



**DBA Lakes Community Center**

# Local Service Area Plan

*FY 2016-2018*

## Local Service Area Plan Table of Contents

<b>I.</b>	Agency Mission & Values	3
<b>II.</b>	Preamble/History of Center	3
<b>III.</b>	Local PlanDevelopment	5
<b>IV.</b>	Stakeholder Participation	5
<b>V.</b>	Needs Assessment/SWOT Analysis	7
<b>VI.</b>	Geographic Statistics of Service Area	11
<b>VII.</b>	Local Service Delivery System	12
	A. Behavioral/Mental Health Services	12
	1. DSHS General Revenue Funded Services	13
	2. NorthSTAR Provider Services	13
	3. Substance Abuse Services	14
	B. Intellectual & Developmental Disability Services	14
	1. DADS General Revenue Funded Services	15
	2. HCS Waiver Services	15
	3. TXHmL Waiver Services	15
	4. Community First Choice (CFC)	16
	5. ICF-IID	16
	C. Early Childhood Intervention (ECI) Services	16
	D. 1115 Waiver Programs	16
<b>VIII.</b>	Crisis Response Process and Role of MCOT	17
<b>IX.</b>	Jail Diversion	20

## I. MISSION & VALUES

### *Mission...*

“To ensure access to services and supports that enrich the lives of the individuals and families we serve.”

### *Values...*

- ▶ Self-determination in life’s decisions.
- ▶ Access to a choice of services.
- ▶ Respect for each person served.
- ▶ Efficiency in how we do business.
- ▶ Integrity in all our relationships.
- ▶ Accountability to our communities with whom we do business.

## II. PREAMBLE

The beginning of Lakes Regional MHMR dba Lakes Regional Community Center’s (LRCC) creation was the 1996 TDMHMR board’s directive to move the delivery of mental health and intellectual and developmental disability (IDD) in community services to local control. This coincided with TDMHMR’s determination to form State-Operated Community MHMR Services, in the place of State Facility Community Service Divisions. This reconfiguration of community services brought mental health and mental retardation services under one administrative structure and separated community services from their host state hospital or state school. As part of this process, Lakes Regional State-Operated Community MHMR Services was created. This new entity encompassed services from the following community service divisions: Terrell State Hospital and Denton State School.

Discussions continued for several months with other surrounding MHMR centers who were interested in a consolidation of services with Lakes Regional SOCS. Then, after all such discussions proved fruitless, on January 28, 1999, the nine County Judges of the counties served by Lakes Regional SOCS sent a letter to TDMHMR Commissioner Hale expressing their intent to press forward with their desire to form a new MHMR Center. On April 29, 1999, Commissioner Hale responded favorably to the County Judges of Camp, Delta, Franklin, Hopkins, Kaufman, Lamar, Morris, Rockwall and Titus Counties. In the intervening months, great effort was expended by all staff and the Board of Trustees to complete the complicated preparations associated with conversion of this state

operated program into a private, board governed, community nonprofit agency. Formation of Lakes Regional MHMR Center was successfully completed and the Center initiated operations on December 1, 1999.

In September of 2003, after several months of discussion with local officials at TDMHMR and within Hunt County, the MHMR Services of that County formally merged with LRCC. Then Crossroads Council on Alcohol and Drug Abuse in Hunt County ceased operations early in 2004. Soon thereafter, Lakes' applied for a facility license from TCADA. We received the licensure and hired two Licensed Professional Counselors who had worked for Crossroads. A grant was written and received, in conjunction with Hunt County Community Supervision and Corrections Department (HCCSCD), to provide substance abuse treatment services to individuals from HCCSCD. This is an Intensive Intervention Diversion Program (IIDP). Those services are provided in our Greenville Center. Lakes also provide DWI Education classes, Drug Offender Education classes, and Minor in Possession classes. Lakes provide Intensive and Supportive Outpatient services to appropriate individuals through NorthSTAR in our center in Terrell. In addition, Lakes received a grant through DARS to provide Early Childhood Intervention (ECI) Services to children in Hunt County.

Then in April of 2006, the IDD services of Ellis and Navarro counties merged with LRCC. Having successfully completed the Hunt County merger, we had experience with the tasks required. The transition went smoothly and continues to be a successful part of our programs.

In 2006, the Northeast Texas Council on Alcohol and Drug abuse in Paris, Texas closed effective November, 2006. Lakes was asked to provide services in Fannin, Grayson and Cooke counties. Once again, Lakes stepped forward to ensure the continuity of services for individuals in need. It has been gratifying to foster growth in programs and services in all the areas we have assimilated. Lakes administration is highly skilled in managing new aspects of business and keeping our organization financially viable.

In 2010 LRCC began using the terminology Intellectual and Developmental Disability (IDD) to replace Mental Retardation (MR).

LRCC serves as the (Local Intellectual and Developmental Disability Authority (LIDDA) for Camp, Delta, Ellis, Franklin, Hopkins, Kaufman, Lamar, Morris, Navarro, Rockwall, Hunt, and Titus Counties. It also serves as the Local Mental Health Authority (LMHA) for seven of the above counties. The exceptions are Ellis, Hunt, Kaufman, Navarro, and Rockwall counties, which are in the NorthSTAR Medicaid project and for which LRCC is not recognized as the LMHA. Chemical dependency services are provided in Camp, Lamar, Morris, Franklin, Hopkins, Kaufman, Rockwall, Hunt, Fannin, Grayson and Cooke counties. TCOOMI adult parole and MH services are provided in Delta, Hopkins and Franklin counties. TCOOMI parole continuity services are provided in Hopkins, Delta, Lamar, Titus, Franklin, Morris and Camp counties.

LRCC Center operates as authorized under Texas Health and Safety Code, Chapter 531, Section 531.001(h). The TDMHMR Board has designated local entities as Local Mental Health Authorities (LMHA) and Local Intellectual and Developmental Disability

Authorities (LMHAs & LIDDAs). The 74th Texas Legislature amended the Texas Health and Safety Code to define a local mental health or mental retardation authority as an entity to which the board delegates the authority and responsibility within a specified region for planning, policy development, coordination, resource development and allocation, and for supervising and ensuring the provision of services to persons with mental illness or mental retardation in one or more local service areas.

### **III. Local Plan Development**

Local planning is a long-term, future-oriented process of assessment, goal setting, and decision-making that maps a path between the present and a vision of the future. It includes a multiyear view of objectives and strategies for the accomplishment of agency goals. Clearly defined outcomes and outputs provide feedback that leads to program performance, which influences future planning, resource allocation, and operating decisions. The strategic planning process incorporates and sets direction for all local authority operations.

A Local Plan is a formal document that communicates a local authority's goals, directions, and outcomes to various audiences including the Department of Aging and Disability Services (DADS) and the Department of State Health Services (DSHS), consumer and constituency groups, the general public, and the authority's employees. The Local Plan serves as the basis for the state agency's strategic planning and budget structure; through it the state authority develops an appropriations request that reflects decisions about how fiscal resources will be allocated.

### **IV. STAKEHOLDER PARTICIPATION**

Stakeholders are persons and organizations that have an interest in or who may be impacted by implementation and consequences including current and former individuals; individuals eligible for mental health services through an LMHA; family members; advocacy organizations; providers; educational, social services, Local & Regional Planning & Network Advisory committee law enforcement, and other community organizations; public agencies responsible for appointing members of an LMHA's governing board; other local officials; and interested citizens.

Approximately 62 Stakeholders completed a survey during the FY16 Local Planning cycle. The results are as follows:

**1. Please prioritize the following services in the importance of the need for expansion. Use the following rating scale of 1 to 5, with 1 being the least priority and 5 being the highest.**

- Psychiatric Services Adults was identified as the most important need for expansion by stakeholders.
- Integration of Behavioral Health was identified as the least important need for expansion by stakeholders.

**2. What is your opinion about obtaining Lakes Regional Community Center Services/Supports?**

- 95% of stakeholders found it easy to access services.

**3. What are your opinions regarding the following at Lakes Regional Community Center Services:**

- 92% of stakeholders scored Lakes excellent on Competency of Employees.
- 8% of stakeholders scored Lakes as Fair on Competency of Employees.

**4. If you or someone you know needed our type of services, would you consider Lakes Regional MHMR Center services to provide these services?**

- 93% of stakeholders would definitely consider Lakes Community Center to provide services.

**5. Please prioritize the following needs in the order of importance to you. Use the following rating scale of 1 to 5, with 1 being the least priority and 5 being the highest.**

- Stakeholders identified State Hospital Beds as having the highest priority need.
- Stakeholders identified Services being available in their primary language as the least priority need.

**6. Please prioritize the following needs in the order of importance to you. Use the following rating scale of 1 to 5, with 1 being the least priority and 5 being the highest.**

- Stakeholder identified State Hospital Beds as having the highest priority needs.
- Stakeholders identified Housing Options as the least priority need

**7. Please prioritize the following gaps in the local crisis response system in the order of importance to you. Use the following rating scale of 1 to 5, with 1 being the least priority and 5 being the highest.**

- Stakeholders identified State Hospital Beds as the highest priority gap in in the local crisis response system.
- Stakeholders identified Private Hospital beds and the least priority gap in the local crisis response system.

**Planning Network Advisory Committee (PNAC)** – Composed of at least nine members, 50 percent of who are individuals or family members of individuals, including family members of children or youth, or another composition approved by DSHS. PNAC is actively involved in the development of the Consolidated Local Service Plan and the Provider Network Development Plan.

The Board of Trustees receives reports from senior staff on issues of concern to the Center, as well as recommendations for service improvements, investments in resources, or other program improvements. The Board also gives monthly opportunity for public input at their meetings. This has resulted in the development of additional programming. The Planning Network Advisory Committee provides another structured mechanism for obtaining ongoing comments about Center services. LRCC Center utilizes an ongoing SWOT (Strengths-Weaknesses-Opportunities-Threats) analysis model to identify key factors that may affect desired future outcomes of the Center. The use of periodic staff and stakeholder input is a step in this process.

**V. NEEDS ASSESSMENT/SWOT ANALYSIS**

Monthly, the Board of Trustees receives reports from senior staff on issues of concern to the Center, as well as recommendations for service improvements, investments in resources, or other program improvements. The Board also gives monthly opportunity for public input at their meetings. This has resulted in the development of additional programming.

The Planning Network Advisory Committee provides another structured mechanism for obtaining ongoing comments about Center services. The Public Information Officer reports on committee activities as part of her monthly Board report. Members are also encouraged to attend the Board meetings.

**SWOT Analysis**

LRCC Center utilizes an ongoing SWOT (Strengths-Weaknesses-Opportunities-Threats) analysis model to identify key factors that may affect desired future outcomes of the Center. The use of periodic staff and stakeholder input is a step in this process. The membership of our community advisory committees and management staff were enlisted to provide feedback.

<b>SWOT ANALYSIS</b>				
<b>2016 - 2018 LOCAL PLAN</b>				
	<b>MH</b>	<b>IDD</b>	<b>PNAC</b>	<b>RPNAC</b>
<b><i>STRENGTHS</i></b>				
<ul style="list-style-type: none"> <li>• IDD &amp; MH Telemedicine allows greater flexibility in coverage to need for Psychiatric and other future telehealth services. Prescriber wait time is reduced; access to care and other</li> </ul>	<b>X</b>	<b>X</b>		

services is made more efficient.				
<ul style="list-style-type: none"> <li>Strong and cooperative relationships between staff and authority and communities served. These relationships are founded in the mutual respect and good will that mutual interest in the most efficacious use of resources for the greater good engenders</li> </ul>	X			
<ul style="list-style-type: none"> <li>Improved infrastructure with 1115 Crisis Respite. Expansion of IDD Provider services for children and adults that include 24/7 1115 Crisis Respite Wraparound Services and Behavior Support Services.</li> </ul>		X	X	
<ul style="list-style-type: none"> <li>1115 MH Counseling Centers expanding services to those uninsured in the community who do not qualify of DSHS priority population funded services.</li> </ul>	X			
<ul style="list-style-type: none"> <li>Enhanced services to DSHS funded population through three innovative wellness and recovery 1115 projects.</li> </ul>	X			
<ul style="list-style-type: none"> <li>Multi-Family Counseling group is provided weekly in Kaufman County through Waiver 1115 Crisis Respite Wraparound services.</li> </ul>				
<ul style="list-style-type: none"> <li>Lakes Regional Community Center have very nice facilities and new counseling offices</li> </ul>	X		X	
<ul style="list-style-type: none"> <li>Advances in the DayHabs; Individuals love going to the DayHabs</li> </ul>				
<ul style="list-style-type: none"> <li>Behavior Support Services offers parent training workshops to the community at least 2x per year.</li> </ul>		X		
<b>WEAKNESSES</b>	<b>MH</b>	<b>IDD</b>	<b>PNAC</b>	<b>RPNAC</b>
<ul style="list-style-type: none"> <li>PR- No staff to go after external contributions, United Way, grants, etc....</li> </ul>	X			
<ul style="list-style-type: none"> <li>Barriers such as transportation and access to specialized therapies, tele-medicine and counseling for IDD individuals that reside in underserved rural counties.</li> </ul>		X		
<ul style="list-style-type: none"> <li>Phone tree is not experienced as user friendly</li> <li>Phone Tree- cold, impersonal, when people call they want to speak with a person</li> </ul>		X	X	
<ul style="list-style-type: none"> <li>Website - does not give useful information</li> </ul>		X	X	
<ul style="list-style-type: none"> <li>Limited space to provide specialized therapies such as counseling, skills training, telemedicine, tele-therapy, and other specialized training sessions.</li> </ul>		X		
<ul style="list-style-type: none"> <li>Greenville DayHab needs bigger space.</li> </ul>			X	
<ul style="list-style-type: none"> <li>Services need to be more client centered and consumer focused.</li> </ul>			X	



<ul style="list-style-type: none"> <li>Paperwork is a challenge when accessing services.</li> </ul>			<b>X</b>	
<ul style="list-style-type: none"> <li>More service locations throughout catchment area.</li> </ul>			<b>X</b>	
<b>OPPORTUNITIES</b>	<b>MH</b>	<b>IDD</b>	<b>PNAC</b>	<b>RPNAC</b>
<ul style="list-style-type: none"> <li>HUB-Money Follows the Person grant at Dallas Metrocare provides resource for technical assistance and free training to LIDDA and IDD providers.</li> </ul>		<b>X</b>		
<ul style="list-style-type: none"> <li>New crisis number at DADS provides free nursing technical assistance to LIDDAs, providers and families with medical needs who are transitioning to the community from SSLC's and NF's.</li> </ul>		<b>X</b>		
<ul style="list-style-type: none"> <li>Collaborate with local universities (UNT and Texas A&amp;M Commerce) and implement internship opportunities to aspiring Board Certified Behavior Analysts, social workers and counseling students.</li> </ul>	<b>X</b>	<b>X</b>		
<ul style="list-style-type: none"> <li>Family focused services and supports through counseling services</li> </ul>	<b>X</b>		<b>X</b>	
<ul style="list-style-type: none"> <li>Healthcare reform changing the landscape and delivery system</li> </ul>	<b>X</b>			
<ul style="list-style-type: none"> <li>Experimenting with new evidence based interventions and Technology assisted services</li> </ul>	<b>X</b>			
<b>THREATS</b>	<b>MH</b>	<b>IDD</b>	<b>PNAC</b>	<b>RPNAC</b>
<ul style="list-style-type: none"> <li>SB7 brings challenges with Manage Care Organizations (MCO) authorizing some IDD services and encroaching on LIDDA services.</li> </ul>		<b>X</b>		
<ul style="list-style-type: none"> <li>IDD System Changes Funding/ Reduced Services.</li> </ul>		<b>X</b>		
<ul style="list-style-type: none"> <li>Oversight agency does not have resources to support LIDDAs with adequate funding or timely payment for services and mandated programs run by LIDDAs.</li> </ul>		<b>X</b>		
<ul style="list-style-type: none"> <li>Barriers to securing full time Registered Nurses and Psychiatrists for Lakes IDD Provider services.</li> </ul>		<b>X</b>		
<ul style="list-style-type: none"> <li>Shortage of state hospital beds as forensic use of beds for longer than necessary</li> </ul>	<b>X</b>			
<b>Gaps - MH Adult</b>	<b>MH</b>	<b>IDD</b>	<b>PNAC</b>	<b>RPNAC</b>
<ul style="list-style-type: none"> <li>New Greenville MH Center</li> </ul>			<b>X</b>	

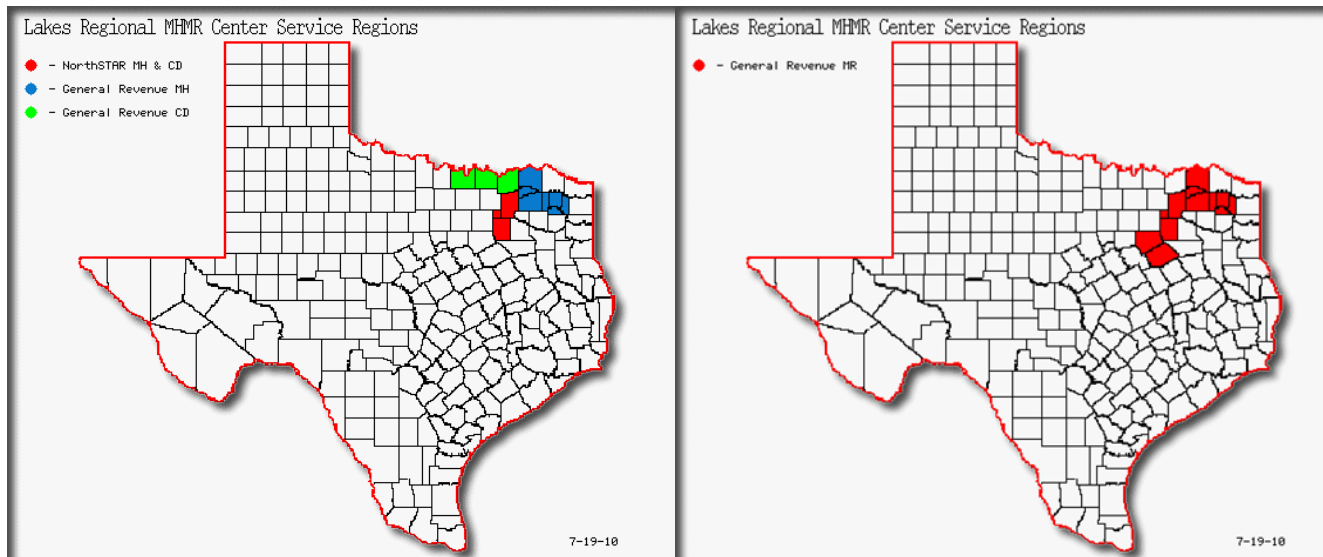
• Not enough state hospital beds	X			
• Need more Law Enforcement training	X			
• More outreach and education	X			
• Transportation to appointments and services in the community	X			
• Mental Health Workers in the jail	X			
• Smoking cessation programming	X			
• Lack of short-term and 23 hour observation beds to reduce the use of hospital stays	X			
• Crisis or transitional housing	X			
• Homeless Shelter services	X			
<b>Gaps- MH C&amp; A</b>				
• Adolescent Substance Detox services and short term beds	X			
• Adolescent SUD outpatient treatment programming	X			
<b>Gaps - IDD Adults</b>				
	<b>MH</b>	<b>IDD</b>	<b>PNAC</b>	<b>RPNAC</b>
• Identifying in-patient beds that specialize in treating IDD adults that experience a crisis resulting in behaviors that meet the definition of Imminent danger to self or others		X		
• The availability of intensive ABA residential treatment (up to 90days) for adults diagnosed with IDD that are experiencing increased maladaptive behaviors, multiple emergency hospital visits and law enforcement involvement but do not meet the definition of Imminent Danger to self or others.		X		
<b>Gaps - IDD C&amp;A</b>				
	<b>MH</b>	<b>IDD</b>	<b>PNAC</b>	<b>RPNAC</b>
• Gap in services for Behavioral Supports for individuals in the rural areas		X		
• Identifying in-patient beds that specialize in treating IDD children that experience a crisis resulting in behaviors that meet the definition of Imminent danger to self or others		X		
• The availability of intensive ABA residential treatment (up to 90days) for children diagnosed with IDD that are experiencing increased maladaptive behaviors, multiple emergency hospital visits and law enforcement involvement but do not meet the definition of Imminent Danger to self or others.		X		

## VI. GEOGRAPHIC STATISTICS OF SERVICE AREA

Lakes Regional Community Center includes 12 counties that cover **6,779** square miles and has a population of **639,286**. Lakes provides discrete substance use disorder services to an additional three counties. The annual budget is **\$36,619,948** and we employ **440** staff. Mental Health Services are provided to **3,066** individuals; NorthSTAR services to **2,889** individuals; IDD Services to **2,141** individuals; Substance Use Disorder services to **1,078** individuals; Hospitality House services to **69** individuals ; and Early Childhood Intervention services to **491**; 1115 Waiver service to **2,191** individuals bringing the total number of individuals served to **11, 925** served. The following table contains statistical information for the counties served:

*(Statistical data has been updated for 2012 from MBOW for Camp, Delta, Franklin, Hopkins, Morris, Lamar, and Titus counties. Statistical data for Ellis, Hunt, Kaufman, Navarro, and Rockwall counties are from 2014 Census data)*

COUNTY	SQUARE MILES	POPULATION DENSITY	TOTAL POPULATION	MALE	FEMALE	ANGLO	BLACK	HISPANIC	OTHER
CAMP	195.83	64	12,621	6,107	6,514	7,232	2,064	2,958	367
DELTA	256.83	20	5,238	2,593	2,645	4,214	407	376	241
FRANKLIN	284.39	37	10,600	5,196	5,404	8,401	448	1,451	300
HOPKINS	767.17	47	35,921	17,723	18,198	26,651	2,547	5,828	895
LAMAR	907.19	55	49,523	23,936	25,587	37,059	6,542	3,719	2,203
MORRIS	251.99	51	12,743	6,113	6,630	8,302	2,870	1,162	409
TITUS	406.05	80	32,506	16,081	16,425	15,211	3,070	13,503	722
HUNT	840.32	103	87,256	43,145	44,111	64,590	7,378	12,438	2,850
KAUFMAN	780.70	132	107,119	52,591	54,528	73,654	9,918	19,544	4,003
ROCKWALL	127.04	617	83,239	40,836	42,403	60,984	4,343	13,714	4,198
NAVARRO	1,009.63	47	48,073	23,774	24,299	28,319	6,698	11,893	1,163
ELLIS	951.75	160	154,447	76,308	78,139	99,545	13,326	37,587	3,989
<b>Totals</b>	<b>6,778.89</b>	<b>1413</b>	<b>639,286</b>	<b>314,403</b>	<b>324,883</b>	<b>434,162</b>	<b>59,611</b>	<b>124,173</b>	<b>21,340</b>



## VII. LOCAL HEALTH DELIVERY SYSTEM

### A. BEHAVIORAL/MENTAL HEALTH

#### 1. DSHS GENERAL REVENUE FUNDED SERVICES (Camp, Delta, Franklin, Hopkins, Lamar, Morris, and Titus Counties)

DSHS General Revenue funded services are offered in an outpatient setting with the primary focus of treatment being Texas Resilience and Recovery (TRR). TRR is a person-centered approach that moves away from the historical disease-focused model. Resilience and recovery are fundamental principles of the mental health system. These principles have been incorporated in the selection of available services. Evidence-based and promising practices are an integral part of TRR. Through the use of these practices, the services and supports provided within the mental health system will result in measurable outcomes and ultimately the resilience, recovery, and achievement of mental health of adults, children, and youth. The following are services offered depending on the individual Level of Care:

Assessment/Referral  
Assertive Community Treatment  
Benefits Assistance and Pharmaceutical Application Assistance  
Case Management  
Continuity of Care  
Co-occurring Psychiatric and Substance Abuse Disorders  
Counseling  
Crisis Services  
Family Training  
Family Partner  
Flexible Community Supports or Flex Funds  
Intensive Case Management  
Medication Monitoring  
Medication Training and Support  
Outreach  
PASRR Specialized Services

Parent Support Group  
Pharmacological Management  
Provision of Medication  
Psychiatric Evaluation  
Psychosocial Rehabilitative Services  
Rehabilitation Services  
Respite Services  
Routine Case Management  
Screening  
Skills Training and Development  
Supported Employment  
Supported Housing  
Transportation  
Vocational Services  
Wrap-around Planning  
Peer Support Specialist

## **2. YOUTH EMPOWER SERVICES (YES) WAIVER**

The YES Waiver is a 1915(c) Medicaid program that allows for more flexibility in the funding of intensive community based services for children and adolescents with severe emotional disturbance and their families.

## **3. NORTHSTAR PROVIDER SERVICES (Hunt, Kaufman, Navarro and Rockwall Counties)**

In Lakes service area where North Texas Behavioral Health Authority (NTBHA) is the Local Mental Health Authority, Lakes provides the following provider services:

Assessment/Referral  
Assertive Community Treatment  
Case Management  
Co-occurring Psychiatric  
Counseling  
Family Training  
Inpatient Services  
Intensive Case Management  
Medication Monitoring  
Medication Training and Support  
Parent Support Group  
Pharmacological Management  
Peer Support Specialists

Provision of Medication  
Psychiatric Evaluation  
Psychosocial Rehabilitative Services  
Rehabilitative Counseling and Psychotherapy  
Rehabilitation Services  
Routine Case Management  
Screening  
Skills Training and Development  
Supported Employment  
Supported Housing  
Vocational Services  
Wrap-around Planning  
Substance Use Disorders  
PASRR

**4. SUBSTANCE ABUSE SERVICES (Camp, Cooke, Fannin, Franklin, Grayson, Hopkins, Lamar, Morris, Hunt, Kaufman, Navarro, Rockwall, and Titus Counties)**

Substance Abuse services are provided in an outpatient setting with a focus on relapse prevention. Services offered include:

Assessment/Referral  
Treatment Planning  
Counseling  
Case Management  
Follow Up Services

**B. INTELLECTUAL AND DEVELOPMENTAL DISABILITY SERVICES (Camp, Delta, Ellis, Franklin, Hopkins, Hunt, Kaufman, Lamar, Morris, Navarro, Rockwall and Titus Counties)**

**1. DADS GENERAL REVENUE FUNDED SERVICES**

Local Authorities (LA) have the primary responsibility for the provision of IDD services for members of the priority population who reside in their counties. LA's assist consumers in assessing appropriate services and supports. The mix of services delivered at the local level varies, with each LA identifying local service needs and priorities.

Access to IDD Services (Program Options)  
Benefits and Pharmaceutical Application Assistance  
Continuity of Services  
Crisis Services  
Day Habilitation Services  
Eligibility Determination for IDD Services  
ICF-IID Front Door Enrollment  
Maintenance of Interest List  
Medication Management  
Waiver Enrollments  
Vocational Services  
Pre-Admission Screening & Resident Review

Permanency Planning  
Residential Services  
Respite Services  
School Transitional Services  
Service Coordination for Persons with IDD  
Nursing Facility Service Coordination  
Enhanced Community Coordination  
Community Support Services  
Supported Employment  
Behavior Supports  
Specialized Services

## **2. HCS WAIVER SERVICES**

Home and Community Based Services (HCS) is a Medicaid Waiver program provides community-based services and supports to eligible persons for the purpose of maintaining an individual in the community through various living arrangements to prevent institutionalization.

## **3. TxHmL WAIVER SERVICES**

This Medicaid Waiver program provides community-based services and supports to eligible persons who live in their own home or in their family's home. Individuals receiving these services are also provided Service Coordination from the Mental Retardation Authority and have their program plan developed in conjunction with the program provider. Service Coordinators also monitor service provision.

## **4. COMMUNITY FIRST CHOICE (CFC)**

CFC provides certain services and supports to individuals living in the community who are enrolled in the Medicaid program and meet CFC eligibility requirements. In Texas, CFC may be available to people enrolled in Medicaid, including those served by 1915 (c) waiver programs, Medicaid managed care, personal care services for children, and Individuals may use the Consumer Directed Services (CDS) option for certain CFC services. CFC as a state plan Medicaid service is available to individuals with a need for habilitation, personal assistance or emergency response services who receive services in Home and Community-based Services (HCS) and Texas Home Living (TxHmL).

## **5. ICF-IID**

This is a residential program that includes an array of services and supports while integrating individuals within the community.

### **C. EARLY CHILDHOOD INTERVENTION (ECI) SERVICES (Hunt County)**

Early Childhood Intervention (ECI) services are funded through the Department of Assistive and Rehabilitative Services (DARS). ECI is a program for families with children, birth to three, with disabilities and developmental delays. ECI supports families to help their children reach their potential through developmental services. The following are services offered through this program:

Assistive Technology  
Audiological Services  
Behavioral Services  
Developmental Services  
Family Counseling  
Nutritional Services

Occupational Therapy  
Physical Therapy  
Service Coordination  
Speech-Language Therapy  
Transition Services  
Vision Services

### **D. 1115 MEDICAID WAIVER PROGRAMS**

Autism Spectrum Disorder (ASD) /Intellectual and Developmental Disability (IDD) Day Treatment and Outreach services;  
Crisis Respite Behavioral Support Wraparound Program



Depression / Trauma Counseling Centers  
Mobile Med-Clinic  
InSHAPE Program  
Tele-Medicine  
Cognitive Enhancement Therapy (CET)

## **VIII. CRISIS RESPONSE PROCESS AND ROLE OF MCOT**

### **A. STAFF ROTATION**

1. During business hours: Lakes Regional is staffed with a Mobile Crisis Outreach Team of 5 QMHP's that are "On-duty" from 7:30 am – 7 pm daily (peak crisis hours) = faster response time. They are able to respond individually or as a 2 person team. During regular business hours other QMHP's are available for crisis when needed.
2. After business hours: The other 13.5 hours/day are covered by Center Staff, CSI Team, and AVAIL for hotline.
3. Weekends/holidays: Weekends/Holidays are covered by Center Staff, CSI Team, and AVAIL. Supervised by LPHA at all times (LPHA on-call 24/7) LPHA available for telephone or F-F consultation as needed. Psychiatrist is available for consultation.

### **B. CRITERIA FOR MCOT DEPLOYMENT**

1. After hours MCOT deployment are determined by disposition given to call by AVAIL. Calls that are determined to be emergent are responded to within 1 hour. For urgent crisis situation, the crisis staff is deployed within 8 hours and in routine crisis situation, the team is deployed within 24-hours. During business hours, MCOT is deployed upon request for crisis screening.

### **C. ROLE OF MCOT**

1. MCOT staff completes the majority of crisis screenings that occur during business hours, and all those that occur between the hours for 5 pm Friday – 8 am Tuesday. Center Staff cover Tuesday – Thursday nights. MCOT provides follow-up to

all crisis. Individuals that have experienced a crisis are offered LOC 5 transitional services or other LMHA services they meet eligibility.

#### **D. EMERGENCY ROOMS AND LAW ENFORCEMENT**

1. **Emergency rooms (ER):** Local emergency rooms routinely contact the LMHA when an individual is in crisis, and MCOT is routinely deployed. MCOT performs assessments, referrals, and consultation activities in the ER.
2. **Law enforcement:** Law enforcement routinely contacts the LMHA when an individual is in crisis and MCOT is routinely deployed. MCOT performs assessments, referrals, and consultation activities.

#### **E. CRISIS STABILIZATION**

1. If an individual in crisis cannot be stabilized at the site of the crisis they are taken to the local ER for medical clearance.
2. If an individual in crisis is determined to need admission to a hospital the MCOT staff identify the payer source to determine if referral will be made to private or state hospital. A crisis screening is completed and recommendations for least restrictive environment are made. If hospitalization at state hospital is recommended screening is transmitted to state hospital authorizing bed days. **No facility-based crisis stabilization (other than hospitalization) is available in our service area.**

#### **F. WHEN INPATIENT LEVEL OF CARE IS NEEDED**

1. During business hours emergency rooms or law enforcement can contact the local LMHA or AVAIL when inpatient level of care is needed.
2. After business hours emergency rooms or law enforcement should contact AVAIL.
3. Weekends/holidays ER's and law enforcement should contact AVAIL.

#### **G. HOSPITAL BEDS**

1. If an inpatient bed is not available, the individual waits in the local emergency room. Emergency room staff will monitor individual, and MCOT staff will routinely follow-up until bed is obtained.
2. Continued determination of the need for an inpatient level of care is determined by MCOT staff. MCOT staff will consult with emergency room staff in making this determination.

#### **H. TRANSPORTATION**

1. Local law enforcement is responsible for transportation.

#### **I. COMPETENCY RESTORATION**

1. None Available; No need at this time

#### **J. BARRIERS TO ACCESSING ALTERNATE INPATIENT AND OPUTPATIENT SERVICES**

1. Funding

### **IX. JAIL DIVERSION**

#### **A. JAIL DIVERSION LIAISON**

1. MCOT staff fill the role as the Jail Liaison between the LMHA and jail as needed

#### **B. STEPS TAKEN TO INTEGRATE PYSCHIATRIC, SUBSTANCE USE, AND PHYCIAL HEALTHCARE**

1. 1115 Mobile Medical Unit staff are attending and participating in MH staffing. Substance use services are currently available in Hopkins, Titus, Camp, Morris, and Franklin counties.

#### **C. PLANS TO INTEGRATE SERVICES**

1. Lakes will look at MOUs with local hospitals to develop partnerships to further integration of psychiatric and physical health services. Lakes will also look at further development of substance use services in Delta and Lamar counties.

## **D. COMMUNICATION PLAN**

1. MCOT protocols for psychiatric response have been shared with all ERs and Law Enforcement personnel.

## **E. STAFF TRAINING**

1. New employees are required to have competency training, review protocols, attend Quarterly meetings, participate in peer reviews, and monthly clinical supervision.

## **F. GAPS IN THE LOCAL CRISIS RESPONSE CENTER**

**Counties: Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus**

1. State Hospital Beds
2. Law Enforcement Training
3. Mental Health Workers in the Jail

## **G. JAIL DIVERSION STRATEGIES**

### **1. Law Enforcement and Emergency Services:**

- **Components:**
- Co-mobilization with Crisis Intervention Team (CIT)
- Service linkage and follow-up for individuals who are not hospitalized
- **Current Activities:**
- Crisis screenings available in the jail and other locations with law enforcement present.
- Law enforcement backup for welfare checks
- MOUs with Jails for services
- **Plans for the upcoming two years:**
- Increase tele-health screenings in jails and update MOUs

### **2. Post-Arrest: Initial Detention and Initial Hearings:**

- **Components:**
- Routine screening for mental illness and diversion eligibility
- Link to comprehensive services

- **Current Activities:**
- Assessments, screenings, and Referrals
- **Plans for the upcoming two years:**
- Update MOUs

**3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments:**

- **Components:**
- Drug Court
- **Current Activities:**
- Drug court in Titus county
- **Plans for the upcoming two years:**
- Update MOUs

**4. Re-Entry from Jails, Prisons, and Forensic Hospitalization:**

- **Components:**
- Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release
- Structured process to coordinate discharge/transition plans and procedures
- Specialized case management teams to coordinate post-release service
- **Current Activities**
- TCOOMI Contract
- **Plans for the upcoming two years:**
- Update MOUs

**5. Community corrections and community support programs:**

- **Components:**
- TCOOMMI program
- Staff assigned to facilitate access to comprehensive services; specialized caseloads
- Staff assigned to serve as liaison with community corrections
- Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance
- **Current Activities:**

- TCOOMI Contract
- **Plans for the upcoming two years:**
- Update MOUs