

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](mailto:Performance.Contracts@hhsc.state.tx.us) and [CrisisServices@hhsc.state.tx.us](mailto:CrisisServices@hhsc.state.tx.us)

# Health and Human Services Commission

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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)*

<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip, Phone Number</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Denton County MHMR	2519 Scripture, Denton Texas, 76201	Denton	<ul style="list-style-type: none"> <li>• Mental Health services for adults and children. Services include intake, TRR outpatient services, and crisis screening and assessment. All services are provided for both adult and children. This location</li> </ul>

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			also houses our integrated mental health and physical health clinic.
Denton County MHMR	1001 Cross Timbers, Flower Mound, Texas	Denton	<ul style="list-style-type: none"> <li>• Mental Health services for adults and children. Services include intake, TRR outpatient services, and crisis screening and assessment.</li> </ul>
Denton County MHMR	2509 Scripture, Denton Texas 76201	Denton	<ul style="list-style-type: none"> <li>• 24-hour crisis assessments for adults and children conducted at the Psychiatric triage center. MCOT services.</li> </ul>
Denton County MHMR	3835 Morse, Denton Texas	Denton	<ul style="list-style-type: none"> <li>• Provider services for individuals with IDD</li> </ul>
Denton County MHMR	3837 Morse, Denton Texas	Denton	<ul style="list-style-type: none"> <li>• Authority services and functions for individuals with IDD.</li> </ul>
			•
			•

## 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.

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*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
<b>2020</b>	<b>Crisis Residential Unit</b>	Denton	Adult clients experiencing acute crisis	189

## **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
2020	Jail case managers	Denton	Adults currently served in the Denton County Jail	171

### 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"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> <li>•</li> </ul> <input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Family members <input type="checkbox"/> Concerned citizens/others <input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> <li>•</li> </ul> <input checked="" type="checkbox"/> Substance abuse treatment providers

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Prevention services providers  <input checked="" type="checkbox"/> County officials <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>•</li> </ul>	<input type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers  <input checked="" type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>•</li> </ul>
<input type="checkbox"/> Federally Qualified Health Center and other primary care providers  <input checked="" type="checkbox"/> Hospital emergency room personnel <input type="checkbox"/> Faith-based organizations <input type="checkbox"/> Probation department representatives <input checked="" type="checkbox"/> Court representatives (Judges, District Attorneys, public defenders) <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>•</li> </ul>	<input checked="" type="checkbox"/> Local health departments <input type="checkbox"/> LMHAs/LBHAs <i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> <li>•</li> </ul> <input checked="" type="checkbox"/> Emergency responders <input type="checkbox"/> Community health & human service providers <input checked="" type="checkbox"/> Parole department representatives <input checked="" type="checkbox"/> Law enforcement <i>*List the county/city and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>•</li> </ul>
<input type="checkbox"/> Education representatives <input checked="" type="checkbox"/> Planning and Network Advisory Committee <input checked="" type="checkbox"/> Peer Specialists <input type="checkbox"/> Foster care/Child placing agencies	<input type="checkbox"/> Employers/business leaders <input type="checkbox"/> Local consumer peer-led organizations <input checked="" type="checkbox"/> IDD Providers <input type="checkbox"/> Community Resource Coordination Groups

**Stakeholder Type**

Veterans' organizations

**Stakeholder Type**

Other: United Way of Denton County\_\_\_\_\_

*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.*

- |   |
|---|
| • Stake holder meetings   |
| • County and city meetings  |
| • Meetings with law enforcement   |
| • Behavioral Health Leadership advisory board meeting and work groups   |
| • Grant collaborations with local agencies-Explorations and submissions |
| • Surveys   |

*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.*

- |   |
|---|
| • Homelessness  |
| • Employment opportunities  |
| • Jail diversion for people with severe and persistent mental illness           |
| • ER diversion for people with severe and persistent mental illness             |
| • Long wait list for programs like HCS and Texas home living for IDD population |
| • Appropriate inpatient programs for individuals with IDD                       |

## **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;

- We have met with key stakeholders including law enforcement, local hospitals, first responders, elected officials, and community members to educate them on our current process and to develop ways in which we can serve the needs of our county and clients more effectively and efficiently.

Ensuring the entire service area was represented; and

- We invite leaders from all cities in our county to be a part and to learn about our processes. We collaborate and serve on multiple sub-committees under the auspices of the Behavioral Health Executive committee for Denton County (a committee sponsored by the United Way). Information from these committees is distributed to stakeholders in the form of reports, presentation and action plans to address needs related to a large array of needed services and seeks to make service delivery more efficient across multiple providers in the county.

Soliciting input.

- We take surveys from current clients, input from our PNAC and multiple other sources to help us identify the service needs that need to be addressed in our county. We continue to try and work with county jail staff and judges to increase our ability to identify those individuals that may be incarcerated and in need of mental health services.

## 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

- Multiple QMHP's

After business hours

- Multiple QMHP's

Weekends/holidays

- Multiple QMHP's

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

- Tarrant County hotline

3. How is the MCOT staffed?

During business hours

- We currently have 8 two person teams. These teams consist of an LPHA or RN and a QMHP. We also have two QMHP positions dedicated to crisis follow-up that provide enhanced skills training and referrals.

After business hours

- We currently have 3 two person teams. These teams consist of an LPHA or RN and a QMHP.

Weekends/holidays

- We currently have 3 two person teams. These teams consist of an LPHA or RN and a QMHP.
- 

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

- no

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

- MCOT provides screening and assessments for people in crisis. These are almost always face to face. During the Covid-19 these assessments have been conducted via tele-health. MCOT provides on going skills training, referrals, and counseling for clients for clients who continue to experience crisis or that are transitioning from inpatient care.

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:

- A call is placed to our hotline from the ER and an MCOT team is dispatched to complete a crisis assessment (use of tele-health during the pandemic). The team helps facilitate the appropriate level of care based on the assessment.

Law Enforcement:

- A call is placed to our hotline from the ER and an MCOT team is dispatched to complete a crisis assessment (use of tele-health during the pandemic). The team helps facilitate the appropriate level of care based on the assessment.

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

- We do not have a state hospital in our county

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

During business hours:

- Contact our Crisis line and an MCOT team will be dispatched.

After business hours:

- Contact our Crisis line and an MCOT team will be dispatched.

Weekends/holidays:

- Contact our Crisis line and an MCOT team will be dispatched.

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?

- MCOT will facilitate a transfer to the appropriate level of care. We have contracts with three local psychiatric hospitals, and we run a Crisis residential unit.

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

- Medical clearance would be conducted at a local ER. If a higher level of care is needed then MCOT will facilitate a transfer to a psychiatric hospital.

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

- MCOT will facilitate and or transport a client to one of our contract psychiatric hospitals if this level of care is needed.

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).

- We operate a Crisis Residential program. We use this program as a level of care more restrictive than outpatient but less restrictive than inpatient care. The facility allows for intake 24hrs a day. MCOT can refer an individual to this program following assessment and help to facilitate the transfer or transition

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.

- MCOT responds to all locations in our county. If the areas is considered non-secure then we have law enforcement accompany us to secure the location.

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

Where does the individual wait for a bed?

- They would wait in the ER, however this is a very rare occurrence unless there is a question of medical stability.

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?

- MCOT

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

- MCOT facilitates transportation for people not in the ER. The hospitals will do the transfer if it is hospital to hospital.

## 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	Denton County MHMR- Crisis Residential
Location	Krum, Texas – Denton county
Phone number	940 381 5000
Type of Facility (see Appendix A)	Crisis Residential Unit
Key admission criteria (type of individual accepted)	Clients experiencing mental health crisis who would benefit from observations and intensive skills training. The facility is not a locked facility.
Circumstances under which medical clearance is required before admission	Any untreated medical condition that needs attention or any recent overdose.
Service area limitations, if any	Clients must be in Denton county at the onset of their crisis.
Other relevant admission information for first responders	Referrals are made through MCOT via our crisis line.
Accepts emergency detentions?	No
Number of Beds	12

## 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	University Behavioral Health
Location (city and county)	Denton Texas, Denton County
Phone number	940 320 8100

Key admission criteria	Determination of need for inpatient level of care
Service area limitations, if any	None
Other relevant admission information for first responders	Private Facility accepts most insurance, and we contract with them for beds.
Number of Beds	
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)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Purchased as needed
If under contract, what is the bed day rate paid to the contracted facility?	635
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	

Name of Facility	Mayhill Hospital
Location (city and county)	Denton Texas, Denton County
Phone number	940 239 3000
Key admission criteria	Determination of need for inpatient level of care
Service area limitations, if any	None
Other relevant admission information for first responders	Private Facility accepts most insurance, and we contract with them for beds.
Number of Beds	
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)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Purchased as needed
If under contract, what is the bed day rate paid to the contracted facility?	635
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	

If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of Facility	Millwood Hospital
Location (city and county)	Arlington, TX Tarrant County
Phone number	817 261 3121
Key admission criteria	Determination of need for inpatient level of care
Service area limitations, if any	None
Other relevant admission information for first responders	Private Facility accepts most insurance, and we contract with them for beds.
Number of Beds	
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)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Purchased as needed
If under contract, what is the bed day rate paid to the contracted facility?	635

If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	

### 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.

- N/A

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

- N/A

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?

- N/A

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?

- N/A

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.)?

- N/A

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

- N/A

#### **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?

- We currently have an integrated clinic that has both psychiatric and physical health care services.
- We have a strong referral network with local physical health care service providers.
- We currently integrate substance abuse treatment into our TRR services including skills training and referral, if needed, to inpatient substance abuse or detox clinics in Tarrant and Dallas counties.

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

- We are making preparations to become CCBHC certified.
- Emphasis on integrating substance abuse treatment into our current service delivery, with a focus on evidence-based outpatient treatment.
- Continue to increase our ability to coordinate detox treatment for our clients in service areas that have this ability.

## 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?

- We share our programs and processes on our website.
- We use pamphlets to share our programs and processes with the public.
- We host meetings, attend meetings, and educate stakeholders in any change in process that occurs.
- We have staff on community committees and coalitions that include members of our stakeholder groups. We share any changes in process or programs with these groups.
- When we have changes that are immediate and change how or when other entities might contact us we call those entities directly and discuss the changes with them.

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?

- We provide extensive training for those involved in our MCOT as well as for the center administrative staff who may be involved in these processes. If there changes, new training is provided and information is passed on via team meetings, emails, or memos.
- We have face to face meetings with our contracted crisis line where there is a need based on policy changes that make or changes in our workflow.

## 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
Denton	<ul style="list-style-type: none"> <li>• The largest gap in the system in Denton county is a lack of detox beds that can easily accessed for indigent clients</li> </ul>	<ul style="list-style-type: none"> <li>• State or locally run detox center for indigent clients.</li> </ul>

Denton	<ul style="list-style-type: none"> <li>• Intermediate housing and lower rent housing in Denton count</li> </ul>	<ul style="list-style-type: none"> <li>• Intermediate housing options that are affordable for clients transitioning from homelessness to housed</li> </ul>
Denton	<ul style="list-style-type: none"> <li>• County wide access to primary care for the indigent population</li> </ul>	<ul style="list-style-type: none"> <li>• More access to primary care clinics that take indigent clients. We hope to address this need more as a CCBHC.</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

### **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.

<b>Intercept 0: Community Services</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>Jail case management</li> </ul>	<ul style="list-style-type: none"> <li>Denton</li> </ul>	<ul style="list-style-type: none"> <li>We continue to increase our effectiveness in working with the jail population with co-located case managers in our local county jail.</li> </ul>
<ul style="list-style-type: none"> <li>Crisis assessments in Jail</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>We want to make the transition from jail to outpatient MH services or inpatient services more efficient.</li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
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<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

<b>Intercept 1: Law Enforcement</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>MH deputies</li> </ul>	<ul style="list-style-type: none"> <li>Denton</li> </ul>	<ul style="list-style-type: none"> <li>We hope to continue to work closely with our MH deputies</li> </ul>
<ul style="list-style-type: none"> <li>Trainings</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>We have received funding to provide training to law enforcement entities related to mental health and crisis services</li> </ul>
<ul style="list-style-type: none"> <li>Psychiatric Triage</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>We hope to work with officers on the ground to streamline processes and make</li> </ul>

		transition from encounter of individual to appropriate level of care more efficient.
•	•	•
•	•	•
•	•	•
•	•	•

<b>Intercept 3: Jails/Courts</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Mental Health court	• Denton	• We have worked closely with both the Veterans court and Mental health court and hope to see our role grow as a provider of services to these two courts and individuals as a CCBHC.
• Court Liaison (probate court	•	•
• Veteran's court	•	•
•	•	•
•	•	•
•	•	•

<b>Intercept 4: Reentry</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
•MCOT	• Denton	•We currently have a jail caseload position that takes referrals from the jail and helps transition them to our mental health services. We hope to

		continue and grow this program.
	•	•We hope to provide training to staff around the special needs related to offenders with a focus on engaging them as to stop recidivism.
•Jail case loads	•	•
•	•	•
•	•	•
•	•	•
•	•	•

<b>Intercept 5: Community Corrections</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
•TCCOMMI	•	•We currently have two TCCOMMI programs. We may consider a third program if the need continues to rise
•	•	•Increasing our contact and referrals with our probation departments in Denton county
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

### 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.*

<b>Area of Focus</b>	<b>Related Gaps and Goals from Strategic Plan</b>	<b>Current Status</b>	<b>Plans</b>
Improving access to timely outpatient services	<ul style="list-style-type: none"> <li>• Gap 6</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• We currently have no waitlist for outpatient services</li> </ul>	<ul style="list-style-type: none"> <li>• We will continue to look for ways to serve the needs of our community under current funding structure. We also believe CCBHC certification will enable us to grow capacity.</li> </ul>
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2,4</li> </ul>	<ul style="list-style-type: none"> <li>• We currently use direct drop offs to our center from both the state hospital and our local psychiatric hospitals. This allows us to bring those clients directly into</li> </ul>	<ul style="list-style-type: none"> <li>• We are currently engaging more stakeholders in MOU's and referral networks as part of our CCBHC certification process.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>our services upon their discharge.</p> <ul style="list-style-type: none"> <li>• Diversion funding as helped us keep many clients in hospitals at the local level.</li> </ul>	
<p>Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization</p>	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 1,4</li> </ul>	<ul style="list-style-type: none"> <li>• We have a hospital liaison who meets with clients at the state hospital to help clients begin to transition before their discharge.</li> </ul>	<ul style="list-style-type: none"> <li>• We have received a new grant for rapid housing and are a part of local housing coalitions.</li> <li>• We also have increased the capacity, and hope to continue to increase the capacity of our guardianship program.</li> </ul>
<p>Implementing and ensuring fidelity with evidence-based practices</p>	<ul style="list-style-type: none"> <li>• Gap 7</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing training</li> <li>• Technical assistance from HHSC.</li> <li>• Fidelity monitoring by the QM department</li> </ul>	<ul style="list-style-type: none"> <li>• We are seeking CCBHC certification.</li> <li>• We are planning to train local organizations and law enforcement on crisis strategies.</li> <li>• We continue to provide training on Trauma informed care to our staff.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> <li>• Gap 8</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• We have two peer specialists who provide high quality services.</li> </ul>	<ul style="list-style-type: none"> <li>• We are considering expanding the roles of peers in our service delivery and on our advisory committees.</li> </ul>
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> <li>• Gaps 1,14</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• We have two LCDC counselors on staff.</li> <li>• We train all clinical staff in COPSD</li> </ul>	<ul style="list-style-type: none"> <li>• We hope to develop an MOU with a walking detox or inpatient detox provider.</li> </ul>
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• We have an integrated clinic</li> </ul>	<ul style="list-style-type: none"> <li>• CCBHC certification and alternative payment models with insurers will allow us to expand this program.</li> </ul>
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> <li>• Gap 10</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• We provide rides to our client show cannot access public transport</li> </ul>	<ul style="list-style-type: none"> <li>• We will continue to provide feedback to our local transit system related to availability and accessibility of transportation</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 2,4</li> </ul>	<ul style="list-style-type: none"> <li>• We currently provide a full array of IDD services.</li> <li>• We have a crisis respite program.</li> <li>• We continue to engage with local and state officials regarding the waitlist for many of the IDD services (HCS, TXhmliving).</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the availability of psychiatric care for IDD clients that need inpatient hospitalization.</li> <li>• Continue to push for reductions of waitlist for HCS.</li> </ul>
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> <li>• Gap 4</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• MVPN coordination of services</li> </ul>	<ul style="list-style-type: none"> <li>• We are currently working on a MOU with our local veterans behavioral health clinic.</li> </ul>

### 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
Detox beds	<ul style="list-style-type: none"> <li>• We currently have no detox beds in Denton county for indigent clients</li> </ul>	<ul style="list-style-type: none"> <li>• We are working on referral networks and MOU's with local ambulatory detox providers.</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

### 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	<i>Example: Detox Beds</i>	<ul style="list-style-type: none"> <li>• <i>Establish a 6-bed detox unit at ABC Hospital.</i></li> </ul>	•
2	<i>Example: Nursing home care</i>	<ul style="list-style-type: none"> <li>• <i>Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.</i></li> <li>• <i>Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.</i></li> </ul>	•
1	Detox Beds	<ul style="list-style-type: none"> <li>• Increase the availability of Detox beds in Denton County.</li> </ul>	• 600,000
2	Increased MH services for IDD clients	<ul style="list-style-type: none"> <li>• Increase the availability of inpatient services for IDD clients</li> </ul>	• Cost would be an incentive for psychiatric facilities to be accept and have specialty services for this population
		•	•
		•	•



## 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

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