Intellectual & Developmental Disability Services Local Plan SFY 2021 – 2022

ALAMO AREA COUNCIL OF GOVERNMENTS

Effective January 24, 2018
Revised September 30, 2021

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FOREWORD

The Alamo Area Council of Governments (AACOG) Intellectual and Developmental Disability Services Local Plan for SFY 2021 - 2022 is a formal document that communicates service priorities and plans to various audiences including Health and Human Services Commission, consumer and constituency groups, private providers, AACOG's employees, and the general public. This Local Plan is a dynamic document, which describes the local service delivery system, including the services to be provided and the network of providers who will deliver them; and, incorporates Quality Management, Reduction of Abuse/Neglect, Strategic Marketing, and Crisis Respite. This plan is updated as needed.

Fiscal Year Terminology

In this Plan, the term "fiscal year" means the fiscal year for AACOG, which falls congruent with the calendar year from January 1 of a year through December 31 of the same year. It is spelled out the first time it is used in each section, and it is abbreviated "FY" through the rest of that section. The exception is when "state fiscal year" or "federal fiscal year" is also used in the same section, in which case "state fiscal year (SFY)" and "federal fiscal year (FFY)" are used to draw the distinction in time periods. The term "state fiscal year" is used to specify the budget period for the State of Texas, from September 1 of a year through August 31 of the following year. The term "federal fiscal year" is used to specify the budget period for the federal government, from October 1 of a year through September 30 of the following year. The terms are spelled out the first time they are used in a section and are abbreviated for all following uses in that section.

Legislative Citations

For brevity, this Plan uses a short citation for legislative material.

Long Form	**Short Form**
Senate Bill 7, 83rd Legislature, Regular Session,2013	Senate Bill 7 (83-R)
Senate Bill 7, 82nd Legislature, First Called Session, 2011	Senate Bill 7 (82-1)

2010–2011 General Appropriations Act, S.B. 1, 81st Legislature, Regular Session, 2009 (Article II, Health and Human Services Commission, Rider 59)	HHSC's Rider 59 of the 2010–2011 General Appropriations Act (81-R)

The abbreviations "H.B." and "S.B." are established and used if the bill is cited more than one time in a section.

INTELLECTUAL & DEVELOPMENTAL DISABILITY SERVICES
LOCAL PLAN
TABLE OF CONTENTS

EXECUTIVE SUMMARY

On September 1, 2006, the Alamo Area Council of Governments (AACOG) became the Local Authority (LA) for Bexar County (formerly known as Mental Retardation Authority for Bexar County). This juncture came about as a result of key legislation passed by the 78th Texas Legislature which includes Senate Bill: 1145, Senate Bill 1182, and House Bill 2292. Each of these bills resulted in the change of the LA from the Center for Health Care Services (CHCS) to AACOG. The respective Boards from each agency played a key role in the transition.

Texas Senate Bill 1145, 78th Texas Legislative Session, allows a local mental health or mental retardation authority to develop and prioritize its available funding for a system to divert members of the priority population, including those members with co-occurring substance abuse disorders, before their incarceration or other contact with the criminal justice system, to services appropriate to their needs.

Texas Senate Bill 1182, 78TH Texas Legislative Session, mandates a Community Center develop a plan:

- that maximizes the authority's services by using the best and most cost-effective means of using federal, state, and local resources;
- that is consistent with the purposes, goals, and policies stated in the law;
- that solicits input from the community;
- with goals to minimize the need for state hospital and community hospital care;
- with goals to ensure a consumer with intellectual or developmental disabilities (IDD) is placed in the least restrictive environment;
- providing opportunities for innovation;
- that has goals to divert consumers of services from the criminal justice system; and
- that has goals to ensure a child with mental illness remains with the child's parents or guardians as appropriate to the child's care.

Texas House Bill 2292, 78th Texas Legislative Session mandates:

- the assembling of a network of service providers, a local mental health and mental retardation authority may serve as a provider of services only as a provider of last resort;
- the development of a plan to privatize all services by intermediate facilities for persons with IDD and all related waiver services programs operated by the authority;
- the local authority to ensure the provisions of assessment services, crisis services, and intensive and comprehensive services using disease management practices for adults within the priority population; and,
- the local authority incorporates jail diversion strategies into the authority disease management practices.

Since assuming its role as the LIDDA, AACOG has been responsible for the actions and directions contained within this local plan. As the Local IDD Authority for the Bexar County service area, AACOG is responsible for providing community-based IDD services and assisting individuals and families with access to certain Medicaid funded services, as a part of the State Medicaid Plan.

The University Health System (UHS) is one of the two sponsoring agencies for AACOG and supports AACOG with local funds generated through the public hospital district. The local city and county officials have also joined with AACOG in recognizing that services should be provided to persons with IDD, in lieu of incarceration in jails or prisons. According to the Center on Crime, Communities and Culture, approximately 670,000 mentally ill people are admitted to US jails each year. This is nearly eight times the number of patients admitted to state mental hospitals. (Center on Crime, Communities, and Culture Research Brief, 1996).

Section I: General Description/History of Center

MISSION

The mission of the Alamo Area Council of Governments (AAOCG) Intellectual and Developmental Disability (IDD) Services is to ensure individuals with IDD who live in Bexar County receive necessary quality services.

VISION

AACOG seeks to create and foster a partnership of stakeholders to develop options responsive to immediate needs.

VALUES

Individual Worth
We affirm that everyone has common human needs, rights, desires and strengths. We celebrate our cultural and individual diversity.

Quality
We commit ourselves to the pursuit of excellence in everything we do.

Integrity
We believe that our personal, professional and organizational integrity is the basis of public trust.

Dedication
We take pride in our commitment to public service and to better the lives of the people we are privileged to serve.

Innovation
We are committed to developing an environment which inspires and promotes innovation, fosters dynamic leadership and rewards creativity among the people we serve, our staff, and volunteers.

Teamwork
We present our individual talents, skills, and knowledge to work together for the benefit of all.

Education
We recognize the power of knowledge and pledge to increase our knowledge and make opportunities to share it with consumers, family members, professional service providers, policy makers, stakeholders and the Bexar County community.

Family-based
We believe in the family. Our base of service is the family as defined by the consumer.

PRINCIPLES

Capitalizing on the Mission, Vision, and Goals for AACOG IDD Services, the Board of Directors and AACOG staff has developed the following principles:

Consumer Choice
The development, expansion and maintenance of a Provider Network will provide consumers with choice and access to services. AACOG will ensure choice, access and best value.

Consumer Input
With input from consumers, families, and other stakeholders in the community, AACOG will continue with the development of a network of providers.

Consumer Access
AACOG will provide consumers with convenient access to services.

Consumer Driven
Consumers are to be active partners with AACOG in treatment planning, policy-making and local planning.

STRATEGIC GOALS

AACOG has reviewed all requirements required by law and the HHSC Performance Contract.

The primary goal for SFY 2018 & SFY 2019 is to provide consumers seeking services with quality care utilizing the most effective and cost efficient models of care.

Objective 1: During SFY 18 and SFY 19, the AACOG will rebrand the “Alamo Local Authority for Intellectual and Developmental Disabilities” to “AACOG IDD Services” and enhance community engagement efforts.

Objective 2: During SFY 18 and SFY 19, AACOG will implement activities focused on community mobilization to develop and strengthen partnerships focused on self-advocacy, support groups, peer support, and volunteerism.

Objective 3: During SFY 18 and SFY 19, AACOG will enhance employment initiatives for individuals who desire employment.

Objective 4: During SFY 18 and SFY 19, AACOG will continue to implement and enhance the Crisis services program, including Crisis Intervention and Crisis Respite. AACOG will also explore opportunities to increase the

availability of inpatient and outpatient psychiatric services for IDD individuals with dual diagnosis.

Objective 5: During FY 18 and FY 19, AACOG will collaborate with the community to help facilitate Day Habilitation provider's alignment with the CMS HCBS rule, effective 2022.

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 intellectually disabled.

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 IDD Services. The Board held its first meeting in November 1966 to explore ways to meet the challenge of coordinating mental health and IDD 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 TDMHMR 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 TDMHMR 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. Its 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.

In May 2003, the Texas 78th Legislative Sessions passed Senate Bill 1145, Senate Bill 1182, and HB 2292 which has major impact on the organization, structure and financing of Community MHMR Centers. 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, 78th Texas Legislative Session, 2003. In other words, the expectation of the State for the MHMR 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 MHMR as the Mental Retardation Local Authority (MRLA) entrusting it with oversight of all State funded IDD community activities. Prior to designating the MHMR 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, 78th 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 MRLA role in Bexar County. Councils of Governments/Regional Planning Commissions were created by legislation in 1966. AACOG was certified as a Council of Governments on March 1, 1967. On September 1, 2006, AACOG was certified as the Bexar County MRLA. AACOG is one of 39 LIDDA's located throughout Texas.

In 2013, Senate Bill 7 was passed. Some of the goals of Senate Bill 7 are to provide services in a cost-efficient manner, improve access to services and supports, promote person-centered planning, improve acute care and long term services and supports outcomes, ensure the availability of a local safety net, and ensure consumers with the most significant needs are appropriately served in the community.

In 2015, the continued implementation of SB7 was evident in an IDD System redesign that included the creation of Community First Choice, a new program intended to provide habilitation services to those individuals on the interest lists for waiver services. Efforts toward the multi-year goal of transferring oversight of the Medicaid waiver programs to Managed Care Organizations began. Also, alternatives to guardianship became a focus for individuals with IDD as the option to utilize supported decision making gained favor. Texas Health and Human Services began an intensive reorganization as a result of the HHSC Sunset Provisions that is still being phased in as of early 2017.

COMMUNITY ASSESSMENT

Population Characteristics

San Antonio, Texas, is the seventh largest municipality in the United States, and continues to grow at approximately 2% annually, with a projected growth of an additional 6% through the year 2018. The San Antonio Metropolitan Service Area (MSA) was projected to grow 24.65% between 2000 and 2011 and an additional 8.47% through the year 2016. The vast majority of Bexar County residents live in urban rather than rural areas. Overall, Bexar County is less rural than the state as a whole; and, the

largest proportion of rural citizens, about 20%, live in the southern sectors of Bexar County. The City of San Antonio is contained within Bexar County and encompasses a total geographic area of 467 square miles with a population density of 3,393 persons per square mile. The total land area for Bexar County is 1,247 square miles with a population density of 1,383 persons per square mile. About 8% of Bexar County contains small communities that meet the criteria of being rural, as these communities are comprised of small populations of people concentrated in communities that are not conveniently accessible to metropolitan San Antonio and its services.

Some of the demographic data collected is based on a MSA, rather than the county. These areas are contiguous and are similar in their development of both the residential and commercial areas in and around the city centers. These areas share unique economic and cultural characteristics as well as socio-political interests, and are tied by regional economic development interests such as the Military/Defense, Aviation, Bioscience/Healthcare, Manufacturing/Port of San Antonio/Distribution Centers, Information Technology/Cybersecurity and the Eagle Ford Shale/Oil and Gas industries.

Overall Population
Bexar County and the metro area have experienced consistent growth in the past several decades. The 2010 Bexar County population was approximately 1.7 million people and is currently estimated to be 1.89 million according to the U.S. Census Bureau, as of July 1, 2015. The area is expected to continue to grow at a rate of 2% per year until 2018, will then slow to an overall 7-10% over the next two decades.

Age Distribution
The median age of San Antonio is 34.1 years, making it one of the younger cities among major metropolitan areas, of which the oldest median age is just over 38 years. Although young people make up the largest percent of the population, the older adult population in Bexar County is increasing. In 2015, persons aged 55 and older represented 22.3% of the population, and this percentage will increase over time as the “baby boom” generation ages.

Prevalence of Intellectual Disability
The U.S. Census Bureau, 2011-2015 American Community Survey 5-year estimates indicate that 5.8%, 96,924 individuals, of the Bexar County population is diagnosed with an intellectual disability; identifying Bexar County as slightly above the national average of 5.0%. This represents an increase of 2.2% over 5 years.

Table 1. Bexar County Population by Age, Race/Ethnicity and Gender

	All	Male	Female	Hispanic Male	Hispanic Female	White NH Male	White NH Female	African Am Male	African Am Female	Other Male	Other Female
Total	1,714,773	840,840	873,933	491,194	515,764	257,680	261,443	63,958	64,934	28,008	31,792
Age 0 to 4 yrs	130,087	66,465	63,622	46,542	44,400	12,909	12,432	4,872	4,799	2,142	1,991
Age 5 to 9 yrs	130,307	66,009	64,298	45,392	44,648	13,515	12,773	4,996	4,791	2,106	2,086
Age 10 to 14 yrs	128,117	65,432	62,685	44,681	42,813	13,646	13,077	5,225	4,903	1,900	1,892
Age 15 to 19 yrs	132,660	68,794	63,866	43,990	41,853	16,432	14,352	6,089	5,435	2,303	2,226
Age 20 to 24 yrs	133,455	68,289	65,166	40,535	40,413	19,405	16,971	5,624	5,265	2,725	2,517
Age 25 to 29 yrs	133,038	66,669	66,369	39,150	40,200	19,701	18,466	4,979	4,771	2,839	2,932
Age 30 to 34 yrs	120,229	59,845	60,384	35,970	37,313	17,051	16,165	4,357	4,266	2,467	2,640
Age 35 to 39 yrs	118,070	57,702	60,368	34,446	37,118	16,869	16,362	4,031	4,228	2,356	2,660
Age 40 to 44 yrs	112,684	55,543	57,141	31,644	33,581	17,583	16,889	4,347	4,345	1,969	2,326
Age 45 to 49 yrs	118,502	58,035	60,467	31,253	33,020	20,095	20,205	4,738	4,891	1,949	2,351
Age 50 to 54 yrs	108,614	52,604	56,010	27,090	29,082	19,560	20,388	4,383	4,439	1,591	2,103
Age 55 to 59 yrs	93,957	43,982	49,975	21,713	25,004	17,722	19,408	3,415	3,693	1,132	1,870
Age 60 to 64 yrs	79,170	36,934	42,236	17,036	20,736	16,528	17,314	2,432	2,685	938	1,501
Age 65 to 69 yrs	55,481	25,639	29,842	11,491	14,223	11,909	12,662	1,810	1,981	629	976
Age 70 to 74 yrs	40,760	17,989	22,771	8,007	10,767	8,432	9,878	1,133	1,472	417	654
Age 75 to 79 yrs	32,770	14,113	18,657	5,712	8,435	7,197	8,415	953	1,249	251	558
Age 80 to 84 yrs	24,468	9,297	15,171	3,899	6,685	4,768	7,294	457	885	173	307
Age 85 yrs	22,404	7,499	14,905	2,663	5,473	4,358	8,394	357	836	121	202

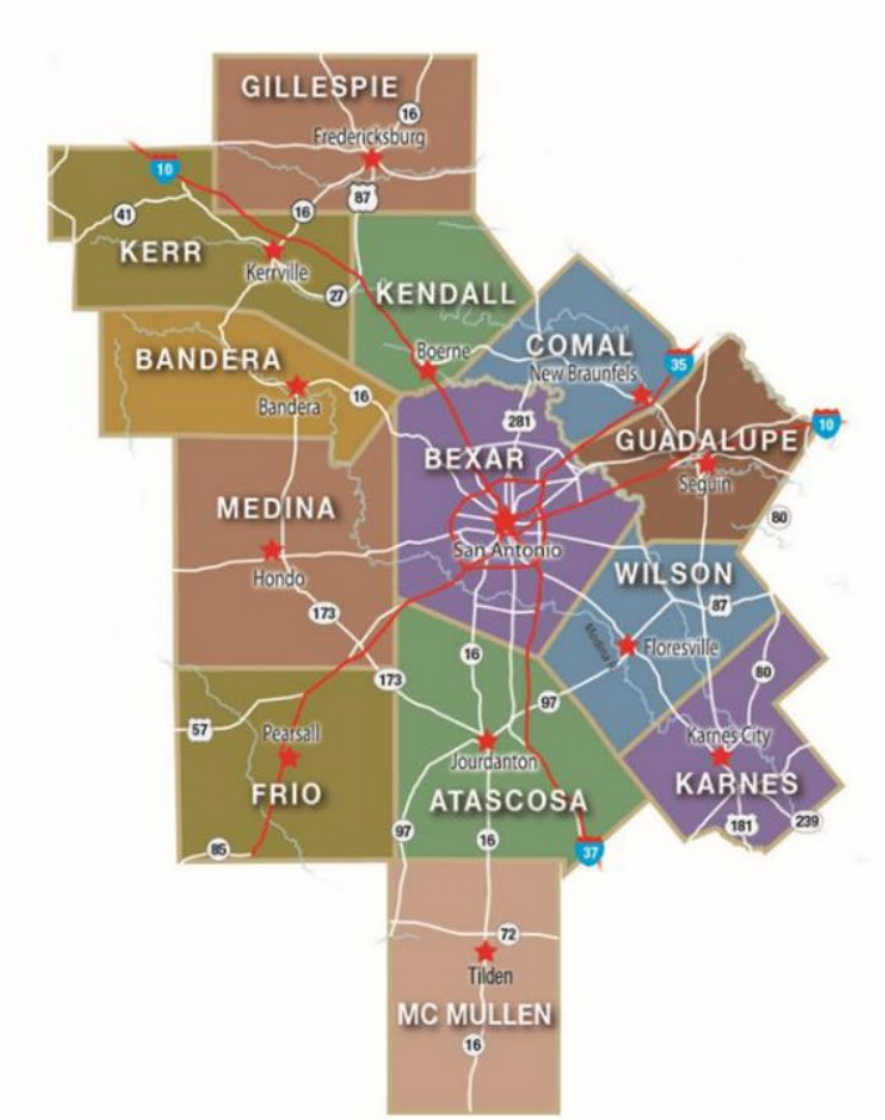
Source: U.S. Census Bureau

Geographic Distribution

Bexar County's population is concentrated in and around the City of San Antonio proper. San Antonio has four distinct quadrants, each with unique demographics. Residents in the Northeast quadrant are less racially/ethnically diverse, more affluent, and enjoy the benefits of a wealthier community: better schools (as illustrated by SAT scores, graduation rates, and college admissions), higher educational levels, better health, better housing, etc. due to the added economic viability of the area. Portions of the upper Northwest quadrant are similar to the Northeast quadrant. The Northwest quadrant is expanding its school system (Northside Independent School District) farther north as affluent suburbs continue to expand beyond Loop 1604 and into the Texas Hill Country. The Southeast, Southwest and a portion of the Western quadrant of the city are largely populated by racial/ethnic minorities, with African Americans concentrated on the East side, and Hispanics concentrated in the South and West quadrants of the city. The City of San Antonio strives to serve all quadrants of the city equally with the tax base from the community, and has provided various initiatives and grant funding opportunities to increase the economic well-being of the South, West and East quadrants. Examples of some of these initiatives and grants are: Southside Initiative and Expansion to include Texas A & M University (southside), The Eastside Promise

Zone Initiative (eastside), San Antonio for Growth on the Eastside ("SAGE"), Brooks City Base (southeast side), and the Port of San Antonio (southwest).

Figure 1. Map of the AACOG Region.



Educational Attainment

Bexar County has undertaken new efforts to improve educational quality and educational opportunity for its citizenry across the county, and these opportunities vary, as do levels of educational attainment. With the expansion of University of Texas San Antonio, Texas A&M University – San Antonio, and University of Texas Health Science Center; San Antonio has created new educational opportunities for the community. The

U. S. Census, 2010-2014, reports that 83.0% of Bexar County residents, aged 25 and over, have a high school degree or more, and the U.S. average is 86.3%.

Median Household Income
The U.S. Census reports that the median household income (in 2014 dollars) for 2010-2014 in Bexar County was $50,867, while the median household income for the U.S. during that same time frame was $53,482. The median figures distort the picture of income range in different quadrants of the city, as there are considerable disparities between the north side of Bexar County and the other quadrants, especially in the Northeast and Northwest parts of San Antonio, which are affluent as compared to the South, East and West quadrants. Household income is also affected by the cost of living in a particular area, and we are fortunate as the City of San Antonio's cost of living is lower than other major cities.

Income, Poverty, and Employment
Our region in Texas was not as hard hit by the economic downturn as was the rest of the country. The U.S. Bureau of Labor Statistics data indicates that San Antonio's unemployment rate at 4.3%, and the U.S. unemployment rate at 5.0. The U.S. Census Bureau reports that rates of poverty have increased among families with children and single female-headed households, and wide disparities in income exist between subsectors. Unemployment rates in San Antonio have remained below those of Texas and the U.S. Thirteen percent (13%) of Bexar County seniors are at or below the poverty line; 12% are between 100%-149% of poverty. Housing ownership is significant in the senior population over the age of 65. In Bexar County, 79.5% of seniors over the age of 65 live in owner-occupied units, while 20.5% of seniors over the age of 65 live in renter-occupied housing units.

Cost of Living
San Antonio boasts a lower-than average composite cost of living among major metropolitan areas nationwide. The cost of living in San Antonio is especially low in the areas of housing, grocery items and utilities.

Table 2. Cost of Living Comparison, Major U.S. Cities

City	Composite Index*	Grocery Items	Housing	Utilities	Transportation	Health Care	Misc. Goods & Services
San Francisco, CA	175.4	127.9	319.4	108.2	132	118.1	118.3
San Diego, CA	144.8	108.8	230.6	123.1	129.1	110.6	102.8
Chicago, IL	116.2	116.7	135.7	104.2	114.5	99.1	106
Denver, CO	109.6	99.2	130.2	94.5	98.4	107.7	105
Atlanta, GA	99.9	103.7	97.4	93.5	105	101.4	100.5
Jacksonville, FL	99	102.5	90.2	110.5	102.6	86.3	102.1
Houston, TX	98.2	85.6	105.2	97.1	91	91.4	100.9
Charlotte, NC	96.4	101.6	81.9	105.4	96.7	102.8	103
Dallas, TX	96.1	100.9	76.1	99.4	99.2	101.9	108.4
Austin, TX	96	84.2	90.3	101.5	97.7	103.5	102.2
Phoenix, AZ	95.9	98.5	94.8	96.6	100	97.2	94
Kansas City, MO	94.1	91.1	91.3	90.4	93.6	95.4	98.9
San Antonio, TX	87.3	83.5	73.8	87.1	84.1	94.4	100.4

** Higher index indicates higher cost of living, based on average index of 100 among all U.S. metro areas*

Source: Council for Community and Economic Research Cost of Living Index, Annual 2015

Healthcare and Health Status

San Antonio hosts two of the largest military medical centers in the United States, the Audie Murphy Veterans Affairs (VA) Hospital and the former Brooks Army Medical Center, now the San Antonio Military Medical Center. The Center for the Intrepid is also housed in San Antonio, providing the latest medical treatment, surgery and technology in prosthetics for military service members' rehabilitation. On the civilian side of healthcare, the city is also home to a well-established community of healthcare providers and research facilities, such as the South Texas Medical Center complex and the University of Texas Health Science Center and Barshop Institute, all of whom are recognized nationally and globally for their medical research and medical advances.

The City of San Antonio has also begun working toward improving the health and fitness of its citizens as part of SA2020, a city-wide initiative created by former Mayor Julián Castro. San Antonio was once listed as the third fattest city in the United States, and reducing obesity was one of the major outcome measures of SA2020. The city also has high rates of diabetes, which is particularly prevalent among Hispanics. The University Health System reported in 2012 that 11.8% of the Bexar County population has diabetes.

The U.S Census Bureau reports that thirteen percent (13%) of the population in Bexar County is disabled. This percentage includes all ages of the population. Of this population, 14% of the white population is disabled, 13% of the Hispanic population is disabled, 15% of the black population is disabled, 18% of the American Indian/Alaska Native population is disabled, and 8% of the Asian population is disabled. Women are somewhat more likely than men to be disabled. Disabilities include difficulty with

hearing, vision, cognitive, ambulatory and may negatively affect their ability for independent living.

Long Term Care

In Bexar County, as elsewhere in the United States, individuals unable to live on their own in the community may choose to reside at nursing facilities, assisted living facilities, or board and care facilities. Medicare pays for episodes of acute illness and associated rehabilitation for limited time periods. It does not pay for custodial care, such as helping with activities of daily living. For chronic long-term care, Medicaid tends to be the primary payer.

Most individuals enter a nursing facility as private pay residents, using a combination of resources to pay their expenses. Many residents eventually "spend down" their resources and meet the requirements for Medicaid to pay for care. Residents paying for nursing home care with personal funds who deplete their resources may qualify for Medicaid. Medicaid is a joint federal and state program. The Texas Medicaid program is a combination of federally-mandated minimum coverage and state-determined optional coverage that helps pay for medical care and supportive services for eligible individuals based on income and resources. Medicaid may pay all, or part, of nursing home costs for eligible clients through the Medicaid Nursing Facility Program; however, clients contribute toward their care, based on income and other considerations.

HHSC offers information to help evaluate the quality of long term care services in nursing homes and assisted living facilities across the state.

Table 3. Stock of Long Term Care Facilities in Bexar County

Type of Facility in 2016	Number in Bexar County	Cost in Bexar County	National Cost Comparison	Facility Description
Nursing Homes	64	$100-145 daily	$214-239 daily	A nursing home is normally the highest level of care for older adults outside of a hospital. Nursing homes provide custodial care, including getting in and out of bed, and providing assistance with feeding, bathing, and dressing. A licensed physician supervises each patient's care and a nurse or other medical professional is almost always on the premises. Skilled nursing care is available on site, usually 24 hours a day. Other medical professionals, such as occupational or physical therapists, are also available. This allows the delivery of medical procedures and therapies on site that would not be possible in other housing.
Assisted Living Facilities	160	Average $3,336 monthly	Average $3,550 monthly	Assisted living facilities give seniors help with basic care while allowing them to live independently. Most facilities provide help with dining options, personal care services, social activities, and housekeeping. Many facilities provide transportation or access to public transportation.i
Day Activity and Health Services	31			This facility is an adult day activity and heath care center providing short term daily care for one or more days per week.

Source: DADS Long Term Care Quality Reporting System (QRS), March 24, 2016

Political and Cultural Climate
The Commissioners Court is the overall managing/governing body of Bexar County. It is comprised of the County Judge and four Commissioners. Each Commissioner represents a quarter of the population in Bexar County. Two of the Commissioners are Hispanic, one Caucasian, one African
American, and a Caucasian County Judge.

The County Judge is the presiding officer of the Bexar County Commissioners Court as well as the spokesperson and ceremonial head of the County government. The Court is responsible for budgetary decisions, tax and revenue decisions, and all personnel decisions except for certain positions which are either elected or appointed by the judiciary or other committees. The Court also appoints and monitors the actions of all County department heads other than those offices headed by elected officials.

Unique Regional Needs

Military Influence
The American Community Survey (ACS) counts 153,877 Veterans in Bexar County, with another 100,000 in the remainder of the AACOG region. Males are 85.2% of veterans while woman are 14.8%. Veterans aged 35 to 54 years old represent 33.1% of the total. The senior population of Veterans accounts for the majority of the Veteran population with 22% in 55 to 64 age category, with 15.4% in the 65-74 age category, and 14.8% 75 years and older category. Veterans 60 and older qualify for Aging services, while others under the age of 60 may qualify for Aging and Disability Resource Center services, due to disability, or the disability of a family member. Veterans of any age who have acquired a Related Condition during the developmental period (age 0-22) may qualify for IDD services. Additionally, an unknown number of active duty and veteran family members may qualify for IDD services.

San Antonio Military Medical Center (SAMMC), the Institute for Surgical Research (ISR, aka as the Burn Center) and the Center for the Intrepid, where severely wounded military personnel receive state-of-the- art rehabilitation for months or years at a time draw additional military personnel and their families to the community for temporary but often extended stays. Associated with those activities are the Wounded Warrior Battalion, which provides administrative management for ill and wounded troops, the Warrior and Family Support Center, the Soldier and Family Assistance Center, and the Fisher Houses, which are funded to support military personnel in the military medical system. This system also provides some support to family caregivers.

Nevertheless, when families come to assist military personnel during their medical treatment, and when troops, both wounded and unwounded, transition from the military, they may require IDD services for children or other family members with disabilities. For the past three decades, the military also has had a highly touted Exceptional Family Member Program (EFMP) providing specialized medical services and respite. AACOG IDD Services is exploring opportunities to partner with the EFMP to provide additional wrap-around supports.

Aging Persons with IDD

In 2015, among persons with an intellectual disability 11.5% were aged 65 years and over. Unlike many years ago, life expectancy for persons with intellectual disabilities continues to improve and the aging of individuals with mild intellectual disability is now equal to that of the general population. AACOG is uniquely suited within the State of Texas, and possibly the nation, to develop best practices for serving aged individuals with IDD due to its operation of both the Area Agency on Aging and Local IDD Authority for Bexar County.

Section II: Purposes and Functions of the Local IDD Authority

AACOG serves as the designated Local Intellectual and Developmental Disability Authority in Bexar County, and as such fulfills the following purposes and functions:

- to serve as the designated entity to ensure that a continuum of services is available to residents of its region by:
    - providing effective administration and coordination of services; and,
    - being a vital component in that continuum of services which strives to develop services that are effective alternatives to large facilities
- to develop a comprehensive range of services for persons who need publicly supported care, treatment, or habilitation through coordination among governmental entities to minimize duplication, and to share in financing by:
    - implementing policies consistent with HHSC rules and standards; and,
    - spending any applicable funds appropriated by the state legislature only for priority populations identified in HHSC strategic plans.
- to assist in carrying out the policies of the state to ensure provision of services to persons in their own communities; to ensure that services are the responsibility of local agencies and organizations to the greatest extent possible; and to:
    - provide screening services and ensure the provision of continuing care services for persons entering or leaving a state supported living center or a state hospital as required by contract with HHSC and
    - charge reasonable rates and not deny services to persons because of their inability to pay.

AACOG supports the Alamo Area Development Corporation (AADC), a Texas 501(c)(3) nonprofit corporation established March, 1995. The AADC was established to enhance the lives of all residents in the region by developing effective strategies to meet the many challengers that confront the region and to coordinate regional strengths that offer solutions to these challenges. The AADC has not currently accepted grants, capitated or other at-risk payment arrangements for the provision of any service listed in this section.

Section III: Population to be served

AACOG intends to use available resources to provide services or ensure the provision of services to persons in the populations specified in the Texas Health and Safety Code, §534.0015, or in contract with HHSC. These populations include individuals who meet one or more of the following descriptions:

- a person with an intellectual disability, as defined by the Texas Health and Safety Code §591.003;
- A person with autism spectrum disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders;
- A person with a Related Condition, listed in https://hhs.texas.gov/sites/default/files//documents/laws-regulations/handbooks/dbmd/res/icd10-codes-1.pdf, who is eligible for, and enrolling in the Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID) Program, Home and Community-based Services (HCS) Program, or Texas Home Living (TxHmL) Program;
- A nursing facility resident who is eligible for specialized services for intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act;
- A child who is eligible for Early Childhood Intervention services through the Health and Human Services Commission;
- A person diagnosed by an authorized provider as having a pervasive developmental disorder through a diagnostic assessment completed before November 15, 2015; and,
- A person who resided in a state supported living center on a regular admission status, but who may not be in the priority population.

Section IV: Services

LIDDA SERVICES

AACOG is the Single Point of Access (front door) for services and supports for individuals with intellectual and developmental disabilities or related conditions in Bexar County. The LIDDA service array is organized by Authority services, Authority functions, and Provider services.

Authority services array

Screening
The process of gathering information to determine the need for services.

Eligibility Determination
An interview and assessment or endorsement conducted to determine if an individual has an intellectual and developmental disability or is a member of the intellectual and developmental disabilities priority population.

Consumer Benefits
Assistance with applying for and maintaining maximum state and federal benefits.

Service Coordination
Assistance in accessing medical, social, educational, and other appropriate services and supports that will help individuals served achieve a quality of life and community participation acceptable to them. Service coordination is ongoing consumer advocacy that leads to linking, coordinating, and collaborating with other agencies for the delivery of outcome-based services and supports to meet the consumer's needs. The Service Coordinator is involved in a variety of activities that can be categorized into four major service areas: prevention, monitoring, assessments and service planning and coordination. Service Coordination focuses on person-centered thinking and planning, in which the individual (or Legal Guardian if applicable) is the key decision maker requiring the services and supports the individual wishes to receive in order to reached their desired goals. Service Coordination, also known as Targeted Case Management, is performed for the following program areas:

- Continuity of Services – Service Coordination provided to:
    - Individuals residing in a state IDD facility whose movement to the community is being planned or
    - for a person who formerly resided in a state facility and is on community-placement status; or
    - an individual enrolled in the HCS or ICF/MR program to maintain the individual's placement or to develop another placement for the individual.
- Service Authorization and Monitoring – Service Coordination provided to an individual who is assessed as having a single need.
- HCS or TxHmL Program – Service Coordination for individuals enrolled in the HCS or TxHmL Program.

- PreAdmission Screening and Resident Review – Service coordination provided to an individual being diverted from or admitted to a Nursing Facility.
- Community First Choice – Service coordination provided to an individual enrolled in the CFC program.
- Forensic Service Coordination – Service Coordination provided to an individual under Criminal Code 46B, Incompetency to Stand Trial; and, Family Code 55, Proceedings Concerning Children with Mental Illness or Intellectual Disability

PASRR Evaluation
An evaluation of an individual in a nursing facility to determine if the individual is appropriately placed and whether they have a mental health or intellectual and developmental disability that would benefit from alternative placement or supplemental services.

Permanency Planning
A philosophy and planning process that focuses on achieving family support for individuals under 22 years of age by facilitating permanent living arrangements that include an enduring and nurturing parental relationship.

Community Living Options
A process that focuses on providing information on community services and residential options to individuals living in the institutions, such as the State Supported Living Center and Nursing Facilities.

Program Enrollment
- Intermediate Care Facilities for persons with Individuals with Intellectual Disabilities (ICF/IID) – eight to six-bed permanent living environments for persons who qualify for placement.
- Nursing Facilities – provide institutional care to Medicaid recipients whose medical condition regularly requires the skills of licensed nurses. The nursing facility must provide for the total medical, social and psychological needs of each client, including room and board, social services, over-the-counter drugs, medical supplies and equipment, and personal needs items.
- Texas Home Living Waiver – provides selected essential services and supports to persons with intellectual and developmental disabilities that are living in family homes or their own homes.
- Home and Community-based Services (HCS) – provides individualized services and supports to persons with intellectual and developmental disabilities who are living with their family, in their own home or in other community settings, such as small group homes.

Crisis Respite Services
The LIDDA will provide crisis respite services for persons with a primary diagnosis of Intellectual and Developmental Disabilities and who may have a co-occurring behavioral health need, are experiencing a behavioral health crisis, and/or have jeopardized or may jeopardize their placement in a least restrictive setting in the community due to negative

behavioral manifestations. The Crisis Respite services are an alternative to hospitalization, incarceration and/or institutionalization. The LIDDA plans to provide both Out-of-Home and In-Home Crisis Respite through sub-contracts with appropriate entities.

Authority functions array

Planning and Network Development
Planning includes the development of the Local Plan and the writing of Requests for Information (RFI), Proposals (RFP), and Applications (RFA). The Senior Director and other assigned staff will serve as staff liaisons to the Planning and Network Advisory Committee (PNAC) - also referred to IDD Services Advisory Committee (IDDSAC), and participates in all planning meetings. Planning and Network Development goals include:

- Continue to seek community providers to expand network offering choice.
- Continue to evaluate program to determine best value which ensures balance between quality and access.
- Continue community input through Planning and Network Advisory Committee (PNAC) and Provider meetings. The PNAC acts in an advisory capacity to the IDD Services department and the AACOG Board of Directors by:
    - Contributing, reviewing, and making recommendations to the development and content of the Local Plan for services for people with Intellectual and Developmental Disabilities (IDD) in Bexar County;
    - Ensuring objectivity in the ongoing Implementation of the network development processes, and provider monitoring activities; and
    - Preparing biannual reports for the AACOG Board of Directors on issues related to the needs and priorities of the local service area and implementation of plans and contracts

Resource Development and Allocation
The primary sources of income are general revenue from the Texas Health and Human Services (HHSC) and Medicaid. Additional sources of revenue come from the University Health System, local match funds and consumer payments based on a monthly ability to pay schedule. In an effort to implement a strategy for maximizing existing revenue, the AACOG is actively engaged in developing collaborations with partners to reduce duplication and waste and maximize opportunities for funding from alternate sources.

Community Partnership Development
Partnerships with State and local agencies, non-profit community organization and the business sector have been established and serve as co-collaborators in the development and application for funding from Federal, State and local sources. Potential community partnerships may include, but are not limited to:

- Disability Rights Texas (Previously Advocacy Inc.)
- Alamo Community College District
- Autism Society of San Antonio
- Bexar Area Agency on Aging
- Bexar County Juvenile Probation Department
- Catholic Charities

- Center for Health Care Services
- City of San Antonio/Division of Community Initiatives
- Community Resource Coordination Group
- NIX Hospital
- Private Providers Association of Texas
- Region 20 – Texas Education Association
- San Antonio Housing Authority
- San Antonio Lighthouse
- San Antonio Self Advocacy Group (SALSA)
- Texas Center for Disability Studies
- Texas Council for Developmental Disabilities
- Texas Department of Corrections
- Texas Health and Human Services
- Texas Workforce Commission – Vocational Rehabilitation Services
- United Way of Bexar County
- University of Texas Health Science Center
- University Health System
- VIA Bus Medical Transportation

Contract Management

The purpose is the development of contracts and the provision of contract oversight to ensure compliance with State and Federal regulations. After a review of the community needs and a determination of the services required by the Local Authority to meet the mandates of the HHS contract, the Board of Directors, with input from the community, authorized the release of several Requests for Proposals (RFPs). These RFPs were designed to develop, evaluate and maintain services, and supports in meeting community priorities. As the Local Authority continues to review the community priorities on an ongoing basis all attempts will be made to continue to assemble a network of providers who will meet these priorities. As the network is developed, key issues such as demographics, service cost, and capacity are reviewed. The PNAC continues to evaluate external services to determine if they meet the community's priorities and assists the AACOG in reaching its goals. The current contracts have been developed as a result of community identification and the open enrollment process. Contracted IDD Service Providers include:

- ABA Center for Excellence
- ABA and Behavioral Services, LLC
- Angel Care of San Antonio, Inc
- ARC of San Antonio
- Autism Treatment Center
- Behavior Pathways, LLC
- The Center for Health Care Services (Calidad)
- Children’s Association for Maximum Potential (C.A.M.P).
- Estrella De Mar, Inc.
- Eva’s Heroes
- Homelife & Community Services, Inc.

- Jennifer Garrett, BCBA
- Kidz Treehouse Pediatric Therapy
- Lifeline Care and Services, LLC
- Lifetime Living, Inc.
- Mission Road Developmental Center
- Reaching Maximum Independence, Inc.
- Respite Care of San Antonio
- San Antonio Fitness Independent & Recreational Environment
- South Texas Behavioral Institute
- The Backyard SAID
- The Wood Group
- Unicorn Centers, Inc.
- University United Methodist Church

Corporate Compliance
It is the policy and practice of the AACOG to fully comply with federal, state, and local regulations and applicable laws, to adhere to sound ethical and moral standards in its business activities. This office identifies and assesses compliance issues, plan for development of service specific procedures and provides support for educational programs.

Continuity of Care for State Hospitals and State Supported Living Centers
These programs are designed to have active utilization management, discharge planning and aftercare development of all IDD consumers entering either the State Hospital or the State Supported Living Facility.

Credentialing Services
Credentialing activities follow HHS policy concerning credentialing of all licensed staff.

Utilization Management
Utilization Management staff authorize and monitor general revenue services, levels of care, specialized therapies and benefit by design.

Quality Management Plan
The Quality Management Plan emphasis is one of continuous improvement based upon data. (Attachment A) Data and cost analysis are the basis of the efforts to profile individual, unit, program and performance levels.

LIDDA Crisis Respite Plan
The LIDDA Crisis Respite Plan (Attachment B) describes how the current fiscal year funding for crisis respite will be used to arrange and ensure the provision of crisis respite in fiscal year. The plan also indicates the estimated service targets for the fiscal year identified by In-Home Respite and Out-of-Home Respite. Additionally, the plan provides a timeline for the revised crisis respite plan implementation since HHSC has approved the LIDDA's plan. Lastly, the plan describes efforts for expanding crisis respite services.

Provider services array

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

- Habilitation and support activities;
- Activities for the individual's family that help preserve the family unit and prevent out-of-home placement;
- Transportation for individuals served between home and their community employment or habilitation site; and
- Transportation to facilitate the individuals' employment and participation in community activities.

Behavioral Supports
The systematic application of behavioral techniques regarding an individual to decrease or eliminate targeted behavior.

Respite
Planned or emergency short term relief services provided to the individual's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances.

Employment Assistance
Assistance to individuals served in locating paid, individualized, competitive employment in the community setting.

Supported Employment
Provided to a person who has paid, individualized, competitive employment in the community.

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.

Specialized Therapies
Specialized therapies are assessment and treatment by licensed or certified professionals for social work services, counseling services, occupational therapy, physical therapy, speech and language therapy, audiology services, dietary services and behavioral health services other than those provided by a local mental health authority; and training and consulting with family members or other providers.

SERVICES FOR INDIVIDUALS OUTSIDE OF PRIORITY POPULATION

Aging Services

AACOG is the gateway to Aging Resources for Bexar County. As the operator of the Area Agency on Aging in Bexar County, AACOG is able to provide services for adults age 60 and above; unpaid caregivers; adults age 55 and above raising children; and veterans 60 and above and their spouses. Services include: Information, Referral and Assistance; Benefits Counseling; Legal Assistance; Ombudsman Assistance; Care Coordination; and, Family Caregiver training

Weatherization Services
The AACOG Weatherization Assistance Program is designed to help low-income households overcome the high cost of energy. This is accomplished through the installation of weatherization or energy conservation measures at no cost to the household. Weatherization assistance may include: attic, wall, and/or floor insulation; weather-stripping and caulking; window glass pane repair; and replacement of gas water heaters, space heaters, HVAC, or window air conditioning units that are operating inefficiently.

Transportation Services
Alamo Regional Transit provides non-emergency medical and contract transportation bus service within Bexar County and provides public transportation bus services to all residents in the service region. Service to and from Bexar County and San Antonio is also provided. ART provides demand response, curb-to-curb transportation service. Door-to-door service may be requested for those customers needing additional mobility assistance.

ADMINSTATIVE SUPPORT SERVICES

Finance
This office provides oversight of internal and external financial reporting process, and the cost, financial, and grants analysis. In addition, this office manages accounts payable, accounts receivable, and payroll. The staff actively participates in all aspects of the budget process. It manages client trust funds, initiates audits, and provides staff training. In addition, this office is responsible for billing and Medicaid Administrative Claiming. Accounting also develops or arranges for financial risk management expertise to enable support of the authorization and management care functions.

Human Resources
The Human Resources Department is responsible for all employee matters including benefits, employee record keeping, training, and background checks. Human Resources performs a monthly screening of employees to determine if they are excluded from the Excluded Parties List Service.

Public Relations
The Public Relations office is tasked with the development of internal and external publications, arranging meetings and forums, and resource development. The

Community Relations department will use the Strategic Marketing Plan (Attachment D) to assist in educating the community about AACOG's IDD Services goals and objectives.

Procurement and Contracting

Procurement is responsible for handling the purchase of goods and services for all departments in AACOG. This includes: taking bid orders, ordering supplies and services, and contracting for services. Vendors who are interested in selling products and services to AACOG should read the Vender Requirements. The Procurement and Contracting department is also responsible for conducting an annual inventory.

Section V: Organizational Plan Elements

ORGANIZATIONAL STRUCTURE

AACOG utilizes a functional organizational structure in which tasks and resources are grouped into programs and departments based on specialty, type of work, and/or funding contract.

Organizational Chart
(Attachment E)

Roles and responsibilities

Role	Responsibilities
Board	• Oversight of the Executive Director's implementation of policies established by the Board; • Monitor, review and make recommendations on matters concerning the Council. • Conduct the Executive Director's annual performance and compensation review. • Ensure the development and monitor the implementation of a comprehensive audit program. • Monitor the fiscal affairs of the Council, which includes but is not limited to the review and approval of financial reports, and draft audit report(s) • Take disciplinary action against the Executive Director.
Executive Director	• Appoint, supervise, and remove all subordinate employees; • Direct the day-to-day operations of AACOG; and, • Prepare the annual budget and work program of the Council.
Advisory Committee	• Contribute, review, and make recommendations on the development and content of the Local Plan for services for people with Intellectual and Developmental Disabilities (IDD) in Bexar County; • Ensure objectivity in the ongoing implementation of the network development processes, and provider monitoring activities; and • Prepare biannual reports for the AACOG Board of Directors on issues related to the needs and priorities of the local service area and implementation of plans and contracts.

Location

Operator	Street Address, City, and Zip	County
Alamo Area Council of Governments	2700 NE Loop 410 Suite 101 San Antonio, TX 78217	Bexar

BOARD MEMBERSHIP

The AACOG Board of Directors consists of elected or appointed officials from local governmental units within the Alamo Area State Planning Region 18 which is comprised of Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson counties in Texas. Local governmental units eligible for membership include counties, cities, towns, villages, hospital authorities, districts or other political subdivisions of the State. Membership and composition of the Board of Directors is clearly defined in the AACOG Bylaws to ensure the Board reflects the geographic and ethnic diversity of the region.

Name	Appointing Authority	Role	Term
Schuchart, Chris	County Judge, Medina County	2018 Chairman	1/2014-End-of-Office
Hasslocher, Jimmy	UHS Board Member	2018 Vice Chairman	7/2014-End-of-Office
Buckner, Luana	Board Chairman, Edwards Aquifer Authority	Member-At-Large	1/2015-End-of-Office
Calvert, Tommy	County Commissioner, Bexar County	Member-At-Large	1/2015-End-of-Office
Eugster, Cris	Chief Operating Officer, CPS Energy	Member-At-Large	6/2016-8/2018
Evans, Richard A.	County Judge, Bandera County	Member-At-Large	1/2013-End-of-Office
Fails, Chris	Mayor, City of Hollywood Park	Member-At-Large	5/2016-End-of-Office
Green, George	Councilman, City of New Braunfels	Member-At-Large	2/2014-End-of-Office
Gregory, Robert W.	Mayor, City of La Vernia	Member-At-Large	2/2014-End-of-Office
Hurley, Robert L.	County Judge, Atascosa County	Member-At-Large	1/2015-End-of-Office
Jackson, Richard L.	County Judge, Wilson County	Member-At-Large	1/2015-End-of-Office
Keller, Andy	Mayor, City of La Coste	Member-At-Large	11/2015-End-of-Office
Krause, Sherman	County Judge, Comal County	Member-At-Large	1/2013-End-of-Office
Long, Jr., Walter R.	County Judge, Karnes County	Member-At-Large	11/2014-End-of-Office
Luna, Arnulfo	Frio County Judge	Member-At-Large	4/2015-End-of-Office
Lux, Darrel L.	County Judge, Kendall County	Member-At-Large	9/2013-End-of-Office
Murr, Andrew	State Representative, District 53	Member-At-Large	2/2017-End-of-Office
Pelaez, Manny	Councilman, City of San Antonio	Member-At-Large	6/2017-End-of-Office
Perry, Clayton	Councilman, City of San Antonio	Member-At-Large	6/2017-End-of-Office
Pollard, Tom	County Judge, Kerr County	Member-At-Large	3/2014-End-of-Office
Reed, Katie N.	Northside ISD Board Trustee	Member-At-Large	5/2017-3/2019
Rodriguez, Sergio "Chico"	County Commissioner, Bexar County	Member-At-Large	1/2013-End-of-Office
Sandoval, Ana	Councilwoman, City of San Antonio	Member-At-Large	6/2017-End-of-Office
Schoolcraft, Thomas A.	Mayor, City of Helotes	Member-At-Large	6/2014-End-of-Office
Schultz, Mike	Mayor, City of Boerne	Member-At-Large	1/2012-End-of-Office
Stroeher, Mark	County Judge, Gillespie County	Member-At-Large	1/2015-End-of-Office

Teal, James E.	County Judge, McMullen County	Member-At-Large	7/2013-End-of-Office
Uresti, Carlos I.	Senator, State of Texas, District 19	Member-At-Large	
Williams, John	Mayor, City of Universal City	Member-At-Large	7/2013-End-of-Office
Wolff, Kevin A.	County Commissioner, Bexar County	Member-At-Large	1/2013-End-of-Office
Wolverton, Jim	County Commissioner, Guadalupe County	Member-At-Large	1/2013-End-of-Office
Biedermann, Kyle	State Representative, District 37	Ex-Officio Member	
Guillen, Ryan	State Representative, District 31	Ex-Officio Member	
Jimenez, Filipe	502 ABW & JBSA	Ex-Officio Member	
Kuempel, John	State Representative, District 44	Ex-Officio Member	
Zaffirini, Judith	Senator, State of Texas, District 21	Ex-Officio Member	

BOARD BYLAWS

The current Board Bylaws were adopted in April 2016 and can be located at http://www.aacog.com/DocumentCenter/View/277.

INTERLOCAL AGREEMENT AMONG SPONSORING AGENCIES

The sponsoring agency of AACOG's Local Intellectual and Developmental Disability Authority is the Bexar County Hospital District, dba University Health System (UHS). As a Hospital District, UHS is also a member of the AACOG Board of Directors. The Interlocal Agreement between AACOG and University Health System and subsequent amendments can be located at:

- SFY 2016 http://www.aacog.com/DocumentCenter/View/47651,
- SFY 2017 http://www.aacog.com/DocumentCenter/View/47650,
- SFY 2018 http://www.aacog.com/DocumentCenter/View/47653.

INVOLVEMENT OF PERSONS

PLANNING PROCESS

The approach to the planning process is based on pragmatic realities impacting the organization and the need for rapid adjustments in operations as major external forces such as those mandated by the 78th Texas Legislative Session and the Texas Health and Human Service (HHS). In addition, the planning process involves a review of Bexar County demographics and the allocations of funding to meet the needs of the consumers and families living with intellectual and developmental disabilities.

The AACOG staff and advisory council will review the goals and objectives semiannually to measure progress in reaching the established outcomes. In June 2020, AACOG will reassess the progress in reaching established outcomes and use the information gathered during the annual budgetary planning cycle to plan for FY 2021.

PRIORITY SETTINGS

The process of organizing any system typically entails the consideration of an entity's philosophy, vision, and/or the (local) plan; mandated (by law, regulation, standard, or

licensure) activities or services; input from the constituent group, in this case, the Planning Network Advisory Committee; sources of revenue; and priorities. These processes are in most cases interdependent with each other.

The statutory purpose of the LIDDA is to serve persons with IDD without regards to ability to pay.

PUBLIC INPUT

During the development of the Local Plan, AACOG uses the input from many stakeholders, including but not limited to: consumers, family members, advisory and professional committees, and other key stakeholders that were used in the previous Local Plan. AACOG ensures a process for identifying and soliciting input from stakeholders that ensures:

1. Planning efforts are inclusive and participants represent the diversity of opinion, culture, and ethnicity of the local service area;
2. Stakeholders have opportunities to participate effectively in the planning process; and,
3. The Planning and Network Advisory Committee is involved to the maximum extent possible.

Methods for gathering feedback from the community may include focus groups, discussion forums, meetings, surveys, and public hearings. AACOG makes every effort to use a variety of methods, locations, and times to collect information from a representative cross sample of its stakeholders, including, but not limited to:

1. consumers and family members,
2. intellectual and developmental disability service providers,
3. healthcare providers,
4. advocacy organizations,
5. representatives of local government,
6. law enforcement, and
7. other interested persons

Public input from previous local plans have indicated the following priorities:

Child and Adolescent IDD Services

Highest Priorities

- Respite
- Crisis Prevention & Management
- Family Support and Training
- Autism Resources

Adult IDD Services

Highest Priorities

- Home and Community Services (HCS) Enrollments
- Outreach for HCS Interest List
- Crisis Prevention & Management
- Person Center Planning:

    - Centralized point of entry (info…referral clearing house)
    - Self-determination approach. (Choice, individualized budgets, money follows needs of consumers)
    - Funding for every person with IDD [adequate, safe and affordable housing, transportation funded, medication costs, modified equipment, etc…]
    - Respite
    - Community Supports & Habilitation
- Intermediate Care Facilities Vacancies

REGIONAL NEEDS SUMMARY

During a two month time period consisting of July and August 2017, AACOG conducted a community needs assessment regarding Intellectual and Development Disability service needs and gaps for the IDD community in Bexar County. The survey collected answers from 96 respondents, with respondents primarily consisting of family members or guardians of individuals with IDD and IDD service providers. The services which are most difficult to obtain or are unavailable were identified as inpatient and outpatient psychiatric services, crisis services, adaptive modifications, and outpatient psychotherapy. The survey findings support pre-established conceptions regarding gaps in housing, transportation, and employment. Additionally the survey identifies individuals with Autism, and individual with IDD/MH dual diagnosis as underserved. The full summary of survey results can be located at http://www.aacog.com/DocumentCenter/View/47654. The full detail of survey results can be located at http://www.aacog.com/DocumentCenter/View/47655.

AACOG plans to conduct another community needs assessment regarding intellectual and Developmental Disability service needs and gaps for the IDD Community in Bexar County in FY 2022.

Section VI: Financial Plan Elements

APPROVED FISCAL YEAR OPERATING BUDGET

The Fiscal Year 2018 operating budget was approved by the Board of Directors on December 6, 2017 and can be located at http://www.aacog.com/DocumentCenter/View/47649.

MOST RECENT ANNUAL FINANCIAL AUDIT

The most recent annual financial audit was completed for Fiscal Year 2016 and can be located at http://www.aacog.com/DocumentCenter/View/47192. The audit was conducted by Patillo, Brown & Hill, L.L.P with an unmodified opinion, no findings, and no instances of noncompliance; and, was approved by the Board of Directors on June 28, 2017.

Section VII: Local Contribution

Local Match

SFY	Type	Amount
2018	Funds/Cash	$307,076.00
2018	In-Kind	$0.00

Section VIII: Assurance of the Board of Trustees

The Local Plan is hereby submitted by the Alamo Area Council of Governments, for the period of September 1, 2017, through August 31, 2019, (SFY2018/SFY2019). The Board of Directors understands and will comply and enforce compliance with applicable state and federal laws, rules, standards, and regulations. AACOG will assume full authority to develop and administer the Local Plan in accordance with related State policy. In accepting this authority AACOG assumes the major responsibility for the development and administration of the Local Plan and serves as an advocate and focal point for individuals with intellectual and developmental disabilities or related conditions in Bexar County.

I hereby certify that the governing body of AACOG has reviewed and approved the Local Plan.

_____	_____
Signature of Board Chair	Signature of Executive Director
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Date	Date

ATTACHMENT A: IDD SERVICES QUALITY MANAGEMENT PLAN

1. Introduction

AACOG is committed to continuous quality monitoring and improvement in the overall performance of the organization through an ongoing, comprehensive performance measurement program. This effort requires ongoing communication with consumers, employees, stakeholders, board of directors, Planning and Network Advisory Committee (PNAC), clinical providers and all levels of management. Furthermore, AACOG supports an effective Quality Management Plan (QMP) consistent with AACOG's mission, values and goals. The QMP is developed and implemented as approved by AACOG's IDD Services Management Team (MT). Decisions concerning program-wide operations are made by the MT and the Senior Director. Information sharing occurs at monthly MT meetings and at monthly Unit Staff meetings. The QMP strives for quality data collection which will assist AACOG's administration and its providers in making judgments relating to policy issues, delivery of care, work load measures, funding and growth; supporting information for insurance and benefits claims; advocating for consumers and providers in legal affairs; promoting cultural competence and educating providers. The implementation and oversight of the QMP is delegated to AACOG's IDD Services MT, Quality Assurance Reviewers and the Senior Director. The PNAC receives quarterly status reports on overall achievement of goals and objectives, as well as specific reports that are requested concerning Quality Management (QM) and oversight audit findings.

1.1 Purpose

The purpose of the QMP is to identify quality related objectives, to describe how achievement of these objectives is measured, and to describe the quality related process that is used to assure that the objectives are met.

1.2 Scope

The scope of the objectives, measures and processes described in this plan apply to the entire biennium. Outcomes are reported on a quarterly basis. Data, trend, and cost analysis are the basis of AACOG's efforts to profile performance at the individual, unit, program and provider network levels. Data and trend analysis focuses on root problem identification, correction and follow-up to problem resolution. The QM effort is a continuous process, which will improve and inform the delivery system of outcomes. It demonstrates a commitment to provide quality services for all individuals served within the IDD Services provider network.

1.3 Background

The QMP is developed and implemented as approved by AACOG's IDD Services MT. The QMP must have all objectives in place necessary for AACOG to stay in Performance Contract compliance and ensure quality outcomes to the people served.

1.4 References

The QMP follows all applicable rules including but not limited to the Texas Administrative Code (TAC), Texas Health and Safety Code and Texas Health and Human Services Commission (HHSC) Performance Contract.

1.5 Quality Checkpoints

This section describes in detail the Quality Management Indicators used. AACOG IDD Services has adopted the indicators from statewide initiatives to use as Quality Management Indicators. One set of variables monitored and assessed is derived from the HHSC Quality Assurance Authority Review Protocol. The second set is derived from the protocols used by HHSC to assess risk in the operations and management of AACOG. The third set focuses on the organizational environment.

A. Internal Quality Management Procedures

This plan requires AACOG IDD Services and its provider network to develop Internal Quality Management Procedures (IQMP's) specific to their functions. IQMP's are the foundation of the Quality Management Plan. Each department, whether a provider of services or an authority or administrative support department, develops its own IQMP's that are coordinated, approved and followed by the MT. These will include (internal and external) monitoring of services and charts. All contracted service providers and Quality Assurance Reviewers will complete quarterly chart reviews to ensure compliance with the Performance Contract and billing requirements. The MT will provide department schedules for quarterly reviews and program audits while submitting reports directly to the Senior Director.

AACOG IDD Services establishes benchmarks for excellence, internal and external accountability and ongoing quality improvement efforts by implementation of IQMP's at all provider sites, through the appropriate agency committees and administrative departments. This plan requires contracts with private local providers and internal units to stipulate quantifiable performance measures for contract evaluation.

AACOG will monitor services for all eligible consumers (IDD and related conditions) as these applicable services are described in the current HHSC Performance Contract.

These services include:

1. Screening
2. Eligibility Determination
3. Consumer Benefits
4. Service Coordination

Basic Service Coordination

Continuity of Care / Permanency Planning

- Continuity of Care System for Offenders with Mental Impairments (46 B Criminal Cases)

Service Authorization and Monitoring

Texas Home Living (TxHmL)
Home and Community Services (HCS)
Community Living Options Information Process (CLOIP)
Pre Admission Screening and Resident Review (PASRR)

5. Support Services
   - Community Support
   - Respite
   - Supported Employment-Employment Assistance
   - Supported Employment-Individualized Competitive Employment
   - Nursing
   - Behavioral Support
   - Applied Behavior Analysis Therapy
   - Specialized Therapies
6. Day Training Services
   - Vocational Training*
   - Day Habilitation
7. Residential Services
   - Residential-Family Living**
   - Residential Living **
   - Contracted Specialized Residences***
8. Crisis Respite Services
   - Out-of-Home Crisis Respite
   - In-Home Crisis Respite

* Currently only provided by AACOG and its provider network to eligible PASRR clients
** Not provided by AACOG
*** Crisis Respite Services only

B. Financial

- Ongoing concern finding in independent financial audit
- Days of operation without further funding ratio of less than 30 days
- Unreserved fund balance to total expenditures ratio of less than 30 days
- Long term debt to total fund balance
- Financial Losses in the prior three (3) fiscal years
- Negative unreserved fund
- Net loss on quarterly income statement equal to ten percent (10%) of Year to Date (YTD) budget

C. External Environment

The organizational environment consists of all the elements that exist outside the boundary of the organization that have the potential to affect all or part of the organization.

An organization achieves quality in its services and provides choice through the cooperation of its employees and contracted service providers. They must work together toward common goals. The AACOG ensures coordination of services through its collaboration with other agencies, criminal justice entities, other child-serving agencies, family advocacy organizations, local businesses, and community organizations. Establishment and continuity of services is coordinated among AACOG's network of contracted service providers, in accordance with applicable rules. The AACOG strives to support this network through the provision of technical assistance during compliance audits or upon provider's request.

Contracted service providers and the IDD Services MT are responsible for recording their actual monthly and quarterly audits and comparing those figures to the established threshold. A plan of correction will be developed for each indicator whose actual measure does not meet the threshold or benchmark requirement. Providers prepare plans of correction while the Quality Assurance Reviewers follow-up and monitor progress. The MT reviews data through ongoing monitoring. Each indicator is summarized and reported during regular program reviews with the Senior Director.

2. Staffing

2.1 Roles and Responsibilities

This section identifies the general responsibilities of the Quality Assurance Reviewers, the MT, and those of the contracted providers and their staff.

All AACOG IDD Services employees and AACOG administration are responsible for implementing the IDD Services' QMP. All staff levels must commit to providing quality services. The Executive Director, Senior Director, and MT form the structure through which the entire organization participates in continuous quality improvement and the effort to meet quality goals. The QM effort becomes part of normal business activity and is incorporated into routine activities. The Client Rights Officer, as an advocate for clients, will be part of the MT and attend meetings as requested/scheduled.

Critical or unusual incidents involving clients must be reviewed by the Client Rights Officer for Category I incidents such as physical restraint and seclusion, breaches of confidentiality, quality of client care related to diagnosis and treatment, elopements, exposure to hazardous substances/infectious diseases, medication errors, serious injuries to clients or staff, serious property damage involving client or staff, and Category II incidents such as incidents of sexual contact between clients and staff, and major safety violations. Category II incidents (deaths) are reviewed by the Client Rights Officer and the Senior Director. All proceedings and records of the above shall be privileged.

The following describe quality indicators for inter-organizational service/staff:

a. Data Management:

- IDD Services Data Management system and staff will be available for use during normal working hours (8:00 AM to 5:00 PM, Monday – Friday).

b. Information Systems:

- The Help Desk staff will acknowledge receipt of service requests and provide an estimation of when the problem will be resolved.
- The Help Desk staff will resolve most service requests within three working days of submission.

c. Finance:

- Approval will be obtained before any purchase is charged to a unit's accounts.
- Monthly revenue and expense reports will be submitted to the Senior Director within ten working days of end of month.
- Financial reports will be accurate. Unit financials will contain no more than one error per month.
- Fiscal services staff will correct errors and respond within ten working days of receipt of error tracking form.
- Quality Assurance Reviewers will conduct fiscal service audits.

d. Payroll:

- The names of employees no longer employed by the unit are removed from the payroll schedule within five working days of request. The unit receives corrected payroll schedule in time for the next unit payroll calculation.

e. Human Resources:

- Personnel revisions are processed within three working days and a copy of the completed paperwork is given to the Senior Director by the end of the third day.

f. Purchasing:

- Purchase orders will be filled within two weeks. If a vendor is unable to meet this requirement, Procurement Department will locate another vendor who is able to deliver the order within two weeks.

g. Staff Development:

- Training changes are communicated to the affected units within five days of the change.
- Staff is informed of their training needs status by the training department.
- In order to assure compliance, the MT will work collaboratively with the AACOG training department.

h. Maintenance:

- Work orders are addressed within three working days, including notifying requesting party of the status of the work order.

i. Credentialing:

- Staff licensing status is kept current and available by Training Department and Quality Assurance Reviewers for contracted providers.

To comply with Centers for Medicare & Medicaid Services (CMS) direction, all providers of Targeted Case Management for individuals with intellectual and developmental disabilities must use the following state and federal online databases to search for excluded persons prior to hiring and on a monthly basis.

https://oig.hhsc.state.tx.us/Exclusions/Search.aspx
http://oig.hhs.gov/exclusions/index.asp

AACOG's HR staff will perform this function. Senior Director has the responsibility to assure compliance with this item.

j. Medical/Clinical Records:

- The forms committee will review proposed new forms, and a response regarding their acceptance is provided to the submitting party within one month.
- Once form is approved, notification is sent out to all staff.
- Approved forms are available to all staff via intranet system (gls).
- Records Manager will establish and enforce appropriate policies and procedures for the handling of consumer records and HIPAA compliance.

k. Quality Improvement Support Services:

- Audit procedure changes are communicated to affected providers/units within five working days of approval.
- Quality Assurance Reviewers will follow schedules for monthly and quarterly audits/reports.
- All external invoices will be reconciled prior to payment.
-

l. Resource Development:

- Senior Director and MT will conduct and periodically update a gap/need assessment across all direct service programs and discuss Resource Development.
- AACOG will ensure that resource efforts directed at funding opportunities are distributed equally among all programs as applicable.
- AACOG will actively involve the PNAC for community gap analysis.
- AACOG will continue to actively recruit new providers and expand the network of choice.

m. Legal Services:

- Legal Services will provide timely information, advice and work product regarding proposed contractual or other proposed actions by AACOG, containing a legal element.

n. Contract Administration:

- Non-Waiver MT will track and follow monetary reports for contracted providers and will report their status to the Senior Director for action as required.

- MT will develop all Contracts and Amendments, RFPs and RFAs.
- Non-Waiver MT will provide an annual Provider Manual as well as intermittent updates.

o. Clinical Services

- Contracted providers will conduct peer reviews to assess the quality of services provided on a monthly basis.
- Quality Assurance Reviewers will conduct scheduled audits of contracted providers.
- All IDD Services Units will participate in HHSC yearly Authority Review Process.

p. Client Rights

- The Client Rights Officer (CRO) will monitor and report to appropriate state agencies, via the CARE system, specific reports of alleged abuse, neglect and exploitation upon receipt of same. CRO also functions as liaison between the AACOG and the Department of Family and Protective Services.

q. Crisis Respite Services

- Contracted providers will conduct crisis respite services on an as needed basis at Crisis Respite facility (Serenity House) or in consumers' residence.
- Crisis respite services authorization will come from either the IDD Services MT or Crisis Intervention Specialist.
- Quality Assurance Reviewers will follow approved audit schedules for all crisis respite services and contracted service providers.
  Quality Assurance Department to certify crisis respite facility for safety and code requirements on an annual basis.

2.2 Required Skills

All IDD Services field staff is required to, at a minimum, have a Bachelor's degree from an accredited University in a behavioral science, or related field, in order to be eligible to work. Each staff must complete training within the first 90 days of hire and be knowledgeable and able to interpret rules, regulations and the HHS Performance Contract.

3. Audit & Reviews

3.1 Methodologies and Standards

- As a standard, IQMP's are the foundation for QM efforts. Each IQMP is tailored to the services, processes, requirements, needs and goals of a specific unit, program, contracted provider or department.
- Each Quality Assurance Reviewer will submit their internal audit schedule for monthly and/or quarterly reports. These IQMP's are submitted to the Senior Director for review, and then submitted to the MT for approval. Quarterly reports will be submitted to Senior Director for review and compliance on scheduled audits.

- Contracted providers must make their IQMP's available for review by Quality Assurance Reviewer within the first 90 days from the contract start date. Each contracted provider will be audited in the first (1) quarter of the fiscal year for policy and procedures and facility safety, while the second (2) quarter audits will focus on direct consumer billing and chart audits. Quality Assurance Reviewers will submit summary reports to the MT and the contracted provider. If any standards are below contract requirements, a plan of correction is required for submission within 30 days of receipt of summary report. Quality Assurance Reviewers will review plan with the MT and follow up with additional audits
- The MT meets at least quarterly to review assigned indicators based on their areas of concern from submitted reports. Monitoring and evaluation processes allow collection of data and monitoring of important aspects of care or service. The monitoring process consists of the reporting of these assigned quality indicators and consideration of implications of the reports and taking action to correct/identify causes and/or investigate solutions regarding report results.
- The Senior Director and the MT consider the implications of the reports and direct action as deemed necessary. Findings may be reported to the Board of Directors, the Executive Director, and the PNAC at the Senior Director's discretion.
- Addressing quality within the various IDD services and supports include the basic quality improvement process common to any planning process. These five basis steps are:
    1) Identify problem areas
    2) Brainstorm remediation strategies
    3) Develop quality intervention activities
    4) Measure the impact of the intervention
    5) Evaluate the effectiveness of the intervention
- The focus of AACOG's QM efforts is to achieve outcome excellence through analysis of processes and variables that effect desired quality goals. The Senior Director and the MT will define quality goals based on analysis of their customers/stakeholders' expectations. Through ongoing measurement, either by the clinical monitoring and evaluation process or other collection method, service providers and IDD Services MT will monitor their progress toward meeting service quality goals.

Clinical and administrative internal audits/reviews:

- For the internal clinical audits/reviews, the Quality Assurance Reviewers will follow monthly and quarterly audit schedules for randomly selecting a sample (at least 1 per staff per program area depending on volume of program, or as indicated on the current CAO CAP if applicable). Quality Assurance Reviewers will randomly pull audit requirements from the Q Data System and complete program audit forms.

- The complete chart will be subject to audit/review to ensure all supporting documents are in place, are current and meet funding source requirements, TAC, and other requirements for each service in the audit sample. Additionally, other

issues discovered in the process of auditing the identified services may expand the scope of the audit.

- All programs are expected to attain a score of 90% or higher on billable services. This score measures compliance with funding sources and is determined by the audit of progress notes and supporting documents for the selected service. Non-billable services are also expected to reach a target of 90% compliance.

- After completing the monthly or quarterly audit, Quality Assurance Reviewers will complete a report of the findings and submit to the MT.

- All programs/units that score under 90% will be required to complete a Corrective Action Plan (CAP). This plan will specifically outline how the program will correct deficiencies and is due to the Senior Director within ten (10) working days from the date of the final report meeting with the Senior Director.

- Internal Direct Service Fiscal audits are conducted by Quality Assurance Reviewers to confirm appropriate billing documentation and completion of service. These audits link direct service notes, Q reports, travel records and PDV Connect phone system as part of the audit results.

3.2 Quality Assessments and Reviews

The following sections describe the review procedures, criterion and processes, as well as tools used to verify quality. It includes details on assessments and reviews; when they are conducted; who will conduct them; success criteria; QMP reporting formats and monitoring processes.

Monitoring involves the collection of data for the purpose of evaluation. In this plan the data are the performance measures designated by the quality indicators. Actual performance measures are compared to quality indicator benchmark or threshold levels.

Monitoring methods include:

- Unit and Department Reports
- Network Oversight
- Employee Job Performance Evaluations
- Employee/Staff Survey Results
- Clinical Service Reviews and Audits
- Direct Service Fiscal Audits
- On-Site Programmatic & Administrative Reviews
- Business Objects Reports on Performance Indicators
- CARE Reports
- Q-Continuum Reports
- HHS Authority Review

3.3 Oversight Audits/Reviews for Provider Network (Clinical & Administrative); Initial; Follow-up & Final Audits/Reviews

This section describes the provider network review process and procedure.

Purpose:
To ensure consumers receive services that are appropriate and documented in compliance with all AACOG, HHS and other applicable regulatory requirements.

Procedure:

- All programs will be audited by Quality Assurance Reviewer during the first (1) quarter for Policy and Procedure & Facility Safety. During the second (2) quarter, all providers will be audited by Quality Assurance Reviewer for Chart and Billing requirements. All new provider contracts started during the fiscal year will be audited within 45 days of their opening and as scheduling permits. Audit/review protocols are developed from standards set forth by regulatory agencies using the strictest standards as the audit benchmarks.

- Notifications of audits are made prior to the appearance of the Quality Assurance Reviewer. All providers will receive written notice of the audit, the sample list of client case numbers (if applicable), the time period from which the sample was selected (if applicable), copies of the audit/review protocols, and the date and time the audit/review will begin.

- The Quality Assurance Reviewer will meet with the provider at the beginning of the audit to explain the procedure and answer questions regarding the audit procedures and the parameters of the audit. It is requested that providers have knowledgeable staff present during the audit to resolve any questions during the documentation review.

- Upon completion of the audit, the Quality Assurance Reviewer will meet with the provider to discuss the results and possible areas of correction. The Quality Assurance Reviewer will enter the audit results into TAS Website and generate the final report. Within ten (10) working days of the completion of the audit, the written report of audit findings will be forwarded to the MT, who will authorize distribution of the report to the provider.

- For audits that could result in revenue payback, two categories will be identified; one for billable services (based on funding source requirements) and one for quality of the documentation and provider practices (based on quality standards of the IDD professions, best practice guidelines, HHS Service Definition Manual, etc.). AACOG shall recoup from the provider funds paid for all services determined to be inappropriate for billing. A provider will not be able to bill for services lacking appropriate documentation.

- The quality component reflects AACOG's efforts to monitor and improve the quality of services. This may result in required remedial training in the areas identified.

- Individual providers' scores/deficiencies are reported in the final report. If an individual provider's service report shows not to be in compliance with their AACOG Contract or the Provider Manual, the provider will be required to complete and submit a CAP to the MT. The provider will have 30 working days to submit their CAP for review. Additionally, that provider's services may be suspended from billing until such time as the MT has attested that the staff has been retrained and has demonstrated the ability to adequately document services. Technical assistance from the Quality Assurance Reviewer to assist with the formulation of the CAP can be requested in writing.

- A follow-up audit is conducted within thirty (30) days from the date that the MT accepts the CAP. If the provider fails to submit a CAP, the follow-up audit may be conducted at any time after the deadline for the CAP has passed. The Quality Assurance Reviewer will work with the program to help identify and correct sources of quality problems. Remedial training or technical assistance may be required, depending on the nature of the concern.

- Administrative audits/reviews will identify items not in compliance with acceptable standards. 100% compliance is expected.

Final Audits/Reviews

The provider's CAP outlines how the provider plans to correct deficiencies and is due to the MT within thirty (30) working days from the date of the Final Report.The MT will review the CAP and notify the provider by letter once the plan is accepted.

- A final audit/review is conducted 30 days from the date that the MT accepts the CAP.

- Once 90% compliance for billable services is achieved, the vendor hold will be removed (if applicable).

- If the provider is unable to obtain 90% compliance for billable services after the CAP is reviewed, the audit results are forwarded to the MT and the Senior Director for review for action as appropriate such as continued vendor hold or up to contract termination.

Random Focus Audits/Reviews

Random focus audits may occur at any time with at least a one day notice. These audits will be triggered if other administrative audits, billing concerns, or documentation concerns identify a need for the collection of additional data of a particular nature or required by a funding source.

- Audit protocols specific to the request are set forth by the MT. These audits/reviews are accomplished by the Quality Assurance Reviewer focusing on

improper billing, concerns expressed by consumers/families or non compliance with contractual or Provider Manual processes.

- Audits will be conducted the same as scheduled audits for focus reviews. Quality Assurance Reviewer will focus on specific audit areas of concerns and report back to provider with written report upon completion of audit.

Provider Peer Review

- Quality Assurance Reviewer distributes a random sample to each contracted provider of reported services that are to be reviewed each month. For contracted providers, the sample size each month is 5% of the total number of consumers served.
- Results of these reviews are reported directly to Quality Assurance Reviewer by the provider and subsequently to the MT and the Senior Director as necessary. A CAP from the provider is required if the Peer Review validates below 90% scoring on their finding.
- Providers may request technical assistance from the Quality Assurance Reviewer as the need arises.

Surveys

- Client Rights Officer coordinates the survey process as determined by HHS and reports results to Senior Director and MT.
- Employee Satisfaction surveys for internal staff is conducted bi-annually.
- Bi-monthly Customer Satisfaction Questionnaires for Service Coordination Services are sent out randomly by the Client Rights Officer and reported to the Senior Director.

Contract Obligations

All staff participates in all required audits/reviews as required and/or conducted by funding agencies. Among these are:

- HHSC Authority Reviews
- TX Home Living audits/reviews
- HCS audits/reviews
- State Auditor's Office

Utilization Review

Formal reviews of consumer utilization and appropriateness of services on a prospective, concurrent and retrospective basis is performed by Utilization Management Committee.

Special Note:

Audits, Reviews and Surveys, and Studies are formal activities that result in a written report and may have consequences for the provider/unit or service being audited or reviewed.

In contrast, Technical Assistance is an informal process when initiated by the provider or unit. It is an effort on the part of the provider or unit to monitor and improve the quality of services or procedures. This quality management service is not intended to put the

provider at risk for negative consequences. The exception is when fraud or other illegality is found or suspected. In that case, technical assistance will trigger a full audit.

4. Quality Assurance Milestones

This section identifies the QMP deliverables and the timelines associated with the deliverables. Information like frequency of due dates for each measured item is included.

During the first (1) quarter of each fiscal year, all service providers will review AACOG's standards and regulations and will develop methodologies to ensure that they satisfy those standards and service contract requirements.

Administrative Reviews:
Quality Assurance Reviewer conducts audits/reviews and re-audits/reviews until all identified deficiencies have been corrected. Corrections not made after two re-audit/reviews are forwarded to the Senior Director for appropriate action.

5. Resource Estimates

This section shows an estimate of resources required to perform QMP activities, such as number of staff, hours of effort, direct expenses, etc.

At this time, IDD Services is staffed with 2 Services Managers, 3 Quality Assurance Reviewers, 1 Client Rights Officer, and 9 Health Information & Records Clerks. It is estimated that Quality Assurance Reviewers utilize 80 % of their staff time on internal and external reviews and the remaining 20% on development of continuing improvement plans.

6. Provider Network Controls

This section gives an overview of the QM controls and processes in place for efficiently monitoring providers work products against their contract requirements. AACOG utilizes the following QM controls to efficiently monitor quality and quantity of provider work product:

1. Monthly External Provider Peer reviews
2. Monthly & Quarterly Internal Program reviews
3. Annual on-site clinical and administrative review
4. Utilization Management reviews of services
5. Fiscal audits on direct services
6. Surveys and Incident report reviews
7. Focus reviews to check:
    i. Data Verification Compliance
    ii. Billing accuracy
    iii. Utilization review

ATTACHMENT B: IDD SERVICES PLAN TO REDUCE ABUSE/ NEGLECT CASES

INTRODUCTION:
The Alamo Area Council of Governments (AACOG) strives to deliver quality services to consumers with Intellectual & Developmental Disabilities (IDD) and related conditions throughout Bexar County. Basic to this service delivery is the guarantee that individuals served are not abused, neglected, or exploited. To aid in this effort, AAOCG has developed, published, and internalized policies and procedures, which prohibits abusive conduct by its employees, agents, or affiliates. In achieving a safe environment for consumers, AACOG has implemented practices, which recognizes the importance of identifying, hiring, and training a qualified, consumer conscious staff. AACOG has also implemented procedures in contracting with Providers whereby these same tenants are put in place and has developed a detailed, system of checks and balance reviews to identify potential problem areas to preclude adverse situations for our clientele.

STAFFING:
AACOG assures that the contracted private Providers use a staffing model which ensures adequate staffing levels are maintained so that the consumer to server ratio are optimized and within standard, when such standards require specific client/server ratios. Through this process, the requisite skills, knowledge, and abilities of staff are evaluated in order to attain the appropriate mix of staff to provide a safe and secure environment. These traits are inculcated in the job description development process, which formalizes the abilities needed to perform specific job tasks, while setting in place a means of articulating performance expectations for consumer care and establishing accountability and responsibility.

Once AACOG has a recognized staff need, we then begin the hiring process to satisfy this need. In doing so, we seek candidates who possess the skills, knowledge, and abilities needed to perform the job and begin the formal hiring process, which includes:

- The hiring process begins at the Services Manager level, and will require on average five separate approvals before the employment offer is made. Candidates are screened to ensure they satisfy the stated requirements for the position for which they apply. When suitable candidates are identified, in person interviews are scheduled and initial hiring decisions are recommended. At this point the candidate will have their references checked and this is documented in the hiring packet.

- Candidates who are recommended for employment will have a criminal history check conducted. The Human Resources Department is responsible for requesting this check and will work through HHSC and TDPS to acquire this information. When the information received shows the existence of a criminal conviction, the conviction is reviewed to determine if the information received would lead a reasonable and prudent person to believe it to be a contraindication of employment. Employees on the job are required to disclose convictions as a

condition of employment and are subject to unannounced re-verification. Criminal violations subject the employee to a management review to determine if continued employment is appropriate. Currently, AACOG utilizes background checks via the employee misconduct registry, County and State databases and the criminal & sex offender databases.

- Senior Director may require pre-employment screening of potential employee candidates for Controlled Substance testing. The failure to pass this screening is a basis for employment offer withdrawal or is reviewed to determine if the employment offer is to be finalized following an acceptable explanation and re-test. AACOG policy does reserve the right to test for suspicion of substance abuse under "reasonable suspicion" (as defined within the policy) and may be required after work-related accidents.

- AACOG recognizes that many potential staff members working in the field of Intellectual and Developmental Disabilities will migrate from one employer to another as they continue their career growth. HHSC has implemented the employee misconduct registry, and the ability to conduct this screen, is vital to the overall well-being of the consumer because many confirmed cases of abuse are not criminal in nature and would not be reported out on the TDPS check.

- In order for consumers and non-AACOG employees to recognize and feel confident of the identity of the staff providing services, AACOG issues picture identification cards to all employees. This identification is worn by staff while on duty and is returned to the Human Resources Department during employment out-processing.

TRAINING:

AACOG believes that the hiring of qualified, dependable, and competent, caring staff is not the end of the process for ensuring that our consumers are safe and are treated with respect. AACOG believes that training and communication is an essential component for ensuring the safety, well-being, and respect that our consumers deserve and need. While many employees receive training, via their formal educational backgrounds, we require IDD Services specific training in compliance with the HHSC Community Services Standards for Individuals with Intellectual & Developmental Disabilities. We require all employees, agents, and affiliates to comply with our training requirements or, to demonstrate competency in the subject matter. Our training program consists of a New Employee Orientation and Refresher Training, which is either annual or bi-annual. We offer training classes to satisfy the recurring/refresher training requirements of AACOG and conduct a New Employee Orientation as needed.
New Employee Orientation is required of all employees prior to their reporting to work within AACOG. New employees attend approximately 64 hours of which a majority are critical in the 1) prevention, detection, and reporting of abuse, neglect, and exploitation 2) ensuring of consumer safety and 3) understanding of our programs, consumers and their needs. Training is given in order to prevent situations of abuse or neglect and to ensure

quality services to help staff and the public, to see consumers first as people and then as people with disabilities.

The majority of training, which HHSC has designed, is utilized by AACOG. The courses we feel support our belief are as follows:

- Client Abuse, Neglect, and Exploitation
- The Rights of Clients
- HIPAA-Confidentiality
- Introduction to IDD
- Cultural Sensitivity
- Customer Service
- Ethics
- SATORI/SAMA
- Infection Control and HIV/AIDS Awareness
- First Aid/CPR (adult and children)
- Introduction to Quality Assurance/Incident Reports
- Safety and Emergency Plan Procedures
- Clinical Records Training
- Sexual Harassment and Sensitivity

Refresher Training is scheduled on a recurring basis and satisfies AACOG's obligations to be in conformance with the various community and licensure standards of HHSC and other agencies for which we provide services. The purpose of refresher training is to keep staff and other participating providers current with changes and to reinforce the importance we place on keeping the consumers of our service in a safe; and quality assured environment. These classes include:

ANNUAL:

- Client Abuse, Neglect, and Exploitation
- The Rights of Clients
- HIPAA-Confidentiality
- SATORI/SAMA
- Cultural Sensitivity

BI-ANNUAL:

- CPR/First Aid (adult and children)
- Infection Control- HIV/AIDS Awareness

DETECTION AND INVESTIGATION:

All employees, agents, and affiliates are informed that all allegations of abuse, neglect, or exploitation must be reported to the Texas Department of Family and Protective Services within one hour of the event and or Texas Department of Aging and Disability Services for ICF/MR facilities. Additionally, appropriate AACOG staff is notified of incidents concerning our clients. All reports of investigations conducted by DFPS concerning clients of AACOG are sent to AACOG's Client Rights Officer (CRO) who reviews the report for material completeness and will follow up with Services Manager and/or Senior Director as necessary. After the DFPS investigator identifies areas of concern or recommendations for care, the CRO, communicates these items to Team Leaders, Service Managers and/or Senior Director, with a requirement that appropriate actions be taken to preclude recurrence.

To insure that the reporting of allegations of abuse, neglect, or exploitation is made without fear of recrimination or reprisal to the reporter, has procedures which maintain the confidentiality of the reporter when needed.

PREVENTION:

AACOG takes a proactive approach to the prevention of abuse, neglect, and exploitation of our consumers. Because we work in a highly demanding environment, we have made available to our employees specific management training, which helps staff in coping with the pressures of the job. Additionally, we have implemented supervisory training within AACOG which refines the skills of our employees, and imparts to them the skills and knowledge needed to manage increasing numbers of staff members, with and the resultant case load increases which are involved.

AACOG staff actively monitors the behaviors of our clientele and, when warranted, referrals are made to the appropriate Specialized Therapy for individual evaluations of consumers to determine the appropriateness of a Behavior Therapy/Modification Plan. Service Coordinators and Contracted Provider are responsible to monitor the level of change and or modification, based on consumer response and input accordingly.

AACOG Staff and Contracted Providers are required to interact with consumers in the least restrictive manner. Whenever a volatile situation arises, staffs utilize their training in **S**atori **A**lternatives to **M**anaging **A**ggression (**SAMA)** or equivalent training in Techniques for Prevention and Management of Aggressive Behavior to resolve the conflict. On those occasions when a consumer must be restrained, the staff involved must complete an incident report. This report is reviewed by the CRO, Services Manager and/or Senior Director and by the Provider of the Behavioral Services when applicable.

AACOG Clients Rights Officer will on a monthly basis provide reports to IDDS Management Team relating to incidents of individual abuse, neglect and exploitation and review of the persons rights. The purpose of the review and discussion is to:

- review trends in aggregate data relating to reports of abuse, neglect, exploitation and complaints
- review and assess information relating to the reports of abuse, neglect, exploitation and complaints
- provide recommendations or solutions for how to reduce the incidents of abuse, neglect, exploitation and complaints and improve rights protection.

Critical Incidents Reports and Reports of PASRR Non-Compliance are submitted to Assistant Director and Compliance Reviewer on a monthly basis for review and discussion. Incidents of Rights restrictions identified in 286: Critical Incident Report are reviewed by Senior Director and Assistant Director IDDS, IDDS Management Team and Compliance Reviewers on a monthly basis. The purpose of the review and discussion is to:

- review trends in aggregate data relating to critical incidents
- review and assess information relating to the reports of critical incidents
- provide recommendations or solutions for how to reduce critical incidents and improve rights protection.

On a Quarterly basis the Clients Rights Officer will provide a quarterly review of trends relating to critical incidents, reports of abuse neglect and exploitation, disposition if known, and complaints. The quarters are: Quarter 1-Sept, Oct, Nov; Quarter 2-Dec, Jan, Feb; Quarter 3-Mar, April, May; Quarter 4-June, July, Aug. Data will be analyzed using descriptive statistics and a narrative.

CONTRACTED SERVICES:

AACOG is not a Provider of services. Our service array is expanded through contractual commitments. In meeting our commitment to quality service AACOG takes a proactive approach to the prevention of abuse, neglect, and exploitation of our consumers. AACOG has implemented a positive and proactive contract monitoring program. The basis of our monitoring is to ensure that the services that AACOG provides through external agencies meet the same standard of care and safety that we provide internally. Each contract with a service Provider requires that they screen their employees for criminal violations, and that after employment certain criminal violations are reported to AACOG. The list of violations is the same as for HHSC and AACOG employees to self-report. Within each contract, the provider is accountable to AACOG to maintain a safe and secure environment and to provide services, which are appropriate to the consumer. The contract Provider policies covering the rights and abuse of consumers which are provided to AACOG for review to ensure that they adequately protect consumers, and provide the information on the proper reporting of suspected violations.

Lastly, to ensure quality of service delivery, AACOG uses announced and unannounced visits to providers as a means of assuring quality and appropriateness of service provision.

TREND ANALYSIS AND REPORTING:

AACOG has implemented several reporting and review procedures to identify potential areas of high risk to clientele and to AACOG staff.

- √ As they occur, informational incident reports are reviewed and analyzed to determine if AACOG has systemic issues which need resolutions or if this is a onetime occurrence. When indicators are found that lead us to conclude that there is a systems issue, a plan of action is developed to address the situation prior to it developing into a problem which impacts on the care and safety of consumers, visitors, or staff. The types of reports that are reviewed include:
  - ❖ Incident Reports occurring within or involving consumers of AACOG
  - ❖ Reports of Restraint
  - ❖ DFPS reports of investigation
  - ❖ Monitoring reports of contract providers

EXTERNAL OVERSIGHT:

AACOG's Planning Network Advisory Committee (PNAC) also known as IDD Services Advisory Committee (IDDSAC) has developed into a proactive, independent overseer. The IDDSAC is informed if completed reports of investigations show a high frequency within AACOG or Contracted Providers. This provides AACOG with an independent evaluation of corrective actions and provides feedback on additional actions need, to preclude similar problems.

CONCLUSION:

AACOG is committed to our consumers. We strive to provide the highest quality service by employing the best possible staff available and by providing them with the skills, knowledge, and environment to perform their jobs. This same philosophy is incorporated in our contractual links to service providers and we require them to meet the same standard we set for ourselves. We have in place numerous mechanisms to monitor how well we are doing and to identify areas for improvement. When we encounter a situation of abuse of our clients, we ensure it is thoroughly investigated, and if confirmed, remedies are immediately set in place.

ATTACHMENT C: IDD SERVICES CRISIS RESPITE PLAN

The Fiscal Year 2021-22 Crisis Respite Plan was submitted to the Texas Health and Human Services Commission, Local IDD Authority Section based on submission deadline.

ATTACHMENT D: AACOG Marketing Plan and Goals

Prepared by the Internal Marketing Committee

Background

Through the *Strategic Plan* planning document, the Alamo Area Council of Governments (AACOG) has identified five thematic areas which it must address. They include the following:

- Sustained financial health;
- Enhanced regional program administration and service delivery;
- Stronger regional partnerships;
- Planning leader for regional issues; and
- Effective advocate for regional solutions.

While each could in effect be mutually exclusive, communication and marketing of AACOG could be considered the common element for bridging each piece. Further in its analysis and recommendation, the *Strategic Plan* identifies 4 fundamental areas for steering the Agency in the direction the Agency's Executive Director envisions; such that it is recognized as the premier institution for the region. The areas include:

- Enhancing financial growth;
- Communicating AACOG;
- Reformulating Organizational Governance; and
- Unifying diverse interests.

If the Agency's Internal Marketing Committee is to develop a marketing plan within the context of *Communicating AACOG*, the following areas (as described in the *Strategic Plan)* should be understood to be our operating parameters or guiding principles. They include:

- Educate constituents on AACOG programs;
- Improve communication with the Agency's Board of Directors and Governmental entities; and
- Develop a Marketing / Public Relations campaign.

Key Steps

The Internal Marketing Committee, comprised of representatives from the Area Agencies on Aging; Intellectual and Developmental Disability Services; Criminal Justice & Law Enforcement Academy; Housing and Weatherization; Natural Resources; Rural Transportation; Workforce; and Public Relations met five times since its inception in September 2009.

The first meeting focused on preliminary introductions, expectations and general issues the committee could consider throughout the marketing plan development process. Discussion focused on general ideas and themes the committee should consider as they move towards preparing the Agency's overall marketing plan.
Issues discussed include:

- Web analytics;
    - This function would afford the Agency the knowledge of who uses or accesses its information most frequently. An additional benefit is to determine where a majority of the web hits the Agency receives are generated (i.e. location). This critical information would afford the Agency the opportunity to modify and adapt its vehicle and strategy for disseminating information.
- Modernizing AACOG's web site;
    - The committee believes six issues are of paramount importance to the success of modernizing the Agency's website.
        - Analytics – the ability to determine who uses the website; the areas the users most frequent; how much time is being spent on subject matter; etc.
        - Content — The current practice of uploading any and all information to the website has resulted in hodge-podge content. If the intent was a repository, it clearly has surpassed that effort. A mechanism or protocol to sift through all information should be considered such that the most critical and relevant information is uploaded.
        - Navigability — The ability to offer a "site map" would easily afford web users a more efficient use of the site and offer a global perspective of how information is stored. More importantly, the information would be presented in an efficient manner, rather than in its current format—information overload.
        - Online Registration – Would afford users the opportunity to make financial transactions for training courses; Academy registration; conference registrations; etc. In addition, it would allow for Agency employment applications to be submitted on-line.
        - *Private Access* to providers – This would afford Agency vendors to access programmatic manuals; workbooks; or comply with contractual obligations of submitting deliverables in a timely manner.

        - Video Capability – The website should have the ability to maintain programmatic videos of various sizes and length.

- Implementation of Social Media to disseminate AACOG message;
    - The opportunity to use and implement new forms of technology to disseminate the Agency's message is critical in today's age of receiving up-to-the minute information, instantaneously. By utilizing social media, the Agency is adapting to modern conventions of communication (in both public and private institutions).
- Develop an Agency brand;
    - The committee recognizes a need to develop a brand or image. Discussion focused on a possible "mascot", similar to those of other public entities. Recognition of an image would afford individuals to easily associate the mascot with the Agency and with those programs and services it provides. More importantly, it would begin the critical association of knowledge to services being sought by potential customers.
- Program outreach v. Agency outreach;
    - As part of refocusing the image of the Agency, discussion remains as to how to balance *program v. agency* needs. Given the institutionalization and consolidation of historical practice, *program v. agency* could possibly be the lengthiest practice to modify for various reasons. However, the committee does recognize the value in knowing the programs are a function of the Agency and its success.
- Roadshows for elected officials and key staff;
    - As part of the Agency's effort to build and develop sustainable relationships with member governments, the idea of implementing this type of outreach as part of the Agency's overall marketing strategy affords Agency staff the opportunity to forge those linkages and develop sustainable relationships with both elected officials and members of civil service. Establishing a connection with membership staff would ensure continuity with "member governments" long after its elected representative is out of office. Moreover, it would showcase the wealth of information and resources available to Agency membership.
- Traditional Roadshows
    - Continuing this type of event creates opportunity for the Agency to highlight its successful direct-service programs and create linkages and partnerships with external Agencies and groups. The most recent examples of collaborative efforts include: USDA-Rural Development; the Texas Department of Aging and Disability Services; and United Way 2-1-1 Program.

The second meeting focused on social media and technology [and the market segment for which technology is the driving force for accessing information] and its impact on how the Agency markets and brands itself. Of particular interest was identifying three broad audiences:

- Market segment for which use of technology is non-existent;

- Market segment for which use of technology is familiar but not the primary medium for communication; and

- The market segment for which use of technology is the driving force for accessing information.

The third meeting afforded the group an opportunity to meet with a multi-media firm to share with the group those elements that define current trends in marketing and website development; in addition, to conduct a question-and-answer session. The intent of this session was to flesh out any and all issues the committee has discussed thus far and share these ideas with subject-matter experts and obtain feedback as to whether or not our direction is appropriate or should we consider other elements that had not been previously considered.

The committee learned that marketing should be developed and implemented in a holistic manner and not piecemeal, if the goal is to have an effective Agency plan. Fundamental questions the committee should be asking when considering the development of a marketing plan are:

- What do we want our external customers to know about us? The response to this question should be in the context of the three market segments:
    - The market segment for which technology is the driving force for accessing information.
    - The market segment for which technology is non-existent.
    - The market segment for which technology is familiar but not the primary medium for communicating.
- What do we want our internal customers to know about us? The response to this question should be in the context of the three market segments:
    - The market segment for which technology is the driving force for accessing information.
    - The market segment for which technology is non-existent.
    - The market segment for which technology is familiar but not the primary medium for communicating.
- What information or image can be presented such that anyone that reads it will immediately know the Agency and its regional role?

The fourth meeting identified the redesign and development of the Agency website as the immediate area of focus. The committee set a goal of updating the Agency website within the first two quarters of the 2012 calendar year. A coordinated effort among Internal Marketing Committee members, vis-à-vis their respective programs, would be critical to identifying those issues and elements required on a website that maximizes their respective outreach efforts and simultaneously meeting customer needs. This effort would be accomplished through the drafting of a *scope of work* to be put to tender through a *Request for Quote* that satisfies the Agency's procurement policies and procedures.

The fifth meeting focused on those elements the committee would like to see within a Scope of Work (or Terms of Reference) with respect to the document that would be put

to tender, for the redesigning and developing of a new Agency website. In addition, the committee recommended the site focus should be redeveloped and redesigned with the customer needs in mind. The factors of particular interest including:

- Ability for members to pay dues on-line;
- Modify the sites functionality;
- Include a site navigation tab;
- A secure sub-site (that is HIPAA compliant) for contractors, volunteers and related individuals to submit forms, reports, data and other program-specific requirements on-line;
- A secure sub-site (that is HIPAA compliant) for contractors, volunteers and related individuals to download manuals, forms, documents pertaining to program regulations and policies; and
- The overall site should have a consistent appearance and color scheme.

By further discussing and developing the aforementioned issues and questions, the committee is much better informed and positioned to effectively develop a plan that will afford the Agency an opportunity to maximize its participation in regional issues and to demonstrate its role as a leader on those same regional issues.
Recognizing the implications of their efforts, the committee has operated and developed a plan, established goals and identified practical deliverables within the parameters set forth in the Agency's *Strategic Plan*.

To achieve the implementation of the Agency's plan, the Internal Marketing Committee must evaluate the mechanisms for undertaking this endeavor. To the extent the Committee has begun discussing these issues; the following is a preliminary list of those vehicles. They include the following:

- Revised *Mission* and *Vision* statements to reflect the direction of the Executive Director;
- Update the Agency website both in terms of visual appeal and content;
- Utilize social media;
- Develop short and long-term strategies; and
- Effectively utilize and implement all marketing tools at the Agency's disposal.

With the aforementioned in mind, AACOG has two fundamental objectives, with respect to marketing and rebranding itself:

1. Increase its visibility and awareness within the 12-county Alamo Area region; and
2. Develop its human capital such that they are recognized as the subject matter experts within their respective fields.

The plan of action in addressing each objective is divided into a short-term and long-term plan. Broad goals are established in order to achieve the highest rate of success with regards to effectively communicating AACOG in the short and long-term, respectively. Within each goal, a deliverable is identified which measures the plan's effectiveness and success.

Short Term Plan

Goal 1

Strengthen AACOG's overall image

External perception of the Agency is critical to its success. How others perceive AACOG can play a vital role with how the Agency markets or brands itself. If people perceive AACOG to be a large, splintered, bureaucratic and non-responsive entity, then our ability to engage or interact with our audience is limited. Ultimately, this affects how we do business and our approach to accomplishing our goals.

In order for AACOG to address this, the Agency must have a presence—where the public is and tell its story. AACOG must seek out opportunities to demonstrate who we are and what we do. In other words, create linkages or opportunities for common cause. The most affordable means to achieving this goal is through the Traditional Roadshows; Roadshows for Lead Elected Officials (LEOs) and their senior staff; and Agency participation in (non-programmatic) community activities/outreach or day-of-service events.

Deliverable A

Engaging the region and creating linkages is currently being achieved through the traditional Roadshows. This event creates opportunity for four programs (Alamo Area Agency on Aging; Alamo Regional Transit; Housing and Weatherization; and Workforce Solutions) to directly sell and often times register individuals for direct assistance.

In addition, the Agency has extended invitations to the Texas Department of Aging and Disability Services; United Way 2-1-1 program; and USDA-Rural Development. These particular programs complement AACOG's current programmatic efforts either through direct assistance or through other types of services.

To date, the Agency has conducted events in the following:

1. Pearsall – community event.
2. Natalia – community event.
3. Wilson County (Floresville) – countywide event.
4. Stockdale – community event.
5. La Vernia – community event.
6. Karnes County (Kenedy) – countywide event.
7. Kerr County – countywide event.
8. Balcones Heights – community event.

Deliverable B
A Roadshow for LEOs and their senior staff is currently being discussed. Similar to the traditional events, the objective of this type of event is to share programmatic information and introduce AACOG senior staff to LEO's and their respective staff.
Why? This effort would attempt to strengthen connections (or in some cases create connections) between member governments and AACOG staff that would not normally interact with each other outside of monthly board of director meetings. Second, establishing a connection with membership staff would ensure continuity with "member governments" long after its elected representative is out of office. Third, it affords AACOG staff the opportunity to raise awareness of the Agency's subject matter expertise; and would showcase the wealth of information and resources available to Agency membership.

Deliverable C
Agency participation in [non-programmatic] community activities, outreach, day-of-service events, or similar type of activities should be an effort that demonstrates civic responsibility and investing in our greater community. The effort could be of minimal financial cost to the Agency and potentially create a large return on investment.
Why? Our employee volunteer efforts would demonstrate our commitment to serving others. For example, activities that highlight serving the community include: *Rack Gives Back* (partnership between Rackspace Managed Hosting and North East I.S.D.); CoSA's *Mentoring Matters to the Mayor* program.

Goal 2
<u>Establish a dialogue and engage the public on regional issues pertinent to AACOG</u>
AACOG must maintain a free-flow of information. As such, our customers will feel more in touch with what is occurring, such that they are more likely to listen to or consider results. Because we offer a multitude of programs, it is vital that AACOG maintain an open and accessible dialogue. Everyone has an opinion and we should empower residents of the Alamo Area region to share theirs with us.
Individuals want to feel listened to, by maintaining a transparent, two-way communication process; they are more likely to opine and feel they have a stake in the process. As a result, a feeling of worthwhile involvement is created and a sense of *knowing your opinions have been taken into consideration* is developed. This action helps promote a mutual understanding and respect between the Agency and its constituency/audience.

Deliverable
The Agency aims to design, develop and implement a new website. This would enable the Agency to meet customer demands and expectations. Currently, the website is presented as an "information overload" and creates a sense of too much information. In addition, the lack of a site map adds to the confusion or lack of direction for the customer.

A possible perception could be raised such that the Agency is not focused enough to differentiate between substantive and supportive information. As a result, it is quite possible the customer could become frustrated and leave the site completely to seek services elsewhere.
There is consensus among the committee that modernizing and updating the website is low-hanging fruit and can be easily addressed by two methods. First, contract a media company to design and construct the site, through close coordination with the Internal Marketing Committee and the department of Public Relations. Second, the implementation of social media is critical to recognizing a new form of communication with customers.
The Public Relations department would ultimately be responsible for maintaining the sites (i.e. website and social media); which would be much easier to maintain in both short and long-term. For example, each time a program requires a modification to their specific program page they would make the necessary changes in real time; however, the change would not become effective until PR reviews and authorizes. This modified practice would reduce duplication of efforts and streamline the current process of securing authorizations.

Goal 3
Implement the use of social media
If we first consider social media and its attributes, we must understand this vehicle as being designed to be a two-way communication medium, opposed to traditional communication which is only one-way. It provides an avenue for people to be heard and feel a part of the decision-making process. By implementing these modern communication practices, AACOG can establish a dialogue and engage the public on important regional issues.
Social media can be used to supplement traditional communication methods and facilitate the process for improving our image by increasing transparency. It also affords us the opportunity to highlight the Agency's programs and activities in a quick, accessible and personable manner.
The effort to incorporate social media into the Agency's repertoire of marketing tools would be in parallel with the Agency's current funding sources and more importantly, with our peers at other councils of government. Quick analyses of the 24-COGs in Texas indicate 3 institutions (Houston-Galveston Area Council; Pan Handle Regional Planning Commission and West Central Texas Council of Governments) use either Facebook or Twitter, respectively. Six COGs have recently outsourced the modernization of their website (Brazos Valley Council of Governments, Capitol Area Council of Governments, East Texas Council of Governments, Heart of Texas Council of Governments, Lower Rio Grande Valley Development Council, and Texoma Council of Governments).

Deliverable
To effectively utilize current technology (e.g. Facebook, Twitter, YouTube, etc) and techniques to both [re]capture our existing market and effectively capture a new audience. Implementing its use would enable the Agency to:

- Provide timely and accurate information about Agency programs and activities;

- Implement a new business modality for the Agency and afford us the opportunity to maintain competitiveness relative to others within our own industry and service.
- Answer the public's questions and provide information quickly in a personable and friendly manner;
- Actively seek out customer service opportunities through monitoring other social media channels;
- Create interactive elements on the website to receive feedback and provide opportunities for members of the online community to share their thoughts and create and develop Agency relationships; and
- Utilize all tools available, including social media platforms to tell AACOG's story.

Goal 4

Create and implement an effective membership campaign

The composition of AACOG's membership is critical to its long-term service delivery and sustainability. The Agency currently has a membership of 97 entities. The total aggregate is comprised of the following: 12 counties; 55 cities; 7 independent school districts; 13 special districts; 2 public utilities; and 8 associate members. In an effort to maintain current membership levels and to increase membership over the long-term, the Agency should consider implementing a comprehensive benefits presentation.

Deliverable

It should be the long-term goal of AACOG to increase overall membership. Analyzing the current composition of membership, a concerted effort to attract *independent school districts* and *associate membership* should be the primary focus. An effective membership campaign should include face-to-face visits between prospective members and AACOG senior management. In addition, the campaign should incorporate a well-developed presentation that provides specific details regarding *benefits of membership*.

Long Term Plan

Goal 1

Establish AACOG as the regional expert

The Agency maintains a strong staff of technical experts in their respective field. Currently, each individual has developed a strong network of contacts and to their credit, established themselves within a small regional community as such.

Deliverable

To capitalize on this recognition, the Agency should consider conducting a rotating *Quarterly Issues Forum*. The forum would rotate around the region on a quarterly basis and be driven by issues pertinent to that particular site hosting the event. This type of event could potentially create association between staff (vis-à-vis the Agency) and their

area of expertise; such that the general public would instinctually know where to seek subject matter expertise and whom to contact.

Goal 2

Create opportunity for AACOG

External perception of the Agency is critical to its success. How others perceive AACOG can play a vital role with how the Agency markets or brands itself. Three avenues for developing and creating opportunity exist: media training; conducting presentations; and submitting articles for publication.

Deliverable A

To prepare senior staff, the Agency should provide media training for select individuals and programs that could have a higher probability of being in a situation where media training would be beneficial. Training would encompass role playing and video-taping of presentations; which would subsequently be analyzed by a media expert and provide advice regarding improvement of overall message delivery, optics and related components.

Deliverable B

The Agency will maximize its visibility by offering to make presentations on various issues to its local constituency (i.e. chambers of commerce; Rotary Clubs; business organizations; and non-profit organizations) and generating interests by disseminating news releases regarding its current engagements and successes.

Deliverable C

The Agency will maximize its visibility and generate interests by disseminating news releases regarding its current engagements and successes. In addition, it will consider preparing *white papers* on topics administered by the Agency. These efforts will also include submitting op-ed pieces in the local regional media.

Conclusion

In general, the proposed goals are a combination of both short and long-term activities that would afford us the opportunity to rebrand ourselves as the regional experts on various issues and themes. In addition, the goals potentially create opportunity or avenues to re-engage our region and constituency.

Aside from staff time and travel expenses, it is anticipated there would be minimal financial impact on the Agency. The exception to this of course is the design, development and implementation of a new website. However, given that current marketing techniques now dictate that a website or social media sites are now the *front-door* to any entity, the cost of not addressing this issue could potentially have a much larger impact on the Agency and how it meets customer needs.

ATTACHMENT E: ORGANIZATIONAL CHART