Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local Behavioral Health Authorities

Fiscal Years 2020-2021
Due Date: September 30, 2020
Submissions should be sent to:
Performance.Contracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

Health and Human Services Commission

Contents

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Introduction

The Consolidated Local Service Plan (CLSP) encompasses all service planning requirements for local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs). The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

The CLSP asks for information related to community stakeholder involvement in local planning efforts. The Health and Human Services Commission (HHSC) recognizes that community engagement is an ongoing activity and input received throughout the biennium will be reflected in the local plan. LMHAs and LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed. In completing the template, please provide concise answers, using bullet points. Only use the acronyms noted in Appendix B and language that the community will understand as this document is posted to LMHAs and LBHAs' websites. When necessary, add additional rows or replicate tables to provide space for a full response.

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. 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.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable):*
    - *Screening, assessment, and intake*
    - *Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children*
    - *Extended Observation or Crisis Stabilization Unit*
    - *Crisis Residential and/or Respite*
    - *Contracted inpatient beds*
    - *Services for co-occurring disorders*
    - *Substance abuse prevention, intervention, or treatment*
    - *Integrated healthcare: mental and physical health*
    - *Services for individuals with Intellectual Developmental Disorders(IDD)*
    - *Services for youth*
    - *Services for veterans*
    - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Texoma Community Center	315 W. McLain Drive Sherman, TX 75092	Grayson	• Adults and Children • Screening, Assessment and Intake(both) • CCBHC Outpatient Services both children and adults • Services for co-occurring disorders

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• Substance use disorder prevention, intervention and treatment
Texoma Community Center	102 Memorial Drive Denison, TX 75020	Grayson	• Crisis Residential Services for Adults • Justice Involved Transitional Living • Forensic Services
Texoma Community Center	100 Memorial Drive Denison, TX 75020	Grayson	• HCBS Recovery Management for Adults • Psychosocial Rehabilitation for Adults • Residential Services
Texoma Community Center	1228 E. Sixth Street Bonham, TX 75418	Fannin	• Adults and Children • Screening, Assessment and Intake(both) • CCBHC Outpatient Services both Children and Adults • Services for co-occurring disorders • Substance use disorder prevention, intervention and treatment
Texoma Community Center	301 N. Grand Avenue Gainesville, TX 76240	Cooke	• Adults and Children • Screening, Assessment and Intake(both) • CCBHC Outpatient Services both Children and Adults • Services for co-occurring disorders • Substance use disorder prevention, intervention and treatment
Texoma Community Center	2113 N. Loy Lake Road Sherman, TX 75090	Grayson	• Adults and Children psychiatric Services • CCBHC Outpatient Services both Children and Adults • Primary Care Medical Services for Adults • CCBHC Outpatient Counseling Services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Texoma Medical Center-BHC	2601 Cornerstone Dr, Sherman, TX 75092	Grayson	• Inpatient Adult and Children
Carrus Behavioral Health Hospital	1724 U. S. Hwy 82 W Sherman, TX 75092	Grayson	• Inpatient Children

I.B Mental Health Grant Program for Justice Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on forensic commitments. These grants support community programs by providing behavioral health care services to individuals with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
19-21	**Expanded Criminal Justice Collaboration**	Cooke, Fannin, Grayson	MI and/or COPSD	120

I. C Community Mental Health Grant Program - Projects related to Jail Diversion, Justice Involved Individuals, and Mental Health Deputies

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that
provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
18-21	**Adolescent SUD Services**	**Cooke, Fannin, Grayson**	**Adolescents**	**10-15**
18-21	**IDD Crisis and Institutionalization Prevention Project**	**Cooke, Fannin, Grayson**	**IDD**	**600-780**
18-21	**MCOT SUD Services Expansion**	**Cooke, Fannin, Grayson**	**Adults**	**180-240**
18-21	**Veterans Services Expansion**	**Cooke, Fannin, Grayson**	**Adults**	**36-60**

I.D Community Participation in Planning Activities

Identify community stakeholders who participated in comprehensive local service planning activities.

	Stakeholder Type		Stakeholder Type
☒	Consumers	☒	Family members
☒	Advocates (children and adult)	☒	Concerned citizens/others
☒	Local psychiatric hospital staff	☒	State hospital staff

Stakeholder Type	Stakeholder Type
**List the psychiatric hospitals that participated:* • Texoma Medical Center BHC	**List the hospital and the staff that participated:* • *Terrell State Hospital-Director of Nursing* • *NTSH-COC Social Worker*
☒ Mental health service providers	☒ Substance abuse treatment providers
☒ Prevention services providers	☒ Outreach, Screening, Assessment, and Referral Centers
☒ County officials **List the county and the official name and title of participants:* • Cooke-Sheriff and County Judge • Fannin- Sheriff and County Judge • Grayson- Sheriff and County Judge	☒ City officials **List the city and the official name and title of participants:* • Sherman-Police Chief • Denison-Police Chief • Bonham-City Judge
☒ Federally Qualified Health Center and other primary care providers	☒ Local health departments ☒ LMHAs/LBHAs **List the LMHAs/LBHAs and the staff that participated:* • Denton County-CEO; Behavioral Health Director • Lifepath-CEO; Behavioral Health Director • Helen Farabee-IT Director; Behavioral Health Director; CEO

	Stakeholder Type		Stakeholder Type
☒	Hospital emergency room personnel	☒	Emergency responders
☒	Faith-based organizations	☒	Community health & human service providers
☒	Probation department representatives	☒	Parole department representatives
☒	Court representatives (Judges, District Attorneys, public defenders) **List the county and the official name and title of participants:* • Cooke-Jason Brinkley-County Judge; Terry Gilbert-Sheriff • Fannin-Randy Moore-County Judge; Mark Johnson-Sheriff; • Grayson-Bill Majors-County Judge; Tom Watt-Sheriff	☒	Law enforcement **List the county/city and the official name and title of participants:* • Sherman (Grayson)-Zach Flores-Chief of Police • Denison (Grayson)-Lieutenant Mike Eppler; Mike Gudgel-Chief of Police
☒	Education representatives	☒	Employers/business leaders
☒	Planning and Network Advisory Committee	☒	Local consumer peer-led organizations
☒	Peer Specialists	☒	IDD Providers
☒	Foster care/Child placing agencies	☒	Community Resource Coordination Groups
☒	Veterans' organizations	☐	Other: _____

Describe the key methods and activities used to obtain stakeholder input over the past year, including efforts to ensure all relevant stakeholders participate in the planning process.

• Behavioral Health Leadership Team
• Community Collaboration Meetings
• Jail Diversion Meetings

List the key issues and concerns identified by stakeholders, including <u>unmet</u> service needs. Only include items raised by multiple stakeholders and/or had broad support.

• Coordinating resources and maximizing the limited funds available within the community
•
•

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members
- Sub-contractors

Most LMHAs and LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations.

Given the size and diversity of many local service areas, some aspects of the plan may not be uniform across the entire service area. *If applicable, include separate answers for different geographic areas to ensure all parts of the local service area are covered.*

II.A Development of the Plan

Describe the process implemented to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including, but not limited to, the following:

Ensuring all key stakeholders were involved or represented, to include contractors where applicable; ensuring the entire service area was represented; and Soliciting input.

- TCC regularly meets with all the local hospitals in our service area with a focus on emergency room staff. Local psychiatric hospitals are also included. TCC sponsors jail diversion meetings/Mental Health Court in Cooke and Fannin counties and participates in Drug Court and Veteran's Court in Grayson County. TCC participates in Community Collaboration Meetings in Grayson County where issues related to jails and the legal system are discussed. We also provide training for law enforcement and judges in our area.

II.B Utilization of the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process

1. How is the Crisis Hotline staffed?

During business hours

- Crisis Hotline is available 24 hours/day

After business hours

- Crisis Hotline is available 24 hours/day

Weekends/holidays

- Crisis Hotline is available 24 hours/day

2. Does the LMHA/LBHA have a sub-contractor to provide the Crisis Hotline services? If, yes, please list the contractor:

- Avail Solutions, Inc.

3. How is the MCOT staffed?

During business hours

- MCOT is available and staffed with OCW and LPHA 24 hours/day

After business hours

- MCOT is available and staffed with OCW and LPHA 24 hours/day

Weekends/holidays

- MCOT is available and staffed with OCW and LPHA 24 hours/day

4. Does the LMHA/LBHA have a sub-contractor to provide MCOT services? If yes, please list the contractor:

- N/A

5. Provide information on the type of follow up MCOT provides (phone calls, face to face visits, case management, skills training, etc.).

- MCOT provides phone call follow up for every call received, and additional follow ups including: video face to face, case management and skills training as necessary

6. Do emergency room staff and law enforcement routinely contact the LMHA/LBHA when an individual in crisis is identified? If so, please describe MCOT's role for:

Emergency Rooms:

- MCOT responds to any requests from emergency rooms or hospitals to provide options for treatment and referrals for individuals in crisis. TCC also provides training to ER staff on crisis procedures to reduce recidivism and expedite processing through the emergency department.

Law Enforcement:

- TCC provides training to law enforcement and Judges on crisis procedures and appropriate crisis response. MCOT will respond to a crisis at any location requested by law enforcement if an officer is present. This often eliminates the need to admit the individual in crisis to the emergency department.

7. What is the process for MCOT to respond to screening requests at state hospitals, specifically for walk-ins?

- TCC does not have any state hospitals that fall within our catchment area.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?

During business hours:

- Contact TCC and request a crisis assessment.

After business hours:

- Contact Crisis Hotline @ 877-277-2226 or 888-592-1515 and request a crisis assessment.

Weekends/holidays:

- Contact Crisis Hotline @ 877-277-2226 or 888-592-1515 and request a crisis assessment.
- tcccares@texomacc.org

9. What is the procedure if an individual cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

- Individual may be admitted to TCC CRU depending on clinical need, appropriateness and availability.

10. Describe the community's process if an individual requires further evaluation and/or medical clearance.

- Individual can be transported to local emergency room by private vehicle, EMS, or law enforcement. The acuity level of the individual will determine the most appropriate form of transportation.

11. Describe the process if an individual needs admission to a psychiatric hospital.

- TCC maintains contracts with local psychiatric hospitals for individuals requiring hospitalization who don't have a funding source. MCOT responds and makes the determination and then activates the contract with the appropriate accepting hospital. If the client has funding, MCOT may help facilitate admission to a local psychiatric hospital upon request from the emergency department, or law enforcement. If the state hospital is deemed necessary, the MCOT makes all necessary arrangements to facilitate that admission.

12. Describe the process if an individual needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

- MCOT makes the determination with supervisor approval for any admission to the CRU (Crisis Respite Unit). Length of stay and referral to other programs is determined by clinical staff after admission to the unit.

13. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

- For MCOT to go to a home, then law enforcement would be contacted to accompany them;
- For other locations, MCOT staff would deploy to the location they are called.

14. If an inpatient bed at a psychiatric hospital is not available:
    Where does the individual wait for a bed?

- Individual may be admitted to the TCC CRU depending on clinical need, appropriateness and availability.

15. Who is responsible for providing ongoing crisis intervention services until the crisis is resolved or the individual is placed in a clinically appropriate environment at the LMHA/LBHA?

- TCC clinical staff (may include MCOT staff) provide follow-up and continuity of care crisis services.

16. Who is responsible for transportation in cases not involving emergency detention?

- In some instances, MCOT staff may provide transportation. MCOT coordinates with local hospitals and other stakeholders to find appropriate transportation resources for the individual in crisis.

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? Replicate the table below for each alternative.

Name of Facility	TCC Crisis Respite Unit
Location (city and county)	Denison, Texas
Phone number	903-957-4818
Type of Facility (see Appendix A)	Crisis Respite
Key admission criteria (type of individual accepted)	Individuals who are not an imminent danger to self or others but need a more restrictive environment than being discharged to home, and a less restrictive environment than hospitalization.
Circumstances under which medical clearance is required before admission	CRU does not require medical clearance. Individual must be able to safely evacuate themselves from the facility and have medications necessary for life-threatening illness (e.g., diabetes, seizures).
Service area limitations, if any	CRU is available to any client served in crisis and is determined by LPHA supervisor based on availability.
Other relevant admission information for first responders	CRU is not a drop off facility. Admission must be approved by MCOT supervisor.

Accepts emergency detentions?	CRU is not a lock-down facility. Emergency detentions are not accepted.
Number of Beds	4 crisis, 7 transitional

Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals? Replicate the table below for each alternative.

Name of Facility	Texoma Medical Center Behavioral Health Center
Location (city and county)	Sherman, Grayson County Texas
Phone number	903-416-3000
Key admission criteria	Will accept indigent patients if TCC agrees to pay contract amount for stay.
Service area limitations, if any	Determined by facility
Other relevant admission information for first responders	TCC must approve admission and length of stay for any client who is to be considered for an inpatient stay under the current contract.
Number of Beds	60
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental	Unknown

health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Beds are not purchased as a guaranteed set. Beds are determined by availability on an as-needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$700/day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	Carrus Behavioral Health Hospital
Location (city and county)	Sherman, Grayson County Texas
Phone number	903-870-1222
Key admission criteria	Will accept indigent patients if TCC agrees to pay contract amount for stay.
Service area limitations, if any	Determined by facility
Other relevant admission information for first responders	TCC must approve admission and length of stay for any client who is to be considered for an inpatient stay under the current contract.
Number of Beds	28
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under	Unknown

the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Beds are not purchased as a guaranteed set. Beds are determined by availability on an as-needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$700/day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

II.C Plan for local, short-term management of pre- and post-arrest individuals who are deemed incompetent to stand trial

What local inpatient or outpatient alternatives to the state hospital does the local service area currently have for competency restoration? If not applicable, enter N/A.

Identify and briefly describe available alternatives.

- TCC does not currently have an OCR program, but would like to develop one if funding were available

What barriers or issues limit access or utilization to local inpatient or outpatient alternatives?

- Funding is the primary limitation to expanding access to individuals in crisis. TCC has largely funded our CRU and other crisis programs without additional funding.

Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged?

- Kristin Broadway, LPC

If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

- N/A

What plans, if any, are being developed over the next two years to maximize access and utilization of local alternatives for competency restoration?

- TCC is currently exploring opportunities to develop an OCR program for Cooke, Fannin and Grayson Counties.

Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (i.e., Outpatient Competency Restoration Program inpatient competency restoration, Jail-based Competency Restoration, etc.)?

- Our area would most benefit from an OCR operated by TCC

What is needed for implementation? Include resources and barriers that must be resolved.

- Local stakeholders are in favor of an OCR program. The primary barrier to implementation is funding.

II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment and the development of Certified Community Behavioral Health Clinics (CCBHCs)

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA/LBHA collaborate with in these efforts?

- TCC has implemented an integrated health care program and a substance use disorder program through the 1115 Waiver. Crisis services were also expanded using these funds. TCC works with the Grayson County Health Clinic, local non-profit substance use disorder

services and local emergency rooms as requested. All the programs work together to meet the needs of the individuals in our area.

2. What are the plans for the next two years to further coordinate and integrate these services?
   - Awarded SAMHSA Grant that will help expansion in these areas

II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?
   - TCC maintains a website and provides printed information to stakeholders and the community regarding the services provided and how to access programs throughout the agency.

2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?
   - TCC provides regular and comprehensive training to staff at all levels on procedures and protocols, as well as services offered by the center in all three counties.

II.F Gaps in the Local Crisis Response System

What are the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties.

County	Service System Gaps	Recommendations to Address the Gaps
Grayson	• Jail Diversion Program (there is now a Community Collaboration Group which performs some functions of a jail diversion program), transitional housing, public transportation.	• TCC has implemented a forensic program to work with justice involved individuals and expand jail diversion efforts

Cooke	• Transitional Housing and Transportation	• TCC has implemented a forensic program to work with justice involved individuals and expand jail diversion efforts
Fannin	• Transitional Housing and Transportation	• TCC has implemented a forensic program to work with justice involved individuals and expand jail diversion efforts

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to the involvement of individuals with mental and substance use disorders in the criminal justice system. The model is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change.

A link to the SIM can be accessed here:
https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf

In the tables below, indicate the strategies used in each intercept to divert individuals from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• MCOT	• Cooke, Fannin, Grayson	• Increase Staffing
• Emergency Department Diversion	• Cooke, Fannin, Grayson	• Develop drop-off Center •

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Jail Diversion	• Cooke, Fannin, Grayson	• Enhance forensic services; OCR development
•	•	•

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Mental Health Court	• Fannin	• Continue
•	•	•

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
•SB 292 Forensics	• Cooke, Fannin, Grayson	• Increase Staff and Services
•	•	•

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
•TCOOMMI	• Cooke, Fannin, Grayson	•Continue
•Forensics Program	• Cooke, Fannin, Grayson	•Increase Staff and Services
•	•	•

III.B Other Behavioral Health Strategic Priorities

The Texas Statewide Behavioral Health Strategic Plan identifies other significant gaps and goals in the state's behavioral health services system. The gaps identified in the plan are:

- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 3: Coordination across state agencies*
- *Gap 4: Veteran and military service member supports*
- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*
- *Gap 9: Behavioral health services for individuals with intellectual disabilities*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 13: Behavioral health workforce shortage*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*
- *Gap 15: Shared and usable data*

The goals identified in the plan are:

- *Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.*
- *Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.*
- *Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.*
- *Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.*
- *Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.*

In the table below briefly describe the current status of each area of focus as identified in the plan (key accomplishments, challenges and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• Achieved CCBHC Status	• Enhance Same-day Access • Improve Continuity of Care
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• Achieved CCBHC Status	• Enhance Same-day Access • Improve Continuity of Care
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• Transitional Housing	• OCR
Implementing and ensuring fidelity with	• Gap 7 • Goal 2	• Achieved CCBHC Status	• Enhance Continuous Quality Improvement

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
evidence-based practices			
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• RSS and peer programs implemented	• Continue
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• Fully implemented SUD Programs	• Continue
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• Fully integrated BH and PC as part of CCBHC	• Enhance
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• SAMHSA grant allowed for enhancement of transportation	• Continue
Addressing the behavioral health needs of consumers	• Gap 14 • Goals 2,4	• IDD Crisis Services Expansion	• Continue

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
with Intellectual Disabilities			
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• HB 13 Veterans Services	• Expand as part of CCBHC

III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top 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.*
- *List at least one but no more than five priorities.*
- *For each priority, briefly describe current activities and achievements and summarize plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.*

Local Priority	Current Status	Plans
Housing and Transportation	• Very Limited	• Work with local Stakeholders and HHSC

III.D System Development and Identification of New Priorities

Development of the local plans should include a process to identify local priorities and needs and the resources required for implementation. The priorities should reflect the input of key stakeholders

involved in development of the Psychiatric Emergency Plan as well as the broader community. This builds on the ongoing communication and collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information provides a clear picture of needs across the state and support planning at the state level.

In the table below, identify the local service area's priorities for use of any *new* funding should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

Provide as much detail as practical for long-term planning and:

- Assign a priority level of 1, 2 or, 3 to each item, with 1 being the highest priority;
- Identify the general need;
- Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable; and
- Estimate the funding needed, listing the key components and costs (for recurring/ongoing costs, such as staffing, state the annual cost.

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	***OCR***	• *Keep people out of SH beds*	• *$150,000/yr.*
2	***Drop off Center for Law Enforcement***	• *Allow law enforcement to minimize involvement and time by dropping off individuals with LMHA*	• *$300,000/yr.*

Appendix A: Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual's level of care as determined by the TRR Assessment found here for adults or here for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

Crisis Hotline – The Crisis Hotline is a 24/7 telephone service that provides information, support, referrals, screening and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT, or other crisis services.

Crisis Residential Units– provide community-based residential crisis treatment to individuals with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential facilities are not authorized to accept individuals on involuntary status.

Crisis Respite Units –provide community-based residential crisis treatment for individuals who have low risk of harm to self or others, and who may have some functional impairment. Services may occur over a brief period of time, such as two hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons they care for to avoid mental health crisis. Crisis respite facilities are not authorized to accept individuals on involuntary status.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis and prevent utilization of more intensive services such as hospitalization. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse.

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive

mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

Extended Observation Units (EOU) – provide up to 48-hours of emergency services to individuals in mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept individuals on emergency detention.

Mobile Crisis Outreach Team (MCOT) – MCOTs are clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community.

Psychiatric Emergency Service Center (PESC) – PESCs provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESCs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

Rapid Crisis Stabilization and Private Psychiatric Beds – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.

Appendix B: Acronyms

CSU	Crisis Stabilization Unit
EOU	Extended Observation Units
HHSC	Health and Human Services Commission
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
PESC	Psychiatric Emergency Service Center