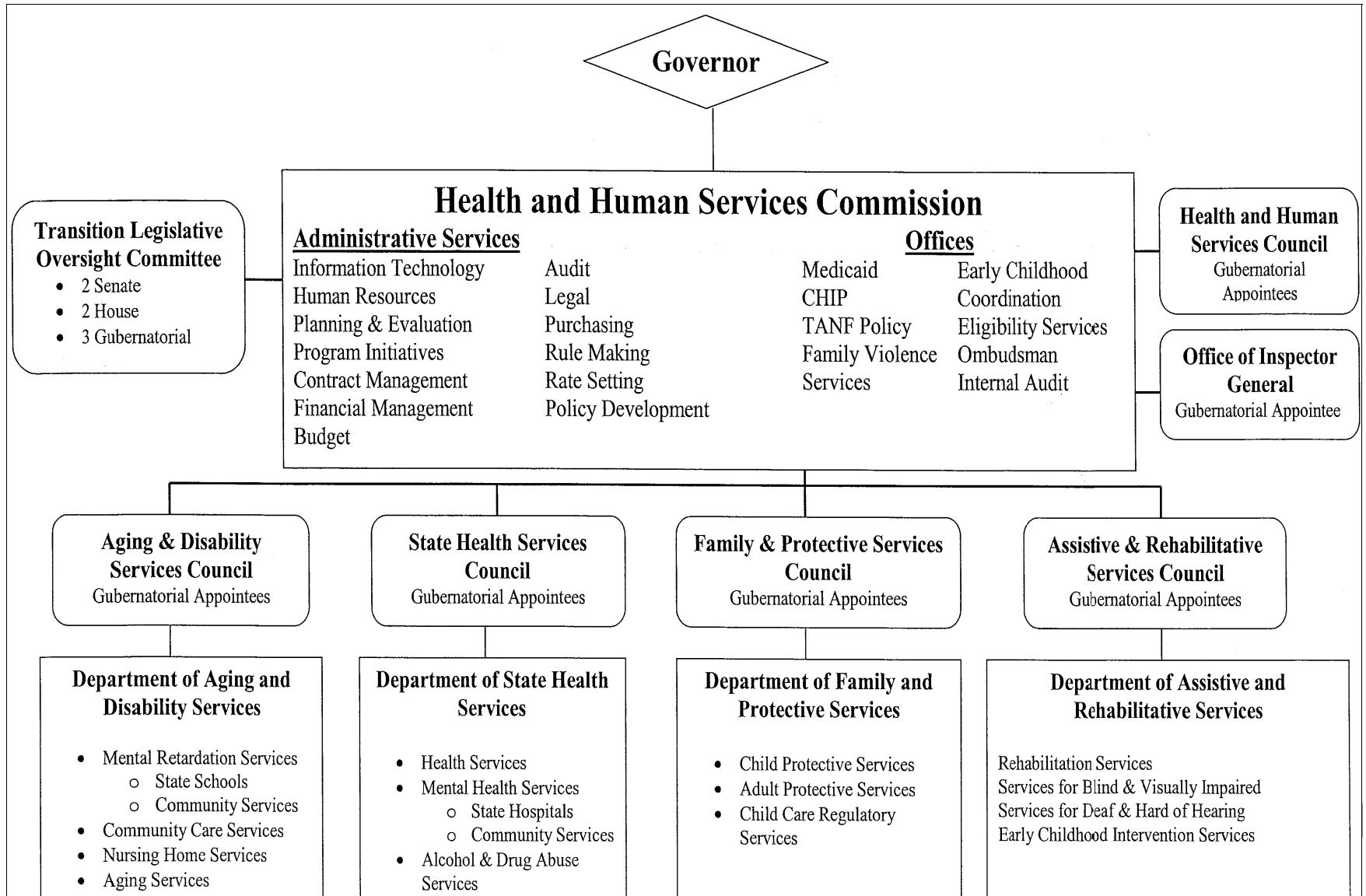




Harris County

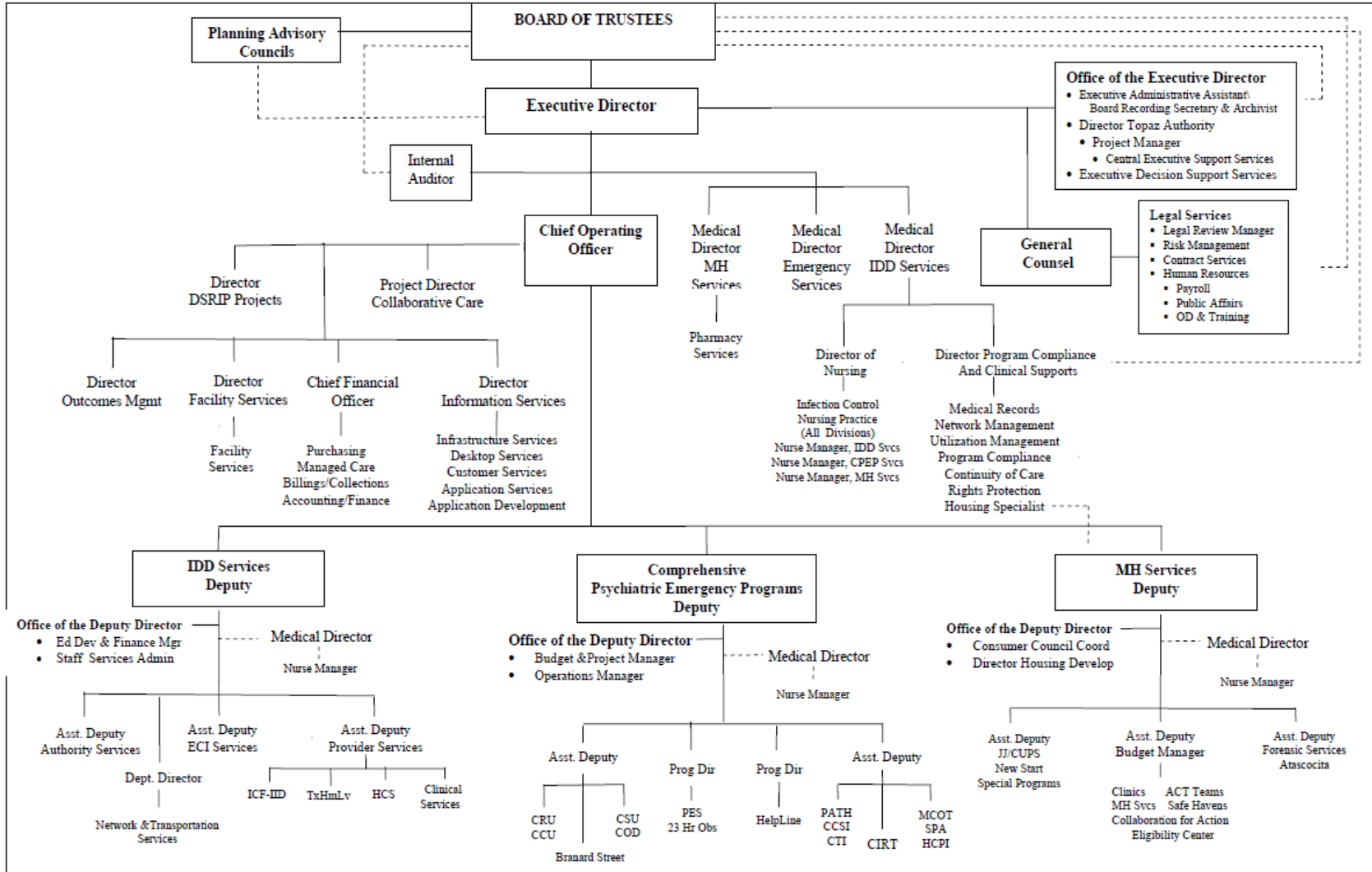
Intellectual Disability & Autism Services

Fiscal Year 2014



Fiscal Year 2014

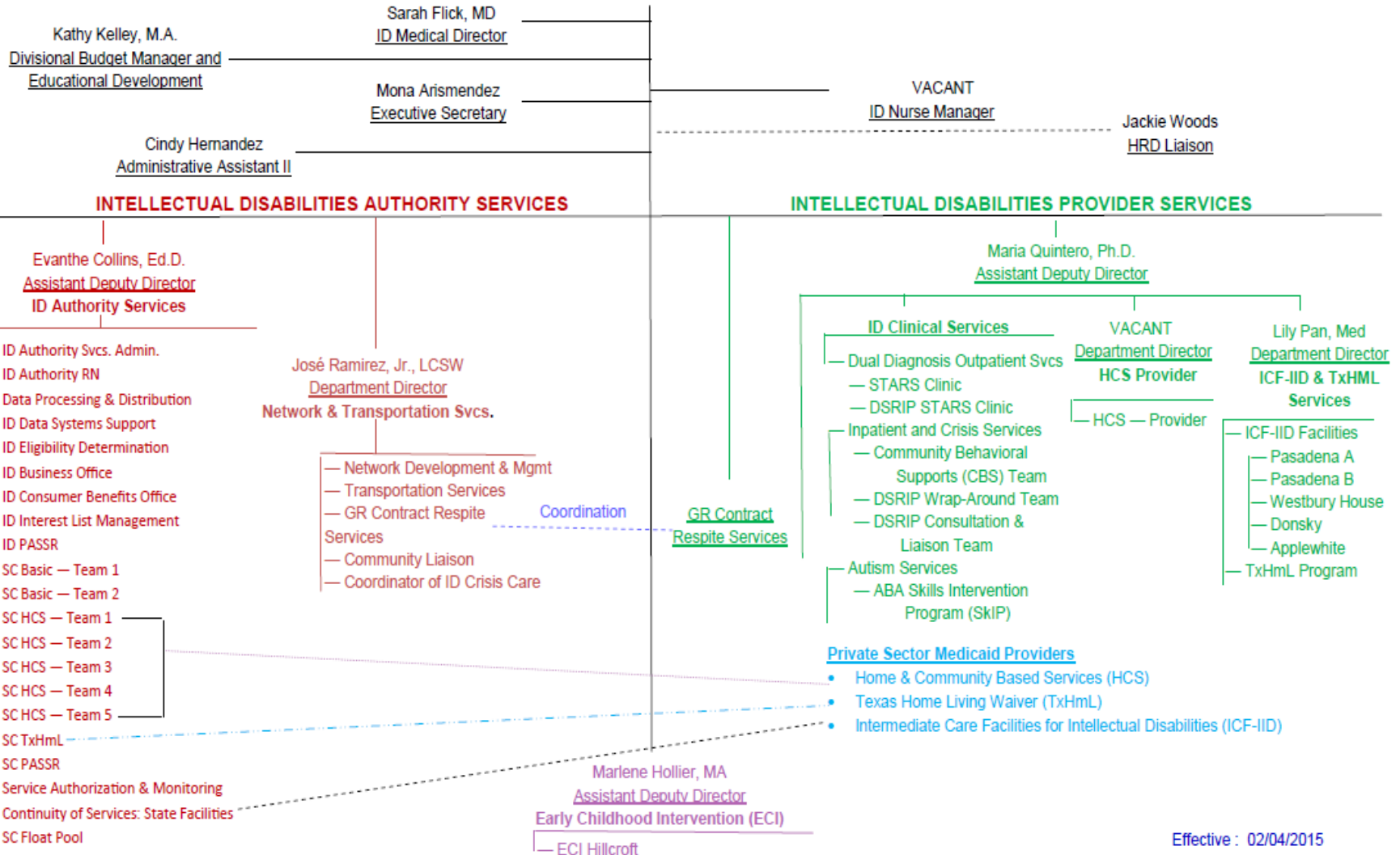
MENTAL HEALTH AND MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY – FY'14



Fiscal Year 2014

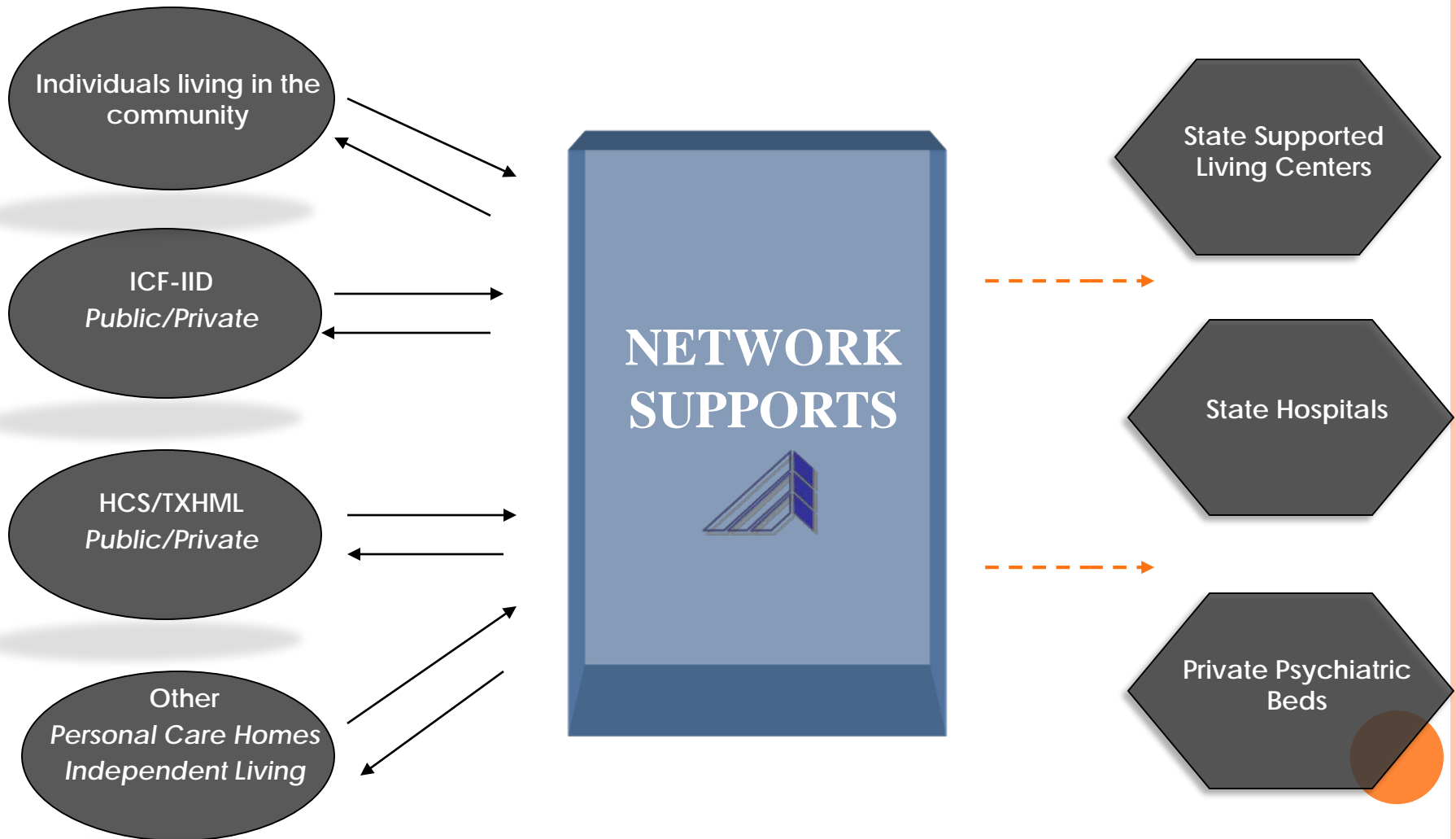
Intellectual Disabilities Services Division

Scott P. Strang, Ph.D., MBA, Interim Deputy Director
 Deputy for Intellectual Disabilities Services Division



Effective : 02/04/2015

NETWORK SUPPORTS CONCEPT



Harris County *Intellectual Disability & Autism Services*

Census Data

Approximately 122,000 Harris county residents are diagnosed with an intellectual and developmental disability ; 30,000 with autism spectrum disorder; and 43,800 are dually diagnosed (IDD/MI).

Home and Community-based Services

Number of HCS Providers: 357 (Serving a total of 2,940 individuals)

2,835 served by private providers

105 served by MHMRA (cap of 131)

12,803 individuals on the Harris County HCS interest list

Intermediate Care Facilities

Number of Intermediate Care Facilities: 91 (Serving 502 individuals)

472 served by private providers

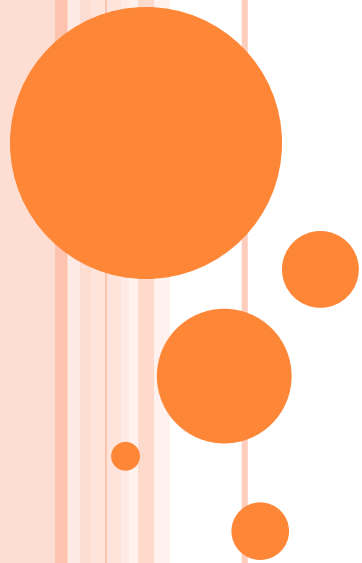
30 served by MHMRA (cap of 30)

Texas Home Living Waiver

Number of TXHML Providers: 227 (Serving 659 individuals)

700 served by private providers

257 served by MHMRA (cap of 85)



Service Array

BABIES & CHILDREN

Early Childhood Intervention (ECI)

Provides services designed to assist parents in addressing the needs of children under the age of 3 with delayed development and/or certain medical diagnoses which will result in delayed development. Services offered include evaluation and assessment, occupational and physical therapy, speech-language therapy, service coordination, family counseling and education, and developmental services. Services are provided in child's home or community settings (daycare, foster parent, grandparent, etc.).

ABA-Skills Intervention Program (SKIP) video

Designed for children ages 3 - 10 years old with autism or developmental disabilities and delays in language, motor skills, academic skills, play skills, as well as, inappropriate classroom behaviors. Skip utilizes Applied Behavior Analysis (ABA) techniques such as discrete trial teaching, positive reinforcement, and extensive data collection to increase the students' skills set. Goals of SKIP are to recreate a preschool and elementary school environment to better teach the children how to appropriately integrate into a typical classroom setting.

Transition Services

A coordinated set of activities for students aimed at promoting a successful transition from school to post-school activities, programs and independent involvement within the community.



CHILDREN & ADULTS

Community-Based Supports Team: Field-based crisis intervention services for individuals with IDD who are at risk of hospitalization, losing residential placement, dangerous living conditions, etc. Provides either short-term stabilization for the individual and the family or a referral to more appropriate services.

IDD C&L Team - HCPC: Provides consultative services to physicians who treat individuals while they are admitted to the University of Texas Harris County Psychiatric Center (UTHCPC) or the NeuroPsychiatric Center (NPC). Services include assisting patients admitted to UTHCPC to apply for MHMRA IDD services; providing IDD consultation services to UTHCPC and NPC staff; providing liaison services between UTHCPC staff and MHMRA of Harris County; and providing liaison services between Harris County Probate Courts housed at UTHCPC and MHMRA of Harris County.

Home & Community Based Services (HCS) video: Provides a comprehensive, community based service system for persons with IDD. An Individual Service Plan and Individual Plan of Care are developed for each person enrolled in the HCS program based upon the individual's needs and abilities. Individuals enrolled in the program may choose where and with whom they live, including the option of living with their natural family or in a companion foster care residence.

Intermediate Care Intellectual Disability (ICF-IID): A Medicaid-certified program usually housing up to six individuals with IDD in a residential group home setting. The Individual Program Plans are structured to allow persons to acquire and master the skills necessary to participate in the mainstream of community living. The basic training areas include daily living skills, behavioral intervention, vocational training, and functional academic skills.



CHILDREN & ADULTS

In-Home Respite Care: Designed to relieve family of continuous care, provides temporary/intermittent direct supervision of a child or adult in their usual residence.

Clinical Out-of-Home Respite (COR): Designed to provide respite services to individuals away from their regular home during times of crisis, such as on-going display of challenging behaviors. Services are temporary and designed to transition the individual back home after a combination of respite and clinical services have occurred.

Specialized Therapies & Rehabilitative Services (STARS): Provides psychiatric, nursing, behavior analytic, psychological and social work counseling services to children and adults with IDD including autism, and co-occurring psychiatric conditions or severe behaviors. Also provides consultative service to providers. Services offered include evaluation, diagnosis, medication stabilization and medication management, parent education about disabilities, psychotherapy and counseling, and applied behavior analysis.

Texas Home Living Waiver (TxHML): Provides a wide variety of services and supports to individuals with IDD or a related condition so that they can continue to live with their families or in their own homes.

Coffeehouse video: Provides social skills and communication training for adults with Asperger's Disorder or autism and limited cognitive delays. Services include a "drop-in" model for people to attend discussions of relevant and interesting topics as their daily schedule allows, individualized treatment planning, nursing services, peer mentoring, and psychological support.



DSRIP Projects for ID Division



DSRIP Consultation & Liaison Team

- *Utilize a protocol for inpatient consultation and successful discharge of people with ID/ASD who need inpatient care; intended to reduce length of hospitalization, and institutionalization*



DSRIP In-Home Wrap-Around

- *Provide clinical and community supports to people in crisis and to prevent crises by facilitating access to resources*



DSRIP STARS

- *Double the current clinic capacity and improve access to care for people with ID/ASD and co-occurring behavioral health needs*

IDD/ASD Safety Net Services

Outreach via Technology

www.mhmraharris.org

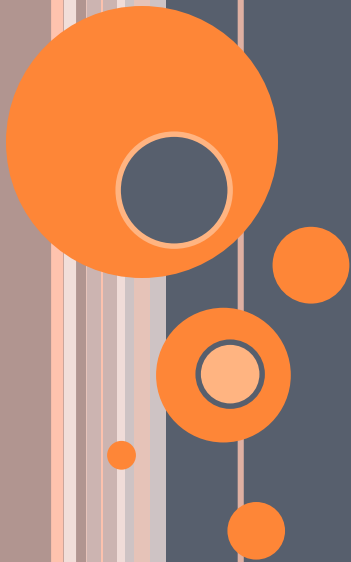
- IDD Divisional website was initially established in 2001 in response to MRLA.
- The website averages 2,000 unique visitors per month, viewing over 6,000 pages of data
- "Hits" data allows us to understand end-user needs and consistently modify the website

Benefits

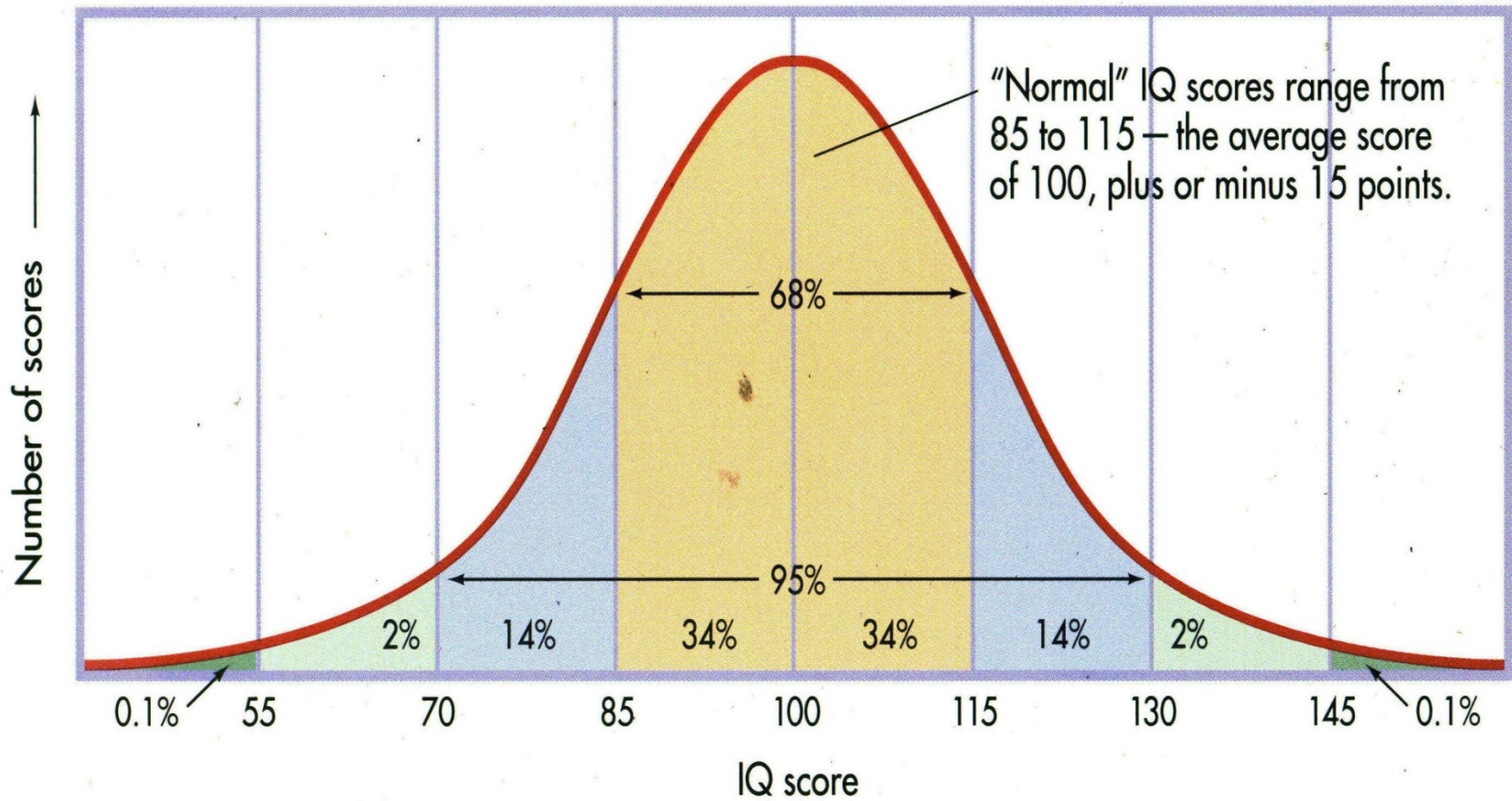
- Community Education – information regarding diagnosis, services, training, meetings, support groups, etc.
- Fosters positive collaborations with our network providers
- Right step in the 'future' current direction

Features

- What are developmental disabilities/autism
- HCS "Unofficial" List
- Virtual Provider Fair
- ICF-IID Vacancy Search
- Guardianship
- Support Groups
- Community Activities
- e-Learning



IQ RANGES



Autism Spectrum Disorder

- No IQ limit
- CLASS

Borderline Intelligence

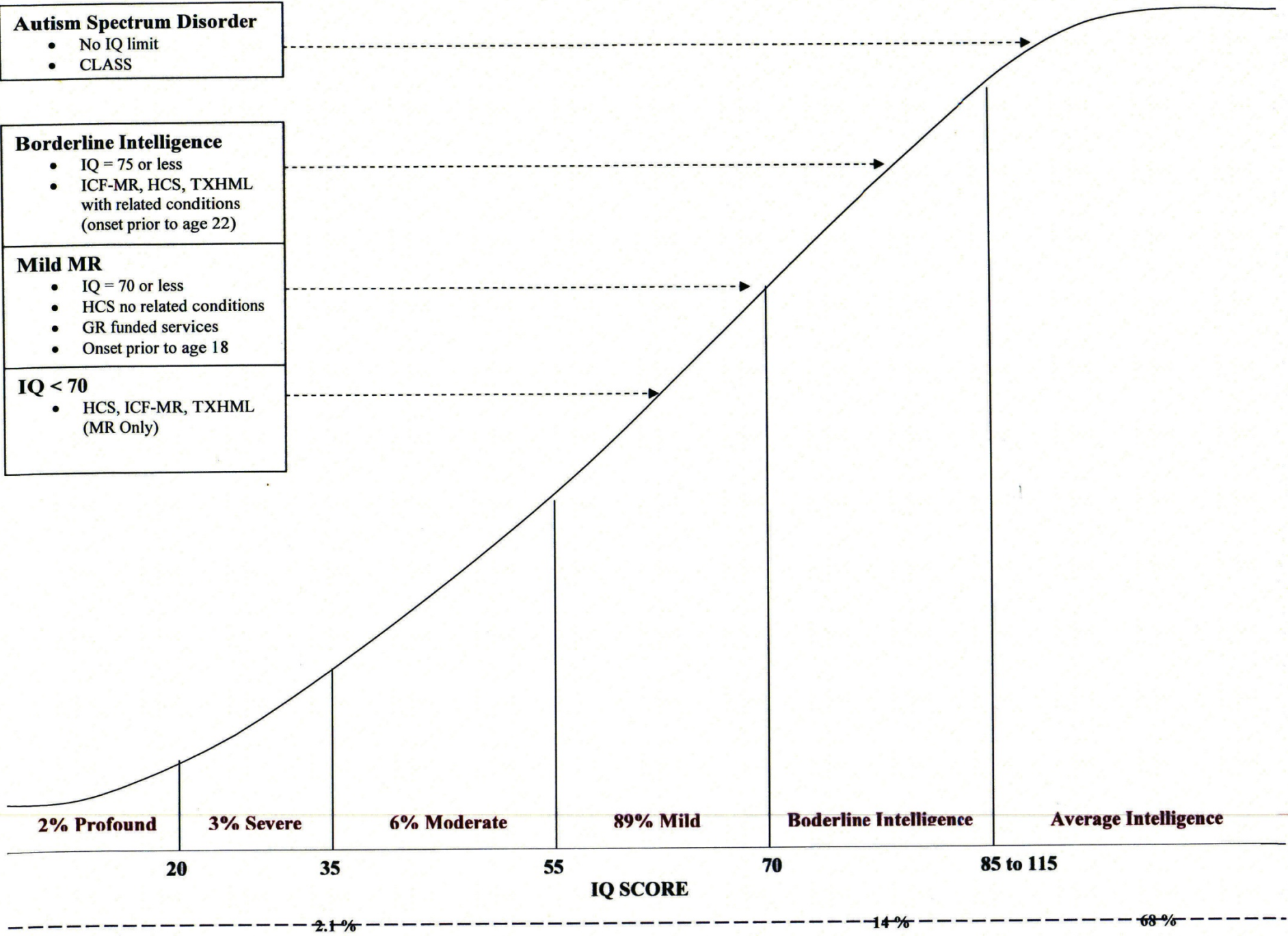
- IQ = 75 or less
- ICF-MR, HCS, TXHML with related conditions (onset prior to age 22)

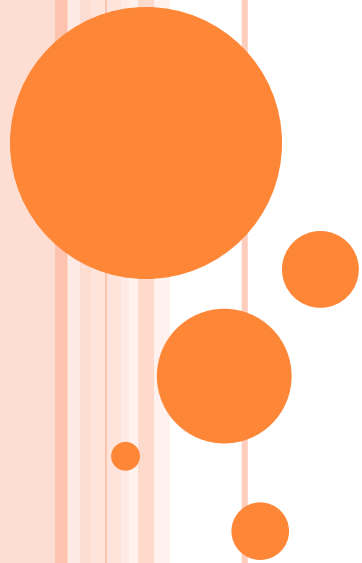
Mild MR

- IQ = 70 or less
- HCS no related conditions
- GR funded services
- Onset prior to age 18

IQ < 70

- HCS, ICF-MR, TXHML (MR Only)





Common Crisis

SHOCK CRISIS

- Occurs when a parent learns that their child is disabled
- Raises the question, "Why did this happen to me/my child".
- Responses may include blame, denial, anger, depression, and feelings of failure.
- Ordinary coping mechanisms may fail resulting in unresolved conflicts.
- Unresolved conflicts may interfere with ongoing ability to problem solve on behalf of their child.



VALUE CRISIS

- Occurs when relatives, friends, and neighbors begin to interact with the child.
- Raises the question, “What does it mean to have a child with a disability?”
- Responses may include:
 - rejection (isolation, placement),
 - denial (showing off, diagnosis shopping),
 - feelings of failure (sabotage) and
 - blame (self/spouse).



REALITY CRISIS

- Occurs when problem solving must occur on behalf of the child.
- Raises the question, "What do I need to do?"
- Reality crises commonly occur
 - (1) when behavior is difficult to manage
 - (2) when school starts
 - (3) when there is a program change,
 - (4) upon graduation from school and
 - (5) when a parent/LAR can no longer provide care due to illness or death.
- The ability of the parent/ LAR to problem solve effectively on behalf of the child may depend on how well the shock crisis and the value crisis were resolved.



CRISIS THEORY

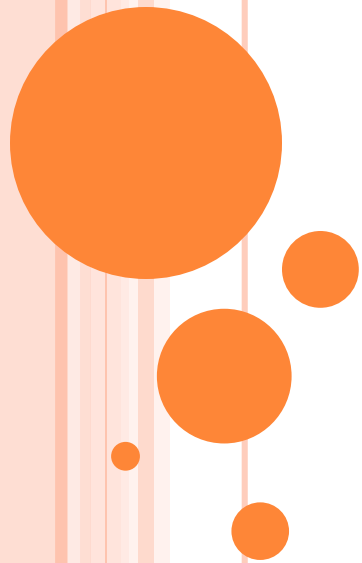
- Crisis is defined as an emotionally significant event in which a decisive change is impending.
- Due to the high level of discomfort, crises are usually resolved in a relatively short period of time, not always satisfactorily.
- Unresolved conflict may interfere with ongoing ability to problem solve on behalf of the child.
- Intervention should occur as early as possible in a crisis in order to achieve a satisfactory resolution.
- Crises offer an opportunity to intervene successfully with parents who are not otherwise open to change.



OUR ROLE DURING A CRISIS

- **Listen** to the parent and assess how effectively they have resolved the conflict(s) associated with the crises.
- Be aware that anger expressed towards the worker may be a reflection of unresolved conflict. **Do not take this personally.**
- **Do not judge** the person and do not give advice.
- Identify **alternative choices** and discuss the consequences of each.
- Help them **identify supports** they have used in the past.
- **Reinforce** effective choices with praise.





Key Milestones

KEY MILESTONES

- <1950 State Schools – only services available
- 1950 Established First Day Program for Adults – Houston Council for Mentally Retarded Children [Later became The Center.]
- 1955 Special Education Classes – Houston Independent School District
- 1960 Thomas Care Center opened
- 1965 Legislation establishing MHMRA of Harris County and other community centers in Texas.
- 1968 Richmond State School opened
MHMRA contracted for limited community services with The Center
TDMHMR ceased requirement that residents wear clothing issued by the Texas Department of Corrections
- 1970 Public Law 94-142 – Guaranteed Public School Education for Persons with IDD
- 1972 State School Reform – Geraldo Rivera Exposé of Willowbrook Institute, New York
- 1972 Services Began for Infants and Toddlers with Developmental Disabilities by MHMRA in Harris County – Later became an ECI Program
- 1974 Cullen Residence Hall – Opened
Brenham State School – Last State School Opened in Texas
- 1975 Large Intermediate Care Facilities for Persons with IDD in Texas opened [ICF-IID]
- 1977 New ICF-IID Programs Limited to 12 Beds
DeveloCepts, Inc. opened 2 facilities in Houston



KEY MILESTONES

- 1985 Lelz vs Texas Federal Lawsuit Settlement
 Reduced Beds in State Schools
 Funded Community Services
- 1986 HCS Program began in Texas with limited slots (90 in Harris County)
- 1990 New ICF-IID Programs Limited to 6 Beds
- 1996 IDD Consultation Team Based at Harris County Psychiatric Center [IDD C&L Team – HCPC]
- 1997 HCS and ICF-IID Included Cost of Day Programming
 419 HCS Slots in Harris County
- 1999 Olmstead Act – Supreme Court upheld ‘ADA Integration Mandate’
 90 HCS Slots in Harris County
- 2005 DOJ investigation of Lubbock State Supported Living Center
- 2006 The Arc and DADS come to agreement over waiting list lawsuit. Final resolution depends upon legislative funding.
- 2009 Senate Bill 45 [funded 5,000 HCS slots for the 2010-11 biennium, and transferred case management from HCS providers to the local IDD authorities]
- 2010 Rosa’s Law passed by Congress [replaces the term Mental Retardation (MR) with intellectual disability (ID)]
- 2012 26% reduction in General Revenue Funded Services
 650 TxHmL Waiver slots allocated to Harris County
 ICF-MR changed to ICF-IID
- 2013 PASRR Interim Settlement
- 2014 Senate Bill 7 transition to privatized managed care for ID services

