Department of State Health Services

Form O Consolidated Local Service Plan (CLSP)

for Local Mental Health Authorities

March, 2018

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Introduction

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

Local planning is a collaborative activity, and the CLSP asks for information related to community stakeholder involvement in planning. DSHS recognizes that community engagement is an ongoing activity, and input received throughout the biennium will be reflected in the local plan. LMHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed.

The Psychiatric Emergency Plan is a new component that stems from the work of the HB 3793 Advisory Panel. The panel was charged with assisting DSHS to develop a plan to ensure appropriate and timely provision of mental health services. The Advisory Panel also helped DSHS develop the required standards and methodologies for implementation of the plan, in which a key element requires LMHAs to submit to DSHS a biennial regional Psychiatric Emergency Plan developed in conjunction with local stakeholders. The first iteration of this Psychiatric Emergency Plan is embedded as Section II of the CLSP.

In completing the template, please provide concise answers, using bullet points. 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 a subcontractor organization) that provide mental health services regardless of funding (Note: please include 1115 waiver projects detailed in Section 1.B. below). 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, children, or both (if applicable):*
  - *Screening, assessment, and intake*
  - *Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both*
  - *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*
  - *Other (please specify)*

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
LifePath Systems Plano Outpatient Clinic (LBHA)	7308 Alma Dr. Plano, TX 75025	Collin	• Screening, assessment, & intake for adults, children, and adolescents • Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents • Family partner services • Services for co-occurring disorders for adults, children, and adolescents • Substance abuse outreach, screening, assessment, and referral for adults and adolescents (OSAR) • Peer support recovery for adults • Integrated primary care services for adults • YES Waiver/Wrap around services for children and adolescents • Jail diversion and TCOOMMI services • Community based crisis intervention and outreach • Supported Housing and Supported Employment services for adults • Consumer Benefits Services • Pharmacy and prescription assistance program (PAP) services for indigent adults, children, and adolescents • Smoking cessation services for adults • Substance Abuse Outpatient services for adults • Laboratory Services
LifePath Systems McKinney Outpatient Clinic	1515 Heritage Dr., Ste 110 & 105 McKinney, TX	Collin	• Screening, assessment, & intake for adults, children, and adolescents • Texas Resilience and Recovery (TRR) outpatient

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
(LBHA)	75069		services for adults, children, and adolescents • Family partner services • Services for co-occurring disorders for adults and children • Substance abuse outreach, screening, assessment, and referral for adults and adolescents (OSAR) • Peer support recovery for adults • Integrated primary care services for adults • YES Waiver/Wrap around services for children and adolescents • Jail diversion and TCOOMMI services • Community based crisis intervention and outreach • Supported Housing and Supported Employment services for adults • Consumer Benefits services • Pharmacy and prescription assistance program (PAP) services for indigent adults, children, and adolescents • Smoking cessation services for adults • Substance Abuse Outpatient services for adults • Laboratory Services
LifePath Systems Crisis Respite Unit/Extended Observation Unit (LBHA)	1416 N Church St. McKinney, TX 75069	Collin	• Voluntary outpatient crisis respite services for adults, including medication management, skills training, and peer support • Involuntary and/or voluntary 48-hour extended observation for adults

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
Child and Family Guidance Center (contractor)	4031 W Plano Pkwy, Ste 211 Plano, TX 75093	Collin	• Screening, assessment, & intake for adults, children, and adolescents • Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents • Services for co-occurring disorders for adults, children, and adolescents • Family partner services
The Wood Group (contractor)	3610 Barnett Rd. Wichita Falls, TX 76310	Wichita	• 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
TMC Behavioral Health Center(contractor)	2601 Cornerstone Drive Sherman, TX 75092	Grayson	• Contracted inpatient beds for adults and adolescents
Glen Oaks Hospital (contractor)	301 East Division Street Greenville, TX 75401	Hunt	• Contracted inpatient beds for adults only
Dallas Behavioral Health Hospital (contractor)	800 Kirnwood Drive Desoto, TX 75115	Dallas	• Contracted inpatient beds for children, adolescents, and adults
MHMR Tarrant, ICARE Call Center (contractor)	3840 Hulen Street, North Tower Fort Worth, TX 76107	Tarrant	• Crisis hotline contract
GraceToChange LLC	1216 N Central Expressway Ste	Collin	• Outpatient substance use services contract for youth and adults

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
(contractor)	#104 McKinney, TX 75070		
Homeward Bound Inc. (contractor)	P.O. Box 222194 Dallas, TX 75222 (New location pending)	Dallas	• Detox and intensive residential substance use services contract for adults only
Imagine Programs LLC (contractor)	1947 K Ave, Ste A 100 Plano, TX 75074	Collin	• Outpatient substance use services contract for youth and adults
Nexus Recovery Center Inc.	8733 La Prada Drive Dallas, TX 75228	Dallas	• Detox and intensive residential substance use services contract for youth and adult women only
Turtle Creek Manor Inc.	2707 Routh St. Dallas, TX 75201	Dallas	• Intensive residential substance use services contract for adult only
MedPro	405 N McDonald Ste. B, McKinney, TX 75069	Collin	• Contracted methadone treatment provider
West Texas Counseling & Rehabilitation	1108 Dobie Dr Ste 102, Plano, TX 75074	Collin	• Contracted methadone treatment provider

I. B. Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver Projects

- *Identify the RHP Region(s) associated with each project.*

- *List the titles of all projects you proposed for implementation under the Regional Health Partnership (RHP) plan. If the title does not provide a clear description of the project, include a descriptive sentence.*
- *Enter the number of years the program has been operating, including the current year (i.e., second year of operation = 2)*
- *Enter the static capacity—the number of clients that can be served at a single point in time.*
- *Enter the number of clients served in the most recent full year of operation. If the program has not had a full year of operation, enter the planned number to be served per year.*
- *If capacity/number served is not a metric applicable to the project, note project-specific metric with the project title.*

1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Number Served/ Year
18	**Peer Support:** The goal of this project is to utilize consumers of behavioral health services who have made substantial progress in managing their own illness and recovering a successful life in the community to provide peer support services. This goal will be accomplished by utilizing Via Hope as a resource to send consumers to be trained as peer support specialists. In addition to the basic peer specialist training and certification, an additional training will be provided to certified peer specialists in "whole health". With the whole health training, peer specialists learn to work with other consumers to set achievable goals to prevent or self-manage chronic diseases such as diabetes and COPD.	5	400 clients/yr	400/year
18	**Interventions for Targeted BH Population to Prevent Unnecessary Use of Higher LOC:** The goal of this project is to provide specialized services to targeted populations who have complex and severe behavioral health needs. This goal is accomplished by providing individuals with mental health needs who are involved in the Mental Health or Veterans Court in Collin	5	580 clients/yr	580/year

1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Number Served/ Year
	County with support from the Jail Diversion Program. Additionally, individuals with a dual diagnosis of an intellectual or developmental disability along with a mental illness diagnosis will receive targeted interventions from qualified clinical staff including a psychiatrist and a psychiatric registered nurse.			
18	**Expand Behavioral Health Specialty Care Capacity:** The goal of this project is to improve access to speciality behavioral healthcare for individuals residing in Collin County in order to better accommodate the high demand for behavioral health care services for low income individuals. This goal will be accomplished by expanding clinic hours, opening new locations, moving into larger spaces to accommodate increased demand increasing clinical and support staff in each clinic, and updating communications infrastructure in order to fully utilize an electronic health record and telemedicine capabilities.	5	6410 clients/yr	6,410/year
18	**Integrated Primary and Behavioral Health Care:** The goal of this project is to improve the physical health of individuals with chronic mental illnesses, and to improve the mental health of individuals with chronic physical illnesses. This goal will be accomplished by establishing physical health care services in all clinics and placing a behavoiral health provider to work collaboratively within the physical health area and by conducting monthly collaborative meetings between physical health and behavioral health providers.	5	1068 clients/yr	1,068/year

I.C Community Participation in Planning Activities

Identify community stakeholders who participated in your comprehensive local service planning activities over the past year.

Stakeholder Type	Stakeholder Type
✓ Consumers	✓ Family members
✓ Advocates (children and adult)	✓ Concerned citizens/others
✓ Local psychiatric hospital staff	✓ State hospital staff
✓ Mental health service providers	✓ Substance abuse treatment providers
✓ Prevention services providers	✓ Outreach, Screening, and Referral (OSAR)
✓ County officials	✓ City officials
✓ FQHCs/other primary care providers	✓ Local health departments
✓ Hospital emergency room personnel	✓ Emergency responders
✓ Faith-based organizations	✓ Community health & human service providers
✓ Probation department representatives	✓ Parole department representatives
✓ Court representatives (judges, DAs, public defenders)	✓ Law enforcement
✓ Education representatives	✓ Employers/business leaders
✓ Planning and Network Advisory Committee	✓ Local consumer-led organizations
✓ Veterans' organization	

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

1. Lack of local and statewide inpatient treatment options for children
2. Lack of local and statewide inpatient treatment options for adolescents
3. Lack of local and statewide inpatient treatment options for adults
4. Lack of resources for youth residential substance abuse treatment
5. Shortage of substance abuse detoxification beds across the county/region.
6. Greater need for access to mental health, substance use, and crisis services in extended parts of the county
7. Lack of housing, and assisted group housing, for individuals with a mental illness

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure that stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures that will enable them to coordinate their 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. Planning should consider all available resources, including projects funded through the 2015 Crisis and Inpatient Needs and Capacity Assessments.

The HB 3793 Advisory Panel identified the following stakeholder groups as 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

- Users of crisis services and their family members

Most LMHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations, including those related to the 2015 Crisis Needs and Capacity Assessment.

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 you used to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including:

- Ensuring all key stakeholders were involved or represented
- Ensuring the entire service area was represented
- Soliciting input

- LifePath Systems (LPS) has 31 face to face meetings with hospital emergency department staff in the last year and we continue bi-monthly meetings with representatives of police departments, sheriff's departments, jails, and county judges to review and discuss the ongoing status of psychiatric emergency services in the community.
- LMHA recently designated all local hospital emergency rooms as an appropriate mental health facility.
- All major local hospitals, ambulance companies, and law enforcement agencies were included in the development of the plan.
- The LBHA initiated a mobile crisis outreach team (MCOT), of which members are available 24-7 to conduct crisis intervention in the community.

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?
    a. During business hours

- 1 MCOT member works from 7am-3:30pm
- 2 MCOT members work from 8am-4:30pm

- 1 MCOT member works 9am-5:30pm
- 2 MCOT members work 10am-6:30pm
- 2 MCOT members work 12:30pm- 9pm
- 2 MCOT members work 3:30pm-12am
- 2 MCOT lead staff who work 8-4:30pm and 10:30am-7pm

b. After business hours

- Several MCOT members overlap daytime into after hours (see above)
- From 12am-7am there is 1 MCOT member on call as primary and 1 member on call as secondary

c. Weekends/holidays

- 2 MCOT members work 9am-9pm
- After 9pm, there is 1 member as primary on call and 1 member as secondary on call

2. What criteria are used to determine when the MCOT is deployed?

When the Crisis Hotline staff receives a call regarding an individual in a mental health crisis, the MCOT team may be deployed to provide crisis intervention. The hotline staff will complete a standard mental health crisis risk assessment to determine the individual's level of need for emergency intervention (prioritized by urgent, emergent, or routine). If the hotline staff assessment indicates a need for MCOT services, the MCOT team will be deployed to assist anywhere in the community, as long as the individual consents and there are no safety concerns. When there are imminent danger or safety concerns, MCOT will defer the individual to the ER or to local law enforcement to assist, before conducting the assessment.

3. What is the role of MCOT during and after a crisis when crisis care is initiated through the LMHA (for example, when an individual calls the hotline)? Address whether MCOT provides follow-up with individuals who experience a crisis and are then referred to transitional or services through the LMHA.

Upon deployment, MCOT meets with individual at a safe and specified location (school, jail, hospital, home, etc) to conduct a risk of harm assessment. MCOT team utilizes their assessment to make a recommendation for the least restrictive level of care. When the individual is referred for outpatient treatment, MCOT will conduct a 24 hour phone follow-up and coordinate continuity of care. When the individual is referred for inpatient treatment, MCOT will follow-up with the hospital within 2-3 days to ensure continuity of care. MCOT may assist with transport on a case-by-case basis.

4. Describe MCOT support of emergency rooms and law enforcement:

    a. Do emergency room staff and law enforcement routinely contact the LMHA when an individual in crisis is identified? If so, is MCOT routinely deployed when emergency rooms or law enforcement contact the LMHA?

    - Emergency rooms: Members of the MCOT team are physically housed in the emergency departments of the hospitals that are designated for psychiatric crisis response with the local service area.
    - Law enforcement: When requested, MCOT will conduct an on-site screening to determine appropriate level of care and services for the individual in crisis.

    b. What activities does the MCOT perform to support emergency room staff and law enforcement during crises?

    - Emergency rooms: The MCOT team provides crisis intervention by completing a thorough risk of harm assessment, de-escalating the individual, and providing a recommendation for appropriate level of care. MCOT team collaborates with the hospital staff for possible hospital admission and need for ongoing follow-up services.
    - Law enforcement: The MCOT team provides crisis intervention by completing a thorough risk of harm assessment, de-escalating the individual, providing a recommendation, and coordinates ongoing follow-up services.

5. 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?
    a. Describe your community's process if a client needs further assessment 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 space is available at a contracted inpatient facility for the individual to be transferred.

    b. Describe the process if a client needs admission to a hospital:

Once the individual is medically cleared, the hospital staff works with LPS continuity of care to coordinate inpatient treatment. During this time, the hospital emergency physician or the admitting hospitalist has the authority to determine the need for admission to a hospital for treatment.

    c. Describe the process if a client needs facility-based crisis stabilization (i.e., other than hospitalization–may include crisis respite, crisis residential, extended observation, etc.):

The MCOT team assists the hospital emergency physician with assessing the individual's need for crisis stabilization. The MCOT team is authorized to admit individuals to the crisis respite unit (CRU) or extended observation unit (EOU) in coordination with LPS crisis center medical/nursing staff review.

6. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
    a. During business hours

Emergency room staff and law enforcement should contact the designated crisis hotline number to request an MCOT assessment, at which point MCOT will be deployed to conduct a thorough assessment and recommendation.

    b. After business hours

Emergency room staff and law enforcement should contact the designated crisis hotline number to request an MCOT assessment, at which point MCOT will be deployed to conduct a thorough assessment and recommendation.

c. Weekends/holidays

Emergency room staff and law enforcement should contact the designated crisis hotline number to request an MCOT assessment, at which point MCOT will be deployed to conduct a thorough assessment and recommendation.

7. If an inpatient bed is not available:

a. Where is an individual taken while waiting 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.

b. Who is responsible for providing continued crisis intervention services?

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. In addition, an MCOT member will be stationed at Methodist Richardson and Wysong hospitals in order to more quickly coordinate levels of care.

c. Who is responsible for continued determination of the need for an inpatient level of care?

The continuity of care team will collaborate with hospital staff or EOU staff to provide continuity of services, while the individual waits for a bed. If the individual stabilizes while at the hospital, before being admitted inpatient, then they may be considered for the CRU or the outpatient clinic. The hospital physician has the ability to make final determinations regarding the need for inpatient level of care. In addition, an MCOT member will be stationed at Methodist Richardson and Wysong hospitals in order to more quickly coordinate levels of care.

d. 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

8. What alternatives does your 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 B)	Crisis Respite & Extended Observation Unit
Key admission criteria (type of patient accepted)	The CRU admits individuals who are voluntary and have obtained medical clearance. The EOU can house individuals who are either voluntary or involuntary, and must always obtain medical clearance. Adults who are currently violent, aggressive, actively suicidal, or

Name of Facility	Lifepath Systems Crisis Center
	medically unstable are not eligible for admission.
Circumstances under which medical clearance is required before admission	Admittance to the EOU always requires medical clearance. There is some flexibility with medical clearance for individuals admitted to the CRU that can be determined on a case by case basis.
Service area limitations, if any	Collin County
Other relevant admission information for first responders	All referrals are coordinated by MCOT via the crisis hotline. Admissions usually come through emergency rooms or LifePath Systems outpatient clinics. Additionally, EOU admissions can come from law enforcement referrals. Adult admissions only.
Accepts emergency detentions?	Yes

Inpatient Care

9. What alternatives to the state hospital does your service area have for psychiatric inpatient care for medically indigent? Replicate the table below for each alternative.

Name of Facility	**TMC Behavioral Health Center (Texoma)**
Location (city and county)	Sherman, TX/ Grayson County
Phone number	903-416-3000
Type of Facility (see Appendix B)	Inpatient Psychiatric Beds
Key admission criteria (type of patient accepted)	Voluntary & Involuntary
Service area limitations, if any	Collin County
Other relevant admission information for first responders	Generally, individuals are admitted through the hospital emergency room; all admissions must be medically cleared.
Accepts emergency detentions?	Yes

Name of Facility	**Dallas Behavioral Health Hospital**
Location (city and county)	Desoto, TX/ Dallas County
Phone number	972-982-0911
Type of Facility (see Appendix B)	Inpatient Psychiatric Beds
Key admission criteria (type of patient accepted)	Voluntary & Involuntary
Service area limitations, if any	Collin County
Other relevant admission information for first responders	Generally, individuals are admitted through the hospital emergency room; all admissions must be medically cleared.
Accepts emergency detentions?	Yes

Name of Facility	**Glen Oaks Hospital**
Location (city and county)	Greenvile, TX/ Hunt County
Phone number	903-454-6000
Type of Facility (see Appendix B)	Inpatient Psychiatric Beds
Key admission criteria (type of patient accepted)	Voluntary & Involuntary
Service area limitations, if any	Collin County
Other relevant admission information for first responders	Generally, individuals are admitted through the hospital emergency room; all admissions must be medically cleared.

Accepts emergency detentions?	Yes

II.C Plan for local, short-term management of pre/post-arrest patients incompetent to stand trial

10. What local inpatient or outpatient alternatives to the state hospital does your service area currently have for competency restoration?
    a. Identify and briefly describe available alternatives.

LPS currently operates an outpatient competency restoration (OCR) program funded by Collin County funds. Though this program funds will be shifted to HB13 program to show as match. And due to this LPS will request OCR program by obtaining an HHSC contract for providing continued service for Collin County.

    b. What barriers or issues limit access or utilization to local inpatient or outpatient alternatives? If not applicable, enter N/A.

Some criminal charges prohibit outpatient competency restoration (i.e. an assault charge that may impact safety). The largest barrier for individuals to access OCR is unstable housing.

    c. Does the LMHA have a dedicated jail liaison position? If so, what is the role of the jail liaison? At what point is the jail liaison engaged?

o LPS has a dedicated continuity of care jail diversion liaison that works with the county jail, but is not stationed at the jail. o This liaison meets bi-weekly with jail medical team and indigent defense counsel to determine which individuals would benefit from outpatient services. o Jail diversion liaison will follow-up regularly with individuals on this list.

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

Any of the 3 jail diversion caseworkers can provide services in this capacity, in addition to the primary liaison.

d. What plans do you have over the next two years to maximize access and utilization of local alternatives for competency restoration? If not applicable, enter N/A.

LPS will continue to collaborate with community partners to facilitate early identification of OCR candidates.

11. Does your 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.)?

The community would certainly benefit to continue providing services in outpatient competency restoration program that is funded by HHSC.

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

The key is to get funding from HHSC to continue the current OCR program.

II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment

13. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services?

LPS operates two outpatient clinics that each provide on-site primary care services for medical treatment, individual and group substance abuse services, and psychiatric/psychotherapy services for mental health issues. LifePath Systems has partnered with local ERs and contracted with 3 inpatient hospitals to assist with individuals who have crisis episodes or

require inpatient care. In addition, LifePath Systems operates a crisis respite unit that coordinates with the outpatient clinics to coordinate care when appropriate.

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

To continue discussions with law enforcement, jails, judges, and hospitals to expand alternatives for funding and resources. In addition, to coordinate with a new local FQHC for additional access to affordable physical health care with access to specialty care services that is currently lacking for our population.

II.E Communication Plans

15. How will key information from the Psychiatric Emergency Plan be shared with emergency responders and other community stakeholders? Consider use of pamphlets/brochures, pocket guides, website page, mobile app, etc.

- Brochures, pamphlets, and LPS website
- Conduct bi-monthly meetings with regional hospitals, municipal law enforcement, and county sherrif
- Provide outreach to ambulance companies and EMTs regarding psychiatric emergency plans and processes
- Distribution of crisis hotline business cards
- Participation in community stakeholder meetings (monthly)

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

- LPS staff receive ongoing in-person and online training to support standardized staff competencies
- Each team holds regular meetings to ensure staff remain up-to-date on information and changes in processes (this includes staff at outpatient locations and crisis center)

• Contracted hotline staff are communicated with via email and in person, we have annual in person meetings with staff to review processes, we meet quarterly at State-level BH/Crisis Consortiums to discuss process improvements.

II.F Gaps in the Local Crisis Response System

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

Counties	Service System Gaps
Collin	• Lack of sufficient contracted hospitals for inpatient beds and detox providers for adults, adolescents, and children
	• Need to increase partnerships with local ISDs to enhance collaborations when providing services to youth in crisis
	• Need to identify processes and resources for medical clearance of individuals needing inpatient care
	• Lack of capacity of crisis stabilization unit to provide medical management for clients with chronic but stabilized physical conditions
	• Limited hours of operation for continuity of care for individuals needing inpatient care

Section III: Plans and Priorities for System Development

III.A Jail Diversion

Indicate which of the following strategies you use to divert individuals from the criminal justice system. List current activities and any plans for the next two years. Include specific activities that describe the strategies checked in the first column. For those areas not required in the DSHS Performance Contract, enter NA if the LMHA has no current or planned activities.

Intercept 1: Law Enforcement and Emergency Services	
Components	**Current Activities**
☐ Co-mobilization with Crisis Intervention Team (CIT) ☐ Co-mobilization with Mental Health Deputies ☐ Co-location with CIT and/or MH Deputies ☐ Training dispatch and first responders ☒ Training law enforcement staff ☒ Training of court personnel ☒ Training of probation personnel ☐ Documenting police contacts with persons with mental illness ☒ Police-friendly drop-off point ☒ Service linkage and follow-up for individuals who are not hospitalized ☐ Other: Click here to enter text.	• LPS currently has 3 qualified mental health professionals (QMHP) and a supervisor, which comprise the Jail Diversion team. • MH deputies and courts can refer persons to the Jail Diversion tean.
Plans for the upcoming two years: • Actively seeking Funding to initiate co-mobilization with MH deputies	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	**Current Activities**

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	**Current Activities**
☒ Staff at court to review cases for post-booking diversion ☒ Routine screening for mental illness and diversion eligibility ☒ Staff assigned to help defendants comply with conditions of diversion ☒ Staff at court who can recommend alternative services to incarceration ☒ Link to comprehensive services ☐ Other: Click here to enter text.	• The Collin County Jail employs LPHAs on site who conduct screenings and forward necessary information to LPS jail diversion team for follow-up.
Plans for the upcoming two years: • To continue current collaboration with the county jail and indigent defense to enhance the existing referral process.	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
☒ Routine screening for mental illness and diversion eligibility ☒ Mental Health Court ☒ Veterans' Court ☒ Drug Court ☒ Outpatient Competency Restoration ☐ Services for persons Not Guilty by Reason of Insanity ☐ Services for persons with other Forensic Assisted Outpatient Commitments ☐ Providing services in jail for persons Incompetent to Stand Trial ☒ County jail provides medication in jail for persons Incompetent to Stand Trial	• Collin County operates a drug diversion court and refers individuals to LPS for substance abuse and mental health services. • LPS operates an outpatient competency restoration program (OCR) that began in 2015, which is funded by the county. • Municipal and county courts refer to LPS for mental health services.

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
☐ Providing services in jail (for persons without outpatient commitment) ☒ Staff assigned to serve as liaison between specialty courts and services providers ☒ Link to comprehensive services ☐ Other:	
Plans for the upcoming two years: • Whenever possible, assist the local drug diversion court with seeking out and requesting additional funds to enable the diversion court to expand. • Continue to enhance the existing OCR program by obtaining an HHSC contract for OCR services.	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	**Current Activities**
☐ Providing transitional services in jails ☒ Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release ☒ Structured process to coordinate discharge/transition plans and procedures ☒ Specialized case management teams to coordinate post-release services ☐ Other:	• LPS TCOOMMI staff coordinates with the central TCOOMMI hub (Huntsville, Texas) to assess consumers identified by the TCOOMMI hub staff for release from prison. The LPS TCOOMMI staff will coordinate local services and treatment upon release from prison.
Plans for the upcoming two years: • Continue to maintain a working relationship with the statewide TCOOMMI program. • Improve relationship with Dallas II Parole Office.	

Intercept 5: Community corrections and community support programs	
Components	**Current Activities**
☒ Routine screening for mental illness and substance use disorders ☒ Training for probation or parole staff ☒ TCOOMMI program ☒ Forensic ACT ☒ Staff assigned to facilitate access to comprehensive services; specialized caseloads ☒ Staff assigned to serve as liaison with community corrections ☒ Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance ☐ Other:	• LPS TCOOMMI staff routinely communicates with community supervision officers and parole officers to provide comprehensive services to the specialized caseload of persons in the criminal justice system who have a mental illness. • New funding (SB292) will fund a team of 3 staff to provide intensive field-based services for those who are released from jail within the past year, and who will require intensive services to stability in the community.
Plans for the upcoming two years: • Continue to enhance working relationships with local jails to strengthen TCOOMMI program.	

III.B Other System-Wide Strategic Priorities

Briefly describe the current status of each area of focus (key accomplishments and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Current Status	Plans
Improving continuity of care between inpatient care and community services	• LPS has a designated continuity of care staff person who works with inpatient hospital staff to facilitate discharge planning and community	• LPS will work to maintain efficient processes and improve in necessary areas in order to continue the process of identifying individuals who need follow-up with behavioral health

Area of Focus	Current Status	Plans
	placement.	services.
Reducing hospital readmissions	• LPS aims to provide face to face follow-up within 7 days to individuals who have been discharged from a psychiatric hospital. MCOT team assists with providing outreach when these individuals cannot be located.	• Continue efforts to enhance the current process.
Improve our ability to get those who need state hospital services admitted in a timely fashion	• LPS is unable to get clients admitted to Terrell – currently only providing 15% of allocation for state hospital.	• Utilize OPC process more in order to gain admission for those who need it
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community	• LPS collaborates with the state hospital to develop plans appropriate level of care, when individuals no longer need inpatient treatment.	• Maintain collaboration with state hospital to continue the current process.
Reducing other state hospital utilization	• LPS provides contracts with 3 local inpatient hospitals, and employs CRU/EOU staff for the LPS crisis center.	• LPS will operate a CRU/EOU that will help stabilize individuals to avoid hospitalization. • LPS will work to obtain grant funding in order to increase number of inpatient beds dedicated to psychiatric crises.
Tailoring service interventions to the specific identified needs of the individual	• LPS staff works to develop recovery plans and link services based on the individual's needs, goals, and strengths.	• Continue to update and train staff on best practices for providing individualized services and recovery plans.

Area of Focus	Current Status	Plans
Ensuring fidelity with evidence-based practices	• LPS QM/UM department will complete fidelity reviews of evidence based practices annually and as needed.	• LPS QM/UM will continue to complete fidelity reviews no less than annually and as identified needs arise.
Transition to a recovery-oriented system of care, including development of peer support services and other consumer involvement in Center activities and operations (e.g., planning, evaluation)	• Currently, LPS employs peer support staff and promotes their ongoing training and development. • LPS supports community and clinic based activities and events to engage individuals in these services.	• LPS utilizes new clinic space to host peer groups and events. • LPS plans to expand peer support groups to involve more creative modalities (i.e. arts and crafts).
Addressing the needs of consumers with co-occurring substance use disorders	• LPS currently provides services to individuals with both mental health and substance use diagnoses.	• LPS will continue growth of substance use programs and services to best serve the needs of the community.

III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and your internal assessment, identify your 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 your 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

Local Priority	Current Status	Plans
Become a certified CCBHC	• Currently not a CCBHC	• Working through Readiness Assessment and identifying quality measures. Within the next two years be qualified to be certified as CCBHC
Plan for serving to the continued growth in county	• We need to identify additional satellite clinic locations	• Work with board of trustee and stakeholders to identify locations to expand service locations.
Maximize access to services	• Continued expanding and hiring for clinical and medical positions.	• Evaluate job descriptions to attract and retain providers. • Evaluate Open Access to improve efficiencies
Increase staff retention for consistency in consumer care	• Adjusted salaries to be more competitive. • Focus on recruitment and screening efforts to get right person for right position. • Provide leadership training to all managers/supervisors.	• Enhance training for staff and provide ongoing mentoring

III.D Priorities for System Development

Development of the local plans should include a process to identify local priorities and needs, and the resources that would be 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 will build on the ongoing communication and collaboration LMHAs have with local stakeholders, including work done in response to the 2015 Crisis Needs and Capacity Assessment. The primary purpose is to support local planning, collaboration, and resource development. The information will also provide a clear picture of needs across the state and support planning at the state level. Please provide as much detail as practical for long-term planning.

In the table below, identify your service area's priorities for use of any new funding for crisis and other services. 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.

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

Priority	Need	How resources would be used (brief)	Estimated Cost
1	Private Psychiatric Beds	• Provide alternative to state hospital which is on diversion for persons needing inpatient treatment • Equivalent of 6 beds per day	• Annually - $1,533,000
2	Adult Specialized Female Outpatient – Individual	• Provide outpatient substance abuse services to adult females	• Annually - $325,000

Appendix A: Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual's rating on the Uniform Assessment and clinical determination made by the appropriate staff. The Uniform Assessment is an assessment tool comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the Uniform Assessment module items of Risk Behavior (Suicide Risk and Danger to Others), 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, the Mobile Crisis Outcome Team (MCOT), or other crisis services.

Crisis Residential – Up to 14 days of short-term, community-based residential, crisis treatment for individuals who may pose some risk of harm to self or others, who may have fairly severe functional impairment, and who are demonstrating psychiatric crisis that cannot be stabilized in a less intensive setting. Mental health professionals are on-site 24/7 and individuals must have at least a minimal level of engagement to be served in this environment. Crisis residential facilities do not accept individuals who are court ordered for treatment.

Crisis Respite – Short-term, community-based residential crisis treatment for individuals who have low risk of harm to self or others and may have some functional impairment. Services may occur over a brief period of time, such as 2 hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons for whom they care to avoid mental health crisis. Crisis respite services are both facility-based and in-home, and may occur in houses, apartments, or other community living situations. Facility based crisis respite services have mental health professionals on-site 24/7.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis situation 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. (TRR-UM Guidelines)

Crisis Stabilization Units (CSU) – Crisis Stabilization Units are licensed facilities that provide 24/7 short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected, clinically staffed, psychiatrically supervised, treatment environment that complies with a Crisis Stabilization Unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code. CSUs may accept individuals that present with a high risk of harm to self or others.

Extended Observation Units (EOU) – Emergency services of up to 48 hours provided to individuals in psychiatric crisis, in a secure and protected, clinically staffed, psychiatrically supervised environment with immediate access to urgent or emergent medical and psychiatric evaluation and treatment. These individuals may pose a moderate to high risk of harm to self or others. EOUs may also accept individuals on voluntary status or involuntary status, such as those on Emergency Detention. Individuals on involuntary status may receive preliminary examination and observation services only. EOUs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital.

Mobile Crisis Outreach Team (MCOT) – Mobile Crisis Outreach Teams 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) and Associated Projects – There are multiple psychiatric emergency services programs or projects that serve as step down options from inpatient hospitalization. Psychiatric Emergency Service Center (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. 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 funding.

Psychiatric Emergency Service Centers (PESC) – Psychiatric Emergency Service Centers provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESCs are staffed by medical personnel and mental health professionals that provide care 24/7. PESCs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital. PESCs must be available to individuals who walk in, and must contain a combination of projects.

Rapid Crisis Stabilization 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.