

Consolidated Local Service Plan (CLSP) Template

Component: 230 LMHA: Helen Farabee Centers

Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA (or a subcontractor organization) that provide mental health services using DSHS and Medicaid funds. Include clinics and other publicly listed service sites; do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *To add additional bullet points, press “Enter” on your keyboard after completing the first bullet point.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, children, or both (if applicable):*
 - *Screening, assessment, and intake*
 - *Full levels of care (FLOC): adults, children, or both*
 - *Selected levels of care (specify the levels): adults, children, or both*
 - *Extended Observation*
 - *Crisis Residential*
 - *Contracted Inpatient*
 - *Respite*
 - *Crisis Stabilization Unit.*
 - *Other (please specify)*

Operator (LMHA or Contractor Name)	Street Address	City	Zip	Services & Populations
Helen Farabee Centers	500 Broad St.	Wichita Falls	76307	• Adult/Child Screening, Assessment, Intake; Adult FLOC; Client's Rights
Helen Farabee Centers	516 Denver St.	Wichita Falls	76307	• Child and Adolescent FLOC, Medical Services (Adult and Child/Adolescent); Medical Records
Helen Farabee Centers	407 Park West Court	Decatur	76234	• Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	506 Broad St.	Wichita Falls	76307	• Crisis Services
Helen Farabee Centers	1720 4 th Street	Graham	76450	• Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	605 Decatur St.	Bowie	76230	• Adult/Child Screening,

Operator (LMHA or Contractor Name)	Street Address	City	Zip	Services & Populations
				Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	1201 N. 1 st St., Suite A	Haskell	79521	<ul style="list-style-type: none"> • Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	301 N. Washington	Seymour	76380	<ul style="list-style-type: none"> • Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	8150 US Hwy 287	Childress	79201	<ul style="list-style-type: none"> • Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	510 King St.	Quanah	79252	<ul style="list-style-type: none"> • Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
The Wood Group (Helen Farabee Centers)	1406 6 th St.	Wichita Falls	76307	<ul style="list-style-type: none"> • Crisis Respite Unit
The Wood Group (Helen Farabee Centers)	1001 Louise St.	Quanah	79252	<ul style="list-style-type: none"> • Extended Living Facility
Helen Farabee Centers	2500 Wilbarger	Vernon	76384	<ul style="list-style-type: none"> • Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Adolescent /Adult Outpatient & Intensive Outpatient Substance Abuse Services	500 Broad St	Wichita Falls	76307	<ul style="list-style-type: none"> • Adolescent /Adult Outpatient & Intensive Outpatient Substance Abuse Services
Adult Outpatient, Intensive Outpatient, and Aftercare	600 Scott St.	Wichita Falls	76307	<ul style="list-style-type: none"> • Adult Outpatient, Intensive Outpatient, and Aftercare

Adolescent Outpatient, Intensive Outpatient, and Aftercare	401 Burkburnett Rd	Wichita Falls	76307	• Adolescent Outpatient, Intensive Outpatient, and Aftercare
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Community Participation

LMHAs have been engaged in multiple planning activities over the past year, including those relating to jail diversion efforts, plans to reduce utilization of state hospitals, and implementation of the Medicaid 1115 Transformation Waiver. The results of these planning efforts are summarized in this Local Service Plan.

Identify community stakeholders who participated in your local service planning activities over the past year.

Stakeholder Type		Stakeholder Type	
Consumers	<input checked="" type="checkbox"/>	Family members	<input checked="" type="checkbox"/>
Advocates (children and adult)	<input checked="" type="checkbox"/>	Concerned citizens/others	<input checked="" type="checkbox"/>
Local psychiatric hospital staff	<input checked="" type="checkbox"/>	State hospital staff	<input checked="" type="checkbox"/>
Mental health service providers	<input checked="" type="checkbox"/>	Substance abuse treatment providers	<input checked="" type="checkbox"/>
Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, and Referral (OSAR)	<input checked="" type="checkbox"/>
County officials	<input checked="" type="checkbox"/>	City officials	<input checked="" type="checkbox"/>
FQHCs/other primary care providers	<input checked="" type="checkbox"/>	Local health departments	<input checked="" type="checkbox"/>
Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders	<input checked="" type="checkbox"/>
Faith-based organizations	<input checked="" type="checkbox"/>	Community health & human service providers	<input checked="" type="checkbox"/>
Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives	<input checked="" type="checkbox"/>
Court representatives from each county (judges, DAs, public defenders, etc.)	<input checked="" type="checkbox"/>	Law enforcement	<input checked="" type="checkbox"/>
Education representatives	<input checked="" type="checkbox"/>	Employers/business leaders	<input checked="" type="checkbox"/>
Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local consumer-led organizations	<input checked="" type="checkbox"/>

List the key issues and concerns identified by stakeholders. Only include items that were raised by multiple stakeholders and/or had broad support. When you finish listing one issue, press "Enter" on your keyboard to create a new bullet point.

- Behavioral Health Accessibility
- Substance Abuse Accessibility
- Expanding/Enhancing Behavioral Health Care

System-Wide Priorities: Jail Diversion Strategies

Indicate which of the following strategies you use to divert individuals from the criminal justice system.

Intercept Point	Components
1: Law enforcement and emergency services	<input type="checkbox"/> Co-mobilization with Crisis Intervention Team (CIT) or MH Deputies <input type="checkbox"/> Co-location with CIT or MH Deputies <input checked="" type="checkbox"/> Training law enforcement staff <input checked="" type="checkbox"/> Documenting police contacts with persons with mental illness <input checked="" type="checkbox"/> Training law enforcement staff <input checked="" type="checkbox"/> Police-friendly drop-off point <input checked="" type="checkbox"/> Service linkage and follow-up for individuals who are not hospitalized <input type="checkbox"/> Other:
2: Post-arrest: initial detention and initial hearings	<input type="checkbox"/> Staff at court to review cases for post-booking diversion <input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion <input type="checkbox"/> Staff at court who can authorize alternative services to incarceration <input checked="" type="checkbox"/> Link to comprehensive services <input type="checkbox"/> Other:
3. Post-initial hearing: jail, courts, forensic evaluations, and forensic commitments	<input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input type="checkbox"/> Mental Health Court <input type="checkbox"/> Veterans' Court <input checked="" type="checkbox"/> Drug Court <input type="checkbox"/> Community Court <input type="checkbox"/> Re-entry Court <input checked="" type="checkbox"/> Outpatient Competency Restoration

Intercept Point	Components
	<input checked="" type="checkbox"/> Services for persons Not Guilty by Reason of Insanity <input type="checkbox"/> Services for persons with other Forensic Outpatient Commitments <input type="checkbox"/> Providing services in jail for persons Incompetent to Stand Trial <input type="checkbox"/> Compelled medication in jail for persons Incompetent to Stand Trial <input type="checkbox"/> Providing services in jail (for persons without outpatient commitment) <input checked="" type="checkbox"/> Staff assigned to serve as liaison between specialty courts and services providers <input checked="" type="checkbox"/> Link to comprehensive services <input type="checkbox"/> Other:
4: Re-entry from Jails, prisons, and forensic hospitalization	<input type="checkbox"/> Providing transitional services in jails <input checked="" type="checkbox"/> Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release <input checked="" type="checkbox"/> Structured process to coordinate discharge/transition plans and procedures <input checked="" type="checkbox"/> Specialized case management teams to coordinate post-release services <input type="checkbox"/> Other:
5: Community corrections and community support programs	<input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders <input checked="" type="checkbox"/> Training for probation or parole staff <input checked="" type="checkbox"/> TCOOMMI program <input type="checkbox"/> Forensic ACT <input type="checkbox"/> Staff assigned to facilitate access to comprehensive services; specialized caseloads <input checked="" type="checkbox"/> Staff assigned to serve as liaison with community corrections <input checked="" type="checkbox"/> Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance <input type="checkbox"/> Other:

System-Wide Priorities: Management of Hospital Utilization

Complete the check boxes to indicate which strategies you use to minimize utilization of state and community hospitals, including emergency departments. A single strategy may be applicable to multiple populations. For each strategy that you use, identify the target population(s):

- *Freq. State Hosp: Population with frequent state hospital admissions (ten or more psychiatric hospitalizations in the past five years with at least one admission in the past one year)*
- *LT State Hosp: Population with long-term state hospital stays (one year or longer)*
- *Local Hosp/ER: Population with high utilization of community hospital and emergency services for psychiatric issues (as defined by LMHA/local stakeholders)*
- *Population on forensic commitments (Forensic)*

Freq. State Hosp.	LT State Hosp.	Local Hosp/ER	Forensic	Strategies
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular multi-agency review of data relating to admission and length of stay to identify clients with repeat admission and/or extended LOS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular multi-agency reviews of cases with high utilization to identify contributing systemic issues and develop system improvements
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MCOT support for local emergency departments.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular multi-agency review of cases with high utilization to identify and address individual client needs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Multi-agency, multi-disciplinary discharge planning
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outpatient case manager meetings with client during hospitalization and facilitating transition to community services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Court liaisons to assist in identifying appropriate alternatives to long-term forensic commitment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regular review of clients on forensic commitment to identify those who may be recommended for transfer to an alternative setting.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Assigned liaison to facilitate discharge planning and transition to community services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identifying and transitioning clients to long term care facilities
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Frequent follow-up appointments during immediate post-discharge/crisis period
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Home visits during post-discharge/crisis period
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regular telephone follow-up, especially during post discharge/crisis period

Freq. State Hosp.	LT State Hosp.	Local Hosp/ER	Forensic	Strategies
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regular team staffings focused on clients with history of high utilization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular multi-disciplinary treatment planning with community partners involved in client's treatment and support
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Evaluation and intervention related to identify and address substance use issues
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Specialized caseload (team or individual) for clients with history of high utilization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multi-agency action to develop and/or improve COPSD services (availability, access, level of coordination/integration, quality, etc.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Telephone or home visit (e.g., MCOT) follow-up for no-shows
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home-based treatment services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24/7 access to support (warmline, on-line chat, peer sponsor, etc.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peer specialist participation in team staffings and/or ACT team
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peer support services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Use of long-term injectable medication when appropriate
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wellness Recovery Action Planning or other person-centered, strength-based and recovery-based approaches
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Housing assistance (Supported Housing, PATH outreach, housing vouchers, etc.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation assistance to ensure access to services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of token economies or other incentives
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Focused effort to develop and/or engage natural community supports
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Hotspot" evaluation of catchment area zip codes and use of data to plan resource allocation, outreach to community partners, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Other System-Wide Strategic Priorities

List current activities in the following areas and any plans for the next two years. When you finish entering one bullet point, press “Enter” on your keyboard to create a new bullet and form field in the same cell. For those areas not required in the DSHS Performance Contract, enter NA if the LMHA has no current or planned activities. Space is provided to note activities related to other local priorities, if applicable.

Area of Focus	Current Activities	Plans
Implementing and maintaining fidelity with evidence-based practices	<ul style="list-style-type: none"> receiving training from DSHS Training Infrastructure for required evidenced based protocols 	<ul style="list-style-type: none"> Utilize train-the-trainer opportunities to continue training new employees Ensure all staff trained via DSHS infrastructure if train-the trainer is not available
Transition to a recovery-oriented system of care, including development of peer support services and other consumer involvement in Center activities and operations (e.g., planning, evaluation)	<ul style="list-style-type: none"> Using Peer Support Specialists Implementing changes resulting from 2011 Via Hope Recovery-Focused Learning Community 	<ul style="list-style-type: none"> Re-apply for Via Hope Transition Age Youth Initiative Expansion of Peer Provider services to other counties in the service region.
Incorporating trauma-informed principles into care	<ul style="list-style-type: none"> Some providers have been trained in trauma-informed care and are implimenting skills from training 	<ul style="list-style-type: none"> Increase percentage of providers trained in trauma-informed care
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> Providing COPSD services on a routine basis. 	<ul style="list-style-type: none"> Expanding Substance Abuse services to other counties in the service region.
Integrating behavioral health and primary care services and meeting physical healthcare needs of	<ul style="list-style-type: none"> No current integration activities <p>Formal Agreement with primary care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> Impliment Whole Health services via Peer Service Provision <p>Formal Agreement with primary care</p>

Area of Focus	Current Activities	Plans
consumers.		provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Identifying and addressing needs of veterans	<ul style="list-style-type: none"> • Utilizing a Veterans Peer Provider who maintains a Veteran Services Peer Network • Providing Cognitive Processing Therapy for Veterans with Post Traumatic Stress Disorder 	<ul style="list-style-type: none"> • Enhance the training of the Veteran Peer Provider and refine services
Addressing diversity and cultural needs of consumers	<ul style="list-style-type: none"> • Incorporating consumer input into treatment plans and planning sessions • All employees required to complete Diversity Training annually 	<ul style="list-style-type: none"> • continue incorporating consumer input
Local Priorities (Specify):	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
Local Priorities (Specify):	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Local Unmet Needs

In each of the following area, list unmet service needs. When you finish entering one bullet point, press “Enter” on your keyboard to create a new bullet in the same cell.

Service	Unmet Service Needs
Adult Services	<ul style="list-style-type: none"> • Substance Abuse Services throughout the service area • Peer Service Providers throughout the service area •
Child & Adolescent Services	<ul style="list-style-type: none"> • Substance Abuse Services throughout the service area •
Crisis Services	<ul style="list-style-type: none"> • Crisis Respite services for Intellectual & Developmental Disability population •
Other	<ul style="list-style-type: none"> •

Local Priorities and Plans

- *Based on indicators of unmet needs, stakeholder inputs, and your internal assessment, identify your local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc. Examples of possible priorities:*
 - *Implementing WRAP*
 - *Reducing state hospital admissions*
 - *Integrating trauma-informed principles into services*
 - *Expanding consumer/peer involvement in planning, service delivery, and evaluation*
 - *Addressing primary healthcare needs or management of chronic physical disorders*
 - *Improving access to services*
 - *Jail diversion*
- *For each priority, identify at least one key objective and strategies/actions you will implement to achieve the objective(s).*
- *List at least one but no more than five priorities. These may relate to projects you are implementing under the Medicaid Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver.*
- *When you finish entering one bullet point, press “Enter” on your keyboard to create a new bullet in the same cell.*

Priority (Specify): Behavioral Health Accessibility	
Objectives	Strategies/Actions
<ul style="list-style-type: none"> • Impliment routine Open Access Psychiatric Evaluations 	<ul style="list-style-type: none"> • Expand telehealth contract to provide routine on-demand psychiatric evaluations for eligible consumers.
<ul style="list-style-type: none"> • Expand peer providers services • 	<ul style="list-style-type: none"> • Hire and train additional peer providers in other counties •

Priority (Specify): Substance Abuse Accessibility	
Objectives	Strategies/Actions
<ul style="list-style-type: none"> • Expand Substance Abuse services to other counties 	<ul style="list-style-type: none"> • Hire additional substance abuse counselors in other mental health clinics throughout the service area.
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Priority (Specify): Improve IDD Crisis Services	
Objectives	Strategies/Actions
<ul style="list-style-type: none"> • Reduce inpatient psychiatric hospitalizations by IDD 	<ul style="list-style-type: none"> • Create an IDD Crisis Respite unit to provide a less

Priority (Specify): Improve IDD Crisis Services	
Objectives	Strategies/Actions
consumers	restrictive/costly alternative to hospitalization
•	•

Priority (Specify): Suicide Intervention Training	
Objectives	Strategies/Actions
• All clinical and non-clinical staff will have basic suicide intervention training.	• Train all staff in suicide intervention training using Applied Suicide Intervention Skills Training (ASIST)
•	•

Priority (Specify):	
Objectives	Strategies/Actions
•	•
•	•

Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver

- List the titles of all projects you proposed for implementation under the Regional Health Partnership (RHP) plan.
- Identify the RHP Region(s) associated with each project.
- In each of the three status columns, check Yes or No. If approval status is unknown, leave blank.

1115 Waiver Projects				
RHP Region(s)	Project Title	Accepted in RHP Plan	Approved by HHSC	Approved by CMS
10	Substance Abuse Expansion Psychiatric Open Access Peer Services Expansion	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Substance Abuse Expansion Psychiatric Open Access	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1115 Waiver Projects				
RHP Region(s)	Project Title	Accepted in RHP Plan	Approved by HHSC	Approved by CMS
12	Substance Abuse Expansion Psychiatric Open Access	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Substance Abuse Expansion Psychiatric Open Access IDD Crisis Respite	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mental Health Block Grant Inventory of Services

The following table identifies the components of the “Good and Modern Addictions and Mental Health Service System” defined by SAMHSA. It reflects the full range of behavioral health services, including substance abuse services and excluding IDD services. These inventories are for information only and do not define DSHS requirements. SAMHSA has posted a description of the Good and Modern system on its website: http://www.samhsa.gov/healthreform/docs/good_and_modern_4_18_2011_508.pdf.

The survey is for behavioral health services available to individuals eligible for DSHS-funded services. For each service listed:

- Identify which age groups (if any) currently receive or have access to the service in your local service area, either through the LMHA (regardless of funding source) or elsewhere in the community.
- Identify the approximate percent of service area in which the service is available. It is acceptable to enter the percent of counties in which the service is available.
- Indicate whether the service is provided through the LMHA, through another community provider, and/or through collaboration between the LMHA and one or more community partners. Check as many columns as applicable.

Category	Pop		Service	% of Area	Source		
	Adult	Child/Adol.			LMHA	Other	Collaboration
Healthcare Home/ Physical Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Generalized and specialized outpatient medical services	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Acute primary care	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	General health screens, tests, and immunization	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Comprehensive case management	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Care coordination and health promotion	100	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Comprehensive transitional care	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Individual and family support	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Referral to community services	100	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prevention (including Promotion)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brief motivational interviews	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Screening, Brief Intervention, and Referral for Tobacco Cessation	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Parent training	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Category	Pop		Service	% of Area	Source		
	Adult	Child/Adol.			LMHA	Other	Collaboration
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Facilitated referral	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Relapse prevention/Wellness recovery support	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Warm line	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engagement Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Assessment	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Specialized evaluations (psychological, neurological)	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Service planning (including crisis planning)	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer/family education	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Outreach	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Outreach	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Individual evidenced-based therapies	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Group therapy	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Family therapy	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Multi-family therapy	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consultation with staff/caregivers	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medication management	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmacotherapy (including MAT)	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Laboratory services	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Community Support (Rehabilitative)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Parent/Family/Caregiver Support	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Skill building (social, daily living, cognitive)	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Case management	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Behavioral management	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Supported employment	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Permanent supportive housing	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Recovery housing	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Therapeutic mentoring	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Traditional healing services	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category	Pop		Service	% of Area	Source		
	Adult	Child/Adol.			LMHA	Other	Collaboration
Other Supports (Habilitative)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal care	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Homemaker	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Respite	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Supported education services	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Assisted living services	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Recreational services	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Interactive communication technology devices (Technological support services)	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trained behavioral health interpreters	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Substance abuse intensive outpatient services	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Partial hospital	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Assertive community treatment	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Intensive home based treatment	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Multi-systemic therapy	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Home Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Intensive case management	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Crisis residential/stabilization	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Clinically managed 24-hour care	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Clinically managed medium intensity care	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adult mental health residential	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Children's mental health residential	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Youth substance abuse residential	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Intensive Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Therapeutic foster care		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Mobile crisis services	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medically monitored intensive inpatient	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Category	Pop		Service	% of Area	Source		
	Adult	Child/Adol.			LMHA	Other	Collaboration
	<input type="checkbox"/>	<input type="checkbox"/>	Peer-based crisis services	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Urgent care services	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	23-hour crisis stabilization service	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24/7 crisis hotline services	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peer support	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peer recovery support coaching	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Peer-operated recovery community center	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Supports for self-directed care	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Continuing care for substance abuse disorders	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Relapse Prevention/Wellness Recovery Support	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral health peer navigator	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>