Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local Behavioral Health Authorities

Fiscal Years 2020-2021
Due Date: September 30, 2020
Submissions should be sent to:
Performance.Contracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

Health and Human Services Commission

Contents

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Introduction

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

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

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	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 • Skills Training and Psychosocial Rehab services for both Adults and Children

Lakes Regional Community Center	637 Clarksville Street Paris, TX 75460	Lamar	• TCOOMMI and Substance Use Disorder (SUD) outpatient treatment for Adults.
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... • Substance Use Disorder (SUD) outpatient treatment 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 • Substance Use Disorder (SUD) outpatient treatment for Adults.

I.B Mental Health Grant Program for Justice Involved Individuals

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

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY20	N/A			

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

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that
provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
FY20	N/A			

I.D Community Participation in Planning Activities

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

	Stakeholder Type		Stakeholder Type
☒	Consumers	☒	Family members
☒	Advocates (children and adult)	☒	Concerned citizens/others
☒	Local psychiatric hospital staff **List the psychiatric hospitals that participated:* • A Stakeholder Needs Assessment was sent to local psychiatric hospitals however, the responses were anonymous.	☐	State hospital staff **List the hospital and the staff that participated:* • A Stakeholder Needs Assessment was sent to local hospitals however, the responses were anonymous.
☒	Mental health service providers	☒	Substance abuse treatment providers
☒	Prevention services providers	☐	Outreach, Screening, Assessment, and Referral Centers
☒	County officials **List the county and the official name and title of participants:* • A Stakeholder Needs Assessment was sent to county officials however, the responses were anonymous.	☒	City officials **List the city and the official name and title of participants:* • A Stakeholder Needs Assessment was sent to city officials however, the responses were anonymous.
☐	Federally Qualified Health Center and other primary care providers	☐	Local health departments
		☒	LMHAs/LBHAs **List the LMHAs/LBHAs and the staff that participated:* • LMHA staff responses were anonymous
☒	Hospital emergency room personnel	☒	Emergency responders

	Stakeholder Type		Stakeholder Type
☒	Faith-based organizations	☒	Community health & human service providers
☒	Probation department representatives	☒	Parole department representatives
☒	Court representatives (Judges, District Attorneys, public defenders) **List the county and the official name and title of participants:* • A Stakeholder Needs Assessment was sent to court representatives however, the responses were anonymous.	☒	Law enforcement **List the county/city and the official name and title of participants:* • A Stakeholder Needs Assessment was sent to law enforcement representatives however, the responses were anonymous**.**
☒	Education representatives	☐	Employers/business leaders
☒	Planning and Network Advisory Committee	☐	Local consumer peer-led organizations
☒	Peer Specialists	☐	IDD Providers
☐	Foster care/Child placing agencies	☐	Community Resource Coordination Groups
☐	Veterans' organizations	☐	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.

• Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis. During the SWOT Analysis, GAPs and Barriers are also identified.
• Stakeholder Needs Assessment
• Individual & Family Needs Assessment

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

• Identified adult and youth jail diversion/juvenile justice diversion programs as the greatest need in the community.
• Lack of transportation is the greatest challenge to receiving MH services.
• Identified the need for a detoxification program.

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;

- As indicated in the above. Identified recipients for each county we serve.

Ensuring the entire service area was represented; and

- Mailed, emailed, and hand delivered Needs Assessment to all key stakeholders to assess the needs of the community.

Soliciting input.

- Essential stakeholders for each of the seven counties were delivered a Needs Assessment.

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

- Contracted with Avail for 24 hours/7 days a week

After business hours

- Avail is staffed 24 hours/7 days a week

Weekends/holidays

- Avail is staffed on all holidays 24 hours/7 days a week

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

- AVAIL

3. How is the MCOT staffed?

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.

After business hours

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

Weekends/holidays

- On-call staff respond during this time.

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

- N/A

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

- 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.

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:

- Local emergency rooms routinely contact the LMHA when an individual is in crisis, and MCOT is deployed.

Law Enforcement:

- City and county jails routinely contacts the LMHA when an individual is in crisis and MCOT is deployed.

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

- N/A-NTBHA provides the coverage for these requests.

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

During business hours:

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

After business hours:

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

Weekends/holidays:

- Contact AVAIL

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?

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

10. Describe the community's process if an individual requires further evaluation 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.

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

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).

- Crisis Respite is available for dually diagnosed individuals (MH and IDD). The IDD Crisis Intervention Coordinator would facilitate these services.

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.

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

14. If an inpatient bed at a psychiatric hospital is not available:
    Where does the individual wait for a bed?

- If an inpatient bed is not available, the individual waits in the local emergency room or jail at the discretion of local law enforcement.

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?

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

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

- Local law enforcement is responsible for transportation.

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? Replicate the table below for each alternative.

Name of Facility	N/A

Location (city and county)	
Phone number	
Type of Facility (see Appendix A)	
Key admission criteria (type of individual 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?	
Number of Beds	

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	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	Contact Lakes Regional UM Dept.
Number of Beds	54

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)?	Private Psychiatric Bed
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?	$600
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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	Contact Lakes Regional UM Dept.
Number of Beds	60
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)?	Private Psychiatric Bed
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?	$600
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A

If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

Identify and briefly describe available alternatives.

- None Available

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

- Funding

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

- Lakes does not have a full-time jail liaison position. MCOT staff fill the role 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

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

- N/A

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.)?

- No Need at this time

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 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?
   - 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.

2. What are the 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

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?
   - MCOT protocols for psychiatric response have been shared with all ERs and law enforcement personnel.

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?

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

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
Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• State Hospital Beds	• More civil bed capacity
Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Law Enforcement Training	• The LMHA hopes to obtain a MH Deputy.
Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Mental Health Workers in the Jail	• Should funding become available for MH workers in the jail, Lakes would be interested.

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.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• MCOT Screening Services	• Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Employ the services of a MH deputy.
		• Expansion of SUD services under CCBHC

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Crisis screenings available in the jail and other locations with law enforcement present.	• Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Increase telehealth screenings in jails and update MOUs
• Law enforcement backup for welfare checks	• Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Employ the services of a MH Deputy
• MOUs with Jails for services	• Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Update MOUs as needed.

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:

• Assessments, screenings, and Referrals	• Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Update MOUs as needed
• Drug court in Titus county	• Titus County	• Update MOUs as needed

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• TCOOMMI Contract	• Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Update MOUs as needed
• Where applicable there are supported housing and supported employment available.	• Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Update MOUs as needed

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• TCOOMMI Contract	• Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	• Update MOUs as needed

III.B Other Behavioral Health Strategic Priorities

The Texas Statewide Behavioral Health Strategic Plan identifies other significant gaps and goals in the state's behavioral health services system. The gaps identified in the plan are:

- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*

- *Gap 3: Coordination across state agencies*
- *Gap 4: Veteran and military service member supports*
- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*
- *Gap 9: Behavioral health services for individuals with intellectual disabilities*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 13: Behavioral health workforce shortage*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*
- *Gap 15: Shared and usable data*

The goals identified in the plan are:

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

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

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	• Utilize MCOT and Team Leads from the appropriate county to provide Continuity of Care services.	• In accordance to CCBHC standards, Care Coordination agreements are being developed between Lakes Regional and Community inpatient/outpatient community 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	• Gap 14 • Goals 1,4	• 2 – forensic 1- Civil; 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	• Gap 7 • Goal 2	• Quarterly peer review with each MH unit to assess fidelity	• Will continue this process

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
evidence-based practices			
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 improving recovery orientation of the system	• Plan to add more Peer Specialists
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 provide 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	• Referrals and Health navigators in the clinics. clinics	• Will explore contracts with FQHC's and VA clinics. • Care Coordination for follow-up with Physical Health
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• Individuals are encouraged to utilize Medicaid transportation for services, and center	• Lakes Regional will continue to explore transportation options.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		transportation is available on a limited basis.	
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 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
Counseling Services for children	• One LPHA assigned to seven counties	• Evaluate capacity in the HHSC contract and provide training

Local Priority	Current Status	Plans
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	• SUD services are available in Mount Pleasant, Paris, and Sulphur Springs	• Further develop MOUs with local hospitals to integrate Physical and Psychiatric Services. • Hiring Care Coordinators to further develop integration of Psychiatric, Physical and SUD services
		• MOUs with FQHC's

III.D System Development and Identification of New Priorities

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

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

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

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	***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.	Tele-Med equipment in the hospitals	• Funding will be used to expand Tele-health services in the hospitals for crisis screenings by Lakes MCOT staff. (There are four hospitals in Lakes General Revenue catchment area.)	• $6,000
2.	Tele-Medicine Equipment in the Jails	• Funding will be used to expand Telehealth services in the jails for crisis screenings by Lakes MCOT staff. (There are eight jails in Lakes General Revenue catchment area.)	• $10,000

3.	Transportation	• Funding will be used to purchase transportation vouchers for individuals in remote areas. The vouchers would be for indigent individuals that do not qualify for Medicaid transportation or other sources	• $5,000

Appendix A: Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual's level of care as determined by the TRR Assessment found here for adults or here for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

Crisis Hotline – The Crisis Hotline is a 24/7 telephone service that provides information, support, referrals, screening and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT, or other crisis services.

Crisis Residential Units– provide community-based residential crisis treatment to individuals with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential facilities are not authorized to accept individuals on involuntary status.

Crisis Respite Units –provide community-based residential crisis treatment for individuals who have low risk of harm to self or others, and who may have some functional impairment. Services may occur over a brief period of time, such as two hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons they care for to avoid mental health crisis. Crisis respite facilities are not authorized to accept individuals on involuntary status.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis and prevent utilization of more intensive services such as hospitalization. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse.

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive

mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

Extended Observation Units (EOU) – provide up to 48-hours of emergency services to individuals in mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept individuals on emergency detention.

Mobile Crisis Outreach Team (MCOT) – MCOTs are clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community.

Psychiatric Emergency Service Center (PESC) – PESCs 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. PESCs 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