



DBA Lakes Community Center

Local Service Area Plan

FY 2022 – 2024

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Agency Mission and Values

Mission...

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

Values...

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

Preamble/History of Center

The beginning of Lakes Regional MHMR’s, dba Lakes Regional Community Center (the Center), 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 (SOCS) 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 the Center. 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. The Center also provides DWI Education classes, Drug Offender Education classes, and Minor in Possession classes. In addition, the Center 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 the Center. Having successfully completed the Hunt County merger, we had experience with 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 in November. 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) and began doing business as Lakes Regional Community Center.

In 2018, Lakes started providing ECI services in Hopkins, Delta, and Lamar Counties.

May 1, 2020, Lakes Regional received certification as a Certified Community Behavioral Health Clinic (CCBHC) in Texas.

In May 2022, Lakes Regional received the National Committee for Quality Assurance (NCQA) accreditation for case management.

The Center 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 part of North Texas Behavioral Health Authority (NTBHA) where the Center is not the LMHA. Chemical dependency services are provided in Camp, Lamar, Morris, Franklin, Hopkins, Hunt, Fannin, Grayson, and Cooke counties. Texas Correctional Office on Offenders with Medical or Mental Health Impairments (TCOOMMI) adult parole and MH services are provided in Delta, Hopkins and Franklin counties. TCOOMMI parole continuity services are provided in Hopkins, Delta, Lamar, Titus, Franklin, Morris and Camp counties.

The Center operates as authorized under Texas Health and Safety Code, Chapter 531, Section 531,001(h). The TDMHMR Board has designated local entities as LMHAs and 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.

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.

Stakeholder/Community Participation

Stakeholders are persons and organizations that have an interest in, or who may be impacted by implementation and consequences including representatives of the local community, individuals receiving community-based intellectual disability services and family members of those individuals, advocacy organizations, providers, educational, social services, Local and Regional Planning and Network Advisory Committee, law enforcement, and other community organizations, public agencies responsible for appointment members of the governing board, and interested citizens.

List of key issues and concerns identified by stakeholders in Lakes FY 20 and FY22 Stakeholder Needs Assessment

<ul style="list-style-type: none"> • Identified adult and youth jail diversion
<ul style="list-style-type: none"> • Lack of transportation
<ul style="list-style-type: none"> • Identified the need for a detoxification program
<ul style="list-style-type: none"> • Lack of health insurance as a barrier to receiving recovery-oriented services
<ul style="list-style-type: none"> • Peer and/or family support services not available to individual under the age of 18 or a family member when needed.
<ul style="list-style-type: none"> • High turnover of staff as a barrier to receiving recovery-oriented services

- | |
|---|
| <ul style="list-style-type: none">• Wait time for initial appointment as a barrier to receiving recovery-oriented services |
| <ul style="list-style-type: none">• People needing services cannot afford co-pays for services and/or medication as a barrier to receiving recovery-oriented services |

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 Local Service Area Plan, Consolidated Local Service Plan and the Provider Network Development Plan.

The Board of Trustees (the Board) 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 PNAC provides another structures mechanism for obtaining ongoing comments about center services. The Public Information Officer reports on committee activities as part of their monthly board report. Members are also encouraged to attend the board meetings.

State Supported Living Centers (SSLCs)

Texas Health and Human Services operates State Supported Living Centers. The living centers provide campus-based services and supports to people with intellectual and developmental disabilities at 13 locations – Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, Rio Grande, San Angelo, and San Antonio. Lakes Regional does not have an SSLC in our services area.

SWOT Analysis

The Center utilizes an ongoing Strengths-Weaknesses-Opportunities-Threats (SWOT) 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 the process. The membership of our community advisory committees and management staff were enlisted to provide feedback. 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.

SWOT Analysis

Local Plan				
Strengths	MH	IDD	PNAC	RPNAC
<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 integrated services that provide ASD/IDD Day Treatment and Community based Behavior Support Skills Training to adults and children. 	X			
<ul style="list-style-type: none"> • Counseling Services that provide treatment to address the complex needs of individuals with IDD/MI 		X		
<ul style="list-style-type: none"> • Received CCBHC Expansion Grant That will allow for the improvement and advancement of services to include care coordination and to develop substance us programs for youth that are at risk or currently using substances and also implement a Mobile Response and stabilization Service team to help serve your in crisis. 	X			
<ul style="list-style-type: none"> • IDD Specialty Therapies and Clinic that includes the services of a Psychiatrist, Licensed Clinicians (LPCs and Behavior Analysts) in treating the complex needs of individuals with IDD/MI. 		X		
<ul style="list-style-type: none"> • Lakes Regional Community Center have nice facilities in most centers 	X		X	
<ul style="list-style-type: none"> • Day programming that utilizes existing research, supports/resources and innovative training models geared toward developing skills to enhance community-integrated experiences for individuals with IDD/MI and/or related conditions. 		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 and the staff are wonderful. 			X	
<ul style="list-style-type: none"> • Needs of the individuals are being met. 		X	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"> IDD Provider Services are striving to be at the forefront of IDD best practices and doing very well with the employment first model. 		X		
<ul style="list-style-type: none"> Increase Peer Provider services 	X			
<ul style="list-style-type: none"> Coffee House- Peer run to support successful transition from hospital or jail to services into the community 	X			
<ul style="list-style-type: none"> Expand Peer run centers to our General Revenue counties 	X			
<ul style="list-style-type: none"> Lakes Regional actively pursues Grant Funding to assist. Found ways to connect with the individual we served through pandemic. 	X			
<ul style="list-style-type: none"> MH Psychosocial Rehab groups in Sulphur Springs 			X	
<ul style="list-style-type: none"> Expansion of peer run advisory board in our General Revenue (GR) counties. 	X			
Weaknesses	MH	IDD	PNAC	RPNAC
<ul style="list-style-type: none"> Some concerns with the changes from Dayhab to ISS and feelings that the IDFMR Group Homes are not being served well. 			X	
<ul style="list-style-type: none"> The furniture in the Greenville facility foyer needs to be updated and cleaned. 			X	
<ul style="list-style-type: none"> Challenges in hiring and retaining licensed staff due to a highly competitive market (compensation) and a limited candidate pool in rural areas. 	X			
<ul style="list-style-type: none"> No fundraising/PR staff/unit assigned to solicit and gather donations, respond to RFP/Grants and/or produce and conduct awareness presentations. PR- No staff to go after external contributions, United Way, Grants, etc.... 	X	X	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	

• Website - does not give useful information		X	X	
• Greenville Dayhab needs a larger facility			X	
• Services need to be more client centered and consumer focused.			X	
• Paperwork is a challenge when accessing services.			X	
• More service locations throughout catchment area.			X	
• Waiting list to Greenville Dayhab			X	
• No Homeless Shelters	X			
• Limited transportation in our rural areas	X			
• Limited medical coverage for the indigent population	X			
• 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 SSCLs and nursing facilities.		X		
• Increasing frequency of staff turnover going to work in other fields like education, DFPS, and nursing facility and managed care environments. Frequent changes in service coordinators possibly results in lower satisfaction in service coordination.		X		
• Lack of connection to physical medical condition facilities (FQHC)	X			
• Lack of Broadband in our rural areas	X			
Opportunities	MH	IDD	PNAC	RPNAC
• HUB-Money Follows the Person grant at Dallas Metrocare provides resource for technical assistance and free training to LIDDA and IDD providers.		X		
• Increase in PPB capacity by contracting with additional private psychiatric hospitals.	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; Expand Peer Services to Substance Use Disorder (SUD) Programs. 	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		
Threats	MH	IDD	PNAC	RNAC
<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"> • 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 for Lakes IDD Provider services in order to continue to hire competent staff. IDD rates needs to increase. 		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		
Gaps – MH Adult	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"> • 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			
Gaps – MH C&A	MH	IDD	PNAC	RPNAC
<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; Access ability in a timely fashion. 			X	
Gaps – IDD Adults	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		
Gaps – IDD C&A	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		

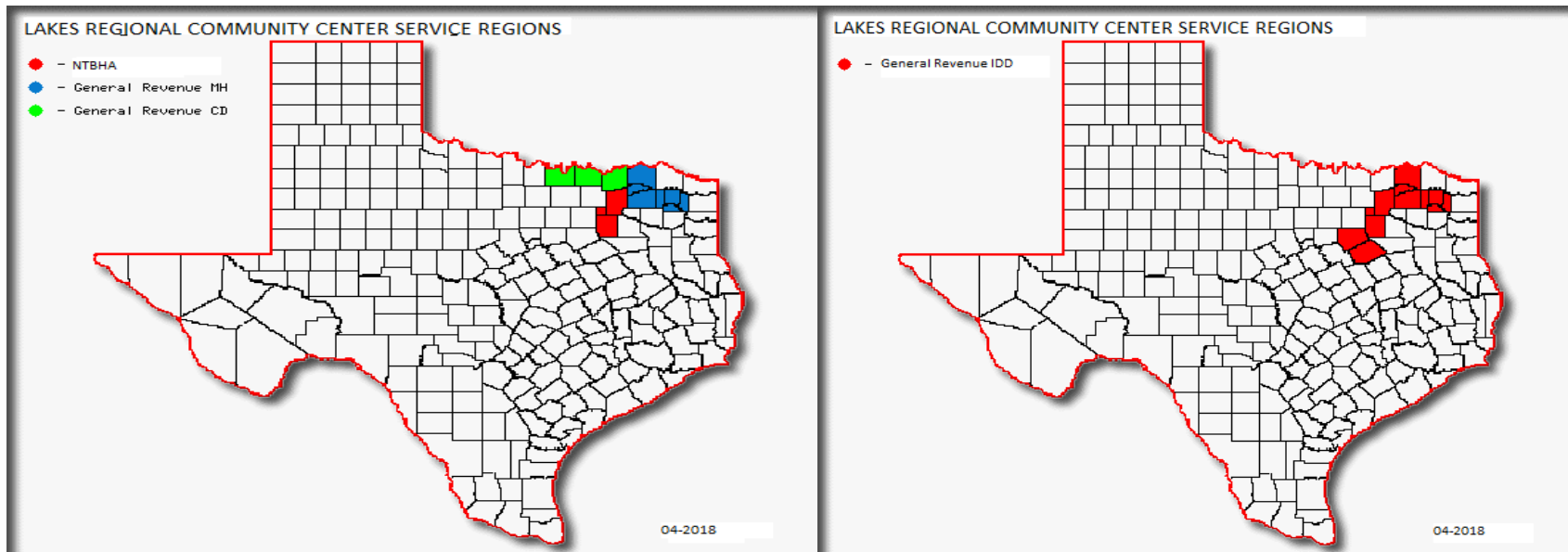
Geographic Statistics of Service Area

(Based on FY21 Community Profile data)

The Center includes 12 counties that cover 6,762 square miles and has a population of 761,511. The Center provides discrete substance use disorder services to an additional three counties. The annual budget is \$43,210,133 and we employ 411 staff. Mental Health Services are provided to 3,926 individuals; NTBHA services to 3,586 individuals; IDD services to 1,991 individuals; Substance Use Disorder services to 507 individuals; Hospitality House services to 45 individuals; and Early Childhood Intervention services to 602 individuals bringing the total number of individuals served to 10,657. The following table contains statistical information for the counties served:

(LMHA/LBHA statistical data from MBOW 2018 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	196	64	12,450	6,076	6,374	6,779	1,899	3,323	449
Delta	257	20	5,233	2,595	2,638	4,116	353	471	293
Franklin	284	36	10,366	5,197	5,169	7,949	425	1,646	346
Hopkins	767	48	36,795	10,182	18,613	26,622	2,543	6,541	1,089
Lamar	907	55	20,077	24,318	25,729	36,520	6,580	4,405	2,572
Morris	252	47	11,963	5,794	6,169	7,561	2,606	1,313	483
Titus	406	77	31,264	15,371	15,893	13,540	2,804	14,060	860
Ellis	935	208	194,272	96,449	97,823	110,978	24,375	53,528	5,391
Hunt	840	119	10,231	49,655	50,576	69,759	7,817	18,578	4,077
Kaufman	781	188	145,986	72,774	74,212	83,742	21,719	35,982	5,543
Rockwall	127	859	109,090	54,254	54,836	73,581	8,436	21,012	6,061
Navarro	1,010	52	52,784	23,016	26,768	28,447	6,489	15,591	2,257



Local Service Delivery system

Behavioral/Mental Health

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
Routine Case management
Screening
Skills Training and Development
Supported Employment
Supported Housing
Transportation
Vocational Services
Wrap-around Planning
Peer Support Specialist

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.

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

Substance Abuse Services (Camp, Cooke, Fannin, Franklin, Grayson, Hopkins, Lamar, Morris, Hunt, 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

Certified Community Behavioral Health Clinics (CCBHC)

Lakes serves low-income or uninsured adults and children with a serious mental illness (SMI) or serious emotional disturbance (SED) and/or those with Substance Use Disorder (SUD) concerns. Lakes Regional has over a twenty-year history of providing a wide array of outpatient mental health and substance use services. CCBHC services includes Medication Assistance Treatment (MAT), as well as, expanded the Behavioral Health workforce and Care Coordination

that aligns with CCBHC certification requirements.

Intellectual and Developmental Disability Services (Camp, Delta, Ellis, Franklin, Hopkins, Hunt, Kaufman, Lamar, Morris, Navarro, Rockwall and Titus Counties)

The LIDDA assists individuals in assessing appropriate services and supports which will improve the health and well-being of individuals seeking services. In addition to assessing for the needs of eligible individuals, the LIDDA also assess for the safety of the individual, which includes Abuse, Neglect, and Exploitation (ANE). Supports have been designed and implemented to ensure that all risks to individuals have been minimized. The supports include staff screening, staff education, and education for individuals we serve.

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. The mix of services delivered at the local level varies, with each LA identifying local service needs and priorities. Services include:

- | | |
|--|---|
| 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 | Enhanced Community Coordination |
| ICF-IID Front Door Enrollment | Community Support Services |
| Maintenance of Interest List | Supported Employment |
| Medication Management | Behavior Supports |
| Waiver Enrollments | Specialized Therapies |
| Vocational Services | |

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.

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.

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).

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

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

Pre-Admission Screening and Resident Review (PASRR) & Nursing Facility (NF) Services

PASRR is a federally mandated program that requires all states to prescreen all people, regardless of payer source or age, seeking admission to a Medicaid-certified nursing facility. PASRR has three goals:

- To identify people, including adults and children, with mental illness and/or IDD.
- To ensure appropriate placement, whether in the community or the nursing facility.
- To ensure people receive the required services for mental illness and/or IDD.

Medicaid-certified nursing facilities are required to comply with Preadmission and Resident Review. PASRR is a federally mandated review process, requiring all people seeking Medicaid-certified nursing facilities admissions are screened for

mental illness or intellectual and developmental disability regardless of funding source or age.

In addition, people deemed to be PASRR eligible for IDD by a PASRR Evaluation are eligible for habilitative services that Medicaid-certified nursing facilities are required to provide. Nursing Facility PASRR Specialized Services for people with IDD include but are not limited to: durable medical equipment; habilitative therapies; and assessments.

Eligibility

Nursing home residents eligible for Specialized Services must:

- Be Medicaid-eligible
- Reside in a Medicaid-certified nursing facility
- Have a diagnosis of severe mental illness, intellectual disability onset before age 18, or a developmental disability (related condition) onset before age 22
- Have a positive PASRR Evaluation on file in the Texas Medicaid Healthcare Partnership (TMHP) or Simple LTC online portal
- Have habilitative (maintenance-based) physical, occupational or speech therapy recommended in their comprehensive care plan

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.

Service Coordination/Enhanced Community Coordinator (ECC)

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.

IDD Crisis Services

The local intellectual and developmental disability authority (LIDDA) must ensure a crisis intervention specialist provides information about intellectual and developmental disability (IDD) programs and services to:

- person's with IDD and their families; and
- IDD providers in the local service area.

The LIDDA must ensure the specialist collaborates with appropriate LIDDA staff and Transition Support Team members to identify persons with IDD in the LIDDA's local service area who are at risk of requiring crisis services, such as persons who exhibit repeated and severe behavior disturbances that jeopardize the person's safety or current living arrangement.

Crisis Respite

Means short-term (up to 14 calendar days) respite for intellectual and developmental disabilities (IDD) as follows:

- Out-of-home crisis respite provides therapeutic support in a safe environment with staff on-site providing 24-hour supervision for a person who is demonstrating a crisis that cannot be stabilized in a less intensive setting. Out-of-home crisis respite is provided in a setting for which the state provides oversight (for example, an intermediate care facility (ICF), a Home and Community-based Services (HCS) group home, a Department of State Health (DSHS)-authorized crisis respite facility or crisis residential facility; and
- In-home crisis respite provides therapeutic support to a person who is demonstrating a crisis in the person's home when it is deemed clinically appropriate for the person to remain in his or her natural environment and it is anticipated the crisis can be stabilized within a 72-hour period.

Crisis Diversion

If the LIDDA determines the person is at imminent risk of admission to an institution and meets the criteria for a community intermediate care facility for individuals with intellectual disabilities or related conditions (ICF/IID) level of care (LOC) I, and that adequate and appropriate community resources are not available, as evidenced by attempts to locate and use community-based services and supports, the LIDDA begins the process for requesting a Home and Community-based Services (HCS) Crisis Diversion slot.

Texas Law Enforcement Telecommunication System (TLETS)

A statewide telecommunications network composed of computer terminals, interfaces and databases representing city, county, state, federal, military law enforcement and criminal justice agencies in Texas. This network is controlled by a computerized electronic message switching system located at the Texas Department of Public Safety in Austin. The results are compared against CMBHS, which searches for persons who within the last three years have been:

- hospitalized in a state psychiatric hospital;
- admitted to an HHSC-funded, contracted psychiatric hospital bed; or
- assessed, authorized and received services by a LIDDA.

National Committee for Quality Assurance (NCQA) Case Management

NCQA Case Management Accreditation is a comprehensive, evidence-based program dedicated to quality improvement that evaluates the operations of case management programs in provider, payer or community-based organizations.

NCQA-Accredited organizations demonstrate that they have the internal processes and service delivery structure to cost effectively meet the needs of complex patient and improve health or functional capability. Efficient and cost-effective case management processes and service delivery:

- Apply a QI process to improve operations.
- Maintain security of patients' personal health information.
- Ensure access to qualified case management staff.
- Develop personalized, patient-centered care plans.
- Manage patients between care settings.
- Conduct systematic, patient-centered assessments.
- Monitor patient progress to care goals.

NCQA Case Management Accreditation assesses an organization's performance in the following key areas:

- Identification and assessment.
- Care planning.
- Care monitoring.
- Care transitions.
- Measurement and quality improvement.

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
Audiology Services
Behavioral Services
Early Identification, Screening, & Assessment
Family Education & Training
Nutritional Services
Nursing Services
Special Skills Training
Occupational Therapy

Physical Therapy
Psychological Services
Service Coordination/Case Management
Speech-Language Therapy
Transition Services
Vision Services
Social Work
Medical Services

Crisis Response Process and Role of MCOT

MCOT Staff Rotation

- 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.
- After business hours: The other 13.5 hours/day are covered by Center Staff, MCOT, and AVAIL for hotline.
- 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.

Criteria for MCOT Deployment

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.

Role of MCOT

- 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 Monday 4pm – Friday 8:00a.m. 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.
- The IDD Crisis Resource Coordinator 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.

Emergency Rooms and Law Enforcement

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.

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.

Crisis Stabilization

- If an individual in crisis cannot be stabilized at the site of the crisis they are taken to the local ER for medical clearance.
- 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.**

When Inpatient Level of Care is Needed

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

Hospital Beds

- 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.
- 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.

Transportation

Local law enforcement is responsible for transportation.

Competency Restoration

None Available; No need at this time

Barriers to Accessing Alternate Inpatient and Outpatient Services

- State funded private psychiatric bed allotment is shy of demand.
- Funding

Jail Diversion

Jail Diversion Liaison

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

Steps Taken to Integrate Psychiatric, Substance Use, and Physical Healthcare

- Substance use services are currently available in Hopkins, Titus, Camp, Morris, Lamar, Delta, and Franklin counties.
- 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.

Plans to Integrate Services

- Further consideration for integration of emergent psychiatric, substance use and physical healthcare treatment will be incorporated into CCBHC development plans.
- Ambulatory detox program and/or continuing to seek community resources to benefit individuals through Care-Coordination.

Communication Plan

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

Staff Training

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

Gaps in the Local Crisis Response Center (Hopkins, Delta, Lamar, Camp, Morris, Franklin, and Titus Counties)

- State Hospital Beds
- Law Enforcement Training
- Mental Health Workers in the Jail

Jail Diversion Strategies

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 as needed

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 as needed

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 as needed

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 as needed

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 as needed