



## Form O: Consolidated Local Service Plan

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) submit the Consolidated Local Service Plan (CLSP) for fiscal year 2025 by **December 31, 2024** to [Performance.Contracts@hhs.texas.gov](mailto:Performance.Contracts@hhs.texas.gov) and [CrisisServices@hhs.texas.gov](mailto:CrisisServices@hhs.texas.gov).

### 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 or respite unit, or both
- Diversion centers
- Contracted inpatient beds
- Services for co-occurring disorders
- Substance use prevention, intervention, and treatment
- Integrated healthcare: mental and physical health
- Services for people with Intellectual or Developmental Disorders (IDD)
- Services for veterans
- Other (please specify)

**Table 1: Mental Health Services and Sites**

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Addiction Services, LLC dba MedPro Treatment Centers/ Community Medical Services (contractor)	405 N McDonald Ste. B, McKinney, TX 75069	972-542-4144	Collin	MAT	• Contracted methadone treatment provider (OTS) for adults
Ahmady, Nazanin (contractor)	6765 Half Main St. Frisco, TX 75034	214-837-1830	Collin	Outpatient	• Art Therapy (YES) for children and adolescents
Camp Fire First Texas (Camp El Tesoro) (contractor)	7710 Fall Creek Highway Granbury, TX 76049	817-831-2111	Collin	Respite Camp	• Respite Camp(YES) for children and adolescents

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Cenikor Foundation (contractor)	2425 Texas Drive Irving, TX 75062	214-871-2483	Dallas	SUD Services	<ul style="list-style-type: none"> <li>Residential Detox for adults</li> <li>Intensive residential (SUD) services contract for adult only</li> </ul>
Child and Family Guidance Center (contractor)	4031 W Plano Pkwy, Ste 211 Plano, TX 75093	214-351-3490	Collin	Outpatient	<ul style="list-style-type: none"> <li>Screening, assessment, &amp; intake for adults, children, and adolescents</li> <li>Psychiatric medication management</li> <li>Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents</li> <li>Services for co-occurring disorders for adults, children, and adolescents</li> <li>Family partner services</li> </ul>
Complete Therapies, L.L.C. (contractor)	3941 Legacy Drive, Suite 204-B202 Plano, TX 75023	469-447-4005	Collin	Outpatient	<ul style="list-style-type: none"> <li>Rec Therapy (YES) for children and adolescents</li> </ul>
East Texas Behavioral Healthcare Network (Contractor)	2001 South Medford Dr., Lufkin, TX 75901 Angelina County	972-422-5939	Collin	Telehealth	<ul style="list-style-type: none"> <li>Tele-psychiatry, C&amp;A and Adult,</li> </ul>
Edwards, Brittany (contractor)	Community Based	972-422-5939 – Request YES Waiver	Collin	Outpatient	<ul style="list-style-type: none"> <li>Rec Therapy (YES) for children and adolescents</li> </ul>
Gajraj, Dr. Noor (contractor)	3108 Midway Rd., #206 Plano, TX 75093	972-612-3800	Collin	Outpatient	<ul style="list-style-type: none"> <li>Substance use prevention, intervention, and treatment for adults</li> </ul>
Glen Oaks Hospital (contractor)	301 East Division Street Greenville, TX 75401	903-454-6000	Hunt	Inpatient	<ul style="list-style-type: none"> <li>Contracted inpatient beds for adults only</li> </ul>

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
GraceToGrow dba GraceToChange LLC (contractor)	1216 N Central Expressway Ste #104 McKinney, TX 75070	972- 542- 2900	Collin	Outpatient	<ul style="list-style-type: none"> <li>Substance use prevention, intervention, and treatment for adults for youth and adults</li> </ul>
Homeward Bound Inc. (contractor)	5300 University Hills Blvd. Dallas, TX 75241	214- 941- 3500	Dallas	SUD	<ul style="list-style-type: none"> <li>Detox and intensive residential substance use services contract for adults only</li> </ul>
Kelly, Jimmy (contractor)	Community based		Collin	Outpatient	<ul style="list-style-type: none"> <li>Rec. Therapy for children and adolescents (YES)</li> </ul>

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
LifePath Systems McKinney Outpatient Clinic (LBHA)	1515 Heritage Dr., Ste 105 & 110 McKinney, TX 75069	972- 422- 5939 or toll free at 1- 844- 544- 5939	Collin	Outpatient	<ul style="list-style-type: none"> <li>• Screening, assessment, &amp; intake for adults, children, and adolescents</li> <li>• Substance use outreach, screening, assessment, and referral for adults and adolescents (OSAR)</li> <li>• Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents</li> <li>• Family partner services</li> <li>• Peer support recovery for adults</li> <li>• Services for co-occurring disorders for adults, children, and adolescents</li> <li>• YES Waiver/Wrap around services for children and adolescents</li> <li>• Supported Housing and Supported Employment services for adults</li> <li>• Consumer Benefits Services</li> <li>• Pharmacy and prescription assistance program (PAP) services for adults, children, and adolescents</li> <li>• Smoking cessation services for adults</li> <li>• Outpatient Substance Use Disorder services for adults</li> <li>• Laboratory Services/Phlebotomy</li> <li>• Care Coordination</li> <li>• Psychiatric medication management</li> <li>• Specialty Psychiatric Services for Individuals with Co-occurring Intellectual Disability and Mental Health Disorder</li> <li>• Medical Screenings (Integrated Healthcare)</li> <li>• MPVN: Military Veteran Peer Network</li> <li>• PASRR</li> </ul>

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
LifePath Systems-- The Legan Place	209 N. Bengel McKinney, TX 75069	972-422-5939 or toll free at 1-844-544-5939	Collin	Outpatient	<ul style="list-style-type: none"> <li>• Coordinated Specialty Care (CSC) program</li> <li>• Family Partner (CSC)</li> <li>• Peer Support (Diversion and CSC)</li> <li>• Psychiatric medication management (CSC)</li> <li>• Screening, assessment, and intake (CSC)</li> <li>• Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents (CSC and Diversion)</li> <li>• Services for co-occurring disorders for adults and children (CSC)</li> <li>• Supported Housing and Supported Employment (CSC)</li> <li>• Supported Employment and Education (CSC)</li> <li>• Smoking cessation services (CSC)</li> </ul>

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
LifePath Systems- Adult Diversion and Intensive Services	1450 Redbud Blvd, McKinney, TX 75069	972-422-5939 or toll free at 1-844-544-5939	Collin	Outpatient	<ul style="list-style-type: none"> <li>● Screening, assessment, &amp; intake for adults.</li> <li>● Substance use outreach, screening, assessment, and referral for adults and adolescents (OSAR)</li> <li>● Texas Resilience and Recovery (TRR) outpatient services for adults</li> <li>● Peer support recovery for adults</li> <li>● Services for co-occurring disorders for adults</li> <li>● Jail diversion, Outpatient Competency Restoration, and TCOOMMI services</li> <li>● Supported Housing and Supported Employment services for adults</li> <li>● Consumer Benefits Services</li> <li>● Smoking cessation services for adults</li> <li>● Care Coordination</li> <li>● Psychiatric medication management</li> <li>● Medical Screenings (Integrated Healthcare)</li> </ul>



Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
LifePath Systems Crisis Respite Unit/Extended Observation Unit (LBHA)	1416 N Church St. McKinney, TX 75069	972-422-5939 or toll free at 1-844-544-5939	Collin	Crisis Respite and Extended Observation Units	<ul style="list-style-type: none"> <li>• Voluntary outpatient crisis respite services for adults, including medication management, skills training/psychosocial rehab, and peer support</li> <li>• TRR outpatient services for adults</li> <li>• Supported Housing</li> <li>• OSAR</li> <li>• Services for co-occurring disorders for adults</li> <li>• Involuntary and/or voluntary 48-hour extended observation for adults, including medication management, counseling, case management, and psychosocial rehab</li> </ul>

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
LifePath Systems Plano Outpatient Clinic (LBHA)	7308 Alma Drive, Plano, TX 75025	972-422-5939 or toll free at 1-844-544-5939	Collin	Outpatient	<ul style="list-style-type: none"> <li>• Screening, assessment, &amp; intake for adults, children, and adolescents</li> <li>• Substance use outreach, screening, assessment, and referral for adults and adolescents (OSAR)</li> <li>• Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents</li> <li>• Family partner services</li> <li>• Peer support recovery for adults</li> <li>• Services for co-occurring disorders for adults, children, and adolescents</li> <li>• YES Waiver/Wrap around services for children and adolescents</li> <li>• Supported Housing and Supported Employment services for adults</li> <li>• Consumer Benefits Services</li> <li>• Pharmacy and prescription assistance program (PAP) services for adults, children, and adolescents</li> <li>• Smoking cessation services for adults</li> <li>• Outpatient Substance Use Disorder services for adults</li> <li>• Laboratory Services/Phlebotomy</li> <li>• Care Coordination</li> <li>• Psychiatric medication management</li> <li>• Specialty Psychiatric Services for Individuals with Co-occurring Intellectual Disability and Mental Health Disorder</li> <li>• Medical Screenings (Integrated Healthcare)</li> </ul>
Medical City Mental Health Wellness Center Frisco (contractor)	5680 Frisco Square Blvd, Suite 3300, Frisco, TX 75034	469-535-8000	Collin	Inpatient/PPB	<ul style="list-style-type: none"> <li>• Contracted inpatient beds for children, adolescents, and adults</li> </ul>

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Methodist Richardson Medical Center (contractor)	2831 E President George Bush Hwy., Richardson, TX, 75082	469-204-2000	Dallas	Inpatient	<ul style="list-style-type: none"> <li>Contracted inpatient beds for adults only</li> </ul>
MHMR Tarrant, ICARE Call Center (contractor)	3840 Hulen Street, North Tower Fort Worth, TX 76107	817-569-4300	Tarrant	Crisis hotline	<ul style="list-style-type: none"> <li>24/7 Crisis hotline contract</li> </ul>
Millwood Hospital (contractor)	1011 N cooper St. Arlington, TX 76011	817-242-9993	Tarrant	Inpatient	<ul style="list-style-type: none"> <li>Contracted inpatient beds for children, adolescents, and adults</li> </ul>
Nexus Recovery Center Inc. (contractor)	8733 La Prada Drive Dallas, TX 75228	214-321-0156	Dallas	SUD	<ul style="list-style-type: none"> <li>Detox and intensive residential substance use services contract for adult women only</li> </ul>
North Star Therapy (contractor)	1400 Preston Road, Ste. 400 Plano, TX 75093	214-929-0410	Collin	Outpatient	<ul style="list-style-type: none"> <li>Music Therapy (YES)</li> </ul>
Perimeter Behavioral Hospital of Garland (Contractor)	2696 West Walnut Street Garland, TX 75042	678-642-9353	Dallas	Inpatient	<ul style="list-style-type: none"> <li>Contracted inpatient beds for children, adolescents, and adults</li> </ul>
RecessAbility, Inc. (Contractor)	Community Based	972-422-5939	Collin	Outpatient	<ul style="list-style-type: none"> <li>Art, Music, and Rec Therapy (YES)</li> </ul>
Southwestern Music Therapy, LLC (Contractor)	3941 Legacy Dr. Suite 204-B202 Plano, TX 75203	972-422-5939	Collin	Outpatient	<ul style="list-style-type: none"> <li>Music Therapy (YES)</li> </ul>
Spirit Song Equestrian Academy (contractor)	805 Spirit Song Way Anna, TX 75409	214-542-1772	Collin	Outpatient	<ul style="list-style-type: none"> <li>Animal Assisted Therapy (YES)</li> </ul>
Taylor, Gabrielle	Community Based	972-422-5939	Collin	Outpatient	<ul style="list-style-type: none"> <li>Rec Therapy (YES)</li> </ul>
Texas Health Seay Behavioral Health Hospital (Contractor)	6110 W. Parker Rd Plano, TX	682-236-6023	Collin	Inpatient	<ul style="list-style-type: none"> <li>Contracted inpatient beds for adolescents and adults only</li> </ul>
Toni Falco Drysdale Dietitian Services, LLC	Community Based	972-422-5939	Collin	Outpatient	<ul style="list-style-type: none"> <li>Nutritional Therapy (YES)</li> </ul>

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
West Texas Counseling & Rehabilitation(contractor)	1108 Dobie Dr Ste 102, Plano, TX 75074	972-516-2900	Collin	SUD	<ul style="list-style-type: none"> <li>Contracted methadone treatment provider (OTS)</li> </ul>

## **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 in Chapter 531, Texas Government Code, Section 531.0993 to reduce recidivism rates, arrests, and incarceration among people with mental illness, as well as reduce the wait time for people on forensic commitments. The 2024-25 Texas General Appropriations Act, House Bill 1, 88<sup>th</sup> Legislature, Regular Session, 2023, (Article II, HHSC, Rider 48) appropriated additional state funding to expand the grant and implement new programs. The Rural Mental Health Initiative Grant Program, authorized by Texas Government Code, Section 531.09936, awarded additional state funding to rural serving entities to address the mental health needs of rural Texas residents. These grants support community programs by providing behavioral health care services to people 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 people with mental illness involved in the criminal justice system.

In the table below, describe projects funded under the Mental Health Grant Program for Justice-Involved Individuals, Senate Bill 1677, and Rider 48. Number served per year should reflect reports for the previous fiscal year. If the project is not a facility; indicate N/A in the applicable column below. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.C.

**Table 2: Mental Health Grant for Justice-Involved Individuals Projects**

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County(s)</b>	<b>Type of Facility</b>	<b>Population Served</b>	<b>Number Served per Year</b>
FY25- 26	Diversion Field Based Team	Collin	Outpatient	Individuals with SMI who are also involved with the criminal justice system in need of intensive field-based MH services and COC from jail setting	200
PENDING	Collin County Sheriff's Office Mental Health Deputy Co-Responder Program	Collin	Outpatient	Individuals in Collin County who are experiencing a behavioral health crisis or mental health concern that requires dispatching of one of the mental health co-responder teams.	200
PENDING	Diversion Services Expansion	Collin	Outpatient	Provide community-based diversion efforts through extended intake hours to reduce arrests and incarceration of individuals with MH or COPSD, promote SIM and diversion strategies, and eliminate barriers to needed behavioral health services.	250

## I.C Community Mental Health Grant Program: Projects related to jail diversion, justice-involved individuals, and mental health deputies

Section 531.0999, Texas Government Code, requires HHSC to establish the Community Mental Health Grant Program, a grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for people 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, or recovery services, and assist with people transitioning between or remaining in mental health treatment, services and supports.

In the table below, describe Community Mental Health Grant Program projects related to jail diversion, justice-involved individuals, and mental health deputies. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.D.

**Table 3: Community Mental Health Grant Program Jail Diversion Projects**

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY25	Did not receive funding – N/A			

## I.D Community Participation in Planning Activities

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

**Table 4: Community Stakeholders**

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	People receiving services	<input checked="" type="checkbox"/>	Family members
<input checked="" type="checkbox"/>	Advocates (children and adult)	<input checked="" type="checkbox"/>	Concerned citizens or others

	<b>Stakeholder Type</b>		<b>Stakeholder Type</b>
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <ul style="list-style-type: none"> <li>• Glen Oaks Hospital – Director of Business Development</li> <li>• Carrollton Springs – Director of Business Development</li> <li>• Collin Springs – Director of Business Development</li> <li>• Medical City McKinney – The Pavilion - Social Worker</li> <li>• Medical City Frisco Mental Health and Wellness – Social Worker</li> <li>• Perimeter Behavioral Health – Dallas – Social Worker</li> <li>• THR Seay Center – Social Worker</li> <li>• Millwood Hospital – Social Worker</li> <li>• Methodist Richardson Hospital – Intake Manager</li> </ul>	<input checked="" type="checkbox"/>	State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none"> <li>• Terrell State Hospital – Jennifer Deveraux – Director of Social Work</li> </ul>
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input checked="" type="checkbox"/>	Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/>	County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> <li>• Chris Hill, Collin County Judge</li> <li>• Bill Bilyeu, Collin County Administrator</li> <li>• Darrell Hale, Collin County Commissioner</li> <li>• Duncan Webb, Collin County Commissioner</li> <li>• Cheryl Williams, Collin County Commissioner</li> <li>• Susan Fletcher, Collin County Commissioner</li> <li>• Candy Blair, Public Health Director</li> <li>• Collin County Medical Examiner</li> </ul>	<input checked="" type="checkbox"/>	City officials (list the city and the name and official title of participants): <ul style="list-style-type: none"> <li>• George Fuller, City of McKinney Mayor</li> </ul>
<input type="checkbox"/>	Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/>	LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i> <ul style="list-style-type: none"> <li>• North Texas Behavioral Health Authority</li> </ul>
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers - Wellpath
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives

	<b>Stakeholder Type</b>		<b>Stakeholder Type</b>
<input checked="" type="checkbox"/>	<p>Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants):</p> <ul style="list-style-type: none"> <li>• Meghan Miller, Chief Attorney, Indigent Defense</li> <li>• Judge Sarah Duff, Probate Court</li> <li>• Judge Cynthia Porter Gore, Allen Municipal Court</li> <li>• Greg Willis, Collin County District Attorney</li> <li>• Judge Jennifeer Edgeworth, 219<sup>th</sup> Judicial District court</li> <li>• Judge Lance Baxter Collin County Court at Law No. 3</li> <li>• Judge Cynthia Wheless, 417<sup>th</sup> District Court</li> <li>• Judge Paul McNulty, Chief Municipal Court Judge of Plano</li> </ul>	<input checked="" type="checkbox"/>	<p>Law enforcement (list the county or city and the name and official title of participants):</p> <ul style="list-style-type: none"> <li>• Edie Simms, Blue Ridge</li> <li>• Adam Wilbourn, Fairview</li> <li>• Mike Sullivan, Farmersville Police Department</li> <li>• Jeff Graham, Josephine Police Department</li> <li>• Terry Qualls, McKinney Police Dept</li> <li>• Bryce Thompson, Wylie Police Dept</li> <li>• Felix Cauhape, Allen PD</li> <li>• Gary Tittle, Richardson PD</li> <li>• Haley Chandler MSW, Wylie Police Dept</li> <li>• Michael Best, Sargeant Mental Heath Unit, McKinney PD</li> <li>• Nicloe Bowers, Mental Health Liaison, Plano PD</li> <li>• Richard Glenn, Sargeant CIT, Plano PD</li> <li>• Shantel Tritthart, Mental Health Liaison, Mckinney Police</li> <li>• Summer Land, Mental Health, Allen PD</li> <li>• Brandon Quimbey, CIT Coordinator, City of Princeton</li> <li>• Ken Myers, Assistant Chief, City of Allen</li> <li>• Lt. Goodman, Josephine PD</li> <li>• Sgt. Robles, Josephine PD</li> <li>• Lt. Trey Cotton, Wylie PD</li> <li>• Anthony Henderson, Chief, Wylie Police Dept</li> <li>• Doug Kowalski, Chief, Prosper PD</li> <li>• Grace Edgar, CIT Officer, Plano PD</li> <li>• TC Losawyer, McKinney PD</li> </ul>
<input checked="" type="checkbox"/>	Education representatives	<input checked="" type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input checked="" type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input checked="" type="checkbox"/>	Veterans' organizations	<input checked="" type="checkbox"/>	Housing authorities



	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Local health departments	<input type="checkbox"/>	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.

Response:

- Bi-monthly Crisis Collaboration Meeting (Law enforcement, Local hospitals, other community partners)
- Quarterly meetings with inpatient contracted providers
- Monthly to quarterly meetings with substance use treatment providers
- Monthly meetings with mental health service providers
- Bi-monthly meetings with outpatient contracted providers
- Needs assessment surveys for the community and individuals/families served
- Bi-monthly PNAC meetings
- Comment forms available in each reception area reviewed by mgmt. for potential action
- Collin County Diversion Center SIM Mapping
- Diversion Center monthly Steering Committee meetings

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

Response:

- Behavioral health crisis options in lieu of emergency departments or police response
- Increase in homelessness and lack of affordable housing
- Integrated Health Care
- Immediate access to free/affordable detox and residential treatment in Collin County
- Community education programs and trainings on behavioral health issues
- Access to public transportation
- Limited access to State Hospital Beds
- Workforce Shortages
- Children and Youth Respite options
- Diversion Center planning

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## 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 and emergency departments;
- Judiciary, including mental health and probate courts;
- Prosecutors and public defenders;
- Other crisis service providers (to include neighboring LMHAs and LBHAs);
- People accessing crisis services and their family members; and
- 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 Developing 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;

**Response:** Bi-monthly group collaborative LE/hospital meetings; offering quarterly individual contractor meetings for PPB contractors; bi-monthly

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contractor meetings for outpatient MH and SUD contractors; OSAR quarterly calls; bi-monthly; quarterly SOC collaborative meetings

- Ensuring the entire service area was represented; and

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

- Soliciting input.

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

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

1. How is the Crisis Hotline staffed?
  - a. During business hours

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

- b. After business hours

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

- c. Weekends and holidays

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

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

**Response:** Yes. iCare, MHMR Tarrant

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3. How is the MCOT staffed?
- a. During business hours

**Response:** Minimum 2 QMHPs and one LPHA available 24/7 including weekends and holidays

- b. After business hours

**Response:** Minimum 2 QMHPs and one LPHA available 24/7 including weekends and holidays

- c. Weekends and holidays

**Response:** Minimum 2 QMHPs and one LPHA available 24/7 including weekends and holidays

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

**Response:** No – not applicable

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

**Response:** MCOT provides follow-up services primarily via phone. Follow-ups may be completed face-to-face as needed. MCOT also assists in coordination and connection to ongoing services for skills training, case management and/or psychiatric medication management.

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

**Emergency Rooms:** Emergency departments initiate referrals for crisis services by first calling LifePath Systems' crisis hotline. The hotline will complete a brief crisis assessment and collect demographic data. ICare will resolve calls not requiring MCOT activation or pass onto LifePath Systems' MCOT team for further evaluation and assessment (either phone, tele-video, or face-to-face) as needed.

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

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

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

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
- a. **During business hours:** Initiate crisis assessment via crisis hotline for MCOT assessment and recommendation/coordination of placement
  - b. **After business hours:** Initiate crisis assessment via crisis hotline for MCOT assessment and recommendation/coordination of placement
  - c. **Weekends and holidays:** Initiate crisis assessment via crisis hotline for MCOT assessment and recommendation/coordination of placement

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

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

10. Describe the community's process if a person requires further evaluation, medical clearance, or both.

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

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

**Response:** If MCOT determines the least restrictive environment to be inpatient psychiatric hospitalization, assessment and any applicable hospital records of the individual are securely sent to our contracted facilities for review and potential placement. If accepted, the emergency department and contracted facility will coordinate the memorandum of transfer (MOT) with assistance from MCOT team.

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

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

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

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

14. If an inpatient bed at a psychiatric hospital is not available, where does the person wait for a bed?

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

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

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

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

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

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

**Response:** If the child is in the community, the parent or legal guardian will transport to the next level of care if it is safe to do so. In the event that safety concerns arise, the MCOT team will facilitate transport to the hospital via law enforcement or EMS

## Crisis Stabilization

Use the table below to identify the alternatives the local service area has for facility-based crisis stabilization services (excluding inpatient services). Answer each element of the table below. Indicate "N/A" if the LMHA or LBHA does not

have any facility-based crisis stabilization services. Replicate the table below for each alternative.

**Table 5: Facility-based Crisis Stabilization Services**

<b>Name of facility</b>	<b>LifePath Systems Crisis Center</b>
<b>Location (city and county)</b>	McKinney, TX/ Collin County
<b>Phone number</b>	972-562-9658
<b>Type of facility (see Appendix A)</b>	Crisis Respite Unit
<b>Key admission criteria</b>	Voluntary; low risk of harm to self or others; medically stable
<b>Circumstances under which medical clearance is required before admission</b>	Suspected untreated chronic medical conditions; substance use or abuse that is suspected to cause more than mild impairment
<b>Service area limitations, if any</b>	Collin County
<b>Other relevant admission information for first responders</b>	All referrals and admissions are coordinated through MCOT via the crisis hotline or MCOT on call line.
<b>Does the facility accept emergency detentions?</b>	No
<b>Number of beds</b>	14 at full capacity
<b>HHSC funding allocation</b>	Local Match/County funds

<b>Name of facility</b>	LifePath Systems Crisis Center
<b>Location (city and county)</b>	McKinney, TX/ Collin County
<b>Phone number</b>	972-562-9658
<b>Type of facility (see Appendix A)</b>	Extended Observation Unit
<b>Key admission criteria</b>	Voluntary or involuntary; moderate to high psychiatric symptoms; medically stable
<b>Circumstances under which medical clearance is required before admission</b>	Recent use of emergency medications to manage behavioral health symptoms; physically aggressive behaviors; untreated chronic medical conditions; substance use or abuse that is suspected to cause more than moderate impairment or be at risk for detox



<b>Name of facility</b>	LifePath Systems Crisis Center
<b>Service area limitations, if any</b>	Collin County
<b>Other relevant admission information for first responders</b>	All referrals and admissions are coordinated through MCOT via the crisis hotline or MCOT on call line.
<b>Does the facility accept emergency detentions?</b>	Yes
<b>Number of beds</b>	8 at full capacity
<b>HHSC funding allocation</b>	RCSB, Local Match/County Funds

## Inpatient Care

Use the table below to identify the alternatives to the state hospital the local service area has for psychiatric inpatient care for uninsured or underinsured people. Answer each element of the table below. Indicate "N/A" if an element does not apply to the alternative provided. Replicate the table below for each alternative.

**Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured**

<b>Name of facility</b>	<b>Glen Oaks Hospital</b>
<b>Location (city and county)</b>	Greenville, TX/Greenville County
<b>Phone number</b>	903-454-6000
<b>Key admission criteria</b>	MH and/or co-occurring MH and SUD symptoms that pose immediate threat to self or others
<b>Service area limitations if any</b>	Accepts referrals from multiple counties across the state
<b>Other relevant admission information for first responders</b>	Generally, admits occur through emergency department; admissions must go through medical clearance
<b>Number of beds</b>	54
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes

<b>Name of facility</b>	<b>Glen Oaks Hospital</b>
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$720
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA

<b>Name of facility</b>	Medical City Frisco Mental Health and Wellness
<b>Location (city and county)</b>	Frisco, TX/Collin County
<b>Phone number</b>	469-535-8000
<b>Key admission criteria</b>	Adults and adolescents 13 and older experiencing MH and/or co- occurring MH and SUD symptoms that pose immediate threat to self or others
<b>Service area limitations if any</b>	Accepts referrals from multiple counties across the state
<b>Other relevant admission information for first responders</b>	Generally, admits occur through emergency department, but may be directly referred if there are no pre-existing medical conditions
<b>Number of beds</b>	70

<b>Name of facility</b>	Medical City Frisco Mental Health and Wellness
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$720
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA

<b>Name of facility</b>	Methodist Hospital of Dallas dba Methodist Richardson Medical Center (MRMC)
<b>Location (city and county)</b>	Richardson, TX/Dallas County
<b>Phone number</b>	469-204-2000
<b>Key admission criteria</b>	Adults experiencing MH and/or co- occurring MH and SUD symptoms that pose immediate threat to self or others
<b>Service area limitations if any</b>	Accepts referrals from multiple counties across the state

<b>Name of facility</b>	Methodist Hospital of Dallas dba Methodist Richardson Medical Center (MRMC)
<b>Other relevant admission information for first responders</b>	Generally, admits occur through emergency department; admissions must go through medical clearance
<b>Number of beds</b>	51
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$630
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA

<b>Name of facility</b>	Millwood Hospital
<b>Location (city and county)</b>	Arlington, TX/Tarrant County
<b>Phone number</b>	817-242-9993

<b>Name of facility</b>	Millwood Hospital
<b>Key admission criteria</b>	Children ages 5 and older and adults experiencing MH and/or co- occurring MH and SUD symptoms that pose immediate threat to self or others
<b>Service area limitations if any</b>	Accepts referrals from multiple counties across the state
<b>Other relevant admission information for first responders</b>	Generally, admits occur through emergency department but may be directly referred for review
<b>Number of beds</b>	134
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$720
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA
<b>Name of facility</b>	Perimeter Behavioral Hospital of Garland, LLC
<b>Location (city and county)</b>	Garland, TX/Dallas County

<b>Name of facility</b>	Perimeter Behavioral Hospital of Garland, LLC
<b>Phone number</b>	972-370-5518
<b>Key admission criteria</b>	Adults and adolescents ages 12 and older experiencing MH and/or co- occurring MH and SUD symptoms that pose immediate threat to self or others
<b>Service area limitations if any</b>	Accepts referrals from multiple counties across the state
<b>Other relevant admission information for first responders</b>	Generally, admits occur through emergency department but may be directly referred if there are no pre-existing medical conditions
<b>Number of Beds</b>	100
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$630
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA

<b>Name of facility</b>	Texas Health Seay Behavioral Health Hospital
<b>Location (city and county)</b>	Plano, TX/Collin County
<b>Phone number</b>	682-236-6023
<b>Key admission criteria</b>	Adults and adolescents ages 13 and older experiencing MH and/or co- occurring MH and SUD symptoms that pose immediate threat to self or others
<b>Service area limitations if any</b>	Accepts referrals from multiple counties across the state
<b>Other relevant admission information for first responders</b>	Generally, admits occur through emergency department but may be considered for direct admission after clinical review
<b>Number of beds</b>	48
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA

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## II.C Plan for Local, Short-term Management for People Deemed Incompetent to Stand Trial Pre- and Post-arrest

1. Identify local inpatient or outpatient alternatives, if any, to the state hospital the local service area has for competency restoration? Indicate "N/A" if the LMHA or LBHA does not have any available alternatives.

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

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

**Response:**

- Delayed court proceedings or competency evaluations due to COVID restrictions
  - Limited beds at the state hospital for competency restoration
  - Funding to support forensic evaluation to determine competency of individuals enrolled in OCR
  - Housing options to facilitate successful completion of those enrolled in OCR programming
  - Workforce shortages
3. 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) and title(s) of employees who operate as the jail liaison.

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

4. 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.



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**Response:** Kanz Kayfan, Program Administrator, Diversion Services

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

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

6. Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (e.g., Outpatient Competency Restoration, Inpatient Competency Restoration, Jail-based Competency Restoration, FACT Team, Post Jail Programs)?

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

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

**Response:**

- OCR: funding to include forensic psychological assessment; local psychologists who provide forensic assessments; evidenced based training and support from HHSC; expediting reinstatement of benefits for those who lost insurance/benefits while incarcerated, housing limitations in Collin County to include affordable housing options
- Inpatient Competency Restoration: state hospital availability; local hospitals capable to take on programming; funding for local inpatient competency restoration; expediting reinstatement of benefits for those who lost their insurance/benefits while incarcerated
- Jail-based competency restoration: funding to support programming to include clinical staff and medications; physical space availability is currently limited in Collin County jail to offer jail-based services as well as current COVID restrictions to allow people in; tele- video capability and safety considerations; insurance limitations for those incarcerated and preparing for release

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## II.D Seamless Integration of Emergent Psychiatric, Substance Use, and Physical Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics

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

**Response:**

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

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

**Response:**

- Expand availability to other community partners to offer onsite or tele-video options for seamless access to behavioral health care
- Continue community outreach and education to build integrated care
- Formalize current partnerships with MOUs with local courts and school districts

## 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?

**Response:**

- Bi-monthly Law Enforcement and Hospital Meetings
- Quarterly meetings with contracted inpatient hospitals
- Utilization of staff Law Enforcement Liaison for training and communication to local jurisdictions

- 
- Seeking collaborative grant opportunities with local police departments
  - Bi-monthly PNAC meetings

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

**Response:**

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

## II.F Gaps in the Local Crisis Response System

Use the table below to identify 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. Add additional rows if needed.

**Table 7: Crisis Emergency Response Service System Gaps**

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
Collin	<ul style="list-style-type: none"> <li>• Diversion from EDs</li> <li>• Limited education for 911 dispatch about opportunities for diversion</li> <li>• Varied knowledge of or interest in diversion options by law enforcement</li> <li>• Time commitment required to take people experiencing a crisis to a hospital instead of jail</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach and training on accessing crisis hotline first</li> <li>• Expanded partnership with local law enforcement for on-scene MH intervention</li> <li>• Investigate partnerships between LifePath and 911, including embedded clinicians at 911 dispatch, and additional training on diversion protocols</li> <li>• Increase education and info sessions for law enforcement as diversion center implementation nears, particularly at regular law enforcement (LE) briefings and trainings</li> <li>• Crisis EOU/CRU bed expansion</li> <li>• Research examples or case studies of common law enforcement scenarios and how decisions are made (could ride along with an officer) to understand current wait times, barriers, and process and how they vary among law enforcement agencies. Use this information and additional input from LE to inform new drop off process at the diversion center.</li> </ul>	FY25/FY26
Collin	<ul style="list-style-type: none"> <li>• Intervention and partnerships with local law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded utilization of Tele-crisis Assessment Program (TAP)—will be expanding to all officers and all shifts with Plano PD</li> <li>• Plan to expand to other jurisdictions</li> <li>• Training with local law enforcement on diversion efforts</li> </ul>	FY25

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
Collin	<ul style="list-style-type: none"> <li>No shelters or group homes in Collin County that are open to people with SMI and a history of justice-involvement</li> <li>Existing shelters are for limited populations (women and children, domestic violence survivors)</li> <li>Lack of housing options for people with serious mental illness</li> <li>Hospital discharge planning for those who are homeless</li> </ul>	<ul style="list-style-type: none"> <li>Utilize the planned diversion center’s co-located crisis respite unit and extended observation unit to accommodate short -term step down/respite for people in crisis and connect them to resources</li> <li>Explore opportunities to expand housing options for people with a history of justice involvement, including low barrier shelters, transitional housing, and permanent supportive housing</li> <li>Work with housing authorities and the homeless coalition in Collin County to improve knowledge of and funding for supportive housing options</li> </ul>	FY25/FY26
Collin	<ul style="list-style-type: none"> <li>Capacity limitations due to local behavioral health workforce shortage</li> </ul>	<ul style="list-style-type: none"> <li>Consider limited eligibility and phased expansion for upcoming diversion center as additional funding for increased staffing becomes available</li> <li>Consider partnerships with colleges and universities to create pipelines for students seeking internships or graduate student projects that offer clinical hours</li> </ul>	Ongoing
Collin	<ul style="list-style-type: none"> <li>Limited contracted inpatient psychiatric beds for people experiencing acute mental health crisis</li> <li>Limited options for children to be taken for mental health treatment</li> </ul>	<ul style="list-style-type: none"> <li>Prioritize communication between hospitals and law enforcement to ensure people brought to hospitals are appropriate for hospital level of care</li> <li>Use data to advocate for additional funding for contracted beds</li> <li>Consider a youth-focused SIM mapping for a later date to identify resources specific to youth</li> </ul>	Ongoing
Collin	<ul style="list-style-type: none"> <li>Limited lengths of stay in contracted psychiatric beds are not conducive to patient stability</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen hospital stepdown programs and continuity of care for people moving between service settings</li> </ul>	Ongoing

<b>County</b>	<b>Service System Gaps</b>	<b>Recommendations to Address the Gaps</b>	<b>Timeline to Address Gaps (if applicable)</b>
Collin	<ul style="list-style-type: none"> <li>Variable response times for mobile crisis outreach team (MCOT) and co-response units in less populated areas</li> <li>MCOT response to officers in the field can take a significant amount of time due to limited capacity of the MCOT team</li> </ul>	<ul style="list-style-type: none"> <li>Study impact of existing teleassessment pilot program (TAP) in Plano and explore opportunities to replicate program with other police departments across the county</li> <li>Increase MCOT staffing as funding becomes available</li> </ul>	FY25
Collin	<ul style="list-style-type: none"> <li>Limited stakeholder understanding of diversion center's purpose and limitations</li> </ul>	<ul style="list-style-type: none"> <li>Create an ongoing forum to convey information about the diversion center, examine what is working well, and what stakeholders would like to see</li> </ul>	Ongoing
Collin	<ul style="list-style-type: none"> <li>Limited community understanding of existing mental health resources and alternatives to calling 911</li> </ul>	<ul style="list-style-type: none"> <li>Consider a community education campaign about behavioral health crisis and understanding options for family members experiencing a mental health crisis</li> </ul>	Ongoing
Collin	<ul style="list-style-type: none"> <li>Variable continuity of care and referral follow-up for people experiencing a mental health crisis and moving between systems and settings</li> </ul>	<ul style="list-style-type: none"> <li>Enhance or create information sharing agreements, universal releases of information, etc.</li> </ul>	Ongoing
Collin	<ul style="list-style-type: none"> <li>Lack of clarity around best practices for working with people with suspected IDD who are in crisis</li> </ul>	<ul style="list-style-type: none"> <li>Considering hosting a series of trainings related to IDD needs and considerations for co-occurring IDD and SMI</li> <li>Ensure IDD providers are part of planning for the diversion center from the outset</li> <li>Combine IDD CIT team with LPS crisis team</li> </ul>	FY25
Collin	<ul style="list-style-type: none"> <li>Varied field medical clearance protocols</li> </ul>	<ul style="list-style-type: none"> <li>Medical clearance options that are not the emergency department</li> <li>Consider staff who can do medical assessments 24-7 (LVN, RN) at the diversion center</li> <li>As part of diversion center implementation planning, bring hospital systems and legal counsel together to discuss a streamlined medical clearance protocol for the county</li> </ul>	FY25/26

<b>County</b>	<b>Service System Gaps</b>	<b>Recommendations to Address the Gaps</b>	<b>Timeline to Address Gaps (if applicable)</b>
Collin	<ul style="list-style-type: none"> <li>Limited capture of diversion efforts by law enforcement due to no documentation process for incidents that don't result in charges</li> <li>Incomplete crisis data collected across stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Convene law enforcement stakeholders as part of diversion center implementation planning and discuss creating a universal form or tracking mechanism for all municipal police and sheriff's office personnel to use</li> <li>Create a standardized data plan to capture ongoing snapshots of Collin County's mental health crisis system</li> </ul>	FY25/26
Collin	<ul style="list-style-type: none"> <li>Differing transport protocols for non-emergency detention mental health crisis response by law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>Discuss amending transport protocol on an as-needed basis for law enforcement agencies</li> <li>Explore alternative options like Sheriff's Office transport deputies and local medical transportation companies</li> </ul>	Ongoing
Collin	<ul style="list-style-type: none"> <li>Lack of dedicated cell phones for officers to connect people in crisis to mental health services at the scene</li> </ul>	<ul style="list-style-type: none"> <li>Explore state and federal grant opportunities to increase access to technology to enable tele-screening and assessment on scene</li> </ul>	Ongoing
Collin	<ul style="list-style-type: none"> <li>Confusion from family members about LE role when responding to calls for a family member in crisis</li> </ul>	<ul style="list-style-type: none"> <li>Consider increasing opportunities for family education on crisis services (written materials, info sessions, FAQs)</li> </ul>	FY25/26

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## Section III: Plans and Priorities for System Development

### III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to people with mental health and substance disorders involved 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 people 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. Enter N/A if not applicable.

**Table 8: Intercept 0 Community Services**

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Coordinated Specialty Care	Collin	<ul style="list-style-type: none"> <li>Continuing to seek opportunities to provide educational presentations on the CSC program to local inpatient facilities, jail, and court system to help community partners/organizations identify individuals who would benefit from CSC services in order to divert and reduce entry/reentry into legal system</li> </ul>
Outpatient Diversion Program	Collin	<ul style="list-style-type: none"> <li>Continue collaborative efforts for Jail continuity of care, ensuring individuals are able to engage with appropriate services immediately upon release.</li> </ul>



<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Crisis Services	Collin	<ul style="list-style-type: none"> <li>• Expanding co-responder with law enforcement</li> <li>• Implement direct access to MCOT for Law Enforcement (redline)</li> <li>• Enhancing community crisis response efforts by combining IDD CIT and MCOT under one program umbrella</li> </ul>
ACT	Collin	<ul style="list-style-type: none"> <li>• Expand collaboration with local LE in order to divert individuals from arrest and incarceration through expanded intensive service delivery hours.</li> <li>• Implement partnership with Housing Forward to ensure individuals served are entered and tracked in the Homeless Management Information System and the Coordinated Access System.</li> </ul>
MST	Collin	<ul style="list-style-type: none"> <li>• Expand referral linkage with DFPS</li> <li>• Program presentation to local municipal courts</li> <li>• Network with other social service organizations for referrals into the program</li> <li>• Maintain full caseload for both teams</li> </ul>
Crisis Hotline (iCare)	Collin	<ul style="list-style-type: none"> <li>• Explore 988 referral opportunities for MCOT response and connection to ongoing services</li> </ul>

**Table 9: Intercept 1 Law Enforcement**

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two years:</b>
Bimonthly Community Crisis Collaborative meeting	Collin	<ul style="list-style-type: none"> <li>• Expand meeting with stakeholders such as hospitals, law enforcement, local health officials, and resource agencies</li> <li>• Continue group meetings and establish individual meetings as needs arise</li> </ul>
Training/presentations to local CIT training	Collin	<ul style="list-style-type: none"> <li>• Attend CIT trainings hosted in Collin County to discuss MH crisis service system and LifePath services</li> </ul>

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two years:</b>
Law Enforcement Liaison on staff	Collin	<ul style="list-style-type: none"> <li>Expand partnerships with each jurisdiction in Collin County</li> <li>Implement training opportunities for local law enforcement</li> <li>Biannual county wide CIT meetings</li> </ul>
Collin County Law Enforcement Academy Advisory Committee	Collin	<ul style="list-style-type: none"> <li>MH Representation by LPS staff for training and input for academy cadets</li> </ul>

**Table 10: Intercept 2 Post Arrest**

<b>Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Jail Diversion Team	Collin	<ul style="list-style-type: none"> <li>Diversion Liaison continues to attend jail medical meetings to provide valuable insights into available LifePath services and to facilitate coordinated releases to appropriate services.</li> <li>Continue to work closely with Crisis EOU/CRU for coordinated stepdown opportunities.</li> </ul>
Outreach Screening Assessment and Referral (OSAR)	Collin	<ul style="list-style-type: none"> <li>OSAR team will receive referrals from the jails, courts, law enforcement, probation/parole etc. and complete substance use screenings for individuals that are incarcerated to determine eligibility for treatment.</li> <li>The OSAR team will coordinate with jail staff to coordinate releases for individuals that have been granted a release/bond from jail to go to substance use treatment.</li> </ul>

**Table 11: Intercept 3 Jails and Courts**

<b>Intercept 3: Jails and Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Collin County Felony Drug Court	Collin	<ul style="list-style-type: none"><li>• Continue participation and collaboration</li><li>• Link individuals to appropriate ongoing MH and SUD recovery options</li></ul>
Collin County Family Drug Court	Collin	<ul style="list-style-type: none"><li>• Continue participation and collaboration</li><li>• Link individuals to appropriate ongoing MH and SUD recovery options</li></ul>
Collin County DWI Drug Court	Collin	<ul style="list-style-type: none"><li>• Continue participation and collaboration</li><li>• Link individuals to appropriate ongoing MH and SUD recovery options</li></ul>
Collin County Veteran’s Court	Collin	<ul style="list-style-type: none"><li>• Continue participation and collaboration</li><li>• Link individuals to appropriate ongoing MH and SUD recovery options</li></ul>
Juvenile Mental Health Continuity of Care	Collin	<ul style="list-style-type: none"><li>• Continue participation and collaboration</li><li>• Link individuals to appropriate ongoing MH and SUD recovery options</li></ul>
Juvenile Mental Health Court	Collin	<ul style="list-style-type: none"><li>• Continue partnership and collaboration with Collin County Juvenile Justice Department</li></ul>
Adult Mental Health Court	Collin	<ul style="list-style-type: none"><li>• Continue to participate and collaborate in order to link individuals to diversion services to assist with adhering to their legal obligations and person-centered goals.</li></ul>
City of Allen Municipal Adult Specialized Docket Court	Collin	<ul style="list-style-type: none"><li>• Continue to participate and collaborate in order to link individuals to diversion services to assist with adhering to their legal obligations and person-centered goals.</li></ul>
City Municipal Court (Plano and McKinney)	Collin	<ul style="list-style-type: none"><li>• Establish MOUs for Youth Diversion initiative (HB 3186)</li></ul>

**Table 12: Intercept 4 Reentry**

<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
TCOOMMI	Collin	<ul style="list-style-type: none"> <li>Expand coordination activities with local probation and parole departments</li> <li>Improve coordination of TCOOMMI quarterly meetings to include probation &amp; parole involvement</li> </ul>
Outpatient Diversion Programs	Collin	<ul style="list-style-type: none"> <li>Jail Liaison to continue collaborative efforts with the Jail medical team for coordination of BH services prior to individual's release</li> </ul>
MVPN	Collin	<ul style="list-style-type: none"> <li>Support to active-duty service members, veterans, and/or family members in local Veteran Court via job coaching, peer support, and resource navigation</li> <li>Support to justice involved veterans that are currently incarcerated in the county jail by providing group peer sessions</li> </ul>

**Table 13: Intercept 5 Community Corrections**

<b>Intercept 5: Community Corrections Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Establishing relationship with local parole department	Collin/Dallas	<ul style="list-style-type: none"> <li>Continue to foster relationships and connection to ongoing outpatient mental health services for parolees</li> </ul>
Establishing relationship with local parole department	Dallas	<ul style="list-style-type: none"> <li>TCOOMMI, Jail Diversion, and SUD programs to continue working to establish rapport with parole officers and supervisors to better support the needs of individuals</li> </ul>
Strengthen Relationships with Juvenile Services	Collin	<ul style="list-style-type: none"> <li>Partner with Child and Adolescent Mental Health Court participating in bi-weekly staffing and providing services to families in MH court.</li> </ul>
Multi-Systemic Therapy (MST) Team	Collin	<ul style="list-style-type: none"> <li>Expanding referral connections with schools and court systems for 2 current MST teams</li> </ul>

<b>Intercept 5: Community Corrections Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
TCOOMMI	Collin	<ul style="list-style-type: none"> <li>Expand coordination activities with local probation and parole departments</li> <li>Improve coordination of TCOOMMI quarterly meetings to include probation &amp; parole involvement</li> </ul>
Outpatient Diversion Programs	Collin	<ul style="list-style-type: none"> <li>Jail Liaison to continue collaborative efforts with the Jail medical team for coordination of BH services prior to individuals release</li> </ul>
OCR/NGRI	Collin	<ul style="list-style-type: none"> <li>Continue collaborative efforts with the jail and state hospital to ensure individuals are adhering to all legal obligations and their person-centered goals.</li> </ul>

### III.B Other Behavioral Health Strategic Priorities

The Statewide Behavioral Health Coordinating Council (SBHCC) was established to ensure a strategic statewide approach to behavioral health services. In 2015, the Texas Legislature established the SBHCC to coordinate behavioral health services across state agencies. The SBHCC is comprised of representatives of state agencies or institutions of higher education that receive state general revenue for behavioral health services. Core duties of the SBHCC include developing, monitoring, and implementing a five-year statewide behavioral health strategic plan; developing annual coordinated statewide behavioral health expenditure proposals; and annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

The [Texas Statewide Behavioral Health 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 of 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: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.
- Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.
- Goal 3: Develop and support the behavioral health workforce.
- Goal 4: Manage and utilize data to measure performance and inform decisions.

Use the table below to 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.

**Table 14: Current Status of Texas Statewide Behavioral Health Plan**

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	<ul style="list-style-type: none"> <li>• Gaps 1, 10</li> <li>• Goal 1</li> </ul>	Continue to provide trauma informed care and culturally competent trainings and assessing proficiency for both areas. Additionally, seek feedback from leadership on effectiveness of these initiatives	Continue to provide trauma informed care and culturally competent trainings and assessing proficiency for both areas. Additionally, seek feedback from leadership on effectiveness of these initiatives

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	<ul style="list-style-type: none"> <li>• Gaps 2, 3, 4, 5, 10, 12</li> <li>• Goal 1</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate with local community partners to increase collaboration and ensure individuals are receiving funding appropriately and efforts are not duplicated.</li> </ul>	<ul style="list-style-type: none"> <li>• Building relationships with community partners to ensure individuals served are entered and tracked in the Homeless Management Information System and the Coordinated Access System.</li> <li>• Adding peer support services to Supported Housing and Employment services.</li> <li>• Educate individuals served on local public transportation services.</li> <li>• Expand connections with community partners to better connect individuals served to better housing and employment opportunities.</li> </ul>
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> <li>• Gaps 1, 10</li> <li>• Goal 1</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple federal grants to expand innovative service delivery for those with MH and SUD</li> </ul>	<ul style="list-style-type: none"> <li>• Continue seeking additional opportunities as well as sustainability plans for current projects</li> </ul>
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> <li>• Gap 10</li> <li>• Goal 1</li> </ul>	<ul style="list-style-type: none"> <li>• We have recently introduced engagement training that emphasizes connecting with families on their terms and in a person-centered manner.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to provide engagement training. Additionally, seek feedback from program leadership on effectiveness</li> <li>• Continue to integrate Peers into service access points, including Intake, to ensure individuals are met with a compassionate approach throughout their journey.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> <li>• Gaps 2, 11</li> <li>• Goal 1</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded MHFA partnerships with schools and local community organizations</li> <li>• Multiple outreach events in the community and schools</li> </ul>	<ul style="list-style-type: none"> <li>• Formalize partnerships through MOUs and interlocal agreements with schools for MHFA training</li> <li>• Formalize tracking of community events, participation, and follow-up as needed</li> </ul>
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> <li>• Gap 3</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Established communication with some MCOs for notification of member emergency department access and inpatient utilization</li> <li>• In house jail crisis team—early identification of MH as well as completion of mental health assessments for magistrate review</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance follow-up and continuity of care</li> <li>• Attend jail medical meetings/staffings and enhance coordinated jail releases with immediate connection to outpatient mental health/SUD services</li> <li>• Begin exploring relationship with DA and MH defense attorneys</li> </ul>
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> <li>• Gaps 1, 3, 7</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Standardized program processes</li> <li>• Coordination and oversight across divisions for enhanced referral systems (BH, ECI, and IDD)</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to collaborate cross-departmentally when developing, implementing, and reviewing behavioral health policies and practices to ensure the enhancement of system outcomes.</li> </ul>
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> <li>• Gap 3</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly reporting to the Board of Trustees from PNAC</li> </ul>	<ul style="list-style-type: none"> <li>• Executive Leadership and Board of Trustees every 3 years</li> </ul>



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> <li>• Gaps 1, 11, 14</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• IDD and BH PNAC meet quarterly for review of provider gaps and improved networks</li> <li>• Participation in local monthly Homeless Coalition</li> <li>• Monthly provider calls</li> <li>• Monthly Collin County Social Security Association resource meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Provide and continue to update a local resource database and encourage community partners input and feedback.</li> <li>• Continue to ensure that staff have access to available programs and services both internally and externally in an efficient and accessible way, including the local resource database.</li> </ul>
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	<ul style="list-style-type: none"> <li>• Gaps 1, 5, 6</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination across internal programs from crisis to outpatient services as well as seamless transition from C&amp;A services to adult programs</li> <li>• SAMHSA CCBHC-IA grant to expanded care coordination efforts across systems and internal programs</li> </ul>	<ul style="list-style-type: none"> <li>• Continue conducting comprehensive workflow audits across patient care to map out an individual's care, identify gaps, and target areas of improvement.</li> <li>• Participate in TRP meetings with state hospitals</li> </ul>
Develop step-down and step-up levels of care to address the range of participant needs	<ul style="list-style-type: none"> <li>• Gaps 1, 5, 6</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Co-location of LPS CRU and EOU</li> <li>• Access to LPS Crisis center as step down option from inpatient hospitalization</li> <li>• Coordinated releases from jails</li> <li>• Emergency department collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to explore opportunities to expand warm handoffs when individuals change levels of care, including from Y&amp;F to Adult services, and provide additional opportunities to serve individuals where they are at in their recovery journey.</li> <li>• Seek funding opportunities for other step-down alternatives</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 3</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly UM/QM committee to review trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance</li> </ul>	<ul style="list-style-type: none"> <li>• Creating Data Integrity committee</li> <li>• Continue data analysis systems to include Power BI dashboards</li> </ul>
Explore opportunities to provide emotional supports to workers who serve people receiving services	<ul style="list-style-type: none"> <li>• Gap 13</li> <li>• Goal 3</li> </ul>	<ul style="list-style-type: none"> <li>• EAP for all workforce</li> <li>• Rollout of HealthJoy</li> <li>• Wellness Wednesday hosted by HR</li> <li>• Added HDHP and HSA as affordable insurance option for workforce</li> <li>• Employer contribution to HSA</li> <li>• Addition of effects of vicarious trauma and self-care strategies in training</li> <li>• Annual employee satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to assess and evaluate benefits annually</li> <li>• Review of recommendations from workforce satisfaction surveys by Executive Leadership and HR</li> </ul>
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	<ul style="list-style-type: none"> <li>• Gaps 13, 14</li> <li>• Goal 3</li> </ul>	<ul style="list-style-type: none"> <li>• Review composition of workforce compared to population served on annual basis</li> <li>• Annual salary survey in comparison with other Centers</li> <li>• Annual market analysis by position to ensure competitive pay</li> <li>• Exit interviews</li> <li>• Implemented Leadership Academy to grow internal leaders</li> </ul>	<ul style="list-style-type: none"> <li>• Implement “stay interviews” to assess reasons for retention for current workforce</li> <li>• Continue annual salary surveys and market analysis</li> <li>• Targeted approach to recruiting based on composition of workforce compared to population served</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement a call to service campaign to increase the behavioral health workforce	<ul style="list-style-type: none"> <li>• Gap 13</li> <li>• Goal 3</li> </ul>	<ul style="list-style-type: none"> <li>• Increased recruitment strategies through social media posts</li> <li>• Attendance of job fairs at local colleges and universities</li> <li>• Offer internship opportunities</li> <li>• Host job fairs for targeted programs and positions</li> <li>• Pop-up fairs</li> </ul>	<ul style="list-style-type: none"> <li>• Increase partnership opportunities with local colleges and universities</li> <li>• Strengthen partnership opportunities with Workforce Commission</li> </ul>
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> <li>• Gaps 3, 13</li> <li>• Goal 3</li> </ul>	<ul style="list-style-type: none"> <li>• Review composition of workforce compared to population served on annual basis</li> <li>• Include CLAS language in procedures as well as job descriptions and postings</li> <li>• Diversity and inclusion training as part of onboarding process to promote company culture and values</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted approach to recruiting based on composition of workforce compared to population served</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> <li>• Gaps 3, 13</li> <li>• Goal 3</li> </ul>	<ul style="list-style-type: none"> <li>• Leverage technology to improve communication and coordination of contractor applications</li> <li>• Review RFAs every 2 years</li> <li>• Offer flexible contract terms</li> <li>• Formalize partnerships through MOUs</li> <li>• Maintain transparency in contract negotiations each FY</li> </ul>	<ul style="list-style-type: none"> <li>• Streamlining application process for potential contractors</li> <li>• Include technical assistance and Q&amp;A opportunities during application process</li> </ul>
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 4</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly UM/QM committee to review trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance</li> </ul>	<ul style="list-style-type: none"> <li>• Creating Data Integrity committee</li> <li>• Continue data analysis systems to include Power BI dashboards</li> </ul>
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 4</li> </ul>	<ul style="list-style-type: none"> <li>• Established communication with some MCOs for notification of member emergency department access and inpatient utilization</li> </ul>	<ul style="list-style-type: none"> <li>• Continue researching opportunities for information sharing for cross agency data collection and analysis</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources</p>	<ul style="list-style-type: none"> <li>• Gaps 3, 4, 14</li> <li>• Goal 4</li> </ul>	<ul style="list-style-type: none"> <li>• Currently, the MVPN program works with both the County Jail as well as Veteran Court to ensure identified veterans or current service members have access to appropriate resources. We also ensure that any individual that comes into our services is screened for veteran status and offered additional veteran services through the MVPN program.</li> <li>• Encounters with vets are tracked and reported to the state</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate with additional jurisdictional partners at both the local and state level to increase awareness of the MVPN program and associated resources. This will also allow LifePath Systems to reach out to other demographics that may be receiving state-funded services.</li> <li>• Continue to reach out to veterans in need of assistance but also identify additional resources for the family members of veterans and service members.</li> <li>• Refine the way and type of data collected to increase its usability and allow for development of a more robust image of the issues veterans face in our community and how ways in which we can bridge gaps.</li> <li>• Share data, on an aggregate level, with partners to increase support of veteran assistance programming.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> <li>• Gaps 7, 14</li> <li>• Goal 4</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly retrospective chart reviews</li> <li>• Annual EBP audits and reviews</li> <li>• Program Fidelity Managers review data trends, training needs, and concurrent chart reviews</li> </ul>	<ul style="list-style-type: none"> <li>• Explore enhanced mechanisms to access outcomes and progress as it relates to quality of EBP</li> </ul>

### 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, including a relevant timeline. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.

**Table 15: Local Priorities**

Local Priority	Current Status	Plans
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	See above	See above

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## IV.D System Development and Identification of New Priorities

Developing 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.

Use the table below to 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 people not restorable, outpatient commitments, and other people needing long-term care, including people who are geriatric 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 or components would be funded, including estimated quantity when applicable.
- Estimate the funding needed, listing the key components and costs (for recurring or ongoing costs, such as staffing, state the annual cost).

**Table 16: Priorities for New Funding**

<b>Priority</b>	<b>Need</b>	<b>Brief description of how resources would be used</b>	<b>Estimated cost</b>	<b>Collaboration with community stakeholders</b>
1	<b>MCOT Staff</b>	<ul style="list-style-type: none"> <li>• Increase MCOT staff to support increased crisis intervention calls due to population growth, prioritize community crisis calls with double team approach, and improve co-response efforts with law enforcement</li> </ul>	\$1.2M	Local Law Enforcement, Collin County Sheriff's Office, local emergency departments and inpatient psychiatric facilities
2	<b>Crisis/Diversion Center Staffing</b>	<ul style="list-style-type: none"> <li>• Fund positions for expanded crisis/diversion center: 5 RNs, 15 Crisis Support Staff, 3 QMHPs (salaries, benefits, and related program expenses)</li> <li>• Establish contract with security service at Crisis Center</li> </ul>	\$2.5M	Local Law Enforcement, Collin County Sheriff's Office, local emergency departments and inpatient psychiatric facilities
3	<b>Crisis Residential facility</b>	<ul style="list-style-type: none"> <li>• Establish Crisis Residential facility to expand crisis continuum of care with focus on jail diversion</li> <li>• Funding for staffing (salary and benefits), minor building modifications, program expenses, and M&amp;S</li> </ul>	\$3.5M	Local Law Enforcement, Collin County Sheriff's Office, local emergency departments and inpatient psychiatric facilities
4	<b>Co-responder programs</b>	<ul style="list-style-type: none"> <li>• Expand mental health professional and law enforcement co-responder teams</li> <li>• Salaries and benefits for 2MH professionals for up to 4 teams</li> </ul>	\$1M	Local law enforcement agencies



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## Appendix A: Definitions

**Admission criteria** – Admission into services is determined by the person’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.

**Community Based Crisis Program (CBCP)** - Provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people with behavioral health crisis. CBCP projects include contracted psychiatric beds within a licensed hospital, EOUs, CSUs, s, crisis residential units and crisis respite units and are staffed by medical personnel, mental health professionals, or both that provide care 24/7. CBCPs 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 or LBHA funding.

**Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs)** – 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 person’s ability to function in a less restrictive setting.

**Crisis hotline** – 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 (CRU)** – Provide community-based residential crisis treatment to people with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be

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stabilized in a less intensive setting. Crisis residential units are not authorized to accept people on involuntary status.

**Crisis respite units** – Provide community-based residential crisis treatment for people 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 people with housing challenges or assist caretakers who need short-term housing or supervision for the person they care for to avoid mental health crisis. Crisis respite units are not authorized to accept people on involuntary status.

**Crisis services** – Immediate and short-term interventions provided in the community that are designed to address mental health and behavioral health crisis and reduce the need for more intensive or restrictive interventions.

**Crisis stabilization unit (CSU)** – The only licensed facilities on the crisis continuum and may accept people 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 people with a high to moderate risk of harm to self or others.

**Diversion centers** - Provide a physical location to divert people at-risk of arrest, or who would otherwise be arrested without the presence of a jail diversion center and connects them to community-based services and supports.

**Extended observation unit (EOU)** – Provide up to 48-hours of emergency services to people experiencing a mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept people on emergency detention.

**Jail-based competency restoration (JBCR)** - Competency restoration conducted in a county jail setting provided in a designated space separate from the space used for the general population of the county jail with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

**Mental health deputy (MHD)** - Law enforcement officers with additional specialized training in crisis intervention provided by the Texas Commission on Law Enforcement.

**Mobile crisis outreach team (MCOT)** – A clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis

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intervention services, crisis follow-up and relapse prevention services for people in the community.

**Outpatient competency restoration (OCR)** - A community-based program with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

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## Appendix B: Acronyms

<b>CBCP</b>	Community Based Crisis Programs
<b>CLSP</b>	Consolidated Local Service Plan
<b>CMHH</b>	Community Mental Health Hospital
<b>CPB</b>	Contracted Psychiatric Beds
<b>CRU</b>	Crisis Residential Unit
<b>CSU</b>	Crisis Stabilization Unit
<b>EOU</b>	Extended Observation Units
<b>HHSC</b>	Health and Human Services Commission
<b>IDD</b>	Intellectual or Developmental Disability
<b>JBCR</b>	Jail Based Competency Restoration
<b>LMHA</b>	Local Mental Health Authority
<b>LBHA</b>	Local Behavioral Health Authority
<b>MCOT</b>	Mobile Crisis Outreach Team
<b>MHD</b>	Mental Health Deputy
<b>OCR</b>	Outpatient Competency Restoration
<b>PESC</b>	Psychiatric Emergency Service Center
<b>PPB</b>	Private Psychiatric Beds
<b>SBHCC</b>	Statewide Behavioral Health Coordinating Council
<b>SIM</b>	Sequential Intercept Model