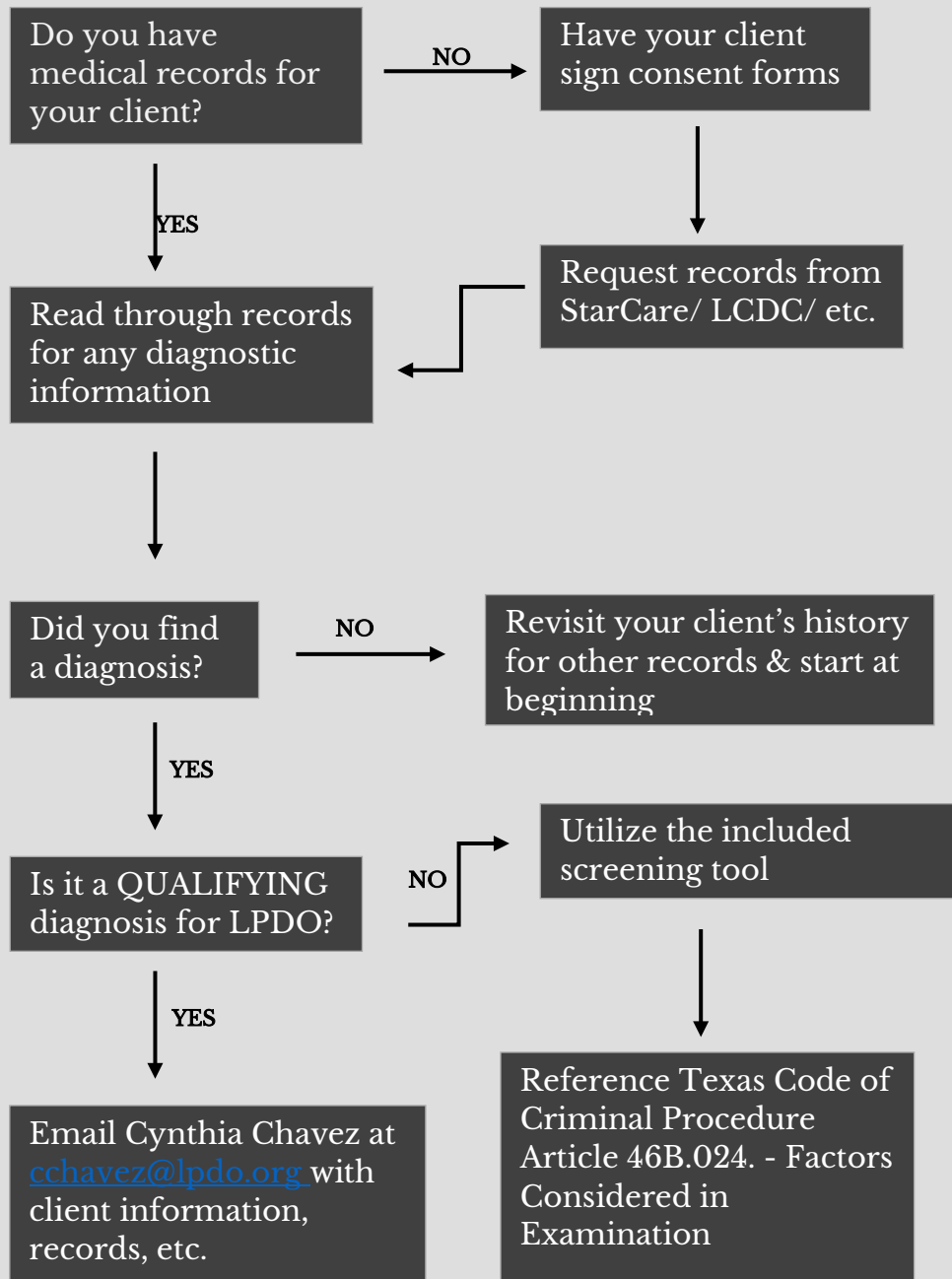




What to do if you think your client has a mental health diagnosis:



FAQ

- Consent forms included are: StarCare, Lubbock County Detention Center, and a blanket omnibus that should cover etcetera
- Blank fax sheets are included with instructions for requesting records, along with a contact list for frequently used agencies in the area
- Instructions for initiating mental health services in the community and while incarcerated are included
- Included is a list of mental health resources you can provide to your client
- Qualifying Diagnoses for LPDO purposes:
 - Major depressive disorder with psychotic features
 - Bipolar disorder with psychotic features
 - Schizophrenia/ schizoaffective
 - Intellectual Developmental Disability (IDD)

What to Do If You Think Your Client Has a Psychiatric History or Mental Health Diagnosis: A How-To Guide

Step 1: When interviewing your client, if you become concerned about an existing mental health diagnosis, utilize the included screening tool to determine their history of agency involvement. Have client sign/initial/date the included consent forms.

Step 2: Request records from StarCare, Lubbock County Detention Center, and any other agency the client may have a history with.

- The consent forms for StarCare and LCDC are included, and the third omnibus is a blanket consent form that should cover any other records you may need.

Step 3: Read through records for any diagnostic information

- Any previous diagnosis could be indication that your client needs a competency evaluation. Reference *Texas Code of Criminal Procedure Article 46B.024.- Factors Considered in Examination* for the full list of considerations taken when evaluating for competency to stand trial
- If your client has a qualifying diagnosis by LPDO requirements, they can be reassigned to a qualified mental health panel attorney and mental health caseworker. A qualifying diagnosis is one of the following: Major depressive disorder with psychotic features, Bipolar disorder with psychotic features, Schizophrenia/ schizoaffective, Intellectual Developmental Disability (IDD)
- *NOTE:* The client must have one of the 5 qualifying diagnoses to receive LPDO mental health case management services.
- If you are able to verify a qualifying diagnosis, email supporting documentation and records to Cynthia Chavez, Mental Health Program Director, at cchavez@lpdo.org and she will, upon review, assure the client is opened up to Mental Health Services with LPDO.

Step 4: If your client does not or has not ever had a psychiatric evaluation and one is needed, utilize the following tools.

- If your client is in the jail setting, direct them to submit a medical slip.
- If your client is within the community, provide them with StarCare information or other resources listed in the referral guide.
- If your client resides outside of one of the aforementioned counties covered by StarCare, West Texas Centers is the residential mental health authority for the Texas panhandle and surrounding areas. Their website can be located at <https://www.wtcmhmr.org/> where you will find all relevant information regarding mental health treatment for new clients.

CLIENT HISTORY QUESTIONNAIRE

What history of mental health treatment has your client experienced?

History of mental illness (if yes- was treatment received? by what agency?)

History of psychiatric medication (if yes- who was prescribing?)

History of psychiatric hospitalization (if yes- Where? When?)

History of counseling/therapy (by Who? When? Where?)

History of mental retardation: now referred to as intellectual disabilities

History of learning problems (Special Education Services in school?)

History of previous evaluation of competency?

Competency Restoration or Previous Restoration Classes?

Below, note any factors that you observe, and describe.

Easily confused _____

Detached or indifferent _____

Depressed _____

Euphoria (excessively happily) _____

Hostile, aggressive, defiant _____

Inattentive or distracted _____

Immature, childlike _____

Difficulty communicating things _____

Difficulty understanding you _____


Difficulty retaining information _____

Disorganized speech _____

Peculiar/Bizarre/Odd statements or beliefs _____

Seeing/Hearing things not present _____

Very bizarre behavior _____

	Release of Information		Patient Name (Last, First, MI):	
			Date of Birth:	Status: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile

I Authorize / Autorizo:		To Release Information To / A divulgar Información a:	
Name of organization or individual / Nombre Lubbock County Detention Center Health Services Ffax 806-775-7118		Name of organization or individual / Nombre	
Address / Dirección 3502 N. Holly Lubbock, Texas 79403 P.O. BOx 10536 Lubbock, Texas 79408		Address / Dirección	

- 1 This authorization includes records relating to the following (please check) / La presente autorización comprende los registros relacionados con lo que se detalla a continuación (por favor, marque la opción correcta):
- All remaining records / Otros registros restantes Specify / _____
 Mental health treatment / Tratamiento de salud mental Especificar
 Chemical dependency treatment / Tratamiento de drogadicción o alcoholismo
 HIV or AIDS related tests and treatment / Tratamiento o pruebas de SIDA o VIH
- 2 Purpose for disclosure (this line must be completed) / Propósito de la divulgación (se debe completar este renglón): _____
to assist in the individual's legal defense and to provide continuity of care after release
3. Indicate dates of interest / Indique las fechas importantes. _____
If no date-range is provided, release will cover the previous year only / Si no se indica el periodo de divulgación, la misma tendrá lugar sólo por el término del año anterior.
4. I understand that I may revoke this authorization at any time by providing written notice, except to the extent that release of information has already occurred in reliance upon it.
5. I understand that under Federal Law (42CFR Part 2) records relating to treatment for chemical dependency cannot be released without my specific authorization as indicated under "1."
6. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.
7. I understand that I will receive treatment even if I refuse to provide approval, but also understand that refusing to authorize information may affect the nature of the treatment provided.
8. I agree to hold harmless all persons acting upon this authorization in good faith.
9. It is my intention that a photocopy will be as valid as this original.
- 10. This authorization shall be valid for one year from the date of my signature.**
4. Comprendo que puedo revocar la presente autorización en cualquier momento siempre que notifique mi decisión por escrito, salvo que la divulgación de mi información se haya efectuado dependiendo de dicha autorización.
5. Comprendo que conforme a la Ley Federal (42CFR – Código de Normativa Federal – Parte 2) los registros relacionados con el tratamiento para el alcoholismo o drogadicción no pueden divulgarse sin mi previa autorización específica tal como indica el punto "1."
6. Entiendo que la información utilizada o revelada conforme a esta autorización puede ser divulgada por el destinatario y ya no estar protegida bajo ley federal o estatal
7. Comprendo que recibiré tratamiento incluso si me niego a otorgar mi aprobación; pero, asimismo comprendo que rehusarme a autorizar la divulgación de mi información puede afectar la naturaleza del tratamiento que se me proporcione.
8. Acepto eximir de responsabilidad a todas las personas que actúen con buena fe bajo la presente autorización.
9. Manifiesto que una fotocopia tendrá el mismo valor que su copia original.
- 10. La presente autorización tendrá validez por el plazo de un año a partir de la fecha de mi firma.**

Patient or authorized signature / Firma del paciente o persona autorizada	Date / Fecha
If other than patient signature, relationship to patient / Si no es la firma del paciente, indicar relación con el paciente	Date / Fecha
Witness signature / Firma del testigo	Date / Fecha

**AUTHORIZATION FOR RELEASE OF
MEDICAL/PSYCHIATRIC/SUBSTANCE ABUSE - ARREST/CRIMINAL - CORRECTIONAL/PROBATION/PAROLE
SCHOOL/ EDUCATIONAL - LITIGATION - EMPLOYMENT/INCOME - RECORDS AND INFORMATION**

DIRECTED TO: _____



"I, _____ do hereby **Authorize the Release of any form of records, including all MEDICAL_X_, PSYCHOLOGICAL_X_, PSYCHIATRIC_X_, SUBSTANCE ABUSE_X_** information, including any and all records that may be protected by 42 CFR part 2, (including copies) contained in reports, evaluations, testing, assessments, histories, examinations, notes, prescriptions_X_, admission/discharge documents, treatment plans and instructions, limitations or any other form of document relating to the diagnosis and/or treatment of any real or suspected conditions, including, but not limited to medical, psychiatric, psychological, substance abuse, **HIV/AIDS and sexually related disorders_X_**, which is under your care, custody or control, pertaining to myself or any other person for whom I may legally consent. I further Authorize any Service Providers, Record Holders, or other persons who have created, assisted in the creation of, or held, the above records or the information contained therein to engage in **open communication** with my attorney(s) or their representatives as listed below."

"I, _____, do hereby further **Authorize the Release of any form of MENTAL HEALTH/MENTAL RETARDATION RECORDS_X_** held by any regional or state branch of Texas MHMR, or similar organizations in other states, including reports, evaluations, testing, assessments, histories, examinations, notes, prescriptions, admission/discharge documents, treatment plans and instructions, limitations or any other form of document relating to the diagnosis and/or treatment of any real or suspected conditions, including, but not limited to medical, psychiatric, psychological, substance abuse, **HIV/AIDS and sexually related disorder_X_**, which is under your care, custody or control, pertaining to myself or any other person for whom I may legally consent. I further authorize any staff member of MHMR to discuss any aspect of the above with members of my defense team listed below."

"I, _____ do hereby further **Authorize the Release of any form of ARREST or CRIMINAL RECORDS**, documents, data, reports, offense information (reports, summaries, records, statements, documents, notes), case file documents and /or reports or any other form of information pertaining to my present and/or past criminal history, adult and juvenile, specifically including any document showing my present and/or past alleged or proven criminal conduct that may come into view as a result of criminal records check performed by any law enforcement agency located in the United States, the State of Texas or any other state in the United States."

"I, _____, do hereby further **Authorize the Release of any form of CORRECTIONAL or PROBATION and/or PAROLE RECORDS** or information in the possession of any **community, city, county, state or federal penal institution, including juvenile facilities** medical facilities, mental health facilities and any court or **probation or parole department**. It is my intention that this authorization include any and all information contained in my Unit File, Classification File, Travel Cards, Grievance Files, Incident reports, Disciplinary Reports, School Records, Gang Classification Files, or Probation/ Parole Case or Supervision File, Medical Service File, Counseling or other Treatment file."

"I, _____ do hereby further **Authorize the Release of any and all LITIGATION or ATTORNEY** files, records, and materials concerning my **representation in any and all criminal or civil matters**, whether pending or closed. I also expressly waive my Attorney-Client privilege and authorize my former attorney to discuss and give information regarding any aspect of his representation to my attorney or attorney representative listed below. This release covers all materials in the possession of my attorney and/or his agents including, but not limited to: all files, memoranda, records, (including medical, psychiatric, substance abuse, school, employment, criminal, and military records); statements by witnesses or myself; whether given orally, taped or in writing; and notes (including investigative and research notes) and notes of meetings and telephone conversations concerning my representation."

"I, _____ do hereby further **Authorize the Release of any and all INSURANCE INFORMATION**, whether health, life, car, or otherwise in nature, including all claims, policies, and payments."

"I, _____ do hereby further **Authorize the Release of any form of INCOME OR EMPLOYMENT Records**, documents, data, reports, evaluation, accident or incident information (reports, summaries, records, statements, documents), employment file documents and/or reports or any other form of information pertaining to my present and/or previous **employment history**, unemployment, worker's compensation, Social Security and earnings information, Tax records or filings submitted to any State or Federal Internal Revenue Service or tax office."

"I, _____ do hereby further **Authorize the Release of any form of SCHOOL or EDUCATIONAL Records**, documents, data, reports, disciplinary information (reports, summaries, records, statements, documents) case file documents, Testing, Assessments, Evaluations and academic transcripts, Conference notes, or any other form of information pertaining to my present, and/or past educational activities."

Purpose: These records are being requested in order to assist an Attorney in preparation of a legal matter.

Revocation: This request is subject to revocation at any time except to the extent that the program or person that is to make the disclosure has already acted in reliance on it. In any event, this consent will expire 730 days after the date signed below.

Such records shall be released immediately upon request by and to Attorney(s), _____ or their representative(s), _____ and/or _____ and/or _____, where such records shall continue to be confidential until and unless I give my written consent for them to be released to any other person. Any responsive records may be released to the previously listed individuals or their designees upon presentation of a copy or a facsimile copy of this release. I understand that once delivered, the confidentiality of the released records cannot be ensured by the releasing party. Additionally, I am aware that I may refuse to sign this release and that any services that I am to be provided are not and cannot be conditioned on my signing of this release. Documents and information obtained by this request may be subject to re-disclosure by the recipient and no longer protected by the HIPAA Privacy Regulations."

Client printed name: _____ **Client Date of birth:** _____

LAR (if applicable) printed name: _____ **Client SSN:** _____

Client/LAR Signature _____ **Date:** _____



PO BOX 2828, Lubbock, TX 79408

Authorization & Consent for Disclosure of Information

I hereby authorize the StarCare Specialty Health System to: release exchange receive

Information concerning: **Consumer Name:** _____

Center Case #: _____ **DOB:** _____ **Social Security #:** _____

to with from:  _____

Name of Person, Organization or Agency

Relationship to Consumer

Address of Person, Organization or Agency

(_____) _____
Telephone Number City State Zip Code

The information released may include: (please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Treatment Progress | <input type="checkbox"/> Medical Treatment | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Academic Progress | <input type="checkbox"/> Treatment summary | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Emergency Information only |
| <input type="checkbox"/> Other (specify): _____ | | |

Regarding my education, treatment, hospitalization, and/or outpatient care for my condition, including (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Psychological or Psychiatric Impairment | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Intellectual & Developmental Disabilities | <input type="checkbox"/> HIV antibody testing & treatment |
| <input type="checkbox"/> AIDS (Acquired Immune Deficiency Syndrome) | <input type="checkbox"/> ARC (AIDS Related Complex) |
| <input type="checkbox"/> Other (explain) _____ | |

I understand that the disclosure is made for the following purpose(s): Continuity of Care
 Assistance with Community Resources Other: _____

I acknowledge that my information and assessment may be shared in the LTSS Portal to screen for other services which I may be eligible. I understand that I will have the opportunity to decline to have my information and assessment shared for this purpose.

Accept Decline

I can revoke this consent at any time. However, any information that was released prior to the revocation is considered to have been released with my full consent. Unless I revoke this consent earlier, it will expire on:

Date, Event or Condition (Not to exceed one year)

I have been made aware that information about me may be transmitted electronically, i.e. FAX, e-mail etc. It has also been explained to me that this information will be disclosed in conformity to confidentiality rules established by CFR 42, part II; CFR 45, part 160 & 164; 42 USC and/or the Texas Health and Safety Code, Chapter 611. Re-disclosure of this information may be made only with my written consent. Unless revoked, this consent remains valid even if I transfer between program areas within the Center, i.e. inpatient to outpatient, mental health to intellectual & developmental disabilities or to substance abuse services.

Consumer's Signature Date

Witness Signature Date

Signature of Person legally authorized to give Consent Date

Second Witness Signature, if needed



PO BOX 2828, Lubbock, TX 79408

While we recognize your right to confidentiality, protected by the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws, and will make every effort to ensure that information about you is shared only with your permission, there are circumstances where the law allows/directs us to disclose information without your authorization. We can disclose information to:

- a. medical or law enforcement personnel if there is imminent danger that you could cause physical harm to yourself or others, or if there is a probability of imminent mental or emotional injury to you by others;
- b. medical personnel to the extent necessary to meet a medical emergency;
- c. personnel legally authorized to conduct investigations concerning complaints of abuse or denial of rights (Advocacy, Inc; Texas Department of Family and Protective Services (DFPS); Adult Protective Services (APS); Children Protective Services (CPS));
- d. designated persons or personnel of a correctional facility in which you may be detained, if the disclosure is for the sole purpose of providing treatment and health care to you;
- e. an attorney ad litem who has been appointed to act in your behalf should you have become incapacitated;
- f. personnel of the institutional and pardons and parole division of the Texas Department of Criminal Justice, local jails regulated by the Commission on Jail Standards, Texas Correctional Office on Offenders with Medical or Mental Impairments, Texas Commission on Alcohol and Drug Abuse, Texas Rehab Commission, and the Texas Department of Human Services, if you are a "Special Needs Offender" and if the information is disclosed for the purpose of continuity of care.

Additionally, if we receive a legally executed subpoena (for Mental Health or Intellectual & Developmental Disabilities) or a court order (for Substance Abuse Services) we are legally obligated to release the requested information.

The above information is not intended to be all-inclusive, please check your Consumer Rights Handbook or talk to the Center's Consumer Relations Staff or your care provider if you have any questions concerning your right to confidentiality.

RECORDS REQUEST FAX COVER PAGE

TRANSMITTED TO: _____ **(agency)**

FAX NO.: _____ **(fax number for agency you're sending this to)**

From: _____ **(your name/agency)**

Return Fax: _____ **(your fax number)**

RE: _____ **(client's name)**

Date: _____

OF PAGES: _____  (With Cover Page)

COMMENTS:

Fax Numbers, Emails, and Contacts for Requesting Records

Agency	Fax Number	Phone Number	Email	Contact Person
Big Spring State Hospital		432-267-8216		
Betty Hardwick Center- Medical Records	325-690-5263	325-690-5100		Janie
Central Plains MHMR	806-291-4489	806-291-4433		
Covenant Medical Records Department	806-725-1052	806-725-0496		
Concho Valley San Angelo	325-481-3291	325-658-7750		
Family Counseling Center	806-747-3219	806-747-3488		
TTU Health Science Center	806-743-1480			
Kalliepalli (Adolescent Psych.) West TX	806-281-9964	806-281-9966		
LCDC Medical Records	806-775-7118	806-775-7108	SLove@co.lubbock.tx.us	Shawneequa Love
Managed Care Outpatient Services/ Executive Office		806-780-8300		
Mesilla Valley Hospital- Las Cruces	575-382-4904	575-382-6636		
North Texas State Hospital		940-552-4608	melissa.meurs@hhsc.state.tx.us	Melissa R. Meurs
Oceans Behavioral Hospital- Permian Basin	432-561-8487	432-561-5915		
Plainview- Central Plains MHMR		806-293-2636		
Plainview Serenity Center	806-293-1822	806-293-9722		
River Crest San Angelo	325-223-7318	325-949-5722	Brittany.kohatsu@uhsinc.com	Brittany Kohatsu
StarCare Records Dept.	806-740-1536	806-740-1421	ddunn@starcarelubbock.org	Donna Dunn
TDCJ Medical Records	936-439-1350	936-439-1345		
West Texas Centers MHMR	432-264-4213	806-637-3206		



— LUBBOCK PRIVATE —
DEFENDERS OFFICE

To Whom It May Concern:

Here is the information we discussed in regards to receiving mental health services while in jail. In order to receive mental health services of any kind while incarcerated, you need to submit what is commonly referred to as a 'Sick Call Slip' to your pod officer to be forwarded on to StarCare. StarCare is the resident mental health authority within Lubbock County Detention Center, and handles all matters regarding treatment which includes, but is not limited to, medications. If you have never had a mental health assessment before, you will need to follow these same steps in order to begin the process of receiving services.

EST. 2008

1401 CRICKETS AVE LUBBOCK, TX 79401 / PHONE: 806.749.0007 / FAX:
806.749.0009 WWW.LPDO.ORG



— LUBBOCK PRIVATE —
DEFENDERS OFFICE

To Whom It May Concern:

Here is the information we discussed in regards to receiving mental health services in the community. StarCare is the local resource for mental health treatment. StarCare serves people with a severe and persistent mental illness. Screenings and assessments are free and available to anyone living in Cochran, Hockley, Lubbock, Lynn, and Crosby counties. You can get services from StarCare by calling for an initial assessment or evaluation. To complete an initial intake for mental health services over the phone, call 806-740-1421. After you complete your phone intake, you can go see someone in person on an open assessment day. Open assessments take place at the Sunrise Canyon located at 1950 Aspen Avenue, Lubbock, TX 79404; Tuesdays and Thursdays from 7:30am – 5:00pm, on a first come first serve basis. **A phone screening must be done before the open access assessment.** Psychiatric care is available to individuals determined to be eligible. StarCare accepts Medicare, Medicaid, and most private insurance. If you are experiencing an immediate crisis situation call the StarCare crisis line 24 hours a day, 7 days a week at 806-740-1414 or, call 911 if it is a medical emergency.

EST. 2008



LUBBOCK PRIVATE
DEFENDERS OFFICE

To Whom It May Concern:

Here is the information we discussed in regards to receiving mental health services. If you do **not** live in one of the counties covered by StarCare, which includes Cochran County, Hockley County, Lubbock County, Lynn County, and Crosby County, you will call West Texas Centers to receive mental health services. West Texas Centers is the residential mental health authority for the Texas panhandle and surrounding areas. Their website can be located at <https://www.wtcmhmr.org/> where you will find all information about mental health treatment. In addition, below is a list of contact information for West Texas Centers based on what county you live in.

The following are Mental Health Center Locations:

<p>Andrews County MHC</p> <p>Courthouse Annex</p> <p>215 NW 1st</p> <p>Andrews, TX 79714</p> <p>(432) 523-7340</p> <p>Walk-in Intake Clinic Days: Monday, Tuesday, Thursday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Andrews County</p>	<p>Dawson County MHC</p> <p>211 N Main Ave</p> <p>Lamesa, TX 79331</p> <p>(806) 872-3790</p> <p>Walk-in Intake Clinic Days: Tuesday, Thursday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Dawson County</p>
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<p>Gaines County MHC</p> <p>702 Hobbs Hwy</p> <p>Seminole, TX 79360</p> <p>(432) 758-4028</p> <p>Walk-in Intake Clinic Days: Wednesday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Gaines County</p>	<p>Garza County MHC</p> <p>411 South Ave C</p> <p>Post, TX 79356</p> <p>(806) 495-2813</p> <p>Walk-in Intake Clinic Days: Thursday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Garza County</p>
<p>Howard County MHC</p> <p>1501 W 11th Pl, Ste 104</p> <p>Big Spring, TX 79720</p> <p>(432) 263-0027</p> <p>Walk-in Intake Clinic Days: Monday thru Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Howard, Glasscock, Martin and Borden Counties</p>	<p>Mitchell County MHC</p> <p>505 Chesnut St</p> <p>Colorado City, TX 79512</p> <p>(325) 728-3611</p> <p>Walk-in Intake Clinic Days: Monday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Mitchell County</p>
<p>Nolan County MHC</p> <p>304 New Mexico Ave</p> <p>Sweetwater, TX 79556</p> <p>(325) 236-6619</p> <p>Walk-in Intake Clinic Days: Monday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Nolan and Fisher Counties</p>	<p>Reeves County MHC</p> <p>700 W Daggett St #4</p> <p>Pecos, TX 79772</p> <p>(432) 447-2628</p> <p>Walk-in Intake Clinic Days: Thursday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Reeves County</p>
<p>Runnels County MHC</p> <p>126 State St</p> <p>Winters, TX 79567</p> <p>(325) 754-5591</p> <p>Walk-in Intake Clinic Days: Monday, Tuesday, Wednesday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Runnels County</p>	<p>Scurry County MHC</p> <p>1300 26th Street, Ste 100</p> <p>Snyder, TX 79549</p> <p>(325) 573-4947</p> <p>Walk-in Intake Clinic Days: Monday, Wednesday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Scurry County</p>

<p>Terry County MHC</p> <p>502 Broadway St</p> <p>Brownfield, TX 79316</p> <p>(806) 637- 3206</p> <p>Walk-in Intake Clinic Days: Monday, Tuesday, Thursday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Terry County</p>	<p>Upton County MHC</p> <p>103 N Burseson Ave</p> <p>McCamey, TX 79752</p> <p>(432) 652-8973</p> <p>Walk-in Intake Clinic Days: Monday, Thursday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Crane, Terrell and Upton Counties</p>
<p>Ward County MHC</p> <p>1200 N Main Ave</p> <p>Monahans, TX 79756</p> <p>(432) 943-2875</p> <p>Walk-in Intake Clinic Days: Monday, Tuesday, Wednesday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Ward County</p>	<p>Winkler County MHC</p> <p>814 Myer Ln</p> <p>Kermit, TX 79745</p> <p>(432) 586-2016</p> <p>Walk-in Intake Clinic Days: Wednesday, Thursday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Winkler & Loving Counties</p>
<p>Yoakum County MHC</p> <p>104 W 2nd</p> <p>Denver City, TX 79323</p> <p>(806) 592-8226</p> <p>Walk-in Intake Clinic Days: Monday & Tuesday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Yoakum County</p>	

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Lubbock Mental Health Resource Contact List

Agency	Phone Number	Address
Amanda Freeman, M.E.D., L.P.C. Licensed Professional Counselor	806-317-2101	2402 52 nd Street Suite #6 Lubbock, TX 79412
Catholic Family Services	806-765-8629	102 Avenue J, Lubbock, TX 79401
Crisis Center of the South Plains	806-293-9772	115 East 7 th St, Plainview, TX 79072
Covenant Counseling Center	806-725-5443	1302 Broadway St, Lubbock, TX 79401
Depression Talk Hotline www.suicidepreventionlifeline.org	630-482-9696	
Listening Heart Center	806-773-1642	3050 34th St, Lubbock, TX 79410
Marriage and Family Therapy Associates	806-742-2011	2500 Broadway St, Lubbock, TX 79410
National Hopeline Network	800-784-2433	
National Suicide Prevention Lifeline	800-273-talk	
Shepard of the Plains	806-794-4203	5812 73 rd St, Lubbock, TX
Southwest Center for Psychological Development	806-792-4713	5502 58 th , Lubbock, TX 79414 Suite 600
StarCare Intake	For assessments: 800-687-7581	Sunrise Canyon 1950 Aspen Ave, Lubbock, TX 79404
StarCare Crisis	For Lubbock area: 806-740-1414 or toll-free 800-687- 7581	
Sunrise Canyon Hospital	806-740-1421	1950 Aspen Ave, Lubbock, TX 79404
Texas Tech Family Therapy Clinic	806-742-3074	164 Human Sciences Building, Lubbock, TX 79409
Texas Tech Psychology Clinic	806-742-3737	Psychology Building- 18 th & Boston, Lubbock, TX 79409
The Community Health Center of Lubbock	806-765-2611	1313 Broadway St, Lubbock, TX 79401

West Texas Centers- Texas Panhandle and Surrounding Areas Resource List

<p style="text-align: center;">Andrews County MHC Courthouse Annex</p> <p style="text-align: center;">215 NW 1st</p> <p style="text-align: center;">Andrews, TX 79714</p> <p style="text-align: center;">(432) 523-7340</p> <p>Walk-in Intake Clinic Days: Monday, Tuesday, Thursday & Friday</p> <p style="text-align: center;">8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p style="text-align: center;">Serves Andrews County</p>	<p style="text-align: center;">Dawson County MHC 211 N Main Ave</p> <p style="text-align: center;">Lamesa, TX 79331</p> <p style="text-align: center;">(806) 872-3790</p> <p>Walk-in Intake Clinic Days: Tuesday, Thursday & Friday</p> <p style="text-align: center;">8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p style="text-align: center;">Serves Dawson County</p>
<p style="text-align: center;">Gaines County MHC</p> <p style="text-align: center;">702 Hobbs Hwy</p> <p style="text-align: center;">Seminole, TX 79360</p> <p style="text-align: center;">(432) 758-4028</p> <p>Walk-in Intake Clinic Days: Wednesday & Friday</p> <p style="text-align: center;">8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p style="text-align: center;">Serves Gaines County</p>	<p style="text-align: center;">Garza County MHC</p> <p style="text-align: center;">411 South Ave C</p> <p style="text-align: center;">Post, TX 79356</p> <p style="text-align: center;">(806) 495-2813</p> <p>Walk-in Intake Clinic Days: Thursday & Friday</p> <p style="text-align: center;">8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p style="text-align: center;">Serves Garza County</p>
<p style="text-align: center;">Howard County MHC</p> <p style="text-align: center;">1501 W 11th Pl, Ste 104</p> <p style="text-align: center;">Big Spring, TX 79720</p> <p style="text-align: center;">(432) 263-0027</p> <p>Walk-in Intake Clinic Days: Monday thru Friday</p> <p style="text-align: center;">8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p style="text-align: center;">Serves Howard, Glasscock, Martin & Borden Counties</p>	<p style="text-align: center;">Mitchell County MHC</p> <p style="text-align: center;">505 Chesnut St</p> <p style="text-align: center;">Colorado City, TX 79512</p> <p style="text-align: center;">(325) 728-3611</p> <p>Walk-in Intake Clinic Days: Monday & Friday</p> <p style="text-align: center;">8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p style="text-align: center;">Serves Mitchell County</p>

<p>Nolan County MHC</p> <p>304 New Mexico Ave Sweetwater, TX 79556 (325) 236-6619</p> <p>Walk-in Intake Clinic Days: Monday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Nolan and Fisher Counties</p>	<p>Reeves County MHC</p> <p>700 W Daggett St #4 Pecos, TX 79772 (432) 447-2628</p> <p>Walk-in Intake Clinic Days: Thursday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Reeves County</p>
<p>Runnels County MHC</p> <p>126 State St Winters, TX 79567 (325) 754-5591</p> <p>Walk-in Intake Clinic Days: Monday, Tuesday, Wednesday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Runnels County</p>	<p>Scurry County MHC</p> <p>1300 26th Street, Ste 100 Snyder, TX 79549 (325) 573-4947</p> <p>Walk-in Intake Clinic Days: Monday, Wednesday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Scurry County</p>
<p>Terry County MHC</p> <p>502 Broadway St Brownfield, TX 79316 (806) 637- 3206</p> <p>Walk-in Intake Clinic Days: Monday, Tuesday, Thursday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Terry County</p>	<p>Upton County MHC</p> <p>103 N Burleson Ave McCamey, TX 79752 (432) 652-8973</p> <p>Walk-in Intake Clinic Days: Monday, Thursday & Friday</p> <p>8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Crane, Terrell and Upton Counties</p>

<p>Ward County MHC</p> <p>1200 N Main Ave Monahans, TX 79756 (432) 943-2875</p> <p>Walk-in Intake Clinic Days: Monday, Tuesday, Wednesday & Friday 8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Ward County</p>	<p>Winkler County MHC</p> <p>814 Myer Ln Kermit, TX 79745 (432) 586-2016</p> <p>Walk-in Intake Clinic Days: Wednesday, Thursday & Friday 8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Winkler & Loving Counties</p>
<p>Yoakum County MHC</p> <p>104 W 2nd Denver City, TX 79323 (806) 592-8226</p> <p>Walk-in Intake Clinic Days: Monday & Tuesday 8:00 – 11:00 am & 1:00 – 3:00 pm</p> <p>Serves Yoakum County</p>	