



**Spindletop Center**  
**Intellectual and Developmental Disabilities**  
**Local Plan**  
**Fiscal Years 2024-2025**

## **INTRODUCTION & PURPOSE**

The purpose of the Spindletop Center (Center) Intellectual and Developmental Disabilities (IDD) Local Plan (Plan) is to define a plan that communicates the mission, vision, values and goals of the organization, to promote the Center's continuous improvement by providing a framework to accomplish these goals, and to demonstrate the Center's commitment and responsiveness to the community while attending to the needs of persons served through improved outcomes for persons served.

The IDD Plan represents a collaborative effort with input from across the organization and the community to develop a comprehensive approach to demonstrating best value, balancing service cost and ensuring quality programs and services to meet the needs of the catchment. The IDD Plan is consistent with the strategic priorities referenced in the Health and Human Services Commission Strategic Plan for 2021-2025.

## **MISSION, VISION AND VALUES**

The IDD Plan is driven by and supports the Center's Vision, Mission and Values:

**Vision:**

The Spindletop Center vision is to promote healthy living in our community.

**Mission Statement:**

The mission of Spindletop Center is to help people help themselves by providing resources and supports.

**Values:**

The values of Spindletop Center are:

- ❖ We value all persons and treat them with dignity and respect.
- ❖ We develop services responsive to the needs, values, and desires of our community.
- ❖ We value and respect families for the important role they play in the effective treatment and delivery of services.
- ❖ We embrace self-advocacy and recovery as means of independence.
- ❖ We measure our success by the outcomes of each person and our impact on the community.
- ❖ We educate, motivate and empower staff to accomplish their work with confidence and pride by valuing and respecting them.
- ❖ We recognize and celebrate best practices.
- ❖ We educate people to help our community.
- ❖ We utilize resources in the most efficient manner to minimize our impact on the environment.
- ❖ We accommodate and encourage our staff's community involvement.

**CENTER LEADERSHIP**

## **Governance**

The Board of Trustees (Board), comprised of nine members, is responsible for the effective administration of the Center and makes policy that is consistent with the departments' rules and standards. The Board has the authority and responsibility within the local service area for planning, policy development, fiscal oversight and ensuring the provision of mental health and IDD service. The Center is considered a unit of local government. The Center's Board has representatives from each county of the local service area. Trustees are appointed by their County Commissioner's Court and approved for a two-year term. The Board also includes two ex officio members who are sheriffs or their designee from the local service area. The Board of Trustees hires and oversees the Executive Director.

## **Executive Director**

The Executive Director is the Chief Executive Officer and is appointed by and accountable to the Board. The Executive Director is responsible for the Center infrastructure, functions, resources, services, planning, implementation, monitoring, evaluation and administrative supervision of all staff and operations. The Executive Director directly supervises the Executive Management Team (EMT).



The Planning and Network Advisory Committee (PNAC) serves both MH and IDD interests and meets at least quarterly to provide broad-based community input into the planning process. The Center strives for committee membership that reflects the ethnic, cultural and social diversity of the community and includes persons served and their family representation. The role of the PNAC is to reflect the perspectives of persons served, family members and other stakeholders on the provision of services and supports.

The “Guidelines for Local Service Area Planning” provides expected outcomes for the PNAC. The Board shall establish outcomes and reporting requirements for the PNAC. The expected outcomes of the PNAC include:

- The PNAC operates according to the charge assigned by the local board; and
- Persons of adult mental health, children’s mental health, and intellectual and developmental disabilities services and their families or guardians are represented, and their views are explicitly incorporated into recommendations of the PNAC.

The PNAC is charged with the following:

- Identify the needs and priorities of the local service area;
- Submit recommendations to the Center staff and Board regarding the content, development, and implementation of the Local Service Area Plan and budget strategies to meet the community needs and priorities;
- Provide input in assembling a network of available and appropriate service providers to meet the needs of persons served in the local service area while considering public input, ultimate cost-benefit, and personal care issues to ensure personal choice and the best use of public money.
- Receive a written copy of the final annual budget and biennial plan for each program area as approved by the Board of Trustees, and a written explanation of any variance from the PNACs recommendations.
- Receive information regarding total funds available through the Performance Contract document for services in each program area and required performance targets and outcomes.
- Reports to the Board at least annually on issues related to the needs and priorities of the local service area; implementation of plans and contracts; and the PNACs actions that respond to special assignments given by the Board of Trustees.

The Center provides initial and ongoing training to the committee members. The training provides members with the information they need in order to perform the tasks and fulfill the purpose of the committee.

## **Community**

The community, persons served, and family members not participating on advisory committees, have several different means to provide planning input, assess services and supports, and submit recommendations for consideration. Opportunities for providing input and determining community needs/priorities are as follows: interviews with Center/State staff, complaint process with Rights Protection Officers, compliance and customer satisfaction surveys, annual customer experience survey, advocacy meetings, persons served/family community forums, citizen comments at Board of Trustee meetings, contact through public website and other public forums.

## **LOCAL PLANNING PROCESS & PLAN REVIEW**

### **Local Planning Process**

The local planning process is based on the Guidelines for Local Service Area Planning and focuses on obtaining input and addressing items identified in the Texas Health and Safety Code §533A.0352, which specifies that the Center will consider the following when developing the local services plan:

1. Criteria for ensuring accountability for, cost-effectiveness of, and relative value of service delivery options.
  - The Center ensures accountability for service delivery options by monitoring service contracts to ensure statutory, regulatory, and contractual requirements are met.
  - The Center ensures accountability for service delivery options by evaluating the required elements of documentation and making revisions when changes occur.
  - The Center's QM/UM program and committees review reports from various data sources including MBOW and Netsmart and recommend cost effective corrective actions which are implemented by management. The IDD management team addresses issues of cost effectiveness and relative value of services.
  - Relative value is not only about cost-effectiveness. The Center also evaluates and considers access, choice, outcomes, service availability, consumer satisfaction, and service

provider's ability to meet regulatory requirements, service provider capacity, and all other relevant factors.

2. Goals to ensure that a person served with intellectual and developmental disabilities is placed in the least restrictive setting appropriate to the person's care.

- At the time of enrollment into services a discussion of the least restrictive setting is completed by the person's service planning team.
- An assessment of the least restrictive setting is completed as part of the placement packet for persons seeking admission to a State Supported Living Center (SSLC) with discussions of meeting the person's needs and supports to achieve the desired quality of life.
- A Verification of Freedom of Choice form is completed for persons eligible for waiver programs that offers a variety of residential options. A service planning team meeting is held to address changes in the person's living environment.
- The Continuity of Services Coordinator oversees the permanency planning process that is designed to return the person from an institutional setting to a family-like setting in the community.
- The Center will exhaust all community placement opportunities prior to pursuing State Supported Living Center (SSLC) placement.

3. Opportunities for potential and incoming persons to receive an Explanation of IDD Services and Supports from the Local IDD Authority (LIDDA) will include general revenue funded services, eligibility determination, service coordination, community support, respite, employment assistance, supported employment, nursing, behavioral support, specialized therapies, behavioral health services, vocational training, day habilitation, Medicaid Community First Choice (CFC) services, Medicaid ICF/IID programs, Home and Community-based Services (HCS) program, and Texas Home Living (TxHmL) program.

4. Goals to divert persons of services from the criminal justice system.

The Center operates a variety of Crisis services including the IDD Crisis Intervention Specialist, Mobile Crisis Outreach Team and IDD Crisis Respite, all of which operate with commitment to jail diversion.

The Center provides crisis screening, assessment and referrals.

The Center coordinates with local and county jails to identify offenders who have a history of mental health/IDD services.



## 5. Opportunities for innovation in services and service delivery.

- The Center coordinates with educational and advocacy groups, managed care organizations, Southeast Texas Regional Planning Commission, Texas Workforce Commission, Social Security Administration, Texas Health and Human Services, Community Resource Coordination Groups (CRCGs), and other community partners and stakeholders to ensure collaboration and intersection of appropriate services.
- The Center participates with public and private providers for HCS and TxHmL in an effort to enhance service delivery.
- The Center leadership collaborates in local stakeholder groups such as Spindletop Center's IDD Planning Advisory Committee, Spindletop Center's Consumer/Advocate Advisory Committee, The Arc of Greater Beaumont and Partners Resource Network to help families to understand services and to learn about the needs of families.

The information derived from the local planning process is used in the development of the local plan to include quality improvement initiatives and strategic goals.

### **Plan Review**

Through the various information gathering tools, staff members, persons served, PNAC, and community stakeholders have numerous means of providing input to the Plan review process. Their input is assessed and integrated into the planning cycle. Through their input, there is an ongoing process of evaluating delivery of services provided, as well as capturing emerging needs and changing priorities. Persons served and community stakeholders will access the planning cycle through the Planning Advisory Committee, public forums, focus groups, and Board of Trustees meetings.

## **DESCRIPTION OF SERVICES**

### **Service Area**

The Center is one of 39 Community Mental Health and Intellectual and Developmental Disabilities Centers within Texas. The Center's programs are responsible for a broad array of services within the five-county area including Chambers, Hardin, Jasper, Jefferson, and Orange Counties. The total population for the area is 482,049 residents in the five counties, which covers approximately 4,200 square miles.

Service locations throughout the catchment area are as follows:

Spindletop Center Beaumont North Campus	655 South 8 <sup>th</sup> Street, Beaumont, Texas 77701	Jefferson	Services for persons with intellectual and developmental disabilities  Early Childhood Intervention services
Spindletop Center Beaumont South Campus	2750 South 8th Street, Beaumont, Texas 77701	Jefferson	MH adult and child services  Services for adults with substance use disorders
Spindletop Center Port Arthur Intellectual and Developmental Disabilities	3419 57 <sup>th</sup> Street, Port Arthur, Texas 77640	Jefferson	Services for persons with intellectual and developmental disabilities
Spindletop Center South County Outpatient Clinic	3407 57th Street, Port Arthur, Texas 77640	Jefferson	MH adult and child services  Services for adults with substance use disorders
Spindletop Center Hardin County Outpatient Clinic	222 E. Durdin Dr.  Silsbee, Texas 77656	Hardin	MH adult services  Services for persons with intellectual and developmental disabilities
Spindletop Center Orange Outpatient Clinic	4305 North Tejas Parkway, Orange, Texas 77630	Orange	MH adult and child services  Services for adults with substance use disorders

## **Intellectual and Developmental Disabilities Populations Served**

Because demand for services and support exceeds available resources, delivery of services is prioritized in accordance with published directives and needs. The HHSC IDD priority population for IDD Service consists of persons who meet one or more of the following descriptions:

- Persons with IDD, as defined by Texas Health and Safety Code §591.003(15-a);
- Persons with autism spectrum disorder, as defined in the current edition of the Diagnostic and Statistical Manual;
- Persons with related conditions who are eligible for and enrolling in services in ICF/IID program, Home and Community-based Services (HCS) program, or Texas Home Living (TxHmL) Program;
- Nursing facility residents who are eligible for specialized services for intellectual and developmental disabilities or a related condition pursuant to Section 1919(e)(7) of the Social Security Act;
- Children who are eligible for services from the Early Childhood Intervention services through the System Agency; and
- Person diagnosed by an authorized provider as having a pervasive developmental disorder through a diagnostic assessment completed before November 15, 2015.

## **Intellectual and Developmental Disability Services**

A full range of Intellectual and Developmental Disabilities Service are available to persons of the communities served by the Center. Professional diagnostic, therapeutic and rehabilitation services are provided. Services may involve:

Service Coordination: Assistance in accessing medical, social, educational, and other appropriate services and supports that will help a person achieve a quality of life and community participation acceptable to the person as described in the Plan of Services and Supports.

Crisis Services: IDD Crisis Services are provided to a person who is assessed and determined through screening by the Crisis Intervention Specialist to meet the HHSC approved definition of a crisis. The LIDDA Crisis Intervention Specialist provides information about IDD programs and services to persons/families while collaborating with LIDDA staff and the designated Transition Support Team (TST). Crisis services includes strategies and therapeutic supports to address

challenging behaviors and psychiatric needs. IDD Crisis Services collaborates with the Crisis Hotline and Mobile Crisis Outreach Team (MCOT).

Respite Services: Services provided for temporary, short-term, periodic relief of primary caregivers.

Employment Assistance: Assistance in locating paid, individualized competitive employment in the community.

Supported Employment: Supported employment is provided to a person who has paid, individualized, competitive employment in the community to help the person sustain that employment.

Community Support: Individualized activities that are consistent with the person's person-directed plan and provided in the person's home and at community locations.

Vocational Training: Day Training Services provided to a person in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the person to obtain employment.

Day Habilitation: Assistance with acquiring, retaining or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life.

Independent Living Skills: Services for nursing facility residents with IDD/DD that are provided in the nursing facility or community which enable residents to perform functional living skills and other daily living activities.

Behavioral Health Services: Treatment and monitoring of behavioral health care by a physician, advanced practice nurse, or physician's assistant.

## **Service Delivery System**

*Entry to Services:*

Persons seeking Intellectual and Developmental Disabilities Services are assessed in accordance with THSC §593.005 and 25 TAC Chapter 415, Subchapter D to determine if a person meets the HHSC eligibility criteria for IDD Services. Once eligible, the person is placed on a waiting list for the specific service requested if there is no current availability.

*Other Assessments:*

The Service Coordinator determines the person's need for and frequency of IDD Service Coordination by completing assessments according to program guidelines established by HHSC.

*Person Directed Plan:*

A person directed plan for persons with IDD is developed. The plan identifies outcomes and services that address the needs and preferences of the person and builds on personal strengths. The person directed plans are developed and revised as prescribed by Texas Administrative Codes and new plans are developed.

*Referrals:*

Referrals are made to internal or external providers and other community resources for services identified within the plan.

*Continuity of Care:*

The Center strives to provide services in a systematic, continuous, and seamless manner that meets the outcomes of the person. The quality of personal services is assessed on a continual basis through reviews of outcomes and actions that are needed.

*Discharge Plan:*

A discharge plan is developed when a person leaves Center services to ensure the person is aware of other resources in the community.

**Service Priorities**

There are services required by legislation to be provided by all LIDDAs, which includes screening, eligibility determination, service coordination, respite, crisis respite, crisis intervention services, and independent living skills training for residents of nursing facilities.

### **Service Utilization**

<i>Authority Services</i>	<i>Persons Served by Center in FY24</i>
Screening	242
Eligibility Determination	165
Service Coordination	815
Service Authorization and Monitoring	2

- The Center also operates a Consumer Benefits Organization (CBO) that assists persons with Social Security, Medicaid and Medicare eligibility applications and ongoing reporting requirements. The CBO program served 16 persons with IDD in FY24.
- The Center receives funding for Crisis Services for the IDD population. The Center served 44 persons with IDD via the IDD Crisis Intervention Specialist and 10 persons via Crisis Respite.
- The Center completed 468 PASRR evaluations for persons with developmental disabilities or IDD in FY24.

<i>Provider Services</i>	<i>Persons Served by Center in FY24</i>
Community Support	183
Respite	99
Employment Assistance	47
Supported Employment	71
Behavioral Support	114
Nursing	305

Specialized Therapies (including Behavioral Health Services)	156
Vocational Training	8
Day Habilitation	267
Independent Living Skills Training	4

**Administrative Services**

The Center’s administrative services consist of financial/accounting, budgeting, contract management, purchasing and supply, billing and reimbursement, facility management, public information, information management, human resources, staff training and development, risk management, quality management, utilization management, and rights protection.

**Resource Development and Allocation**

The Center’s primary funding comes from State general revenue in addition to block grant funds, local match funds and Medicaid earned revenue. The timely and effective development of resources in support of Center programs and operations is paramount. Additional support and revenue must be generated beyond existing resources in order to sustain current services against inflationary erosion and, if possible, grow the level of services and support to an improved level. Components of the Center’s resource development initiative include:

Network Development: For cost effectiveness and in consideration of choice of persons served, the Center contracts with a network of providers. Center employees deliver the majority of IDD Services. The Center also contracts for Respite and Community Supports.

Utilization Review& Management: Through Utilization Review and Utilization Management processes and analyses, Center resource utilization becomes more focused and productive.

Utilization Management monitors services and assists in determining if services are being provided in the most effective

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manner. In addition, Utilization Management monitors third-party payments and their management to ensure accurate and timely billing.

Grants: Opportunities of funding through various grant programs continue at the Center when deemed appropriate.

Third-Party Billing: An effective administrative and clinical process aggressively monitors and supports management of third-party billing. Services to persons on Medicaid or with third-party billing are maximized in an effort to augment this revenue stream. A Consumer Benefits Assistance program is in place to increase the number of Medicaid eligible service recipients. Strategies are in place to increase direct service time by service providers to maximize Medicaid earned revenue. Electronic billing has enabled the Center to expedite the payment process. The Center's Compliance Committee monitors and makes recommendations for improving the billing process. The IDD Authority Unit monitors Targeted Case Management billing through Texas Medicaid and Healthcare Partnership (TMHP).

Collaboration with other Service Providers: The Center participates in the Community Resource Coordination Groups (CRCG) by providing at least one representative to each group with authority and expertise in IDD services. Some Medicaid Waiver Providers contract with the Center for provision of service such as day habilitation, behavioral health monitoring, and behavioral support services. The IDD Authority Unit works in conjunction with Medicaid waiver providers for opportunities of service for persons served.

## **Community Needs and Priorities**

The purpose of local planning is to identify community needs and priorities. Community needs are identified through public forums, focus groups, Board of Trustees meetings, Center's performance data, Center's quality improvement efforts and the PNACs. HHSC requires the Center to solicit information regarding community needs from persons in community-based services,



representatives of the local community, and other interested stakeholders. The Center asks the general public, through forums, surveys, and focus groups to identify services and supports the Center should provide in the local community.

The Center reviews the community's needs as identified in the local planning process and integrates as much as possible into the Center goals and department initiatives. Those identified needs that could not be integrated will continue to be prioritized and assessed for feasibility for future planning initiatives.

### **Service Capacity and Access to Services**

IDD Services are provided in the office, community, and virtual locations across the four counties. IDD Services provides some transportation for persons to participate in site-based services when possible. Service Coordination caseloads are reviewed and revised based on the number of persons served to ensure maximum service capacity and improve access. For some time, local demand and limited resources have necessitated the Center to have a waiting list for some services.

### **Interest/Waiting Lists**

The Center continues to have persons from the local community on the Statewide Medicaid Waiver Interest List. The Center also maintains an internal waiting list for services that are not readily available when requested.

Persons from our community on Statewide Medicaid Waiver Interest List = 3770

Persons from our community on Center's Internal Interest List = 183

### **Areas of Focus FY24-25**

The Planning and Network Advisory Committee will continue to elicit input from persons served and the community through surveys and other tools determined appropriate. The Center reviews the plan and strategies to determine effectiveness and to identify service gaps. For additional

information regarding the Center's focused goals for overall effectiveness and improvement, please see the Strategic Plan.