

Health and Human Services

Form O

Consolidated Local Service Plan (CLSP)

Local Mental Health Authorities and Local
Behavioral Health Authorities

September, 2017

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Introduction

The Consolidated Local Service Plan (CLSP) encompasses all of the service planning requirements for Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs). The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

CLSP asks for information related to community stakeholder involvement in local planning efforts. HHSC recognizes that community engagement is an ongoing activity, and input received throughout the biennium will be reflected in the local plan. LMHAs and LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed.

In completing the template, please provide concise answers, using bullet points. When necessary, add additional rows or replicate tables to provide space for a full response.

Section I: Local Services and Needs

I.A Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding (Note: please include 1115 waiver projects detailed in Section 1.B. below). Include clinics and other publicly listed service sites; do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, children, or both (if applicable):*
 - *Screening, assessment, and intake*
 - *Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both*
 - *Extended Observation or Crisis Stabilization Unit*
 - *Crisis Residential and/or Respite*
 - *Contracted inpatient beds*
 - *Services for co-occurring disorders*
 - *Substance abuse prevention, intervention, or treatment*
 - *Integrated healthcare: mental and physical health*
 - *Services for individuals with IDD*
 - *Services for at-risk youth*
 - *Services for veterans*
 - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
I CARE Call Center	1319 Summit Ave., Ft. Worth, TX 76102	Tarrant	• Screening, Crisis Hotline, Info & Referral
Open Eligibility Center	3800 Hulen, Ste. 150, Ft. Worth, TX 76107	Tarrant	• Assessment & Intake
Youth Center Arlington	601 W. Sanford St., Ste. 201, Arlington, TX 76011	Tarrant	• TRR/Full level of care clinic for children/youth
Youth Center Fort Worth	1527 Hemphill, Fort Worth, TX 76104	Tarrant	• TRR/Full level of care clinic for children/youth
The Campus	1527 Hemphill, Fort Worth, TX 76104	Tarrant	• COPSD Inpatient/Outpatient services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
TCOOMMI Youth	1527 Hemphill, Fort Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • TRR/Full level of care clinic for juvenile justice youth
YES Waiver	1527 Hemphill, Fort Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • TRR LOC YES providing traditional and non-traditional Medicaid services
Foster Care Initiative	1527 Hemphill, Fort Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • TRR full level of care for youth in foster care
Family Recovery Project	1527 Hemphill, Fort Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Work with children of parents attending drug court program to maintain sobriety and ensure guardianship of their children.
Access to Care	1527 Hemphill, Fort Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Assessment & Intake for children/youth
REACH	1527 Hemphill, Fort Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Cognitive Behavior Therapy Services for youth in the juvenile justice system
Project RAPP	1319 Summit Ave., Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • TRR full level of care for TCOOMMI Adult Parolees/Probationers
Homeless Services	1350 E. Lancaster, Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Integrated TRR full level of care for Adult Homeless population and physical healthcare
Western Hills Clinic	8808 Camp Bowie, Fort Worth, TX 76116	Tarrant	<ul style="list-style-type: none"> • TRR Full level of care for Adults
Arlington Clinic	601 W. Sanford, Arlington, TX 76011	Tarrant	<ul style="list-style-type: none"> • TRR Full level of care for Adults
Circle Dr. Clinic	1200 Circle Dr., Fort Worth, TX 76119	Tarrant	<ul style="list-style-type: none"> • Integrated TRR Full level of care for Adults and physical healthcare
Penn Square Clinic	300 Pennsylvania Ave., Fort Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • TRR Full level of care for Adults
Mid Cities Clinic	4239 Road to the Mall, North Richland Hills, TX 76180	Tarrant	<ul style="list-style-type: none"> • TRR Full level of care for Adults
North West Clinic	2400 NW 24 th St., Fort	Tarrant	<ul style="list-style-type: none"> • TRR Full level of care for Adults

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
	Worth, TX 76106		
OP Competency Restoration	3118 S.E. Loop 820, Bldg 14, Fort Worth, TX 76140	Tarrant	<ul style="list-style-type: none"> • TRR LOC 3 for adults waiting for competency hearing
Mobile Crisis Outreach Team	1319 Summit Ave., Ft. Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • 24/7 mobile crisis response
Crisis Respite/Residential (Men's)	1350 E. Lancaster, Fort Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Adult Men's short-term residential treatment in a community based setting for those in crisis
Crisis Respite/Residential (Women's)	815 Jennings, Fort Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • Adult Women's short-term residential treatment in a community based setting for those in crisis
CARE House	3883 Mighty Mite Dr., Fort Worth, TX 76105	Tarrant	<ul style="list-style-type: none"> • Youth short-term residential treatment in a community based setting for those in crisis
Law Liaison	3118 S.E. Loop 820, Bldg 14, Fort Worth, TX 76140	Tarrant	<ul style="list-style-type: none"> • Community Interventions & consultation of Mental Health experts to Law Enforcement
Forensics/Jail	100 N. Lamar, Fort Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Assessment and psych stabilization of incarcerated adults with mental illness
JPS Psych ER Liaison	1500 S. Main, Fort Worth, TX 76104	Tarrant	<ul style="list-style-type: none"> • MHMR staff providing continuity of care with hospital staff in the Psych ER setting
Depression Connection	3212 Collinsworth, Fort Worth, TX 76107	Tarrant	<ul style="list-style-type: none"> • Consumer operated services – self-help support groups throughout Tarrant County
Millwood Excel	1220 W. Presidio St., Fort Worth, TX 76102	Tarrant	<ul style="list-style-type: none"> • Youth Summer Camp
Sundance Behavioral Health	2707 Airport Freeway, Fort Worth, TX 76111	Tarrant	<ul style="list-style-type: none"> • Youth Intensive Outpatient, Partial Hospitalization, Youth Summer Camp
Mesa Springs Innovations	5560 Mesa Springs Dr., Fort Worth, TX 76123	Tarrant	<ul style="list-style-type: none"> • Youth Intensive Outpatient, Partial Hospitalization, Youth Summer Camp
ACH Child & Family Services	3712 Wichita St., Fort Worth, TX 76119	Tarrant	<ul style="list-style-type: none"> • Youth Foster Care, In-home Respite, Crisis Respite

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
Community Center	505 S. Jennings, Fort Worth, TX 76104	Tarrant	• Adult Member Operated Consumer Drop-in Activity Center
John Peter Smith Hospital	1500 S. Main, Fort Worth, TX 76104	Tarrant	• Contract Adult Inpatient Psychiatric Services
Emergency Preparedness	3840 Hulen, Fort Worth, TX 761047	Tarrant	• Emergency and Disaster Preparedness
Pine St. Intensive Residential	1501 E. El Paso St., Fort Worth, TX 76102	Tarrant	• COPSD Services
Community Addiction Treatment Services	1502 E. Lancaster, Fort Worth, TX 76102	Tarrant	• Outpatient Adult Substance Use Treatment
Harmon Rd.	129 Harmon Rd., Hurst, TX 76053	Tarrant	• Outpatient Adult Substance Use Treatment
PATH	1513 E. Presidio, Fort Worth, TX 76102	Tarrant	• Homeless Outreach
Recovery Resource Council	2700 Airport Freeway, Fort Worth, TX 76111	Tarrant	• Outreach, Screening, Assessment and Referral
Your Texas Benefits	1200 Circle Dr., Ste. 402, Fort Worth, TX 76119	Tarrant	• Mainstream benefits assistance
Healthy Community Collaborative	3800 Hulen, Ste. 150, Fort Worth, TX 761047	Tarrant	• Transitional Housing and Case Management for Homeless
Directions Home	1518 E. Lancaster, Fort Worth, TX 76102	Tarrant	• Permanent supportive housing and case management

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

- Identify the Regional Health Partnership (RHP) Region(s) associated with each project.
- List the titles of all projects you proposed for implementation under the RHP plan. If the title does not provide a clear description of the project, include a descriptive sentence.

- Enter the number of years the program has been operating, including the current year (i.e., second year of operation = 2)
- Enter the static capacity—the number of clients that can be served at a single point in time.
- Enter the number of clients served in the most recent full year of operation. If the program has not had a full year of operation, enter the planned number to be served per year.
- If capacity/number served is not a metric applicable to the project, note project-specific metric with the project title.

1115 Waiver Projects					
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Population Served	Number Served/Year
10	Expand Behavioral Health Service Availability	6		MH priority pop	781/DY6
10	IDD Behavioral Health Respite & Crisis Stabilization	6		IDD/MH dual diagnosis	358/DY6
10	Detox Unit Expansion	6		SUD	956/DY6
10	Children's Trauma Care	6		MH youth	276/DY6
10	Integrated Primary Care and Behavioral Health Care	6		MH priority pop	749/DY6
10	RN Care Management	6		IDD	503/DY6
10	Substance Use Disorder (SUD) Outpatient Integration	6		SUD/MH dual diagnosis	820/DY6

I.C Community Participation in Planning Activities

Identify community stakeholders who participated in your comprehensive local service planning activities over the past year.

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers	<input checked="" type="checkbox"/> Family members
<input checked="" type="checkbox"/> Advocates (children and adult)	<input checked="" type="checkbox"/> Concerned citizens/others
<input checked="" type="checkbox"/> Local psychiatric hospital staff	<input checked="" type="checkbox"/> State hospital staff
<input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Substance abuse treatment providers
<input checked="" type="checkbox"/> Prevention services providers	<input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral (OSAR)
<input checked="" type="checkbox"/> County officials	<input checked="" type="checkbox"/> City officials
<input checked="" type="checkbox"/> FQHCs/other primary care providers	<input checked="" type="checkbox"/> Local health departments
<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"/> Community health & human service providers
<input checked="" type="checkbox"/> Probation department representatives	<input checked="" type="checkbox"/> Parole department representatives
<input checked="" type="checkbox"/> Court representatives (judges, DAs, public defenders)	<input checked="" type="checkbox"/> Law enforcement
<input checked="" type="checkbox"/> Education representatives	<input checked="" type="checkbox"/> Employers/business leaders
<input checked="" type="checkbox"/> Planning and Network Advisory Committee	<input checked="" type="checkbox"/> Local consumer-led organizations
<input checked="" type="checkbox"/> Peer Specialists	<input checked="" type="checkbox"/> IDD Providers
<input checked="" type="checkbox"/> Foster care/Child placing agencies	<input checked="" type="checkbox"/> Community Resource Coordination Groups
<input checked="" type="checkbox"/> Veterans' organization	<input type="checkbox"/> Other: _____

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

• Community Advisory Committees – Children’s BH, Adult MH, Substance Abuse, Homeless
• Crisis Stakeholder meeting
• Criminal Justice Coalition
• Mental Health Connection meetings and participation in MHC subgroups
• Las Vegas Trail Initiative- partnering with local agencies for underserved community
• Steering Committee for Ending Homelessness in Early Childhood
• Tarrant Cares Website Governance Committee
• Participation in Neighborhood association meetings
• Participation in Tarrant County Child Sex Trafficking Care Coordination Development Group

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.

• Issues relating to forced medications in the jail setting
• Access to Services
• Amount of meds prescribed at discharge from local and State Hospitals/Tx. Dept. of Criminal Justice
• Lack of funding for Behavioral Health Services
• Better linkage between mental health and substance abuse services at state level
• Increase in the amount of permanent supportive housing
• Shortage of behavioral health medical providers in the community
• Ineffective Outpatient Commitment law
• Increase number of available hospital beds
• Increase funding for crisis text services
• Services for transition aged youth
• Local commitment options for young children

- Lack of spectrum disorder services

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate their efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers
- Users of crisis services and their family members

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

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

II.A Development of the Plan

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

- Ensuring all key stakeholders were involved or represented
- Ensuring the entire service area was represented
- Soliciting input

- Staff have had multiple stakeholder meetings with law enforcement, hospital staff, local judges, district attorney's office, MedStar Ambulance services, and family members (see I.C. of this report)

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?

a. During business hours

- Staff in office Monday – Friday from 8:00 a.m. – 8:00 p.m.
- 14 FTE QMHPs, 2 FTE LPHAs, 2 FTE psychiatrists/APRN

b. After business hours

- Team of 2 QMHPs and psychiatrist on call from 8:00 p – 8:00 a

c. Weekends/holidays

- Team of 2 QMHPs and psychiatrist on call from 8:00 p – 8:00 a

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

- The individual is experiencing a mental health crisis, not at imminent risk, and voluntarily agrees to in-service treatment

3. What is the role of MCOT during and after a crisis when crisis care is initiated through the LMHA or LBHA (for example, when an individual calls the hotline)? Address whether MCOT provides follow-up with individuals who experience a crisis and are then referred to transitional or services through the LMHA or LBHA.

- Individual is screened by the hotline, and if experiencing a mental health crisis, not at imminent risk and voluntarily agrees to face-to-face visit, MCOT does a call back to the individual to determine any safety issues, and if law enforcement should be involved. If yes, MCOT calls 9-1-1 to meet staff at location. If no, 2 staff dispatch to the individual's location and must be within the county.
- MCOT can follow up with the individuals for up to 90 days and will coordinate transition to on-going services with MHMR, County services, or private providers.

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

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

- Emergency rooms: They do not routinely contact MCOT
- Law enforcement: May contact Law Liaison program which contacts MCOT as needed.

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

- Emergency rooms: On occasion MCOT will dispatch to ER to respond to someone in crisis who does not need inpatient admission.
- Law enforcement: MCOT is able to dispatch on those individuals experiencing a crisis who are not at imminent risk and are voluntarily requesting services.

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

a. Describe your community's process if a client needs further assessment and/or medical clearance:

- Individual could be transported to see psychiatrist
- Individual could be considered for respite residential services
- Individual could be transported to hospital ER

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

- MCOT contacts 9-1-1 to transport client to ER

c. Describe the process if a client needs facility-based crisis stabilization (i.e., other than hospitalization—may include crisis respite, crisis residential, extended observation, etc.):

- Client is transported to facility to be assessed for admission. If criteria is met, client can be admitted 24/7.

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

- Situation is assessed and staff meet where appropriate

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

a. During business hours

- Client is assess by psychiatrist to see if they meet criteria for admission

b. After business hours

Client is assessed by psychiatrist to see if they meet criteria for admission

c. Weekends/holidays

Client is assessed by psychiatrist to see if they meet criteria for admission

7. If an inpatient bed is not available:

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

Client remains in the Psychiatric Emergency Center or hospital E.R. for observation until bed is available.

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

The Psychiatric Emergency Center or other hospital E.R. staff.

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

The Psychiatric Emergency Center or other hospital E.R. staff

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

EMS and law enforcement

Crisis Stabilization

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

Name of Facility	CARE House
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-569-5460
Type of Facility (see Appendix A)	Adolescent Crisis Respite
Key admission criteria (type of patient accepted)	Age 13-17; experiencing behavioral health crisis, not at imminent risk, voluntary, parental/guardian consent
Circumstances under which medical clearance is required before admission	All admissions are screened medically by an R.N. before admission
Service area limitations, if any	Must be in Tarrant County
Other relevant admission information for first responders	
Accepts emergency detentions?	No

Name of Facility	Men's Crisis Respite/Residential
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-569-5436
Type of Facility (see Appendix A)	Crisis Respite/Residential
Key admission criteria (type of patient accepted)	Male Ages 18+; experiencing behavioral health crisis, not at imminent risk, voluntary,
Circumstances under which medical clearance is required before admission	All admissions are screened medically by an R.N. before admission
Service area limitations, if any	Must be in Tarrant County
Other relevant admission information for first responders	
Accepts emergency detentions?	No

Name of Facility	Women's Crisis Respite/Residential
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-569-5505
Type of Facility (see Appendix A)	Crisis Respite/Residential
Key admission criteria (type of patient accepted)	Female Ages 18+; experiencing behavioral health crisis, not at imminent risk, voluntary,
Circumstances under which medical clearance is required before admission	All admissions are screened medically by an R.N. before admission
Service area limitations, if any	Must be in Tarrant County
Other relevant admission information for first responders	
Accepts emergency detentions?	No

Inpatient Care

9. What alternatives to the state hospital does your service area have for psychiatric inpatient care for medically indigent?
 Replicate the table below for each alternative.

Name of Facility	John Peter Smith Hospital Trinity Springs Pavilion
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-927-3636
Key admission criteria	Danger to self or others
Service area limitations, if any	Tarrant County
Other relevant admission information for first responders	First responders would take the patient to the John Peter Smith Hospital Psychiatric Emergency Center

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

10. What local inpatient or outpatient alternatives to the state hospital does your service area currently have for competency restoration?

a. Identify and briefly describe available alternatives.

We have an Outpatient Competency Restoration program that works with all of the Tarrant County Criminal Courts for both pre and post arrest.

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

Housing and limited residential substance abuse treatment

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

Currently have a contract to provide all mental health services in the Tarrant County Jail. Staff are available 24 hours a day/7 days a week. We now have a Resource Coordinator and two Diversion Navigators that work with the courts to divert individuals from the criminal justice system post-arrest.

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

d. What plans do you have over the next two years to maximize access and utilization of local alternatives for competency restoration? If not applicable, enter N/A.

- We have a forensic ACT team, an enhanced mental health services docket, a peer reentry program for both mental health and opioids. We also have an outpatient competency restoration program and diversion navigators, and a jail based competency restoration program.

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

- We need increased resources for our Outpatient competency restoration program such as housing and funding for inpatient substance abuse treatment.

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

- Funding to provide for an increase in the number of local beds.

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

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

- We have integrated physical/mental health/substance abuse at our Homeless clinic and Circle Dr. clinic
- There are SUD counselors and SUD groups at all MH clinics. We have a contract with John Peter Smith Hospital to provide **detox beds for individuals who present at JPS with detox symptoms.**
- Crisis services contracts for detox and residential SUD beds.
- We have just begun to provide MH services at our SUD outpatient clinics.

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

- We will continue to expand delivery of MH services at our SUD inpatient and outpatient clinics.
- We expect that HHSC will fully integrate MH and SUD contracts at state level.

II.E Communication Plans

15. How will key information from the Psychiatric Emergency Plan be shared with emergency responders and other community stakeholders? Consider use of pamphlets/brochures, pocket guides, website page, mobile app, etc.

- One of our crisis staff attends the monthly Medstar Ambulance Services continuity of care meeting.
- Staff attends monthly Mental Health Connection meetings where all community stakeholders come together for collaboration.
- Quarterly Crisis Services stakeholder meetings.
- We provide pamphlets/brochures to stakeholders and have information on our website, Facebook page, Twitter account.
- We provide information on the TarrantCares.org website which contains information from all community stakeholders.

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

- All LMHA receive initial and ongoing training via Relias and face to face training regarding our crisis services.
- Crisis staff receive additional in depth training.
- All hotline staff are credentialed through the American Association of Suicidology.
- All crisis staff are trained in Critical Incident Stress Management training.
- All BH staff are trained in ASIST (Applied Suicide Intervention Skills Training).
- All LMHA staff are required to receive annual Trauma Informed Care Training.

II.F Gaps in the Local Crisis Response System

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

Counties	Service System Gaps
Tarrant	A shared electronic health record is needed to better coordinate services between the LMHA and area hospital systems.
Tarrant	Increase in the number of respite/residential beds for both adults and adolescents.
Tarrant	Lack of respite/residential beds for children ages 12 and under.
Tarrant	Increased training for first responders in dealing with persons in crisis

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The [Texas Statewide Behavioral Health Services Plan](#) highlights the need for effective jail diversion activities:

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

In the table below, indicate which of the following strategies you use to divert individuals from the criminal justice system. List current activities and any plans for the next two years. Include specific activities describing the strategies checked in the first column. For those areas not required in the HHSC Performance Contract, enter NA if the LMHA or LBHA has no current or planned activities.

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<input checked="" type="checkbox"/> Co-mobilization with Crisis Intervention Team (CIT) <input type="checkbox"/> Co-mobilization with Mental Health Deputies <input checked="" type="checkbox"/> Co-location with CIT and/or MH Deputies <input type="checkbox"/> Training dispatch and first responders <input checked="" type="checkbox"/> Training law enforcement staff <input checked="" type="checkbox"/> Training of court personnel <input type="checkbox"/> Training of probation personnel <input checked="" type="checkbox"/> Documenting police contacts with persons with mental illness <input type="checkbox"/> Police-friendly drop-off point <input checked="" type="checkbox"/> Service linkage and follow-up for individuals who are not hospitalized	<ul style="list-style-type: none"> • Mobile Crisis Outreach Team • Mental Health Law Liaison (MHLL) Program provides 24 hour a day 7 day a week hotline for law enforcement • MHLL program also provides outreach and follow up for all referrals from law enforcement • SAMHSA Grant working with First Responders called Tarrant Opiate Reduction and Recovery Initiative

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<input type="checkbox"/> Other: Click here to enter text.	
Plans for the upcoming two years:	
<ul style="list-style-type: none"> Implementing sequential intercept mapping plan developed for Tarrant County 	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	Current Activities
<input checked="" type="checkbox"/> Staff at court to review cases for post-booking diversion <input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input checked="" type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion <input checked="" type="checkbox"/> Staff at court who can authorize alternative services to incarceration <input checked="" type="checkbox"/> Link to comprehensive services <input type="checkbox"/> Other: Click here to enter text.	<ul style="list-style-type: none"> Assess all individuals booked into the Tarrant County jail who have been identified through the CCQ system and any person identified by the Texas Jail Standards screening form Staff also works in collaboration with the Enhanced Mental Health Services Docket to coordinate planned releases using a no cost pre-trial bond with conditions. We have a Resource Coordinator and two Diversion Navigators working with the courts post arrest
Plans for the upcoming two years:	
<ul style="list-style-type: none"> Implement our SB292 projects 	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
<input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input checked="" type="checkbox"/> Mental Health Court	<ul style="list-style-type: none"> Assess all individuals booked into the Tarrant County jail who have been identified through the CCQ system and any person identified by the Texas Jail Standards

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Veterans' Court <input checked="" type="checkbox"/> Drug Court <input checked="" type="checkbox"/> Outpatient Competency Restoration <input checked="" type="checkbox"/> Services for persons Not Guilty by Reason of Insanity <input checked="" type="checkbox"/> Services for persons with other Forensic Assisted Outpatient Commitments <input checked="" type="checkbox"/> Providing services in jail for persons Incompetent to Stand Trial <input checked="" type="checkbox"/> Compelled medication in jail for persons Incompetent to Stand Trial <input checked="" type="checkbox"/> Providing services in jail (for persons without outpatient commitment) <input checked="" type="checkbox"/> Staff assigned to serve as liaison between specialty courts and services providers <input checked="" type="checkbox"/> Link to comprehensive services <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> • screening form. • Provide mental health services while individuals are incarcerated in the Tarrant County Jail. • Collaboration with all specialty courts • Review list of all persons up for a competency exam and assess for eligibility and make recommendations to the court for the Outpatient Competency Restoration Program. • Work with Tarrant County Central Magistrates and Mental Health Bond Dockets to increase diversion from the criminal justice system • Peer re-entry program to ensure smooth re-entry process from criminal justice system to the community
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • Initiate and expand our SB292 projects 	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Providing transitional services in jails <input checked="" type="checkbox"/> Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release <input checked="" type="checkbox"/> Structured process to coordinate discharge/transition plans 	<ul style="list-style-type: none"> • We currently provide 30 days' worth of medication and coordinate an initial community appointment for all persons identified prior to release. • Work with specialty courts to coordinate a release plan and date to insure continuity of care.

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<p>and procedures</p> <p><input checked="" type="checkbox"/> Specialized case management teams to coordinate post-release services</p> <p><input type="checkbox"/> Other:</p>	<ul style="list-style-type: none"> Peer re-entry program to ensure smooth re-entry process from criminal justice system to the community
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> Initiate and expand our SB292 projects 	

Intercept 5: Community corrections and community support programs	
Components	Current Activities
<p><input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders</p> <p><input checked="" type="checkbox"/> Training for probation or parole staff</p> <p><input checked="" type="checkbox"/> TCOOMMI program</p> <p><input checked="" type="checkbox"/> Forensic ACT</p> <p><input checked="" type="checkbox"/> Staff assigned to facilitate access to comprehensive services; specialized caseloads</p> <p><input checked="" type="checkbox"/> Staff assigned to serve as liaison with community corrections</p> <p><input checked="" type="checkbox"/> Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance</p> <p><input type="checkbox"/> Other:</p>	<ul style="list-style-type: none"> Project RAPP works closely with Probation and Parole to screen and refer persons to appropriate TCOOMMI or other community services. Probation and Parole are part of the treatment team to insure positive outcomes.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> Initiate and expand our SB292 projects 	

III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](#) identifies other significant gaps in the state’s behavioral health services system, including the following:

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

Related goals identified in the plan include:

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

Briefly describe the current status of each area of focus (key accomplishments, challenges and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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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"> • Decreased waitlist • Improved continuity of care/transitions through levels of care 	<ul style="list-style-type: none"> • Continue coordination and enhancement of treatment services to ensure successful transition
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Providing peer services to individuals entering clinic services. 	<ul style="list-style-type: none"> • Continued expansion of peer services to other service populations
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • Currently participate in the HCBS-AMH process. 	<ul style="list-style-type: none"> • Currently a Recovery Manager for HCBS-AMH and working with local providers.
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • We have a Quality Management Plan that reviews fidelity to many evidence based practices on an annual basis at a minimum 	<ul style="list-style-type: none"> • Analyze improvements on an annual basis and make corrections as needed.
Transition to a recovery-oriented system of care, including use of peer	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • Involvement of staff and peers in the Tarrant County Recovery 	<ul style="list-style-type: none"> • Submitted grant application to expand peer services to all individuals not currently

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
support services		Initiative. <ul style="list-style-type: none"> We currently have peer support services throughout Behavioral Health. 	eligible to participate due to lack of peers.
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"> Integration of MH and SUD services in all clinics 	<ul style="list-style-type: none"> Continued expansion in SUD clinics.
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"> Integration of behavioral health and primary care services at our Homeless clinic and Circle Dr. clinic. 	<ul style="list-style-type: none"> Working on partnership with FQHC to expand integrated care access points.
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"> Participating in mobility workgroups with Tarrant County Transportation Authority to expand transportation 	<ul style="list-style-type: none"> Continue participation with County
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"> Currently seeing youth and adults with dual diagnosis in BH programs Integrated access through 24 hour Call Center 	<ul style="list-style-type: none"> Continue current services

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> Specialty IDD/BH outpatient clinic Crisis specialist that coordinates care for dual diagnosed individuals 	
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> Gap 4 Goals 2,3 	<ul style="list-style-type: none"> Expansion of veterans services Liberty House residential program for veterans Homefront initiative for vet peer services 	<ul style="list-style-type: none"> Continuing to work with VA and look for other partnership opportunities to expand residential services

III.C Local Priorities and Plans

- Based on identification of unmet needs, stakeholder input, and your internal assessment, identify your top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.
- List at least one but no more than five priorities.
- For each priority, briefly describe current activities and achievements and summarize your plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.

Local Priority	Current Status	Plans
Integrated Healthcare	See above	See above
Peer Recovery Services	See above	See above
Crisis Residential beds	See above	See above
Local inpatient beds for	No contract for local long term beds for	Explore funding opportunities to develop

Local Priority	Current Status	Plans
children 12 years old and under	children age 12 and under	local long term beds for children.
	•	•

III.D System Development and Identification of New Priorities

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

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

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	<i>Example: Detox Beds</i>	• <i>Establish a 6-bed detox unit at ABC Hospital.</i>	•

2	<i>Example: Nursing home care</i>	<ul style="list-style-type: none"> • <i>Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.</i> • <i>Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.</i> 	•
1	Local inpatient beds for children 12 years old and under	Establish a contract with a local hospital for inpatient beds for children 12 years old and under	
2	Peer Recovery	Expand the number of certified peers for adult and youth services (Family Partners)	
2	Crisis Residential Beds	Expand the number of crisis respite/residential beds for adults and adolescents	

Appendix A: Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual’s rating on the Uniform Assessment and clinical determination made by the appropriate staff. The Uniform Assessment is an assessment tool comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the Uniform Assessment module items of Risk Behavior (Suicide Risk and Danger to Others), Life Domain Functioning and Behavior Health Needs (Cognition) trigger a score that indicates the need for crisis services.

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

Crisis Residential – Up to 14 days of short-term, community-based residential, crisis treatment for individuals who may pose some risk of harm to self or others, who may have fairly severe functional impairment, and who are demonstrating psychiatric crisis that cannot be stabilized in a less intensive setting. Mental health professionals are on-site 24/7 and individuals must have at least a minimal level of engagement to be served in this environment. Crisis residential facilities do not accept individuals who are court ordered for treatment.

Crisis Respite – Short-term, community-based residential crisis treatment for individuals who have low risk of harm to self or others and may have some functional impairment. Services may occur over a brief period of time, such as 2 hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons for whom they care to avoid mental health crisis. Crisis respite services are both facility-based and in-home, and may occur in houses, apartments, or other community living situations. Facility-based crisis respite services have mental health professionals on-site 24/7.

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

Crisis Stabilization Units (CSU) – Crisis Stabilization Units are licensed facilities that provide 24/7 short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected, clinically staffed, psychiatrically supervised, treatment environment that complies with a Crisis Stabilization Unit licensed under Chapter 577 of the Texas Health and

Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code. CSUs may accept individuals that present with a high risk of harm to self or others.

Extended Observation Units (EOU) – Emergency services of up to 48 hours provided to individuals in psychiatric crisis, in a secure and protected, clinically staffed, psychiatrically supervised environment with immediate access to urgent or emergent medical and psychiatric evaluation and treatment. These individuals may pose a moderate to high risk of harm to self or others. EOUs may also accept individuals on voluntary status or involuntary status, such as those on Emergency Detention. EOUs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital.

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

Psychiatric Emergency Service Center (PESC) and Associated Projects – There are multiple psychiatric emergency services programs or projects that serve as step down options from inpatient hospitalization. Psychiatric Emergency Service Center (PESC) projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

Psychiatric Emergency Service Centers (PESC) – Psychiatric Emergency Service Centers provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC 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 close proximity to a licensed hospital. PESC must be available to individuals who walk in, and must contain a combination of projects.

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