

Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and
Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: September 30, 2022

Submissions should be sent to:

MHContracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

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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.

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
I CARE Call Center	1319 Summit Ave., Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Screening, Crisis, Hotline, Info & Referral
Open Eligibility Center	3800 Hulen St. Ste.#150 Ft. Worth, TX 76107	Tarrant	<ul style="list-style-type: none"> • Assessment & Intake
Youth Center Arlington	601 W. Sanford St. Ste.#201 Arlington, TX 76104	Tarrant	<ul style="list-style-type: none"> • TRR/Full level of care clinic for children/youth
Youth Center Fort Worth	1527 Hemphill, Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • TRR/Full level of care clinic for children/youth
The Campus	1527 Hemphill St. Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • COPSD Inpatient/Outpatient Services
TCOOMMI Youth	1527 Hemphill, Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • TRR/Full level of care for juvenile justice youth
Foster Care Initiative	1527 Hemphill St. Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • TRR full level of care for youth in foster care
YES Waiver	1527 Hemphill St. Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • TRR LOC YES providing traditional and non-traditional Medicaid services
Family Recovery Project	1527 Hemphill, Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Work with children of parents attending drug court program to maintain sobriety and ensure guardianship of their children.
Access to Care	1527 Hemphill, Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Assessment & Intake for children/youth

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
REACH	1527 Hemphill, Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Cognitive Behavior Therapy Services for youth in the juvenile justice system
Project RAPP	1319 Summit, Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • TRR full level of care for TCOOMMI Adult Parolees/ Probationers
Assertive Community Treatment	1200 Circle Drive, Ft. Worth, TX 76119	Tarrant	<ul style="list-style-type: none"> • TRR/SPMI-Full Level of care for Adults
Homeless Services	1350 E. Lancaster, Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Integrated TRR full level of care for Adult Homeless population and physical healthcare
Western Hills Clinic	8808 Camp Bowie, Ft. Worth, TX 76116	Tarrant	<ul style="list-style-type: none"> • TRR Full level of care for Adults
Arlington Clinic	601 W. Sanford, Arlington, TX 76011	Tarrant	<ul style="list-style-type: none"> • TRR Full level of care for Adults
Circle Dr. Clinic	1200 Circle Dr. Ft. Worth, TX 76119	Tarrant	<ul style="list-style-type: none"> • Integrated TRR Full level of care for Adults and physical healthcare
Penn Square Clinic	300 Pennsylvania Ave., Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Integrated TRR Full level of care for Adults
Mid-Cities Clinic	4525 City Point Dr., North Richland Hills, TX 76180	Tarrant	<ul style="list-style-type: none"> • TRR Full level of care for Adults
North West Clinic	2400 NW 24th St., Ft. Worth, TX 76106	Tarrant	<ul style="list-style-type: none"> • TRR Full level of care for Adults

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
OP Competency Restoration	1200 Circle Drive Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • TRR LOC 3 for adults waiting for competency hearing
Forensic Assertive Community Treatment	1200 Circle Drive Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • TRR Full level of care for justice-involved adults
Mobile Crisis Outreach Team	1319 Summit Ave. Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • 24/7 mobile crisis response
Crisis Respite/Residential (Men's)	1350 E. Lancaster Ave. Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Adult Men's short-term residential treatment in a community-based setting for those in crisis
Crisis Respite/Residential (Women's)	815 Jennings, Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Adult Women's short-term residential treatment in a community-based setting for those in crisis
CARE House	3883 Mighty Mite Dr. Ft. Worth, TX 76105	Tarrant	<ul style="list-style-type: none"> • Youth short-term residential treatment in a community-based setting for those in crisis
Law Liaison	1200 Circle Drive Ft. Worth, TX 76119	Tarrant	<ul style="list-style-type: none"> • Community interventions and consultation of Mental Health experts to law enforcement
Forensics/Jail	100 N. Lamar, Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Assessment and psych stabilization of incarcerated adults with mental illness
Assisted Outpatient Treatment (AOT)	1200 Circle Drive Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Outpatient treatment under civil court order to adults with SMI

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Jail-Based Competency Restoration	100 N. Lamar, Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Competency restoration services for incarcerated adults
Navigator Program	100 N. Lamar, Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • MHMR staff providing referrals for court programs and services for justice-involved adults
JPS Psych ER Liaison	1500 S. Main, Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • MHMR staff providing continuity of care with hospital staff in the Psych ER setting
Depression Connection for Recovery	3205 Hamilton Ave. Ft. Worth, TX 76107	Tarrant	<ul style="list-style-type: none"> • Consumer Operated Services self-help support groups throughout Tarrant County
MH Peer Services of Greater Fort Worth	5709 Wedgewood Dr. Ft. Worth, TX 76133	Tarrant	<ul style="list-style-type: none"> • Consumer Operated Services self-help support groups throughout Tarrant County
Millwood Excel	1220 W. Presidio St. Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Youth Summer Camp
Mesa Springs Innovations	5560 Mesa Springs Dr., Ft. Worth, TX 76123	Tarrant	<ul style="list-style-type: none"> • Youth Intensive Outpatient, Partial Hospitalization, Youth Summer Camp
ACH Child & Family Services	3712 Wichita St. Ft. Worth, TX 76119	Tarrant	<ul style="list-style-type: none"> • Youth Foster Care, In-home Respite, Crisis Respite
Community Center	505 S. Jennings, Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Adult Member Operated Consumer Drop-In Activity Center
John Peter Smith Hospital	1500 S. Main St. Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Contract Adult Inpatient Psychiatric Services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Emergency Preparedness	3840 Hulen, Ft. Worth, TX 76107	Tarrant	<ul style="list-style-type: none"> • Emergency and Disaster Preparedness
Pine St. Intensive Residential	1501 E. El Paso, St. Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • COPSD Services
Community Addiction Treatment Services	1502 E. Lancaster, Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Outpatient Adult Substance Use Treatment
Harmon Road	4525 City Point Dr., North Richland Hills, TX 76180	Tarrant	<ul style="list-style-type: none"> • Outpatient Adult Substance Use Treatment
Integrated Outreach Services	1350 E. Lancaster Ave. Ste.#120 Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Homeless Outreach
Healthy Community Collaborative	3800 Hulen St. Ste., 150 Ft. Worth, TX 76107	Tarrant	<ul style="list-style-type: none"> • Transitional Housing and Case Management for Homeless
Your Texas Benefits	1200 Circle Dr., Ft. Worth, TX 76119	Tarrant	<ul style="list-style-type: none"> • Mainstream benefits assistance
Liberty House	1513 E. Presidio Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Transitional Housing, Case Management and COPSD services for homeless male veterans
Military Veteran's Peer Network	4525 City Point Dr., North Richland Hills, TX 76180	Tarrant and various others	<ul style="list-style-type: none"> • Veteran Peer Support Services
Preadmission Screening and Resident Review	1300 Circle Dr. Ft. Worth, TX 76119	Tarrant	<ul style="list-style-type: none"> • MI and IDD Screening services for those seeking admission to

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			Medical certified nursing facilities.
Mental Health Jail Diversion Center	812 W Morphy St. Ft. Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Divert individuals who are arrested for minor charges away from jail, and assist with their mental healthcare needs

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. Number served per year should reflect reports for the previous fiscal year. Add additional rows, if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY '22	Enhanced Mental Health Services- TRR LOC 3 program providing services for justice-involved adults	Tarrant	Adults	225
FY '22	Forensic Assertive Community Treatment (FACT)- TRR LOC 4 program providing wraparound services for justice-involved adults	Tarrant	Adults	75
FY '22	The Navigator Program- MHMR staff providing resources and referrals to services for incarcerated adults	Tarrant	Adults	1440
FY '22	Jail-Based Competency Restoration-Program providing competency restoration services to incarcerated adults	Tarrant	Adults	175
FY '22	HHSC Law Liaison-Program providing community interventions and consultations of Mental Health experts to law enforcement	Tarrant	Adults	9000
FY '22	TCOOMMI Youth- TRR/Full level of care clinic for juvenile justice youth	Tarrant	Youth	152
FY '22	Family Recovery Project-Work with the children of parents attending drug program to maintain sobriety and ensure guardianship of their children	Tarrant	Youth	36 (specifically served through Youth Services, 8yo+)
FY '22	REACH-Cognitive Behavior Therapy Services for youth in the juvenile justice system	Tarrant	Youth	40

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. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
FY '22	TCOOMMI Adult (Project RAPP)-TRR/Full level of care for TCOOMMI Adult Parolees/Probationers	Tarrant	Adults	2,464
FY '22	Forensics/Jail-Assessment and psych stabilization of incarcerated adults with mental illness	Tarrant	Adults	18,153
FY '22	Law Liaison-Community interventions and consultation of MH experts to law enforcement	Tarrant	Adults	8,320
FY '22	Mental Health Jail Diversion Center-Recovery-oriented, short-term stay alternative to incarceration for non-violent, justice-involved persons with mental health needs	Tarrant	Adults	116 (Facility opened 1/2022)

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers	<input checked="" type="checkbox"/> Family members
<input checked="" type="checkbox"/> Advocates (children and adult)	<input checked="" type="checkbox"/> Concerned citizens/others

Stakeholder Type

- Local psychiatric hospital staff
**List the psychiatric hospitals that participated:*
 - John Peter Smith Hospital
- Mental health service providers
- Prevention services providers
- County officials
**List the county and the official name and title of participants:*
 - Judges: B. Carr, R. Gonzalez, G. Whitley, Webb, Cacciotti, Allen, Ponder, McGown, Kelly, Beach, Catalano and Salvant
 - Commissioners:
Roy Brooks and Devan Allen
 - Asst. D.A. Anna Hernandez
 - Asst. D.A. Landon Dickerson
 - Criminal D.A., Sharon Wilson
- Federally Qualified Health Center and other primary care providers

Stakeholder Type

- State hospital staff
**List the hospital and the staff that participated:*
 - Dr. Nikisha Oliphant-Vice Chair, JPS
 - Amanda Darner-Dir. of Programs, NTSW
- Substance abuse treatment providers
- Outreach, Screening, Assessment, and Referral Centers
- City officials
**List the city and the official name and title of participants:*
 - Chief Reyes and Captain Pilkington-Tarrant County Jail
 - Bill Waybourn-County Sheriff
 - G.K. Maenius-County Administrator
- Local health departments
- LMHAs/LBHAs
**List the LMHAs/LBHAs and the staff that participated:*

Stakeholder Type

- Hospital emergency room personnel
- Faith-based organizations
- Probation department representatives
- Court representatives (Judges, District Attorneys, public defenders)
**List the county and the official name and title of participants:*
 - Judges: B. Carr, R. Gonzalez, G. Whitley, Webb, Cacciotti, Allen, Ponder, McGown, Kelly, Beach, Catalano and Salvant
 - Commissioners: Roy Brooks and Devan Allen
 - Asst. D.A Anna Hernandez
 - Asst. D.A. Landon Dickerson
 - Criminal D.A., Sharon Wilson
- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies
- Veterans' organizations

Stakeholder Type

- Emergency responders
- Community health & human service providers
- Parole department representatives
- Law enforcement
**List the county/city and the official name and title of participants:*
 - Chief Reyes and Captain Pilkington-Tarrant County Jail
 - Bill Waybourn-County Sheriff
 - G.K. Maenius-County Administrator
- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups
- 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.

• Community Advisory Committees – Children’s BH, Adult MH, Substance Abuse, Homeless	
• Crisis Stakeholder meeting	
• Criminal Justice Coalition	
• Mental Health Connection meetings and participation in MHC subgroups	
• Steering Committee for Ending Homelessness in Early Childhood	
• Tarrant Cares Website Governance Committee	
• Participation in Neighborhood association meetings	
• Participation in Tarrant County Child Sex Trafficking Care Coordination Development Group	

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

• Access to Services
• Amount of meds prescribed at discharge from local and State Hospitals/TX. Dept. of Criminal Justice
• Lack of funding for Behavioral Health Services
• Better linkage between mental health and substance abuse services at state level
• Increase in the amount of permanent supportive housing
• Shortage of behavioral health medical providers in the community
• Ineffective Outpatient Commitment law
• Increase number of available hospital beds
• Increase funding for crisis text services
• Services for transition aged youth
• Local commitment options for young children
• Lack of spectrum disorder services

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;

- Throughout the year we hold several meetings with outside stakeholders including, but not limited to: District Attorney's Office, Local Judges (Criminal and Civil), John Peter Smith Hospital, local private hospitals, State Hospitals, Law Enforcement and MedStar.

Ensuring the entire service area was represented; and

- See Above

Soliciting input.

- See Above

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

- Staff are assigned regular shifts 24/7/365

After business hours

- Staff are assigned regular shifts 24/7/365

Weekends/holidays

- Staff are assigned regular shifts 24/7/365

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

- N/A

3. How is the MCOT staffed?

During business hours

- Staff are assigned regular shifts 24/7/365
-

After business hours

- Staff rotate on-call shifts after hours

Weekends/holidays

- Staff rotate on-call shifts during weekends/holidays

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 staff provide phone calls, face to face visits, telehealth/telemedicine services, case management, skills training, crisis intervention, transportation, medication management/psychiatric assessment, information and referral services, education, support, and reassurance

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:

- N/A. Staff do not dispatch to emergency rooms since our county makes active use of the county hospital, John Peter Smith (JPS)

Law Enforcement:

- N/A. Staff do not dispatch via referrals from law enforcement. Instead, the agency does have a Law Liaison team that does active ride-alongs daily for this service

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

- N/A. Staff do not complete this service

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

During business hours:

- All patients are referred to the public hospital, JPS

After business hours:

- All patients are referred to the public hospital, JPS

Weekends/holidays:

- All patients are referred to the public hospital, JPS

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?

- Patients are referred to a more intensive level of care facility appropriate to their level of need such as the crisis respite/residential unit

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

- We utilize on-call doctors to assist and/or emergency services

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

- Patients are referred to JPS and care and transportation is coordinated

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).

- Patients are referred to one of our crisis/residential units based on need. We have a facility for men, women, and youth (both boys and girls aged 13+)

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.

- Each referral receives an immediate call back by MCOT staff (within 3 minutes of the referral). Staff confirm meeting locations and coordinate whatever location is most appropriate while remaining flexible enough to dispatch anywhere in the community that can be reasonably accommodated

14. If an inpatient bed at a psychiatric hospital is not available:

Where does the individual wait for a bed?

- This can vary, but usually beds can be coordinated at JPS to be available for these situations

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?

- Any LBHA staff can provide ongoing crisis intervention services under any of the Levels of Care. However, usually these services fall primarily under the responsibility of the staff in the crisis services department.

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

- This can vary, but transportation is usually coordinated through law enforcement or emergency services if being routed to inpatient care. Otherwise, case managers assist with coordinating transportation through available resources (Medicaid rides, uber, public transit, bus passes, etc.), agency vehicles and personal vehicles.

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? *Indicate N/A if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.*

Name of Facility	Men's Crisis/Residential Unit (MCRU)
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-569-5436
Type of Facility (see Appendix A)	Crisis Respite and Residential Unit
Key admission criteria (type of individual accepted)	Male individuals in acute crisis who are medically stable and voluntarily seeking inpatient care up to 30 days
Circumstances under which medical clearance is required before admission	Subject to evaluation by medical staff to certify that patient's medical needs can be accommodated and that medications are available for all diagnosed conditions. Also includes verification of stable vital signs, etc.
Service area limitations, if any	Patient must be located in Tarrant County or transported to Tarrant County
Other relevant admission information for first responders	Must be at least 18 years of age and clinically appropriate for the unit. Services are at low/no-cost to the individual for care provided at this program.
Accepts emergency detentions?	No
Number of Beds	16
HHSC Funding Allocation	\$197,972.00
Name of Facility	Women's Crisis Respite/Residential Unit (WCRU)
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-569-5505
Type of Facility (see Appendix A)	Crisis Respite and Residential Unit

Key admission criteria (type of individual accepted)	Female individuals in acute crisis who are medically stable and voluntarily seeking inpatient care up to 30 days
Circumstances under which medical clearance is required before admission	Subject to evaluation by medical staff to certify that patient's medical needs can be accommodated and that medications are available for all diagnosed conditions. Also includes verification of stable vital signs, etc.
Service area limitations, if any	Patient must be located in Tarrant County or transported to Tarrant County
Other relevant admission information for first responders	Must be at least 18 years of age and clinically appropriate for the unit. Services are at low/no-cost to the individual for care provided at this program.
Accepts emergency detentions?	No
Number of Beds	16
HHSC Funding Allocation	\$273,593.00

Name of Facility	Adolescent Crisis Respite Unit (ACRU: Care House)
Location	Fort Worth, Tarrant County
Phone Number	817-569-4300
Type of Facility (See Appendix A)	Crisis Residential Unit
Key admission criteria (type of individual accepted)	Male/Female youth aged 13-17 in acute crisis who are medically stable and voluntarily seeking inpatient care up to 30 days with approval and active involvement of the Legally Authorized Representative Female individuals in acute crisis who are

	medically stable and voluntarily seeking inpatient care up to 30 days
Circumstances under which medical clearance is required before admission	Subject to evaluation by medical staff to certify that patient's medical needs can be accommodated and that medications are available for all diagnosed conditions. Also includes verification of stable vital signs, etc.
Service area limitations, if any	Patient must be located in Tarrant County or transported to Tarrant County
Other relevant admission information for first responders	Must be at least 18 years of age and clinically appropriate for the unit. Services are at low/no-cost to the individual for care provided at this program.
Accepts emergency detentions?	No
Number of Beds	12
HHSC Funding Allocation	\$1,529.686.00

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	John Peter Smith Hospital; Psychiatric Emergency Center
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-702-3431

Key admission criteria	Experiencing acute psychiatric crisis
Service area limitations if any	Tarrant County
Other relevant admission information for first responders	The Psychiatric Emergency Center is a state-of-the-art facility located on the 10th floor of John Peter Smith's Main Building. A team of physicians, nurses, social workers, and support personnel provide services 24 hours a day, seven days a week for both voluntary and involuntary patients in mental health crisis. This center provides triage, evaluation, and admission services.
Number of Beds	
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	No
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 health hospital beds (include all that apply)?	N/A

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	N/A
If under contract, what is the bed day rate paid to the contracted facility?	N/A
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	No
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	John Peter Smith Hospital; Local Commitment Alternative Unit
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-927-3636
Key admission criteria	Imminent Risk of Harm to Self or Others and Committed Through the Probate Courts
Service area limitations, if any	Tarrant County

Other relevant admission information for first responders	N/A
Number of Beds	29.88
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 health hospital beds (include all that apply)?	Yes-PPB
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Guaranteed Set
If under contract, what is the bed day rate paid to the contracted facility?	\$560

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	John Peter Smith Hospital; Trinity Springs Pavilion
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-927-3636
Key admission criteria	Imminent Risk of Harm to Self or Others
Service area limitations, if any	Tarrant County
Other relevant admission information for first responders	First Responders transport individuals to the 10 th floor of John Peter Smith Hospital
Number of Beds	100

<p>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</p>	<p>No</p>
<p>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 health hospital beds (include all that apply)?</p>	<p>N/A</p>
<p>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</p>	<p>N/A</p>
<p>If under contract, what is the bed day rate paid to the contracted facility?</p>	<p>N/A</p>
<p>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</p>	<p>N/A</p>

<p>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</p>	<p>N/A</p>
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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.

- MHMR has both an Outpatient Competency Restoration program and a Jail-Based Competency Restoration program that work with the Tarrant County Criminal Courts to provide competency restoration services to individuals.

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

- Housing and limited substance abuse treatment are barriers.

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? Identify the name(s)/title(s) of employees who operate as the jail liaison.

- MHMR has a contract to provide all mental health services in the Tarrant County Jail. Staff are available 24 hours a day/7days a week. We also have the Navigator Program,

comprised of five staff who work with the courts to divert individuals from the criminal justice system post-arrest.

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?

- MHMR has a Navigator Program, Forensic ACT Team, Peer Re-Entry Programs for both mental health and opioids, and an Enhanced Mental Health Services Program available to provide additional supports to individuals receiving competency restoration services. We will continue to maximize the coordination amongst programs to meet the needs of individuals receiving services.

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.)?

- MHMR has both an Outpatient Competency Restoration Program and a Jail-Based Competency Restoration Program.

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

- The Outpatient Competency Restoration Program continues to have a need for additional funding to address individual housing needs and inpatient substance abuse treatment.

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?

- MHMR provides integrated care services to coordinated screening, diagnosis, and ongoing treatment for people with co-occurring physical and mental health needs as well as substance use disorders. This is a collaborative effort with John Peter Smith Hospital.
- The integrated care program consists of a multidisciplinary team (MDT) of practitioners and professionals that work together to provide holistic, person-centered, and coordinated care and support.
- The MDT is led by a Registered Nurse who ensures that efficient communication and information-sharing takes place across the team and with the patient.

2. What are the plans for the next two years to further coordinate and integrate these services?

- For the next two years MHMR plans to increase involvement of the patient in decisions about care.
- Rapid access to specialist expertise across the agency, including urgent care in a crisis and at transitions of care (e.g., hospital discharge).
- Add dedicated case managers taking responsibility for patient's needs.
- MHMR also plans to enhance the coordination of integrated care services that are safe, effective, patient-centered, timely, efficient, and equitable.

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?

- One of our crisis staff attends the monthly Medstar Ambulance Services continuity of care meeting.
- Staff attends monthly Mental Health Connection meetings where all community stakeholders come together for collaboration.
- Quarterly Crisis Stakeholder meetings.
- We provide pamphlets/brochures to stakeholders and have information on our website, Facebook page and Twitter account.
- We provide information on the TarrantCares.org website, which contains information from all community stakeholders.
- We have a High Utilizer Group that meets on a regular basis and includes members from MHMR, JPS, MedStar and the HOPE Team

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?

- All LMHA staff receive initial and ongoing training via Relias and face to face training Crisis Services trainings
- Crisis Services staff receive additional in-depth training
- All BH staff are trained in ASIST (Applied Suicide Intervention Skills Training)
- All LMHA staff are required to receive annual Trauma Informed Training.

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
Tarrant	<ul style="list-style-type: none">• Public Transportation	<ul style="list-style-type: none">• Make more reliable bus routes in underserved parts of the county like Arlington
Tarrant	<ul style="list-style-type: none">• Inpatient SUDS facility for female youth	<ul style="list-style-type: none">• Funding for a new facility to be created

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. If not applicable, enter N/A.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Tarrant County Jail Diversion Center 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Continue to build supports and resources to assist individuals; assist in providing training to law enforcement agencies so they are aware of the services offered.
<ul style="list-style-type: none"> Mobile Crisis Outreach Team 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Clinical development is of paramount concern for leadership for the MCOT team. We are looking at ways to expand our services to more demographics including IDD and youth by expanding our team and/or creating specialized teams for those services as we see need increasing across the state. We are also focusing on incorporating more peer involvement on the team as well as increasing support from licensed clinicians.
<ul style="list-style-type: none"> I-CARE (MHMR Crisis Line) 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Develop further our technological support systems and efficiencies around call

		metrics. Keeping the call centers competitive with market trends regarding remote work and compensation are key priorities alongside our goal for overall sustainability by incorporating more ways to bill for calls taken with vendors and MCOs.
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Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Tarrant County Jail Diversion Center 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Continue to build supports and resources to assist individuals; Assist in providing training to law enforcement agencies so they are aware of the services offered
<ul style="list-style-type: none"> Mobile Crisis Outreach Team 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Clinical development is of paramount concern for leadership for the mcot team. We are looking at ways to expand our services to more demographics including IDD and youth by expanding our team and/or creating

		specialized teams for those services as we see need increasing across the state. We are also focusing on incorporating more peer involvement on the team as well as increasing support from licensed clinicians.
<ul style="list-style-type: none"> • Law Liaison 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Continue to partner with local law enforcement agencies to divert mentally ill offenders to the hospital instead of the jail. Expand mental health related trainings to officers to meet TCOLE requirements.

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Navigator Program 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Increase knowledge of available resources and continue to coordinate services

<ul style="list-style-type: none"> Enhanced Mental Health Services (EMHS) 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Continue to identify and address reentry barriers
<ul style="list-style-type: none"> Joint Mental Health Collaboration Program 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Assist participants in identifying and addressing reentry barriers

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> MHMR Jail Program 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Continuous collaboration with County staff to identify and provide services to mentally ill inmates in a timely manner
<ul style="list-style-type: none"> Jail-Based Competency Restoration (JBCR) 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Continue to provide competency training and coordinate with County staff to decrease state hospital waitlists
<ul style="list-style-type: none"> Enhanced Mental Health Services (EMHS) 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Continue to identify and address reentry barriers
<ul style="list-style-type: none"> Forensic ACT Team (FACT) 	<ul style="list-style-type: none"> Tarrant 	<ul style="list-style-type: none"> Continue to provide wraparound services and

		work with participants to identify and address reentry barriers
<ul style="list-style-type: none"> • MHMR Tarrant Co Assertive Treatment (TCAT) 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Continued coordination with County court programs
<ul style="list-style-type: none"> • Peer Re-Entry 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Continue to provide jail in-reach services to participants and assist in transition to the community
<ul style="list-style-type: none"> • Outpatient Competency Restoration (OCR) 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Continue competency training and increase number of participants
<ul style="list-style-type: none"> • Direct to Recovery Drug Court 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Increase the number of participants
<ul style="list-style-type: none"> • Navigator Program 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Increase knowledge of available resources and continue to coordinate services
<ul style="list-style-type: none"> • Joint Mental Health Collaboration Program 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Assist participants in identifying and addressing reentry barriers

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Forensic ACT Team	• Tarrant	Continue to provide wraparound services and work with participants to identify and address reentry barriers
• Navigator Program	• Tarrant	Increase knowledge of available resources and continue to coordinate services
• Outpatient Competency Restoration (OCR)	• Tarrant	Continue competency training and increase number of participants
• Project RAPP	• Tarrant	Continue coordination with Probation and Parole
• MHMR Tarrant Co-Assertive Treatment (TCAT)	• Tarrant	Continued coordination with County court programs
• Enhanced Mental Health Services (EMHS)	• Tarrant	Continue to identify and address reentry barriers
• Peer Re-Entry	• Tarrant	Continue to provide jail in-reach services to participants and assist in transition to the community
• DIRECT to Recovery Drug Court	• Tarrant	Increase the number of participants

<ul style="list-style-type: none"> • Joint Mental Health Collaboration Program 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Assist participants in identifying and addressing reentry barriers
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Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Project RAPP 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Continued coordination with Probation and Parole
<ul style="list-style-type: none"> • MHMR Tarrant Co-Assertive Treatment (TCAT) 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Continued coordination with County court programs
<ul style="list-style-type: none"> • Forensic ACT Team 	<ul style="list-style-type: none"> • Tarrant 	<ul style="list-style-type: none"> • Continue to provide wraparound services and work with participants to identify and address reentry barriers

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
- Gap 2: Behavioral health needs S public school students
- Gap 3: Coordination across state agencies

- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- 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 people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: 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 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 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	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Increased access/service via telehealth services 	<ul style="list-style-type: none"> • Partner with affiliated universities and colleges to increase workforce recruitment efforts. • Offer hour accrual for students working towards licensure (LCDC-I and LPC-A, etc.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Working well with the state hospitals and John Peter Smith Hospital. Private hospitals prove to be more difficult. 	<ul style="list-style-type: none"> • Continue to meet with our hospital partners to determine a better process to communicate.
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and	<ul style="list-style-type: none"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • Improving. As most of our long-term patients are on Criminal Commitments it is sometimes more 	<ul style="list-style-type: none"> • Will continue to work with the State Hospitals and Criminal Court Judges.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
reducing other state hospital utilization		difficult to get Judges in the community on board with discharge.	
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • The BH Quality Management Plan is a tool utilized to review fidelity of the evidence-based practices, annually 	<ul style="list-style-type: none"> • Review and assess effectiveness of continuous quality improvement initiatives, related to evidence-based practices.
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • Fully integrated behavioral health services in all program locations. 	<ul style="list-style-type: none"> • Continue current services, while continuously seeking SUD services expansion opportunities.
Integrating behavioral health and primary care services and meeting physical	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • Integrated (behavioral health and primary care) services at our Circle 	<ul style="list-style-type: none"> • Seek grant opportunities for expansion opportunities.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
healthcare needs of consumers.		Drive Clinic and Penn Square Clinic locations.	
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • Currently seeking youth and adults with dual diagnosis in BH programs 	<ul style="list-style-type: none"> • Continue with current services
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • Pursuing a collaboration agreement with the local VA 	<ul style="list-style-type: none"> • Maintain collaborative relationships with the VA

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
<ul style="list-style-type: none"> Increase pool of qualified staff 	<ul style="list-style-type: none"> Only offering practicum experiences of interns and LCDC-I's. 	<ul style="list-style-type: none"> Offer accrual of hours towards licensure for LCDC's and LPC-I's.

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	AOT (Assisted Outpatient Treatment)	<ul style="list-style-type: none"> • Fund positions for 5 caseworkers to provide AOT services to 50 clients 	<ul style="list-style-type: none"> • \$300,000.00
2	Divert calls from 911 that don't need police response to our call center	<ul style="list-style-type: none"> • We increase our call center staff so that staff can either answer more calls at our facility, or co-locate our staff at the 911 call center • (Estimated 10 staff) 	<ul style="list-style-type: none"> • \$600,000.00
3	Telehealth equipment for law enforcement officers to provide assessments in the field	<ul style="list-style-type: none"> • An iPad or similar device that an officer can use to connect immediately to a clinician for a mental health assessment at the scene. • To cover the cost of the device, connectivity of the device and the telehealth platform for 12 months. 	<ul style="list-style-type: none"> • \$100,000.00

4	Diversion Center	<ul style="list-style-type: none"> • To give officers and option to take someone who may be experiencing a mental health issue to a diversion center instead of jail 	<ul style="list-style-type: none"> • \$10,000,000.00
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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) – PESC 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. PESC 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