



LIDDA Local Plan
FY 23-24, updated 9/1/23

Burke Mission, Vision, Values and Goals

Mission Statement

WORKING TOGETHER TO IMPROVE LIVES.

Vision Statements

1. Burke is the provider of choice for individuals in the region.
2. Our customers benefit from the services they receive.
3. Services are collaborative, person centered and trauma-informed.
4. Our staff feel valued and challenged and are proud of their association with Burke.
5. The general public knows who we are and values what we do.
6. Our internal and external communications are clear and consistent. We function as an integrated and supportive network.

Goals

1. To continually improve the quality of services
2. To improve access and efficiency of services
3. To provide effective resource management
4. To promote a positive work environment
5. To improve public understanding
6. To continually assess and address the safety of service delivery
7. To be a respected community partner

Values

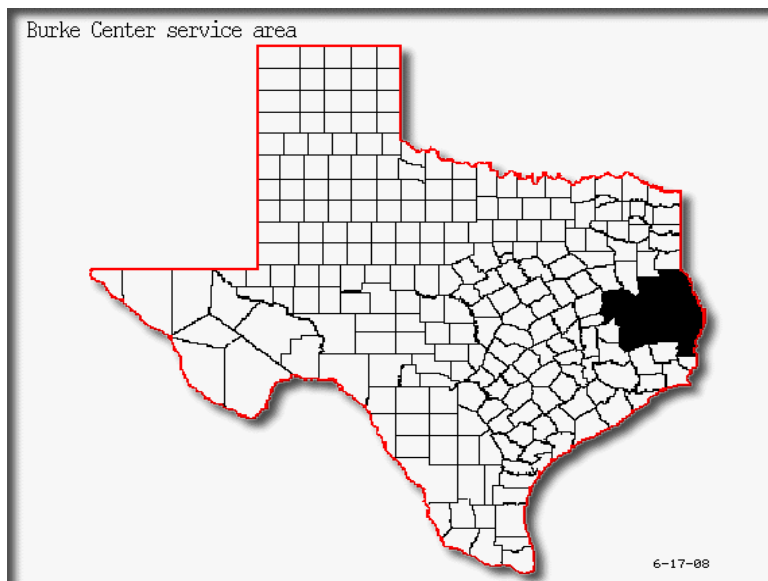
1. We affirm the dignity, rights, and strengths of the people and families we serve.
2. We are committed to excellence in everything we do.
3. We continually seek better and innovative ways to provide and improve services.
4. We use our resources in a careful, efficient, and well-planned manner.

Demographic Profile and Organizational Overview

❖ Service Area

Burke serves Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity and Tyler counties. Our service area covers 10,000 miles, and the population in the 12 county area is 381,589 (2016).

Burke is accredited by The Joint Commission.



❖ Governed by a Board of Trustees

David Cozadd Chair Nacogdoches County

Randy George	Vice-Chair	Angelina County
Rachel Drake		Polk County
Sondra Williams	Secretary	Tyler County
Lois Ball		Houston County
John Howard	Treasurer	Shelby County
Jim McReynolds		Sabine and San Augustine Counties
Doug Page		Trinity County
Vacant		Jasper, Newton, San Jacinto Counties

❖ **Employees**

Burke employs 396 full time and 125 hourly employees.

❖ **Local Intellectual and Developmental Disability Authority**

Program and Philosophy:

Our primary goal is to ensure that individuals with intellectual and developmental disabilities (IDD), we serve have every opportunity to make choices concerning the services and supports he or she considers essential for meeting his or her personal goals, rather than having to accept a pre-determined, non-individualized set of services. Burke is utilizing Person Directed Planning to facilitate the development of the individual’s service plan. As we fully implement IDD Authority – all individuals served will have services authorized and evaluated. In addition to making sure that the individual is making personal choices, we must ensure that Burke meets the standards of safety, health care, abuse and neglect on a highly consistent basis. Although Burke has procedures which consist of information, documents, and a general how-to, this in no way can replace the internal thought process of staff which must be geared toward what the individuals we are serving indicate they need and want and not a preconceived notion of what we think is best. It is essential that we demonstrate our ability to listen to people and use this information to design and improve services and support.

Values That Guide the IDD Service System

Individuals with intellectual and developmental disabilities choose from flexible, dependable services that meet each individual’s needs and support each individual’s goals and dreams for a lifestyle of full inclusion, interdependence and respect.

Families of individuals with intellectual and developmental disabilities are supported in their efforts to help family members meet their goals and dreams.

The service system supports individuals in their choices by offering support services that are:

- Valued by the individuals served;
- Responsive to their needs;
- Available and easily accessed;
- Consistent with each individual's dreams and goals;
- Used by other members of the community; and
- Respectful of cultural values and dignity.

The opinions of the people we serve are considered most important when we evaluate the quality of the services.

Individuals with intellectual and developmental disabilities make choices about how their needs are met and how their goals are supported. This means that they:

- Are trained in skills to make choices and to understand and accept the possible results of their decisions;
- Are given chances to use their power of choice and to experience the results of their choices; and
- Are supported in making those choices that will govern their lives and futures.

Determination of IDD:

Any individual residing in Burke's 12 county service area suspected of or known to have an intellectual or developmental disability or to have a related condition are eligible for services based on criteria set by the Texas Health and Human Services Commission. Individuals are discharged only after appropriate services have been obtained, upon the individual's/LAR's request, or referral to other appropriate services are made.

Continuity of Services:

The individual whose county of residence is within the Burke service area must reside in a State Supported Living Center and be recommended for movement to the community, have formerly resided in a state facility and are on community placement status, or be enrolled in the ICF/IDD program and needs assistance to maintain placement or to develop another placement.

Community Service Coordination:

Each individual must live within Burke's service area and have had a Determination of Eligibility or had a previous assessment endorsed or validated by Burke's Psychologist finding them to have a diagnosis of mental retardation, autism, or pervasive developmental disorder. Individuals found to have other related conditions are eligible for service coordination in order to arrange enrollment into ICF/IDD or waiver services, or through the Community First Choice program. Children who are eligible for Early Childhood Intervention services are also eligible for service coordination. An eligibility assessment is completed to determine if the individual has at least two unmet needs to qualify for the service. Service Coordination serves all age groups and individuals are admitted based on need. Individuals are discharged if they move out of Burke's service area, are deceased, or the planning team or individual decides they are no longer in need of service.

PASRR Evaluation and Service Coordination to Individuals residing in Nursing Facilities.

Individuals suspected of having a qualifying condition are referred to the Local Authority prior to or within 72 hours of admission into the Nursing Facility for a PASRR Evaluation. This evaluation is conducted to determine medical necessity and to ensure that the individual/LAR and family has been provided information on services provided in the community can assist meeting the individual's needs in a less restrictive environment. During the evaluation, should staff observe or be provided with information verify the individual may have an IDD diagnosis, service coordination will be provided to the individual. Should the individual be discharged from the nursing facility back into the community, the Service Coordinator will continue to provide intensive service coordination for six months, before transferring them into Community Service Coordination.

Crisis Intervention Services:

Burke provides crisis intervention services for individuals with IDD who have been identified as having a crisis or at risk of having a crisis. Staff review services the individuals are receiving and make recommendations to providers or the individual/LAR for services and strategies that may assist the individual to avoid a crisis. Individuals are discharged from crisis intervention services once the crisis has subsided, progress has been made in avoiding crisis, and/or upon request to be closed from services.

Individuals at risk or in crisis may be referred for in home respite with staff working in the individual's home environment if it is felt that the crisis can be resolved within seventy-two hours. Should out-of-home respite be recommended the individual may receive up to fourteen days of out-of-home respite. During the respite stay the individual will receive therapeutic support. The individual will be discharged from out of home crisis respite within fourteen days or upon individual's request. Individuals will be discharged from in home respite within seventy-two hours or upon request.

❖ Local Planning Process

The goal of the planning process is to aggregate the requirements of all of customers into a set of initiatives which guide the center's resource allocation and priorities, taking into account fiduciary responsibility as well as excellence of care. The resulting plan is also developed to ensure that community needs are communicated to governing bodies and area and state agencies. The plan is monitored by our Senior Management Team, the Board of Trustees and community advisory committees.

The planning process solicits input from a variety of sources and is also held to standards and requirements of funding and accreditation bodies. The approach chosen by Burke involves not only consumers and their families but also referral sources, community representatives and services, advocacy groups, the local state supported living center, advisory committees, and employees. This reflects Burke's commitment to understanding the needs of all its constituents.

Input from these sources is reviewed at Strategic Planning meetings, attended by representatives of all service areas. Initiatives are chosen and staff are assigned at this meeting, with target dates determined by staff assigned to initiatives.

Progress on initiatives is reviewed at Senior Management Team meetings, and quarterly with the Board of Trustees.

The initiatives of Burke are based on elements of governance, which support the Center in its obligation as a public steward. These initiatives are developed as part of the planning process and are further defined as they flow into the development of objectives and strategies. Monitoring and evaluation activities support the need for ongoing assessment of responsiveness, effectiveness and efficacy.

Regional Planning and Network Advisory Committee (RPNAC): Burke has a network advisory committee that meets quarterly and is composed of representatives of the community, consumers and their families and center's liaisons. The RPNAC serves as a resource to Burke, objectively evaluating services for quality of care and best value and assuring an appropriately developed provider network and sound procurement practices. The RPNAC also makes operational the authority functions of network development, oversight, resource development, and resource allocation and consumer empowerment, while assuring public input in these processes.

Burke Standing Committees: Several oversight committees within Burke assess the center's performance and make recommendations to the Senior Management Team on results of audits, surveillance, reporting, investigations and surveys. The Safety, Risk Management, and Infection Control Committee, made up of staff from all service areas, center Safety Officer and Director of Quality Management, meet quarterly to monitor safety practices and incidents which have the potential to put individuals at risk. The Compliance Committee meets quarterly to review compliance, privacy, rights, and abuse prevention functions. These committees all have the potential to identify needs for improvement, reporting to the Senior Management Team and identifying issues, which include input from employees, consumers, and consumer's families.

The Joint Commission: Burke's decision to be accredited by The Joint Commission is voluntary and reflects our commitment to quality care. Accreditation requirements are the standards we use to assure we do not sacrifice quality or safety as we meet new demands. The accreditation process includes annual self-assessment of compliance with standards, and action plans to address any deficits. Compliance with The Joint Commission standards is assessed by the accreditation survey, and results in a report that not only identifies improvement areas but also comments on areas of outstanding performance. Results of both the self-assessment and survey are used to provide the framework for improvement efforts and to set priorities.

❖ **2023-2024 Priorities and Initiatives**

- Implement the patient portal component of the EHR to increase communication and transparency with consumers and their families
- Improve employee retention to keep services and consumer/staff relationships consistent.
- Improve the provider transfer process to assure timely coordination of services.
- Fully implement face to face service provision except in cases where consumers or families decline.
- Facilitate and participate in quarterly meetings with Lufkin State Supported Living Center.