

# Health and Human Services Commission

## **Form O**

### **Consolidated Local Service Plan**

Local Mental Health Authorities and  
Local Behavioral Health Authorities

**Fiscal Years 2022-2023**

Due Date: September 30, 2022

Submissions should be sent to:

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

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## Introduction

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

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

## **Section I: Local Services and Needs**

### **I.A Mental Health Services and Sites**

- *In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable):*
  - *Screening, assessment, and intake*
  - *Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children*
  - *Extended Observation or Crisis Stabilization Unit*
  - *Crisis Residential and/or Respite*
  - *Contracted inpatient beds*
  - *Services for co-occurring disorders*
  - *Substance abuse prevention, intervention, or treatment*
  - *Integrated healthcare: mental and physical health*
  - *Services for individuals with Intellectual Developmental Disorders (IDD)*
  - *Services for youth*
  - *Services for veterans*
  - *Other (please specify)*

<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>
Texoma Community Center	315 W. McLain Drive, Sherman, TX 75092	Grayson	<ul style="list-style-type: none"> <li>• Adults and Children</li> <li>• Screening, Assessment, and Intake (both)</li> <li>• CCHBC Outpatient Services (both)</li> <li>• Services for Co-occurring disorders (adults &amp; adolescents)</li> <li>• Substance Use disorder prevention, intervention &amp; treatment (adults &amp; adolescents)</li> <li>• Psychiatric Services (both)</li> <li>• CCBHC Outpatient Counseling Services (adults)</li> <li>• Psychosocial Rehabilitation Services (adults)</li> </ul>
Texoma Community Center	102 Memorial Drive	Grayson	<ul style="list-style-type: none"> <li>• Psychosocial Rehabilitation (adults)</li> <li>• Crisis Residential Services (adults)</li> </ul>
Texoma Community Center	1101 S. Mirick	Denison	<ul style="list-style-type: none"> <li>• Residential Services (adults)</li> </ul>
Texoma Community Center	1228 E. Sixth Street, Bonham, TX 75418	Fannin	<ul style="list-style-type: none"> <li>• Adults and Children</li> <li>• Screening, Assessment, and Intake (both)</li> <li>• CCBHC Outpatient Services (both)</li> <li>• Psychiatric services (both)</li> <li>• Psychosocial Rehabilitation Services (both)</li> </ul>
Texoma Community Center	301 N. Grand Avenue,	Cooke	<ul style="list-style-type: none"> <li>• Adults and Children</li> </ul>

<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>
	Gainesville, TX 76240		<ul style="list-style-type: none"> <li>• Screening, Assessment, and Intake (both)</li> <li>• CCBHC Outpatient Services (both)</li> <li>• Psychiatric Services (both)</li> <li>• Psychosocial Rehabilitation Services (both)</li> </ul>
Texoma Community Center	2113 N. Loy Lake Road, Sherman, TX 75090	Grayson	<ul style="list-style-type: none"> <li>• Primary Care Medical Services for Adults</li> </ul>
Texoma Community Center	902 Cottonwood, Sherman, TX 75090	Grayson	<ul style="list-style-type: none"> <li>• Screening, Assessment, and Intake (children)</li> <li>• CCHBC Outpatient Services for Children</li> <li>• Psychosocial Rehabilitation Services for Children</li> </ul>
Texoma Medical Center – Behavioral Health Center	2601 Cornerstone Dr., Sherman, TX 75092	Grayson	<ul style="list-style-type: none"> <li>• Inpatient for Adults</li> </ul>
Carrus Behavioral Health Hospital	1724 U.S. Hwy 82 W., Sherman, TX 75092	Grayson	<ul style="list-style-type: none"> <li>• Inpatient Children</li> </ul>
Wilson N Jones Behavioral Health Unit	500 N. Highland Ave	Sherman	<ul style="list-style-type: none"> <li>• Inpatient for Adults</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. Number served per year should reflect reports for the previous fiscal year. Add additional rows, if needed.*

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County(s)</b>	<b>Population Served</b>	<b>Number Served per Year</b>
22-23	Expanded Criminal Justice Collaboration	<ul style="list-style-type: none"> <li>Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>Mentally Ill and/or COPSD</li> </ul>	<ul style="list-style-type: none"> <li>51</li> </ul>

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

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or

supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

*In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed.*

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County</b>	<b>Population Served</b>	<b>Number Served per Year</b>
	<b>None</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>
<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>• Texoma Medical Center BHC</li> </ul>	<input checked="" type="checkbox"/> Family members <input checked="" type="checkbox"/> Concerned citizens/others <input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i>

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Mental health service providers	<ul style="list-style-type: none"> <li>• Terrell State Hospital-Director of Nursing</li> <li>• NTSH-CoC Social Worker</li> </ul>
<input checked="" type="checkbox"/> Prevention services providers	<input checked="" type="checkbox"/> Substance abuse treatment 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>• Cooke – Sheriff and County Judge</li> <li>• Fannin – Sheriff and County Judge</li> <li>• Grayson – Sheriff and County Judge</li> </ul>	<input checked="" 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>• Sherman, Police Chief</li> <li>• Denison, Police Chief</li> <li>• Bonham, City Judge</li> </ul>
<input checked="" type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/> Local health departments <input checked="" type="checkbox"/> LMHAs/LBHAs
	<i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> <li>• Denton County-CEO; Behavioral Health Director</li> <li>• Lifepath-CEO; Behavioral Health Director</li> <li>• Helen Farabee-IT Director; Behavioral Health Director; CEO</li> </ul>
<input checked="" type="checkbox"/> Hospital emergency room personnel	<input checked="" type="checkbox"/> Emergency responders
<input checked="" type="checkbox"/> Faith-based organizations	<input checked="" type="checkbox"/> Community health & human service providers

Stakeholder Type	Stakeholder Type
<input checked="" 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>• Cooke – Steve Starnes, County Judge; Ray Sappington, Sheriff</li> <li>• Fannin – Randy Moore, County Judge; Mark Johnson, Sheriff</li> <li>• Grayson – Bill Magers, County Judge; Tom Watt, Sheriff</li> </ul>	<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>• Sherman (Grayson) – Jason Jeffcoat, Chief of Police</li> <li>• Denison (Grayson) –Mike Gudgel – Chief of Police</li> </ul>
<input checked="" type="checkbox"/> Education representatives	<input checked="" type="checkbox"/> Employers/business leaders
<input checked="" type="checkbox"/> Planning and Network Advisory Committee	<input checked="" type="checkbox"/> Local consumer peer-led organizations
<input checked="" type="checkbox"/> Peer Specialists	<input checked="" type="checkbox"/> IDD Providers
<input checked="" type="checkbox"/> Foster care/Child placing agencies	<input checked="" type="checkbox"/> Community Resource Coordination Groups
<input checked="" type="checkbox"/> Veterans’ organizations	<input type="checkbox"/> 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.*

<ul style="list-style-type: none"> <li>• Behavioral Health Leadership Team</li> </ul>
<ul style="list-style-type: none"> <li>• Community Collaboration Meetings</li> </ul>
<ul style="list-style-type: none"> <li>• Jail Diversion Meetings</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>

*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.*

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

## **Section II: Psychiatric Emergency Plan**

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

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

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

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

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

## II.A Development of the Plan

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

Ensuring all key stakeholders were involved or represented, to include contractors where applicable;

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

Ensuring the entire service area was represented; and

- The meetings described above encompass all service areas in our three-county catchment area.

Soliciting input.

- TCC solicits input from the various stakeholders to see where improvements can be made in our Psychiatric Emergency Plan.

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

1. How is the Crisis Hotline staffed?

During business hours

- Crisis Hotline is available 24 hours/day.

After business hours

- Crisis Hotline is available 24 hours/day.

Weekends/holidays

- Crisis Hotline is available 24 hours/day.

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

- Avail Solutions, Inc.

3. How is the MCOT staffed?

During business hours

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

After business hours

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

Weekends/holidays

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

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

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

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

Emergency Rooms:

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

Law Enforcement:

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

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

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

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

During business hours:

- Contact TCC and request a crisis assessment.

After business hours:

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

Weekends/holidays:

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

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

- Individual may be admitted to TCC CRU depending on clinical need, appropriateness and availability.
- TCC also maintains contracts with local psychiatric hospitals for individuals requiring hospitalization who do not have a funding source.

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

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

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

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

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

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

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

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

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

Where does the individual wait for a bed?

- Patients wait at the ER until an inpatient bed becomes available. The hospital is responsible for coordinating and seeking placement after MCOT's recommendation.

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

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

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

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

## Crisis Stabilization

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

<b>Name of Facility</b>	TCC Crisis Respite Unit
<b>Location (city and county)</b>	Denison, Grayson County, Texas
<b>Phone number</b>	903-957-4818
<b>Type of Facility (see Appendix A)</b>	Crisis Respite
<b>Key admission criteria (type of individual accepted)</b>	Individuals who are not an imminent danger to self or others but need a more restrictive environment than being discharged to home, and a less restrictive environment than hospitalization.
<b>Circumstances under which medical clearance is required before admission</b>	CRU requires medical assessments for all admissions.
<b>Service area limitations, if any</b>	CRU is available to any client served in crisis and is determined by LPHA supervisor based on availability.
<b>Other relevant admission information for first responders</b>	CRU is not a drop off facility. Admission must be approved by MCOT supervisor.
<b>Accepts emergency detentions?</b>	CRU is not a lock-down facility. Emergency detentions are not accepted.
<b>Number of Beds</b>	4 crisis, 7 transitional

<b>HHSC Funding Allocation</b>	
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**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.*

<b>Name of Facility</b>	Texoma Medical Center Behavioral Health Center
<b>Location (city and county)</b>	Sherman, Grayson County, Texas
<b>Phone number</b>	903-416-3000
<b>Key admission criteria</b>	Will accept indigent patients if TCC agrees to pay contract amount for stay.
<b>Service area limitations, if any</b>	Determined by facility.
<b>Other relevant admission information for first responders</b>	TCC must approve admission and length of stay for any client who is to be considered for an inpatient stay under the current contract.
<b>Number of Beds</b>	60
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes

<p><b>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)?</b></p>	<p>Unknown</p>
<p><b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b></p>	<p>Beds are not purchased as a guaranteed set. Beds are determined by availability on an as-needed basis</p>
<p><b>If under contract, what is the bed day rate paid to the contracted facility?</b></p>	<p>\$700/day</p>
<p><b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b></p>	<p>N/A</p>
<p><b>If not under contract, what is the bed day rate paid to the</b></p>	<p>N/A</p>

<b>facility for single-case agreements?</b>	
<b>Name of Facility</b>	Carrus Behavioral Health Hospital
<b>Location (city and county)</b>	Sherman, Grayson County, Texas
<b>Phone number</b>	903-870-1222
<b>Key admission criteria</b>	Will accept indigent patients if TCC agrees to pay contract amount for stay.
<b>Service area limitations, if any</b>	Determined by facility
<b>Other relevant admission information for first responders</b>	TCC must approve admission and length of stay for any client who is to be considered for an inpatient stay under the current contract.
<b>Number of Beds</b>	28
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric</b>	Unknown

<b>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)?</b>	
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	Beds are not purchased as a guaranteed set. Beds are determined by availability on an as-needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700/day
<b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

<b>Name of Facility</b>	Wilson N Jones Behavioral Health Unit
<b>Location (city and county)</b>	Sherman, Grayson County, Texas
<b>Phone number</b>	903-870-4611
<b>Key admission criteria</b>	Will accept indigent patients if TCC agrees to pay contract amount for stay.
<b>Service area limitations, if any</b>	Determined by facility.
<b>Other relevant admission information for first responders</b>	TCC must approve admission and length of stay for any client who is to be considered for an inpatient stay under the current contract.
<b>Number of Beds</b>	12
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>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</b>	Unknown

<b>hospital beds (include all that apply)?</b>	
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	Beds are not purchased as a guaranteed set. Beds are determined by availability on an as-needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700/day
<b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

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

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

Identify and briefly describe available alternatives.

- TCC does not currently have a Jail-based Competency Restoration program but would like to develop one if funding were available.

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

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

Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged? Identify the name(s)/title(s) of employees who operate as the jail liaison.

- [REDACTED]

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

- N/A

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

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

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

- Our area would most benefit from an JBCR operated by TCC.

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

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

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

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

- Between 2011-2013, utilizing 1115 Waiver funding, TCC implemented a substance use disorder program, an on-site integrated physical health care program with a primary provider and nursing team, and an embedded, contracted Class D pharmacy along with four psychiatric providers for immediate referrals for a medical home protocol for psychiatric, substance use and/or physical conditions and/or medications. TCC also implements a Medication Assisted Opioid Treatment Program through SUD Services as well as SUD treatment for juveniles and schools, collaborating with a second medical provider. These providers all have access to the same electronic health records and quick

consultation availability. Crisis services were also expanded at the same time to include contracted availability for psychiatric intervention and hospitalization as recommended by on-call Licensed clinicians on a 24/7 basis. TCC works with the Grayson County Health Clinic, local non-profit substance use disorder services and local emergency rooms upon request. All the programs work together to meet the needs of the individuals in our area.

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

- Plans for the next two years include expanding the medical providers to at least two for increased capacity, increasing psychiatric prescriber capacity at Intake for improved "same-day access," expanding crisis services capacity even more, developing an emergency "co-responder" crisis response program coordinated with local law enforcement for at least one county, and expand the number and scope of physical health screenings to address more determinants of health across the target population in this area. TCC provides all of the required core CCBHC services and, therefore, expanding capacity will be the future focus.

## II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?

- TCC maintains a website and provides printed information to stakeholders and the community regarding the services provided and how to access programs throughout the agency.

2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

- TCC provides regular and comprehensive training to staff at all levels on procedures and protocols, as well as services offered by the center in all three counties.

## II.F Gaps in the Local Crisis Response System

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

County	Service System Gaps	Recommendations to Address the Gaps
Grayson	<ul style="list-style-type: none"> <li>• Jail Diversion Program (there is now a Community Collaboration Group which performs some functions of a jail diversion program), transitional housing, public transportation</li> </ul>	<ul style="list-style-type: none"> <li>• TCC has implemented a forensic program to work with justice involved individuals and expand jail diversion efforts</li> </ul>
Cooke	<ul style="list-style-type: none"> <li>• Transitional Housing and Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• TCC has implemented a forensic program to work with justice involved individuals and expand jail diversion efforts</li> </ul>
Fannin	<ul style="list-style-type: none"> <li>• Transitional Housing and Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• TCC has implemented a forensic program to work with justice involved individuals and expand jail diversion efforts</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. If not applicable, enter N/A.*

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>• MCOT</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Increase Staffing</li> </ul>
<ul style="list-style-type: none"> <li>• Emergency Department Diversion</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Develop drop-off center</li> </ul>
<ul style="list-style-type: none"> <li>• Care Coordination Team</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>
<ul style="list-style-type: none"> <li>• YES Waiver Program</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>

• Targeted Case Management	• Cooke, Fannin, Grayson	• Continue
• Substance Use Disorder Services	• Cooke, Fannin, Grayson	• Continue
• Veteran's Peer Services	• Cooke, Fannin, Grayson	• Continue

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
• Jail Diversion	• Cooke, Fannin, Grayson	• Enhance forensic services; OCR development
• Mental Health Deputies	• Grayson	• TBD based on coordination with local law enforcement
• Mobile Crisis Outreach Team (MCOT)	• Cooke, Fannin, Grayson	• Continue
• PPB	• Cooke, Fannin, Grayson	• Continue
• Care Coordination	• Cooke, Fannin, Grayson	• Continue
• Veteran's Peer Services	• Cooke, Fannin, Grayson	• Continue

<b>Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
• Jail Assessments	• Cooke, Fannin, Grayson	• Continue
• Jail Diversion	• Cooke, Fannin, Grayson	• Continue

<ul style="list-style-type: none"> <li>• SB 292 Program</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Expand to include Jail-Based Competency Restoration</li> </ul>
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<b>Intercept 3: Jails/Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>• Involvement in Specialty Courts (Grayson Co. Star Recovery Court; Juvenile Specialty Court; Veteran’s Court; Grayson Recovery Court)</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Continue &amp; expand to include additional specialty courts</li> </ul>
<ul style="list-style-type: none"> <li>• SB 292 Program</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Increase staff and services</li> </ul>

<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>•SB292 Forensics</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Increase staff and services</li> </ul>
<ul style="list-style-type: none"> <li>•TCOOMMI</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>
<ul style="list-style-type: none"> <li>•Care Coordination &amp; Open Access</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>
<ul style="list-style-type: none"> <li>•ACT Program</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>
<ul style="list-style-type: none"> <li>•Substance Use Disorder Programs (OSAR, OBOT, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>
<ul style="list-style-type: none"> <li>•YES Waiver Wraparound Services</li> </ul>	<ul style="list-style-type: none"> <li>• Cooke, Fannin, Grayson</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>

<b>Intercept 5: Community Corrections Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
•TCOOMMI	• Cooke, Fannin, Grayson	•Continue
•Forensics Program	• Cooke, Fannin, Grayson	•Increase staff and services
•ACT Program	• Cooke, Fannin, Grayson	•Continue
•Housing & Rental Assistance	• Cooke, Fannin, Grayson	•Continue

### III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](#) identifies other significant gaps and goals in the state’s behavioral health services system. The gaps identified in the plan are:

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs S public school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment

- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

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

<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>• Achieved CCBHC Status</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance same-day access</li> <li>• Improve continuity of care</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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>• Achieved CCBHC Status</li> <li>• RSS and peer programs implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance same-day access</li> <li>• Improve continuity of care</li> </ul>
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 1,4</li> </ul>	<ul style="list-style-type: none"> <li>• Transitional Housing</li> <li>• RSS and peer programs implemented</li> </ul>	<ul style="list-style-type: none"> <li>• OCR</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>• Achieved CCBHC Status</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced Continuous Quality Improvement</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>• RSS and peer programs implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>
Addressing the needs of consumers with co-	<ul style="list-style-type: none"> <li>• Gaps 1,14</li> </ul>	<ul style="list-style-type: none"> <li>• Fully implemented SUD programs</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
occurring substance use disorders	<ul style="list-style-type: none"> <li>Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>RSS and peer programs implemented</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>Fully integrated BH and PC as part of CCHBC</li> </ul>	Enhance
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>SAMHSA grant allowed for enhancement of transportation</li> <li>RSS and peer programs implemented</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
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>IDD Crisis Services Expansion</li> </ul>	<ul style="list-style-type: none"> <li>Continue</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>HB 13 Veterans Services</li> </ul>	<ul style="list-style-type: none"> <li>Expand as part of CCBHC</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.*

<b>Local Priority</b>	<b>Current Status</b>	<b>Plans</b>
Housing and Transportation	<ul style="list-style-type: none"><li>• Very Limited</li></ul>	<ul style="list-style-type: none"><li>• Work with local Stakeholders and HHSC</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.*

<b>Priority</b>	<b>Need</b>	<b>Brief description of how resources would be used</b>	<b>Estimated Cost</b>
2	<i>Jail Based Competency Restoration</i>	<ul style="list-style-type: none"> <li>• <i>Establish a JBCR program</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>\$70,000</i></li> </ul>

3	Juvenile Forensic Services	<ul style="list-style-type: none"> <li>Establish a juvenile forensics program modeled after our adult program</li> </ul>	<ul style="list-style-type: none"> <li>\$170,000</li> </ul>
1	Services Expansion	<ul style="list-style-type: none"> <li>Expand current behavioral health services</li> </ul>	<ul style="list-style-type: none"> <li>To be determined</li> </ul>
1	Housing	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>To be determined</li> </ul>
1	Transportation	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>To be determined</li> </ul>

## Appendix B: Acronyms

**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's 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