Health and Human Services

Form O
Consolidated Local Service Plan (CLSP)

Local Mental Health Authorities and Local Behavioral Health Authorities

September, 2017

Contents

Introduction

The Consolidated Local Service Plan (CLSP) encompasses all of the 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.

CLSP asks for information related to community stakeholder involvement in local planning efforts. 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. 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 (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*
    - *Services for individuals with IDD*
    - *Services for at-risk youth*
    - *Services for veterans*
    - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
Lakes Regional Community Center	395 N Main St Paris, Texas 75460	Lamar	• Texas Resilience and Recovery (TRR) outpatient services for Adults and Children; Screening, assessment, and intake for both Adults and Children; Counseling services for Adults and Children; Outpatient crisis services Adults and Children
Lakes Regional Community Center	2870 N Main Street Paris, Texas 75460	Lamar	• Skills Training and Psychosocial Rehab services for both Adults and Children
Lakes Regional Community Center	22 W Cherry Street Paris, Texas 75460	Lamar	• TCOOMMI and Substance Abuse treatment (outpatient) for Adults
Lakes Regional Community Center	1300 W 16th Street Mt. Pleasant, Texas 75455	Titus	• Texas Resilience and Recovery (TRR) outpatient services for Adults and Children; Screening, assessment, and intake for both Adults and Children; Counseling services for Adults and Children; Outpatient crisis services Adults and Children; Skills Training and Psychosocial Rehab services for Adults
Lakes Regional Community Center	107 W. 20th Street Mt. Pleasant, Texas 75455	Titus	• Screening, Assessment, and Intake for Children; Counseling services for Children; Outpatient services for Children

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
Lakes Regional Community Center	655 Airport Road Sulphur Springs, Texas 75482	Hopkins	• Texas Resilience and Recovery (TRR) outpatient services for Adults and Children: Screening, assessment, and intake for both Adults and Children; Counseling services for Adults and children; Outpatient crisis services Adults and Children; Skills Training and Psychosocial Rehab services for Adults

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

- *Identify the Regional Health Partnership (RHP) Region(s) associated with each project.*
- *List the titles of all projects you proposed for implementation under the 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 *Target for DY6*	Population Served	Year/Number Served *Unique*
RHP1	Depression Trauma – Counseling Center Locations: Paris, Sulphur Springs and Mt. Pleasant, Texas	3	DY6 Oct 2016-Sept 2017 297	Adults 18 and older	DY5 Oct 2015-Sept 2016 594
RHP1	InSHAPE (Healthy Lifestyle Program) Location, Greenville, Texas	3	DY6 Oct 2016-Sept 2017 45	Adults 18 and older	DY5 Oct 2015-Sept 2016 46
RHP1	Integrated Care (Primary Healthcare Program) Locations: Paris, Sulphur Springs and Mt. Pleasant, Texas	3	DY6 Oct 2016-Sept 2017 500	Adults 18 and older	DY5 Oct 2015-Sept 2016 616
RHP9	Cognitive Enhancement Therapy (CET) Program Location: Terrell, Texas	3	DY6 Oct 2016-Sept 2017 30	Adults 18 and older	DY5 Oct 2015-Sept 2016 50
RHP10	Depression Trauma – Counseling Center Location: Corsicana, Texas	3	DY6 Oct 2016-Sept 2017 196	Adults 18 and older	DY5 Oct 2015-Sept 2016 336
RHP18	Depression Trauma – Counseling Center Location: Rockwall, Texas	3	DY6 Oct 2016-Sept 2017 109	Adults 18 and older	DY5 Oct 2015-Sept 2016 262
RHP18	InSHAPE (Healthy Lifestyle Program) Location: Rockwall, Texas	3	DY6 Oct 2016-Sept 2017 36	Adults 18 and older	DY5 Oct 2015-Sept 2016 36

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, Assessment, 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
☒	Peer Specialists	☒	IDD Providers
☐	Foster care/Child placing agencies	☐	Community Resource Coordination Groups
☐	Veterans' organization	☐	Other: _____

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

• Face to Face Meetings
• Community Surveys

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

• A minority of at least 16% had difficulty accessing services and Lakes will use comments to refine our access to care processes.
• 10% or less of stakeholders were not satisfied with customer service. Lakes is engaged in a major shift to enhance quality in service provision and simultaneously engaged in customer service & revenue cycle improvement efforts.
• Largest priority for stakeholders was that services be available in the primary language of service recipients. Lakes will pursue stable contracting to guarantee that multiple language support is available for facilities.
• Half of stakeholders had a high priority for state hospital beds and Lakes is pursuing expanding our allocation for state supported hospital beds.
• A gap in local crisis response system important to stakeholders was more private hospital beds. Lakes will pursue state funding to allow contracting with more private psychiatric hospitals.

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 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.

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
- Users of crisis services and their family members

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 used 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
- Ensuring the entire service area was represented

- Soliciting input

- Sent out survey to all key stakeholders to assess the needs of the community. The data collected will be analyzed

II.B Crisis Response Process and Role of MCOT

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

    - Lakes Regional is staffed with a Mobile Crisis Outreach Team of 5 QMHP's that are "On-duty" from 7:30 am – 7 pm daily (peak crisis hours) in order to provide a faster response time. They are able to respond individually or as a 2 person team. Other QMHP's are also available for crisis, as needed.
    -

    b. After business hours

    - Crisis are responded to either by MCOT staff, a Center QMHP, or LPHA. AVAIL provides hotline services. .

    c. Weekends/holidays

    - Weekends/Holidays are covered by Center Staff, MCOT Team, and AVAIL. Staff are supervised by LPHA at all times (LPHA on-call 24/7) and an LPHA is available for telephone or face to face consultation, as needed. Psychiatrist is available for consultation.
    -

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

- After hours MCOT deployment are determined by disposition given to call by AVAIL. Calls that are determined to be emergent are responded to within 1 hour. For urgent crisis situation, the crisis staff is deployed within 8 hours and in routine crisis situation, the team is deployed within 24-hours. During business hours, MCOT is deployed upon request for crisis screening.

3. What is the role of MCOT during and after a crisis when crisis care is initiated through the LMHA or LBHA (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 or LBHA.

- MCOT staff completes the majority of crisis screenings that occur during business hours, and all those that occur between the hours for 5 pm Friday – 8 am Tuesday. Center Staff cover Tuesday – Thursday nights. MCOT provides follow-up to all crisis. Individuals that have experienced a crisis are offered LOC 5 transitional services or other LMHA services for which they meet eligibility criteria.

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

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

    - Emergency rooms: Local emergency rooms routinely contact the LMHA when an individual is in crisis, and MCOT is deployed.
    - Law enforcement: Law enforcement routinely contacts the LMHA when an individual is in crisis and MCOT is deployed.

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

    - Emergency rooms: MCOT performs assessments, referrals, and consultation
    - Law enforcement: MCOT performs assessments, referrals, and consultation

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:

- If an individual in crisis cannot be stabilized at the site of the crisis they are taken to the local ER for medical clearance.

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

- If an individual in crisis is determined to need admission to a hospital the MCOT staff identify the payer source to determine if referral will be made to a private psychiatric hospital, a state hospital, or a state-funded private hospital bed. A crisis screening is completed and recommendations for least restrictive environment are made. If hospitalization at a state hospital or a state-funded private hospital bed is recommended, the crisis screening is transmitted to authorize bed days.
- If recommending hospitalization, consider suitability for state-funded private psychiatric bed (PPB contract hospitals). Staff completing crisis assessment and seeking admission to PPB contact Utilization Management Department to check availability of the PPB option and await return call.

    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.):

- No facility-based crisis stabilization (other than hospitalization) is available in our service area.

    d. Describe your process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, or under a bridge:

- If the request is to go to a private location, staff with clinic director or designee to determine need for team deployment.

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

    - Emergency rooms or law enforcement can contact the local LMHA or AVAIL when inpatient level of care is needed.

    b. After business hours

    - After hours, emergency rooms or law enforcement should contact AVAIL.

    c. Weekends/holidays

    - Contact AVAIL.

7. If an inpatient bed is not available:

    a. Where is an individual taken while waiting for a bed?

    - If an inpatient bed is not available, the individual waits in the local emergency room.

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

    - Emergency room staff will monitor individual, and MCOT staff will follow-up daily until bed is obtained.

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

- Determination of the need for an inpatient level of care is determined by MCOT staff. MCOT staff will consult with emergency room staff in making this determination.

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

- Local law enforcement is responsible for transportation.

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	N/A
Location (city and county)	
Phone number	
Type of Facility (see Appendix A)	
Key admission criteria (type of patient accepted)	
Circumstances under which medical clearance is required before admission	
Service area limitations, if any	
Other relevant admission information for first responders	
Accepts emergency detentions?	

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	Glen Oaks Hospital
Location (city and county)	Greenville, Hunt County
Phone number	(903) 454-8882
Key admission criteria	private psychiatric bed contractor serving indigent clients in our GR counties admission is through Lakes UM department approval only.
Service area limitations, if any	
Other relevant admission information for first responders	

Name of Facility	East Texas Medical Center Behavioral Health
Location (city and county)	Tyler, Smith County
Phone number	(903) 266-2200
Key admission criteria	private psychiatric bed contractor serving indigent clients in our GR counties admission is through Lakes UM department approval only
Service area limitations, if any	
Other relevant admission information for first responders	

Name of Facility	Texoma Medical Center Behavioral Health (TMC)
Location (city and county)	Sherman, Fannin County
Phone number	(903) 416-3000
Key admission criteria	private psychiatric bed contractor serving indigent clients in our GR counties admission is through Lakes UM department approval only
Service area limitations, if any	
Other relevant admission information for first responders	

II.C Plan for local, short-term management of pre- and post-arrest patients who are 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.

○ None Available

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

○ Funding

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

○ Do not have a full-time jail liaison position. MCOT staff fill roll as needed

    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.

○ MCOT staff

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.

- N/A

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.)?

- No need at this time

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

- N/A

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

13. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who have you collaborated with in these efforts?

- 1115 Integrated Care Medical Mobile Unit brought increased awareness of the need for collaboration with community partners. Psychiatric emergency responses are conducted within local Emergency Departments to further our working relationships with our community providers.

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

- Further consideration for integration of emergent psychiatric, substance use and physical healthcare treatment will be incorporated into our CCBHC development plans.

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.

- MCOT protocols for psychiatric response have been shared with all ERs and Law Enforcement personnel.

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

- New Employees: Competency training, protocol reviews, quarterly meetings, peer reviews, and monthly clinical supervision.

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
Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• State Hospital Beds
Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Law Enforcement Training
Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Mental Health Workers in the Jail

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Texas Statewide Behavioral Health Services Plan highlights the need for effective jail diversion activities:

- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *Goal 1.1.1, Address the service needs of high risk individuals and families by promoting community collaborative approaches, e.g., Jail Diversion Program*
- *Goal 1.1.2: Increase diversion of people with behavioral health needs from the criminal and juvenile justice systems*

In the table below, 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 describing the strategies checked in the first column. For those areas not required in the HHSC Performance Contract, enter NA if the LMHA or LBHA 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	• Crisis screenings available in the jail and other locations with law enforcement present. • Law enforcement backup for welfare checks • MOUs with Jails for services

Intercept 1: Law Enforcement and Emergency Services	
Components	**Current Activities**
☐ Other: Click here to enter text.	
Plans for the upcoming two years: • Increase telehealth screenings in jails and update MOUs	

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 authorize alternative services to incarceration ☒ Link to comprehensive services ☐ Other: Click here to enter text.	• Assessments, screenings, and Referrals
Plans for the upcoming two years: • Update MOUs	

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	• Drug court in Titus county

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
☐ 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 ☐ Compelled medication in jail for persons Incompetent to Stand Trial ☐ 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: • Update MOUs	

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	• TCOOMI Contract

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	**Current Activities**
☐ Other:	
Plans for the upcoming two years: • Update MOUs	

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:	• TCOOMI Contract
Plans for the upcoming two years: • Update MOUs	

III.B Other Behavioral Health Strategic Priorities

The Texas Statewide Behavioral Health Strategic Plan identifies other significant gaps in the state's behavioral health services system, including the following:

- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 4: Veteran and military service member supports*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*

Related goals identified in the plan include:

- *Goal 1.1: Increase statewide service coordination for special populations*
- *Goal 2.1: Expand the use of best, promising, and evidence-based behavioral health practices*
- *Goal 2.3: Ensure prompt access to coordinated, quality behavioral healthcare*
- *Goal 2.5: Address current behavioral health service gaps*
- *Goal 3.2: Address behavioral health prevention and early intervention services gaps*
- *Goal 4.2: Reduce utilization of high cost alternatives*

Briefly describe the current status of each area of focus (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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• All locations use an Open Access or Same Day/Next Day model of access to services	• All locations will strive to provide access to psychiatric services within 7 days of discharge from hospitalization
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• No liaison contract with Terrell State Hospital to provide continuity of care	• Stay the Same
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• 2 on the list both forensic, will meet with them to assess community needs for discharge	• Meet with individuals not on list to assess community needs
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• Quarterly peer review with each MH unit to assess fidelity	• Will continue this process
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• 1 FTE Peer Specialist and 1 volunteer peer specialist in training. • Job Description will include a task for	• Plan to add more Peer Specialists

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		improving recovery orientation of the system	
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• All Staff demonstrate competency in COPSD and we contract SUD services	• Continue what we currently have in place
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• Medical Bus rotated between the clinics	Will explore contracts with local hospitals to increase services
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	Individuals are encouraged to utilize Medicaid Transportation for services, and center transportation is available on a limited basis.	• Lakes Regional participates in local transportation planning meetings and will continue to explore transportation options.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• Expanded behavioral health services with this addition of a psychiatrist specializing in Intellectual Disabilities.	• Continue efforts of expanded services.
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• Following state opportunities for available resources	• Continue with current strategy

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
Counseling Services for children	• One LPHA assigned to seven counties	• Evaluate capacity in the DSHS contract and provide training
Increase Peer Provider Network	• One FTE assigned to Lamar and Delta counties. One volunteer assigned to Camp, Franklin, Morris, and Titus counties	• Assist the volunteer with obtaining certification and develop services in Hopkins
Further Integration of Psychiatric, Physical, and Substance use Services	• 1115 Mobile Medical Unit served all seven counties. SUD services are available in Mount Pleasant and Sulphur Springs	• Expand SUD services to Delta and Lamar counties. Further develop MOUs with local hospitals to integrate Physical and Psychiatric Services.
	•	•
	•	•

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 will build 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 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 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.

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	Brief description of how resources would be used	Estimated Cost
1	***Example:*** *Detox Beds*	• *Establish a 6-bed detox unit at ABC Hospital.*	•
2	***Example:*** *Nursing home care*	• *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.* • *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.*	•
1.	MCOT Redesign	• Used to redesign protocols, hire and train additional staff to meet projected demands of jail	• $150,000

		screenings.	
2.	Private Psychiatric Beds	• Current PPB contracts will need to be expanded	• $350,000
3.	Tele-Medicine Equipment in the Jails	• Will be used to expand telehealth Services in the jails	• $10,000
		•	•

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. 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/LBHA 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.