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

Contents

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
Community Healthcore	105 & 107 Woodbine Pl, Longview	Gregg	• Other, Administrative Complex
Community Healthcore	1300 N. Sixth Street, Longview	Gregg	• Screening, assessment and intake • Texas Resilience and Recovery (TRR) outpatient services: adult • Integrated healthcare: mental and physical health
Community Healthcore	950 N. Fourth Street, Longview	Gregg	• Screening, assessment, and intake • Substance Abuse prevention, intervention, and treatment
Community Healthcore And Special Health Resources for Texas	701 East Marshall Ave, Suite 310 Longview	Gregg	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: children Substance Use prevention, intervention, and treatment for adolescents
Community Healthcore	101 Madison, Gilmer	Upshur	• Screening, assessment, and intake Texas Resilience and Recovery (TRR) outpatient services: both
Community Healthcore	106 North MLK Drive, Clarksville	Red River	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both • Integrated health: mental and physical health
Community Healthcore	2435 College Dr., Texarkana	Bowie	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults • Integrated healthcare: mental and physical health

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• Substance Abuse prevention, intervention, and treatment • East Texas Veterans Resource Center – rental assistance, mental health, peer services; Coordinated Entry • Integrated health: mental and physical health
Community Healthcore	1911 Galleria Oaks, Texarkana	Bowie	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: child • Substance Use prevention, intervention, and treatment for adolescents • Integrated healthcare: mental and physical health
Community Healthcore	209 N. Main, Henderson	Rusk	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both • Substance Use prevention, intervention, and treatment for adolescents
Community Healthcore	1500 W. Grand Ave., Marshall	Harrison	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both
Community Healthcore	114 Jordan Plaza Blvd, Tyler	Out of catchment Smith	• Substance Abuse prevention, intervention, and treatment
Community Healthcore	1007 South William Street, Suite 5, Atlanta	Cass	• Crisis Stabilization Unit (opens May 2018) • Crisis Residential • Extended Observation

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Glen Oaks	Greenville, TX	Out of Catchment	• Contracted inpatient beds
Texoma	Sherman, TX	Out of catchment	• Contracted inpatient beds
Community Healthcore	501 Pine Tree Road, Longview, TX	Gregg	• East Texas Veterans Resource Center – rental assistance, mental health, peer services; Coordinated Entry • Supportive Housing Services for persons with Mental Health or other disabilities – rental assistance, Rapid Rehousing, TBRA; Coordinated Entry • Care Coordination and Peer Support • First Episode Psychosis • Aging and Disability Resource Center
Community Healthcore	801 Pegues Place, Longview, TX	Gregg	• HUD Section 811 PRAC housing – women with mental health or other disabilities
Community Healthcore	1512 Indian Springs Rd., Marshall, TX	Harrison	• HUD Section 8 Project Based housing – individuals with mental health or other disabilities
			•

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
NA	NA	• NA	• NA	• NA

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
NA	NA	NA	NA	NA

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:* •	☐	State hospital staff **List the hospital and the staff that participated:* •
☒	Mental health service providers	☒	Substance abuse treatment providers
☐	Prevention services providers	☐	Outreach, Screening, Assessment, and Referral Centers
☒	County officials	☒	City officials

Stakeholder Type		Stakeholder Type	
	**List the county and the official name and title of participants:* • Judge Travis Ransom, Cass County • Judge Bobby Howell, Bowie County		**List the city and the official name and title of participants:* • David Orr, City of Texarkana • Amy Hooten, City of Longview • Dietrich Johnson, City of Longview
☒	Federally Qualified Health Center and other primary care providers	☐	Local health departments
		☐	LMHAs/LBHAs **List the LMHAs/LBHAs and the staff that participated:* •
☒	Hospital emergency room personnel	☒	Emergency responders
☐	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:* •	☒	Law enforcement **List the county/city and the official name and title of participants:* • Bowie County • Cass County • Gregg County • Harrison County
☐	Education representatives	☐	Employers/business leaders
☒	Planning and Network Advisory Committee	☐	Local consumer peer-led organizations
☒	Peer Specialists	☒	IDD Providers

	Stakeholder Type		Stakeholder Type
☐	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.

• Community Healthcore conducted a Needs Assessment from January 2022 through March 2022. It included surveys from Persons Served, Community Partners and our Workforce. It also featured four community forums and eight Key Informant Surveys.
• Monthly key crisis staff meet with the County Judge, Wadley Hospital, CHRISTUS St. Michael, Texoma, Glen Oaks, and law enforcement in the Bowie County Community Mental Health meeting.
• Cass County Special Initiative was a series of meetings with the new County Cass Judge Travis Ransom in the summer of 2022. Key subject matter experts and the Executive Director from Community Healthcore met with the Judge, County Sheriff and other officials to discuss needs and services.
• Greater Longview Optimal Wellness (GLOW) which is a collaborative of the Longview EMS, CHRISTUS Good Shepheard, Longview Regional, Special Health Resources (FQHC), City of Longview, United Way of Gregg County, and Community Healthcore. This collaborative who meets monthly is working through barriers so that there is a more coordination when serving high intensity members of the community.
• Gregg County Law Enforcement Academy with specific training re Mental Health Services
• Gregg County and Harrison County Police Outreach Services Teams October 2022
• Gregg County Law Enforcement and the Crisis Intervention Team from Community Healthcore get together for training periodically.
• City of Texarkana officials meeting with key leadership of Community Healthcore to discuss common needs and issues in the Fall of 2022.

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.

• Competency Restoration for persons in jail awaiting a trial; process can take over two years before competency is determined.
• Forensic bed availability in the statewide system.
• Transportation to and from Local Psychiatric Facilities and State hospitals.
• Access of Transportation in general. In rural East Texas only two cities have a bus system. There is GoBus and TRAX for rural travel from town to town but it is limited.
• Access to Healthcare both primary care and specialty care.
• Address community gap in knowledge regarding the available services offered through Community Healthcore.

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;

- Community Healthcore based its Psychiatric Emergency Plan as an outgrowth of the continuing conversations that were listed I.D.

Ensuring the entire service area was represented; and

- The Needs Assessment encompassed the whole nine county region.

Soliciting input.

- Needs Assessment including surveys and focus groups
- Informal solicitation through those groups listed in I.D.

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

- All calls from the community come through AVAIL Solutions. Avail is staffed with QMHPs who receive and vet the calls to determine call level as emergent, urgent, or routine.

After business hours

- Avail Solutions, contractor

Weekends/holidays

- Avail Solutions, contractor

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

- Avail Solutions, Contractor

3. How is the MCOT staffed?

During business hours

- Longview – 4 QMHPs, 2 RNs on 12 hour shifts on alternating days – 1 licensed intern, 1 licensed counselor, 1 QMHP/LCDC 8-5
- Texarkana – 2 QMHPs on 12 hour shifts on alternating days – 1 QMHP and 1 RN available 8-5

After business hours

- Longview – 2 QMHPs, 1 on 12 hour shifts on alternating nights
- Texarkana – 3 QMHP on 12 hour shifts on alternating days

Weekends/holidays

- The schedule remains the same through weekends and holidays with current staffing of screeners on 12 hour shifts

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

- No

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

- The MCOT can refer a client to the Crisis Clinic for LOC5 services which can include physician services, service coordination, skills training, and counseling. This service is available for up to 90 days. The client will be continuously assessed for needs. After the 90-day period, the client can be referred to a full level of care or into the community for ongoing services.

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:

- Calls go through AVAIL and then to the MCOT worker
- Crisis assessment of the identified individual, collaboration with staff on planning to help the individual, facilitating placement of individual, education of staff on MH issues and community resources.

Law Enforcement:

- Calls go through AVAIL and then to the MCOT worker unless other specific arrangements have been made.

- Crisis assessment of the identified individual, collaboration with staff on planning to help the individual, facilitating placement of individual, education of staff on MH issues and community resources.

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

- There is not a state hospital within the MCOT screening area.

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

During business hours:

- Call Crisis Line - 1.800.832.1009
- Crisis Office Longview – 903.757.1106
- Crisis Office Texarkana – 903.831.7585

After business hours:

- Call Crisis Line – 1.800.832.1009

Weekends/holidays:

- Call Crisis Line – 1.800.832.1009

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 the individual needs further services, MCOT can coordinate with local law enforcement or EMS to transport the individual to the nearest Emergency Department for medical clearance.

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

- If the individual needs further services, MCOT can coordinate with local law enforcement or EMS to transport the client to the nearest Emergency Department for medical clearance.

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

- If it is determined that the individual needs a higher level of care, the MCOT will call to obtain a bed at one of many psychiatric facilities in and around the area. If the crisis assessment occurs in the community, the MCOT will pursue the EDW for local law enforcement to take custody of the individual and transport them to the nearest ER for medical clearance. If the crisis assessment is taking place within an ER or jail, the staff of that facility will complete the necessary paperwork for transport by law enforcement (EDW or OPC).

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).

- Individual is assessed by crisis workers and / or RN triage Nurse. If individual meets criteria for admission, the individual is transported by law enforcement or CSU staff for evaluation by the Psychiatrist for continued 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.

- MCOT completing assessments in the home or alternate locations are encouraged to access the individual in pairs, such as with another MCOT worker or triage nurse. MCOT can also request a law enforcement escort.

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

    Where does the individual wait for a bed?

- If not currently at an ER, the individual should remain in the community with a well-crafted safety plan. An individual should not go to an ER simply to wait for a bed. Placement will be established before sending an individual for any medical clearance. However, if the individual is in the ER at the time of the assessment, the individual will remain there until a bed becomes available.

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 Mobile Crisis Outreach Team

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

- MCOT may transport as they feel comfortable. Also, minimal funds are available to assist the individual with a ride in a taxi depending on their location, distant of travel and time of day.

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	Community Healthcore Crisis Stabilization Unit
Location (city and county)	Atlanta in Cass County (open – May 2018)
Phone number	903.796.1278
Type of Facility (see Appendix A)	Crisis Stabilization Unit
Key admission criteria (type of individual accepted)	**Admission Criteria:** A. Validated principal DSM-IV Axis I or II diagnosis, and B. Treatment at a lower level of care has been attempted or given serious consideration, and C. GAF ≤ 50, and D. Capacity to make a decision to enter into voluntary treatment. One of the following must be present: 1. Loss of ability to perform activities of daily living due to moderate impairment in judgement, poor impulse control, or moderate impairment in cognitive perceptual abilities arising from: ▪ Acute psychiatric condition or dual disorder condition ▪ Acute exacerbation of chronic psychiatric condition;

	▪ Significant decrease in functioning in several activities of daily living as measured against baseline function over the preceding year. 2. Danger to self as evidenced by: ▪ Specific plan to harm self with, high lethality and/or availability of means but ambivalence in intention with desire to seek treatment, or ▪ A level of suicidality that cannot be safely managed at a lower level of care; or ▪ Moderate to severe suicidality accompanied by a rejection or lack of available social therapeutic support, and ▪ Absence of a high lethality attempt within the last 48 hours 3. Dangerousness to others as evidenced by: ▪ Specific plan to take a life-threatening action with high lethality and availability of means but ambivalence in intention with desire to seek treatment; or ▪ Moderate to significant violent / homicidal ideation accompanied by a rejection or lack of available social/therapeutic support, and ▪ Absence of a significant violent attack within 48 hours. 4. Danger to property where such danger includes: ▪ Specific plan to take destructive action that may result in life threatening situation with high lethality and availability of means to take such action 5. The presence of a coexisting medical condition that would complicate or interfere with the treatment of the psychiatric disorder at a less intensive level of care.

	6. A high risk for placing self or others at risk for significant harm through impulsive behavior or exercising poor judgment, as evidenced by: ▪ A documented pattern of ongoing and recent impulsive behavior that puts self or other at risk; or ▪ Documented evidence of a plan to behave in a manner that will place self or others at significant risk and documented evidence of a lack of ability to control one's behavior to avoid enacting such a plan. Or, documented evidence of a clear intention to enact such a plan in the immediate future. Consumer has deteriorated to level of disorganization and dysfunction that they cannot cooperate with outpatient care or treatment plan.
Circumstances under which medical clearance is required before admission	**<u>MEDICAL EXCLUSION CONDITIONS</u>** Although the Regional Crisis Response Center has access to a full range of auxiliary services, it is not staffed or equipped to treat those individuals whose problems are primarily medical in nature or who need immediate medical emergency treatment. Individuals who present themselves for admission with overriding medical conditions are referred to the most appropriate care provider. Exclusion criteria are listed immediately below. <u>Exclusion Criteria with Exceptions by Medical Director</u> Need of IV therapy Need of nasogastric suction or feeding Need of catheter care by staff Need of stoma care by staff

	Tracheal stoma requiring suctioning Decubitus ulcers (Stages 2 – 4) or other deep wounds requiring strict isolation techniques Asthma or COPD requiring ongoing nebulization therapy Ongoing need for physical therapy or peritoneal/hemo-dialysis Altered mental status with impaired sensorium (other than secondary to known substance abuse) Chest pain of probable cardiovascular, pulmonary, or severe traumatic origin with elevated cardiac enzymes Suicide attempt or injury (< 12 hours) requiring immediate medical treatment Fever >101 F, productive cough, or rashes that indicate need for isolation Untreated active tuberculosis Head trauma + loss of consciousness < 24 hr Uncontrolled diabetes with blood glucoses > 400 OR < 60 prior to admission and requiring IV insulin for continued glucose control Elevated blood pressure > than 180/100. <u>Other medical or neurological conditions requiring intensive ongoing medical supervision</u> Pregnancy: Greater than second trimester at time of admission Medical isolation Methadone/Suboxone maintenance
Service area limitations, if any	Serves nine counties: Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur.

Other relevant admission information for first responders	All units are nonsmoking, no e-cigarettes, chewing tobacco, snuff etc. No cell phones allowed Noninvasive body searches for contraband on admission
Accepts emergency detentions?	48-hour EDW accepted in EOU, when CSU will be able to take OPC for up to 14 days.
Number of Beds	20
HHSC Funding Allocation	$3,739,550

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
Location (city and county)	Greenville – Hunt County
Phone number	903.454.6000
Key admission criteria	Short-term, inpatient stabilization services for those who are at risk for suicide
Service area limitations, if any	NA
Other relevant admission information for first responders	For individuals outside of Hunt County, all admissions require an OPC
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	Community mental health hospital beds and Private Psychiatric Beds

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?	On an as needed basis
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?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA
Name of Facility	Texoma

Location (city and county)	Sherman – Grayson County
Phone number	903.416.3000
Key admission criteria	Short-term, inpatient stabilization services for those who are at risk as well as those who are experiencing severe mood and thought disorders, serious emotional trauma or psychotic disorders
Service area limitations, if any	NA
Other relevant admission information for first responders	None
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)?	Community mental health hospital beds and Private Psychiatric Beds

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	On an as needed basis
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?	NA
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.

- Transitional Care through Outpatient Competency Restoration to divert consumers from state inpatient forensic beds into the community setting for restoration.

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

- Local inpatient care is sometimes not appropriate as individuals do not meet criteria of being a danger to themselves or others.
- Due to the high utilization of state beds, counties are becoming more amenable to the idea of Outpatient Competency Restoration, but many counties are still hesitant to treat justice involved individuals on an outpatient basis.
- Lack of education regarding Outpatient Competency Restoration makes the justice system hesitant to utilize the program. Larger counties that have seen successful restoration are more likely to use the program.

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. There are jail liaisons at both Gregg and Bowie County. They assist in screening individuals that have been deemed a potential risk to themselves and others and also help identify current individuals served so that we can provide records and coordinate care. Several counties provide CCQ matches to CHC which helps CHC identify individuals in the jails that have been involved with MH/SUD treatment in the past. Yes, the jail liaison

intercepts calls and messages from courts and jail staff for the LMHA. The jail liaisons are QMHPs, supervised by the Adult Program Manager. In addition to two of our counties having in house QMHPs, the Adult Program Manager as well as the Crisis Manager work together to coordinate care in our county jails, facilitate hospitalization if needed, and link individuals to outpatient 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.

- Adult Program Manager and Crisis Manager

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

- With the increase in state hospitalization utilization, many counties are starting to see the benefit of Outpatient Competency Restoration. Community Healthcore has partnered with three counties for mental health dockets and will continue to use those partnerships to increase awareness of the Outpatient Competency Restoration Program. The push towards mental health access from the state level has enable the Center to advocate for outpatient treatment, and have had several people successfully complete the program. The success rate increases the legitimacy of the program and thus enables us to provide the courts with data that encourages program use.

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.)?

- Jail-based competency restoration is needed in several counties. The current wait for a state hospital bed sometimes exceeds the maximum sentence of the alleged crime and often times the individual served is left without treatment in the jail.

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

- To implement jail based competency restoration, we would need a procedure that is agreed upon by the state, as currently no TRR services are allowed to be implemented in the jail setting.
- Funding would be needed for staff to provide curriculum in the jail, as well as funding for the psychiatric provider.
- The ability to access a psychologist/psychiatrist when curriculum is finished is needed to declare restoration.
- Funding for psychotropic medication would be helpful as well.

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?

- At this time Community Healthcore is collocated at one of our Outpatient Mental Health Clinics with our primary care clinic. The site meets the SAMHSA's Level 5 – Full Collaboration in a transformed/merged integrated practice. Services are in the same place, in the same facility sharing the same EMR. These services achieved a full collaboration level 5 as a result of a four-year SAMHSA integration grant period.
- The Regional Crisis Response Centers is located within a hospital.

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

- Continue to build on the relationships with our FQHC partners and also to develop the capacity to provide whole care approaches (wellness approaches with behavioral health populations) as part of our comprehensive service delivery.

- Recently notified by the Texas Council and HHS to be a part of a select group of centers to receive consultation and technical assistance to obtain a state certification as a Certified Community Behavioral Health Center (CCBHC).

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?

- Information will be posted on our Website
- Community Healthcore pamphlets and brochures will list the website address

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?

- The information contained in the plan is information already provided to AVAIL (Crisis Line), MCOT, and staff receiving incoming calls.

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
Bowie, Cass, Gregg, Harrison, Marion, Panola,	• Ability to care for physically aggressive individuals requiring local hospital emergency departments to continue to hold	• More availability through the State Hospital system to admit persons with physical aggression.

Red River, Rusk and Upshur	until a state psychiatric bed is available. Many private psychiatric hospitals will not take physically aggressive individuals.	

Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk and Upshur	• Psychiatric Inpatient Facilities exclude the following conditions making resources scarce for these populations:
	  ○ Late Stage Pregnancy
	  ○ Individuals with IDD
	• Individuals with pending criminal charges
		• None at this time

Bowie, Cass, Gregg and Harrison	• Divert person with MH Needs only to an alternate site.	• Continue Triage at the Atlanta Crisis Residential Unit operated by Community Healthcore

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:**
• GLOW Longview	• Gregg	• Identify high utilizers of emergent services and serve their needs prior to becoming justice involved
• Cass County Collaborative	• Cass	•

Intercept 1: Law Enforcement Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• CQQ Match Communication	• Gregg, Bowie, Rusk	• Monitor and identify individuals served or with a history of services when they get booked into jail. Will continue to engage other counties.

Intercept 2: Post Arrest; Initial Detention and Initial Hearings	**County(s)**	**Plans for upcoming two years:**

Current Programs and Initiatives:		
• In house screeners at the jail; screen both CCQ matches and high suicide risk.	• Gregg, Bowie	• Continue to screen high risk individuals in jail as well as those with MH and SUD to divert back to services.

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Mental Health Court	• Gregg, Harrison, Rusk	• Continue accepting and diverting individuals with mental health disorders from the jail by engaging them in the program.
• Outpatient Competency Restoration	• Bowie, Cass, Gregg, Upshur, Harrison, Panola, Red River, Rusk, Marion	• Continue to identify high county jail utilizers and treat their MH/SUD

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• TCOOMMI COC Program	• All 9 counties	• Continue to treat offenders on probation and parole to assist reentry into the community after incarceration.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
•TCOOMMI TCM/ICM Program	• All 9 counties	• Continue to treat offenders on probation and parole for a longer term in order to prevent recidivism and increase community involvement
•NGRI (Not Guilty by Reason of Insanity)	• All 9 counties	•Continue to assist the state in identifying and treating individuals that have been found not guilty by reason of insanity; continue to coordinate with court of origin to monitor individuals served.

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	• Gap 6 • Goal 2	• Community Healthcore has become a CCBHC which will allow for expanded services and ability to access assessments in a timely manner.	• Plans to expand our hours of operation to meet the needs of our community and improve timely access to medical services which was informed by the needs assessment.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• Community Healthcore has reconfigured its Continuity of Care team so the designated staff are tracking residents from our nine counties from admission to discharge. Caseloads are assigned based upon which hospital (state and private) the resident was admitted into. By this tracking staff are then able to support a more seamless transition from hospital discharge to community services.	• Continue to monitor continuity of care and meet all HHSC metrics for 7/30 day follow up on a quarterly basis.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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	• Center will work with any area provider serving as a HCBS-AMH. Currently no providers actively service persons in our catchment area. • Center periodically reviews cases of long-term state hospital patients to determine if they no longer need inpatient level of care.	• We currently work with the state hospitals to identify options for our long-term patients needing transition to the community. When HCBS becomes an option for our area we will work with the entities involved to assist the patient to meet their needs.
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• Community Healthcore works on specific projects to quantify improvement. Projects include tracking key performance objectives, SAMHSA	• Continue to ensure fidelity and improvement using continuous quality improvement processes.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		measures, and the triple aim.	
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• Using funding from the HOGG Foundation and the Episcopal Health Foundation, Cornerstone Quarters Peer Run 501 c3 was created. The model is a Consumer Operated Service Program and services are open to CHC adult outpatient and the community who are working on recovery. • Community Healthcore also uses peers in our MCOT, Job Development, and Veteran programs.	• Expanding recovery within Community Healthcore evidenced based practices such as Seeking Safety, Wellness Recovery Action Plan, and social skills development. • Development of a Consumer Operated Service Program, a peer run services program that has opportunities for members to participate in the administration of the project.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• Community Healthcore works simultaneously in the provision of mental health services and addiction recovery services out of our hub in Longview as a part of the Co-Occurring Psychiatric & Substance Disorder (COPSD) program and dual treatment program. • Program in conjunction with MCOT staff, other mental health professionals, addiction recovery services and referrals to multiple community	• There are no plans beyond continued operations and coordination of services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		resources as needed and available in the community. • Provides the mental health component of other regional COPSD programs as needed within our nine-county catchment area.	
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• Currently working with one Federally Qualified Health Center at a SAMHSA Level 4 of Integration. • In the first year of a four-year SAMHSA Grant. • Currently providing integrated services at 4 locations in Longview,	• Continue to learn from the integrated sites and pair physical medicine with behavioral health as often as we can. • Expansion of integrated clinic approach to Gilmer (Upshur county). • Seeking FQHC – LA status for integrated clinic program. •

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		Texarkana, and Clarksville Texas through Community Healthcore	
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• Currently work with clients to access transportation and to utilize telehealth services where transportation is not an option	• Will increase telehealth capabilities and services in rural communities as well as work with local resources to increase transportation options.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• Currently our IDD programs are working with MH programs to address behavioral health needs for IDD individuals. Our staff share resources and information as it	• We are currently working on expanding our services through a SAMHSA grant which may allow for better access to prescribers for our dually diagnosed individuals. We will be evaluating our

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		relates to our community and internal programs. We are receiving TLETS notification where we can identify IDD individuals in the jail with behavioral needs in order to provide continuity of care. We continually work to improve our communication both internally and externally.	ability to serve these individuals through some primary care services.
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• Current recipient of a Texas Veterans Commission grant with the focus on Mental Health; currently	• Continually seeking out funding sources to best meet the mental health needs of the veteran population; continue collaborations with

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		implementing TXHHSC funded Military Veteran Peer Network(MVPN) program; providing peer services using a Veteran Peer Navigator	the VA Medical Center – Overton Brooks; continue collaboration with local veteran organizations. • Adding a Veteran Peer to the care coordination team to increase integration between behavioral and physical health integration.

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
Local County Jail to provide jail screening for suicide threats	• Actively provide eight hours, M-F coverage at the Gregg County jail with Community Healthcore crisis staff. •	• Exploring expansion into other counties with a high volume of crisis calls. •
Accountable Community of Health	• Have developed an active collaborative of local Law Enforcement, Hospitals, FQHCs, Emergency First Responders, and local city government. Group is targeting high risk and need individuals and better coordination of care. • Received a grant from the • Episcopal Health Foundation to support the effort.	• Exploring effective ways to share personal health information across partners after having proper consent with the individual. • Expand membership to include UT Health Science Center for research, best practices for collaborative care and create a social return on investment model; this will demonstrate to stakeholders the benefits of collaborative care. • Construct within the collaborative the ability to apply and receive Federal, State, and Local Grants as a Lead Agency. • The collaborative would be a place to share about new services.

Local Priority	Current Status	Plans
Certified Community Behavioral Health Clinic (CCBHC)	•	• Will work with state representatives and other Centers to transform processes and services to the standards of a CCBHC. • Expand lessons learned from the SAMHSA Integrated Health project for application within the CCBHC project. •
	•	•
	•	•

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	Replicate the emerging collaborative model developed in Gregg County within other geographic areas within our nine-county catchment area.	• Identify Foundations and other entities that can help support resources and funding for identified gaps in services. • Provide leadership and training for collaborative partners. • Develop and implement Releases, Processes, MOUs and agreements to allow the appropriate sharing of Personal Health Information. • Develop a system of care to minimize the duplication of services and improve the wellbeing of citizens. • Construct within the collaborative the ability to apply and receive Federal, State, and Local Grants as a Lead Agency. • The collaborative would be a place to share about new services.	• Time and commitment of collaborative partners. • Cost to be determined by each community.
2	Transportation	• Work with local, regional, and state transportation authorities to better meet the needs of persons served. • • Develop a transportation collaborative to work with the Regional Eastex Connect. •	• $800 annually for staff to participate in the Regional Texas Transportation Group. • $9,000 annually for Center to facilitate and execute a local

		• Work with the business community to assist with sponsoring and funding for individualized transport. •	Transportation collaborative. • Achieved. Have a contract with Local Hospital for Center to provide individualized transportation to psychiatric facilities. Annualized experience is for $189,000 a year for individualized transport.

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) – 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