



DBA Lakes Community Center

Local Service Area Plan

FY 2018- FY 2020

Local Service Area Plan Table of Contents

I.	Agency Mission & Values	3
II.	Preamble/History of Center	3
III.	Local Plan Development	5
IV.	Stakeholder Participation	5
V.	Needs Assessment/SWOT Analysis	6
VI.	Geographic Statistics of Service Area	11
VII.	Local Service Delivery System	13
	A. Behavioral/Mental Health Services	13
	1. HHSC/MH General Revenue Funded Services	13
	2. Youth Empowerment Services (YES Waiver)	14
	3. NTBHA Provider Services	14
	4. Substance Abuse Services	15
	B. Intellectual & Developmental Disability Services	15
	1. HHSC/IDD General Revenue Funded Services	15
	2. HCS Waiver Services	16
	3. TxHmL Waiver Services	16
	4. Community First Choice (CFC)	16
	5. ICF-IID	16
	6. Pre-Admission & Resident Review (PASRR) & Nursing Facility (NF) Services	17
	C. Early Childhood Intervention (ECI) Services	18
VIII.	Crisis Response Process and Role of MCOT	18
IX.	Jail Diversion	21

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 Lakes Regional MHMR. 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 Lakes Regional MHMR. 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 Lakes Regional MHMR 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. TCOOMMI adult parole and MH services are provided in Delta, Hopkins and Franklin counties. Texas Correctional Office on Offenders with Medical or Mental Health Impairments (TCOOMMI) 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 Health & Human Service Commission (HHSC), 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 or IDD services; 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 the governing board; other local officials; and interested citizens.

List of key issues and concerns identified by stakeholders in Lakes FY18 Community Survey

- | |
|---|
| <ul style="list-style-type: none">• A minority of at least 16% had difficulty accessing services.• Lakes will use comments to refine our access to care processes. |
| <ul style="list-style-type: none">• 10% or less of stakeholders were not satisfied with customer service. |

- | |
|--|
| <ul style="list-style-type: none"> • Lakes is engaged in a major shift to enhance quality in service provision and simultaneously engaged in customer service & revenue cycle improvement efforts. |
| <ul style="list-style-type: none"> • Largest priority for stakeholders was that services be available in the primary language of service recipients. • Lakes will pursue stable contracting to guarantee that multiple language support is available for facilities. |
| <ul style="list-style-type: none"> • Half of stakeholders had a high priority for state hospital beds. • Lakes is pursuing expanding our allocation for state supported hospital beds. |
| <ul style="list-style-type: none"> • A gap in local crisis response system important to stakeholders was more private hospital beds. • Lakes will pursue state funding to allow contracting with more private psychiatric hospitals. |

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 HHSC. PNAC is actively involved in the development of the Local Service Area Plan, 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 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.

SWOT ANALYSIS				
2018 - 2020 LOCAL PLAN				
	MH	IDD	PNAC	RPNAC
<i>STRENGTHS</i>				
<ul style="list-style-type: none"> • IDD & 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 services is made more efficient. 	X	X		
<ul style="list-style-type: none"> • 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 	X			
<ul style="list-style-type: none"> • 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. 		X	X	
<ul style="list-style-type: none"> • Access to and availability of Lakes Regional’s Crisis Respite Wraparound services for IDD population. Addresses a service gap for individuals who experience barriers to services and lack of service providers who take Medicaid in the community. 		X		
<ul style="list-style-type: none"> • Expanded our service delivery through new and innovative by increasing resources. 	X			
<ul style="list-style-type: none"> • Multi-Family Counseling group is provided weekly in Kaufman County through Waiver 1115 Crisis Respite Wraparound services. 		X		
<ul style="list-style-type: none"> • Lakes Regional Community Center have very nice facilities and new counseling offices 	X		X	
<ul style="list-style-type: none"> • Advances in the DayHabs; Individuals love going to the DayHabs 		X		
<ul style="list-style-type: none"> • Behavior Support Services offers parent training workshops to the community at least 2x per year. 		X		

<ul style="list-style-type: none"> Greenville Dayhab is a very good program. They have an Action Club, Photo Club, and Volunteer Program 			X	
<ul style="list-style-type: none"> Needs of the individuals are being met. 			X	
<ul style="list-style-type: none"> Lakes Regional has increased the number of licensed staff to provide a higher quality of care to the individuals we serve 	X			
<ul style="list-style-type: none"> Support of community by hosting community events that promotes MH educational and awareness in the community 	X			
<ul style="list-style-type: none"> Loving and caring staff that have longevity in this field. Some staff really show they are here for the individual. 		X		
<ul style="list-style-type: none"> CRW is beneficial to helping individuals receive the resources they need, and get connected to the services that may help them be successful. They try to put that missing piece in the “whole individual approach. 		X		
<ul style="list-style-type: none"> IDD Provider Services are striving to be at the forefront of IDD best practices and doing very well with the employment first model. 		X		
<i>WEAKNESSES</i>	MH	IDD	PNAC	RPNAC
<ul style="list-style-type: none"> PR- No staff to go after external contributions, United Way, grants, etc.... 	X			
<ul style="list-style-type: none"> Barriers such as transportation and access to specialized therapies, tele-medicine and counseling for IDD individuals that reside in underserved rural counties. 	X	X		
<ul style="list-style-type: none"> Phone tree is not experienced as user friendly Phone Tree- cold, impersonal, when people call they want to speak with a person 		X	X	
<ul style="list-style-type: none"> Website - does not give useful information 		X	X	
<ul style="list-style-type: none"> Limited space to provide specialized therapies such as counseling, skills training, telemedicine, tele-therapy, and other specialized training sessions. 		X		
<ul style="list-style-type: none"> Greenville DayHab needs bigger space. 			X	
<ul style="list-style-type: none"> Services need to be more client centered and consumer focused. 			X	
<ul style="list-style-type: none"> Paperwork is a challenge when accessing services. 			X	
<ul style="list-style-type: none"> More service locations throughout catchment area. 			X	
<ul style="list-style-type: none"> Waiting list to Greenville Dayhab 			X	

<ul style="list-style-type: none"> No Homeless Shelters 	X			
<ul style="list-style-type: none"> Limited transportation in our rural areas 	X			
<ul style="list-style-type: none"> Limited medical coverage for the indigent population 	X			
<ul style="list-style-type: none"> Lack of or long wait for BCBA services in Hunt and Kaufman counties, and lack of access to full array of services, including PT, OT and Speech therapies for IDD populations waiting for waiver programs on interest lists, when funding is currently frozen for those programs except for those in crisis or in danger of institutionalization at SSLC's and nursing facilities. 		X		
<ul style="list-style-type: none"> Funds are not available of this time but as fund comes available Lakes will evaluate need to expand facilities. 		X		
<i>OPPORTUNITIES</i>	MH	IDD	PNAC	RPNAC
<ul style="list-style-type: none"> HUB-Money Follows the Person grant at Dallas Metrocare provides resource for technical assistance and free training to LIDDA and IDD providers. 		X		
<ul style="list-style-type: none"> New crisis number at HHSC/IDD 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. 		X		
<ul style="list-style-type: none"> Collaborate with local universities (UNT and Texas A&M Commerce) and implement internship opportunities to aspiring Board Certified Behavior Analysts, social workers and counseling students, and Substance Use Disorder (SUD) students. 	X	X		
<ul style="list-style-type: none"> Family focused services and supports through counseling services 	X		X	
<ul style="list-style-type: none"> Healthcare reform changing the landscape and delivery system 	X			
<ul style="list-style-type: none"> Experimenting with new evidence based interventions and Technology assisted services 	X			
<ul style="list-style-type: none"> To expand peer and family services 	X			
<ul style="list-style-type: none"> Partner with community organizations to seek state and federal grant opportunities to address to address service gaps for the IDD population, and to increase sustainability of public service provision. 		X		
<i>THREATS</i>	MH	IDD	PNAC	RPNAC
<ul style="list-style-type: none"> SB7 brings challenges with Manage Care Organizations (MCO) authorizing some IDD services and encroaching on LIDDA services. 		X		
<ul style="list-style-type: none"> IDD System Changes Funding/ Reduced Services. 		X		

<ul style="list-style-type: none"> Oversight agency does not have resources to support LIDDAs with adequate funding or timely payment for services and mandated programs run by LIDDAs. 		X		
<ul style="list-style-type: none"> Barriers to securing full time Registered Nurses and Psychiatrists for Lakes IDD Provider services. 		X		
<ul style="list-style-type: none"> Shortage of state hospital beds as forensic use of beds for longer than necessary 	X			
<ul style="list-style-type: none"> Rate cuts to IDD service providers shrink the provider pool and limit options for IDD individuals. Managed care companies gradually taking over IDD service system through legislative mandates. 		X		
<ul style="list-style-type: none"> Travel not being reimbursed will steadily decrease or eliminate services to those in need in remote rural areas. 		X		
<i>Gaps - MH Adult</i>	MH	IDD	PNAC	RPNAC
<ul style="list-style-type: none"> New Greenville MH Center 			X	
<ul style="list-style-type: none"> Not enough state hospital beds 	X			
<ul style="list-style-type: none"> Need more Law Enforcement training 	X			
<ul style="list-style-type: none"> More outreach and education 	X			
<ul style="list-style-type: none"> Transportation to appointments and services in the community 	X			
<ul style="list-style-type: none"> Mental Health Workers in the jail 	X			
<ul style="list-style-type: none"> Smoking cessation programming 	X			
<ul style="list-style-type: none"> Lack of short-term and 23 hour observation beds to reduce the use of hospital stays 	X			
<ul style="list-style-type: none"> Crisis or transitional housing 	X			
<ul style="list-style-type: none"> Homeless Shelter services 	X			
<i>Gaps- MH C& A</i>				
<ul style="list-style-type: none"> Adolescent Substance Detox services and short term beds 	X			
<ul style="list-style-type: none"> Adolescent SUD outpatient treatment programming 	X			
<ul style="list-style-type: none"> Assistance with C/A Hospitalization 			X	
<i>Gaps - IDD Adults</i>	MH	IDD	PNAC	RPNAC

<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> Access to or long wait for BCBA services, lack of access or availability of PT, OT and speech therapies for individuals with Medicaid. No funding for community waiver slots creates a longer wait for much needed waiver services. 		X		
<ul style="list-style-type: none"> Individuals enrolled without funding and/or the resources needed to address med Management, Community-based intervention and advocacy needs. 		X		
<ul style="list-style-type: none"> Gaps in Medicaid 		X		
<i>Gaps - IDD C&A</i>	MH	IDD	PNAC	RPNAC
<ul style="list-style-type: none"> Gap in services for Behavioral Supports for individuals in the rural areas 		X		
<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> Access to or long wait for BCBA services, lack of access or availability of PT, OT and speech therapies for individuals with Medicaid. No funding for community waiver slots creates a longer wait for much needed waiver services. 		X		

VI. GEOGRAPHIC STATISTICS OF SERVICE AREA

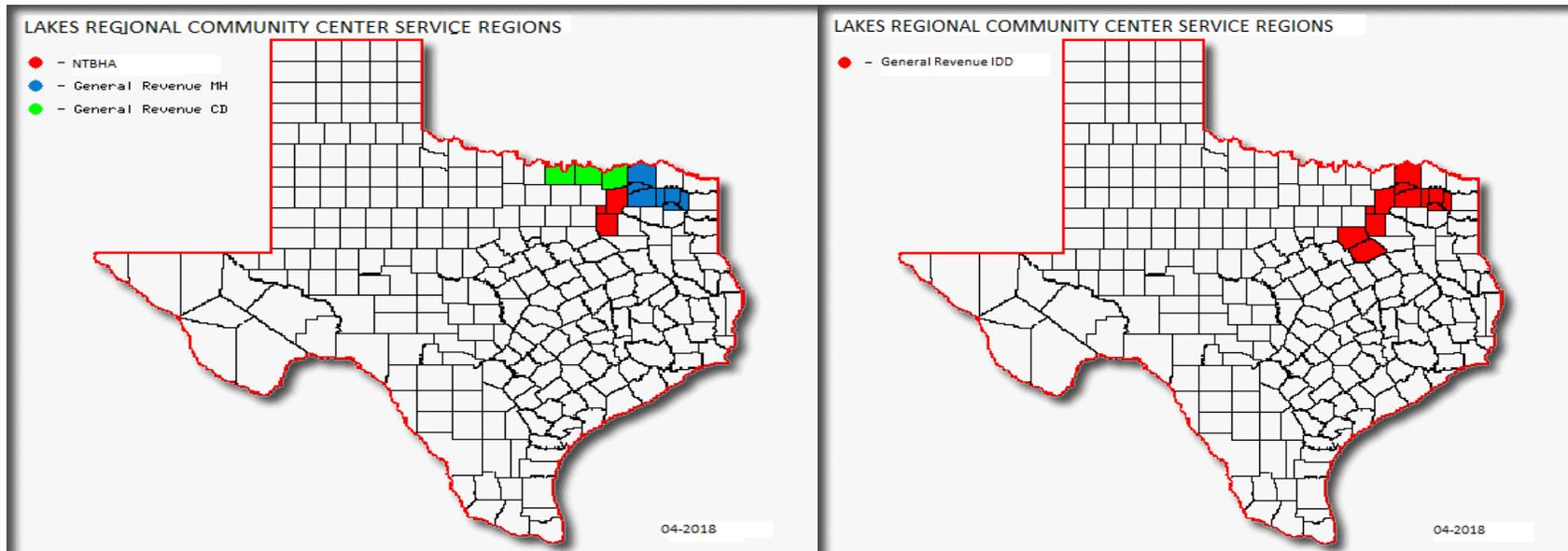
(Based on FY18 Community Profile data)

Lakes Regional Community Center includes 12 counties that cover 7,603 square miles and has a population of 681,458. Lakes provides discrete substance use disorder services to an additional three counties. The annual budget is \$37,350,511 and we employ

430 staff. Mental Health Services are provided to 4143 individuals; NTBHA services to 4309 individuals; IDD Services to 2,580 individuals; Substance Use Disorder services to 1,106 individuals; Hospitality House services to 55 individuals; and Early Childhood Intervention services to 632; 1115 Waiver service to 2402 individuals bringing the total number of individuals served to 15,227 The following table contains statistical information for the counties served:

(LMHA/LBHA statistical data from MBOW 2016 Census Stats for Camp, Delta, Franklin, Hopkins, Morris, Lamar, Titus, Ellis, Hunt, Kaufman, Navarro and Rockwall counties)

COUNTY	SQUARE MILES	POPULATION DENSITY	TOTAL POPULATION	MALE	FEMALE	ANGLO	BLACK	HISPANIC	OTHER
CAMP	195.83	66	12,867	6,259	6,608	7,156	2,087	3,233	391
DELTA	256.83	20	5,215	2,568	2,647	4,264	321	362	268
FRANKLIN	284.39	37	10,607	5,275	5,332	8,376	391	1,533	307
HOPKINS	767.17	47	36,400	17,838	18,562	26,832	2,578	6,012	978
LAMAR	907.19	55	49,791	24,017	25,774	37,171	6,489	3,829	2,302
MORRIS	251.99	50	12,593	6,033	6,560	8,170	2,814	1,175	434
TITUS	406.05	80	32,592	16,052	16,540	15,002	3,006	13,831	753
ELLIS	935.49	180	168,499	83,033	85,466	104,263	16,467	43,587	4,182
HUNT	840.32	110	92,073	45,464	46,609	66,694	7,295	14,459	3,625
KAUFMAN	780.7	152	118,350	58,364	59,986	77,870	12,532	24,205	3,743
ROCKWALL	127.04	740	93,978	46,286	47,692	67,732	5,624	16,097	4,525
NAVARRO	1,009.63	48	48,523	23,930	24,593	27,690	6,243	12,865	1,725



VII. LOCAL SERVICE DELIVERY SYSTEM

A. BEHAVIORAL/MENTAL HEALTH

1. HHSC/MH GENERAL REVENUE FUNDED SERVICES (Camp, Delta, Franklin, Hopkins, Lamar, Morris, and Titus Counties)

HHSC/MH 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. NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY (NTBHA) PROVIDER SERVICES (Hunt, Kaufman, and Rockwall Counties)

In Lakes service area where North Texas Behavioral Health Authority (NTBHA) is the Local Behavioral Health Authority (LBHA), 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
PASRR Specialized Services

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

4. SUBSTANCE ABUSE SERVICES (Camp, Cooke, Fannin, Franklin, Grayson, Hopkins, Lamar, Morris, Hunt, Kaufman, Navarro, 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. HHSC/IDD 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)	Permanency Planning
Benefits and Pharmaceutical Application Assistance	Residential Services
Continuity of Services	Respite Services
Crisis Services	School Transitional Services
Day Habilitation Services	Service Coordination for Persons with IDD
Eligibility Determination for IDD Services	Nursing Facility Service Coordination
ICF-IID Front Door Enrollment	Enhanced Community Coordination
Maintenance of Interest List	Community Support Services
Medication Management	Supported Employment
Waiver Enrollments	Behavior Supports
Vocational Services	Specialized Therapies

2. HOME AND COMMUNITY-BASED SERVICES (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. TEXAS HOME LIVING (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 LIDDA 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. INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF-IID)

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

6. PRE-ADMISSION AND RESIDENT REVIEW (PASRR) & NURSING FACILITY (NF) SERVICES

Preadmission process:

A category of NF admission:

- from a community setting, such as a private home, an assisted living facility, a group home, a psychiatric hospital, or jail, but not an acute care hospital or another NF; and
- that is not an expedited admission or an exempted hospital discharge.

Resident Review: A face-to-face evaluation of a resident performed by a LIDDA, LMHA or LBHA:

- for a resident with MI, ID or DD who experienced a significant change in status, to:
 - assess the resident's need for continued care in an NF;
 - assess the resident's need for specialized services; and
 - identify alternate placement options; and
- for a resident suspected of having MI, ID or DD, to determine whether the resident has MI, ID or DD and, if so:
 - assess the resident's need for continued care in an NF
 - assess the resident's need for specialized services; and
 - identify alternate placement options.

PASRR Evaluations:

A face-to-face evaluation of an individual seeking admission to an NF who is suspected of having MI, ID or DD; and performed by a LIDDA, LHMA or LBHA to determine if the individual has MI, ID or DD and, if so, to:

- assess the individual's need for care in an NF;

- assess the individual's need for specialized services; and
- identify alternate placement options

Habilitation Coordination:

Assistance for an individual residing in an NF to access appropriate specialized services necessary to achieve a quality of life and level of community participation acceptable to the individual and LAR.

Nursing Facility Service Coordination:

Assistance in accessing medical, social, educational and other appropriate services and supports, including alternate placement assistance, that will help a person achieve a quality of life and community participation acceptable to the person and LAR on the person's behalf.

C. EARLY CHILDHOOD INTERVENTION (ECI) SERVICES

Early Childhood Intervention (ECI) services are funded through the Health and Human Services (HHS). 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 | Occupational Therapy |
| Audiological Services | Physical Therapy |
| Behavioral Services | Service Coordination |
| Developmental Services | Speech-Language Therapy |
| Family Counseling | Transition Services |
| Nutritional Services | Vision Services |

VIII. CRISIS RESPONSE PROCESS AND ROLE OF MCOT

A. MCOT 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, MCOT, and AVAIL for hotline.
3. Weekends/holidays: Weekends/Holidays are covered by Center Staff, MCOT, 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 criteria.
2. The IDD Lead Crisis Intervention Specialist works with the MCOT to assist in crisis events involving IDD individuals and collaborates with members of the service planning team, paid provider, if any, and natural supports regarding crisis follow-up and relapse prevention activities.

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 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 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 medically cleared and determined to need admission to a hospital the MCOT staff identify the payer source to determine if referral will be made to private, state hospital, state-funded private psychiatric bed. A crisis screening is completed and recommendations for least restrictive environment are made. If hospitalization at state hospital or state- funded private hospital bed 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 daily 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 OUTPATIENT SERVICES

1. State funded private psychiatric bed allotment is shy of demand.

2. 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 PSYCHIATRIC, SUBSTANCE USE, AND PHYSICAL HEALTHCARE

1. Substance use services are currently available in Hopkins, Titus, Camp, Morris, Lamar, Delta, and Franklin counties.
2. 1115 Integrated Care Medical Mobile Unit brought increased awareness of the need for collaboration with community partners. Psychiatric emergency responses are conducted within local Emergency Departments to further our working relationships with our community providers.

C. PLANS TO INTEGRATE SERVICES

1. Further consideration for integration of emergent psychiatric, substance use and physical healthcare treatment will be incorporated into our CCBHC development plans.

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