

The LifePath Systems

Local Provider Network Development Plan FY 2024-2025

I. MISSION/VISION/VALUES

MISSION

To serve individuals and families impacted by behavioral health, intellectual or developmental challenges, resulting in stronger communities.

VISION

LifePath Systems will be a constantly improving, accountable system of care that responds to the identified needs of individuals, stakeholders and the communities we serve.

VALUES

LifePath Systems is committed to the following values:

- **Service Excellence:** We will provide timely, professional, effective and efficient service to all individuals receiving services.
- **Stewardship of Resources:** We will utilize all Center resources efficiently, appropriately, and with transparency and ethical and fiscal accountability.
- **Integrity:** We will act with honesty and honor without compromising the truth.
- **Workforce Development:** We understand that the professionalism and drive of our people are the most important factors in the quality of the services LPS provides. We will hire talented people, increase their skills through training and experience, and provide opportunities for personal and professional growth within the Center.
- **Credibility:** We will strive to earn enduring credibility with our stakeholders, which we believe is essential to maximizing our potential as a health care provider.
- **Community:** We will continue to help meet the needs of an underserved segment of our population thus contributing to society and demonstrating social responsibility.
- **Continuous Improvement in Measurable Ways:** We will identify the key needs of individuals receiving services, assess how well we meet those needs, continuously improve our services and measure our progress.

II. LOCAL PLANNING PROCESS

LifePath Systems sent out a Community Needs Assessment survey on July 23, 2020 via Survey Monkey to 2,119 people to review any possible changes in needs community-wide. The recipients included families of people receiving LifePath Systems services, people on the Interest List, people on the Front Door waitlist, Independent School Districts, Planning and Network Advisory Committee (PNAC) members, Parks and Recreation, Special Needs Ministries from various local churches, providers, etc. The due date for completed surveys was initially established for July 31st but was extended to August 5th in order to increase the return rate. The survey sent had an 11% return rate (234 people). The results of this survey included:

The services that are most frequently utilized are:

- Service Coordination (34%)
- Specialized Therapies (30%)
- Psychiatric service (20%)
- Respite (19%)

The services most frequently identified as needed in the future are:

- Specialized Therapies (64%)
- Service Coordination (63%)
- Respite (52%)

The most frequently identified services rated as *Very Important* were:

- Crisis services (85%)
- Specialized Therapies (83%)
- Supported Employment (77%)
- Residential living (76%)
- Respite (74%)
- Behavior Support (70%)
- State Supported Living services (70%)
- Transportation (69%)
- Service Coordination (63%)
- Psychiatric Services (59%)
- Day programs (57%)
- Adaptive/medical equipment (52%)

The most frequently requested *Other* services were:

- Child care assistance
- Day Habs
- Education and community resources
 - Caregiver education (communication skills and techniques)
 - Employment assistance
 - Life skills
 - Service delivery
 - Transition services
- Financial assistance
- Respite/residential services
- Social engagement opportunities
- Transportation

There were multiple comments that people were either privately paying for or received assistance from school for Behavioral Supports (ABA Therapies), Specialized Therapies, and/or Psychiatric services and would need assistance if their insurance/school no longer covered this service. The theme for most comments and follow-up calls, is that people need services now rather than being placed on Interest or wait lists to receive services. One person stated, “The lack of child care for them (parents) prevents employment, keeps families in poverty and needing more services.”

We currently have 0 people waiting to receive GR funds for Respite and Day Habilitation services. ABA therapies and counseling have been requested by the community as a whole via phone calls,

emails, and from Service Coordinators. We continue to send out Satisfaction Surveys on a quarterly basis with satisfaction overall with supports and services.

Interaction with State Facilities

Interaction with state facilities is primarily accomplished with the State Supported Living Centers through the efforts of the Continuity of Services Specialist. We have one person who has been in this role for several years so we have experienced continuity and have built good working relationships. Our Continuity of Services staff attend quarterly Continuity of Services meetings at Denton State Supported Living Center with other COS staff from the Denton catchment area. Our staff work closely with the State Supported Living Center Admissions Coordinator in completing application packets when admissions are planned. Our utilization of the State Supported Living Center has increased in the last two years - we coordinated eight (8) placements into State Supported Living Centers in the past 2 years. We've had two (2) community placements back into the community in the past 2 years and currently two (2) referrals for community placement from State Supported Living Centers. LifePath Systems participates in the Community Living Options Information Process (CLOIP). LifePath Systems is notified 45 days in advance of the annual planning conference for individuals residing in Denton State Supported Living Center. A caseworker contacts the individual's legal guardian or visits the individual to determine if they are interested in further information about living options in the local community. If the person or guardian is interested the team at the State Supported Living Center will refer the person for community placement and the coordination of the placement process will begin.

Goals to ensure an individual with Intellectual and Developmental Disabilities is placed in the least restrictive environment appropriate to the person's care.

The Center employs a number of techniques to accomplish this objective:

- All persons receiving service coordination participate in a person-directed planning process designed to help define the desired and most appropriate living situation for that individual.
- When out of home placement is sought for children, the case is presented at the local CRCG to assure all local resources have been brought to bear. Permanency planning is done to define the most appropriate living situation, and if the most appropriate situation is not available or desired by the family, a plan is developed to move in that direction.
- The continuity of care caseworker stays in touch with families and residential placements to monitor the suitability of the placement and support the permanency plan.
- The Center works closely with local housing authorities to maximize the eligibility for Section 8 housing - preserving people's eligibility for Section 8 and getting on the waiting list during enrollment periods. Currently, Collin County communities participating in the Section 8 program do not accept new entries on their waiting lists. From time to time, we learn of a "window" for adding names and move quickly to inform clients and families and place all interested persons on the list at that time.

Criteria for assuring accountability for, cost-effectiveness of, and relative value of service delivery options:

- All programs of the Center have developed productivity measures using billing data and other data sources to ensure staff time is being utilized efficiently
- Services that cannot be provided efficiently and cost-effectively are contracted rather than provided by Center employees. All services are provided at the reimbursement rate or as close to the rate as possible. Services that are entirely contracted for General Revenue rather than provided by employees include respite, and day habilitation. Waiver services contract for

host home/companion care, respite, supported home living, day habilitation, speech therapy, physical therapy, occupational therapy, and dietary. This allows not only cost effective services but more consumer choice, as they can refer providers of their choosing and choose among day habilitation providers. Other payment sources have been developed for services, including Texas Workforce Solutions (TWS) and contracting as a provider of supported employment with other HCS/TxHmL providers. We have increased our Medicaid billings through increased oversight of HCS, TxHmL and ICF services billing.

Opportunities for innovation to ensure that the Local Authority is communicating to all potential and incoming individuals about the availability of services of State Supported Living Centers for persons with Intellectual and Developmental Disabilities in the local service area of the Local Authority.

- LifePath Systems reviews the contractually required Attachment A-7, Options for Intellectual and Developmental Disabilities Services and Supports form with all individuals contacting the Center for services and for placement on the HCS waiting list. The form is also reviewed with all individuals admitted to services as part of the annual review process. The availability of the State Supported Living Center as a residential option is discussed with the public in our presentations at Transition Fairs and other public speaking venues, and referral for State Supported Living Center placement is listed as an available service in our IDD services brochure.

Local Plan Review Goal 1: LifePath Systems will increase the resources available to fund services.

- LifePath Systems currently has a Director of Special Projects that works directly with the Foundation Board to lead fund raising, volunteer/student projects, and community outreach. LifePath Systems hired a Grant Writer and a Branding & Communications Specialist this past fiscal year. We have had several fund raisers this past year and received multiple grants, raising approximately \$4.3 million for the center with \$10,000 going towards IDD Supported Employment virtual job coaching/social skills/health & wellness training sessions. The fund raiser for this past Spring has been rescheduled for October 2021, in which all proceeds will go to benefitting the IDD division. Sweet Dreams annual fund raiser has been rescheduled and will be held virtually in April 2022.
- Volunteers have been utilized to assist with Front Door calls. In addition, volunteers have assisted with a variety of activities with the people supported, landscaping projects, and maintenance of our group homes this past year, saving LifePath Systems funding. We had a total of 64 volunteers this past year for a total of 4963 hours, and a total value of \$134,988.00.
- In FY20, we requested and received more than \$900,000 from Collin County. These funds were allocated across all divisions within LifePath Systems to address the increased COVID-19 expenses (e.g. PPE, Zoom licenses, deployed equipment, etc.). Majority of the funds went to increasing the Direct Support Professionals wages temporarily from \$10/hour to \$15/hour throughout the remainder of the calendar year to provide each of the staff a living wage so they can afford to work one job, reducing their exposure to COVID-19.

Goal 2: LifePath Systems will build a stronger Planning/Network Advisory Committee.

- We have representatives from Region X, an advocacy organization and parents of people receiving services. The committee meets quarterly. We are actively seeking new members that would enhance our present membership.

Goal 3: LifePath Systems will be a leader within the community, educating families and public about the needs of and available resources for people with IDD.

- We provided monthly, if not more often, training and/or connecting families, people receiving services, and other stakeholders to resource fairs on such issues as guardianship, SSI, transition to the workforce, availability of LPS services, and other related information. The most requested and well attended meeting was in regard to guardianship. We provided a Spanish interpreter to reach our Spanish speaking families.

The IDD management team reviewed the Local plan goals and they are reviewed annually by the Planning Network Advisory Committee.

III. Behavioral Health and Intellectual and Developmental Disability Services

HISTORY AND ORGANIZATIONAL OVERVIEW

LifePath Systems was established in 1986 as Collin County Mental Health Mental Retardation Center by the Collin County Commissioners Court. The Commissioners, as the official sponsoring agent, appoint the nine-member Board of Trustees. The Trustees, who are appointed for two year terms, are charged by Texas law with the fiscal oversight of the Center, the appointment of the Executive Director, and the establishment of center policies. The Center began as a provider of mental health and IDD services. Beginning with a budget of \$640,000 and 22 employees, the only services available were two small mental health outpatient clinics, a 12 bed residential site and a single State Supported Living Center liaison worker. IDD Services grew when the Center purchased a sheltered workshop from North Texas Rehabilitation Services in 1988. In 1992, the Center became a provider of Home and Community-based (HCS) services. In 1990 the Center added Early Childhood Intervention Services. The Center made a commitment to innovation in the delivery of vocational services by converting from a sheltered workshop provider to a supported employment provider in 1996. In 1999 the Center added Rockwall and Kaufman County to its ECI service area and adopted the d.b.a. of LifePath Systems. In 2018, we added Grayson and Fannin counties to our ECI service area. Currently the Center's IDD Division offers provider services including HCS, ICF-IID, and TXHmL services. In addition, we provide Waiver and Non-waiver service coordination, supported employment, GR funded services (including respite, and day hab), PASRR, Habilitation Coordination, and crisis intervention/crisis respite services. Our IDD division annual budget for 2022 is \$7.8 million with 88 employees. This is a significant increase of supports and individuals receiving those supports with a significant decrease in the manpower funded to provide those supports.

The Center received funding in 2018 to provide crisis intervention and crisis respite services. The demand for such services exceeded the amount of funding to provide those services. In FY20, LifePath Systems contracted with MHMR Tarrant County to have the Crisis Intervention Specialist become certified in the START (Systemic, Therapeutic, Assessment, Resources, and Treatment) model. This model serves people diagnosed with intellectual/developmental disabilities and co-occurring behavioral health conditions. Since funds are limited to providing behavioral supports while in crisis respite, this training will provide us the flexibility to provide supports in a more efficient manner.

SERVICES AND SUPPORTS

LifePath Systems currently offers the following services and supports for persons with a priority population diagnosis:

- Intellectual and Developmental Disabilities Front Door Services- Intake, Interest List Management, Consumer Benefits Assistance
- Eligibility Determination
- Service Coordination

- Respite Services
- Supported Employment- Job Development, Job Training, Continued Support
- Day Habilitation
- County Support Grant
- ICF-IID
- HCS
- TxHmL
- PASRR
- Crisis Intervention and Crisis Respite

IV. Populations

Service Population Demographics

Population Size

One of the themes in the history of this Center has been explosive population growth. The population of Collin County has grown from 782,341 in 2010 to 1,018,952 in 2018 (The County Information Program-TCIP); an increase of more than 28%. The population of Collin County is anticipated continued growth.

These numbers make Collin County:

- One of the fastest growing counties in Texas, and one of the fastest growing in the U.S.
- The 7th most populous county in Texas
- The 45th largest county by population in the United States

(Collin County Website <https://www.collincountytx.gov/living/Pages/numbers.aspx>)

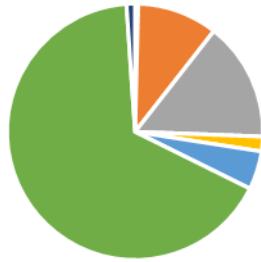
Age of Population

LifePath Systems serves children and adults. As of 2018, 25.9% of Collin County's populations were children under the age of 18. Approximately 33% of the individuals served in IDD are under the age of 18. In order to receive any State or GR funded services, a person must have Medicaid. As of 2017, Collin County had 5.9% of adults and 6.2% of children living in poverty. The remaining 67% supported in IDD services are adults (18 years and older).

Racial composition and population served

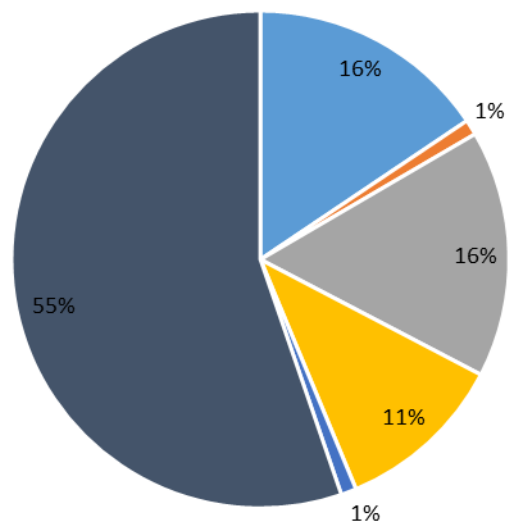
The racial/ethnic composition of the county is comparable to the composition of people receiving supports within LifePath Systems. The Asian community continues to increase within Collin County, however, the percent served in IDD has not. A possible explanation is the location of where information about LifePath Systems is disseminated (i.e. public schools, provider fairs, etc.) may not be attended by those ethnicity groups that have less representation.

2021 Collin County Racial Composition



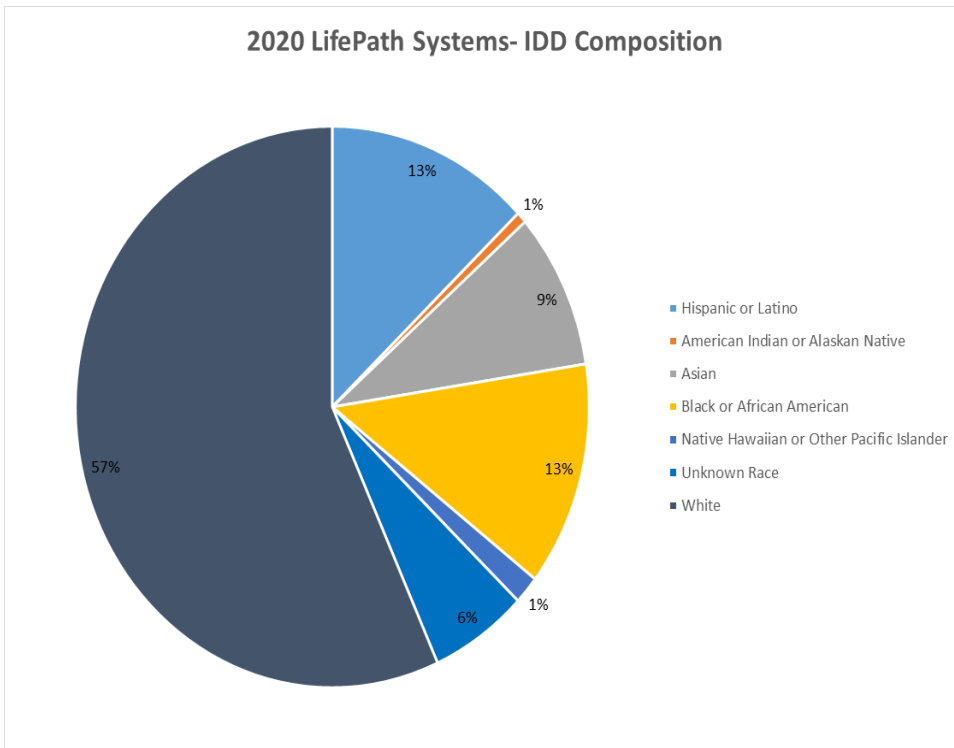
- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- Unknown Race
- White
- Other

2019 Collin County Racial Composition



- Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Unknown Race
- White

2020 LifePath Systems- IDD Composition



Priority Population

The priority population for IDD services includes those persons who meet one or more of the following descriptions:

- Persons with Intellectual and Developmental Disabilities as defined by Section 591.003 (13) Title 7, Health and Safety Code
- Persons with pervasive developmental disorder as defined in the current edition of the Diagnostic and Statistical Manual (DSM), including autism
- Persons with a related condition, listed in <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/icd10-codes.pdf>, who are eligible for, and enrolling in services in the ICF/MR , HME AND Community-Based Services (HCS) program, or Texas Home Living Program (TxHmL);
- Nursing facility residents who are eligible for specialized services for Intellectual and Developmental Disabilities or a related condition pursuant to Section 1919(e)(7) of the Social Security act
- Children who are eligible for Early Childhood Intervention Services.

The Determination of Intellectual and Developmental Disabilities, pervasive developmental disorders, and related conditions must be made through the use of assessments and evaluations performed by qualified professionals. A member of the priority population for Intellectual and Developmental Disabilities services may not be eligible to receive all Intellectual and Developmental Disabilities services funded by the department. (For example, a person with related conditions may not be programmatically eligible for certain services or a person with Intellectual and Developmental Disabilities may not be eligible for a service because it is not appropriate for the individual's level of

need.) Admission to Intellectual and Developmental Disabilities service is based on an individual's need and eligibility for a particular service, in accordance with rules and policy of the department.

Persons who are members of the priority population are eligible to receive services from the HHS system. Since resources are insufficient to meet all the service needs of all the members of the priority population, services should be provided to meet the most intense needs first. Intense needs are conceptualized to have the following consequences:

- Danger or risk of losing support systems, especially living setting or supports needed to maintain self
- At risk of abuse or neglect
- Basic health and safety needs not being met through current supports
- At risk for functional loss without intervention or preventive /maintenance services; or
- Demonstration of repeated criminal behavior.

There are 1902 people on our Front Door waiting list and 3248 people on our HCS Interest List. Both of these lists continue to increase every year. The average wait on the HCS Interest List is approximately 15 years. The Front Door waiting list is dependent upon how long it takes the person to obtain Medicaid. A person may possibly bypass the wait/interest lists if they are in immediate crisis. As a result of the lengthy wait, we are seeing a significant increase of people in crisis and/or Crisis Diversion Slot requests.

V. Resource Development and Allocation

The Intellectual and Developmental Disabilities unit annual budget for FY22 is \$7.8 million. Funding for IDD services at LifePath Systems comes from three major sources: 1.) Medicaid revenue for HCS, ICF-MR, TxHmL, PASRR, and Service Coordination; 2.) Texas Workforce Solutions revenue for Supported Employment; and 3.) General Revenue funds from Health and Human Services. We also receive required matching dollars and program specific funding from the Collin County Commissioner's Court. Funding has grown by approximately \$300,000 in the time period that the population has grown by 222,805 people.

- The Center receives \$1,171,642.00 in General Revenue funds to assist people with a diagnosis of an Intellectual and Developmental Disability and eligible for Medicaid currently not receiving any State funded services with eligibility determination, Service Coordination and/or community supports.
- The Center receives \$12,365 in Permanency Planning to assist children age 22 and younger with a developmental disability living in an institution find a permanent living arrangement, which is \$3,000 less than the previous year.
- The Center receives \$437,057.00 in Crisis funding, assisting people with an intellectual or developmental disability that are presenting immediate danger to self or others and/or their mental or physical health is at risk of serious deterioration through crisis intervention and/or respite services. This amount is an increase from the previous year, however, limiting behavioral supports to only when a person is receiving crisis respite, has resulted in people not utilizing crisis services as much during the pandemic as they do not want someone from the outside or their family member going outside of their home, potentially being exposed to COVID-19.

An additional Front Door staff has been added to FY21 due to the increase in population in need of IDD services and the ever growing Interest List. Being that there has been only one Front Door staff since 2005, utilization of a volunteer to assist with this critical position was no longer sustainable. We continue to triage our admissions at the front door using the following criteria: we will admit for service

coordination all individuals meeting diagnostic eligibility who have Medicaid. Anyone without Medicaid will be placed on the front door interest list unless they present in crisis: at risk of institutionalization, homelessness, basic health and safety needs not being met.

Once admitted to services in General Revenue, individuals have an opportunity to craft an individual budget not to exceed \$2000 per year as available. All services offered by LifePath Systems are represented on the budget, and individuals and families choose what services they want in what quantities within those parameters. This allows individual choice in identifying desired services while attempting to serve the largest number of people with scarce resources. Due to the continued population growth, a Service Coordinator position has been added to the FY22 budget.

Due to the growth in the job market resulting in additional placements and the need for additional staff, Supported Employment has added one full time position beginning in September 2021. Supported Employment has been selected to receive a seven month Apprenticeship Grant that will allow for two additional staff members. One of these positions will remain full time after the grant ends due to the development of transition services. The second full time position will remain only if the grant is renewed. Supported Employment 49 individuals in competitive employment for FY22.

**VI. Network Development
Contracted Services**

The Center contracts with a number of providers in the community to expand availability of services, access to services and consumer choice while maximizing best value. LifePath Systems continues to contract with respite, Day Habilitation, and specialized therapy providers.

Service Type	Number of Contractors	Number of People Served
Host Home Providers (HCS)	26	27
Day Habilitation	4 in home; 9 out of home	94
Supported Employment	7	214
Respite	104 GR, 14 TxHmL, 3 HCS	131
PAS/HAB	11 TxHmL, 3 HCS	16
Specialized Therapies	6	30

We have a network of independent contractors that allows families to continue to use the provider of their choice as long as that provider participates in all credentialing and training activities. A secondary benefit of this system is a roster of trained respite providers that we can make available to program participants who do not have a provider or family member to call on. As the number of people needing supports has continued to increase, the GR funds have not ever received an increase. However, we have seen a slight reduction of the above figures as result of the pandemic. As a result, we currently have 142 people on the wanting GR services.

V. INTERNAL AND EXTERNAL ASSESSMENTS

Key Forces Analysis

The needs of the community have measurably increased over the past 5 years. The unemployment rate in Collin County for June 2021 was 5.1%, which is more than 6% than 2 years ago and as a result of the pandemic. The number and rate of persons receiving Supplemental Security Income (SSI) under the Blind and Disabled category increased by 380 people between 2017 and 2018. As of 2018, there are approximately 427 people that are homeless in Collin County. Approximately 62% of those that are experiencing homelessness are employed. A total of 53% of people that are homeless in Collin County reported the inability to pay rent/mortgage and the lack of affordable housing as the top reason for being homeless. The rate of confirmed cases in Collin County of child abuse has decreased since 2018 from 4.6 per 1000 to 4.3. However, the rate of confirmed abuse cases for adults increased from 1,149 in 2017 to 1,340 in 2018. The increase in confirmed cases of abuse for adults coincides with the increase of the number of people in need of crisis services at LifePath Systems.

All of these factors converge to not only mean more individuals are in need of our services but their families are under more stress.

The Center has experienced this increased demand for services as illustrated by the growth in our waiting list for services. As stated previously, we currently have 3248 people on the HCS Interest List with 1902 of those people on our IDD Front Door Waiting List for GR services/eligibility determination. This fiscal year so far: 89 HCS Interest Reduction Slots have been opened up and offered, 3 Nursing Facility Diversion/Transition slots have been opened and offered, 14 TxHmL slots have been opened and offered, with 17 Crisis Diversion Slots being opened and offered. The individuals offered HCS Interest List Reduction slots had been waiting for comprehensive waiver services for over 10 years. We are seeing the effects of the increased wait time for comprehensive services by the huge increase in individuals and families seeking and requesting HCS Crisis Diversion slots when no other community supports are available or adequate to support their family member with IDD.

The lack of adequate and equitable funding for basic and necessary services for identified eligible individuals with intellectual and developmental disabilities continues to be a huge issue for the Center. Demand for services continues to vastly outstrip supply.

Strengths

- **Financial:**
 - Local Government support
 - Established Community Collaborations

- **Employees:**
 - Good Facilities
 - Knowledgeable Staff
 - Committed Staff
 - Enhancing Technology Infrastructure
 - Reinvigorating Management

- **Community:**
 - Community Resource
 - Supported Employment
 - Mental Health First Aid Educators
 - Good reputation
 - Relationships

- Good law enforcement
- Relationship with County ISD's
- Committed Foundation Board
- Good Board of Trustees
- Expanding Pool of Volunteers
- Brand –better known
 - Enhancing Social Media

Weaknesses

- **Financial:**
 - Unmet needs/funding
 - Financial losses for last fiscal year
- **Employees:**
 - High Turnover
 - Recruitment & Retention Barriers
 - Low Staff Pay (especially Direct Service Professionals)
 - Health Insurance with high deductible and no assistance for family premiums
 - Low Morale in some areas
 - Change fatigue
 - Inadequate Staff professional training (quality, affordable)
 - Need to initiate Supervisor training
 - Need to initiate Leadership training
 - Need better new employee training
 - Need better on-going employee training
 - Poor Internal Communication
 - Policies and Procedures need to be updated
- **Community:**
 - Need Improved Branding
 - lack sufficient recognition
 - Lack of adequate parking at all Center facilities

Opportunities

- **Financial:**
 - Grants Research
 - Build or Buy Options
 - Administrative Services as source of revenue
 - Day-Hab
 - More collaborations
 - Data sharing
 - Diversify private pay options
- **Employees:**
 - Staff Training:
 - (change, morale building, culture, professional, supervisor, leadership)
 - Enhance communication
 - Research Commercial Insurance
 - Recruit and strengthen tenure
 - Improve volunteer base
 - Recruitment Incentives

- CCBHC
- **Community:**
 - Branding
 - Better utilize social media
 - Community Outreach
 - Education
 - Involvement
 - Community Ed model
 - More Board involvement
 - Improve volunteer base

Threats

- **Financial:**
 - State of Texas – political
 - Unknown
 - Changes
 - Competition
 - Increased challenging behaviors
 - Rising County Population
 - Autism on rise with Population
 - Lack of available public transportation
 - Lack of sufficient Hospital beds
 - Compliance risks
 - DSRIP ending
 - Lack of Affordable housing
 - Low Direct care wage reimbursement
 - Rising healthcare costs
 - Healthcare transformation
 - Unmet needs
 - Client dissatisfaction impact
- **Employees:**
 - Staff Morale
 - Competition/retention
 - Aging Management
 - Work space
- **Community:**
 - Lack of awareness/Branding
 - Questionable environment

VI. GOALS AND INITIATIVES

Goal 1: Operational Excellence

Achieving operational excellence, through efficient and effective operations, results in consistent, high quality performance. This effort requires a well-trained workforce, effective technology systems, relentless focus on customer service, quality infrastructure and performance measurement. These systems will enable success in current and future business initiatives.

Goal 2: Financial Stability

Creating a financially sound organization protects the mission of the organization. Every member of the Board and workforce have a role in assessing the sustainability of individual services and assuring the long-term financial stability of LifePath Systems.

Goal 3: Community Engagement and Education

LifePath Systems understands that achieving its mission requires an engaged community, including educated elected officials and general public working with committed advocates. LifePath Systems will be a leader in the community, creating collaborations while educating families and the public about the needs of and available resources for individuals living with mental illness, substance use disorders, intellectual disabilities and developmental disabilities.

Goal 4: A Vision for the Future

To meet the needs of our communities, LifePath Systems must respond proactively to population growth and changing demographics, plan effectively and must maximize opportunities to add promising new services and technologies.

IDD SERVICES

Community Participants	Information Gathering Methods			
	Focus Groups	Public Hearing	Survey	Other
Consumers			744	
Family Members	3		146	
Advocacy Organizations	4			
Interested Citizens			52	
Other State Agencies				
Local Governance				
Other (Board of Trustees)				

I. Planning and Networking Advisory Committee (PNAC)

Provide a "Yes" or "No" response for each item below.

PNAC Information Items	Yes	No
The Local Intellectual and Developmental Disabilities Authority (LIDDA) has a PNAC.	x	
The LIDDA participates in a regional PNAC.		x
50% or more of the PNAC membership are consumers or family members of consumers.	x	
The PNAC membership includes family members of children or adolescents.		x
All PNAC members receive initial and ongoing training.	x	
The LIDDA ensures conflicts of interest are avoided in performing the responsibilities of the PNAC.	x	
The PNAC has established outcomes.	x	
The PNAC receives information necessary to achieve expected outcomes.	x	
The PNAC meets the reporting requirement.	x	

II. Planning Considerations

Provide a "Yes" or "No" response for each item below.

In developing the Local Service Area Plan, the LIDDA gave consideration to:	Yes	No
Criteria for assuring accountability for, cost-effectiveness of, and relative value of service delivery options.	x	
Goals to minimize the need for state hospital and community hospital care.	x	
Goals to ensure a consumer with Intellectual and Developmental Disabilities is placed in the least restrictive environment appropriate to the person's care.	x	
Opportunities for innovation to ensure that the Local Authority is communicating to all potential and incoming consumers about the availability of services of State Supported Living Centers for persons with Intellectual and Developmental Disabilities in the local service area of the Local Authority.	x	
Goals to divert consumers of services from the criminal justice system.	x	
Opportunities for innovation in services and service delivery.	x	