

Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and
Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: September 30, 2022

Submissions should be sent to:

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

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Introduction

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

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

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Denton County MHMR Center	2519 Scripture, Denton Texas, 76201	Denton	<ul style="list-style-type: none"> • Mental Health services for adults and children. Services include intake, TRR outpatient services, substance use prevention, intervention, and treatment, and crisis screening and assessment. All services are provided for both adult and children. This location also houses our integrated mental health and physical health clinic.
Denton County MHMR Center	1001 Cross Timbers, Flower Mound, Texas	Denton	<ul style="list-style-type: none"> • Mental Health services for adults and children. Services include intake, TRR outpatient services, substance use prevention, intervention, and treatment, and crisis screening and assessment. All services are provided for both adult and children.
Denton County MHMR Center	2509 Scripture, Denton Texas 76201	Denton	<ul style="list-style-type: none"> • 24-hour crisis assessments for adults and children conducted at the Psychiatric triage center. MCOT services. First Episode Psychosis Program. TCOOMMI. Connections. Outpatient counseling services.
Denton County MHMR Center	3835 Morse, Denton Texas	Denton	<ul style="list-style-type: none"> • Provider services for individuals with IDD
Denton County MHMR Center	3837 Morse, Denton Texas	Denton	<ul style="list-style-type: none"> • Authority services and functions for individuals with IDD.

I.B Mental Health Grant Program for Justice Involved Individuals

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

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

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2022	Crisis Residential Unit- The Crisis residential program is a psychosocial rehabilitation program providing treatment for 12 individuals (6 females and 6 males) who pose some risk of harm to themselves, posing some functional impairment, and are unable to be stabilized in a less restrictive environment. This program provides up to 8 hours a day of skills training, process groups, and substance abuse groups. Individuals are also able to see a psychiatrist and receive nursing services.	Denton	Adult clients experiencing acute crisis	118

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

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

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

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

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

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers <input checked="" type="checkbox"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • UBH • Mayhill • Millwood • Haven 	<input checked="" type="checkbox"/> Family members <input type="checkbox"/> Concerned citizens/others <input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> • North Texas State Hospital

Stakeholder Type

- DBHH
- Springwood
- Mental health service providers
- Prevention services providers
- County officials
**List the county and the official name and title of participants:*
 - Bobbie Mitchell- Denton County Commissioner
- Federally Qualified Health Center and other primary care providers
- Hospital emergency room personnel
- Faith-based organizations

Stakeholder Type

- Substance abuse treatment providers
- Outreach, Screening, Assessment, and Referral Centers
- City officials
**List the city and the official name and title of participants:*
 -
- Local health departments
- LMHAs/LBHAs
**List the LMHAs/LBHAs and the staff that participated:*
 - Tarrant County
 - Lifepath Systems
 - Border Region
 - Pecan Valley
 - Gulf Bend
 - Gulf Coast
 - Helen Farabee
 - Heart of Texas
 - Authority of Brazos Valley
- Emergency responders
- Community health & human service providers

Stakeholder Type

- Probation department representatives
- Court representatives (Judges, District Attorneys, public defenders)
**List the county and the official name and title of participants:*
 - Denton County- Judge David W. Jahn
 - • Denton County- Judge Douglas Robison
 - • Denton County- Judge Bonnie Robison
 - • Denton County- Judge Chance Oliver
 - • Denton County- Judge Christopher Everette
 - • Denton County- Judge Robin Ramsay
 - • Denton County- Assistant District Attorney Matt Weibe
- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies
- Veterans' organizations

Stakeholder Type

- Parole department representatives
- Law enforcement
**List the county/city and the official name and title of participants:*
 - Denton County Mental Health Deputies- Assistant Chief Deputy Douglas Lee
- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups
- Other:

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

• Stake holder meetings
• County and city meetings
• Meetings with law enforcement
• Behavioral Health Leadership advisory board meeting and work groups
• Grant collaborations with local agencies-Explorations and submissions
• Surveys
• PNAC
•
•
•
•

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

• Homelessness
• Employment opportunities
• Jail diversion for people with severe and persistent mental illness
• ER diversion for people with severe and persistent mental illness
• Long wait list for programs like HCS and Texas home living for IDD population
• Appropriate inpatient programs for individuals with IDD
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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/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members
- Sub-contractors

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

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

II.A Development of the Plan

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

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

- We have met with key stakeholders including law enforcement, local hospitals, first responders, elected officials, and community members to educate them on our current process and to develop ways in which we can serve the needs of our county and clients more effectively and efficiently.

Ensuring the entire service area was represented; and

- We invite leaders from all cities in our county to be a part and to learn about our processes. This year we hosted a Judicial Summit and invited local judges, court representation, law enforcement, elected officials, and mental health agencies. We collaborate and serve on multiple sub-committees under the auspices of the Behavioral Health Executive committee for Denton County (a committee sponsored by the United Way). Information from these committees is distributed to stakeholders in the form of reports, presentation, and action plans to address needs related to a large array of needed services and seeks to make service delivery more efficient across multiple providers in the county.

Soliciting input.

- We request feedback from the community by sending out Needs Assessment surveys to consumers, family, staff, residents of Denton County, and community agencies. We ask consumers to fill out satisfaction surveys twice a year. We receive input from our PNAC

and multiple other sources to help us identify the service needs that need to be addressed in our county. We continue to try and work with county jail staff and judges to increase our ability to identify those individuals that may be incarcerated and in need of mental health services.

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

1. How is the Crisis Hotline staffed?

During business hours

- Multiple QMHP's

After business hours

- Multiple QMHP's

Weekends/holidays

- Multiple QMHP's

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

- Tarrant County Hotline- ICARE

3. How is the MCOT staffed?

During business hours

- QMHPs and LPHAs

After business hours

- We currently have 3 two person teams. These teams consist of QMHPs, LPHAs, or RNs.

Weekends/holidays

- We currently have 3 two person teams. These teams consist of QMHPs, LPHAs, or RNs.

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

- no

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

- 24hr follow up appts, preferred face to face, however we make accommodations based on their preferences. We offer additional follow up appts as needed and recommend ongoing outpatient services which would include case management, medication management, skills trainings, counseling, and all crisis services.

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

Emergency Rooms:

- Yes, they do. The ER calls our crisis hotline and when appropriate an MCOT is dispatched to complete a crisis intervention. The team makes a recommendation based on least restrictive environment and helps facilitate the outcome.

Law Enforcement:

- Yes, they do. Law enforcement will either call the crisis hotline and request MCOT be dispatched, or present to a center location and request a crisis intervention. MCOT will assess at locations other than Psych Triage Center or when Psych Triage staff are with other clients. The team makes a recommendation based on least restrictive environment and helps facilitate the outcome.

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

- We do not present to the state hospital for screening requests because we do not have a state hospital in our county.

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

During business hours:

- Contact our Crisis line and an MCOT team will be dispatched.

After business hours:

- Contact our Crisis line and an MCOT team will be dispatched.

Weekends/holidays:

- Contact our Crisis line and an MCOT team will be dispatched.

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

- MCOT will facilitate a transfer to the appropriate level of care. We have contracts with multiple local psychiatric hospitals, and we run a Crisis residential unit.

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

- Medical clearance would be conducted at a local ER. If a higher level of care is needed, then MCOT will facilitate a transfer to a psychiatric hospital.

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

- MCOT will facilitate and or transport a client to one of our contract psychiatric hospitals if this level of care is needed.

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

- We operate a Crisis Residential program. We use this program as a level of care more restrictive than outpatient but less restrictive than inpatient care. MCOT can refer an individual to this program following assessment and help to facilitate the transfer or transition.

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

- MCOT responds to all locations in our county. If the area is considered non-secure, then we have law enforcement accompany us to secure the location.

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

Where does the individual wait for a bed?

- The individual will remain at their current safe location until a bed is available or until they are reassessed and no longer meet the criteria for inpatient treatment.

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

- Crisis Staff

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

- Staff can complete transports, but if staff are not available or it is not safe to transport, we use Uber Health or our contract ambulance service Sacred Cross. The hospitals will do the transfer if it is from hospital to hospital.

Crisis Stabilization

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

Name of Facility	Denton County MHMR- Crisis Residential
Location (city and county)	Krum, Texas – Denton County
Phone number	940 381 5000
Type of Facility (see Appendix A)	Crisis Residential Unit
Key admission criteria (type of individual accepted)	Clients experiencing mental health crisis or are nearing a crisis.
Circumstances under which medical clearance is required before admission	Any untreated medical condition that needs attention or any recent overdose.
Service area limitations, if any	Clients must be in Denton County at the onset of their crisis.
Other relevant admission information for first responders	All individuals must first be assessed by the Crisis Team or referred directly from an inpatient psychiatric hospital.
Accepts emergency detentions?	No
Number of Beds	12
HHSC Funding Allocation	SB 292

Inpatient Care

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

Replicate the table below for each alternative.

Name of Facility	University Behavioral Health
Location (city and county)	Denton Texas, Denton County
Phone number	940 320 8100
Key admission criteria	Determination of need for inpatient level of care
Service area limitations, if any	None
Other relevant admission information for first responders	Private Facility accepts most insurance, and we contract with them for beds.
Number of Beds	
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center	Private psychiatric beds

contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Purchased as needed
If under contract, what is the bed day rate paid to the contracted facility?	636
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of Facility	Texas Health Springwood Hospital
Location (city and county)	Bedford, Texas, Tarrant County

Phone number	682 236 6023
Key admission criteria	Determination of need for inpatient level of care
Service area limitations, if any	None
Other relevant admission information for first responders	Private Facility accepts most insurance
Number of Beds	
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Purchased as needed
If under contract, what is the bed day rate paid to the contracted facility?	635
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of Facility	Dallas Behavioral Healthcare Hospital
Location (city and county)	DeSoto, Texas, Dallas County
Phone number	972 982 0900
Key admission criteria	Determination of need for inpatient level of care
Service area limitations, if any	None

Other relevant admission information for first responders	Private Facility accepts most insurance, and we contract with them for beds.
Number of Beds	
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Purchased as needed
If under contract, what is the bed day rate paid to the contracted facility?	648

If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	

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

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

Identify and briefly describe available alternatives.

- N/A

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

- N/A

Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged? Identify the name(s)/title(s) of employees who operate as the jail liaison.

- The Center has a Jail In-Reach (FTE 1.0) position we secured through a SAMHSA grant. This position completes any 16.22 or 17.032 issued and works with the court and jail system to provide alternative solutions to ensure the individuals in jail receive appropriate care and are in the most appropriate setting. Alessia DeMonte is in this role.

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.

- N/A

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

- The Center has been a key contributor in the pilot project with HHSC and Judicial Commission on Mental Health which focuses on enhancing coordination between courts and mental health providers. We hope this continues as all contributors acknowledge the positive impact this project has had. A second plan is with funding and Denton County Court support to develop a jail-based competency restoration program.

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

- Jail-based Competency Restoration

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

- Funding for a dedicated person and housing for the individuals that are coming out of jail as well as collaboration from our local jail systems.

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

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

- We are CCBHC Certified.
- We have an integrated clinic that has both psychiatric and physical health care services.
- We have a Substance Use Disorder Program.

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

- Continue to increase our ability to coordinate detox treatment for our clients in service areas that have this ability.

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?

- We share our programs and processes on our website.
- We use pamphlets to share our programs and processes with the public.
- We host meetings, attend meetings, and educate stakeholders in any change in process that occurs.
- We have staff on community committees and coalitions that include members of our stakeholder groups. We share any changes in process or programs with these groups.
- When we have changes that are immediate and change how or when other entities might contact us, we call those entities directly and discuss the changes with them.

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?

- We provide extensive training for those involved in our MCOT as well as for the center administrative staff who may be involved in these processes. If there are changes, new training is provided, and information is passed on via team meetings, emails, or memos.
- We have monthly calls with our contracted crisis line to discuss processes.

II.F Gaps in the Local Crisis Response System

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

County	Service System Gaps	Recommendations to Address the Gaps
Denton	<ul style="list-style-type: none"> • Lack of detox beds that can easily accessed for indigent clients 	<ul style="list-style-type: none"> • State or locally run detox center for indigent clients.
Denton	<ul style="list-style-type: none"> • Housing 	<ul style="list-style-type: none"> • Intermediate housing options that are affordable for clients transitioning from homelessness to housed
Denton	<ul style="list-style-type: none"> • County wide access to primary care for the indigent population 	<ul style="list-style-type: none"> • More access to primary care clinics that take indigent clients. We hope to address this need more as a CCBHC.

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • MCOT 	<ul style="list-style-type: none"> • Denton 	<ul style="list-style-type: none"> • We continue to work with the community to inform them of our mobile crisis outreach team. We are always looking to expand the team.
<ul style="list-style-type: none"> • Psychiatric Triage Facility 	<ul style="list-style-type: none"> • Denton 	<ul style="list-style-type: none"> • Our walk-in crisis service location allows law enforcement to bring individuals into a location other than the ED or Police Station to seek help. We would like to expand to a second location in the southern part of the county. • Work with the County to open an Extended Observation Units provide up to 48 hours of emergency services to individuals in a mental health crisis who might pose a high to moderate risk of harm to themselves or others. The

		Denton County Judge and County Commissioners understand and recognize the need for a secure environment for individuals experiencing a mental health crisis and are working with us.
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Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> MH deputies/Local Law Enforcement 	<ul style="list-style-type: none"> Denton 	<ul style="list-style-type: none"> We hope to continue to work closely with our MH deputies and local law enforcement CoCare partnership with the City of Lewisville allows for MHMR to assist local first responders to evaluate clients in need, assist with treatment recommendations and facilitation, conduct follow ups, and accompany CoCare officers on home visits.
<ul style="list-style-type: none"> Trainings 	<ul style="list-style-type: none"> Denton 	<ul style="list-style-type: none"> We have received funding to provide training to law enforcement entities related to mental health and crisis services

<ul style="list-style-type: none"> • Psychiatric Triage 	<ul style="list-style-type: none"> • Denton 	<ul style="list-style-type: none"> • We hope to work with officers on the ground to streamline processes and make transition from encounter of individual to appropriate level of care more efficient.
<ul style="list-style-type: none"> • Crisis Prevention Team 	<ul style="list-style-type: none"> • Denton 	<ul style="list-style-type: none"> • To decrease the number of super utilizers of 911 and ED services by using prevention skills and reaching more individuals in the community. • Familiar Face Task Force is a group of individuals that meets monthly to discuss individuals who are high utilizers of local and or state hospital beds and/or law enforcement interactions. The group includes at least one local law enforcement officer.

Intercept 2: Post Arrest; Initial Detention and Initial Hearings	County(s)	Plans for upcoming two years:
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Current Programs and Initiatives:		
<ul style="list-style-type: none"> Jail Case Management 	<ul style="list-style-type: none"> Denton 	<ul style="list-style-type: none"> We continue to increase our effectiveness in working with the jail population.

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Mental Health court 	<ul style="list-style-type: none"> Denton 	<ul style="list-style-type: none"> We have worked closely with the Mental health court and hope to see our role grow as a provider of services to this court and individuals as a CCBHC.
<ul style="list-style-type: none"> Court Liaison (probate court) 	<ul style="list-style-type: none"> Denton 	<ul style="list-style-type: none"> We have worked closely with the Probate Court. We would like to hire a part time Court Liaison to assist. Continue continuity of care for the clients who are court ordered to inpatient treatment at the local psychiatric hospitals by visiting with them weekly to reassess and make recommendations for outpatient treatment or continued inpatient treatment.

<ul style="list-style-type: none"> • Veteran's court 	<ul style="list-style-type: none"> • Denton 	<ul style="list-style-type: none"> • We have worked closely with the Veterans court and hope to see our role grow as a provider of services to this court and individuals as a CCBHC.
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Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> •MCOT 	<ul style="list-style-type: none"> • Denton 	<ul style="list-style-type: none"> •We currently have a jail in reach position through the Sustain Grant. They work closely with individuals in the jail. We have a Crisis Prevention Team (one staff) who receive referrals from local law enforcement.
		<ul style="list-style-type: none"> •We hope to provide training to staff around the special needs related to offenders with a focus on engaging them as to stop recidivism.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> •TCCOMMI 	<ul style="list-style-type: none"> • Denton 	<ul style="list-style-type: none"> •We currently have two TCCOMMI programs. We may

		consider a third program if the need continues to rise.
		•Increasing our contact and referrals with our probation departments in Denton County.

III.B Other Behavioral Health Strategic Priorities

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

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs S public school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • We currently do not have a waitlist for outpatient services. • Individuals can walk in during business hours to complete intake at 2 locations. Intake staff can complete intake 	<ul style="list-style-type: none"> • We will continue to look for ways to serve the needs of our community under current funding structure. We are looking into placing an intake staff, consumer benefits staff, and a case

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>appointments virtually or over the phone to those at outside agencies when transportation or safety is a concern.</p> <ul style="list-style-type: none"> • We have MCOT staff who work varying schedules to accommodate individual preferences due to their work schedules or being in school. 	<p>manager at the new County homeless shelter.</p>
<p>Improving continuity of care between inpatient care and community services and reducing hospital readmissions</p>	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Provide aftercare services on the same day of discharge. • Contract with multiple local hospitals to help our residents stay close to home. 	<ul style="list-style-type: none"> • Ongoing meetings with contracted psychiatric hospitals to discuss improvements on continuity of care and care transitions from inpatient to outpatient settings.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			<ul style="list-style-type: none"> • Ongoing negotiations with local psychiatric hospitals for contracts. • Utilize the new FLOW grant school liaison position to better collaborate with schools.
<p>Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization</p>	<ul style="list-style-type: none"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • We have a hospital liaison who meets with clients at the state hospital to help clients begin to transition before their discharge. 	<ul style="list-style-type: none"> • We have received a new grant for rapid housing and are a part of local housing coalitions. • Continue to increase the capacity of our guardianship program.
<p>Implementing and ensuring fidelity with evidence-based practices</p>	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • We provide services using evidence-based practices. • We provide training. • Technical assistance from HHSC. • Fidelity monitoring by the QM Department. 	<ul style="list-style-type: none"> • Expand the list of evidence-based practices that we can use, and train staff.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • We have full time peer specialists who provide peer support services. 	<ul style="list-style-type: none"> • We are considering expanding the roles of peers in our service delivery and on our advisory committees.
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • We have a Substance Use Disorder Program. • We train all clinical staff in COPSD. • Thru the City of Denton Grant, we have an outreach staff and LCDC staff for City of Denton residents, and a scholarship program for beds at 2 residential treatment facilities. We have 3 MOUs with local agencies to assist their individuals in connecting with our 	<ul style="list-style-type: none"> • Contract with providers for medical and ambulatory detox.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		substance use services.	
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • We have an integrated clinic. 	<ul style="list-style-type: none"> • CCBHC certification and alternative payment models with insurers will allow us to expand this program.
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • We provide rides to the individuals we serve who cannot access public transport. 	<ul style="list-style-type: none"> • We will continue to provide feedback to our local transit system related to availability and accessibility of transportation.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • We currently provide a full array of IDD services. • We have a crisis respite program. • We continue to engage with local and state officials regarding the waitlist 	<ul style="list-style-type: none"> • Increase the availability of psychiatric care for IDD clients that need inpatient hospitalization. • Continue to push for reductions of waitlist for HCS.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		for many of the IDD services (HCS, TxHmL. <ul style="list-style-type: none"> We work with Metrocare's Transition Support Team. 	
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> Gap 4 Goals 2,3 	<ul style="list-style-type: none"> MVPN coordination of services 	<ul style="list-style-type: none"> Apply for grants to expand services that we can provide to Veterans.

III.C Local Priorities and Plans

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

List at least one but no more than five priorities.

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

Local Priority	Current Status	Plans
Detox beds	<ul style="list-style-type: none"> We currently have no detox beds in Denton County for indigent clients 	<ul style="list-style-type: none"> We are working on referral networks and MOUs with local medical and ambulatory detox providers.

III.D System Development and Identification of New Priorities

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

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

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

- Assign a priority level of 1, 2, or 3 to each item, with 1 being the highest priority;*
- Identify the general need;*

- Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable; and
- Estimate the funding needed, listing the key components and costs (for recurring/ongoing costs, such as staffing, state the annual cost.

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	Detox Beds	<ul style="list-style-type: none"> • Increase the availability of Detox beds in Denton County. 	<ul style="list-style-type: none"> • 600,000
2	Increased MH services for IDD clients	<ul style="list-style-type: none"> • Increase the availability of inpatient services for IDD clients 	<ul style="list-style-type: none"> • Cost would be an incentive for psychiatric facilities to be able to accept and have specialty services for this population

Appendix B: Acronyms

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

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

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

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

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

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

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

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

Psychiatric Emergency Service Center (PESC) – PESC provide immediate access to assessment, triage, and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESC may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

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

Appendix B: Acronyms

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