

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: December 30, 2022

Submissions should be sent to:

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

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Introduction

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

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

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
LifePath Systems Plano Outpatient Clinic (LBHA)	7308 Alma Drive, Plano, TX 75025	Collin	<ul style="list-style-type: none"> • Screening, assessment, & intake for adults, children, and adolescents • Substance use outreach, screening, assessment, and referral for adults and adolescents (OSAR) • Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents • Family partner services • Peer support recovery for adults • Services for co-occurring disorders for adults, children, and adolescents • YES Waiver/Wrap around services for children and adolescents • Jail diversion, Outpatient Competency Restoration, and TCOOMMI services • Supported Housing and Supported Employment services for adults • Consumer Benefits Services • Pharmacy and prescription assistance program (PAP) services for adults, children, and adolescents • Smoking cessation services for adults • Outpatient Substance Use Disorder services for adults • Laboratory Services/Phlebotomy • Care Coordination

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Psychiatric medication management • Coordinated Specialty Care • Specialty Psychiatric Services for Individuals with Co-occurring Intellectual Disability and Mental Health Disorder • Medical Screenings (Integrated Healthcare)
LifePath Systems McKinney Outpatient Clinic (LBHA)	1515 Heritage Dr., Ste 105 & 110 McKinney, TX 75069	Collin	<ul style="list-style-type: none"> • Screening, assessment, & intake for adults, children, and adolescents • Substance use outreach, screening, assessment, and referral for adults and adolescents (OSAR) • Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents • Family partner services • Peer support recovery for adults • Services for co-occurring disorders for adults, children, and adolescents • YES Waiver/Wrap around services for children and adolescents • Jail diversion, Outpatient Competency Restoration, and TCOOMMI services • Supported Housing and Supported Employment services for adults • Consumer Benefits Services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Pharmacy and prescription assistance program (PAP) services for adults, children, and adolescents • Smoking cessation services for adults • Outpatient Substance Use Disorder services for adults • Laboratory Services/Phlebotomy • Care Coordination • Psychiatric medication management • Coordinated Specialty Care • Specialty Psychiatric Services for Individuals with Co-occurring Intellectual Disability and Mental Health Disorder • Medical Screenings (Integrated Healthcare) • MPVN: Military Veteran Peer Network • PASRR
LifePath Systems- The Legan Place (LBHA)	209 N. Benge, McKinney, TX 75069	Collin	<ul style="list-style-type: none"> • Screening, assessment, & intake for adults and adolescents • Substance use outreach, screening, assessment, and referral for adults and adolescents (OSAR) • Texas Resilience and Recovery (TRR) outpatient services for adults, and adolescents • Family partner services • Peer support recovery for adults

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Services for co-occurring disorders for adults and adolescents • Jail diversion, Outpatient Competency Restoration, and TCOOMMI services • Supported Housing and Supported Employment services for adults • Consumer Benefits Services • Smoking cessation services for adults • Outpatient Substance Use Disorder services for adults • Care Coordination • Psychiatric medication management • Coordinated Specialty Care
LifePath Systems— C&A Services (LBHA)	8200 Stonebrook Parkway, Frisco, TX 75034	Collin	<ul style="list-style-type: none"> • Substance use outreach, screening, assessment, and referral for adults and adolescents (OSAR) • Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents • Family partner services • Peer support recovery for adults • Services for co-occurring disorders for adults, children, and adolescents • YES Waiver/Wrap around services for children and adolescents • Jail diversion, Outpatient Competency Restoration, and TCOOMMI services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Supported Housing and Supported Employment services for adults • Consumer Benefits Services • Laboratory Services/Phlebotomy • Care Coordination • Psychiatric medication management • Coordinated Specialty Care
LifePath Systems- Adult Intensive Services (LBHA)	5509 Pleasant Valley Plano, TX 75034	Collin	<ul style="list-style-type: none"> • Substance use outreach, screening, assessment, and referral for adults • Texas Resilience and Recovery (TRR) outpatient services for adults • Peer support recovery for adults • Services for co-occurring disorders for adults • Jail diversion, Outpatient Competency Restoration, and TCOOMMI services • Supported Housing and Supported Employment services for adults • Consumer Benefits Services • Smoking cessation services for adults • Outpatient Substance Use Disorder services for adults • Care Coordination • Psychiatric medication management
LifePath Systems Crisis Respite Unit/Extended			<ul style="list-style-type: none"> • Screening, assessment, & intake for adults • Substance use outreach, screening, assessment, and referral for adults

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Observation Unit (LBHA)			<ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services for adults • Peer support recovery for adults • Services for co-occurring disorders for adults • Jail diversion, Outpatient Competency Restoration, and TCOOMMI services • Supported Housing and Supported Employment services for adults • Consumer Benefits Services • Smoking cessation services for adults • Outpatient Substance Use Disorder services for adults • Laboratory Services/Phlebotomy • Care Coordination • Psychiatric medication management • Coordinated Specialty Care • Medical Screenings (Integrated Healthcare) • Extended Observation • Crisis Respite
LifePath Systems- Living Room and Adult Diversion and Intensive Services	1450 Redbud Blvd, McKinney, TX 75069	Collin	<ul style="list-style-type: none"> • Screening, assessment, & intake for adults. • Substance use outreach, screening, assessment, and referral for adults and adolescents (OSAR) • Texas Resilience and Recovery (TRR) outpatient services for adults

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Peer support recovery for adults • Services for co-occurring disorders for adults • Jail diversion, Outpatient Competency Restoration, and TCOOMMI services • Supported Housing and Supported Employment services for adults • Consumer Benefits Services • Smoking cessation services for adults • Outpatient Substance Use Disorder services for adults • Care Coordination • Psychiatric medication management • Medical Screenings (Integrated Healthcare)

I.B Mental Health Grant Program for Justice Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on forensic commitments. These grants support community programs by providing behavioral health care services to individuals with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows, if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY22-23	Diversion Field Based Team	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> Individuals with SMI who are also involved with the criminal justice system in need of intensive field-based MH services and COC from jail setting 	<ul style="list-style-type: none"> 50

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

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and

recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

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

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
FY23	Did not receive funding			

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers	<input checked="" type="checkbox"/> Family members
<input checked="" type="checkbox"/> Advocates (children and adult)	<input checked="" type="checkbox"/> Concerned citizens/others
<input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> Haven Behavioral Glen Oaks Hospital Texoma Behavioral Health 	<input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> TSH

Stakeholder Type

- Methodist Richardson Medical
- Carrollton Springs
- The Pavilion (Medical City McKinney)
- Perimeter Behavioral Health
- Seay Center

- ☒ Mental health service providers
 - Child and Family Guidance Center

- ☒ Prevention services providers
 - Addiction Treatment Resources
 - Collin County Substance Abuse
 - Access Counseling
 - Achieve Counseling and Education Services
 - Bee Services
 - Collin County Healthcare

Stakeholder Type

- ☒ Substance abuse treatment providers
 - Homeward Bound
 - Cenikor
 - Nexus Recovery Center
 - Grace to Change
 - MedPro Treatment Centers
 - West Texas Counseling and Rehabilitation
 - Access Counseling
 - Vertava Health
 - Pine Street
 - VOA
 - Carrollton Springs Changes
 - Homeward Bound-Denton County

- ☒ Outreach, Screening, Assessment, and Referral Centers
 - OSAR Regional Quarterly Call

Stakeholder Type

- Health Services of North Texas
- ☒ County officials
 - *List the county and the official name and title of participants:*
 - Chris Hill, Collin County Judge
 - Bill Bilyeu, Collin County Administrator
 - Darrell Hale, Collin County Commissioner
 - Duncan Webb, Collin County Commissioner
 - Cheryl Williams, Collin County Commissioner
 - Susan Fletcher, Collin County Commissioner
 - Candy Blair, Public Health Director
 - Dr. Robert Rohr, MD, County Medical Examiner

- ☒ Federally Qualified Health Center and other primary care providers
 - Family Center at Virginia
 - Hope Clinic
 - Community Health Clinic (CHC)

- ☒ Hospital emergency room personnel

Stakeholder Type

- ☒ City officials
 - *List the city and the official name and title of participants:*
 - George Fuller, City of McKinney Mayor

- ☒ Local health departments
- ☒ LMHAs/LBHAs
 - *List the LMHAs/LBHAs and the staff that participated:*
 - North Texas Behavioral Health Authority

- ☒ Emergency responders
 - Danny Williams, Allen Fire Department

Stakeholder Type

- Carmen Kramer and Dr. Martens: Medical City of McKinney
- Candace Hamilton and Susan Holsapple: Baylor, Scott, & White

Stakeholder Type

- Ray Isom, Anna Fire Department
- Edie Simms, Blue Ridge
- Eric Everson, Celina Fire Department
- Jeff Bell, Fairview Fire Department
- Adam Wilbourn, Fairview
- Mike Sullivan, Farmersville Police Department
- Greg Massey, Farmersville Fire Department
- Jason Lane, Frisco Fire Department
- Mistie Gardner, Garland Emergency Mgt
- Jeff Graham, Josephine Police Department
- Danny Anthony, Lavon Fire Department
- Janis Cable, Lowry Crossing
- Lance Grant, Lucas Fire Department
- Karen Adkins, McKinney Fire Department
- Jeremy Cuddeback, McKinney Fire Department
- Carl Nix, Melissa Fire Department
- Chad Reed, Melissa Fire Department
- Del Albright, Murphy Fire Department
- Perry Elliott, Murphy Fire Department
- Jill Monson, New Hope
- Carrie Little, Plano OEM
- Nick Robison, Plano OEM
- Ben Harp, Princeton Fire Department
- Bill Bonny, Prosper Fire Department
- Alisha Gimbel, Richardson OEM

Stakeholder Type

- ☒ Faith-based organizations
 - Cottonwood Creek Church
- ☒ Probation department representatives
- ☒ Court representatives (Judges, District Attorneys, public defenders)
**List the county and the official name and title of participants:*
 - Alyse Ferguson, Chief Attorney, Indigent Defense
 - Judge Weldon Copeland, Probate Court
 - Greg Willis, Collin County District Attorney

Stakeholder Type

- Scott Greeson, Richardson OEM
- Debbie Buccino, Wylie Fire Department
- ☒ Community health & human service providers
- ☒ Parole department representatives
- ☒ Law enforcement
**List the county/city and the official name and title of participants:*
 - Chief Ed Drain, Plano Chief of Police
 - Nicole Bowers, Mental Health Coordinator, Plano Police Department
 - Sergeant Richard Glenn, Plano Police Department
 - Officer Stephanie Benjamin, Crisis Intervention Team Officer, Plano Police Department
 - Officer Grace Edgar, Crisis Intervention Team Officer, Plano Police Department
 - Sergeant Michael Best, Crisis Intervention Team Sergeant, McKinney, Police Department
 - Officer Terry Qualls, Crisis Intervention Coordinator, McKinney Police Department

Stakeholder Type

Stakeholder Type

- Officer Russ Harrison, Homeless Outreach Team Officer, McKinney Police Department
- T.C. Losawyer, Mental Health Coordinator, McKinney Police Department
- Chief Anthony Henderson, Wylie Chief of Police
- Chief Doug Kowalkski, Prosper Chief of Police
- Deputy Franklin Wilson, Collin County Sheriff Department
- Captain Mitch Selman, Collin County Sheriff's Department
- Officer Felix Cauhape, Allen Police Department
- Summer Land, Mental Health Coordinator, Allen Police Department
- Sergeant Billy McIntosh, Wylie Police Department
- Haley Chandler, Mental Health Coordinator, Wylie Police Department
- Sergeant Stephen Goodwin, Crisis Team Coordinator, Frisco Police Department
- Officer Erin Hubbard, Prosper Police Department
- Chief Brian Harvey, Allen Police Department

Stakeholder Type

- Education representatives
 - Dr. Kristyn Edney Plano ISD
 - Jennifer Akins McKinney ISD
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies
- Veterans' organizations

Stakeholder Type

- Asst. Chief Ken Myers, Allen Police Department
- Chief Lynn Hadnot, Collin County Juvenile Justice Department

- Employers/business leaders
 - Local consumer peer-led organizations
 - IDD Providers
 - Community Resource Coordination Groups
 - Other:
-

Describe the key methods and activities used to obtain stakeholder input over the past year, including efforts to ensure all relevant stakeholders participate in the planning process.

- | |
|--|
| • Bi-monthly Crisis Collaboration Meeting (Law enforcement, Local hospitals, other community partners) |
| • Quarterly meetings with inpatient contracted providers |
| • Bi-monthly meetings with outpatient contracted providers |
| • Needs assessment surveys for the community and individuals/families served |
| • Bi-monthly PNAC meetings |
| • Comment forms available in each reception area reviewed by mgmt. for potential action |

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.

• Behavioral health crisis options in lieu of emergency departments or police response
• Resource limitations due to COVID related issues (limited capacity, closures, placement, accessibility, etc.)
• Increase in homelessness and lack of affordable housing
• Integrated Health Care
• Immediate access to free/affordable detox and residential treatment
• Community education programs and trainings on behavioral health issues
• Access to public transportation
• Limited access to State Hospital Beds
• Workforce Shortages
• Children and Youth Respite options

Section II: Psychiatric Emergency Plan

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

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

- Law enforcement (police/sheriff and jails)

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

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

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

II.A Development of the Plan

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

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

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

Ensuring the entire service area was represented; and

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

Soliciting input.

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

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

1. How is the Crisis Hotline staffed?

During business hours

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

After business hours

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

Weekends/holidays

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

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

- Yes. iCare, MHMR Tarrant

2. How is the MCOT staffed?

- Minimum 2 QMHPs and one LPHA available 24/7 including weekends and holidays

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

- Not Applicable

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

- MCOT provides follow-up services primarily via phone and face-to-face as needed. MCOT also assists in coordination and connection to ongoing services for skills training, case management and/or psychiatric medication management.

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

Emergency Rooms:

- Emergency departments initiate referrals for crisis services by first calling LifePath Systems' crisis hotline. The hotline will complete a brief crisis assessment and collect demographic data. iCare will resolve calls not requiring MCOT activation or pass onto LifePath Systems'

MCOT team for further evaluation and assessment (either phone, tele-video, or face-to-face) as needed.

Law Enforcement:

- Law enforcement have the option to initiate crisis assessment via the crisis hotline or MCOT on-call phone. MCOT can be dispatched to the location of the officer or provide tele-video assessment.

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

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

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

During business hours:

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

After business hours:

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

Weekends/holidays:

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

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

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

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

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

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

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

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

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

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

- LifePath Systems' MCOT team can be dispatched in pairs to community locations or residences. Preferred method of assessments is face-to-face however, tele-video options for crisis assessments are available and MCOT will work with the individual, family, LE, or other community member to initiate tele-options (i.e., Zoom, Facetime, WebEx, etc.) when needed or preferred by the individual.

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

Where does the individual wait for a bed?

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

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

- The MCOT team, along with the hospital treatment team, is responsible for providing continued crisis intervention services during this time. If the individual is in the ER or

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

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

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

Crisis Stabilization

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

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

Name of Facility	LifePath Systems Crisis Center
Location (city and county)	McKinney, TX/ Collin County
Phone number	972-562-9658
Type of Facility (see Appendix A)	Extended Observation Unit
Key admission criteria (type of individual accepted)	Voluntary or involuntary; moderate to high psychiatric symptoms; medically stable
Circumstances under which medical clearance is required before admission	Recent use of emergency medications to manage behavioral health symptoms; physically aggressive behaviors; untreated chronic medical conditions; substance use or abuse that is suspected to cause more than moderate impairment or be at risk for detox
Service area limitations, if any	Collin County
Other relevant admission information for first responders	All referrals and admissions are coordinated through MCOT via the crisis hotline.
Accepts emergency detentions?	Yes
Number of Beds	8 at full capacity
HHSC Funding Allocation	Adult GR, PESG

Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals?

Replicate the table below for each alternative.

Name of Facility	Texoma Medical Center Behavioral Health Center
Location (city and county)	Sherman, TX/Grayson County
Phone number	903.416.3000
Key admission criteria	Adult and adolescents 13 and older experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 15/day PPB funding
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds	Yes

(funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$615
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA
Name of Facility	Glen Oaks Hospital
Location (city and county)	Greenville, TX/Greenville County

Phone number	903.454.6000
Key admission criteria	MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Generally, admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 15/day PPB funding
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$595
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA
Name of Facility	Haven Behavioral
Location (city and county)	Frisco, TX/Collin County
Phone number	469.535.8000
Key admission criteria	Adults and adolescents 13 and older experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state

Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 15/day PPB funding
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$630

If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA
Name of Facility	Methodist Richardson Medical Center
Location (city and county)	Richardson, TX/Dallas County
Phone number	469.204.1000
Key admission criteria	Adults experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 15/day PPB funding
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid	Yes

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

Location (city and county)	6110 W. Parker Rd, Plano, TX
Phone number	682.236.6023
Key admission criteria	Adolescents or adults experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	Max 15/day PPB funding
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$630
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA
Name of Facility	Perimeter Behavioral Hospital of Arlington
Location (city and county)	Arlington, TX/Tarrant County
Phone number	817.662.6342
Key admission criteria	Children and adolescents (5 to 17) or adults (65+) experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state

Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	116
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$630

If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA
Name of Facility	The Pavilion (Medical City Behavioral Health of McKinney)
Location (city and county)	McKinney, TX/Collin County
Phone number	972.547.8888
Key admission criteria	Adults experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Generally, admits occur through emergency department; admissions must go through medical clearance
Number of Beds	80
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	No
If under contract, is the facility contracted for rapid	NA

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)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	NA
If under contract, what is the bed day rate paid to the contracted facility?	NA
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	No
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA
Name of Facility	Carrolton Springs Psychiatric Hospital

Location (city and county)	Carrollton, TX/Dallas County
Phone number	972.242.4114
Key admission criteria	Adults experiencing MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
Service area limitations, if any	Accepts referrals from multiple counties across the state
Other relevant admission information for first responders	Accepts lobby walk-ins, but generally admits occur through emergency department; admissions must go through medical clearance
Number of Beds	unknown
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	No
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	NA

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

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.

- Received HHSC Outpatient Competency Restoration (OCR) Program in May 2021 to serve 13 individuals

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

- Delayed court proceedings or competency evaluations due to COVID restrictions
- Limited beds at the state hospital for competency restoration
- Funding to support forensic evaluation to determine competency of individuals enrolled in OCR
- Housing options to facilitate successful completion of those enrolled in OCR programming
- Workforce shortages

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.

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

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.

- Krystal Valera, QMHP-CS

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

- Coordination between Collin County Court, Indigent Defense, Jail Medical Team and LifePath Systems' COC liaison and OCR program.

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

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

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

- OCR: funding to include forensic psychological assessment; local psychologists who provide forensic assessments; evidenced based training and support from HHSC; expediting reinstatement of benefits for those who lost insurance/benefits while incarcerated, housing limitations in Collin County to include affordable housing options
- Inpatient Competency Restoration: state hospital availability; local hospitals capable to take on programming; funding for local inpatient competency restoration; expediting reinstatement of benefits for those who lost their insurance/benefits while incarcerated

- Jail-based competency restoration: funding to support programming to include clinical staff and medications; physical space availability is currently limited in Collin County jail to offer jail-based services as well as current COVID restrictions to allow people in; tele-video capability and safety considerations; insurance limitations for those incarcerated and preparing for release

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

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

- Internal integration of SUD and MH programs
- Established contracts with SUD providers to offer continuum of care (outpatient, residential, detox, MAT)
- Implemented Care Coordination Team
- Established MOUs with local FQHC and other local indigent primary care clinics
- Partnered with FQHC for shared community space
- Collaborative planning meetings with emergency departments, inpatient hospitals, law enforcement, court systems, ISDs, and primary care clinics

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

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

II.E Communication Plans

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

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

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

- Monthly MCOT member coaching with lead
- Monthly MCOT meetings
- Implementation of interdepartmental trainings
- Collaborative meetings with hotline contractor

II.F Gaps in the Local Crisis Response System

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

County	Service System Gaps	Recommendations to Address the Gaps
Collin	<ul style="list-style-type: none"> • Diversion from EDs 	<ul style="list-style-type: none"> • Medical clearance options that are not the emergency department

		<ul style="list-style-type: none"> • Outreach and training on accessing crisis hotline first • Expanded partnership with local law enforcement for on-scene MH intervention • Implementation of High Utilizer Group outreach team • Implementation of the Living Room
Collin	<ul style="list-style-type: none"> • Intervention and partnerships with local law enforcement 	<ul style="list-style-type: none"> • Expanded utilization of Tele-crisis Assessment Program (TAP)—will be expanding to all officers and all shifts with Plano PD • Plan to expand to other jurisdictions • Training with local law enforcement on diversion efforts
Collin	<ul style="list-style-type: none"> • Consistent tele-video options during pandemic 	<ul style="list-style-type: none"> • Uniform platform across systems
Collin	<ul style="list-style-type: none"> • Hospital discharge planning for those who are homeless 	<ul style="list-style-type: none"> • Emergency or transitional housing availability (currently no homeless shelters or emergency housing options in Collin County)

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to the involvement of individuals with mental and substance use disorders in the criminal justice system. The model is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change.

A link to the SIM can be accessed here:

<https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

In the tables below, indicate the strategies used in each intercept to divert individuals from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years. If not applicable, enter N/A.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Coordinated Specialty Care 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> Double team in FY22. Coordinating with local inpatient facilities, jail, and court system to identify individuals who have experienced their first episode of psychosis within the last 2 years to provide early intervention and

		support in order to divert and reduce entry/reentry into legal system
<ul style="list-style-type: none"> • Outpatient Diversion Program 	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Continue collaborative efforts for Jail Transport; COC/Jail Liaison for appropriate coordination post incarceration; expand tele-video capabilities • Add LPHA to diversion staffing
<ul style="list-style-type: none"> • ACT 	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Expanded ACT team in last year—doubled individuals served • Added new location for service delivery—groups, telepsychiatry, nursing
Peer Services	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Expanded Peer FTEs across the BH Division to include peer services specific to Diversion caseload • Partnership with Prelude Clubhouse to provide additional employment resources • Implement Peer Training and Certification Site to increase access to peer providers

<ul style="list-style-type: none"> In-house QMHP for Collin County Jail 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> 24/7 Collin County funded position to support crisis response efforts, coordinated release from jail and recommendations for those experiencing a MH crisis in the jail
<ul style="list-style-type: none"> Multi-Systemic Therapy 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> In process of developing MST team which will focus on serving adolescents 12-17 at risk of severe consequences with the juvenile justice system. Will serve first family mid FY23.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Development of Tele-crisis Assessment Program (TAP) partnering with Plano PD for pilot program 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> Was expanded to 24 hours a day to all Plano PD officers Expansion to other Collin County Jurisdictions
<ul style="list-style-type: none"> Grant opportunity: High Utilizer Group outreach team 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> Goal is to partner with local law enforcement, homeless outreach teams, and dispatch to identify "high utilizers" in Collin County for

		MH support and services access
<ul style="list-style-type: none"> Grant Opportunity: the Living Room 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> Diversion effort in lieu of arrests for “nuisance” crimes (i.e., criminal trespass) or unnecessary emergency department use
<ul style="list-style-type: none"> Bimonthly Community Crisis Collaborative meeting 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> Expand meeting with stakeholders such as hospitals, law enforcement, local health officials, and resource agencies Continue group meetings and establish individual meetings as needs arise
<ul style="list-style-type: none"> Law Enforcement Liaison on staff 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> Expand partnerships with each jurisdiction in Collin County Implement training opportunities for local law enforcement Biannual county wide CIT meetings
<ul style="list-style-type: none"> Training/presentations to local CIT training 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> Attend CIT trainings hosted in Collin County to discuss MH crisis service system and LifePath services

		<ul style="list-style-type: none"> • Collaboration with new CSO CIT officer for training and coordination
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Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Jail Diversion Team 	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Jail Liaison attends jail medical meetings to facilitate coordinated release

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

		<ul style="list-style-type: none"> • Link individuals to appropriate ongoing MH and SUD recovery options
<ul style="list-style-type: none"> • Collin County Veteran's Court 	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Continue participation and collaboration • Link individuals to appropriate ongoing MH and SUD recovery options
<ul style="list-style-type: none"> • Juvenile Mental Health Continuity of Care 	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Continue participation and collaboration • Link individuals to appropriate ongoing MH and SUD recovery options
<ul style="list-style-type: none"> • Juvenile Mental Health Court 	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Began late FY21. Continue partnership and collaboration with Collin County Juvenile Justice Department
<ul style="list-style-type: none"> • Adult Mental Health Court 	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Starting in January 2023

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> •TCOOMMI 	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Expand coordination activities with local probation and parole departments

		<ul style="list-style-type: none"> --Improve coordination of TCOOMMI quarterly meetings to include probation involvement --expand tele-video service delivery
<ul style="list-style-type: none"> • Outpatient Diversion Programs 	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Continue collaborative efforts with COC/Jail Liaison for appropriate coordination post incarceration; expand tele-video capabilities Added LPHA to diversion staffing COC establishing biweekly meetings to coordinate care with Juvenile Detention Center
<ul style="list-style-type: none"> • MVPN 	<ul style="list-style-type: none"> • Collin 	<ul style="list-style-type: none"> • Support to active-duty service members, veterans, and/or family members in local Veteran Court via job coaching, peer support, and resource navigation

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
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<ul style="list-style-type: none"> Establishing relationship with local parole department 	<ul style="list-style-type: none"> Collin/Dallas 	<ul style="list-style-type: none"> Foster relationships and connection to ongoing outpatient mental health services for parolees
<ul style="list-style-type: none"> Establishing relationship with local parole department 	<ul style="list-style-type: none"> Dallas 	<ul style="list-style-type: none"> TCOOMMI, Jail Diversion, and Substance Use Disorder programming working to establish rapport with parole officers and supervisors
<ul style="list-style-type: none"> Strengthen Relationships with Juvenile Services 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> Partner with Child and Adolescent Mental Health Court participating in bi-weekly staffing and providing services to families in MH court.
<ul style="list-style-type: none"> Implement Multi-Systemic Therapy (MST) Team 	<ul style="list-style-type: none"> Collin 	<ul style="list-style-type: none"> Developing an MST team consisting of 1 supervisor and 4 therapists working with families with adolescents 12-17 who are at risk of severe consequences with the juvenile justice system.

III.B Other Behavioral Health Strategic Priorities

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

- Gap 1: Access to appropriate behavioral health services

- Gap 2: Behavioral health needs S public school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

- Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Expanded Telepsychiatry in LifePath’s Open Access program to allow for same day access for both clinical intake and medication mgmt.. • Expanded Telepsychiatry to outpatient services at LifePath’s Crisis Respite Unit • Established Care Coordination Team to provide community-based intake, assessments, and services 	<ul style="list-style-type: none"> • Collaboration with local stakeholders for shared space • Increase LPHA and intern staffing in Open Access program • Increase tele-video options and capability across the county • Planning facility expansion near Collin County Detention Center and Court.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • Expanded tele-video options for most services • Community partnerships for field-based intakes • Expanding the workforce with recent guidance from the Texas Council related to the minimum qualifications for QMHPs. • Partnership with UTSW through the Community Psychiatry Workforce Expansion Project, bringing additional C&A psychiatry services to Collin County. 	
Improving continuity of care between inpatient	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • COC Team dedicated to effective 	<ul style="list-style-type: none"> • Improve collaborative efforts with MCOs for

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
care and community services and reducing hospital readmissions		coordination from inpatient care to ongoing outpatient care <ul style="list-style-type: none"> • Implementation of Care Coordination Team • Quarterly meetings with contracted inpatient providers • Bi-monthly collaborative meetings with law enforcement, ERs, and local psychiatric hospitals 	information sharing and referral to services
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"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • Utilizing LifePath foundation funds for rapid housing options for state hospital and PPB discharges • Expanded Supported Housing team by 2 FTEs • Established weekly contact via tele-video 	<ul style="list-style-type: none"> • Continued involvement in discharge planning and interdisciplinary team meetings between LifePath's COC team and Terrell State Hospital

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>or face to face visits to TSH for discharge planning and interdisciplinary team meetings</p> <ul style="list-style-type: none"> • Expansion of ACT team 	
<p>Implementing and ensuring fidelity with evidence-based practices</p>	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • Monthly fidelity reviews and supervision between Leads and direct service staff • Monthly quality assurance chart audits • Restructured quality review tool to include all EBPs • Expanded training program by 3 FTEs • Upgraded Relias system • Expanded crisis training track 	<ul style="list-style-type: none"> • Pre- and post-tests implementation for trainings • Seek additional training and coaching opportunities for EBPs • Expand structure of supervision requirements for leads and management • Collaboration for Zero Suicide Initiative and training opportunities

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • Addition of Fidelity Managers to program workforce 	
<p>Transition to a recovery-oriented system of care, including use of peer support services</p>	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • Expanding Peer Services/FTEs • Updated curriculum to offer in depth virtual and/or face-to-face PCR, TIC, CLAS, and Military Cultural competencies • Monthly reviews and supervision between outpatient leads and direct services staff 	<ul style="list-style-type: none"> • Develop treatment team approach through Care Coordination and including individual and natural supports • Have peer dedicated to each location/program at LifePath Systems
<p>Addressing the needs of consumers with co-occurring substance use disorders</p>	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • Expanded COPSD training • Added dedicated COPSD case managers to Adult BH programming • Expanded Care Coordination efforts for those with cooccurring disorders 	<ul style="list-style-type: none"> • Seek additional funding opportunities for immediate access for detox for those with co-occurring disorders • Continue training and cross training of staff to build understanding and

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • Internal integration of SUD, MH, and crisis programs and staff • Expanded hours for OSAR and expanded field-based capability • Built robust provider network to include multiple outpatient, residential, and detox providers • Offering virtual AA at LifePath's Crisis Respite Unit 	<p>bridge gap between MH and SUD</p>
<p>Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.</p>	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • Established MOUs with FQHC and local indigent primary care providers • Collaborative grant opportunities to include LifePath and local indigent primary care providers • Began planning and implementation 	<ul style="list-style-type: none"> • LifePath will be partnering with local FQHC for shared space at their new facility once completed • Seek additional community partnership grant opportunities Seek opportunities for on-site based face-to-face and/or virtual behavioral health service

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		process for onsite integrated healthcare	options to other physical health care providers
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • Expansion of field-based staff to provide intensive services • Expand tele-video options for service delivery • Added transportation department dedicated to assist individuals getting to and from LifePath scheduled appointments 	<ul style="list-style-type: none"> • Implementing tablet/hotspot check-out system for individuals and families • Add fleet manager and 3 transportation specialists to staffing in FY22
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • Integration with MCOT and IDD Crisis • Dedicated bed at LifePath's Crisis Center for IDD respite 	<ul style="list-style-type: none"> • Establishing continued sustainability plan for Dual Diagnosis Clinic. • Establishing inter-agency process for respite care for IDD individuals at LifePath's Crisis Center

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • Added additional training opportunities for MCOT • Established Dual Diagnosis Clinic for individuals with IDD and BH 	
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • 1 FTE • Seek additional grant opportunities to address BH needs of veterans • Utilization of LifePath Foundation funding specific to veteran population (include financial assistance, home renovations, job coaching needs) • Active participant of local Veteran's MH Court 	<ul style="list-style-type: none"> • Establishing MOUs with other local Veteran providers (Veteran Affairs and Stephen A. Cohen Clinic) • Seeking other partnerships with local veteran peer networks

III.C Local Priorities and Plans

Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.

List at least one but no more than five priorities.

For each priority, briefly describe current activities and achievements and summarize plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.

Local Priority	Current Status	Plans
Emergency Department Diversion for MH crises	<ul style="list-style-type: none"> • Tele-crisis Assessment Program (TAP) implementation with Plano PD • Offering tele-video and audio only assessments (transitioning from audio only) to emergency departments and hospitals (implemented in response to COVID, but has significantly decreased ER wait time due to limited driving) • Utilization of grant funding to implement proactive 	<ul style="list-style-type: none"> • Expand Tele-crisis Assessment Program (TAP) to 24/7 coverage and to all jurisdictions • Continued outreach efforts and community education on accessing crisis line and/or MCOT • Expand inpatient PPB provider network • Collaborating with local hospitals and partners for “medical clearance” requirements • Expand tele-video capabilities to meet needs of local hospitals and ERs

Local Priority	Current Status	Plans
	<p>approaches (Living Room and High Utilizer Group)</p> <ul style="list-style-type: none"> • Transitioned back to full capacity at LifePath’s Crisis Center (previously moved to half capacity to allow single occupancy rooms due to COVID) 	<ul style="list-style-type: none"> • Training about LifePath Crisis Center exclusionary criteria to be provided to local ERs by LifePath’s DON
Emergency housing/transitional living	<ul style="list-style-type: none"> • Limited foundation funding for rapid housing options • No emergency options for homeless population—most must be place out of Collin County 	<ul style="list-style-type: none"> • Seeking partnership with local resources and county for options
Adolescent Justice Involved Diversion	<ul style="list-style-type: none"> • Currently we participate in children’s mental health court and have YES waiver for children with both severe emotional disturbance and juvenile justice involvement 	<ul style="list-style-type: none"> • Implement a Multi-Systemic Therapy Team to target families with youth at risk of serious consequences in the juvenile justice system. This program helps these families transform the lives of troubled youth reducing criminal activity and other undesirable activities.

III.D System Development and Identification of New Priorities

Development of the local plans should include a process to identify local priorities and needs and the resources required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This builds on the ongoing communication and collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information provides a clear picture of needs across the state and support planning at the state level.

In the table below, identify the local service area's priorities for use of any new funding should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

Provide as much detail as practical for long-term planning and:

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
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1	Example: <i>Detox Beds</i>	<ul style="list-style-type: none"> • <i>Establish a 6-bed detox unit at ABC Hospital.</i> 	•
2	Example: <i>Nursing home care</i>	<ul style="list-style-type: none"> • <i>Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.</i> • <i>Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.</i> 	•
	PPB Funding	<ul style="list-style-type: none"> • Received additional PPB funding, but maximum bed day amount continues to be significantly lower than hospital UCR. 	<ul style="list-style-type: none"> • Increase max bed day rate allowable under PPB funds from \$634 to \$825 without reducing capacity: \$948K
	Expanded Crisis Center/ Diversion Center	<ul style="list-style-type: none"> • Establish partnership diversion programming between LifePath, Local LE, and/or hospital(s) in planning for new facility 	<ul style="list-style-type: none"> • Estimated total for salaries, benefits, supplies, building and utility expenses, contracts (security and behavioral health tech), operation, and M&S: \$2.25M
	Crisis Response-	<ul style="list-style-type: none"> • Crisis funds have not been increased since becoming LBHA. Double Mobile Crisis 	<ul style="list-style-type: none"> • Estimated total needed to double MCOT team (includes salaries,

		Outreach Team (MCOT) to effectively provide community-based response to meet the growing needs of Collin County due to increased mental health needs post pandemic as well as population growth	benefits, supplies, operations, and M&S): \$1.7M
	Workforce Shortage	Increase workforce salaries to be comparable to local market and decrease turnover rate	<ul style="list-style-type: none"> Estimated total needed to increase salary and fringe by 10% for clinical and support staff: \$1.2M
	Ambulatory Detox	<ul style="list-style-type: none"> Establish Outpatient Detox Program 	<ul style="list-style-type: none"> Estimated total for salaries, benefits, supplies, building and utility expenses, operations, and M&S: \$1M

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 may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

Rapid Crisis Stabilization and Private Psychiatric Beds – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.

Appendix B: Acronyms

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