



DBA Lakes Regional Community Center

Local Service Area Plan

FY 2027-FY 2029

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I. Agency Mission and Values

The Center is guided by its mission and core values, which inform all aspects of service delivery, decision-making, and system planning.

Mission

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

Values

- **Self-determination** – Supporting individual in making informed decisions about their lives
- **Choice** – Ensuring access to a range of services and supports
- **Respect** – Treating each person with dignity and valuing individual differences
- **Efficiency** – Using resources responsibly and effectively
- **Integrity** – Maintaining honest and ethical practices in all relationships
- **Accountability** – Being responsive to and responsible for the needs of the communities we serve

II. Preamble/History of Center

Lakes Regional MHMR dba Lakes Regional Community Center (the Center) was established in 1999 in response to statewide efforts to transition mental health and intellectual and developmental disability (IDD) service from state-operated facilities to locally governed, community-based systems. Initially created as a state-operated program, the Center transitioned to a board-governed, community nonprofit organization, allowing for greater local control over service deliver and planning.

Since its formation, the Center has expanded both its geographic coverage and service offerings through the integration of additional counties and programs. Key milestones include the incorporation of services in Hunt County in 2003 and the integration of IDD services in Ellis and Navarro counties in 2006. The Center also expanded Early Childhood Intervention (ECI) services across multiple counties beginning in 2018.

The Center has continued to evolve in response to community needs and statewide priorities. Notable achievements include certification as a Certified Community Behavioral Health Clinic (CCBHC) in 2020 and accreditation for Case Management through the National Committee for Quality Assurance (NCQA) in 2022.

Today, the Center serves as the designated Local Intellectual and Developmental Disability Authority (LIDDA) for 12 counties in Northeast Texas. In this role, the Center is responsible for planning, coordinating, and ensuring access to services and supports for individuals with intellectual and developmental disabilities, while working collaboratively with community partners to meet the needs of a diverse service area.

The Center provides a comprehensive system of services and supports across the behavioral health, intellectual and developmental disability (IDD), early childhood intervention (ECI), and substance use service systems. During FY 2025, the Center served 10,545 individuals throughout its service area, including 7,043 individuals receiving mental health services, 1,766 individuals receiving IDD services, 791 children and families participating in ECI services, and 945 individuals receiving substance use services.

These services were supported through an FY 2025 operating budget of approximately \$44.3 million. Funding was distributed across key service area, including mental health (\$23.3 million), IDD services (\$15.9 million), ECI services (\$3.4 million), and substance use services (\$1.8 million), reflecting the Center's commitment to maintaining a comprehensive continuum of care throughout the region.

III. Local Plan Development

Local planning at the Center is an ongoing, data-driven process used to identify community needs, establish priorities, and guide decision-making for service delivery and system improvement. This process ensures that services are responsive to the needs of individuals with IDD across our local service area.

The Center uses multiple sources of information in the development of the Local Service Area Plan (LSAP), including stakeholder input, service utilization data, interest list trends, and internal program performance measures. Input is gathered from individuals receiving services, family members, staff, community partners, and advisory groups such as the Planning and Network Advisory Committee (PNAC).

Planning activities follow a continuous cycle that includes assessing needs, identifying service gaps, prioritizing strategies, and evaluating outcomes. Information gathered through this process is used to guide both short-term improvements and long-term system development.

This LSAP outlines the Center's service delivery structure, identified needs, and strategic priorities for the FY 2027-2029 biennium. The plan is used to communicate with the Texas Health and Human Services Commission (HHSC), stakeholders, and the public, and to guide

internal planning, resources allocation and program development. This process ensures that planning efforts are responsive to both community needs and system performance.

IV. Community Participation

The Center values community involvement as a critical component of its planning process. The Center actively engages individuals receiving services, family members, advocacy organizations, providers, educational institutions, social service agencies, advisory committees, local officials, law enforcement, and other community partners to better understand the needs and priorities of the communities served.

The Center gathers feedback on an ongoing basis through direct engagement with stakeholders and through satisfaction surveys completed by individuals receiving services and their family members. These efforts provide insight into service quality, access to care, and areas for improvement.

The Planning and Network Advisory Committee (PNAC) provides structured input into the planning process. The PNAC is composed of community members, including individuals receiving services and family members, in accordance with HHSC requirements. The committee plays an active role in the development of the LSAP, Consolidated Local Service Plan (CLSP), and the Local Provider Network Development Plan (LPND). Members review service needs, discuss system challenges, and provide recommendations that help inform priorities and strategies included in these plans.

The Board of Trustees also contributes to the planning process by providing oversight and input in service delivery and system needs. The Board receives regular reports from senior staff on program performance, service gaps, and system challenges, and reviews recommendations for service improvements and resource allocation. Board meetings include opportunities for public comment, allowing community members to provide direct input.

The Center uses stakeholder feedback, staff input, and advisory committee recommendations to conduct ongoing analysis of system strengths and challenges. This information is used to identify service needs, gaps, and priorities and directly informs the strategies and planned improvements outlined in this plan. Through these efforts, the Center ensures that community perspectives are incorporated into decision-making and that services continue to evolve in response to the needs of the population served.

V. System Analysis and Identified Needs

The Center conducts a comprehensive review of community input and system data to identify needs, service gaps, and opportunities for improvement across the local service area. Information reviewed for this analysis includes findings from the Community Needs Assessment (CNA), input from the PNAC, feedback from program staff, stakeholder engagement activities, and other available program and community data sources. Together, these sources provide valuable insight into factors affecting access to services and supports for individuals with IDD and their families.

Access to Services and Supports

Analysis of available information identified several barriers affecting access to services across the service area. Transportation limitations, provider shortages, long travel distances, and delays in obtaining services continue to impact individuals and families seeking support. These challenges are particularly significant in rural communities, where access to providers and community resources may be limited. Community members and staff also identified challenges related to navigating available services, locating needed resources, and understanding how to access available programs and supports.

For individuals with IDD, additional access-related barriers include lengthy wait times for Medicaid waiver services, limited provider availability, and challenges associated with eligibility determination and service enrollment processes. Staff feedback also identified increasing demand for crisis diversion services and waiver enrollment activities, placing additional pressure on existing resources.

Workforce and Provider Capacity

Community data, stakeholder input, and staff feedback indicate that workforce and provider capacity continue to affect service delivery throughout the region. High service utilization, increasing demand, provider shortages, and elevated caseloads have been identified across multiple service areas. Challenges related to recruitment and retention of qualified staff, including clinical, nursing, and service coordination positions, can affect the availability and timeliness of services.

Within the IDD service system, staff identified concerns regarding provider availability, particularly in rural areas. The waiver provider network continues to experience capacity challenges, and a shrinking provider base may limit service options for individuals seeking community-based supports and waiver services. Staff also identified staffing limitations related to waiver enrollment activities, Community First Choice (CFC) referrals, and other LIDDA responsibilities that continue to experience growing demand.

Non-Medical Drivers of Health

The review process identified several non-medical drivers of health that may affect an individual's ability to access and benefit from services. Housing instability, transportation barriers, economic hardship, and food insecurity were consistently identified across data sources as factors that can impact engagement in services and overall well-being. These challenges may create additional barriers to maintaining appointments, accessing community resources, and achieving personal goals.

For individuals with IDD and their families, access to stable housing, transportation, financial resources, and community supports can significantly affect independence, community participation, and quality of life. Staff also identified barriers associated with obtaining Supplemental Security Income (SSI) and Medicaid eligibility, which can delay access to waiver services and other needed supports.

Crisis Services and System Capacity

Feedback from stakeholders and staff identified continued demand for crisis-related services and supports. Behavioral health data indicate ongoing reliance on emergency departments for crisis care, while staff identified opportunities to strengthen coordination among crisis services, hospitals, law enforcement agencies, and community providers. Maintaining adequate staffing and resources for crisis response continues to be an important consideration in meeting community needs.

Within the IDD system, staff reported increasing demand for crisis diversion services and ongoing challenges associated with placement options for individuals with complex behavioral support needs. Limited availability of certain residential and placement resources can result in delays in accessing appropriate supports and services during times of crisis.

Staff also identified challenges associated with placement options for individuals with complex medical or behavioral support needs, including limited residential resources and extended waiting periods for some placement opportunities.

Rural Access and Geographic Challenges

The Center's twelve-county service area includes a combination of rural and more densely populated communities. Geographic differences across the region influence how services are accessed and delivered. Rural communities often experience limited provider availability, fewer local resources, transportation challenges, and greater travel distances when seeking services. These factors may contribute to delays in accessing care and difficulty maintaining ongoing engagement in services.

Stakeholder feedback also highlighted the importance of service availability within an individual's home community whenever possible. Access to family supports, established relationships, and familiar environments remains an important consideration for many individuals and families when evaluating service options and residential placements.

Service Gaps and Opportunities for Improvement

Review of available information identified several recurring themes that may benefit from continued planning and system improvement efforts. Transportation barriers, provider shortages, workforce capacity limitations, service navigation challenges, and limited awareness of available services were consistently identified across multiple data sources. Additional opportunities include strengthening outreach and education efforts, improving awareness of available services, and enhancing access to community-based supports.

Feedback from PNAC members and staff identified several IDD-specific areas of need, including transition services for youth moving into adulthood, a need for increased outreach and education for families and schools, expanded provider capacity, improved access to waiver services, and enhanced coordination of long-term supports. Challenges associated with lengthy waiver interest list wait times, provider network capacity, administrative processes, and delays in obtaining Medicaid eligibility were also identified as ongoing concerns. Staff additionally identified provider capacity constraints that may affect access to long-term supports and services, particularly in rural areas and within the waiver service system.

Despite the challenges related to service access, provider capacity, and long-term support availability, several strengths were consistently identified. These include strong care coordination and service coordination practices, established community partnerships, transportation assistance programs, telehealth services, crisis diversion efforts, and a broad array of services and supports available throughout the service area. The Center will continue to build upon these strengths while addressing identified needs and service gaps through ongoing planning, stakeholder engagement, and system improvement efforts.

A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was conducted using information gathered through the Community Needs Assessment, stakeholder feedback, PNAC input, staff feedback, program data, and organizational performance measures to identify key factors influencing service delivery and future planning efforts within the local service area.

Strengths	Weaknesses
• Comprehensive system of IDD, behavioral health, substance use, and ECI services. • Strong care coordination and service coordination services. • Active PNAC involvement. • Established community partnerships. • Transportation assistance in authority counties. • Telehealth services. • NCQA accreditation and CCBHC designation. • Strong crisis diversion efforts.	• Continued workforce shortages. • High service demand and elevated caseloads. • Shrinking waiver provider network. • Limited awareness of IDD services. • Challenges navigating services. • Limited supports between ECI and waiver enrollment. • Recruitment and retention challenges that reduce capacity to efficiently process DID evaluations, CFC referrals, waiver enrollments, and other key LIDDA functions.
Opportunities	Threats
• Expand outreach and education efforts. • Increase transition planning activities. • Improve awareness of IDD services. • Utilize new communication technologies. • Expand telehealth services. • Strengthen provider recruitment. • Improve efficiency through increased use of the electronic health record (EHR). • Increase integrated care efforts. • Expand crisis diversion services. • Pursue grant opportunities. • Strengthen school partnerships.	• Provider shortages and declining provider availability. • Long waiver interest list wait times. • Increasing demand exceeding resources. • Delays in SSI and Medicaid eligibility. • Rural geography and transportation limitations. • Limited crisis diversion and residential support options for individuals with IDD. • Financial pressures affecting provider sustainability. • Housing instability, poverty, food insecurity, and transportation barriers. • Limited availability and lengthy wait times for SSLC admissions

VI. Service Area Characteristics

The Center serves a twelve-county region in Northeast Texas, including Camp, Delta, Ellis, Franklin, Hopkins, Hunt, Kaufman, Lamar, Morris, Navarro, Rockwall, and Titus counties. The service area includes a mix of rural and more densely populated communities resulting in varying levels of access to healthcare services and community resources.

The geographic size and diversity of the service area present unique challenges in service delivery. Many counties within the region are rural, with limited availability of providers, reduced transportation options, and fewer local resources. These factors can impact the ability of individuals with IDD to consistently access services and supports within their communities.

In contrast, more urbanized counties may have greater availability of services; however, higher demand for those services can result in increased wait times and limited provider capacity. Differences in population density, infrastructure, and resource availability across counties contribute to variations in how services are accessed and delivered throughout the region.

Population Characteristics

The service area includes a diverse population with varying demographic and socioeconomic characteristics. The population reflects a mix of racial and ethnic groups, including White, Black or African American, Hispanic or Latino, and multiracial individuals. Age distribution includes children, adults, and older adults, with varying service needs across the lifespan.

Many counties within the service area experience lower median household incomes and higher rates of poverty compared to state averages. The socioeconomic factors, combined with rural geography, can contribute to disparities in access to care, particularly for individuals with IDD who may require ongoing supports and services.

Differences in access to transportation, housing stability, and other community resources further influence how individuals access and engage in services. These factors are considered in planning and service delivery to ensure that services are responsive to the needs of the population served.

Factors Affecting Service Delivery

The following factors influence how and where services are delivered and may affect access to services for individuals with IDD.

- **Geographic diversity, including both rural and urban communities** – The service area includes large rural counties as well as more densely populated areas. This affects how services are delivered, including travel distances, availability of providers, and the types of services that are needed in different communities.
- **Transportation limitations impacting access to services** – Many individuals, particularly in rural areas, have limited or no access to reliable transportation. This can make it difficult to attend appointments, participate in services, and maintain ongoing support.
- **Variations in provider availability across counties** – The availability of service providers differs across the region, with rural counties often having fewer providers. This can result in longer wait times or the need to travel outside of the local area to receive services.
- **Socioeconomic factors affecting access to care and supports** – Differences in income, employment, and access to resources-such as stable housing and food-can

impact an individual's ability to access and remain engaged in services. These factors may create additional barriers for individuals who need consistent support.

- **Differences in service demand and system capacity across regions** – Some areas have higher demand for services than the system can currently meet, while others may have limited services available. This imbalance can lead to delays in access and increased strain on available resources.

These service area characteristics are considered in planning efforts to ensure equitable access to services and supports for individuals with IDD across the region.

VII. Local Service Delivery System

The Center provides a comprehensive array of services and supports across its twelve-county service area, addressing intellectual and developmental disability, mental health, early childhood intervention, and substance use needs. As the designated LIDDA, the Center is responsible for planning, coordinating, and ensuring access to services and supports for individuals with IDD.

The Center utilizes nationally recognized case management practices and maintains accreditation through the National Committee for Quality Assurance (NCQA) to support quality service coordination and continuous improvement efforts.

Services are provided through a combination of direct service delivery, service coordination, and partnerships with community providers. The service delivery system is designed to promote person-centered planning, community integration, informed choice, and access to services in the least restrictive environment appropriate to each individual's needs.

The Center provides a range of services including eligibility determination, service coordination, Medicaid waiver supports, crisis intervention, Pre-Admission Screening and Resident Review (PASRR) and Nursing Facility Services, ECI, behavioral health services, and substance use services.

A. Intellectual and Development Disability (IDD) Services

The Center provides a comprehensive array of IDD services and supports designed to assist individuals across the lifespan. Through person-centered planning, service coordination, crisis prevention, transition support, and access to long-term services and supports, the Center promotes community integration, informed choice, self-determination, and access to services in the least restrictive environment appropriate to each individual's needs.

During FY 2025, the Center provided IDD services and supports to 1,766 individuals across its service area. Through a variety of programs and service options, the Center supports individuals in accessing community-based services, long-term supports, crisis

prevention services, and person-centered planning activities designed to promote independence and quality of life.

Services are delivered through a person-centered planning process that emphasizes individual strengths, preferences, and goals. The Center collaborates with individuals, legally authorized representatives, service providers, schools, healthcare professionals, and other community partners to support access to necessary services and promote positive outcomes.

The Center also provides information regarding community-based service options, including Home and Community-Based Services (HCS), Texas Home Living (TxHmL) Waiver Services, Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), Community First Choice (CFC), and other supports available through the local service system. Information regarding State Supported Living Centers (SSLCs) is also provided as part of the informed choice process to ensure individuals and families are aware of all available service options.

B. HHSC-IDD General Revenue Funded Services

The Center provides General Revenue-funded services to eligible individuals with IDD in accordance with HHSC requirements. These services are designed to support individuals in accessing needed resources, maintaining community living arrangements, and achieving personal goals through a person-centered approach.

General Revenue-funded services assist individuals and families by providing access to information, coordination of services, crisis support, and connections to community resources. Services are intended to promote health, safety, independence, community integration, access to appropriate supports in the least restrictive environment.

Services available through General Revenue funding may include:

- Eligibility determination for IDD services
- Access to IDD programs and service options
- Service coordination and enhanced community coordination
- Interest list maintenance for Medicaid waiver programs
- Crisis prevention and intervention services
- Community support and referral services
- School transition planning and support
- Residential and respite-related assistance
- Supported employment and vocational supports
- Behavioral supports and specialized therapies
- Benefits and resource assistance

- Continuity of services and permanency planning

The Center collaborates with individuals, families, providers, schools, healthcare professionals, and community partners to ensure services are coordinated and responsive to individual needs.

C. Home and Community-Based Services (HCS) Waiver Services

The Home and Community-based Services (HCS) Waiver Program is a Medicaid waiver program that provides community-based services and supports to eligible individuals with IDD. The program is designed to promote community living and provide alternatives to institutional care by supporting individuals in the least restrictive environment appropriate to their needs.

Services are individualized through a person-centered planning process and may be provided in a variety of settings, including a person's own home, family home, foster/companion care setting, or group home. Services are designed to promote health, safety, independence, and community participation, and improved quality of life while supporting individuals in achieving their personal goals.

The Center assists eligible individuals with their legally authorized representatives with enrollment into the HCS Waiver Program and provides ongoing services coordination. Through service coordination, individuals receive assistance accessing services, identifying resources, monitoring service delivery, and ensuring that supports are aligned with their goals, preferences, and needs.

The HCS Waiver Program may include a variety of supports and services, such as residential assistance, day habilitation, respite, nursing, behavioral supports, specialized therapies, supported employment, dental treatment, adaptive aids, and other individualized services necessary to support successful community living.

D. Texas Home Living (TxHmL) Waiver Services

The Texas Home Living (TxHmL) Waiver Program is a Medicaid waiver program that provides community-based services and supports to eligible individuals with IDD who live in their own homes or with family members. The program is designed to help individuals remain in their communities while receiving services that support independence, health, safety, and community participation.

Services are developed through a person-centered planning process that reflects the individual's strengths, preferences, needs, and goals. Supports are intended to enhance quality of life and assist individual in maintaining successful community living arrangements.

The Center assists eligible individuals and their legally authorized representatives with enrollment into the TxHmL Waiver Program and provides ongoing service coordination. Service coordinators work with individuals, families, and providers to identify needs, facilitate access to services, monitor service delivery, and support achievement of desired outcomes.

The TxHmL Waiver Program may include supports such as respite, behavioral supports, adaptive aids, employment assistance, dental treatment, specialized therapies, nursing services, and other community-based supports that promote independence and community integration.

E. Community First Choice (CFC)

Community First Choice (CFC) is a Medicaid state plan program that provides community-based services and supports to eligible individuals who require assistance with activities of daily living and support for independent living. CFC is designed to help individuals remain in their homes and communities while receiving services that promote health, safety, and independence, and community participation.

CFC services are available to eligible individuals receiving services through the HCS Waiver Program, TxHmL Waiver Program, and other qualifying Medicaid programs. Services are based on assessed need and are incorporated into the individual's person-centered service plan.

The Center assists individual and their legally authorized representatives in understanding available CFC services and coordinating access to those supports as part of the service planning process. Through ongoing service coordination, the Center helps ensure that services are responsive to individual needs and support successful community living.

CFC services may include:

- Personal assistance with activities of daily living
- Habilitation services that support skill development and independence
- Emergency responsive services
- Support for community participation and integration
- Assistance with maintaining health and safety in the home and community

CFC services complement other Medicaid-funded supports and are intended to enhance an individual's ability to live as independently as possible while remaining connected to their community.

F. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Intermediate Care Facilities for Individuals with Intellectual Disabilities or Related Conditions (ICF/IID) provide residential services and supports to individuals with IDD who require a structured living environment and ongoing assistance to meet their health, safety, and support needs.

ICF/IID programs offer comprehensive services designed to promote personal growth, skill development, community participation, and overall quality of life. Services are individualized and may include active treatment, nursing services, behavioral supports, dietary services, training in daily living skills, and other support necessary to assist individuals in achieving their highest level of independence.

As the LIDDA, the Center assists individuals and their legally authorized representatives in exploring available service options and making informed choices regarding residential and long-term support services. The Center provides information regarding ICF/IID services as part of the person-centered planning process and supports individuals in identifying services that best meet their needs and preferences.

The Center also collaborates with individuals, families, providers, and community partners to ensure continuity of services and to support access to the most appropriate living environment. When appropriate, individuals residing in ICF/IID settings are provided information regarding community-based service options to support informed choice and consideration of alternatives that may better meet their goals and preferences.

ICF/IID services are one of several long-term service and support options available within the local service delivery system and play an important role in ensuring that individuals with IDD have access to a broad range of residential and support options.

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

The Pre-admission Screening and Resident Review (PASRR) & Nursing Facility (NF) program is a federally required process designed to identify individuals with IDD who are seeking admission to or residing in a Medicaid-certified nursing facility. PASRR helps ensure that individuals receive appropriate evaluations, services, and supports while promoting informed choice and consideration of community-based alternatives.

As the LIDDA, the Center is responsible for carrying out PASRR-related functions and coordinating services for eligible individuals residing in nursing facilities. These activities

help ensure that individuals have access to needed specialized services and supports while maintaining opportunities for community participation and independence.

The Center provides Habilitation Coordination services to eligible nursing facility residents with IDD. Through Habilitation Coordination, staff work collaboratively with the individual, legally authorized representatives, nursing facility personnel, healthcare providers, and other community partners to identify needs, develop service plans, coordinate supports, and monitor progress toward desired outcomes.

The Center also provides Service Coordination and Enhanced Community Coordination (ECC) services to support individuals with complex needs and those at increased risk of placement in more restrictive settings, crisis, or service disruption. Through these services, staff assist individuals in accessing medical, behavioral health, educational, housing, employment, and community resources while promoting continuity of care, community integration, and person-centered outcomes and access to PASRR Specialized Services identified through the PASRR process.

Through PASRR and Nursing Facility Services, the Center promotes person-centered planning, continuity of care, informed choice, and access to services that support individuals in achieving the highest possible level of independence and community participation.

H. IDD Crisis Services

The Center provides crisis services to individuals with IDD who are experiencing behavioral, emotional, medical, environmental, or support-related situations that place them at risk of harm, loss of placement, hospitalization, or institutionalization. Crisis services are designed to stabilize situations, maintain health and safety, and support individuals in remaining in the least restrictive environment appropriate to their needs.

As the LIDDA, the Center provides crisis prevention, intervention, and diversion services through collaboration with individuals, families, legally authorized representatives, service providers, community partners, and other members of the individuals' support network. Services are delivered using a person-centered approach that focuses on identifying needs, reducing risk factors, and developing strategies to prevent future crises.

Crisis Intervention

The Center provides crisis intervention services to individuals with IDD and their support systems. These services include assessment of crisis situations, development of stabilization strategies, coordination of services, and connection to appropriate

supports and resources. Crisis intervention services are intended to address immediate concerns while promoting long-term stability and continuity of care.

Crisis Respite

Crisis respite services provide short-term support for individuals experiencing a crisis when additional supervision, stabilization, or support is needed. Depending on individual circumstances, crisis respite may be provided in the individual's home or in an approved out-of-home setting. The goal of crisis respite is to stabilize the situation, support the individual and caregivers, and reduce the likelihood of hospitalization, institutionalization, or placement disruption.

Crisis Diversion

When an individual is at risk of hospitalization, admission to an institution, or loss of community placement, the Center works with the individual and support team to identify available community-based alternatives and resources. Crisis diversion efforts focus on maintaining individuals in community settings whenever safely possible and helping them access appropriate supports that promote stability and continued community living.

When appropriate, the Center may assist eligible individuals in accessing available diversion resources and community-based supports to help prevent unnecessary institutional placement and maintain continuity of services.

Collaboration and Continuity of Care

The Center's crisis services program emphasizes collaboration among service providers, healthcare professionals, caregivers, and community partners to ensure coordinated support before, during, and after a crisis event. The Center also collaborates with local hospitals, law enforcement agencies, emergency responders, service providers and community partners to promote timely identification of individuals in crisis and ensure coordination of appropriate services and supports. Follow-up services and ongoing planning are used to reduce the likelihood of future crises and support individuals in achieving long-term stability, independence, and community participation.

Texas Law Enforcement Telecommunications System (TLETS)

The Center participates in the Texas Law Enforcement Telecommunications System (TLETS) process to support coordination between law enforcement agencies and the IDD service system. TLETS is a statewide telecommunications network that allows authorized agencies to access information from various criminal justice and public safety databases. Through this process, information is compared against the Clinic Management for Behavioral Health Services (CMBHS) system to identify individuals

who, within the previous three years, have received services through a LIDDA, have been admitted to an HHSC-funded contracted psychiatric hospital bed, or have been hospitalized in a state psychiatric facility. This process helps facilitate coordination, information sharing, and access to appropriate services and supports when individuals with behavioral health or IDD-related needs come into contact with law enforcement or emergency response systems.

I. State Supported Living Centers (SSLCs)

State Supported Living Centers (SSLCs) are operated by Texas Health and Human Services and provide residential services and supports for individuals with IDD who require a highly structured level of care. SSLCs serve individuals with complex medical, behavioral, and support needs and offer a range of specialized services in a residential setting.

As the LIDDA, the Center provides information regarding SSLC services as part of the informed choice process. Individuals, family members, and legally authorized representatives are provided information about available community-based and institutional service options to support decision-making regarding long-term services and supports.

Although there are not any SSLCs located within the Center's service area, the Center ensures that individuals and families are informed of SSLC services and available placement options. The Center may assist with referrals and coordination when an SSLC is determined to be an appropriate option based on an individual's needs, preferences, and circumstances.

The Center remains committed to person-centered planning and ensuring that individuals and families have access to information about the full range of service options available through Texas Health and Human Services.

J. Early Childhood Intervention (ECI)

Early Childhood Intervention (ECI) is a statewide program that provides developmental services and supports to families with children from birth through age three who have developmental delays, disabilities, or certain medical conditions that may impact development.

The Center provides ECI services through a family-centered approach designed to support children's development and participation in daily activities and routines. Services may include developmental assessments, service coordination, family education and training, speech-language therapy, occupational therapy, physical therapy, nursing services, and other individualized supports.

The Center collaborates with families, healthcare providers, educators, and community partners to ensure services are coordinated and responsive to the needs of each child and family. ECI also supports transition planning to help children and families connect with appropriate services and supports as they approach their third birthday.

K. Behavioral Health Services

The Center recognizes that some individuals with IDD may also experience behavioral health conditions requiring additional assessment, treatment, and support. For individuals with co-occurring IDD and behavioral health needs, the Center works collaboratively across programs to promote coordinated, person-centered care and access to appropriate services.

Through Center-operated programs, individuals may access a variety of behavioral health services based on eligibility and individual need. Available services may include:

- Mental health screening and assessment
- Counseling and psychotherapy services
- Psychiatric evaluation and medication management
- Case management and care coordination
- Crisis intervention and crisis response services
- Peer support services
- Rehabilitation and recovery-focused services
- Coordinated Specialty Care (CSC) services
- Substance use treatment and recovery supports

The Center utilizes a person-centered approach that promotes recovery, community integration, informed choice, and coordination among providers, caregivers, and support systems. When individuals with IDD experience behavioral health needs, staff work collaboratively to ensure access to appropriate services and supports while maintaining continuity of care.

As a Certified Community Behavioral Health Clinic (CCBHC), the Center also maintains partnerships with community providers, hospitals, schools, law enforcement agencies, and other stakeholders to help ensure access to behavioral health services throughout the service area.

Behavioral health crisis services, including Mobile Crisis Outreach Team (MCOT) services, are available to assist individuals experiencing behavioral health crises and to support coordination with emergency responders, healthcare providers and community resources when needed.

