**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 orContractor Name)** | **Street Address, City, and Zip, Phone Number** | **County** | **Services & Target Populations Served** |
| --- | --- | --- | --- |
| Helen Farabee Centers | 500 Broad St., Wichita Falls, TX 76307 | Wichita | * Adult/Child Screening, Assessment, Intake; Adult FLOC; Client's Rights
 |
| Helen Farabee Centers | 516 Denver St., Wichita Falls, TX 76307 | Wichita | * Child and Adolescent FLOC, Medical Services (Adult and Child/Adolescent); Medical Records
 |
| Helen Farabee Centers | 1515 N. HWY 81-287 Business, Decatur, TX 76234 | Wise | * Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
 |
| Helen Farabee Centers | 506 Broad St., Wichita Falls, TX 76307 | Wichita | * Crisis Services
 |
| Helen Farabee Centers | 1720 4th St., Graham, TX 76450 | Young | * Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
 |
| Helen Farabee Centers | 605 Decatur St., Bowie, TX 76230 | Montague | * Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
 |
| Helen Farabee Centers | 1201 N. 1st St., Suite A, Haskell, TX 79521 | Haskell | * Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
 |
| Helen Farabee Centers | 301 N. Washington, Seymour, TX 76380 | Baylor | * Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
 |
| Helen Farabee Centers | 8150 US Hwy 287, Childress, TX 79201 | Childress | * Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
 |
| Helen Farabee Centers | 510 King St., Quanah, TX 79252 | Hardeman | * Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
 |
| Helen Farabee Centers | 2500 Wilbarger, Vernon, TX 76384 | Wilbarger | * Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
 |
| The Wood Group (Helen Farabee Centers) | 1406 6th St., Wichita Falls, TX 76307 | Wichita | * Crisis Respite Unit
 |
| The Wood Group (Helen Farabee Centers) | 1406 6th St., Wichita Falls, TX 76307 | Wichita | * Extended Living Facility
 |
| Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder ServicesHelen Farabee Centers | 500 Broad St., Wichita Falls, TX 76307 | Wichita | * Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services
 |
| Adult Outpatient Intensive Outpatient, and AftercareHelen Farabee Centers | 600 Scott St., Wichita Falls, TX 76307 | Wichita | * Adult Outpatient, Intensive Outpatient, and Aftercare Substance Use Disorder Services
 |
| Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder ServicesHelen Farabee Centers | 1515 N. HWY 81-287 Business, Decatur, TX 76234 | Wise | * Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services
 |
| Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder ServicesHelen Farabee Centers | 1720 4th St., Graham, TX 76450 | Young | * Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services
 |
| Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder ServicesHelen Farabee Centers | 605 Decatur St., Bowie, TX 76230 | Montague | * Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services
 |
| Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder ServicesHelen Farabee Centers | 1201 N. 1st St., Suite A, Haskell, TX 79521 | Haskell | * Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services
 |
| Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder ServicesHelen Farabee Centers | 8150 US Hwy 287, Childress, TX 79201 | Childress | * Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services
 |
| Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder ServicesHelen Farabee Centers | 510 King St., Quanah, TX 79252 | Hardeman | * Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services
 |
| Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services Helen Farabee Centers | 2500 Wilbarger, Vernon, TX 76384 | Wilbarger | * Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services
 |
| OSAR-Outreach-Screening-Assessment-Referral for substance abuse treatmentHelen Farabee Centers | 1000 Brook St., Wichita Falls, TX 76301 | Wichita | * Counties served: Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, and Young
 |
| Early Childhood Intervention Service Helen Farabee Centers | 1709 10th St., Wichita Falls, TX 76301 | Wichita | * Children birth to age 3

Assistive Technology ServicesAssessment/Evaluation (comprehensive for program eligibility and discipline-specific)IFSP (Individualized Family Service Plan) development, Access to services for Visually Impaired or Deaf/Hard of Hearing (Vision and Auditory Services)Specialized Skills TrainingFamily Education/CounselingNutrition ServicesOccupational TherapyPhysical TherapySpeech/Language TherapyService CoordinationSocial Work Services* Services are typically provided in the baby/child’s home or via telehealth within the 10 counties we serve (Archer, Baylor, Clay, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, and Young)
 |
| Intellectual & Developmental Disability ServicesHelen Farabee Centers | 1601 9th St., Wichita Falls, TX 76301 | Wichita | * Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning
 |
| Intellectual & Developmental Disability ServicesHelen Farabee Centers | 1720 4th St., Graham, TX 76450 | Young | * Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning
 |
| Intellectual & Developmental Disability ServicesHelen Farabee Centers | 2500 Wilbarger, Vernon, TX 76384 | Wilbarger | * Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning
 |
| Intellectual & Developmental Disability ServicesHelen Farabee Centers | 1515 N. HWY 81-287 Business, Decatur, TX 76234 | Wise | * Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning
 |
| Intellectual & Developmental Disability ServicesHelen Farabee Centers | 605 Decatur St., Bowie, TX 76230 | Montague | * Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning
 |
| Intellectual & Developmental Disability ServicesHelen Farabee Centers | 1201 N. 1st St., Suite A, Haskell, TX 79521 | Haskell | * Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning
 |
| Intellectual & Developmental Disability ServicesHelen Farabee Centers | 301 N. Washington, Seymour, TX 76380 | Baylor | * Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning
 |
| Intellectual & Developmental Disability ServicesHelen Farabee Centers | 8150 US Hwy 287, Childress, TX 79201 | Childress | * Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning
 |
| Intellectual & Developmental Disability ServicesHelen Farabee Centers | 510 King St., Quanah, TX 79252 | Hardeman | * Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning
 |
| Horizon HouseHelen Farabee Centers | 1604 Arlington St., Wichita Falls, TX 76302 | Wichita | * ICF (Intermediate Care Facility)

Intellectual & Developmental Disability Services |
| Intellectual & Developmental Disability Services Helen Farabee Centers  | 1720 4th St., Graham, TX (Administrative Office) | ArcherBaylorChildressClayCottleDickensFoardHardemanHaskellJackKingKnoxMontagueStonewallThrockmortonWichitaWilbargerWiseYoung | * Home & Community Based Services (HCS) Medicaid Waiver Program
* Residential and Non-residential services
 |
| Intellectual & Developmental Disability Services Day Habilitation Helen Farabee Centers  | 1720 4th Street, Graham, Texas 76450 | Young  | * Day Habilitation Services
 |
| Intellectual & Developmental Disability Services Day HabilitationHelen Farabee Centers  | 1515 N. HWY 81-287 Business, Decatur, TX 76234 | Wise  | * Day Habilitation Services
 |
| Intellectual & Developmental Disability Services Day Habilitation Helen Farabee Centers  | 2500 Wilbarger, Vernon, TX 76384 | Wilbarger  | * Day Habilitation Services
 |
| Intellectual & Developmental Disability Services Day HabilitationHelen Farabee Centers  | 1201 N. 1st St., Suite A, Haskell, TX 79521 | Haskell  | * Day Habilitation Services
 |
| Intellectual & Developmental Disability Services Day HabilitationHelen Farabee Centers  | 1601 9th St., Wichita Falls, TX 76301 | Wichita   | * Mobile Day Habilitation Services
 |
| Wise Health Systems Behavioral Health Hospital | 2000 FM 51, Decatur, TX 76234 | Wise | * Mental Health, Behavioral Health, Rehabilitation
 |
| Red River Hospital | 1505 8th St., Wichita Falls, TX 76301 | Wichita | * Mental Health, Behavioral Health & Addiction Treatment Center for Adolescents, Teens, Adults, & Seniors
* Detox, Outpatient
* Military Resiliency
 |
| Care CoordinationHelen Farabee Centers  | 500 Broad St., Wichita Falls, TX 76307 | Wichita | * Care Coordination, Adults
 |
| Care CoordinationHelen Farabee Centers  | 1515 N. HWY 81-287 Business, Decatur, TX 76234 | Wise | * Care Coordination, Adults
 |
| Care CoordinationHelen Farabee Centers  | 1720 4th St., Graham, TX 76450 | Young | * Care Coordination, Adults
 |
| Care CoordinationHelen Farabee Centers  | 605 Decatur St., Bowie, TX 76230 | Montague | * Care Coordination, Adults
 |
| Care CoordinationHelen Farabee Centers  | 1201 N. 1st St., Suite A, Haskell, TX 79521 | Haskell | * Care Coordination, Adults
 |
| Care CoordinationHelen Farabee Centers  | 301 N. Washington, Seymour, TX 76380 | Baylor | * Care Coordination, Adults
 |
| Care CoordinationHelen Farabee Centers  | 8150 US Hwy 287, Childress, TX 79201 | Childress | * Care Coordination, Adults
 |
| Care CoordinationHelen Farabee Centers  | 510 King St., Quanah, TX 79252 | Hardeman | * Care Coordination, Adults
 |
| Care CoordinationHelen Farabee Centers  | 2500 Wilbarger, Vernon, TX 76384 | Wilbarger | * Care Coordination, Adults
 |
| Military Veteran Peer NetworkHelen Farabee Centers | 500 Broad St., Wichita Falls, TX 76307 | Wichita | * Referrals provided to appropriate and vetted programs/agencies for other needed services
* Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service
* Works with care providers, and other professional disciplines and service agencies
* Provides technical assistance and coordinating service delivery
* Works remotely to coordinate the efforts of volunteers, service agencies, and care providers
* Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)
 |
| Military Veteran Peer NetworkHelen Farabee Centers | 1515 N. HWY 81-287 Business, Decatur, TX 76234 | Wise | * Referrals provided to appropriate and vetted programs/agencies for other needed services
* Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service
* Works with care providers, and other professional disciplines and service agencies
* Provides technical assistance and coordinating service delivery
* Works remotely to coordinate the efforts of volunteers, service agencies, and care providers
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 |
| Military Veteran Peer NetworkHelen Farabee Centers | 1720 4th St., Graham, TX 76450 | Young | * Referrals provided to appropriate and vetted programs/agencies for other needed services
* Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service
* Works with care providers, and other professional disciplines and service agencies
* Provides technical assistance and coordinating service delivery
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 |
| Military Veteran Peer NetworkHelen Farabee Centers | 605 Decatur St., Bowie, TX 76230 | Montague | * Referrals provided to appropriate and vetted programs/agencies for other needed services
* Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service
* Works with care providers, and other professional disciplines and service agencies
* Provides technical assistance and coordinating service delivery
* Works remotely to coordinate the efforts of volunteers, service agencies, and care providers
* Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)
 |
| Military Veteran Peer NetworkHelen Farabee Centers | 1201 N. 1st St., Suite A, Haskell, TX 79521 | Haskell | * Referrals provided to appropriate and vetted programs/agencies for other needed services
* Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service
* Works with care providers, and other professional disciplines and service agencies
* Provides technical assistance and coordinating service delivery
* Works remotely to coordinate the efforts of volunteers, service agencies, and care providers
* Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)
 |
| Military Veteran Peer NetworkHelen Farabee Centers | 301 N. Washington, Seymour, TX 76380 | Baylor | * Referrals provided to appropriate and vetted programs/agencies for other needed services
* Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service
* Works with care providers, and other professional disciplines and service agencies
* Provides technical assistance and coordinating service delivery
* Works remotely to coordinate the efforts of volunteers, service agencies, and care providers
* Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)
 |
| Military Veteran Peer NetworkHelen Farabee Centers | 8150 US Hwy 287, Childress, TX 79201 | Childress | * Referrals provided to appropriate and vetted programs/agencies for other needed services
* Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service
* Works with care providers, and other professional disciplines and service agencies
* Provides technical assistance and coordinating service delivery
* Works remotely to coordinate the efforts of volunteers, service agencies, and care providers
* Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)
 |
| Military Veteran Peer NetworkHelen Farabee Centers | 510 King St., Quanah, TX 79252 | Hardeman | * Referrals provided to appropriate and vetted programs/agencies for other needed services
* Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service
* Works with care providers, and other professional disciplines and service agencies
* Provides technical assistance and coordinating service delivery
* Works remotely to coordinate the efforts of volunteers, service agencies, and care providers
* Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)
 |
| Military Veteran Peer NetworkHelen Farabee Centers | 2500 Wilbarger, Vernon, TX 76384 | Wilbarger | * Referrals provided to appropriate and vetted programs/agencies for other needed services
* Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service
* Works with care providers, and other professional disciplines and service agencies
* Provides technical assistance and coordinating service delivery
* Works remotely to coordinate the efforts of volunteers, service agencies, and care providers
* Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)
 |
| Benefits Eligibility ProgramHelen Farabee Centers | 500 Broad St., Wichita Falls, TX 76307 | Wichita | * Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
 |
| Benefits Eligibility ProgramHelen Farabee Centers | 1515 N. HWY 81-287 Business, Decatur, TX 76234 | Wise | * Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
 |
| Benefits Eligibility ProgramHelen Farabee Centers | 1720 4th St., Graham, TX 76450 | Young | * Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
 |
| Benefits Eligibility ProgramHelen Farabee Centers | 605 Decatur St., Bowie, TX 76230 | Montague | * Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
 |
| Benefits Eligibility ProgramHelen Farabee Centers | 1201 N. 1st St., Suite A, Haskell, TX 79521 | Haskell | * Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
 |
| Benefits Eligibility ProgramHelen Farabee Centers | 301 N. Washington, Seymour, TX 76380 | Baylor | * Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
 |
| Benefits Eligibility ProgramHelen Farabee Centers | 8150 US Hwy 287, Childress, TX 79201 | Childress | * Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
 |
| Benefits Eligibility ProgramHelen Farabee Centers | 510 King St., Quanah, TX 79252 | Hardeman | * Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
 |
| Benefits Eligibility ProgramHelen Farabee Centers | 2500 Wilbarger, Vernon, TX 76384 | Wilbarger | * Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
 |
| Certified Family Partner ServicesHelen Farabee Centers | 516 Denver St., Wichita Falls, TX 76307 | Wichita | * Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
 |
| Certified Family Partner ServicesHelen Farabee Centers | 1515 N. HWY 81-287 Business, Decatur, TX 76234 | Wise | * Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
 |
| Certified Family Partner ServicesHelen Farabee Centers | 1720 4th St., Graham, TX 76450 | Young | * Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
 |
| Certified Family Partner ServicesHelen Farabee Centers | 605 Decatur St., Bowie, TX 76230 | Montague | * Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
 |
| Certified Family Partner ServicesHelen Farabee Centers | 1201 N. 1st St., Suite A, Haskell, TX 79521 | Haskell | * Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
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| Certified Family Partner ServicesHelen Farabee Centers | 301 N. Washington, Seymour, TX 76380 | Baylor | * Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
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| Certified Family Partner ServicesHelen Farabee Centers | 8150 US Hwy 287, Childress, TX 79201 | Childress | * Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
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| Certified Family Partner ServicesHelen Farabee Centers | 510 King St., Quanah, TX 79252 | Hardeman | * Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
 |
| Certified Family Partner ServicesHelen Farabee Centers | 2500 Wilbarger, Vernon, TX 76384 | Wilbarger | * Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
 |
| Mental Health Peer SpecialistHelen Farabee Centers | 500 Broad St., Wichita Falls, TX 76307 | Wichita | * Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
 |
| Mental Health Peer SpecialistHelen Farabee Centers | 1515 N. HWY 81-287 Business, Decatur, TX 76234 | Wise | * Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
 |
| Mental Health Peer SpecialistHelen Farabee Centers | 1720 4th St., Graham, TX 76450 | Young | * Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
 |
| Mental Health Peer SpecialistHelen Farabee Centers | 605 Decatur St., Bowie, TX 76230 | Montague | * Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
 |
| Mental Health Peer SpecialistHelen Farabee Centers | 1201 N. 1st St., Suite A, Haskell, TX 79521 | Haskell | * Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
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 |
| Mental Health Peer SpecialistHelen Farabee Centers | 2500 Wilbarger, Vernon, TX 76384 | Wilbarger | * Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
 |
| Supported EmploymentHelen Farabee Centers | 1720 4th St., Graham, TX 76450 (Administrative Office) | ArcherBaylorChildressClayCottleDickensFoardHardemanHaskellJackKingKnoxMontagueStonewallThrockmortonWichitaWilbargerWiseYoung | * Service program that assists individuals with mental illness and/or Intellectual and Developmental Disabilities find and maintain meaningful employment in the community.
* Employment specialists are available to help individuals plan for a job and help success after obtaining employment.
* Continued supports and services are provided as needed by the individual.
 |
| Texas Workforce Solutions Vocational Rehabilitation Services (formerly DARS) | 925 Lamar St., Wichita Falls, TX 76301 | ArcherBaylorChildressClayCottleDickensFoardHardemanHaskellJackKingKnoxMontagueStonewallThrockmortonWichitaWilbargerWiseYoung | * Contracted Employment services that assist individuals with mental illness and/or Intellectual and Developmental Disabilities find and maintain meaningful employment in the community.
 |

## 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** |
| --- | --- | --- | --- | --- |
| 19 | SB 292 – Red River Hospital Behavioral Health (money awarded March 2019) | Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young | Adults, Children, & Adolescents | 23 |
| 19 | SB 292 – Red River Hospital Substance Use Disorder (money awarded March 2019) | Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young | Adults | 21 |
| 19 | SB 292 – Wise Health Systems Behavioral Health Hospital (money awarded March 2019) | Wise | Adults | 6 |
| 20 | SB 292 – Red River Hospital Behavioral Health | Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young | Adults, Children, & Adolescents | 62 |
| 20 | SB 292 – Red River Hospital Substance Use Disorder  | Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young | Adults | 73 |
| 20 | SB 292 - Wise Health Systems Behavioral Health Hospital | Wise |  Adults | 16 |
| **21** | SB 292 – Red River Hospital Behavioral Health  | Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young | Adults, Children, & Adolescents | 94 |
| **21** | SB 292 – Red River Hospital Substance Use Disorder  | Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young | Adults | 86 |
| **21** | SB 292 – Wise Health Systems Behavioral Health Hospital  | Wise | Adults | 10 |
| **22** | SB 292 – Red River Hospital Behavioral Health  | Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young | Adults, Children, & Adolescents | 91 |
| **22** | SB 292 – Red River Hospital Substance Use Disorder  | Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young | Adults | 100 |
| **22** | SB 292 – Wise County Jail Diversion – Red River Hospital (moved treatment to RRH FY 22)  | Wise | Adults | 11 |

## l.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** |
| --- | --- | --- | --- | --- |
| FY 18 | Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services  | Young | Adolescent /Adult Outpatient & Intensive Outpatient Substance Abuse Services  | 0 screened/0 admissions |
| FY 19 | Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services  | Young | Adolescent /Adult Outpatient & Intensive Outpatient Substance Abuse Services  | 42 screened/15 admissions  |
| FY 20 | Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services  | Young | Adolescent /Adult Outpatient & Intensive Outpatient Substance Abuse Services  | 25 screened/14 admissions  |
| FY 21 | Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services  | Young | Adolescent /Adult Outpatient & Intensive Outpatient Substance Abuse Services  | 21 screened/10 admissions  |
| FY 22 | Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services  | Young | Adolescent /Adult Outpatient & Intensive Outpatient Substance Abuse Services  | 19 screened/14 admissions  |

## I.D Community Participation in Planning Activities

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

|  | **Stakeholder Type** |  | **Stakeholder Type** |
| --- | --- | --- | --- |
|[x]  Consumers |[x]  Family members |
|[x]  Advocates (children and adult) |[x]  Concerned citizens/others |
|[x]  Local psychiatric hospital staff*\*List the psychiatric hospitals that participated:** Red River Hospital
* North Texas State Hospital
* Wise Health Systems Behavioral Health Hospital
 |[x]  State hospital staff*\*List the hospital and the staff that participated:** *Jim Smith, Superintendent*
* *Rick Hoban, Assistant Superintendent*
* *Mandy Darner, Director of Psychiatric Programs*
* *Willie Gutierrez, Director of Admissions*
* *Bethany Hughes, Medical Director*
* *Designated Units Social Workers as needed*
 |
|[x]  Mental health service providers |[x]  Substance abuse treatment providers |
|[x]  Prevention services providers |[x]  Outreach, Screening, Assessment, and Referral Centers |
|[x]  County officials*\*List the county and the official name and title of participants:** Patrick Coyle, Juvenile Probation
* Shawnee Lofland, Mental Health Liaison, Public Defender’s Office
* Bryan Peeler, Wichita County Sheriff’s Office
* *Sarah Peeler, Assistant Director, Adult Probation*
* *William Rutledge, Deputy Chief, Wichita County Sheriff’s Office*
* *Samantha Torrez, Special Needs Caseload Supervisor, Adult Probation*
* *Lisa Patterson, Jail Administrator, Wichita County Sheriff’s Office*
* *Woody Gossom, County Judge*
* *Linda Hall, Mental Health Coordinator*
 |[x]  City officials*\*List the city and the official name and title of participants:** Lou Kreidler, Director of Health, City of Wichita Falls, Health District
* Amy Fagan, Assistant Director of Health, City of Wichita Falls Health District
* Kevin Swanson
 |
|[x]  Federally Qualified Health Center and other primary care providers | [x] [ ]  | Local health departmentsLMHAs/LBHAs*\*List the LMHAs/LBHAs and the staff that participated:*  |
|[x]  Hospital emergency room personnel |[x]  Emergency responders |
|[x]  Faith-based organizations |[x]  Community health & human service providers |
|[x]  Probation department representatives |[x]  Parole department representatives |
|[x]  Court representatives (Judges, District Attorneys, public defenders)*\*List the county and the official name and title of participants:** Shawnee Lofland, Mental Health Liaison, Public Defender’s Office
* *Bryan Peeler, Wichita County Sheriff’s Office*
* *Sarah Peeler, Assistant Director, Adult Probation*
* *Patrick Coyle, Juvenile Probation*
* *William Rutledge, Deputy Chief, Wichita County Sheriff’s Office*
* *Samantha Torrez, Special Needs Caseload Supervisor Adult Probation*
* *Lisa Patterson, Jail Administrator, Wichita County Sheriff’s Office*
* *Woody Gossom, County Judge*
* *Linda Hall, Mental Health Coordinator*
 |[x]  Law enforcement *\*List the county/city and the official name and title of participants:** *Manuel Borrego, Chief, Wichita Falls Police Department*
* *Scott Vaughn, Deputy Chief, Wichita Falls Police Department*
* *Guy Gilmore, Deputy Chief, Wichita Falls Police Department*
* *Walter Vermillion, training, Wichita Falls Police Department*
* *Ed Stahr, Chief, Burkburnett Police Department*
 |
|[x]  Education representatives |[x]  Employers/business leaders |
|[x]  Planning and Network Advisory Committee |[x]  Local consumer peer-led organizations |
|[x]  Peer Specialists |[x]  IDD Providers |
|[x]  Foster care/Child placing agencies |[x]  Community Resource Coordination Groups |
|[x]  Veterans’ organizations |[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

|  |
| --- |
| * Monthly multi-agency Focus groups, relevant stakeholder lists updated weekly.
 |
| * Regular PNAC Meetings
 |
| * Consumer and Stakeholder Surveys
 |
| * Board Meetings
 |
| * Sponsoring Agency meetings/ Surveys
 |

*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.*

|  |
| --- |
| * Ongoing need for additional beds for MH & SUD inpatient hospitalizations.
 |
| * Ongoing need for transportation services in rural/distant areas.
 |
| * Ongoing demand for residential placements for MH and SUD individuals.
 |

# 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;

* + Our Psychiatric Emergency Plan is developed in collaboration with local law enforcement personnel and relevant medical providers.

Ensuring the entire service area was represented; and

* + Our sponsoring agencies represent communities throughout our service area. Our Board of Trustees approves our response procedures and has catchment-wide representation.

Soliciting input.

* + We solicit input by sending drafts to these groups and publishing CLSP drafts on the website prior to final submission

## 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

* + N/A – Sub-Contractor used

After business hours

* + N/A – Sub-Contractor used

Weekends/holidays

* + N/A – Sub-Contractor used

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

* + Avail Solutions Inc.

3. How is the MCOT staffed?

During business hours

* + MCOT as interpreted by this agency will respond from the individual centers in our outlying catchment during business hours. In Wichita/Archer/Clay counties, MCOT from the Wichita Falls office responds to crisis episodes during work hours. Staffing includes a primary clinician who will respond in person, since COVID-19 we respond telephonically/via telehealth, to the event and work to resolve the crisis with clinically appropriate recommendations. This primary clinician has access to an LPHA, RN, administration and psychiatrist for staffing and advisement

After business hours

* + After business hours, weekends and holidays, a primary clinician designated in a regional allocation, responds in person, since COVID-19 we respond telephonically/via telehealth, to crisis episodes when dispatched. Again, this primary clinician has access to an LPHA, RN and psychiatrist if required to resolve the event.

Weekends/holidays

* + After business hours, weekends and holidays, a primary clinician designated in a regional allocation, responds in person, since COVID-19 we respond telephonically/via telehealth, to crisis episodes when dispatched. Again, this primary clinician has access to an LPHA, RN and psychiatrist if required to resolve the event

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

* + N/A

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

* Individuals referred to HFC following a crisis receive follow-up, via service package assignments, and timely follow up is required. When persons are active in a LOC, notification is via a treatment discussion between the intervening clinician and the assigned coordinator of care. Individuals referred to agency’s Crisis Respite Unit or any inpatient care are followed by Crisis department staff during their course of stay and treatment. LOC 5 follow up is in the form of phone calls, face to face visits, case management services, skills training 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. Assessments and recommendations/resolution are performed for individuals in emergency rooms.

Law Enforcement:

* + Yes. Collaboration, assistance, assessments, and recommendations/resolution support law enforcement in their efforts.

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

* + During business hours, after hours, weekends, and holidays a clinician will respond in person, since COVID-19 we respond telephonically/via telehealth, to the request of the state hospital. The clinician will work to resolve the crisis with clinically appropriate recommendations. This clinician has access to an LPHA, RN, administration and psychiatrist for staffing and advisement.

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

During business hours:

* + Individuals in crisis should be medically treated and stabilized from any physical trauma. Once stable and able to participate in a mental health assessment, our hotline can be engaged to dispatch a clinician.

 After business hours:

* + Individuals in crisis should be medically treated and stabilized from any physical trauma. Once stable and able to participate in a mental health assessment, our hotline can be engaged to dispatch a clinician.

 Weekends/holidays:

* + Individuals in crisis should be medically treated and stabilized from any physical trauma. Once stable and able to participate in a mental health assessment, our hotline can be engaged to dispatch a clinician.

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?

* + Law Enforcement is contacted, and it is law enforcement’s opinion and prerogative whether the individual requires further stabilization and/or medical clearance in a hospital or other care facility. They will either transport via law enforcement vehicle or engage first responders get the individual to a hospital safely.

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

* + The community’s process is reliant on the OAG of 2009, which stimulated the Psychiatric Emergency Flow published 2010.

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

* + Law Enforcement is contacted, and it is law enforcement’s opinion and prerogative whether the individual requires further stabilization and/or medical clearance in a hospital or other care facility. They will either transport via law enforcement vehicle or engage first responders get the individual to a hospital safely.
	+ We voluntarily admit people for facility-based crisis stabilization to our contracted hospitals. An individual is assessed, informed of the potential placement, and subsequently voluntarily admitted.

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 voluntarily admit people for facility-based crisis stabilization to our contracted CRU (crisis respite unit). An individual is assessed, informed of the potential placement, and subsequently voluntarily admitted.

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.

* + Our crisis clinicians will provide in vivo assessments wherever we’re dispatched. We will engage law enforcement to be present with us during the assessment to enhance the safety factor for all involved in the process.

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

Where does the individual wait for a bed?

* + If an individual needs a bed, they are immediately placed at one of our PESC-funded crisis stabilization facilities or at the CRU (crisis respite unit) until a bed becomes available.

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

* + The LMHA/LBHA is responsible for continued crisis intervention services.

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

* + If emergency detentions are not involved, the individual can be transported by an apprehending officer to our crisis respite unit if indicated or back to the place of apprehension. There are no other established transportation options.

#### 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** | Crisis Respite Unit |
| **Location (city and county)** | Wichita Falls, Wichita County |
| **Phone number** | 940-766-3877 |
| **Type of Facility (see Appendix A)**  | Crisis Respite Unit, Type A Small |
| **Key admission criteria (type of individual accepted)** | Voluntary patients in crisis who are ambulatory and can toilet, feed and medicate themselves. |
| **Circumstances under which medical clearance is required before admission** | Suspicion of intoxication or another medical condition. |
| **Service area limitations if any** | None |
| **Other relevant admission information for first responders**  | N/A |
| **Accepts emergency detentions?** | No, voluntary unit |
| **Number of Beds** | 16, however only utilizing 10 as the Crisis Respite Unit now serves as an extended living facility for 6 individuals |
| **HHSC Funding Allocation** |  |

#### 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** | Red River Hospital |
| **Location (city and county)** | Wichita Falls, Wichita County |
| **Phone number** | 940-322-3171 |
| **Key admission criteria**  | Inpatient treatment for a variety of conditions both voluntary and court-ordered |
| **Service area limitations if any** | None |
| **Other relevant admission information for first responders** | N/A |
| **Number of Beds** | 96 |
| **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)?** | PESC – as neededSB 292 – as needed SB 292 jail diversion from Wise County – 2 beds – 1 guaranteed; 1 as needed |
| **If under contract, are beds purchased as a guaranteed set or on an as needed basis?** | As needed |
| **If under contract, what is the bed day rate paid to the contracted facility?** | $650 – MH & SUD$700 – Jail diversion |
| **If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?** | N/A |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | N/A |
|  |  |
|  |  |
| Name of Facility | Wise Health Systems Behavioral Health Hospital  |
| Location (city and county) | Decatur, Wise County |
| Phone number | 940-626-0145 |
| Key admission criteria  | Inpatient treatment for a variety of conditions both voluntary and court-ordered |
| Service area limitations, if any | None |
| Other relevant admission information for first responders | N/A |
| Number of Beds | 20 |
| 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)? | PESC |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | PESC – As needed |
| If under contract, what is the bed day rate paid to the contracted facility? | $650  |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds? | N/A |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements? | N/A |

##

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

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

Identify and briefly describe available alternatives.

* + None

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.

* + We do not have a dedicated jail liaison position. However, we maintain presence within our catchment jails as requested.

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.

* + The Director of Crisis Services is the primary liaison between the LMHA/LBHA and the jail.

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

* + We have continued discussions regarding competency issues. We have no current plan to be a provider of such as the relative number would make it cost prohibitive.

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.)?

* We continue to be mindful of competency alternatives. We are not experiencing a true need for such.

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

* + N/A

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

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA/LBHA collaborate with in these efforts?
* Emergency psychiatric care and substance abuse services are almost an automatic integration. When someone is assessed and substances are either an issue or a precipitant, an immediate referral is made to our substance abuse department to screen and engage/refer. To further our efforts for physical healthcare, we have a memo of understanding with a community healthcare center. We staff with them whenever needed, making certain holistic care is present for the individual. We have care coordination team in place to assist with physical healthcare needs.

1. What are the plans for the next two years to further coordinate and integrate these services?
	* For the next 2 years, we will continue to work on enhancing the assessment and delivery of integrated services. We will continue to collaborate with community entities on the provision of a global care perspective of body and mind. We will explore, develop, and implement agreements with physical health providers. We will continue to use our care coordination team to assist with the integration of mental health services and medical services.

## 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?
* At this time, information is disseminated by way of electronic mail, phone calls and in-person conversations. We have begun using social media to communicate important and timely information when it occurs.
1. 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?
* Hotline staff provide evidence of required trainings, adherence, and accreditation we file with the contract. Crisis providers receive necessary training prior to engaging in the resolution of crisis events. “Refresher” training is provided as needed or required.

## 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** |
| All Catchment | * System wide, we would benefit from an increase of mid-level residential treatment. Something without rigors of a hospital, but the monitoring and support of a residential unit.
 |  |
| All Catchment | * Transportation to our centers and to our localized CRU is somewhat of a gap in our more frontier areas where accessible transportation is extremely limited or doesn’t exist.
 | * Contract with Medicaid to work with/hire public transportation, such as UBER and LYFT
 |

# 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:** |
| * Mobile crisis outreach teams and co-responders
 | * All
 | * Continue doing
 |
| * Emergency Department diversion
 | * Wichita
 | * Continue doing
 |
| * Police-friendly crisis services
 | * All
 | * Continue doing
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 1: Law Enforcement****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * Dispatcher training
* Training law enforcement staff
* Training of court personnel
* Training of probation personnel
 | * All
 | * Continue offering and providing mental health training specific to the provision of crisis services to each new academy of officers in addition to what is part of their routine curriculum.
* Continue offering and providing ASIST (Applied Suicidal Intervention Skills Training) to the public defender’s office within the scope of crisis services and some clinical exposure to suicidal behaviors.
* Continue offering and providing training to special needs probation officers (those assigned a mental health caseload) in the form of evidence-based ASIST.
 |
| * Specialized Police Responses
 | * All
 | * Continue offering and providing mental health training specific to the provision of crisis services to each new academy of officers in addition to what is part of their routine curriculum.
* Continue offering and providing ASIST (Applied Suicidal Intervention Skills Training) to the public defender’s office within the scope of crisis services and some clinical exposure to suicidal behaviors.
* Continue offering and providing training to special needs probation officers (those assigned a mental health caseload) in the form of evidence-based ASIST.
 |
| * Intervening with super-utilizers and providing follow-up after the crisis
* Police friendly drop-off point
* Service linkage and follow-up for individuals who are not hospitalized
 | * All
 | * Continue to encourage local and outlying law enforcement to utilize our contracted Crisis Respite Unit (CRU) to bring people who they perceive in crisis and without pending legal restrictions.
* We offer CRU placement where indicated and provide follow-up services during their admission. We offer referrals to the center and community when indicated.
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 2: Post Arrest; Initial Detention and Initial Hearings****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * Screening at booking
 | * All
 | * Continue screening as requested by law enforcement staff
 |
| * Screening once detained and in holding
 | * All
 | * Continue screening as requested by law enforcement staff
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 3: Jails/Courts****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * Routine screening for mental illness and diversion eligibility
* Link to comprehensive services
* Jail-based programming and health care services
 | * All
 | * Continue a presence at our catchment jails. We respond to jail staff who request assessments and provide interventions whenever contacted, during business hours and after hours/weekends/holidays
* Continue offering and delivering mental health services, including medication-assisted treatment, and substance use disorder services to eligible, incarcerated individuals
* Continue working with local sponsoring agencies to obtain grant funding for tele-video services within our catchment jails
* Continue providing levels of care services as indicated to incarcerated persons
 |
| •Mental Health Court/Drug Court | * Wichita
 | * We are in constant discussions with stakeholders regarding the formation of a Behavioral Health Court in our urban setting of Wichita County. We’ve discussed the viability, implications and utilization. We’ve melded the populations of veterans, mental health consumers and substance use individuals to meet viability, as each population standing alone is limited.
 |
| •Outpatient Competency Restoration | * Wichita
 | * We are in constant discussions with stakeholders regarding the formation of a Behavioral Health Court in our urban setting of Wichita County. We’ve discussed the viability, implications and utilization. We’ve melded the populations of veterans, mental health consumers and substance use individuals to meet viability, as each population standing alone is limited.
 |
| * Services for persons Not Guilty by Reason of Insanity
 | * Wichita
 | * We are in constant discussions with stakeholders regarding the formation of a Behavioral Health Court in our urban setting of Wichita County. We’ve discussed the viability, implications and utilization. We’ve melded the populations of veterans, mental health consumers and substance use individuals to meet viability, as each population standing alone is limited.
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 4: Reentry****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| • Transition planning | * All
 | • Continue providing transitional services in jails. Continue assisting persons transition back to the community and providing services if desired. |
| •Medication and prescription access upon release from jail or prison | * All
 | •Continue ensuring continuity of care at release, developing plans for services, and coordinating continuity of care |
| •Warm hand-offs from corrections to providers | * All
 | • If we are serving an incarcerated patient, their coordinator of care arranges, as part of their care, what is to happen upon release. Note that these are coordinators of care, NOT a designee. |

|  |  |  |
| --- | --- | --- |
| **Intercept 5: Community Corrections****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| •Specialized community supervision caseloads of people with mental disorders | * Wichita
* Wise
 | * We have a TCOOMMI program that includes a program director, program manager and 4 direct care providers. 2 intensive case managers for adult probation. 1 intensive case manager for parole. 1 transitional case manager who provides less intensive services. Transitional services are for those community supervised patients who might not have the high need scores for intensive services OR those who are transitioning from intensive services.
 |
| •Medication-assisted treatment for substance use disorders | * All
 | •Continue routine screenings and referrals for behavioral health treatment and substance use disorder treatment |
| •Access to recovery supports, benefits, housing, and competitive employment | * All
 | •Continue to have staff assigned to facilitate access to comprehensive services, including benefits eligibility, peer providers, counselors, etc.; specialized caseloads |

## III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf) 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 across public school students
* Gap 3: Coordination across state agencies
* Gap 4: Supports for Service Members, Veterans, and their families
* Gap 5: Continuity of care for people of all ages involved in the Justice System
* Gap 6: Access to timely treatment services
* Gap 7: Implementation of evidence-based practices
* Gap 8: Use of peer services
* Gap 9: Behavioral health services for people with intellectual and developmental disabilities
* Gap 10: Social determinants of health and other barriers to care
* Gap 11: Prevention and early intervention services
* Gap 12: Access to supported housing and employment
* Gap 13: Behavioral health workforce shortage
* Gap 14: Shared and usable data

The goals identified in the plan are:

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

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

| **Area of Focus** | **Related Gaps and Goals from Strategic Plan** | **Current Status** | **Plans** |
| --- | --- | --- | --- |
| Improving access to timely outpatient services | * Gap 6
* Goal 2
 | * We maintain an open access (walk-in) Intake system as well as open access for Psychiatric Evaluations
 | * We plan to continue walk-in access operations for intakes and for Psychiatric Evaluations
 |
| Improving continuity of care between inpatient care and community services and reducing hospital readmissions | * Gap 1
* Goals 1,2,4
 | * We have a Continuity of Care worker who communicates with our local SMHF daily for discharge and continuity planning.
* We utilize a crisis respite unit for transitions from SMHF to community
* We have a dedicated LOC5 team that helps monitor clients transitioning to outpatient care from a hospitalization or other crisis event.
* We have care coordination agreements with local providers
 | * We plan to continue this continuity of care with our local SMHF
* We plan to continue current care coordination agreements among local providers
* We plan to continue adding care coordination agreements with local providers as the need arises.
 |
| Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization | * Gap 14
* Goals 1,4
 | * We assertively manage our state hospital utilization via a designated liaison from the center. We accomplish this by focusing on the patient needs delivered within the least restrictive environment. When a long-term patient no longer requires the stringent milieu of a state hospital, we offer transition via our crisis respite unit, our intensive service package providers and ultimately a residential component if needed
* We recently began working a hospital transition pilot program to assist long term state hospital patients transition from a state hospital to a transition home with the ultimate goal of transitioning individuals to independent living
 | * We are working on satisfying the requirements/standards of HCBS-AMH (home and community-based services – adult mental health) to offer another tier of care.
* Continue accepting individuals from the state hospital system and working with them to transition to independent living
 |
| Implementing and ensuring fidelity with evidence-based practices | * Gap 7
* Goal 2
 | * We have implemented several EBPs, and their monitoring is part of our Quality Management Plan
 | * Continue identifying appropriate EBPs and ensuring fidelity through ongoing reviews.
 |
| Transition to a recovery-oriented system of care, including use of peer support services  | * Gap 8
* Goals 2,3
 | * We currently employ peer providers and have for years.
* We continue to look for opportunities to revise language/standards to become more recovery oriented.
 | * Continue employing peers
* Continue organization reviews using Trauma-Informed Care standards
 |
| Addressing the needs of consumers with co-occurring substance use disorders | * Gaps 1,14
* Goals 1,2
 | * We operate two substance use clinics through contracts with HHSC and 5 others with additional funds and grants
 | * We intend to continue operating these clinics as funding allows
 |
| Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers. | * Gap 1
* Goals 1,2
 | * Our current integration is limited to basic screenings and referrals to local providers
 | * Enhancing care coordination agreements between the Center and physical healthcare providers to facilitate stronger referrals and data sharing.
 |
| Consumer transportation and access to treatment in remote areas | * Gap 10
* Goal 2
 | * We serve many remote areas and community-based encounters such as ACT services require staff to travel.
* Consumers can use public transport or Sharplines in most areas
* Transportation services are not reimbursable for MH and are not provided directly by the Center.
 | * We plan to provide community-based services by traveling as required.
* We would pursue any other transportation options for consumers as funding allows.
 |
| Addressing the behavioral health needs of consumers with Intellectual Disabilities  | * Gap 14
* Goals 2,4
 | * We integrate behavioral health and IDD services when clinically indicated
* We operate an IDD Crisis Respite Unit specifically designed for IDD clients going through a behavioral health crisis
 | * We will continue the IDD respite service if financially viable
 |
| Addressing the behavioral health needs of veterans  | * Gap 4
* Goals 2,3
 | * We have employed a Veteran Peer Coordinator for several years through HHSC contracts
* The program is the most successful it has ever been with many volunteers, support groups, outreach, etc.
 | * We plan to continue this program and enhance/expand it as we can.
 |

## 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** |
| --- | --- | --- |
| Certified Community Behavioral Health Clinic (CCBHC) Status | * We are currently CCBHC certified however Texas was not chosen as a national pilot site so there is no funding model for these services
 | * Continue refining our CCBHC practices and exploring alternative payment models to support this enhanced system of care
 |

## 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.*
	+ *These services do not have an identified source of funding.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority**  | **Need** | **Brief description of how resources would be used** | **Estimated Cost**  |
| 1 | CCBHC Care Coordinators | * Maintaining 6 Care Coordinators for Primary Care and other care coordination to provide care aligned with CCBHC models.
 | * $55,000 annually, includes health insurance, retirement, taxes & fees, and PTO
 |
| 2 | Transitional Residential Beds | * Maintaining a 16-bed transitional residential MH program used as a step-down following SMHF discharge and/or private inpatient facility discharge.
 | * $621,000
 |
| 3 | SA Outpatient Expansion | * Maintaining 5 positions used to expand Substance Abuse Intensive Outpatient Treatment Services
 | * $340,000 annually, includes health insurance, retirement, taxes & fees, and PTO
 |

**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](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/um-guidelines/trr-utilization-management-guidelines-adult.pdf) for adults or [here](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/um-guidelines/trr-utilization-management-guidelines-child.pdf) for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

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

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

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

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

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

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

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

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

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

# Appendix B: Acronyms

**CSU** Crisis Stabilization Unit

**EOU** Extended Observation Units

**HHSC** Health and Human Services Commission

**LMHA** Local Mental Health Authority

**LBHA** Local Behavioral Health Authority

**MCOT** Mobile Crisis Outreach Team

**PESC** Psychiatric Emergency Service Center