

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>
LifePath Systems Plano Outpatient Clinic (LBHA)	7308 Alma Dr. Plano, TX 75025	Collin	<ul style="list-style-type: none"> <li>• Screening, assessment, &amp; intake for adults, children, and adolescents</li> <li>• Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents</li> <li>• Family partner services</li> </ul>

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>• Services for co-occurring disorders for adults, children, and adolescents</li> <li>• Substance use outreach, screening, assessment, and referral for adults and adolescents (OSAR)</li> <li>• Peer support recovery for adults</li> <li>• YES Waiver/Wrap around services for children and adolescents</li> <li>• Jail diversion and TCOOMMI services</li> <li>• Community based crisis intervention and outreach</li> <li>• Supported Housing and Supported Employment services for adults</li> <li>• Consumer Benefits Services</li> <li>• Pharmacy and prescription assistance program (PAP) services for adults, children, and adolescents</li> <li>• Smoking cessation services for adults</li> <li>• Outpatient Substance Use Disorder services for adults</li> <li>• Laboratory Services/Phlebotomy</li> <li>• Care Coordination</li> <li>• Psychiatric medication management</li> </ul>
LifePath Systems McKinney Outpatient Clinic (LBHA)	1515 Heritage Dr., Ste 110 & 105 McKinney, TX 75069	Collin	<ul style="list-style-type: none"> <li>• Screening, assessment, &amp; intake for adults, children, and adolescents</li> <li>• Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents</li> <li>• Family partner services</li> <li>• Services for co-occurring disorders for adults and children</li> </ul>

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>• Substance use outreach, screening, assessment, and referral for adults and adolescents (OSAR)</li> <li>• Peer support recovery for adults</li> <li>• YES Waiver/Wrap around services for children and adolescents</li> <li>• Jail diversion and TCOOMMI services</li> <li>• Community based crisis intervention and outreach</li> <li>• Supported Housing and Supported Employment services for adults</li> <li>• Consumer Benefits services</li> <li>• Pharmacy and prescription assistance program (PAP) services for indigent adults, children, and adolescents</li> <li>• Smoking cessation services for adults</li> <li>• Outpatient substance use disorder services for adults</li> <li>• Laboratory Services/phlebotomy</li> <li>• Psychiatric medication management</li> </ul>
LifePath Systems-- The Legan Place	209 N. Benge McKinney, TX 75069	Collin	<ul style="list-style-type: none"> <li>• Coordinated Specialty Care (CSC) program</li> <li>• Outpatient Jail Diversion and TCOOMMI Programs</li> <li>• Family Partner (CSC)</li> <li>• Peer Support (Diversion and CSC)</li> <li>• Psychiatric medication management (CSC)</li> <li>• Screening, assessment, and intake (CSC)</li> <li>• Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents (CSC and Diversion)</li> <li>• Services for co-occurring disorders for adults and children (CSC and Diversion)</li> </ul>

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>• Supported Housing and Supported Employment (CSC and Diversion)</li> <li>• Supported Employment and Education (CSC)</li> <li>• Smoking cessation services (CSC and Diversion)</li> </ul>
LifePath Systems—C&A	8200 Stonebrook Parkway, Frisco, TX 75034	Collin	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services for children and adolescents</li> <li>• YES Waiver / wraparound services for children and adolescents</li> <li>• Family partner services</li> <li>• Services for co-occurring disorders for children and adolescents</li> <li>• Youth Peer Support</li> </ul>
LifePath Systems—Adult Intensive Services	5509 Pleasant Valley Plano, TX 75034	Collin	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services for adults</li> <li>• Peer Support</li> <li>• ACT</li> <li>• Psychiatric Medication Mgmt (Tele-video)</li> <li>• Services for co-occurring disorders for adults</li> </ul>
LifePath Systems Crisis Respite Unit/Extended Observation Unit (LBHA)	1416 N Church St. McKinney, TX 75069	Collin	<ul style="list-style-type: none"> <li>• Voluntary outpatient crisis respite services for adults, including medication management, skills training/psychosocial rehab, and peer support</li> <li>• Involuntary and/or voluntary 48-hour extended observation for adults, including medication management, counseling, case management, and psychosocial rehab</li> </ul>
Child and Family Guidance Center (contractor)	4031 W Plano Pkwy, Ste 211 Plano, TX 75093	Collin	<ul style="list-style-type: none"> <li>• Screening, assessment, &amp; intake for adults, children, and adolescents</li> <li>• Psychiatric medication management</li> <li>• Texas Resilience and Recovery (TRR) outpatient</li> </ul>

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			services for adults, children, and adolescents <ul style="list-style-type: none"> <li>• Services for co-occurring disorders for adults, children, and adolescents</li> <li>• Family partner services</li> </ul>
The Wood Group (contractor)	3610 Barnett Rd. Wichita Falls, TX 76310	Wichita	<ul style="list-style-type: none"> <li>• Provides psych tech staffing for LPS Crisis Respite Unit (CRU) and Extended Observation Unit (EOU) for adults only at the Crisis Center: 1416 N. Church St., McKinney, TX 75069</li> </ul>
TMC Behavioral Health Center(contractor)	2601 Cornerstone Drive Sherman, TX 75092	Grayson	<ul style="list-style-type: none"> <li>• Contracted inpatient beds for adults and adolescents</li> </ul>
Glen Oaks Hospital (contractor)	301 East Division Street Greenville, TX 75401	Hunt	<ul style="list-style-type: none"> <li>• Contracted inpatient beds for adults only</li> </ul>
Dallas Behavioral Health Hospital (contractor)	800 Kirnwood Drive Desoto, TX 75115	Dallas	<ul style="list-style-type: none"> <li>• Contracted inpatient beds for children, adolescents, and adults</li> </ul>
Garland Behavioral Hospital (contractor)	2300 Marie Curie Blvd #5, Garland, TX 75042	Dallas	<ul style="list-style-type: none"> <li>• Contracted inpatient beds for adults only</li> </ul>
Methodist Richardson Medical Center (contractor)	2831 E President George Bush Hwy., Richardson, TX, 75082	Dallas	<ul style="list-style-type: none"> <li>• Contracted inpatient beds for adults only</li> </ul>
Haven Behavioral Hospital (contractor)	5680 Frisco Square Blvd, Suite 3300, Frisco, TX 75034	Collin	<ul style="list-style-type: none"> <li>• Contracted inpatient beds for children, adolescents, and adults</li> </ul>
MHMR Tarrant, ICARE Call Center (contractor)	3840 Hulen Street, North Tower Fort Worth, TX 76107	Tarrant	<ul style="list-style-type: none"> <li>• 24/7 Crisis hotline contract</li> </ul>



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<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>
GraceToChange LLC (contractor)	1216 N Central Expressway Ste #104 McKinney, TX 75070	Collin	<ul style="list-style-type: none"> <li>• Outpatient substance use services contract for youth and adults</li> </ul>
Homeward Bound Inc. (contractor)	P.O. Box 222194 Dallas, TX 75222 (New location pending)	Dallas	<ul style="list-style-type: none"> <li>• Detox and intensive residential substance use services contract for adults only</li> </ul>
Imagine Programs LLC (contractor)	1947 K Ave, Ste A 100 Plano, TX 75074	Collin	<ul style="list-style-type: none"> <li>• Outpatient substance use services contract for youth and adults</li> </ul>
Nexus Recovery Center Inc. (contractor)	8733 La Prada Drive Dallas, TX 75228	Dallas	<ul style="list-style-type: none"> <li>• Detox and intensive residential substance use services contract for youth and adult women only</li> </ul>
Turtle Creek Manor Inc. (contractor)	2707 Routh St. Dallas, TX 75201	Dallas	<ul style="list-style-type: none"> <li>• Intensive residential substance use services contract for adult only</li> </ul>
MedPro(contractor)	405 N McDonald Ste. B, McKinney, TX 75069	Collin	<ul style="list-style-type: none"> <li>• Contracted methadone treatment provider (OTS)</li> </ul>
West Texas Counseling & Rehabilitation(contractor)	1108 Dobie Dr Ste 102, Plano, TX 75074	Collin	<ul style="list-style-type: none"> <li>• Contracted methadone treatment provider (OTS)</li> </ul>
Noor Gajraj, MD(contractor)	3108 Midway Rd. #206, Plano, TX 75093	Collin	<ul style="list-style-type: none"> <li>• Contracted methadone treatment provider (OBOT)</li> </ul>
ManeGait(contractor)	3160 N. Custer Road McKinney, TX 75071	Collin	<ul style="list-style-type: none"> <li>• Animal Assisted Therapy (YES)</li> </ul>
Spirit Song Equestrian Academy (contractor)	805 Spirit Song Way Anna, TX 75409	Collin	<ul style="list-style-type: none"> <li>• Animal Assisted Therapy (YES)</li> </ul>
Nazanin Ahmady	6765 Half Main St.	Collin	<ul style="list-style-type: none"> <li>• Art Therapy (YES)</li> </ul>

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<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>
(contractor)	Frisco, TX 75034		
Etheridge, Chelsea (contractor)		Collin	<ul style="list-style-type: none"> <li>• Art Therapy (YES)</li> </ul>
Inatomi, Sarah (contractor)		Collin	<ul style="list-style-type: none"> <li>• Art Therapy (YES)</li> </ul>
North Star Therapy (contractor)	1400 Preston Road, Ste. 400 Plano, TX 75093	Collin	<ul style="list-style-type: none"> <li>• Music Therapy (YES)</li> </ul>
Complete Therapies, L.L.C. (contractor)	3941 Legacy Drive, Suite 204-B202 Plano, TX 75023	Collin	<ul style="list-style-type: none"> <li>• Rec Therapy (YES)</li> </ul>
Nathalie Martinez (contractor)		Collin	<ul style="list-style-type: none"> <li>• Rec Therapy (YES)</li> </ul>
Complete Treatment LLC (contractor)	4711 Belladonna Ct., Mansfield TX 76063 Tarrant County	Collin	<ul style="list-style-type: none"> <li>• Art, Music, and Rec Therapy (YES)</li> </ul>
Clinical Pathology Laboratories (contractor)	4555 Excel Parkway #300 Addison, TX 75001 Dallas County	Collin	<ul style="list-style-type: none"> <li>• Lab services, C&amp;A and Adult</li> </ul>
Integrated Prescription Management, Inc. (contractor)	516 Denver St., Ste. 200, Wichita Falls, TX 76301 Wichita County	Collin	<ul style="list-style-type: none"> <li>• PBM, C&amp;A and Adult</li> </ul>
East Texas Behavioral Healthcare Network (contractor)	2001 South Medford Drive Lufkin, TX 75901 Angelina County	Collin	<ul style="list-style-type: none"> <li>• Tele-psychiatry, C&amp;A and Adult, Crisis afterhours and weekends</li> </ul>

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Language Line Solutions (contractor)	1 Lower Ragsdale Dr. Monterey, CA 93940 Monterey County	Collin	<ul style="list-style-type: none"> <li>• Translation services</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.

*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
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Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
<b>FY20-21</b>	<b>Crisis Transportation</b>	Collin	Individuals with SMI who are also involved with the criminal justice system in need of transportation to and from MH appointments and legal appointments	50
<b>FY20-21</b>	<b>Diversion Field Based Team</b>	Collin	<b>Individuals with SMI who are also involved with the criminal justice system in need of intensive field-based MH services</b>	<b>50</b>
<b>FY20-21</b>	<b>Diversion Inpatient Psychiatric Beds/Facility-based crisis</b>	Collin	<b>Individuals with SMI as well as involved with criminal justice system in a psychiatric crisis</b>	<b>50</b>

**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
<b>FY20</b>	<b>Co-occurring Disorders Program</b>	Collin	Adults with co-occurring MH/SUD disorders	164 unique individuals in FY20 (unduplicated target per month: 45)
<b>FY21</b>	<b>Did not received funding</b>			

#### **I.D Community Participation in Planning Activities**

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

<b>Stakeholder Type</b>	<b>Stakeholder Type</b>
<ul style="list-style-type: none"> <li>✓ Consumers</li> <li>✓ Advocates (children and adult)</li> <li>✓ Local psychiatric hospital staff</li> </ul> <p><i>*List the psychiatric hospitals that participated:</i></p> <ul style="list-style-type: none"> <li>• Haven Behavioral</li> <li>• Glen Oaks Hospital</li> <li>• Texoma Behavioral Health</li> <li>• Methodist Richardson Medical</li> <li>• Garland Behavioral</li> </ul>	<ul style="list-style-type: none"> <li>✓ ✓ Family members</li> <li>✓ ✓ Concerned citizens/others</li> <li>✓ ✓ State hospital staff</li> </ul> <p><i>*List the hospital and the staff that participated:</i></p> <ul style="list-style-type: none"> <li>• TSH</li> </ul>

## Stakeholder Type

- Dallas Behavioral
- Carrollton Springs
- Wysong (Medical City McKinney)
- Perimeter Behavioral Health
- ✓ Mental health service providers
  
- ✓ Prevention services providers
  
- ✓ County officials  
*\*List the county and the official name and title of participants:*
  - Chris Hill, Collin County Judge
  - Bill Bilyeu, Collin County Administrator
  - Darrell Hale, Colling County Commissioner
  - Duncan Webb, Collin County Commissioner
  - Cheryl Williams, Collin County Commissioner
  - Susan Fletcher, Collin County Commissioner
  
- ✓ Federally Qualified Health Center and other primary care providers

## Stakeholder Type

- ✓ ✓ Substance abuse treatment providers
  
- ✓ ✓ Outreach, Screening, Assessment, and Referral Centers
  
- ✓ ✓ City officials  
*\*List the city and the official name and title of participants:*
  - George Fuller, City of McKinney Mayor
  
- ✓ ✓ Local health departments
- ✓ LMHAs/LBHAs  
*\*List the LMHAs/LBHAs and the staff that participated:*
  - Jessica Martinez, NTBHA

## 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:*
  - Alyse Ferguson, Chief Attorney, Indigent Defense
  - Judge Weldon Copeland, Probate Court
  - Greg Willis, Collin County District Attorney

## 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 Ed Drain, Plano Chief of Police
  - Nicole Bowers, Mental Health Coordinator, Plano Police Department
  - Sergeant Charles Heasley, Plano Police Department
  - Officer Terry Qualls, Crisis Intervention Coordinator, McKinney Police Department
  - Chief Anthony Henderson, Wylie Chief of Police
  - Chief Doug Kowalkski, Prosper Chief of Police
  - Terry McCraw, Collin County Sheriff Department
  - Captain Mitch Selman, Collin County Sheriff's Department
  - Officer Felix Cauhape, Allen Police Department
  - Sergeant Billy McIntosh, Wylie Police



**Stakeholder Type**

- ✓ Education representatives
- ✓ Planning and Network Advisory Committee
- ✓ Peer Specialists
- ✓ Foster care/Child placing agencies
  
- ✓ Veterans' organizations

**Stakeholder Type**

- Department
  - Sergeant Lee Holland, Crisis Team Coordinator, Frisco Police Department
  - Officer Erin Hubbard, Prosper Police Department
- ✓ 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.*

• Bi-monthly law enforcement and hospital collaborative meetings
• Monthly meetings with inpatient contracted providers
• Bi-monthly meetings with outpatient contracted providers
• Collaborative programming with law enforcement and community stakeholders in grant development
• Needs assessment surveys for the community and individuals/families served
• Bi-monthly PNAC meetings
• Comment forms available in each reception area reviewed by mgmt. for potential action
• Monthly Texas SOC Governance Board meetings

*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.*

• Housing options—affordable housing, shelters/transitional housing, emergency housing assistance
• Behavioral health crisis options in lieu of emergency departments or police response
• Timely access to psychiatric prescribers and medication (for individuals with and without insurance)
• Integrated Health Care
• Immediate access to free/affordable detox and residential treatment
• Community education programs and trainings on behavioral health issues
• Access to peer supported programs (ie Clubhouses)
• Access to public transportation

## **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;

- Bi-monthly group collaborative LE/hospital meetings; offering monthly individual contractor meetings for PPB contractors; bi-monthly contractor meetings for outpatient MH and SUD contractors; OSAR quarterly calls; bi-monthly PNAC; monthly SOC governance board meetings

Ensuring the entire service area was represented; and

- Frequent communication and invites to collaborative meetings for all areas of Collin County to include: service providers, ISDs, and Law Enforcement

Soliciting input.

- Quarterly satisfaction surveys for individuals served and their families; annual community needs survey for stakeholders, community members, and individuals/families served offered hardcopy and electronically; comment boxes available in each reception location

## 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

- 24/7 with Qualified Mental Health Professionals and LPHAs through iCare--Tarrant County MHMR

After business hours

- 24/7 with Qualified Mental Health Professionals and LPHAs through iCare--Tarrant County MHMR

Weekends/holidays

- 24/7 with Qualified Mental Health Professionals and LPHAs through iCare--Tarrant County MHMR

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

- Yes. iCare, MHMR Tarrant

3. How is the MCOT staffed?

During business hours

- Monday through Friday, 7a-3p with 4 QMHP and 1 LPHA; 1 QMHP during swing shift 11a-7p

After business hours

- Monday through Friday, 3p-11p with 3 QMHP and 1 LPHA; 11p-7a 3 QMHP, 1 LPHA

Weekends/holidays

- Saturday/Sunday 7a-7p with 2 QMHP and 1 LPHA, and 7p-7a with 2 QMHP and 1 LPHA; Holidays are same scheduled shifts.

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

- NA

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

- MCOT provide follow-up via phone and face-to-face, as well as coordination and connection to ongoing services for skills training, case mgmt., and/or psychiatric medication mgmt..

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:

- Emergency departments initiate need for crisis assessment by first calling LifePath's crisis hotline. The hotline will complete a brief crisis assessment and collect demographic data and then pass onto LifePath's MCOT team for further evaluation and assessment (either phone, tele-video, or face-to-face). COVID health screenings initiated prior to all face to face assessments.

Law Enforcement:

- Law enforcement have the option to initiate crisis assessment via the crisis hotline or MCOT Team Lead on-call phone and can be dispatched to the location of the officer or provide tele-video assessment. COVID health screenings initiated prior to all face to face assessments.

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

- To date, LifePath has not had a request from Terrell State Hospital for a walk-in crisis screening. This can be accommodated via tele-video assessment if allowed by TSH.

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

During business hours:

- Initiate crisis assessment via crisis hotline for MCOT assessment and recommendation/coordination of placement.

After business hours:

- Initiate crisis assessment via crisis hotline for MCOT assessment and recommendation/coordination of placement.

Weekends/holidays:

- Initiate crisis assessment via crisis hotline for MCOT assessment and recommendation/coordination of placement.

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?

- Individuals needing further assessment or stabilization will be transported to the nearest ER and temporarily remain in the care of the designated hospital until coordination into LifePath's crisis center or contracted hospital bed occurs.

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

- Individuals needing further assessment or stabilization will be transported to the nearest ER and temporarily remain in the care of the designated hospital until coordination into LifePath’s crisis center or contracted hospital bed occurs.

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

- If MCOT determines least restrictive environment to be inpatient psychiatric hospitalization, assessment and hospital records of the individual are sent via Xferral to contracted facilities for potential review and placement. If accepted, the emergency department and contracted facility will coordinate MOT.

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).

- If MCOT determines least restrictive environment to be facility based crisis stabilization (ie LifePath’s EOU or CRU), assessment and/or hospital records of the individual are sent via Xferral to LifePath’s crisis center nursing staff for review, placement, and MOT (if individual is at an emergency department). If MCOT completes a community-based assessment or walk-in assessment, coordination occurs through MCOT Lead and Crisis Center LPHA or Nursing.

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.

- Until COVID, LifePath’s MCOT team would be dispatched in pairs to community locations or residences. Preferred method of assessments are not tele-video options for crisis assessments and MCOT will work with the individual, family, LE, or other community member to initiate tele-options (ie zoom, facetime, or audio-only).

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



Where does the individual wait for a bed?

- While waiting for a bed, the individual can be taken to a hospital ER in the county where they will remain or be temporarily admitted to the hospital at the hospital's discretion. If deemed appropriate by MCOT, the individual may also be taken to the EOU.

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?

- The MCOT team, along with the hospital treatment team, is responsible for providing continued crisis intervention services during this time. If the individual is in the ER or hospital psych bed, the hospital is responsible for treatment and stabilization. If the individual stabilizes while at the hospital, before being admitted inpatient, then they may be considered for the CRU or the outpatient clinic. If the individual is in LBHA Crisis Center, then LifePath Systems staff are responsible for treatment and stabilization. And if the individual is in the community, then MCOT will be responsible to provide continued crisis intervention services including coordinating individual to get to the ER. While in the hospital, the hospital physician has the ability to make final determinations regarding the need for inpatient level of care.

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

- The MCOT team will provide transport when it is safe to do so from the community to the hospital. In the event that safety concerns arise, the MCOT team will facilitate transport to the hospital via law enforcement or EMS. Once at the hospital, the hospital will coordinate transportation for inpatient care. In the event that the individual is released to a lower level of care (i.e. Crisis Center or LPS Outpatient Clinic) MCOT will coordinate with hospital staff to coordinate the best method for transport.

## 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	LifePath Systems Crisis Center
Location (city and county)	McKinney, TX/ Collin County
Phone number	972-562-9658
Type of Facility (see Appendix A)	Crisis Respite Unit
Key admission criteria (type of individual accepted)	Voluntary; low risk of harm to self or others; medically stable
Circumstances under which medical clearance is required before admission	Suspected untreated chronic medical conditions; substance use or abuse that is suspected to cause more than mild impairment
Service area limitations, if any	Collin County
Other relevant admission information for first responders	All referrals and admissions are coordinated through MCOT via the crisis hotline.
Accepts emergency detentions?	No
Number of Beds	14 at full capacity (currently at 7 due to COVID)
Name of Facility	LifePath Systems Crisis Center
Location (city and county)	McKinney, TX/ Collin County
Phone number	972-562-9658
Type of Facility (see Appendix A)	Extended Observation Unit
Key admission criteria (type of individual accepted)	Voluntary or involuntary; moderate to high psychiatric symptoms; medically stable
Circumstances under which medical clearance is required before admission	Recent use of emergency medications to manage behavioral health symptoms; physically aggressive behaviors; untreated chronic medical conditions; substance use or abuse that is suspected to

	cause more than moderate impairment or be at risk for detox
Service area limitations, if any	Collin County
Other relevant admission information for first responders	All referrals and admissions are coordinated through MCOT via the crisis hotline.
Accepts emergency detentions?	Yes
Number of Beds	8 at full capacity (currently at 5 due to COVID)

### Inpatient Care

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

Name of Facility	Texoma Medical Center Behavioral Health Center
Location (city and county)	Sherman, TX/Grayson County
Phone number	903.416.3000
Key admission criteria	Adult and adolescents 13 and older experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 11/day PPB funding/PESC/SB292 funding
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	Yes

Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$615
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA

Name of Facility	Glen Oaks Hospital
Location (city and county)	Greenville, TX/Greenville County
Phone number	903.454.6000
Key admission criteria	MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Generally, admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 11/day PPB funding/PESC/SB292 funding
Is the facility currently under	Yes

contract with the LMHA/LBHA to purchase beds?	
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
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$595
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA

Name of Facility	Haven Behavioral
Location (city and county)	Frisco, TX/Collin County
Phone number	469.535.8000
Key admission criteria	Adults and adolescents 13 and older experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to

	self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 11/day PPB funding/PESC/SB292 funding
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
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$630
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility	NA

for single-case agreements?	
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Name of Facility	Methodist Richardson Medical Center
Location (city and county)	Richardson, TX/Dallas County
Phone number	469.204.1000
Key admission criteria	Adults experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 11/day PPB funding/PESC/SB292 funding
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
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$630

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

Name of Facility	Garland Behavioral Hospital
Location (city and county)	Garland, TX/DallasCounty
Phone number	987.487.5309
Key admission criteria	Adults experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 11/day PPB funding/PESC/SB292 funding
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	Yes



that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$630
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA

Name of Facility	Dallas Behavioral HealthCare Hospital
Location (city and county)	Dallas, TX/Dallas County
Phone number	972.982.0900
Key admission criteria	Children and adults experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 11/day PPB funding/PESC/SB292 funding
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	Yes

the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$610
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA

Name of Facility	Wysong (Medical City Behavioral Health of McKinney)
Location (city and county)	McKinney, TX/Collin County
Phone number	972.547.8888
Key admission criteria	Adults experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Generally, admits occur through emergency department; admissions must go through medical clearance

Number of Beds	80
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)?	NA
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	NA
If under contract, what is the bed day rate paid to the contracted facility?	NA
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?	NA

Name of Facility	Perimeter Behavioral Hospital of Arlington
Location (city and county)	Arlington, TX/Tarrant County
Phone number	817.662.6342
Key admission criteria	Children and adolescents (5 to 17) experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	116
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)?	na
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	na
If under contract, what is the bed day rate paid to the contracted facility?	na
If not under contract, does the	Yes

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?	\$630

Name of Facility	Carrolton Springs Psychiatric Hospital
Location (city and county)	Carrolton, TX/Dallas County
Phone number	972.242.4114
Key admission criteria	Adults experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	unknown
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)?	NA

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	NA
If under contract, what is the bed day rate paid to the contracted facility?	NA
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?	NA

Name of Facility	Seay Center
Location (city and county)	Plano, TX/Collin County
Phone number	682.236.6023
Key admission criteria	Adolescents and adults experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	unknown
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	NO
If under contract, is the facility contracted for rapid crisis	NA

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)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	NA
If under contract, what is the bed day rate paid to the contracted facility?	NA
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?	NA

**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.

- For FY20, LifePath Systems received limited funding from Collin County to coordinate and serve individuals in an outpatient competency restoration program. LifePath recently received notification of new OCR contract for FY21 to serve up to 13 individuals

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

- No known local resources or funding for inpatient competency restoration programming other than the state hospital
- Limited beds at the state hospital for competency restoration
- Funding to support forensic evaluation to determine competency of individuals enrolled in OCR
- Housing options for those enrolled in OCR programming

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?

- Yes. LifePath Systems has a Diversion COC QMHP funded through SB292 dedicated to connecting individuals to outpatient services post release. This position attends weekly jail med unit meetings and monitors CARE matches with the jail daily. LifePath has recently added a Program Administrator of Diversion Services to oversee day-to-day operations of all diversion services as well

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.

- NA

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

- LifePath has recently received notification of contract/award for OCR programming. Curriculum is being developed specific to OCR program in collaboration with Collin County Chief Attorney of Indigent Defense. LifePath will be planning for appropriate staffing and community resources for forensic evaluations pending funding availability.

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.)?



- All have been mentioned in collaborative meetings and conversations with multiple stakeholders as needed service. Local options of inpatient competency restoration and jail-based competency restoration programming has been brought up as priority among multiple stakeholders due to lack of availability of state hospitals.

- What is needed for implementation? Include resources and barriers that must be resolved.
- OCR: funding to include forensic psychological assessment; local psychologists who provide forensic assessments; evidenced based training and support from HHSC; expediting reinstatement of benefits for those who lost insurance/benefits while incarcerated
- Inpatient Competency Restoration: state hospital availability; local hospitals capable to take on programming; funding for local inpatient competency restoration; expediting reinstatement of benefits for those who lost their insurance/benefits while incarcerated
- Jail-based competency restoration: funding to support programming to include clinical staff and medications; physical space availability is currently limited in Collin County jail to offer jail-based services as well as current COVID restrictions to allow people in; tele-video capability and safety considerations; insurance limitations for those incarcerated and preparing for release

## **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?

- Internal integration of SUD and MH programs
- Established contracts with SUD providers to offer continuum of care (outpatient, residential, detox, MAT)
- Implemented Care Coordination Team

- Established MOUs with local FQHC and local indigent primary care clinics
- Partnered with FQHC for shared community space when their new building is completed
- Collaborative planning meetings with emergency departments, inpatient hospitals, law enforcement, court systems, ISDs, and primary care clinics

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

- Expand availability to other community partners to offer onsite or tele-video options for seamless access to behavioral health care
- Continue community outreach and education to build integrated care
- Implement risk stratification tool for care coordination team

## 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?

- Bi-monthly Law Enforcement and Hospital Meetings
- Monthly meetings with contracted inpatient hospitals
- Utilization of staff Law Enforcement Liaison for training and communication to local jurisdictions
- Seeking collaborative grant opportunities with local police departments
- Bi-monthly PNAC meetings

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?

- Weekly MCOT Lead meetings
- Weekly Crisis Action Team meetings
- Implementation of interdepartmental trainings
- Collaborative meetings with hotline contractor

## 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
Collin	<ul style="list-style-type: none"> <li>• Diversion from EDs</li> </ul>	<ul style="list-style-type: none"> <li>• Medical clearance options that are not the emergency department</li> <li>• Outreach and training on accessing crisis hotline first</li> <li>• Expanded partnership with local law enforcement for on-scene MH intervention</li> </ul>
Collin	<ul style="list-style-type: none"> <li>• Intervention and partnerships with local law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded utilization of Tele-crisis Assessment Program (TAP)—will be expanding to all officers and all shifts with Plano PD</li> <li>• Plan to expand to other jurisdictions</li> <li>• Training with local law enforcement on diversion efforts</li> </ul>
Collin	<ul style="list-style-type: none"> <li>• Consistent tele-video options during pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• Uniform platform across systems</li> </ul>
Collin	<ul style="list-style-type: none"> <li>• Hospital discharge planning for those who are homeless</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency or transitional housing availability (currently no homeless shelters or emergency housing options in Collin County)</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>• Coordinated Specialty Care</li></ul>	<ul style="list-style-type: none"><li>• Collin</li></ul>	<ul style="list-style-type: none"><li>• Coordinating with local inpatient facilities, jail, and court system to identify individuals who have experienced their first episode of psychosis within the last 2 years to provide early intervention and support in order to divert and reduce entry/reentry into legal</li></ul>

		system
<ul style="list-style-type: none"> <li>• Outpatient Diversion Program</li> </ul>	<ul style="list-style-type: none"> <li>• Collin</li> </ul>	<ul style="list-style-type: none"> <li>• SB 292 funding set to continue through FY21. Continue collaborative efforts for Jail Transport; COC/Jail Liaison for appropriate coordination post incarceration; expand tele-video capabilities</li> <li>• Add LPHA to diversion staffing</li> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>• ACT</li> </ul>	<ul style="list-style-type: none"> <li>• Collin</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded ACT team in last year—doubled individuals served and added a Lead LPHA to the team</li> <li>• Added new location for service delivery—groups, telepsychiatry, nursing</li> </ul>
<ul style="list-style-type: none"> <li>• Peer Services</li> </ul>	<ul style="list-style-type: none"> <li>• Collin</li> </ul>	<ul style="list-style-type: none"> <li>• Will be expanding Peer FTEs across the BH Division to include peer services specific to Diversion caseload</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>	<ul style="list-style-type: none"> <li>•</li> </ul>

<b>Intercept 1: Law Enforcement</b>	County(s)	
Current Programs and Initiatives:		Plans for upcoming two years:
<ul style="list-style-type: none"> <li>• Development of Telecrisis Assessment Program (TAP) partnering with Plano PD for</li> </ul>	<ul style="list-style-type: none"> <li>• Collin</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of program to 24 hours</li> <li>• Expansion to other Collin</li> </ul>

pilot program		County Jurisdictions
<ul style="list-style-type: none"> <li>Grant opportunity: Co-responder program collaborative partnership with Plano PD</li> </ul>	<ul style="list-style-type: none"> <li>Collin</li> </ul>	<ul style="list-style-type: none"> <li>Awaiting grant response; plans to collaboratively implement if not awarded</li> </ul>
<ul style="list-style-type: none"> <li>Bimonthly Collaborative Law enforcement and hospital meetings</li> </ul>	<ul style="list-style-type: none"> <li>Collin</li> </ul>	<ul style="list-style-type: none"> <li>Continue group meetings and establish individual meetings as needs arise</li> </ul>
<ul style="list-style-type: none"> <li>Law Enforcement Liaison on staff</li> </ul>	<ul style="list-style-type: none"> <li>Collin</li> </ul>	<ul style="list-style-type: none"> <li>Expand partnerships with each jurisdiction in Collin County</li> <li>Implement training opportunities for local law enforcement</li> </ul>
<ul style="list-style-type: none"> <li>Training/presentations to local CIT training</li> </ul>	<ul style="list-style-type: none"> <li>Collin</li> </ul>	<ul style="list-style-type: none"> <li>Attend CIT trainings hosted in Collin county to discuss MH crisis service system and LifePath services</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>

<b>Intercept 3: Jails/Courts</b>	County(s)	
<b>Current Programs and Initiatives:</b>		<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>Collin County Felony Drug Court</li> </ul>	<ul style="list-style-type: none"> <li>Collin</li> </ul>	<ul style="list-style-type: none"> <li>Continue participation and collaboration</li> <li>Link individuals to appropriate ongoing MH and SUD recovery options</li> </ul>
<ul style="list-style-type: none"> <li>Collin County Veteran's Court</li> </ul>	<ul style="list-style-type: none"> <li>Collin</li> </ul>	<ul style="list-style-type: none"> <li>Continue participation and collaboration</li> </ul>

		<ul style="list-style-type: none"> <li>• Link individuals to appropriate ongoing MH and SUD recovery options</li> </ul>
<ul style="list-style-type: none"> <li>• Collin County Family Drug Court</li> </ul>	<ul style="list-style-type: none"> <li>• Collin</li> </ul>	<ul style="list-style-type: none"> <li>• Continue participation and collaboration</li> <li>• Link individuals to appropriate ongoing MH and SUD recovery options</li> </ul>
<ul style="list-style-type: none"> <li>• Collin County DWI Drug Court</li> </ul>	<ul style="list-style-type: none"> <li>• Collin</li> </ul>	<ul style="list-style-type: none"> <li>• Continue participation and collaboration</li> <li>• Link individuals to appropriate ongoing MH and SUD recovery options</li> </ul>
<ul style="list-style-type: none"> <li>• Collin County Veteran’s Court</li> </ul>	<ul style="list-style-type: none"> <li>• Collin</li> </ul>	<ul style="list-style-type: none"> <li>• Continue participation and collaboration</li> <li>• Link individuals to appropriate ongoing MH and SUD recovery options</li> </ul>
<ul style="list-style-type: none"> <li>• Juvenile Mental Health Intervention Program</li> </ul>	<ul style="list-style-type: none"> <li>• Collin</li> </ul>	<ul style="list-style-type: none"> <li>• Continue participation and collaboration</li> <li>• Link individuals to appropriate ongoing MH and SUD recovery options</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient Competency Restoration Program</li> </ul>	<ul style="list-style-type: none"> <li>• Collin</li> </ul>	<ul style="list-style-type: none"> <li>• Establish contract with HHSC for program expansion</li> <li>• Develop OCR curriculum</li> <li>• Improve partnerships and coordination between the court system and jail</li> </ul>

<b>Intercept 4: Reentry</b>	County(s)	
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Current Programs and Initiatives:		Plans for upcoming two years:
•TCOOMMI	• Collin	<ul style="list-style-type: none"> <li>• Expand coordination activities with local probation and parole departments</li> <li>--Improve coordination of TCOOMMI quarterly meetings to include probation involvement</li> <li>--expand tele-video service delivery</li> </ul>
• Outpatient Diversion Programs	• Collin	<ul style="list-style-type: none"> <li>• SB 292 funding set to continue through FY21. Continue collaborative efforts for Jail Transport; COC/Jail Liaison for appropriate coordination post incarceration; expand tele-video capabilities</li> <li>--Add LPHA to diversion staffing</li> </ul>
• MVPN	• Collin	<ul style="list-style-type: none"> <li>• Support to veterans in local Veteran Court via job coaching, peer support, and resource navigation</li> </ul>
•	•	•
•	•	•
•	•	•
•	•	•

<b>Intercept 5: Community Corrections</b>	County(s)	Plans for upcoming two years:
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Current Programs and Initiatives:		
• Establishing relationship with local parole department	• Collin/Dallas	• Foster relationships and connection to ongoing outpatient mental health services for parolees
• Probation	• Collin	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

### 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	<ul style="list-style-type: none"> <li>• Gap 6</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded Telepsychiatry in</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration with local stakeholders for shared</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
services		<p>LifePath’s Open Access program to allow for same day access for both clinical intake and medication mgmt..</p> <ul style="list-style-type: none"> <li>• Expanded Telepsychiatry to outpatient services at LifePath’s Crisis Respite Unit</li> <li>• Established Care Coordination Team</li> <li>• Expanded tele-video options for most services</li> <li>• Community partnerships for field based intakes</li> </ul>	<p>space</p> <ul style="list-style-type: none"> <li>• Increase LPHA and intern staffing in Open Access program</li> <li>• Increase tele-video options and capability across the county</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>• COC Team dedicated to effective coordination from inpatient care to ongoing outpatient care</li> </ul>	<ul style="list-style-type: none"> <li>• Improve collaborative efforts with MCOs for information sharing and referral to services</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Implementation of Care Coordination Team</li> <li>• Monthly meetings with contracted inpatient providers</li> <li>• Bi-monthly collaborative meetings with law enforcement, ERs, and local psychiatric hospitals</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>• Utilizing LifePath foundation funds for rapid housing options for state hospital and PPB discharges</li> <li>• Expanded Supported Housing team by 2 FTEs</li> <li>• Established weekly contact via tele-video or face to face visits to TSH for discharge planning and interdisciplinary team</li> </ul>	<ul style="list-style-type: none"> <li>• Continued involvement in discharge planning and interdisciplinary team meetings between LifePath’s COC team and Terrell State Hospital</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		meetings <ul style="list-style-type: none"> <li>Expansion of ACT team</li> </ul>	
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> <li>Gap 7</li> <li>Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>Monthly fidelity reviews and supervision between Leads and direct service staff</li> <li>Monthly quality assurance chart audits</li> <li>Restructured quality review tool to include all EBPs</li> <li>Expanded training program by 3 FTEs</li> <li>Upgraded Relias system</li> </ul>	<ul style="list-style-type: none"> <li>Pre- and post-tests implementation for trainings</li> <li>Seek additional training and coaching opportunities for EBPs</li> <li>Expand structure of supervision requirements for leads and management</li> </ul>
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>Expanding Peer Services/FTEs</li> <li>Updated curriculum to offer in depth virtual and/or face-to-face</li> </ul>	<ul style="list-style-type: none"> <li>Develop treatment team approach through Care Coordination and including individual and natural supports</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		PCRP, TIC, CLAS, and Military Cultural competencies <ul style="list-style-type: none"> <li>• Monthly reviews and supervision between outpatient leads and direct services staff</li> </ul>	<ul style="list-style-type: none"> <li>• Have peer dedicated to each location/program at LifePath Systems</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>• Expanded COPSD training</li> <li>• Internal integration of SUD, MH, and crisis programs and staff</li> <li>• Expanded hours for OSAR and expanded field-based capability</li> <li>• Built robust provider network to include multiple outpatient, residential, and detox providers</li> <li>• Offering virtual AA at LifePath's Crisis Respite Unit</li> </ul>	<ul style="list-style-type: none"> <li>• Seek additional funding opportunities for immediate access for detox for those with co-occurring disorders</li> <li>• Continue training and cross training of staff to build understanding and bridge gap between MH and SUD</li> </ul>
Integrating	<ul style="list-style-type: none"> <li>• Gap 1</li> </ul>	<ul style="list-style-type: none"> <li>• Care Coordination</li> </ul>	<ul style="list-style-type: none"> <li>• LifePath will be</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> <li>• Goals 1,2</li> </ul>	<p>Team developed</p> <ul style="list-style-type: none"> <li>• Established MOUs with FQHC and local indigent primary care providers</li> <li>• Collaborative grant opportunities to include LifePath and local indigent primary care providers</li> </ul>	<p>partnering with local FQHC for shared space at their new facility once completed</p> <ul style="list-style-type: none"> <li>• Seek additional community partnership grant opportunities</li> <li>• Seek opportunities for site based face-to-face and/or virtual behavioral health service options to other physical health care providers</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>	<p>--Expansion of field-based staff to provide intensive services</p> <p>--Diversion Transport position through SB292</p> <p>--expanded tele-video options for service delivery</p>	<ul style="list-style-type: none"> <li>• Implementing tablet/hotspot check-out system for individuals and families</li> <li>• Add fleet manager and transportation specialist to staffing</li> </ul>
Addressing the	<ul style="list-style-type: none"> <li>• Gap 14</li> </ul>	<ul style="list-style-type: none"> <li>• Integration with MCOT</li> </ul>	<ul style="list-style-type: none"> <li>• Establishing continued</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> <li>• Goals 2,4</li> </ul>	and IDD Crisis <ul style="list-style-type: none"> <li>• Added additional training opportunities for MCOT</li> <li>• Established Dual Diagnosis Clinic for individuals with IDD and BH with 1115 funds</li> </ul>	sustainability plan for Dual Diagnosis Clinic after end of IDD funds <ul style="list-style-type: none"> <li>• Establishing inter-agency process for respite care for IDD individuals at LifePath's Crisis Center</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>• Expanded MVPN program from 1 FTE to 2 FTE</li> <li>• Seek additional grant opportunities to address BH needs of veterans</li> <li>• Utilization of LifePath Foundation funding specific to veteran population (include financial assistance, home renovations, job coaching needs)</li> <li>• Active participant of local Veteran's MH</li> </ul>	<ul style="list-style-type: none"> <li>• Establishing MOUs with other local Veteran providers (Veteran Affairs and Stephen A. Cohen Clinic)</li> <li>• Seeking other partnerships with local veteran peer networks</li> </ul>



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		Court	

### 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
Emergency Department Diversion for MH crises	<ul style="list-style-type: none"> <li>• Tele-crisis Assessment Program (TAP) implementation with Plano PD</li> <li>• Offering tele-video and audio only assessments to emergency departments and hospitals (implemented in response to COVID, but has significantly decreased ER wait time due to limited driving)</li> </ul>	<ul style="list-style-type: none"> <li>• Expand Tele-crisis Assessment Program (TAP) to 24/7 coverage and to all jurisdictions</li> <li>• Continued outreach efforts and community education on accessing crisis line and/or MCOT</li> <li>• Expand inpatient PPB provider network</li> <li>• Planning for COVID precautions at LifePath's Crisis Center to expand</li> </ul>

Local Priority	Current Status	Plans
		<p>capacity (currently at half capacity to allow single occupancy rooms due to COVID)</p> <ul style="list-style-type: none"> <li>• Collaborating with local hospitals and partners for “medical clearance” requirements</li> <li>• Expand tele-video capabilities to meet needs of local hospitals and ERs</li> </ul>
Detox beds for those with co-occurring disorders	<ul style="list-style-type: none"> <li>• Able to utilize HB13 funding for local, for-profit co-occurring programs in inpatient hospitals in response to COVID for fy2</li> </ul>	<ul style="list-style-type: none"> <li>• Recently notified that HB13 funds will not be continuing and discontinued resource. Identifying possible local match and partnerships to meet growing need of individuals presenting with co-occurring crises, specific to COVID</li> </ul>
Emergency housing/transitional living	<ul style="list-style-type: none"> <li>• Limited foundation funding for rapid options</li> <li>• No emergency options for homeless population—most must be place out of Collin County</li> </ul>	<ul style="list-style-type: none"> <li>• Seeking partnership with local resources and county for options</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	<b>Example:</b> <i>Detox Beds</i>	<ul style="list-style-type: none"> <li>• <i>Establish a 6-bed detox unit at ABC Hospital.</i></li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
2	<b>Example:</b> <i>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</i></li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

		<p><i>mental illness.</i></p> <ul style="list-style-type: none"> <li>• <i>Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.</i></li> </ul>	
	Detox Beds for those with co-occurring disorders	<ul style="list-style-type: none"> <li>• Establish alternative funding similar to previous HB13 project due to increased demand since COVID—identified SUD crisis (ANSA 0)</li> <li>• Fund COPSD COC position (LCDC/QMHP)</li> </ul>	<ul style="list-style-type: none"> <li>• 2 beddays/day @ \$700/day (includes M&amp;S)=\$511,000</li> <li>• COPSD COC \$45000/year + fringe (24%)\$10,800 =\$55800</li> <li>• Total: \$566,800</li> </ul>
	Transitional Housing	<ul style="list-style-type: none"> <li>• Establish partnership project for transitional living options for individuals with criminal backgrounds, OCR, and /or homeless</li> <li>• Fund 1 QMHP, and 1 Consumer Benefits position</li> <li>• Establish bedday rate with potential partner</li> <li>• Purchase and install televideo equipment</li> </ul>	<ul style="list-style-type: none"> <li>• QMHP: \$40000/year + 24% Fringe=\$49600</li> <li>• CB: \$32000/year + 24% fringe=\$39680</li> <li>• Bedday rate: 10 beddays/day, \$60/day: \$219000</li> <li>• Total: \$348280</li> </ul>
	Clubhouses	<ul style="list-style-type: none"> <li>• Establish partnership with 2 local clubhouses dedicating 1 Peer for transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Peer: \$30000/year + 24% fringe=\$37200</li> <li>• Mileage: \$10000/year</li> </ul>

		and other peer activities	<ul style="list-style-type: none"> <li>• Activities: \$5000/year</li> </ul>																																			
	PPB Funding	<ul style="list-style-type: none"> <li>• Additional need for PPB funding in FY21 due to COVID related challenges and capacity limitations at LifePath's Crisis Center</li> <li>• Expand PPB funding by 2 beddays</li> </ul>	<ul style="list-style-type: none"> <li>• 2 beddays/day @ \$700/day (includes M&amp;S)=\$511,000</li> </ul>																																			
	Psychiatric Emergency Drop-off	<ul style="list-style-type: none"> <li>• Establish partnership programming between LifePath, Local LE, and/or hospital(s)</li> </ul>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><b>Salaries</b></th> <th style="text-align: center;"><b>Fringe B.</b></th> <th style="text-align: center;"><b>Total</b></th> </tr> </thead> <tbody> <tr> <td>Prescriber services 24x7</td> <td style="text-align: right;">700000</td> <td style="text-align: right;">168000</td> <td style="text-align: right;"><b>868000</b></td> </tr> <tr> <td>2 RN's</td> <td style="text-align: right;">160000</td> <td style="text-align: right;">38400</td> <td style="text-align: right;"><b>198400</b></td> </tr> <tr> <td>1 LPHA</td> <td style="text-align: right;">58000</td> <td style="text-align: right;">13920</td> <td style="text-align: right;"><b>71920</b></td> </tr> <tr> <td>1 QMHP</td> <td style="text-align: right;">40000</td> <td style="text-align: right;">9600</td> <td style="text-align: right;"><b>49600</b></td> </tr> <tr> <td>1 QMHP</td> <td style="text-align: right;">40000</td> <td style="text-align: right;">9600</td> <td style="text-align: right;"><b>49600</b></td> </tr> <tr> <td>1 Support Staff</td> <td style="text-align: right;">30000</td> <td style="text-align: right;">7200</td> <td style="text-align: right;"><b>37200</b></td> </tr> <tr> <td colspan="3"><b>• Total:</b></td> <td style="text-align: right;"><b>\$1274720</b></td> </tr> </tbody> </table>					<b>Salaries</b>	<b>Fringe B.</b>	<b>Total</b>	Prescriber services 24x7	700000	168000	<b>868000</b>	2 RN's	160000	38400	<b>198400</b>	1 LPHA	58000	13920	<b>71920</b>	1 QMHP	40000	9600	<b>49600</b>	1 QMHP	40000	9600	<b>49600</b>	1 Support Staff	30000	7200	<b>37200</b>	<b>• Total:</b>			<b>\$1274720</b>
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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

<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