



## **HISTORY OF IDD SERVICES IN BEXAR COUNTY**

In 1963, Congress enacted the Community Mental Health and Mental Retardation Facilities Act (Public Law 88-1640). The legislation authorized the appropriation of \$150 million to finance the planning and development of comprehensive community mental health and mental retardation centers throughout the United States. The signing of this Act by President John F. Kennedy initiated a new era in the treatment and care of the mentally ill and mentally retarded.

In July 1966, seventeen of the forty eligible local taxing agencies of Bexar County came together as sponsors to appoint a Mental Health and Mental Retardation (MHMR) Board Selection Committee. The Committee's task was to select nine interested Bexar County citizens to form a Board of Trustees for Mental Health and Mental Retardation Services. The Board held its first meeting in November 1966 to explore ways to meet the challenge of coordinating mental health and mental retardation services within Bexar County. This Board defined two crucial concepts that dominated the MHMR's first Comprehensive Plan and continue to influence today's Plan. These concepts are to ensure that a full array of services would be offered and provided in close proximity to the neighborhoods; and that all services would be coordinated to ensure consumers could move seamlessly through the system.

From 1966 until 1972, most of the MHMR services provided in Bexar County were accomplished through contracts. In 1972, the MHMR began providing in-house services in areas of Alcohol and Drug Treatment, IDD, and Mental Health. These programs were subsequently restructured into four operating programs Adult Mental Health, IDD, Children's Services, and Substance Abuse.

By the close of the 20th Century, the Center had distinguished itself as the Bexar County Specialists in Mental Health and IDD. The Texas Department of Mental Health and Mental Retardation recognized the MHMR's excellence on June 26, 1997, by granting it Local Authority status. This designation was a direct result of Texas House Bill 2377, 74th Texas Legislative Session, 1995, which allowed TDMHMR to designate Mental Health Authorities (MHAs) within each of the local service areas. A MHA is defined as the entity designated by the department to direct, operate, facilitate or coordinate services to persons with mental illness as required to be performed at the local level by state law and by TDMHMR contract. The MHMR is charged with the responsibility of ensuring continuity of services for consumers from this area.

On January 8, 1998, the Texas Department of Mental Health and Mental Retardation again recognized the MHMR's community leadership by recognizing it as the Single Portal Authority. Consumers seeking admission to the hospital are first screened by

the appropriate MHA to determine the least restrictive treatment environment. This includes individuals served by private providers. The MHA, as a single portal authority, and in collaboration with the judiciary, has the final authority on who may be referred to state hospitals for possible admission. The MHA communicates pertinent information to the state hospitals, including patient identifying information, legal status, medical and medication information, behavioral data and other information relevant to treatment.

Early in January 1998, the Board of Trustees convened a Policy Maker Taskforce comprised of community leaders including a State Senator, a State Representative, members of City Council, County Commissioners, University Hospital officials, family members and providers. The primary objective of the Taskforce was to develop a strategic plan for providing mental health, IDD, and substance abuse services within Bexar County. It's goals included identifying services and duplication of services, the population served and the gaps in services. On April 1, 1999, the Policy Maker Taskforce presented its final document calling for the consolidation of efforts between the two largest providers of Mental Health services: the University Health System and the Center for Health Care Services.

In early 2000, the Bexar County Commissioners, the MHMR's Board of Trustees, and the University Health System Board of Directors, acting on the recommendations of the Policy Maker Taskforce began developing a plan to restructure the sponsorship of the Center for Health Care Services. Over time, it was agreed that the appointment authority to the MHMR's Board would be reduced from five sponsors to two. The remaining two sponsors would be the County of Bexar, and the University Health System and the Board would consist of five members appointed by the County, and four members appointed by the University Health System. In May 2000, the County Commissioners and the University Health System appointed their respective board members and in June 2001 the new board held its first meeting.

The new Board of Trustees charged the new Executive Director to move full speed toward the development and implementation of an Authority/Provider model for service delivery in Bexar County and to explore ways to eliminate duplication of services between the Center and the University Health System. The instructions were clear: ensure the Board's compliance with state and federal mandates and ensure that our consumers have choice and access to cost-efficient services that represent best value for the taxpayer's dollar.

The primary fiscal focus of the Texas Legislation is to use these public funds for mental health and IDD services in the most cost efficient manner, including the development of a network of providers to deliver effective services. Their intent is evident in the language of House Bill 2292, 78<sup>th</sup> Texas Legislative Session, 2003. In other words, the expectation of the State for The Center is to get the best value for public funds. The creation of multiple providers ostensibly will provide for consumer choice and competition, thus improving outcomes and cost and requiring Community Centers to be providers of last resort. On November 1, 2002 the TDMHMR designated the Center as the Mental Retardation Local Authority (MRLA) entrusting it with oversight of all State funded IDD community activities. Prior to designating the Center as the MRLA, TDMHMR retained the authority to evaluate and approve service plans for person

enrolled in the Home and Community-based Support Medicaid Waiver Program. Unfortunately, House Bill 2292 mandated the authority previously granted to community centers be returned to TDMHMR.

In House Bill 2292, 78<sup>th</sup> Texas Legislative Session, there is also a heightened expectation that public input is solicited, analyzed and utilized to shape the nature and scope of services. The collective input of this community, including that of the Planning Advisory Committees, the Network Advisory Committee, and the Medical Advisory Committee is considered an excellent example within the State of forward thinking in establishing the use of public input as a policy weathervane. This public input has also guided the direction of this report.

In 2005, as a result of the passage of Senate Bill 1145, Senate Bill 1182, and House Bill 2292, discussions began with AACOG to assume the LA for IDD role in Bexar County. On September 1, 2006, AACOG was certified as the Bexar County Local Authority (ALA).

The ALA is one of 39 LA's located throughout Texas. The ALA is located in San Antonio, Texas, and serves residents of Bexar County. San Antonio is the largest city within Bexar County and also the third largest city in Texas. According to current estimated census figures, the population of Bexar County is approximately 1.7 million.