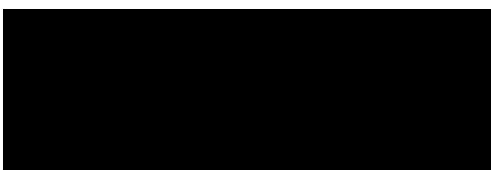




Tri-County Behavioral Healthcare

**Intellectual and Developmental Disabilities (IDD)
Local Provider Network Development (LPND) Plan
For Fiscal Years 2026 – 2027**



Board Chair
Vice

8/27/25
Date

IDD Local Provider Network Development (LPND) Plan

INTRODUCTION

Purpose of the Plan

Tri-County Behavioral Healthcare (Tri-County), a Community Center established under Chapter 534 of the Texas Health & Safety Code, serves as the designated Local Intellectual and Developmental Disability Authority (LIDDA) for Liberty, Montgomery, and Walker Counties. In this role, Tri-County is responsible for planning, coordinating, developing policy, allocating resources, and ensuring the delivery of community-based IDD services.

Under contract with the Texas Health and Human Services Commission (HHSC), Tri-County is tasked with developing a Local Provider Network Development (LPND) Plan which contemplates the use of federal, state, and local resources efficiently to meet the prioritized needs of individuals with IDD in our region.

This plan is also intended to provide a clear picture of:

- The historical context of IDD services in our service area;
- The needs of individuals with IDD;
- Current efforts to address those needs; and
- Challenges impacting our ability to meet them.

Plan Development Process

This LPND Plan reflects Tri-County's comprehensive efforts to assess local needs and align services with the HHSC Strategic Plan. The development process includes:

- Gathering stakeholder input on local service needs;
- Setting goals to divert individuals with IDD from the criminal justice system;
- Promoting placements in the least restrictive environments;
- Ensuring accountability and cost-effectiveness in service delivery;
- Exploring innovative services and delivery models; and
- Improving communication of service options—including the availability of State Supported Living Centers (SSLCs).

The planning process involves collaboration with individuals receiving services, their families, community stakeholders, SSLC representatives, providers and other interested persons. Input is collected through advertised public meetings, surveys (paper, email, and online), and direct outreach. Feedback from internal Quality Management and the IDD Authority departments is incorporated throughout the planning cycle to improve services and ensure value.

Role of the Planning and Network Advisory Committee (PNAC)

Tri-County's Board of Trustees appoints a Planning and Network Advisory Committee (PNAC) to ensure community input and accountability in the service planning process. Per HHSC guidelines, the PNAC's responsibilities include:

- Operating in alignment with directives from the local board;
- Following established outcomes and reporting requirements;
- Ensuring representation of individuals receiving IDD services and their families; and
- Integrating stakeholder perspectives into recommendations and planning.

The PNAC also serves as a bridge between the community and the Tri-County Board, advocating for responsive services and providing feedback on planning, quality and service design. The membership of the PNAC is structured to ensure representation of individuals with IDD and/or their family members. To strengthen collaboration, Tri-County also participates in a Regional PNAC (RPNAC), which supports cross-county service planning and efficiency.

HISTORY AND UNIQUE CHALLENGES OF THE LIDDA

The modern IDD service system in Texas originated in the mid-1960s as part of a national shift away from institutional care toward more inclusive, community-based supports. Texas established local Mental Health and Mental Retardation (MHMR) centers - now known as Community Centers with a designation as Local Intellectual and Developmental Disability Authorities (LIDDAs) - to make services more accessible and locally managed. Over time, these Community Centers have evolved, and now have responsibility for coordinating and overseeing IDD services in their regions, including eligibility determination, education related to service options, service enrollment, monitoring and referral.

Throughout the past few decades, the State system overseeing Community Centers, like Tri-County, have undergone review and redesign by the Texas Sunset Advisory Commission (Sunset) on more than one occasion. The Sunset Advisory Commission is a committee of the Texas Legislature, tasked with evaluating performance and making associated recommendations to the Texas Legislature. In 2003, following recommendations from Sunset, the Texas Legislature 'created the Department of Aging and Disability Services (DADS) as the single long-term care agency by consolidating the Department of Human Services and Department of Aging along with certain programs from the Department of Health, Texas Rehabilitation Commission, and the Texas Department of Mental Health and Mental Retardation'.¹ Following a subsequent review in 2015, Sunset recommended the consolidation of DADS along with the Department of State Health Services (DSHS) under the Texas Health and Human Services Commission (HHSC).

¹ Trost, Amy, Department of Aging and Disability Services Report to the 84th Legislature, 2015

In 2010, the passage of Rosa’s Law replaced the term “mental retardation” with “intellectual and developmental disability (IDD)” in federal law. While the change promoted dignity and more respectful language, it also created confusion among the general public. Many individuals and families were unfamiliar with the new terminology, which may have contributed to a reduction in public awareness, advocacy, and funding support for IDD services. Despite these challenges, Tri-County continues to prioritize education and outreach to build understanding and support.

A critical and ongoing issue in the IDD system is the lack of service options for individuals with complex co-occurring mental health conditions. Many psychiatric hospitals in Texas exclude individuals with an IQ below 70, denying access to needed inpatient care. When behavioral health needs escalate beyond what local resources can handle, some individuals are instead placed in jail or other environments which may not be most effective in meeting their needs.²

Funding challenges compound these service gaps and have historically been inadequate to meet the needs of the IDD population leading to heavy reliance on State general revenue and limited Medicaid dollars. In 2011, the Texas legislature adopted a budget that included around 152 million dollars in cuts for those with no funding source, known by some as general revenue, and reduced funding for individuals with developmental disabilities to a significant degree. Locally, Tri-County Behavioral healthcare was impacted by an estimated 26% decrease in general revenue. This decrease in general revenue, when combined with other IDD funds lost as a part of that Legislative Session, resulted in the loss of almost a million dollars and resulted in the closure of the Conroe Life Skills location in addition to a reduction of workforce.

In recent years, despite efforts made by the State to improve funding for the IDD system of care, rates remain insufficient to cover the true cost of care delivery and have contributed to high staff turnover and workforce shortages. In addition to the fact that rate enhancements have not risen in line with cost of living, providers do not realize profit margins that allow them to raise compensation in order to meet competitive salaries needed for retention of the IDD workforce. For example, as of 2024, the average wage for personal care attendants in Texas is around \$10.60 per hour – ranking 50th in the nation.³ Many families and providers have emphasized that wages must increase to attract and retain quality caregivers.

Service access is also affected by a high number of individuals interested in Medicaid Waiver programs who are placed on Interest Lists until these waiver program services become available. The rate at which waiver slots are released, the type of waiver applied for, and funding limits, all impact the time individuals with IDD may wait for Waiver services. More than 176,000 Texans are currently on Interest Lists, a 73% increase since 2015, with some individuals waiting nearly 20 years for services to be available. According to a 2024 report by the *Arc of Texas*, this growth in demand has not been matched by increases in funding or capacity, resulting in unmet needs and service gaps.⁴

² <https://www.thearcoftexas.org/blog/press-release/>

³ <https://www.thearcoftexas.org/blog/press-release/>

⁴ Stuckey, Alex, Out of Options: Addressing Inequities in Care for Texans with Intellectual and Developmental Disabilities (IDD) and Mental Illness, 2024, p. 13

As providers across Texas close due to financial pressures, individuals with IDD and their families are left with fewer options. These systemic issues continue to affect the quality and availability of care in Tri-County's service area.

LOCAL SERVICE AREA

Texas is home to more than 500,000 individuals with IDD, according to the 2022 IDD Statewide Strategic Plan.⁵ While county-level data is limited and exact numbers are unknown, information provided by the National Institute of Health (NIH) estimates the prevalence of IDD in children to be around 2-3% in the United States.⁶ Tri-County Behavioral Healthcare serves as the designated LIDDA for Liberty, Montgomery, and Walker Counties - an area spanning 2,984 square miles with considerable geographic and demographic variation.

Overview of Counties

Walker County, located north of Montgomery County, is considered rural. The population of Walker County based on 2020 Census data is 76,400, with a July 2024 estimate of 83,722 and a median age of 36.9 years old. The racial makeup of the population includes the following estimates*:

Walker County Race and Ethnicity	Population
White	42,800
Black or African American	16,638
Hispanic or Latino	16,578
Asian	1,148
American Indian/Alaskan Native	468
Native Hawaiian and Other Pacific Islander	42

* This table represents general estimates provided by the US Census but should not be used to calculate population as they may include duplicates across categories and do not account for all individuals with more than one identified race or ethnicity.

The non-English language spoken in Walker County is Spanish, which is spoken by 14.58% of the population. The per capita income is \$35,887 and 22.5% of residents live in poverty, according to the 2023 American Community Survey 1-Year Estimate. Major institutions such as Sam Houston State University and Huntsville State Penitentiary significantly impact the local economy and demographics.⁷

Liberty County, located east of Montgomery County and north of Harris County, is also designated as rural. Based on 2020 Census data, Liberty County has a population of 91,628, with

⁵ <https://www.hhs.texas.gov/sites/default/files/documents/statewide-idd-strategic-plan-jan-13-2022.pdf>

⁶ <https://www.nichd.nih.gov/health/topics/idds/conditioninfo/risk>

⁷ https://data.census.gov/profile/Walker_County,_Texas?g=050XX00US48471

a July 2024 estimate of 115,042 and a median age of 32.8 years old. The racial makeup of the population includes the following estimates*:

Liberty County Race and Ethnicity	Population
White	55,857
Hispanic or Latino	30,797
Black or African American	7,171
American Indian/Alaskan Native	1,100
Asian	499
Native Hawaiian and Other Pacific Islander	17

* This table represents general estimates provided by the US Census but should not be used to calculate population as they may include duplicates across categories and do not account for all individuals with more than one identified race or ethnicity.

Liberty County has a growing Hispanic population, particularly in unincorporated areas like Colony Ridge, now thought to be the largest Colonia in the State of Texas. Spanish is spoken by 22.54% of the county residents. Per Capita income is \$39,398, representing a decrease of almost 2% from 2019 data, with 12% of the population living in poverty according to the 2023 American Community Survey 1-Year Estimates. Limited access to healthcare and other support services remain a significant barrier for many residents in this county.⁸

Montgomery County, the most populous of the three counties, with a 2020 Census population of 620,443, a July 2024 estimate of 749,613 and a median age of 37.3 years old. The racial makeup of the population includes the following estimates*:

Montgomery County Race and Ethnicity	Population
White	407,926
Hispanic or Latino	164,089
Black or African American	35,394
Asian	21,830
American Indian/Alaskan Native	6,049
Native Hawaiian and Other Pacific Islander	732

* This table represents general estimates provided by the US Census but should not be used to calculate population as they may include duplicates across categories and do not account for all individuals with more than one identified race or ethnicity.

The County includes both affluent and low-income areas, leading to significant disparities in available resources with per capita income of \$51,170 (2023). The non-English language spoken by the largest group in Montgomery County is Spanish, which is spoken by 18.54% of the

⁸ https://data.census.gov/profile/Liberty_County,_Texas?g=050XX00US48291

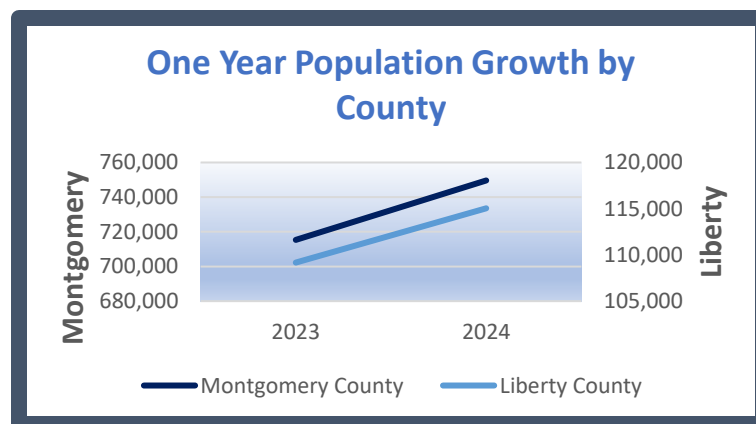
population.⁹ While Montgomery County offers more resources overall, the rural northern parts of the County still experience limited access to services.

Key Regional Challenges

Despite being adjacent counties, Liberty, Montgomery, and Walker are diverse in population density, infrastructure, and resource availability. While suburban growth exists in pockets of each county, many areas remain rural, with residents facing serious challenges such as:

- Lack of public transportation options;
- Lack of critical infrastructure in some areas;
- Limited access to internet and telehealth;
- Long distances to service locations;
- Traffic congestion in more populated areas;
- Significant poverty rates;
- Inadequate access to medical care;
- Lack of affordable housing; and
- Other unmet social determinants of health.

These barriers impact both access to, and provision of, services. Due to limited transportation options and rising cost of fuel, some individuals have expressed difficulty traveling to clinics or community sites to receive services, resulting in increased staff travel across large geographic areas to deliver care. Staff travel is further impacted by increased travel time to and from locations in and around the counties which significantly impact cost effectiveness. Additionally, Tri-County faces growing pressure from rapid population growth. According to a 2025 article published by the Texas Tribune, both Montgomery and Liberty Counties ranked among the top 10 fastest-growing counties in Texas. Between July 2023 and July 2024 Montgomery County showed a 4.8% growth rate to include an increase of 34,268 residents, while Liberty County showed a 5.4% growth rate which included an increase of 5,870 residents.¹⁰ Undercounting in the census, especially among undocumented or transient populations, means the true number of individuals needing services may be even higher.

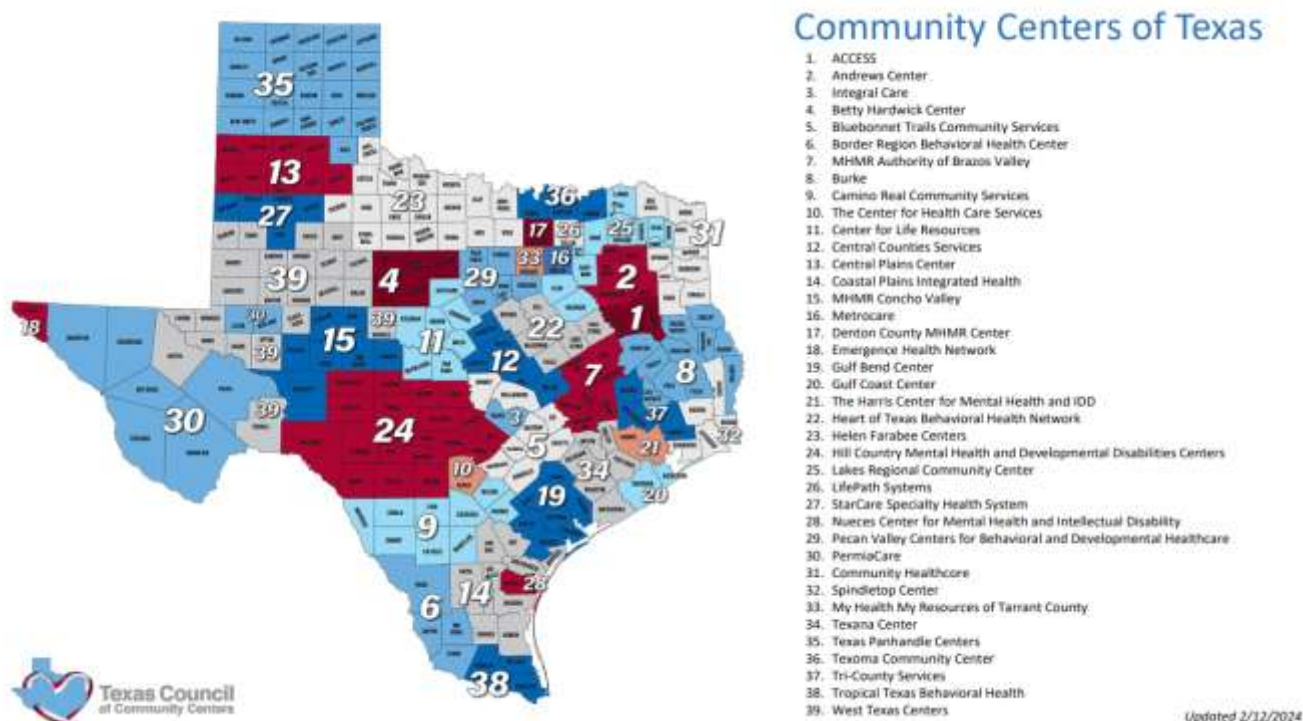


⁹ https://data.census.gov/profile/Montgomery_County,_Texas?g=050XX00US48339

¹⁰ <https://www.texastribune.org/2025/03/13/texas-urban-population-census-2024/>

Compounding these difficulties, proximity to Houston and adjacent State Supported Living Centers (SSLCs) creates competition for qualified staff, as State institutions and urban providers offer higher wages. Recruiting and retaining skilled personnel remains one of Tri-County's most significant challenges.

The image below, provided by the Texas Council of Community Centers, shows the LIDDA service areas by Community Centers across Texas. Tri-County Behavioral Healthcare's service area is identified as number 37:



CURRENT SERVICES AND CONTRACTS

Tri-County Behavioral Healthcare is one of 39 Community Centers across Texas that provide services for individuals with intellectual and developmental disabilities (IDD). As both the Local Intellectual and Developmental Disability Authority (LIDDA) and a Home and Community-based Services (HCS) Waiver provider, Tri-County delivers a range of services for individuals who qualify and those who choose Tri-County as their provider (as space allows).

Due to demand that often exceeds available resources, the Texas Health and Human Services Commission (HHSC) prioritizes service delivery to specific populations, as defined in 26 Texas Administrative Code, Chapter 304, Subchapter A. The **IDD priority population** includes individuals who meet one or more of the following criteria:

- A person with an intellectual disability (as defined by Texas Health & Safety Code §591.003(15-a));
- An individual diagnosed with autism spectrum disorder (per the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria);
- A person with a related condition (per HHSC's approved list) who is eligible for, and enrolling in, services through ICF/IID, HCS, TxHmL, or other HHSC-approved programs;
- A resident of a nursing facility eligible for specialized services for IDD or a related condition (per Section 1919(e)(7) of the Social Security Act);
- A child eligible for Early Childhood Intervention services through HHSC;
- An individual diagnosed with a pervasive developmental disorder before November 15, 2015, by an authorized provider (as defined in 26 Texas Administrative Code, Chapter 304, Subchapter A, §304.102).

Eligibility is determined through comprehensive assessment by a qualified professional. Service access is based on clinical need, eligibility, and resource availability. In alignment with Tri-County's contract with the State, services must prioritize individuals with the most intense needs when resources are limited.

Services and Supports

Service offerings vary based on individual need, eligibility, and available funding. These services may include, but are not limited to:

Eligibility Assessment:

Individuals seeking IDD services undergo an assessment conducted by a licensed psychologist to determine whether they meet the criteria for IDD or fall within the HHSC-defined priority population.

Person-Directed Planning:

Once in services, a Person-Directed Plan is developed for each individual with IDD that identifies personal needs, preferences, strengths, and goals. The plan outlines the specific services, supports, and training needed to promote independence and quality of life.

Service Coordination:

Case Management is provided by Service Coordinators who help individuals access needed services such as medical, educational, social, and community-based supports. This service may involve care coordination, monitoring progress, facilitating transitions, and ensuring each person receives appropriate services aligned with their Person-Directed Plan.

Continuity of Care:

Continuity of Care services support smooth transitions between settings, such as from community services to a State Supported Living Center (SSLC), or from an SSLC back into the community. These services ensure individuals maintain necessary care and supports during these transitions.

Respite Services:

Respite care offers short-term relief for caregivers by providing supervision and support for the individual. Whenever possible, families select the respite caregiver and guide them on the individual's needs. Respite services are available in two forms:

- **Routine Respite:** Provided as outlined in the Person-Directed Plan, based on funding availability.
- **Crisis Respite:** Time-limited support during a behavioral or psychiatric crisis, providing a safe environment for stabilization or transition planning.

Individual Skills and Socialization (ISS):

ISS services, previously known as Day Habilitation, focus on skill-building and social engagement in line with the individual's person directed plan. Training occurs in center-based and community settings and includes areas such as grooming, communication, socialization, domestic skills, academic skills, pre-vocational training, recreation, and job readiness.

Community Support Services:

These services assist individuals in developing skills to live independently or with family. Supports may include skill development in the following areas:

- Personal hygiene
- Mobility and navigation
- Money management
- Shopping
- Self-advocacy
- Leisure and recreation
- Medication management
- Use of assistive technology

Referrals:

When services are not available through Tri-County or a qualifying waiver program, referrals are made to community providers.

Network Development

Tri-County delivers most IDD services directly through LIDDA-employed staff. However, in some cases—such as specialized crisis respite—we may contract with external providers to ensure access, cost-effectiveness, or individual choice.

When contracted services are utilized, Tri-County seeks providers who meet state licensure or certification requirements and have demonstrated experience in delivering quality care. The LIDDA maintains oversight to ensure individuals are educated on service options to include available providers and that services are delivered effectively and in accordance with the individual's Person-Directed Plan. Accountability, quality assurance, and value are all essential components of the contracting process.

If an individual has questions regarding provider licensing or credentialing, they are encouraged to contact the relevant state licensing board.

NEEDS ASSESSMENT

Stakeholder Engagement Process and Identifying gaps and needs

Tri-County Behavioral Healthcare's local planning process for the LIDDA is based on the *Guidelines for Local Service Area Planning*, dated February 28, 2005, along with guidelines outlined by the current HHSC IDD Performance Contract. This framework emphasizes gathering public input and addressing regulatory priorities, including alignment with the goals outlined in the State IDD Strategic Plan. These goals are discussed in greater detail in the "Addressing the Needs" section of this plan.

Stakeholder feedback is gathered on an ongoing basis through surveys, meetings, and regular communication with individuals served, their families, and community partners, including the State Supported Living Center (SSLC) and Planning Network Advisory Committees (PNACs). In addition to direct stakeholder input, the Center incorporates findings from its strategic plan, community needs assessments, and internal and external data to identify service gaps and unmet needs.

During this planning cycle, Tri-County hosted six IDD-specific planning meetings and collected 65 stakeholder surveys across the three counties served. Outreach was also conducted with State Supported Living staff in order to obtain feedback on the Local Plan.

Key Themes Identified

The following needs and concerns emerged from planning activities:

- Ongoing transportation challenges for individuals with IDD;
- A need for family and peer support;
- Increased availability of existing services such as respite and employment supports;
- The need for affordable Applied Behavior Analysis (ABA) services for adults with Autism Spectrum Disorder;
- Greater access to social activities and support groups for individuals with IDD and their caregivers;
- Importance of staff retention across IDD service providers;
- Additional funding to support recruitment and retention of qualified staff, expand respite care, and scale services to meet growing demand;
- Concerns regarding the number of individuals losing Medicaid across the state;
- Need for continued community education, especially around life transitions and first responder training on IDD;
- Importance of inclusive programming, while also ensuring individuals have opportunity to live in the least restrictive environment;

- Challenges navigating a complex system of care, including long waitlists, extensive paperwork, Medicaid maintenance, and guardianship processes;
- Need for better education of stakeholders about LIDDA funding constraints and contractual limitations;
- A gap in specialized psychiatric services tailored to individuals with co-occurring mental health and IDD, including both inpatient and outpatient care.

Notably, while most survey respondents were already familiar with the IDD Interest List, 11 indicated they were unaware. Their contact information was forwarded to the IDD department as part of the planning follow-up. Respondents most frequently reported learning about the list through Tri-County, other agencies, schools, or friends - highlighting effective communication channels for future outreach.

Key SWOT Considerations

The following strengths, weaknesses, opportunities, and threats were identified through planning activities and ongoing stakeholder engagement:

1. Strengths

- **Commitment to compliance and quality:** Tri-County benefits from experienced staff with strong knowledge of regulations. Ongoing quality assurance processes support continuous improvement.
- **Strong community partnerships:** Tri-County maintains collaborative relationships with key stakeholders, supporting coordinated care within privacy guidelines.
- **Successful community engagement:** Tri-County hosted IDD-focused community events in both 2023 and 2024, including the inaugural IDD Awareness Day. These events have increased community awareness and involvement.

2. Weaknesses

- **Staff turnover and retention:** Staff frequently cite low pay and high expectations as reasons for leaving. The complexity of the system and documentation requirements can be overwhelming for some.
- **Funding limitations:** Stakeholders express a desire for both more of the current services and new offerings outside the LIDDA's scope, but funding often falls short of supporting these expectations.
- **Highly regulated services:** While necessary, regulatory requirements can sometimes hinder service efficiency and quality which may create additional stress for families. Tri-County participates in ongoing quality improvement efforts to address barriers and streamline processes where possible.
- **Autism service eligibility:** The current State priority population excludes some individuals with autism, limiting access to needed supports for those outside the eligibility criteria.

3. Opportunities

- **Expanding IDD awareness:** Continued community interest presents an opportunity to grow support and engagement.
- **Improving documentation tools:** Increased use of the Electronic Health Record (EHR) may reduce documentation burdens, improve compliance, and streamline data collection.
- **Fundraising and grants:** Tri-County continues efforts to explore funding opportunities to supplement existing services.
- **Community education:** Demand for presentations and workshops about IDD topics provides a chance to strengthen partnerships and raise awareness.
- **New HB 1188 initiative:** The Center anticipates new opportunities to connect students in its service area with the IDD Interest List and available supports, although implementation details are still being developed.

4. Threats

- **Rapid system changes:** Frequent changes in the IDD service system create constant needs for retraining, new procedures, and system adjustments, impacting both staff and service recipients.
- **Inadequate funding:** Funding has not kept pace with the rising cost of living, contributing to provider closures and service gaps.
- **Psychiatric service shortages:** Lack of inpatient facilities equipped to support individuals with IDD who have dual diagnoses and complex behavioral or medical needs.
- **Loss of institutional knowledge:** Staff turnover, including retirement, has resulted in the loss of historical knowledge and insight critical to navigating the system.
- **Complex documentation requirements:** Extensive administrative and documentation guidelines affect staff efficiency, retention and provider availability by increasing costs and time needed to remain in compliance with expectations.

Summary

Planning efforts are continuous throughout the year. The insights gained from the SWOT analysis and stakeholder input directly inform the goals and objectives outlined in the next section of this plan.

ADDRESSING THE NEEDS

Following scheduled planning activities, Tri-County incorporated findings from the Needs Assessment, SWOT analysis, and feedback gathered throughout the local planning process, including public input. This combined information identifies key themes and priorities to guide the development of meaningful Center goals and objectives that align with State strategic goals and reflect stakeholder input, including feedback from the PNAC. The following section outlines how the Center is currently aligned with the State contract and strategic plan, and sets forth goals for the upcoming planning cycle:

1) Improve and support health outcomes and well-being for individuals and families while ensuring the least restrictive environment

- Upon enrollment, LIDDA staff inform individuals of all available service options, including State Supported Living Centers (SSLCs). These discussions are revisited annually - through the Identification of Preferences (IOP) form - upon request, or when there are changes in circumstance.
- Assessments are conducted by trained and credentialed staff, in accordance with State regulations, to evaluate individual needs and preferences and recommend the least restrictive and appropriate service environment. Currently, Tri-County employs two IDD psychologists.
- Service Coordination includes ongoing monitoring and referrals, consistent with the timelines in each individual's Person Directed Plan and guided by State regulations.
- Continuity of Care (COC) is provided for individuals placed in more restrictive settings, such as SSLCs, to ensure ongoing appropriateness of placement.
- Client satisfaction surveys and regular communication with the PNAC are used to gather feedback and seek innovative ways to improve communication, education, access to SSLC and other placement options.

2026 Goal:

Tri-County will continue to engage with local agencies and community partners and participate in transparent discussions at both the State and local levels regarding funding needs to address community and workforce demands.

2) Ensure efficient access to appropriate services

- Tri-County employs two psychologists and has made reducing intake wait times a strategic priority. As of July 2025, 335 DIDs have been completed to improve access across the service area.
- Tri-County actively participates in quality assurance activities, including monitoring complaints and integrating feedback from individuals and families to continuously improve services and supports.

2026 Goals:

- Continue monitoring and refining the intake process to ensure timely access to services, incorporating stakeholder feedback as needed.
- Utilize feedback from individuals and stakeholders to guide ongoing quality improvement initiatives and promptly address any service barriers.

3) Protect the health and safety of vulnerable Texans

- Tri-County has a designated Rights Protection Officer who oversees responses to allegations of rights violations and is available to assist staff, individuals, and guardians.

In situations where Tri-County does not have designated oversight of reported concerns, referrals are made in accordance with regulations.

- A comprehensive Quality and Utilization Management Plan guides the Center's quality and risk management activities to include mechanisms to protect the health and safety of individuals served.

2026 Goals:

- Maintain compliance with regulations in responding to complaints, rights violations, and abuse/neglect/exploitation (ANE) reports, and address any emerging trends.
- Support individuals experiencing interruptions in Medicaid or other benefits by providing advocacy and assistance.
- Strengthen collaborations with community partners, including SSLCs, to support high-risk individuals.

4) Ensure efficiency, accountability, value, and cost-effectiveness of service delivery

- Tri-County's Quality and Utilization Management Plan guides monitoring of service compliance, making necessary adjustments and implementing corrective actions when needed.
- Efficiency, accountability, and cost-effectiveness are evaluated using electronic health record (EHR) and utilization management reports, which inform improvements in service delivery.
- Tri-County participates in resource and information sharing initiatives through regional and statewide networks such as the East Texas Behavioral Health Network (ETBHN) and the Texas Council for Community Centers, resulting in greater cost savings and efficiencies.

2026 Goal:

Continue identifying opportunities to enhance EHR usage to improve documentation efficiency and reduce paper-based processes. Potential projects may include developing tools to assist Service Coordinators in meeting compliance requirements while maintaining person centered and individualized documentation.

5) Divert individuals from the criminal justice system

- Crisis services, including an IDD Crisis Intervention Specialist and Mobile Crisis Outreach Team, are available 24/7 to support individuals in crisis and divert from jail when possible.
- Tri-County has prioritized contracting with quality crisis respite providers to serve dually diagnosed individuals and those with complex medical needs.
- Through access to the Texas Law Enforcement Telecommunications System (TLETS), Tri-County is able to identify when individuals intersect with the criminal justice system,

allowing for coordinated support. Tri-County has a staff liaison based in the Montgomery County Jail who is available to facilitate reentry connections to LIDDA services as needed.

- Tri-County has tenured staff that have maintained collaborative relationships with criminal justice agencies and are able to provide support for justice-involved individuals served by the LIDDA.

2026 Goals:

- Provide educational opportunities for first responders and criminal justice personnel to improve understanding of the IDD population.
- Explore funding or partnerships to expand Jail Liaison coverage into additional counties and jails within the Tri-County service area.

6) Foster innovation in services and service delivery

- Tri-County regularly collaborates with agencies and organizations to expand access to resources for individuals and families.
- Over the past two years, Tri-County has hosted well attended annual IDD Awareness Day events, featuring proclamations, a walk-and-roll, talent show, and participation from local stakeholders.
- In December 2024, a stakeholder luncheon was held to raise awareness of LIDDA role and services and highlight system-level challenges and barriers.
- Tri-County remains committed to enhancing information-sharing practices in accordance with privacy regulations and the HHSC Data Use Agreement.

2026 Goal:

Continue identifying opportunities to collaborate with local agencies and raise community awareness about the IDD population including community education as funding allows.

UPDATING AND REVIEWING THE PLAN

The Local Planning process is continuous and evolves with public input collected throughout each planning cycle. Priorities are reviewed and adjusted to align with the State IDD Strategic Plan, community and service needs, available funding, and stakeholder input. The Planning and Network Advisory Committee (PNAC) provides ongoing feedback and formally reviews the plan prior to its adoption by the Tri-County Board of Trustees.