challenges have you experienced with access to appropriate education services for individuals with IDD? Please provide examples. [Open response]

Customized, integrated and competitive employment

19. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a. I can find jobs that let me keep other services I get.				
b. I am able to find jobs that pay well.				
c. I have the help I need to find and keep a job.				

20. Do you have problems getting jobs? If yes, please write your problems below. [Open response]

21. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about employment in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with IDD use Social Security Administration work incentives.					
b. People with IDD are able to find jobs that pay competitively.					
c. There are enough supports to help people with IDD find and maintain employment.					

22. What gaps or challenges have you experienced with access to appropriate employment services for individuals with IDD? Please provide examples. [Open response]

Implementation of Evidenced Based Practices (Not for individuals with IDD)

23. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about the use of evidence-based practices in the IDD system (Note: evidence-based practices are therapies and strategies based on the best research and knowledge available).

Evidence based practices are used when delivering…	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. Trauma-informed services for individuals with IDD					
b. Peer Support services					
c. Person-centered Planning Practices.					
d. Mental health services for individuals with co-occurring IDD/behavioral health needs.					
e. Positive Behavior Supports.					

24. What gaps or challenges have you experienced with the use of evidence-based practices for individuals with IDD? Please provide examples. [Open response]

Coordination and Communication across state agencies (Not for individuals with IDD)

25. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about coordination and communication across state agencies.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with IDD keep services when moving from one state agency to another.					
b. People with IDD keep resources and services when transitioning from child to adult.					
c. Individual-level data for people with IDD is tracked across multiple service delivery systems (i.e. education, health care, housing)					

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
d. People with IDD receive appropriate services and supports when they move to the community from an institution (e.g., jail, hospital, or state supported living center)					

26. What gaps or challenges have you experienced with coordination and communication across state agencies for individuals with IDD? [Open response]

Housing Options

27. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a. I have enough money to live in an area I like.				
b. I can get help applying and filling out forms for housing.				
c. I can get help paying bills on time and talking with people that own where I live.				
d. I can live alone if I want to.				

28. Do you have problems with housing? If yes, please write your problems getting services below. [Open response]

29. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about housing in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with IDD are able to find available, affordable integrated housing.					

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
b. People with IDD have help navigating community living options, property availability and housing applications.					
c. People with IDD have help to pay bills on time and communicate effectively with landlords.					
d. People with IDD are able to live alone and receive enough supports.					

30. What gaps or challenges have you experienced with housing for individuals with IDD? Please provide examples. [Open response]

Access to Transportation

31. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a. I am able to get rides to do things I want to do outside of my home.				
b. I have ways to get to and from work.				
c. I can get rides that fit my wheelchair or equipment I need.				
d. My rides will wait for me or come back if I am early or late.				
e. I am able to pick from different types of rides (e.g., bus, taxi, UBER).				

32. Do you have problems with transportation? If yes, please write your problems getting services below. [Open response]

33. ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about access to transportation in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with IDD have enough transportation to participate in the community.					
b. People with IDD are able to access transportation to go to and from their job.					
c. People with IDD have access to transportation that is appropriate for wheelchairs or needed equipment.					
d. People with IDD have transportation that is flexible and can accommodate changes in their schedule.					
e. People with IDD have several transportation options (e.g., paratransit, bus, taxi, UBER, MTP).					

34. What gaps or challenges have you experienced with transportation for individuals with IDD? Please provide examples. [Open response]

Behavioral Health Services (Not for individuals with IDD)

35. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about behavioral health services in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with IDD can access mental health and substance use disorder services.					
b. There are enhanced services and service coordination when an individual has co-occurring IDD/BH diagnosis.					

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
c. Current IDD assessments identify mental health and substance use disorder needs.					

36. What gaps or challenges have you experienced with behavior health services for individuals with IDD? Please provide examples. [Open response]

Family Supports

37. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about family supports in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. Family members understand how to access information for IDD services.					
b. Family members can access legal services when needed.					
c. Family members can access respite services when needed.					
d. Families understand guardianship, supported decision making and other alternatives.					
e. Family members and people with IDD understand their options to direct their services					
f. Family members can get help applying for and maintaining SSI and other benefits.					

38. What gaps or challenges have you experienced with data in the IDD system? Please provide examples. [Open response]

Coordination of Care

39. [IDD] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a. I have a person who helps me get services.				
b. I have a person who helps me know what to do when I am unhappy with services or can't get services I want.				
c. I have help when I need to change who gives me services.				

40. Do you have problems with getting a person to help you with services? Please provide examples. [Open response]

41. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about coordination of care in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with IDD have access to qualified, resourceful, helpful service coordinators					
b. People with IDD have help understanding and pursuing an appeal, suspension or denial of services.					
c. Service coordinators assist individuals when they lose a provider or attendant.					

42. What gaps or challenges have you experienced with coordination of care in the IDD system? Please provide examples. [Open response]

Crisis Intervention (Not for individuals with IDD)

43. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about crisis services in the IDD system.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. There is access to crisis respite services for children and adults with IDD.					
b. Crisis intervention services for individuals with IDD are available across Texas.					
c. First responders are trained in the needs of individuals with IDD.					
d. There is adequate care coordination during crisis interventions for individuals with IDD.					
e. There is adequate access to post-crisis follow-up care and support.					

44. What gaps or challenges have you experienced with crisis services in the IDD system? Please provide examples. [Open response]

Gap Areas in IDD System

45. [ALL OTHER RESPONDENTS] Different areas of the IDD system are provided below. Please select the areas of the IDD system you believe have the greatest gaps or challenges (Check all that apply)
    a. Access to IDD Services and Providers
    b. Identification and Access to Appropriate Education Services
    c. Customized, integrated and competitive employment
    d. Implementation of Evidenced Based Practices
    e. Coordination and Communication across state agencies
    f. Housing Options
    g. Access to Transportation
    h. IDD Workforce
    i. Behavioral Health Services
    j. Family Supports
    k. Coordination of Care

l. Crisis Intervention

m. Other (please specify)

Thank you for taking the IDD survey. We appreciate your feedback.

Disability Services Survey, 2019

Introduction:

The Texas Health and Human Services Commission wants to learn more about how services and supports are provided to people with disabilities in Texas. Your answers will help us understand the strengths and needs for disability services and supports across the state and make plans for the future.

The responses to this survey are anonymous and confidential. Your answers will be combined and summarized with the responses of many other people. Your answers will not change your ability to receive or provide services. The survey will take 10-20 minutes to complete. You can stop answering questions at any point if they make you uncomfortable. You can ask people to help you with the survey if you like. If you have any questions about this survey, please email the Office of Mental Health Coordination at xxxxxxxxxxxxxxxxx.

Thank you for taking this survey.

Demographic Questions for All Respondents

The next few questions ask about you. These questions will help the Texas Health and Human Services Commission understand who is answering the survey and how opinions may change for different types of people. Your answers will not be linked back to you.

1. Choose the option that best describes you.*
   If more than one option is true for you, please choose the option that you relate to most. If you would like to give different feedback based on each of your roles, you can complete this survey more than once.
   a. I have a disability.
   b. I am a friend, family member, or guardian of someone with a disability.
   c. I am paid to provide services and supports to a person with a disability.
   d. I work for an agency or organization that administers or interacts with the HHS system.
2. How old are you? _____ years old* [If less than 18 years SKIP TO THANK YOU PAGE]
3. Which race(s) or ethnicity category are you? (Pick each race/ethnicity you are)
   a. Asian
   b. Native Hawaiian/Pacific Islander

c. Black or African American

d. Hispanic or Latino/Latina

e. American Indian/Alaska Native

f. White

g. Other, please type here:

h. I prefer not to answer

4. [IND. WITH DISABILITY OR FAMILY/FRIENDS] Where do you live?*

   a. In a rural area or small town like Marfa (population less than 2,500)

   b. In or near a small city like Greenville (population between 2,500 and 50,000)

   c. In or near a moderate city like Longview (population 50,000 to 100,000)

   d. In or near a large city like Houston or Dallas (population of 100,000+)

5. [PROVIDERS/AGENCY OR ORG. REPS. ONLY] Where do you primarily work?*

   a. In a rural area or small town like Marfa (population less than 2,500)

   b. In or near a small city like Greenville (population between 2,500 and 50,000)

   c. In or near a moderate city like Longview (population 50,000 to 100,000)

   d. In or near a large city like Houston or Dallas (population of 100,000+)

IF Q1=PERSON WITH DISABILITY GO TO Q6

IF Q1=FAMILY/FRIEND/GUARDIAN GO TO Q14

IF Q1=PROVIDER/AGENCY OR ORG. REP. GO TO Q23

Individuals with Disabilities

6. What type of disability do you have? (Pick all disabilities you have) I have a…*

   a. Intellectual disability.

   b. Developmental disability.

   c. Medical disability.

   d. Physical disability.

   e. Different disability, please type disability:

   f. Unsure/Do not know

   g. I prefer not to answer

7. What kind of home do you live in?*

a. By myself
b. With my family or guardian (family home)
c. Group home in the community
d. Medical or support facility
e. Other, please type other place:

8. Are you getting services or supports for your disability right now?*
   a. Yes
   b. No [SKIP TO Q11]
   c. Unsure [SKIP TO Q11]
9. Do you know if you are in any of these programs right now? (Pick all programs you are getting)
   a. Blind Children's Vocational Discovery and Development Program (BCVDDP)
   b. Community First Choice (CFC)
   c. Community Living Assistance and Support Services (CLASS)
   d. Deaf Blind with Multiple Disabilities (DBMD)
   e. Early Childhood Intervention (ECI)
   f. Home and Community-Based Services (HCS)
   g. Intermediate Care Facility Services
   h. Local Intellectual and Developmental Disability Authority (LIDDA) programs
   i. Local Mental Health Authority (LMHA) programs
   j. Medically Dependent Children Program (MDCP)
   k. Medicare Advantage Dual Eligible Special Needs Plan (D-SNP)
   l. Personal Care Services (PCS)
   m. Program of All-Inclusive Care for the Elderly (PACE)
   n. School Health and Related Services Program (SHARS)
   o. STAR Health
   p. STAR Kids
   q. STAR+PLUS
   r. STAR+PLUS Home and Community-Based Services (HCBS)
   s. Texas Home Living (TxHmL)
   t. Texas Workforce Commission (TWC)

u. Youth Empowerment Services (YES)

v. Other, please type program:

w. Unsure/Do not know

10. Which services are you getting right now? (Pick all services you are getting)*

    a. Learning how to have good relationships with people

    b. Help during a mental health emergency

    c. Learning how to do things on my own

    d. Education or school

    e. Emergency alert device to call 911 when I need emergency help

    f. Finding jobs or training for jobs

    g. Finding or applying for housing

    h. Mental health care

    i. Doing my daily tasks like getting dressed or cooking

    j. Screening and assessment to apply for services

    k. Alcohol or drug services

    l. Finding or planning the services I want or need

    m. Going places in a car, van, or bus

    n. Other, please type what service:

    o. Unsure

11. Did you get any of the services below for your disability in the past year? If you did not get any of these services for your disability in the past year, please select "None of these disability services"*

    a. [INSERT ALL OPTIONS FROM Q10 NOT SELECTED]

    b. None of these disability services

12. Are you on an interest list or waiting to get any services for your disability right now?*

    a. Yes

    b. No [SKIP TO Q27]

    c. Unsure [SKIP TO Q27]

13. Which disability services are you on an interest list for or waiting to get?

IF Q8=YES OR ANY SERVICE SELECTED ON Q11 GO TO Q27

If Q8 ≠ YES, NO SERVICS SELECTED ON Q11, AND Q12 = YES GO TO Q44

IF Q8 ≠ YES, NO SERVICS SELECTED ON Q11, AND Q12 ≠YES THEN GO TO Q46

Family Members/Friends

14. What type of disability does your friend or family member have? (Check all that apply) I am a friend, family member, or guardian of someone who has a…*
    a. Intellectual disability.
    b. Developmental disability.
    c. Medical disability.
    d. Physical disability.
    e. Other disability, please type disability:
    f. Unsure/Do not know
    g. I prefer not to answer
15. How old is your family member or friend with a disability? If you help more than one person with a disability, please type ages for all individuals and separate the ages with commas. _____ years old*
16. What is the living situation(s) of the people with a disability you support? (Check all that apply)*
    a. The person lives alone
    b. In a family member's or guardian's home
    c. Group home in the community
    d. State Supported Living Center
    e. State Mental Health Hospital
    f. Nursing Facility
    g. Community Based Intermediate Care Facility
    h. Unsure
17. Are any of the people with a disability you support receiving disability services right now? *
    a. Yes
    b. No [SKIP TO Q20]
    c. Unsure [SKIP TO Q20]
18. Which program(s) do your family member(s)/friend(s) with a disability participate in? (Check all that apply)
    a. Blind Children's Vocational Discovery and Development Program (BCVDDP)

b. Community First Choice (CFC)
c. Community Living Assistance and Support Services (CLASS)
d. Deaf Blind with Multiple Disabilities (DBMD)
e. Early Childhood Intervention (ECI)
f. Home and Community-Based Services (HCS)
g. Intermediate Care Facility Services
h. Local Intellectual and Developmental Disability Authority (LIDDA) programs
i. Local Mental Health Authority (LMHA) programs
j. Medically Dependent Children Program (MDCP)
k. Medicare Advantage Dual Eligible Special Needs Plan (D-SNP)
l. Personal Care Services (PCS)
m. Program of All-Inclusive Care for the Elderly (PACE)
n. School Health and Related Services Program (SHARS)
o. STAR Health
p. STAR Kids
q. STAR+PLUS
r. STAR+PLUS Home and Community-Based Services (HCBS)
s. Texas Home Living (TxHmL)
t. Texas Workforce Commission (TWC)
u. Youth Empowerment Services (YES)
v. Other, please type program:
w. Unsure/Do not know

19. Which disability services is your family member/friend receiving right now? (Check all that apply)*
    a. Help learning how to have good relationships with people
    b. Help during a mental health emergency
    c. Help learning how to do things on their own
    d. Education or school services
    e. Emergency alert device to call 911 when they need emergency help
    f. Help finding jobs or training for jobs
    g. Help finding or applying for housing

h. Mental health care

i. Help doing daily tasks like getting dressed or cooking

j. Screening and assessment to apply for services

k. Alcohol or drug services

l. Finding or planning for the services they want or need

m. Assistance going places in a car, van, or bus

n. Other, please type what service:

o. Unsure

20. Did the person you support with a disability receive any of the services below in the past year? If the person you support did not receive any of these services in the past year, please select "None of these disability services"*

    a. [INSERT ALL OPTIONS FROM Q19 NOT SELECTED]

    b. None of these disability services

21. Are any of your family member(s)/friend(s) with a disability you support on a waiting list or interest list for disability services right now?*

    a. Yes

    b. No [GO TO Q28]

    c. Unsure [GO TO Q28]

22. Which disability services are your family member/friend on an interest list for or waiting to receive right now?

IF Q17 = YES OR ANY SERVICE SELECTED ON Q20 GO TO Q28

If Q17 ≠ YES, NO SERVICES SELECTED ON Q20, AND Q21 = YES GO TO Q50

IF Q17 ≠ YES, NO SERVICES SELECTED ON Q20, AND Q21 ≠ YES THEN GO TO Q52

Providers/Agency or Org. Representatives

23. What type of disabilities do the individuals you serve or represent typically have? (Check all that apply) I serve or represent individuals with…*

    a. Intellectual disabilities.

    b. Developmental disabilities.

    c. Medical disabilities.

    d. Physical disabilities.

e. Other, please specify:

f. Unsure/Do not know

g. I prefer not to answer

24. Which best describes your primary place of employment?*

a. Advocacy organization

b. Local government (city or county)

c. Local intellectual and developmental disability authority

d. Local mental or behavioral health authority

e. Managed care organization

f. Private provider organization

g. Self-employed/consultant

h. State government

i. Other, please specify:

25. Which types of disability-related services do you provide or support people with? (Check all that apply)*

a. Behavioral support services

b. Crisis intervention services

c. Day habilitation

d. Educational services

e. Emergency-related services

f. Employment or vocational services

g. Housing services

h. Long-term services and supports

i. Mental health services

j. Personal assistance or habilitation services

k. Person-centered planning

l. Screening and assessment

m. Service coordination

n. State hospital services

o. State supported living center services

p. Substance use treatment services

q. System navigation

r. Transportation services

s. Other, please specify:

26. Which age groups do you work with? (Check all that apply)*

a. I work with young children (age 5 or younger)

b. I work with grade school children (age 6 to 12)

c. I work with teenagers (age 13 to 19)

d. I work with young adults (age 20 to 35)

e. I work with middle-aged adults (age 36 to 65)

f. I work with older adults (age 66 or older)

SKIP TO 28

Disability Services

Access to Disability Services and Providers

Section presented to all respondents currently engaged in services or engaged in services in past year:

Q8=Yes or Q11 Any Service Selected

Q17 = Yes or Q20 Any Service Selected

All Providers/Agency or Org. Reps

27. [INDIVIDUAL W/ DISABILITY] Are the statements below true for you?*

	Yes	Sometimes	No	Does not apply to me
a. I can get support at home or where I live.				
b. I help decide what support I get.				
c. I get enough support to do things in the community or the place where I live.				

	Yes	Sometimes	No	Does not apply to me
d. Staff know how to help me do what I want to do.				
e. People ask me questions that get me the support I want.				
f. I feel happy around the people who help me.				

Add comment for family members/friends: The following questions ask for your opinion of different parts of disability services. Please respond based on your experiences or the experiences of your family member/friend with a disability.

Add comment for providers: The following questions ask for your opinion of different parts of disability services. Please respond based on your experiences providing services and supports to people with a disability.

Add comment for Agency/Org Representative: The following questions ask for your opinion of different parts of disability services. Please respond based on your experiences working for an organization that administers or interacts with the HHS system.

28. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about access to disability services.*

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. Services promote independence and integration as much as possible.					
b. The services provided are "person-centered" (person provides input on services received).					
c. There are enough services for someone with a disability to participate in the community.					
d. Staff understand how to help people with a disability reach their goals.					

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
e. Forms and questionnaires help identify services people with disabilities need.					
f. Staff know how to deliver services to people of different cultures.					

Identification and Access to Appropriate Education Services

Section only presented to individuals who identified engaging in educational services currently or in the past year:

Q10 or Q11 Education Services Selected

Q19 or Q20 Education Services Selected

Q25 Education Services Selected

29. [INDIVIDUAL W/ DISABILITY] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a. I get the support I need in school.				
b. I can be in school activities I like.				
c. I've had chances to volunteer or train for jobs I like at school.				

30. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about educational services for people with disabilities.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with disabilities can access early childhood intervention services.					
b. People with disabilities receive Individualized Education Plans (IEP).					
c. People with disabilities receive inclusive special education services and supports.					
d. People with disabilities receive volunteer and training opportunities at school.					

Customized, integrated, and competitive employment

Section only presented to individuals who identified engaging in employment services currently or in the past year:

Q10 or Q11 Employment Services Selected

Q19 or Q20 Employment Services Selected

Q25 Employment Services Selected

31. [INDIVIDUAL W/ DISABILITY] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a. I get chances to try skills I need for a job.				
b. I can find jobs that let me keep other services I get (like Social Security Disability Insurance and Medicaid)				
c. I can find jobs that pay me enough to buy things I need.				

	Yes	Sometimes	No	Does not apply to me
d. I have the support I need to find and keep a job.				

32. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about employment for people with disabilities.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with disabilities are given opportunities to practice job skills.					
b. Programs (such as Social Security Work Incentives) allow people with disabilities to find jobs without losing other benefits (like Social Security Disability Insurance and Medicaid).					
c. People with disabilities are able to find jobs that pay competitively.					
d. There are enough supports to help people with disabilities keep their jobs.					

Implementation of Evidenced-Based Practices

Section presented to all providers/agency or org. representatives only

33. [PROVIDERS/AGENCIES] Please indicate your level of agreement with the following statements about the use of evidence-based practices in disability services. (Note: evidence-based practices are therapies and strategies based on the best research and knowledge available.)

Evidence-based practices are used when delivering…	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. Trauma-informed services for people with disabilities.					
b. Peer support services.					
c. Person-centered planning practices.					
d. Positive behavior supports.					

Coordination and Communication across state agencies

Section presented to respondents currently engaged in services or engaged in services in past year (expect those with disability):

Q17 = YES or Q20 Any Service Selected

All Providers/Agency or Org. Reps

34. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about coordination and communication across state agencies.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with disabilities keep services when moving from one state agency to another.					
b. People with disabilities keep resources and services when transitioning from childhood to adulthood.					
c. People with disabilities are accurately followed across multiple service delivery systems (e.g., education, health care, housing).					
d. People with disabilities receive appropriate services and supports when they move to the community from state supported living centers or state mental health hospitals.					
e. People with disabilities receive appropriate services and supports when they move to the community from jail or non-state-supported institutions.					

Housing Options

Section only presented to individuals who identified engaging in housing services currently or in the past year:

Q10 or Q11 Housing Services Selected

Q19 or Q20 Housing Services Selected

Q25 Housing Services Selected

35. [INDIVIDUAL W/ DISABILITY] Are the statements below true for you?

	Yes	Sometimes	No	Does not apply to me
a. I have enough money to live in an area I like.				
b. I can get support looking for housing and filling out forms.				
c. I can get support paying bills on time and talking with people that own the place where I live.				
d. I can live alone if I want to.				

36. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about housing support for people with disabilities.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with disabilities are able to find available, affordable integrated housing.					
b. People with disabilities have support navigating community living options, property availability, and housing applications.					
c. People with disabilities have support to pay bills on time and communicate effectively with landlords.					
d. People with disabilities receive enough supports to live alone.					

Behavioral Health Services

Section presented to respondents currently engaged in behavioral health services or engaged in behavioral health services in past year (expect those with disability):

Q19 or Q20, Behavioral Support Services, Mental Health. or Substance Use Treatment Services Selected

Q25 Behavioral Support Services, Mental Health. or Substance Use Treatment Services Selected

37. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about behavioral health services for people with disabilities.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. Current assessments used to determine support needs for people with disabilities accurately capture mental health and substance use disorder needs.					
b. Current assessments used to determine support needs for people with disabilities accurately identify problems resulting from past traumas.					
c. People with disabilities can access mental health services.					
d. People with disabilities can access substance use disorder services.					
e. There are enhanced services and service coordination when a person with a disability also has mental health or substance use challenges.					

Family Supports

Section presented to respondents currently engaged in services or engaged in services in past year (expect those with disability):

Q17 = YES or Q20 Any Service Selected

All Providers/Agency or Org. Reps

38. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about family supports for people with disabilities.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. Family members/caregivers understand how to access information about disability services.					
b. Family members/caregivers can access legal services related to disabilities when needed.					
c. Family members/caregivers can access respite services when needed.					
d. Family members/caregivers understand guardianship, supported decision making, and other alternatives.					
e. Family members/caregivers and people with disabilities understand their options to direct their services.					
f. Family members/caregivers can get support applying for and maintaining social security and other benefits.					

Coordination of Care

Section presented to all respondents currently engaged in services or engaged in services in past year:

Q8=Yes or Q11 Any Service Selected

Q17 = Yes or Q20 Any Service Selected

All Providers/Agency or Org. Reps

39. [INDIVIDUAL W/ DISABILITY] Are the statements below true for you?*

	Yes	Sometimes	No	Does not apply to me
a. I have a person who supports me to get services.				

	Yes	Sometimes	No	Does not apply to me
b. I have a person who helps me when I am not happy with support I am getting.				
c. I have support when I need to change who gives me services.				

40. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about coordination of care for people with disabilities.*

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. People with disabilities have access to qualified, resourceful, people who coordinate or manage their services.					
b. People with disabilities have support to understand and pursue an appeal, suspension or denial of services, including how to contact the Ombudsman.					
c. Service coordinators, case managers, and others assist people when they lose a provider or direct service worker.					

Crisis Intervention

Section presented to respondents currently engaged in crisis intervention services or engaged in crisis intervention services in past year (expect those with disability):

Q19 or Q20 Crisis Intervention Selected

Q25 Crisis Intervention Selected

41. [ALL OTHER RESPONDENTS] Please indicate your level of agreement with the following statements about crisis services for people with disabilities.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know/ Not Applicable
a. There is access to crisis respite services for children with disabilities.					
b. There is access to crisis respite services for adults with disabilities.					
c. First responders are trained in the needs of people with disabilities.					
d. There is adequate care coordination during crisis interventions for people with disabilities.					
e. There is adequate access to post-crisis follow up care and support.					

Overall Feedback on Disability Services and Supports

Section presented to all respondents currently engaged in services or engaged in services in past year:

Q8=Yes or Q11 Any Service Selected

Q17 = Yes or Q20 Any Service Selected

All Providers/Agency or Org. Reps

Individuals with Disability

42. [INDIVIDUAL W/ DISABILITY ENGAGED IN SERVICES IN PAST YEAR] What is the best thing about the support you have received? (Open Ended)
43. [INDIVIDUAL W/ DISABILITY ENGAGED IN SERVICES IN PAST YEAR] What is the worst thing about the support you have received? (Open Ended)
44. [INDIVIDUAL W/ DISABILITY ENGAGED IN SERVICES IN PAST YEAR] What kinds of support do you need that you're not getting? (Open Ended)
45. [INDIVIDUAL W/ DISABILITY WAITING FOR SERVICES; Q12=Yes] What would help you get the supports you are waiting to get? (Open Ended)

46. [INDIVIDUAL W/ DISABILITY NOT RECIVING OR WAITING FOR SERVICES] What would you like people to know about disability services in Texas? (Open Ended)

All Other Respondents

47. [ALL OTHER RESPONDENTS] The next set of questions ask your opinion about how well disability services are meeting key goals. On a scale from one to ten, please indicate how well you believe disability services meet the following goals, from "very poor" to "exceptional". Disability services in Texas:
    - Address complex needs of people with disabilities.
    - Coordinate services across providers.
    - Provide services to people of different cultural backgrounds.
    - Enable people to live as independently as possible.
48. [ALL OTHER RESPONDENTS ENGAGED IN SERVICES IN PAST YEAR] What are the greatest strengths of disability services in Texas? (Open Ended)
49. [ALL OTHER RESPONDENTS ENGAGED IN SERVICES IN PAST YEAR] What are the greatest weaknesses of disability services in Texas? (Open Ended)
50. [FAMILY/FRIENDS WAITING FOR SERVICES; Q21=Yes] What are the biggest barriers to getting your family member/friend the services they need? (Open Ended)
51. [FAMILY/FRIENDS WAITING FOR SERVICES; Q21=Yes] How could disability services address barriers to getting your family member/friend the services they need? (Open Ended)
52. [ALL OTHER RESPONDENTS ENGAGED IN SERVICES IN PAST YEAR] What changes would you most like to see in disability services? (Open Ended)
53. [FAMILY/FRIENDS NOT RECEIVING OR WAITING FOR SERVICES] What feedback would you like to share about disability services in Texas? (Open Ended)

Survey Distribution Feedback

54. [FOR ALL RESPONDENTS] How did you learn about this survey? (Pick all sources you learned about survey)
    a. Email
    b. Social media
    c. Website
    d. Sign or poster
    e. Service provider
    f. Family member or friend

g. Other, please type here:

Thank You Page

Thank you for taking the survey. We appreciate your feedback. If you have any questions or concerns, please email the Office of Mental Health Coordination at xxxxxxxxxxxxxx.

Appendix F. Glossary of Terms and List of Acronyms

Glossary of Terms

Accessible housing – Housing that is accessible to people living with disabilities. Example: An accessible house for a person who uses a wheelchair would require an entrance ramp, an elevator if there are multiple floors, sinks and toilets set at an appropriate height.

Achieving a Better Life Experience (ABLE) account – Tax-advantaged savings accounts that can fund disability expenses as authorized by the federal Achieving a Better Life Experience (ABLE) Act of 2014.

Active treatment – 42 C.F.R., Section 483.440(a) defines active treatment as "continuous, aggressive, consistent implementation of a program of habilitation, specialized and generic training, treatment, health services, and related services."

Acute care – For preventive care, primary care, and other medical care provided for a condition having a relatively short duration, and behavioral health services.

Admission, Review, and Dismissal (ARD) Committee – Group of parents/guardians, teachers, and other support staff gather to discuss a child's and family's needs, abilities, desires, and expectations to develop and manage an Individualized Education Program (IEP).

Affordable housing – Per the U.S. Department of Housing and Urban Development (HUD), housing is affordable when a household pays no more than 30% of its annual income on housing. If a household pays more than 30% of its income on housing, it is considered a financial burden.

Aging and Disability Resource Center (ADRC) – Part of the No Wrong Door system, which is designed to streamline public access to long-term services and supports. ADRCs serve each county in Texas and function as a key point of access to information and referral for long-term services and supports for older adults and people with disabilities.

Applied behavioral analysis (ABA) – Treatment approach identified across research literature as showing the most evidence of positive impact on child developmental trajectory, commonly used in treatment for autism.

Assistive technology – Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve functional capabilities of a person with a disability.

Autism Spectrum Disorder (ASD) – The DSM-5 defines ASD as a neurodevelopmental disorder that affects communication and behavior. ASD is a term for a group of developmental disorders including Autistic disorder, Asperger's syndrome, and pervasive developmental disorder not otherwise specified and described by:

- Lasting problems with social communication and social interaction in different settings;
- Repetitive behaviors and/or not wanting any change in daily routines;
- Symptoms that begin in early childhood, usually in the first 2 years of life; and
- Symptoms that cause the person to need help in his or her daily life.

Behavioral health – The 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04), defines behavioral health services as "programs or services concerned with research, prevention, and detection of mental disorders and disabilities, and all services necessary to treat, care for, control, supervise, and rehabilitate persons who have a mental disorder or disability, including persons whose mental disorders or disabilities result from alcoholism or drug addiction."

Child Find – A federal mandate under the Individuals with Disabilities Education Act (IDEA). It requires local education agencies, which include public school districts and charter schools, to identify, locate, and evaluate all children with disabilities residing within their jurisdictions who need special education and related services.

Community-based housing – Housing that lies within and among the community. Rather than living in an institution or care facility, many people with disabilities can live in a home in the community with services and supports delivered directly to the home or community sites. This improves a person's ability to integrate and be a part of the community.

Complex needs – People may have multiple, coexisting needs or conditions that require a range of services and supports.

Comprehensive Transition Programs – Designed to support students with intellectual disabilities who want to continue academic, career, and independent living instruction after high school to prepare for gainful employment.

Congregate setting – Place where a group of people reside, meet, or gather either for a limited or extended period of time in close physical proximity.

Continuity of care – The degree to which the care of a patient is not interrupted.

Co-occurring – Term used when a person has an IDD diagnosis as well as a mental health and/or substance use disorder.

Day habilitation – Facility-based service provided in a group setting during weekday work hours. Services vary, but may include recreational activity, specialized therapy, and life skills training.

Direct support professionals (DSPs) – Work with people with disabilities in their residence or other settings to enable their clients to complete personal tasks.

Disciplinary Alternative Education Program – Serve as an alternative education setting for elementary through high school students temporarily removed for disciplinary purposes from their regular instructional settings.

Early Childhood Intervention (ECI) – A statewide program from HHSC for families with children birth up to age three with developmental delays, disabilities, or certain medical diagnoses that may impact development. These services support families as they help their children grow and learn.

Early Head Start/Head Start – A federal program that promotes school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development. These programs provide a learning environment that supports children's growth in many areas such as language, literacy, and social and emotional development. These programs help build relationships with families that support family well-being.

Evidence-based practices – Integrate clinical expertise; expert opinion; external scientific evidence; and client, patient, and caregiver perspectives so that providers can offer high-quality services that reflect the interests, values, needs, and choices of the people served. A **best practice** is a method or technique that is accepted as being correct or most effective.

Extended Year Services – Individualized instructional program for eligible elementary through high school students with disabilities that is provided beyond the regular school year.

Fee-for-service – The traditional Medicaid health care payment system, under which providers receive a payment for each unit of service they provide directly from the state's claims administrator.

Guardianship – A relationship established by a court of law between a person who needs help and a person or entity named to help the person in need.

HCS Aging-Out Waiver – Children and youth in Child Protective Services conservatorship are eligible for specially allocated slots of the Home and Community-based Services waiver if certain criteria are met.

Home modifications – Changes made to the home to increase access, usability, and safety while increasing independence for a person with a disability.

In Home and Family Support – Program that provides direct grant benefits to people with physical disabilities and their families to choose and purchase services that help them remain living in their own homes.

Integrated care – The systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.

Integrated housing – Normal, ordinary living arrangements typical of the general population. Integrated housing is achieved when people with disabilities have the choice of ordinary, typical housing units located among people who do not have disabilities or other special needs.

Institutional services – In Medicaid coverage, institutional services refer to specific benefits authorized in the Social Security Act. These are hospital services, ICF/ID, Nursing Facility, PASRR, Inpatient Psychiatric Services for Individuals under Age 21, and Services for people 65 years old or older in an institution for mental diseases.

Intellectual and Developmental Disability (IDD) – Includes many severe, chronic conditions that are due to mental and/or physical impairments. IDD can begin at any time up to 22 years of age and usually lasts throughout a person's

lifetime. People who have IDD require support with major life activities such as language, mobility, learning, self-help, and independent living.

Juvenile Justice Alternative Education Programs – A disciplinary alternative education program operated under the authority of a juvenile board of a county. These programs assist students in performing at grade level. Students are assigned to this program when they have experienced mandatory expulsion from their home school campus for serious infractions of the Student Code of Conduct, discretionary expulsions for serious infractions that occur off-campus, as well as other infractions of the Student Code of Conduct, or are court ordered due to Title V offenses or probation conditions.

Legally authorized representative (LAR) – Person authorized by law to act on behalf of another person, including a parent, guardian, managing conservator of a minor, or the guardian of an adult, as defined by state or federal law.

Level of Need (LON) – A categorization of a person's service and support needs that determines the services to be provided.

Local Mental Health Authority (LMHA) and Local Behavioral Health Authority (LBHA) – Texas HHSC contracts with 39 community mental and behavioral health centers to deliver services in communities across Texas. LMHAs/LBHAs provide services to a specific geographic area of the state, called the local service area.

Long-Term Services and Supports (LTSS) – Services and supports that focus on providing support with ongoing, day-to-day activities, rather than treating or curing a disease or condition. People receiving LTSS often need help performing daily living tasks, such as eating, bathing, or grooming, or other life activities like housekeeping, working, or pursuing hobbies.

Managed care – A system in which the overall care of a patient is coordinated by a single provider or organization. Many state Medicaid and CHIP programs include managed care components as a way to improve quality and control costs.

Medicaid – Medicaid is a jointly funded state-federal health care program, established in Texas in 1967 and administered by HHSC. To participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them the flexibility to cover other population groups (optional eligibility groups).

Medicaid Buy-In for Children – Program that allows families to buy Medicaid coverage when they have children with disabilities but earn too much to be eligible for regular Medicaid.

Medicaid Buy-In for Working Adults – Program that allows working adults with disabilities who live in the community to buy Medicaid coverage when they would not be eligible for regular Medicaid.

Mobile Crisis Outreach Teams (MCOTs) – Programs that provide face-to-face help to people who are at risk of harm to themselves or others. These programs provide counseling services to people at their home, school, or other location. These services are available 24 hours a day, seven days a week. These programs provide a combination of crisis services including emergency care, urgent care, and crisis follow-up and relapse prevention to the child, youth, or adult in the community.

Money Follows the Person – A federal demonstration project designed to increase the use of home and community-based services and to reduce the use of institutional-based services. In Texas, the demonstration project promotes independence for people with IDD through the following efforts: integrated and competitive employment, transition support teams, enhanced community coordination, and mental health wellness.

Nurse-Family Partnership – Program that connects first-time mothers with nurses who provide support for healthy pregnancies. Women are eligible for the program if they are Texas residents, qualify for Medicaid, are pregnant with their first child, and sign up by the 28th week of their pregnancy.

Peer-to-peer support – Peers support other people with similar experiences in a range of activities.

Person-centered care – People have control over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care also is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the person.

Personal care services – Human assistance provided for people with disabilities to enable them to accomplish daily activities and remain as independent as possible.

Plain language – Communication intended to help the audience understand the message the first time they read or hear it. Most common techniques for this

communication style include: reader-centered organization, active voice, short sentences and paragraphs, the use of common and everyday words, and easy to follow format features.

Positive behavioral interventions and supports – An evidence-based, three-tiered framework to improve and integrate all the data, systems, and practices affecting student outcomes every day. Tier 1 uses practices and systems to establish a foundation of regular, proactive support while preventing unwanted behaviors. Tier 2 uses practices and systems to support students who are at risk for developing more serious problem behaviors before those behaviors start. In Tier 3, students receive more individualized support to improve their behavioral and academic outcomes.

Property tax abatement – A local agreement between a taxpayer and a taxing unit that exempts all or part of the increase in the value of the real property and/or tangible personal property from taxation for a certain period.

Reasonable accommodation – A change, exception, or adjustment to a property rule, policy, practice, or service. A reasonable modification is a structural change made to the premises.

Respite – Planned or emergency short-term relief provided by trained staff to fill in for the person's unpaid caregiver when the caregiver is temporarily unavailable.

Self-advocacy – People with disabilities who advocate for themselves and others through a variety of activities.

Self-directed services – People with IDD or their representatives have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports. Self-direction promotes personal choice and control over the delivery services, including who provides the services and how services are provided.

Serious emotional disturbance (SED) – Diagnosable mental, behavioral, or emotional disorders in the past year for children ages 17 years and younger, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Serious mental illness (SMI) – A diagnosable mental, behavior, or emotional disorder that causes serious functional impairment for a person age 18 and older that substantially interferes with or limits one or more of major life activities.

State hospital redesign – Part of the HHSC's transformation of inpatient psychiatric care in Texas. The funding for the redesign came from the Texas Legislature, which invested $745 million for the first round of construction and renovation.

State of Texas Access Reform (STAR) – One of Texas' Medicaid managed care programs in which HHSC contracts with MCOs to provide, arrange for, and coordinate preventive, primary, and acute care covered services to non-disabled children, low-income families, and pregnant women. On March 1, 2012, STAR expanded to MRSA. See also Medicaid Rural Service Area**.**

STAR Health – A statewide managed care program that provides coordinated health services to children and youth in foster care and kinship care. STAR Health benefits include medical, dental, and behavioral health services, as well as service coordination and a web-based electronic medical record (known as the Health Passport). The program was implemented on April 1, 2008.

STAR+PLUS – Implemented in 1998, this managed care program provides integrated acute and long-term services and supports to people ages 21 and older with disabilities, as well as people age 65 and older. STAR+PLUS operates statewide. Acute, pharmacy, and long-term services and supports are coordinated and provided through a credentialed provider network contracted with MCOs.

Substance Use Disorder (SUD) – Occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Systemic, Therapeutic, Assessment, Resources, and Treatment (START) model – This model serves people diagnosed with IDD and co-occurring behavioral health conditions. It promotes person-centered approaches and training for people, families, and caregivers by applying core principles of positive psychology, utilization of therapeutic tools, provision of multi-modal clinical assessments, promoting enjoyable therapeutic recreational experiences, and optimal utilization of existing resources.

Telemedicine – A health care service, initiated by a physician who is licensed to practice medicine in Texas under Title 3, Subtitle B of the Occupations Code or provided by a health professional acting under physician delegation and supervision, that is provided for purposes of patient assessment by a health professional, diagnosis, or consultation by a physician, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including: compressed

digital interactive video, audio, or data transmission; clinical data transmission using computer imaging by way of still-image capture and store and forward; and other technology that facilitates access to health care services or medical specialty expertise.

The Arc – The largest national community-based organization advocating for and serving people with intellectual and developmental disabilities and their families. The Arc encompass all ages and more than 100 different diagnoses including autism, Down syndrome, Fragile X syndrome, and various other developmental disabilities.

Trauma-informed care – Treatment interventions that specifically address the consequences of trauma on people and are designed to facilitate healing. A trauma-informed approach has the following principles: safety, trustworthiness, peer support, collaboration and mutuality, empowerment, voice, and choice. Trauma-informed care should also consider cultural, historical, and gender issues.

List of Acronyms

Acronym	Full Name
ABLE	Achieving a Better Life Experience Act
ADA	Americans with Disabilities Act
ADHD	Attention Deficit/Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BH	Behavioral Health
CDS	Consumer Directed Services
CFC	Community First Choice
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare & Medicaid Services
CPS	Child Protective Services
DBMD	Deaf Blind with Multiple Disabilities
DD	Developmental disability
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services

Acronym	Full Name
DSM	American Psychiatric Association Diagnostic and Statistical Manual
DSP	Direct support professionals
ECI	Early Childhood Intervention
FAPE	Free and Appropriate Education
FHAA	Fair Housing Amendments Act of 1988
FMS	Financial Management Services
FY	Fiscal Year
GRO	General Residential Operations
HB	House Bill
HCBS	Home and Community-Based Services
HCBS-AMH	Home and Community-Based Services - Adult Mental Health
HCS	Home and Community-based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HIV	Human Immunodeficiency Virus
HUD	Housing and Urban Development
ICF/IID	Intermediate Care Facilities for Individuals with an Intellectual Disability
ID	Intellectual disability
IDD	Intellectual and developmental disabilities
IDD-BH	Intellectual and Developmental Disability and Behavioral Health
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IPC	Individual Plan of Care
IQ	Intelligence Quotient
LIDDA	Local Intellectual and Developmental Disability Authority
LMHA	Local Mental Health Authority
LOC	Level of Care
LON	Level of Need
LTSS	Long-term services and supports
MCO	Managed care organization

Acronym	Full Name
MCOT	Mobile Crisis Outreach Team
MDCP	Medically Dependent Children Program
NA	Not applicable
OOG	Office of the Governor
PASSR	Preadmission Screening and Resident Review
PL1	PASSR Level 1
RTC	Residential treatment center
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SBHCC	Statewide Behavioral Health Coordinating Council
SMI	Serious Mental Illness
SOCS	State-operated Community Services
SSLC	State Supported Living Center
STAR	State of Texas Access Reform
START	Systemic, Therapeutic, Assessment, Resources, and Treatment model
SUD	Substance use disorder
TCCO	Texas Civil Commitment Office
TCM	Targeted Case Management
TDCJ	Texas Department of Criminal Justice
TDCJ-TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDHCA	Texas Department of Housing and Community Affairs
TEA	Texas Education Agency
TJJD	Texas Juvenile Justice Department
TMD	Texas Military Department
TxHmL	Texas Home Living
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
U.S.	United States
USC	United States Code
UTHSC–Houston	University of Texas Health Science Center at Houston

Acronym	Full Name
UTHSC–Tyler	University of Texas Health Science Center at Tyler
VR	Vocational Rehabilitation
YES	Youth Empowerment Services

Appendix G. Endnotes

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