

Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and
Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: December 31, 2022

Submissions should be sent to:

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

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Introduction

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

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

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
ADULT RECOVERY MINISTRY (ARM)	1128 Reverend CBT Smith St., Dallas, 75203	DALLAS	SA/RSS
AXCEL (FINCH CLINIC)	4527 Stonewall St., Greenville, 75401	HUNT	SA/MAT
ASSOC. of PERSONS AFFECTED by ADDICTION	3116 MARTIN LUTHER KING BLVD, DALLAS, 75215	DALLAS	SA/RSS, MH RSPS
	2800 MARTIN LUTHER KING JR. BLVD. DALLAS, 75215	DALLAS	SA/RSS, MH RSPS
	501 WEST HIGH STREET, TERRELL, 75160	DALLAS	SA/RSS, MH RSPS
BIENSTAR COUNSELING	13140 Coit Rd Suite 315, Dallas, 75240	DALLAS	TRR/OUTPATIENT
CHILD & FAMILY GUIDANCE CENTER	ADMIN: 8915 HARRY HINES BLVD, DALLAS, 75235	DALLAS	TRR/OUTPATIENT (ADULT, C&A)
	120 WEST MAIN ST, STE 220, MESQUITE, 75149	DALLAS	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	210 WEST TENTH ST, DALLAS, 75208	DALLAS	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	1305 W JEFFERSON, STE 210, WAXAHACHIE, 75165	ELLIS	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	4216 WESLEY ST, STE 101, GREENVILLE, 75401	HUNT	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	106 S JEFFERSON ST, KAUFMAN, 75142	KAUFMAN	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	319 N 12TH, STE 1, CORSICANA, 75110	NAVARRO	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	4031 W PLANO PKWY, STE 211, PLANO, 75093	COLLIN	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	2300 WEST WHITE, STE 104, MCKINNEY, 75071	COLLIN	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)

	761 Justin Rd. Suite C, Rockwall, 75087	ROCKWALL	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
CLINICAL PATHOLOGY LABORATORIES	ADMIN: 9200 WALL ST, AUSTIN, TX. 78754	ALL (Not in Hunt)	LAB SERVICES
DALLAS BEHAVIORAL HEALTHCARE HOSPITAL	800 KIRNWOOD DR, DESOTO, 75115	DALLAS	INPATIENT BEDS
YOUTH 180	7777 FOREST LN, STE C-410, DALLAS, 75230	DALLAS	Administrative Office
	201 S. Tyler Street, Dallas, TX 75208	DALLAS	SA/TRY Outpatient
DALLAS METROCARE SERVICES	ADMIN: 1345 RIVER BEND DR, STE 200, DALLAS, 75247	DALLAS	Corporate Office
	4645 SAMUELL BLVD, DALLAS, 75228	DALLAS	MH FIRST AID
	1350 N WESTMORELAND, DALLAS, 75211	DALLAS	TCOOMMI
	1353 N WESTMORELAND, DALLAS, 75211	DALLAS	MH VET SERVICES
	Temporary (1881 Sylvan Ave, Suite 200)	DALLAS	(Child and Adolescent Services)
	3330 S LANCASTER RD, DALLAS, 75216	DALLAS	SA/TRA-Outpatient & Amb. Detox
	9708 SKILLMAN ST, DALLAS, 75243	DALLAS	TRR/OUTPATIENT (ADULT, C&A); SA/TRA-Outpatient & Amb. Detox
	832 S CARRIER PKWY, GRAND PRAIRIE, 75051	DALLAS	Adult Mental Health Services
	16160 MIDWAY RD, STE 200, ADDISON, 75001	DALLAS	The Steven A. Cohen Military Family Clinic @ Metrocare
	1330 RIVER BEND DR, STE 100, DALLAS , 75247	DALLAS	Local Intellectual Developmental Disability Authority (LIDDA)
	5580 LBJ FWY, STE 615, DALLAS, 75240	DALLAS	ACER- Altshuler Center for Education & Research
HARRIS CENTER		ALL	CRISIS HOTLINE
HOMEWARD BOUND, INC	2535 Lone Star Dr., Dallas, 75212	DALLAS	Administrative Office, SUD & MH Outpatient & Recovery Support Services
	5300 University Hills Blvd, DALLAS, 75241	DALLAS	Main Campus, Residential Services
	319 N. 12th St. Ste. 6, Corsicana, 75110	NAVARRO	SUD Outpatient
INNOVATIONS CMHC	8625 KING GEORGE DRIVE, STE 400, DALLAS, 75235	DALLAS	TRR
INTEGRATED PRESCRIPTION MANAGEMENT	ADMIN: 7815 N PALM AVE, STE 400, FRESNO, CA. 93711	ALL	Rx BENEFITS MGMT.
INTEGRATED PSYCHOTHERAPEUTIC SERVICES	2121 MAIN ST, STE 100, DALLAS, 75201	DALLAS	TRR/OUTPATIENT (C&A)/ACT/OCR/SHR), SA/OBOT/MAT/TRA (OP&AMB.DTX)/TRF(OP&AMB.DTX)/COPSD

INSPIRED HOPE GROUP	1228 West Scyene Road, STE 230, Mesquite, 75149	DALLAS	SA/OTS-MAT
JEWISH FAMILY SERVICE	MULTI	DALLAS	EXPANSION
LAKES REGIONAL MHMR CENTER	ADMIN: 400 AIRPORT RD, TERRELL, 75160	KAUFMAN	Administrative
	400 AIRPORT RD, TERRELL, 75161	KAUFMAN	TRR (C&A) / MHFA / ACT/ SHR/ OCR/ PASRR/ TRA (OP)
	4200 STUART ST, GREENVILLE, 75402	HUNT	TRR (C&A) / MHFA / ACT/ SHR/ OCR/ PASRR/ TRA (OP)
	800 N MAIN, STE D, CORTICANA, 75110	NAVARRO	TRR (C&A) / MHFA / ACT/ SHR/ OCR/ PASRR/ TRA (OP)
	2435 RIDGE RD, STE 107, ROCKWALL, 75087	ROCKWALL	TRR (C&A) / MHFA / ACT/ SHR/ OCR/ PASRR/ TRA (OP)
MEDPRO	405 N MCDONALD, STE B, MCKINNEY, 75069	COLLIN	SA/OTS
NEXUS RECOVERY CENTER	8733 LA PRADA DR, DALLAS, 75228	DALLAS	SA/TRA/TRF/COPSD/MAT/OBOT/RSS
PARKLAND HEALTH & HOSPITAL SYSTEM	5200 HARRY HINES BLVD, DALLAS, 75235	DALLAS	Extended Observation Unit
	5201 HARRY HINES BLVD, DALLAS, 75235	DALLAS	PPB: Private Psychiatric Bed; Inpatient Hospital Services
PHOENIX HOUSE	2345 REGAN ST, DALLAS, 75219	DALLAS	SA/TRYouth (RESIDENTIAL)
	2346 REGAN ST, DALLAS, 75219	DALLAS	SA/TRYouth (OUTPATIENT)
ROBINSON HOUSE	8035 E R L Thornton FWY, #251, DALLAS, 75228	DALLAS	TRR/OUTPATIENT
SOUTHERN AREA BEHAVIORAL HEALTHCARE	4215 GANNON LN, STE 101, DALLAS, 75237	DALLAS	AFTER-HOURS CLINIC, TRR/OUTPATIENT (C&A)
STEPMED	2929 MARTIN LUTHER KING JR BLVD, STE C, DALLAS, 75215	DALLAS	SA/OTS-MAT
TRANSICARE, INC	9304 FOREST LN, STE 161-N, DALLAS, 75243	ALL	CMHP
TRANSICARE, INC	9304 FOREST LN, STE 161-N, DALLAS, 75243	ALL	TRANSPORTATION SERVICES
TRANSICARE, INC	9304 FOREST LN, STE 161-N, DALLAS, 75243	ALL	MCOT
TURTLE CREEK RECOVERY CENTER	2707 ROUTH ST, DALLAS, 75201	DALLAS	SA/TRAdult (RESIDENTIAL & OUTPATIENT)
WEST TEXAS COUNSELING & REHABILITATION	1808 MARKET CENTER BLVD, DALLAS, 75207	DALLAS	SA/OTS-MAT
	2848 W KINGSLEY, STE B, GARLAND, 75041	DALLAS	SA/OTS-MAT
	1116 W PIONEER DR, IRVING, 75061	DALLAS	SA/OTS-MAT

	1108 DOBIE DR, STE 102, PLANO, 75074	COLLIN	SA/OTS-MAT
ZOOM COUNSELING		DALLAS	SA/TRA & TRY (OUTPATIENT)
Centro de Mi Salud, LLC	2701 SOUTH HAMPTON RD, STE 201, DALLAS, 75224	DALLAS	TRR/OUTPATIENT (C&A)
MDSave	HQ's in TN and CA	HUNT	labs
GOH: Glen Oaks Hospital (UHS)	301 E. Division St., Greenville, 75402	HUNT	PPB: Private Psychiatric Bed; Inpatient Hospital Services
HTH: Hickory Trail Hospital (UHS)	2000 N. OLD HICKORY TRAIL, DESOTO, 75115	DALLAS	PPB: Private Psychiatric Bed; Inpatient Hospital Services

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
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2022-2023	<p>Senate Bill 292—Mental Health Grant for Justice Involved Individuals (SB292_MHGJIII):</p> <p>Competency Restoration Continuum program was developed to offer comprehensive jail-based restoration services to reduce inpatient waitlists, including time spent on the SMHF (State Mental Health Facility) Clearinghouse Waitlist for Inpatient Competency Restoration (ICR) services and Maximum-Security Unit (MSU) waitlist. Also reducing the length of county jail incarceration for individuals found Incompetent to Stand Trial (IST), as well as increase the capacity for Outpatient Competency Restoration (OCR) services. NTBHA was able to add female jail-based competency restoration and will continue to work towards expanding services. We saw an increase in judges/courts utilizing OCR and had individuals moving into SUD services rather than remaining on the Clearinghouse waitlist.</p> <p>Respite & Residential program continues to provide a safe and least restrictive alternative to local emergency departments and/or correctional facilities. NTBHA's goal is to prevent crises from escalating to requiring extended hospitalizations and/or involvement with local law enforcement, to promote successful engagement in community-based services, all in turn reducing recidivism to</p>	<ul style="list-style-type: none"> • Dallas 	<ul style="list-style-type: none"> • Priority Population/ Indigent and Justice- Involved Individuals 	<ul style="list-style-type: none"> • 170
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Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
	<p>local emergency departments, hospitals, and correctional facilities as well as reducing hospital wait times.</p> <p>The Dallas Deflection Center and sobering center opened in 2022 to deflect low-risk individuals from jail and into community-based services. The RIGHT Care project was expanded to include additional clinicians in the 911-dispatch center.</p> <p>ACT/FACT program was developed to expand the capacity of Assertive Community Treatment Teams and Forensic Assertive Community Treatment Teams in the NTBHA service delivery area, to improve services and engagement to high utilizers, and reduce recidivism rates of incarceration and hospitalization by improving team involvement at the time of admission and discharge.</p> <p>Mental Health DA Care Coordinators and Jail Based Care Coordinators work in the Dallas County jail and conduct assessments, review clinical and hospitalization history, and develop service plan recommendations for the court. At release, they assist in coordinating</p>			

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
	connection with care either directly to a provider or with the Living Room.			

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

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

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

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
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2022-2023	<p>House Bill 13—Community Mental Health Grant (HB13/CMHG)—Urban:</p> <p>NTBHA's Living Room offers 5 days a week access for services (M-F); care coordination is available 7 days a week, with weekend access provided via remote services. NTBHA has partnered with Dallas Downtown, Inc. and will bring individuals experiencing homelessness to the Living Room for services. NTBHA provides follow up with individuals who are needing to be engaged by outreach coordination efforts. The joint partnership works to get individuals housed and into care. NTBHA expanded services by utilizing the Living Room as the access point for access to housing services through Housing Initiative Project. The Living Room serves as a point of deflection, with Dallas County Deflects sending individuals to Living Room for services and follow-up. The Dallas Connector is expanding services to include individuals experiencing mental health and behavioral health concerns to utilize connector services, which will provide transportation access to the Living Room.</p>	Dallas	Individuals experiencing crisis or in need of peer support services in the NTBHA service area	887
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Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
	<p>House Bill 13—Community Mental Health Grant (HB13/CMHG)—Rural:</p> <p>The Corsicana Respite House opened April 2021 in partnership with Homeward Bound. Services are provided predominantly by Peers in the residential setting. Individuals receive care coordination to connect to OSAR, Benefit Specialists as needed, and the Bridge in Kaufman County for emergency medication needs in partnership with Southern Area Behavioral Health.</p>	Ellis Hunt Kaufman Navarro Rockwall	Individuals experiencing crisis, housing insufficiencies in the NTBHA service area	74

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers <input checked="" type="checkbox"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff	<input checked="" type="checkbox"/> Family members <input checked="" type="checkbox"/> Concerned citizens/others <input type="checkbox"/> State hospital staff

Stakeholder Type	Stakeholder Type
<p><i>*List the psychiatric hospitals that participated:</i></p> <ul style="list-style-type: none"> • Garland Behavioral Health • Hickory Trails • Texas Health Presbyterian • Glen Oaks • TMC Behavioral Health Center, Texoma • Perimeter Behavioral Health • Dallas Behavioral Health • Parkland Hospital 	<p><i>*List the hospital and the staff that participated:</i></p>
<p><input checked="" type="checkbox"/> Mental health service providers</p>	<p><input checked="" type="checkbox"/> Substance abuse treatment providers</p>
<p><input checked="" type="checkbox"/> Prevention services providers</p>	<p><input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers</p>
<p><input checked="" type="checkbox"/> County officials</p> <p><i>*List the county and the official name and title of participants:</i></p> <ul style="list-style-type: none"> • Dallas, Clay Jenkins, County Judge • Dallas, Teresa Daniel, Commissioner • Dallas, JJ Koch, Commissioner • Dallas, John Wiley Price, Commissioner • Dallas, Ryan Brown, Budget Officer • Dallas, Charlene Randolph, Director, Department of Criminal Justice 	<p><input checked="" type="checkbox"/> City officials</p> <p><i>*List the city and the official name and title of participants:</i></p> <ul style="list-style-type: none"> • Dallas, Casey Thomas, City Councilperson • Dallas, Kevin Oden, Assistant Emergency Management Coordinator

Stakeholder Type	Stakeholder Type
<ul style="list-style-type: none"> • Ellis, Todd Little, County Judge • Ellis, Janis Burdett, Juvenile Services Program Director • Hunt, Bobby W. Stovall, County Judge • Kaufman, Hal Richards, County Judge • Navarro, H.M. Davenport, County Judge • Rockwall, David Sweet, County Judge 	
<input checked="" type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/> Local health departments <input checked="" type="checkbox"/> LMHAs/LBHAs
	<i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> • Lakes Regional MHMR Center • LifePath Systems
<input checked="" type="checkbox"/> Hospital emergency room personnel <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Probation department representatives <input checked="" type="checkbox"/> Court representatives (Judges, District Attorneys, public defenders)	<input checked="" type="checkbox"/> Emergency responders <input checked="" type="checkbox"/> Community health & human service providers <input checked="" type="checkbox"/> Parole department representatives <input checked="" type="checkbox"/> Law enforcement
	<i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • Dallas, Judge John Creuzot, District Attorney
	<ul style="list-style-type: none"> • Dallas, Jason Hardgrave, Dallas County Sheriff's Department • Hunt, C. King, Sheriff's Department

Stakeholder Type	Stakeholder Type
<ul style="list-style-type: none"> • Dallas, Lynn Richardson, Chief Public Defender • Dallas, Lela Mays, 283rd District Court Judge • Dallas, Margaret Jones-Johnson, Probate Court #3 Presiding Judge • Dallas, Kristin Wade, County Court of Criminal Court Appeals #1 Judge • Dallas, La'Donna Harlan, Magistrate Court Judge • Kaufman, Shelton Gibbs, 422nd District Court Judge • Navarro, Cody Beauchamp, City of Corsicana Municipal Court Judge • Kaufman, Bobby Rich, County Court at Law #2 Probate Judge 	<ul style="list-style-type: none"> • Rockwall, Major Todd Calkins, Jail Administrator
<input checked="" type="checkbox"/> Education representatives <input checked="" type="checkbox"/> Planning and Network Advisory Committee <input checked="" type="checkbox"/> Peer Specialists <input checked="" type="checkbox"/> Foster care/Child placing agencies <input checked="" type="checkbox"/> Veterans' organizations	<input checked="" type="checkbox"/> Employers/business leaders <input checked="" type="checkbox"/> Local consumer peer-led organizations <input checked="" type="checkbox"/> IDD Providers <input checked="" type="checkbox"/> Community Resource Coordination Groups <input type="checkbox"/> Other:

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

- Public Forums primarily targeting behavioral health individuals in services and family members such as NAMI (Dallas, Dallas Southern Sector, and Kaufman Counties); local health fairs
- Paper Surveys
- Online Surveys
- Solicited feedback from:
 - Dallas County Behavioral Health Leadership Team (BHLT) - Empowered by the Dallas County Commissioners Court and the Dallas County Hospital District Board of Managers specifically to function as a single point of accountability, planning, oversight, and funding coordination for all Dallas County behavioral health services and funding streams. The BHLT seeks to unite all stakeholders to oversee the Dallas County behavioral health system. Extensive stakeholder participation including County Commissioners, Local Behavioral Health Authority, Public Hospital, community mental health and substance use disorder providers, crisis service providers, IDD providers, community hospitals, criminal justice, law enforcement, first responders, judiciary, probation, public defender's office, shelters and housing organizations, advocacy groups, etc.
- Adult Clinical Operations Team – Subcommittee of the Dallas County BHLT focused on identifying local services needs and working collaboratively to problem-solve and provide recommendations to the BHLT. Diverse participation by stakeholders such as Local Behavioral Health Authority, Public Hospital, community mental health and substance use disorder providers, crisis service providers, IDD providers, community hospitals, criminal justice, law enforcement, first responders, advocacy groups, etc.
- Behavioral Health Housing Workgroup – Developed to formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration. Diverse representation including County Commissioner, Dallas County Health and Human Services, city and county representatives, community mental health and substance use providers, crisis service providers, IDD provider, criminal justice, Dallas ISD, VA, shelters and housing organizations, etc.

- Behavioral Health Steering Committee – Developed to review and implement policy regarding inmates in the Dallas County jail with special needs. Participation by Public Defender, District Attorney's office, local judiciary and specialty courts, criminal justice, mental health and substance use disorder providers, jail behavioral health services, local homeless shelters, advocacy groups, etc.
- Dallas County Crisis Services Project Monthly Meetings – Led by Dallas County Criminal Justice Department to oversee coordination of services for the Texas 1115 Waiver project designed to ensure all Dallas County jail inmates with a suspected or confirmed mental health diagnosis are identified, assessed, and have coordinated care to community-based services when released.
- Kaufman County Behavioral Health Leadership Team
- NTBHA Planning and Network Advisory Committee
- Provider Network – NTBHA hosts a monthly provider network meeting to discuss and resolve network and service issues, exchange information, and facilitate ongoing collaboration between the LBHA and contracted providers.
- Coalition on Mental Illness - Hosted by Mental Health America of Greater Dallas to provide information on local services and discuss issues related to community behavioral healthcare. Participation by a broad group of community stakeholders including local advocacy groups, LBHA, community mental health and SUD providers, law enforcement, criminal justice, etc.
- City of Irving Behavioral Health Leadership Team – Led by Irving Police Department and the City of Irving. Broad-based interdisciplinary collaborative approach supported by local organizations, leadership, and stakeholders from both public and private sectors whose mission is to determine what methods will best support the continued development of a highly responsive, clinically effective, and efficient community behavioral health system for the City of Irving.
- Rockwall County Taskforce Meeting – Led by Rockwall County District Attorney with a focus on addressing issues affecting juveniles in the community including behavioral health services and needs
- Quarterly Substance Use Disorder Regional Collaborative Meetings.
- Metro Dallas Homeless Alliance.
- Dallas Area Partnership to End and Prevent Homelessness
- Child Fatality Response Team
- Hospital and Law Enforcement

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.

- Transportation is among the most frequently cited barriers for consumers to access services for all three constituencies.
- Funding is among the most frequently cited barriers for all three constituencies
- Financial reasons, lack of knowledge of services, and transportation are among the most frequently cited gaps and barriers from community stakeholders.
- Individuals not being able to receive all the services necessary, lack of capacity, and spoken language barriers are among the most frequently cited gaps and barriers from provider stakeholders.
- For individuals in services, lack of insurance, transportation, and finances are cited as major barriers to access services.
- Housing: permanent, transitional, temporary, emergency, sustainable (e.g. supported by jobs and other assistance)

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;

- Various forums were used to collaborate with stakeholders, including:
 - Individual meetings with hospital staff, law enforcement, Department of Criminal Justice, District Attorney's office, and judiciary across the six-county catchment area.
 - Regularly scheduled phone conferences with contracted psychiatric hospitals.
 - SIMS Mapping for Navarro and Hunt Counties.
 - Monthly meeting with APAA to ensure Peer involvement in planning process.
- Individual and open meetings allowed discussion regarding stakeholder experiences, strengths of the current plan, identified gaps, and goals.

Ensuring the entire service area was represented; and

- An optional anonymous survey was available online and mail-in and disseminated through providers and advocacy groups to gain focused input and target otherwise underrepresented participants.

Soliciting input.

- Open meetings including:
 - Dallas County Behavioral Health Leadership Team
 - Irving Behavioral Health Leadership Team
 - Midlothian Police Department Quarterly Meeting

- Kaufman Behavioral Health Leadership Team
- Hunt Behavioral Health Leadership Team
- Adult Clinical Operations Team Meetings
- Behavioral Health Housing Workgroup
- Behavioral Health Steering Committee
- DFW Hospital Council
- NTBHA Board Meeting
- Provider Advisory Committee
- Physicians' Leadership Advisory Committee
- Medical Leaders Round Table Discussion
- NAMI Dallas
- Quarterly Substance Use Disorder Regional Collaborative Meetings

Other Community stakeholder meetings:

- RIGHT Care Executive Leadership Meeting
- Dallas County Deflection Center Meeting
- Dallas County Deflection Staffing Meeting
- Sequential Intercept Model Mapping Hunt County
- Sequential Intercept Model Mapping Navarro County
- NTBHA Provider Network/ Advisory Council Meeting
- CCBHC Joint Clinical and Operations Meeting
- Planning Network and Advisory Committee Meeting

- Community education outreach: community-based education such as Mental Health First Aid classes and other community education classes as requested by organizations within the communities provide feedback and insight into community needs. For example, a faith community experienced six deaths by suicide and NTBHA provided education on how to access psychiatric emergency care.

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

- The crisis hotline team is staffed QMHPs and LPHAs.

After business hours

- The crisis hotline team is staffed QMHPs and LPHAs.

Weekends/holidays

- The crisis hotline team is staffed QMHPs and LPHAs.

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

- NTBHA currently contracts Crisis Hotline services with The Harris Center.

3. How is the MCOT staffed?

During business hours

- During business hours the MCOT team is staffed with QMHP and LPHAs. There is also a Medical Provider on call for the MCOT Team 24/7.

After business hours

- After business hours the MCOT team is staffed with QMHP and LPHAs. There is also a Medical Provider on call for the MCOT Team 24/7.

Weekends/holidays

- On weekends/holidays the MCOT team is staffed with QMHP and LPHAs. There is also a Medical Provider on call for the MCOT Team 24/7

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

- MCOT services are contracted to Transicare, Inc.

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

- After the crisis, MCOT, NTBHA Care Coordinator, and/or provider will follow up with the individual either by phone, face-to-face or telehealth to ensure the individual engaged in services or attempt to facilitate engagement if follow through did not occur.
- Individuals will be connected to transition services, medication management, or a full level of care where they may receive services such as: medication management, skills training, psychosocial rehab, peer services, and/or others.

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:

- MCOT responds to emergency room requests from the NTBHA Utilization Management (UM) Department or from emergency room staff. Emergency room staff can access MCOT services by contacting the NTBHA UM Department or by calling the Crisis Hotline when a patient presents in crisis to a local emergency department.
- MCOT provides assessment, intervention, and coordination of services in support of emergency room staff.
- MCOT will attempt to engage the individual to develop a plan of care and connect the individual in services to appropriate resources, as well as divert from state hospital including presentation at community hospitals.

Law Enforcement:

- Law enforcement may contact the Crisis Hotline for telephonic information and support. MCOT is able to dispatch to calls involving individuals who are not at imminent risk and are voluntarily seeking services.
- MCOT provides assessment, intervention, and coordination of services in partnership with law enforcement when a community member is in crisis.
- MCOT attempts to deescalate the crisis and assist the individual in connecting with appropriate resources. If a community-based safety plan cannot be developed, MCOT provides coordination with hospital staff to ensure continuity of care.

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

- NTBHA MCOT provides crisis assessments for VOL admissions to Terrell State Hospital (TSH). If the individual meets IP criteria, NTBHA will coordinate transfer to appropriate IP setting and/or direct admission to TSH, if applicable.

- If individual does not meet IP criteria, then referrals are provided for ongoing services in the community.
- NTBHA provides this crisis assessment either face-to-face or telehealth via VGo.

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

During business hours:

- Hospital staff should assess the patient to determine if they meet criteria for admission and begin stabilization. When the hospital has an appropriate bed, the patient should be admitted. If transfer to another facility is needed (e.g., the individual is at medical hospital and in need of psychiatric inpatient care), the hospital should seek transfer to an appropriate facility. Eligibility and clinical documents should be provided to request authorization, including legal requirements for involuntary presentations to the NTBHA UM Department for eligibility and medical necessity determination with authorization and coordination of transfer facilitated by NTBHA UM as a contracted private psychiatric bed or State hospital bed is available. The NTBHA UM Department operates from 7am-8pm, seven days per week including holidays.

After business hours:

- Hospital staff should assess the patient to determine if they meet criteria for admission and begin stabilization. When the hospital has an appropriate bed, the patient should be admitted. If transfer to another facility is needed (e.g., the individual is at medical hospital in need of psychiatric inpatient care), the hospital should seek transfer to an appropriate facility. Hospital staff may send eligibility and clinical documents including legal requirements for involuntary presentations to the NTBHA UM Department. NTBHA will review submissions first thing in the morning on the next business day for eligibility

and medical necessity determination with authorization and coordination of transfer facilitated by NTBHA UM as a contracted private psychiatric bed or State Hospital bed is available. Hospital staff may contact the Hotline after business hours for assistance and MCOT deployment as needed.

- If hospital staff is unable to transfer patient during off hours due to needing an Order of Protective Custody, hospital staff should continue efforts to stabilize the patient within the facility.

Weekends/holidays:

- The NTBHA UM Department operates from 7am-8pm, 7-days a week including holidays. Protocol noted above for after business hours should be followed on weekends and holidays.

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

- If the crisis cannot be resolved at the site of the crisis and the individual requires admission to a hospital, as determined by the MCOT assessment, admission to the most appropriate hospital will be coordinated. If the individual is willing to voluntarily access inpatient care, MCOT will contact 9-1-1 to transport to an appropriate hospital.

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

- MCOT should consider and recommend the least restrictive level of care. If an individual is found to need further assessment and/or medical clearance beyond what can be provided onsite (i.e. MCOT assessment or EMS clearance) the individual could present or be transported to the nearest appropriate hospital. The individual could be considered for

crisis residential services through MCOT coordination with the NTBHA UM Department, or the individual could be immediately connected with the community-based provider such as a NTBHA mental health provider or after-hours crisis clinic.

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

- If the crisis cannot be resolved at the site of the crisis and the individual requires admission to a hospital, as determined by the MCOT assessment, admission to the most appropriate hospital will be coordinated. If the individual is willing to voluntarily access inpatient care, MCOT will contact 9-1-1 to transport to an appropriate hospital.

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).

- For immediate access to crisis residential services, MCOT staff cases with NTBHA UM regarding appropriateness for facility-based crisis stabilization and availability of crisis residential beds.
- Individuals may also self-present to crisis residential and based on admission criteria be admitted by the facility. Authorization is then requested by the facility from NTBHA UM.

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

- MCOT will respond in pairs and/or request assistance from the appropriate law enforcement agency when responding to individuals in services in private homes or in public locations to help ensure the safety of individuals in services and staff.

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

Where does the individual wait for a bed?

- An individual in crisis in the community should be transported to the nearest appropriate hospital, individuals should remain at the hospital for observation and stabilization until an inpatient psychiatric bed has been located. Hospital staff should do due diligence to find an appropriate placement in compliance with EMTALA.

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?

- Hospital staff, and affiliates, are responsible for providing continued crisis intervention services while the patient is in the facility and providing any necessary updates to the NTBHA UM Department. Hospital staff utilize the Hotline to request MCOT for assistance as indicated until the crisis is resolved or the individual is placed in an appropriate bed. The NTBHA UM Department will also assist in coordination with NTBHA Comprehensive Mental Health Providers to deploy ACT team, where and when appropriate, or other staff as needed to facilitate intervention diversion.

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

- NTBHA contracted crisis transportation provider (Transicare), law enforcement, EMS, and community supports

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	Homeward Bound, LLC
Location (city and county)	Dallas, Texas
Phone number	214-941-3500
Type of Facility (see Appendix A)	Crisis Residential
Key admission criteria (type of individual accepted)	Voluntary Adults with appropriate acuity for an unsecured facility who meet criteria for crisis residential services as described in Info Item V.
Circumstances under which medical clearance is required before admission	A medical clearance is required before admission to address: current intoxication, cases of apparent or suspected injury or illness, pregnancy, communicable disease. At the crisis setting a communicable disease screening and physical exam is performed consistent with the requirements in Info Item V.
Service area limitations, if any	The service is offered to any individual experiencing crisis within our catchment area, including Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties.
Other relevant admission information for first responders	This service is not appropriate for involuntary clients. This service is appropriate for Multi-Disciplinary Team drop offs when protocols are established in advance.
Accepts emergency detentions?	No

Number of Beds	16
HHSC Funding Allocation	\$1,839,600.00

Name of Facility	Corsicana House
Location (city and county)	Corsicana, Navarro
Phone number	N/A
Type of Facility (see Appendix A)	Facility-Based Crisis Respite
Key admission criteria (type of individual accepted)	Voluntary Adults with appropriate acuity for an unsecured facility who meet criteria for crisis residential services as described in Info Item V.
Circumstances under which medical clearance is required before admission	A medical clearance is required before admission to address current intoxication, cases of apparent or suspected injury or illness, pregnancy, communicable disease. At the crisis setting a communicable disease screening and physical exam is performed consistent with the requirements in Info Item V.
Service area limitations, if any	The service is offered to any individual experiencing crisis within our catchment area, including Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties.
Other relevant admission information for first responders	This service is not appropriate for involuntary clients. This service is appropriate for Multi-Disciplinary Team drop offs when protocols are established in advance.
Accepts emergency detentions?	Yes
Number of Beds	10-12
HHSC Funding Allocation	\$311,160.00

Name of Facility	NTBHA Extended Observation Unit (Operated by Parkland Memorial Hospital)
Location (city and county)	Dallas, Dallas
Phone number	N/A
Type of Facility (see Appendix A)	Extended Observation Unit
Key admission criteria (type of individual accepted)	Adults 18+ who meet Info Item V criteria and would benefit from the opportunity to connect with community resources.
Circumstances under which medical clearance is required before admission	A medical clearance is required before admission to address: current intoxication, cases of apparent or suspected injury or illness, pregnancy, communicable disease. At the crisis setting a communicable disease screening and physical exam is performed consistent with the requirements in Info Item V.
Service area limitations, if any	The service is offered to any individual experiencing crisis within our catchment area, including Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties.
Other relevant admission information for first responders	This service is not appropriate for involuntary clients. This service is appropriate for Multi-Disciplinary Team drop offs when protocols are established in advance.
Accepts emergency detentions?	No
Number of Beds	18
HHSC Funding Allocation	\$4,000,000.00
Name of Facility	Dallas County Deflection Center

Location (city and county)	Dallas, Dallas
Phone number	N/A
Type of Facility (see Appendix A)	Crisis Respite Unit
Key admission criteria (type of individual accepted)	Adults 18+ who are experiencing mental illness or substance use disorder and are accused of a low criminal offense, currently targeting criminal trespass, and who meet Info Item V criteria and would benefit from the opportunity to connect with community resources.
Circumstances under which medical clearance is required before admission	A medical clearance is required before admission to address: current intoxication, cases of apparent or suspected injury or illness, pregnancy, communicable disease. At the crisis setting a communicable disease screening and physical exam is performed consistent with the requirements in Info Item V.
Service area limitations, if any	The service is offered to any individual meeting criteria within Dallas County.
Other relevant admission information for first responders	This service is not appropriate for involuntary individuals. This service is appropriate for Multi-Disciplinary Team drop offs when protocols are established in advance.
Accepts emergency detentions?	No
Number of Beds	8
HHSC Funding Allocation	\$1,419,552.00

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	Dallas Behavioral Healthcare Hospital
Location (city and county)	Dallas, Dallas
Phone number	972-982-0900
Key admission criteria	Child, Adolescent, Adult; Imminent risk of harm, not able to be managed at a lower level of care
Service area limitations, if any	Catchment area
Other relevant admission information for first responders	First responders should take the individual to the nearest appropriate mental health facility, or the nearest emergency department if an appropriate inpatient mental health facility is not available.
Number of Beds	116
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	Private Psychiatric Beds

Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$630.00
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	Garland Behavioral Healthcare Hospital
Location (city and county)	Garland, Dallas County

Phone number	972-487-5309
Key admission criteria	Adults 18+; Imminent risk of harm, not able to be managed at a lower level of care
Service area limitations, if any	Catchment area
Other relevant admission information for first responders	First responders should take the individual to the nearest appropriate mental health facility, or the nearest emergency department if an appropriate inpatient mental health facility is not available
Number of Beds	72
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Guaranteed set of beds per day
If under contract, what is the bed day rate paid to the contracted facility?	\$630.00
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	Hickory Trail Hospital
Location (city and county)	DeSoto, Dallas County
Phone number	972-298-7323
Key admission criteria	Adults 18+; Imminent risk of harm, not able to be managed at a lower level of care
Service area limitations, if any	Catchment area
Other relevant admission information for first responders	First responders should take the individual to the nearest appropriate mental health facility, or the nearest emergency

	department if an appropriate inpatient mental health facility is not available
Number of Beds	72
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Guaranteed set of beds per day
If under contract, what is the bed day rate paid to the contracted facility?	\$630.00
If not under contract, does the LMHA/LBHA use facility for	N/A

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

Name of Facility	Parkland Psychiatric 17W
Location (city and county)	Dallas, Dallas County
Phone number	214-590-5536
Key admission criteria	Adults 18+; Imminent risk of harm, not able to be managed at a lower level of care
Service area limitations, if any	Catchment area
Other relevant admission information for first responders	First responders should take the individual to the nearest appropriate mental health facility, or the nearest emergency department if an appropriate inpatient mental health facility is not available
Number of Beds	28
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	No
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under	Private psychiatric beds.

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)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Guaranteed set of beds per day
If under contract, what is the bed day rate paid to the contracted facility?	\$630.00
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	Texas Health Presbyterian
Location (city and county)	Dallas, Dallas County
Phone number	

Key admission criteria	Over 18; medically stable, in need of acute psychiatric crisis stabilization not otherwise achievable in a less restrictive setting
Service area limitations, if any	Catchment area
Other relevant admission information for first responders	First responders should take the individual to the nearest appropriate mental health facility, or the nearest emergency department if an appropriate inpatient mental health facility is not available.
Number of Beds	42
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Guaranteed set of beds.
If under contract, what is the bed day rate paid to the contracted facility?	\$630.00
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	TMC Behavioral Health Center
Location (city and county)	Sherman, Grayson County
Phone number	903-416-3000
Key admission criteria	Over 18; medically stable, in need of acute psychiatric crisis stabilization not otherwise achievable in a less restrictive setting
Service area limitations, if any	Catchment area

Other relevant admission information for first responders	First responders should take the individual to the nearest appropriate mental health facility, or the nearest emergency department if an appropriate inpatient mental health facility is not available.
Number of Beds	60
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
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?	\$630.00
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	Perimeter Behavioral Health Hospital of Garland
Location (city and county)	Garland, Dallas County
Phone number	972-370-5517
Key admission criteria	Over 18 or over 65; medically stable, in need of acute psychiatric crisis stabilization not otherwise achievable in a less restrictive setting
Service area limitations, if any	Catchment area
Other relevant admission information for first responders	First responders should take the individual to the nearest appropriate mental health facility, or the nearest emergency department if an appropriate inpatient mental health facility is not available.

Number of Beds	60
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
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?	\$630.00
If not under contract, does the LMHA/LBHA use facility	N/A

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

Name of Facility	Methodist Richardson Hospital
Location (city and county)	Richardson, Dallas & Collin Counties
Phone number	469-204-2000
Key admission criteria	Adults 18+; medically stable, in need of acute psychiatric crisis stabilization not otherwise achievable in a less restrictive setting
Service area limitations, if any	For NTBHA funded services: Catchment area
Other relevant admission information for first responders	First responders should take the individual to the nearest appropriate mental health facility, or the nearest emergency department if an appropriate inpatient mental health facility is not available.
Number of Beds	52
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	No

<p>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)?</p>	<p>N/A</p>
<p>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</p>	<p>N/A</p>
<p>If under contract, what is the bed day rate paid to the contracted facility?</p>	<p>N/A</p>
<p>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</p>	<p>Not presently</p>
<p>If not under contract, what is the bed day rate paid to the</p>	<p>N/A</p>

facility for single-case agreements?	
Name of Facility	Medical City Green Oaks
Location (city and county)	Dallas, Dallas County
Phone number	972-991-9504
Key admission criteria	Adolescents 12-17, Adults 18+; medically stable, in need of acute psychiatric crisis stabilization not otherwise achievable in a less restrictive setting
Service area limitations, if any	For NTBHA funded services: Catchment area
Other relevant admission information for first responders	First responders should take the individual to the nearest appropriate mental health facility, or the nearest emergency department if an appropriate inpatient mental health facility is not available.
Number of Beds	124
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	N/A
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health	N/A

Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	N/A
If under contract, what is the bed day rate paid to the contracted facility?	N/A
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	Not presently
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Children's Medical Center Dallas
Location (city and county)	Dallas, Dallas County
Phone number	214-456-2143

Key admission criteria	Child, Adolescent; Imminent risk of harm, not able to be managed at a lower level of care
Service area limitations, if any	For NTBHA funded services: Catchment area
Other relevant admission information for first responders	First responders should take the individual to the nearest appropriate mental health facility, or the nearest emergency department if an appropriate inpatient mental health facility is not available.
Number of Beds	12
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	No
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)?	N/A

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	N/A
If under contract, what is the bed day rate paid to the contracted facility?	N/A
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	Not presently
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.

- Private Psych Beds
- Mental Health PR Bonds
- Conditional Release
- Outpatient Competency Restoration (OCR) is available. NTBHA contracts with three outpatient mental health providers to provide TRR Level of Care (LOC) 4 or LOC 3 services along with competency restoration programming. OCR is available to felony and misdemeanor defendants. Dallas County has specific felony and misdemeanor OCR courts where judicial oversight is maintained while defendants complete the OCR program. OCR Programming in the other 5 counties can be provided through a collaboration between jurisdictions, NTBHA and provider. There are several outpatient providers for OCR in Dallas, although there are fewer in the other five counties. Provider-based OCR is largely conducted and operated at the provider level with some dedicated staff/teams working with courts and reporting progress directly.
- Jail Based Competency Restoration (JBCR) in Dallas County is limited to a maximum of 24 males and is responsible only for competency restoration, not for medication, medical or nursing. This is a voluntary program, so individuals are not committed into the program. Inmates remain on state hospital waitlist while participating in the program. NTBHA does not request or provide competency assessment. Services are provided in group and individual settings typically 20 hours per week.

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

- Lack of availability of inpatient psychiatric beds as well as substance use treatment beds
- Lack of staff to support existing beds
- Resistance or reluctance on part of Courts and District Attorneys to utilize alternatives
- Barriers to housing and transportation can impact utilization of OCR in some cases. Access can be limited by the funding, as OCR has a set number of spots available.
- No inpatient alternative
- Female JBCR not available outside of Dallas County due to varying levels of capability.
- Very limited services outside of Dallas
- The historic cap on individuals able to receive OCR services limits the number of individuals able to be served although we have observed an increase in community demand. This may lead to a request for additional slots.
- Language
- Lack of cooperation from the court, specifically in counties outside of Dallas
- Substance Use Disorder (SUDs) limitation on outpatient for substance use disorders
- Courts are very reluctant to place OCR cases in treatment beds
- The emergence of COVID-19 resulted in barriers and new responses from the NTBHA network including restricted in-person visits, restricted staff availability, restricted facility capacity, increased need for social distance, and increased need for personal precautions. In response, the NTBHA network deployed telehealth and telemedicine resources system wide based on authorization forms for HHSC, NTBHA, and other authorities, decreased reliance on face-to-face encounters to deliver care, increased use of medication refills via phone and mail, increased use of remote physician services, increased patient education services to orient individual to the new processes, and increased engagement with local health departments. The COVID-19 virus continues to create barriers to services for individuals, as departments and services continue to be suspended as COVID levels increase within service providers and counties.

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

The following NTBHA staff operate as jail liaisons:

Judy Lee, Lead Competency Facilitator

Gary McGough, Competency Facilitator

Kristan Burns, Mental Health DA Care Coordinator

Prentice Easter, Jail Based Care Coordinator

- NTBHA has dedicated jail liaisons. The position approves the placement of defendants into OCR, assists with reducing barriers to jail release, participates in OCR court staffing, and conducts monthly OCR case manager meetings focused on processes, quality, and communication issues. NTBHA staff monitors the CCQ report for individuals who have existing mental health and IDD diagnoses. Jail liaison is also engaged if there are referrals through CC, TCOOMMI, mental health response teams, liaisons. The NTBHA municipal court liaison who becomes engaged at docket. If the LMHA or LBHA does not have a dedicated jail liaison, NTBHA employees act as a liaison between the LMHA or 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?

- Expand Jail Based Competency Restoration.
- Increase use of Outpatient Competency Restoration (OCR) in rural counties.
- Examine use of court ordered medications in rural counties.
- NTBHA is actively participating in the planning already underway for the new state hospital to be opened in Dallas in three years. It is NTBHA's hope that, upon completion

of the state hospital, those additional beds will aid in the diversion of individuals from the need for competency restoration through receiving appropriate level of care services.

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.)?

- NTBHA has worked closely with community stakeholders to take stock of current competency restoration services and identify needs for new alternatives. As mentioned above, NTBHA will work in coordination with key community partners to create a continuum of competency restoration services which will create a jail-based competency restoration program. For those defendants who are not able to go directly to outpatient competency restoration but are likely to regain competency quickly with proper medication and/or education, programming and psychiatric medication management will be initiated while the person waits for a SMHF ICR bed, with the belief that the defendant will regain or be able to transition to OCR and thus reducing the ICR waitlist.
- Outpatient services in the counties of Ellis, Hunt, Kaufman, Navarro, and Rockwall.
- Female Jail Based Competency Restoration
- Expanding Outpatient Competency Restoration
- Expansion of telehealth options

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

- Funding is the critical need for implementation, as judicial, law enforcement and public hospital commitment has already been achieved.
- TA from HHSC
- Learning collaboratives with similar counties

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?

- As the Local Behavioral Health Authority, NTBHA manages the State funding for both mental health and substance use disorder services. NTBHA contracts with a network of providers with four providers contracted for both mental health TRR services and substance use treatment services. Additionally, NTBHA contracts with four providers specifically for Co-occurring Mental Health and Substance Abuse Services (TCO) services. Of these four, two also provide TRR services.
- NTBHA's OSAR program works closely with the NTBHA Utilization Management Department to coordinate with NTBHA mental health providers, local emergency departments and psychiatric hospitals to facilitate screenings and link individuals in services with ongoing substance use treatment services.
- Southern Area Behavioral Healthcare has opened a clinic at the NTBHA Living Room. This provides additional mental health and medication services via telehealth expanding coverage in Southern Dallas to allow quicker access for individuals exiting the jail and hospitals. This allows support to ensure individuals are staying on or getting on the medications needed.
- NTBHA has been increasing accessibility for individuals within our six counties by providing telehealth services. This has provided decreased barriers for individuals in areas such as transportation, lower copays, less time missed from work, and less money spent on childcare. By using telehealth services, we are able to see more individuals in services in less time. Individuals receiving services also report not having the anxiety of leaving their home during COVID-19.

- NTBHA has increased the number of care coordinators and peer supports to offer additional care for individuals in the community and within the Recovery and Mental Health courts.
- NTBHA has established MOUs with all Federally Qualified Health Centers in our catchment area.
- NTBHA, through CCBHC certification efforts, has increased partnership with the VA for veterans experiencing psychiatric emergencies through RIGHT Care initiative in the City of Dallas. Efforts have included increasing the trainings offered in Mental Illness Courts and across law enforcement with regard to psychiatric care needs, specifically concerning the needs of veterans.

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

- NTBHA will continue provider network development aimed at increasing the number of contracted providers offering both MH and SUD services.
- Continue discussions with Parkland Health and Hospital System related to integrated physical and psychiatric healthcare.
- Strengthen collaboration with local FQHCs.
- Secure local and grant funds aimed at expanding integrated psychiatric, substance use, and physical healthcare treatment.
- Strengthen collaborative efforts with Veterans Affairs.
- Strengthen collaborative efforts with other CCBHCs in the catchment area.
- Continue participation in State Hospital planning efforts.

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?

- NTBHA will post the plan on its website
- NTBHA provides information through community meetings such as our monthly Board of Directors meeting, Dallas County Behavioral Health Leadership Team (BHLT) Meeting, BHLT Adult Clinical Operations Team Meeting, Dallas County Behavioral Health Steering Committee, Dallas County Housing Workgroup Meeting, etc., where a wide array of community stakeholders come together for collaboration
- NTBHA will hold Quarterly Crisis Services stakeholder meetings
- Continue to participate in local law enforcement training such as Crisis Intervention Team (CIT) or similar
- Provide pamphlets/brochures to stakeholders and have information and updates easily accessible on our website. The NTBHA Strategy & Communications Department is in the process of updating available brochures and website content.
- Continue to uphold NTBHA presence on social media as a platform
- NTBHA will get on schedule of NAMI chapters and community organizations to educate members.
- NTBHA participates in the Mental Health Workshop with the North Central Texas Trauma Regional Advisory Council to increase collaboration between existing agencies and entities. The aim is to decrease duplication of services and ensure collaboration across the continuum of care. NTBHA provides information from the council to providers and community partners.

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

- All LBHA staff receive initial and ongoing training via Relias and face-to-face training regarding our crisis services. All NTBHA staff will review the plan in a scheduled quarterly meeting.
- Program procedures are accessible to staff and shared internally

- NTBHA provides staff with internal learning opportunities such as CEU trainings and lunch and learn sessions.
- NTBHA holds monthly coordination calls with our Hotline/MCOT providers. Issues related to training activities and needs are discussed during these calls. NTBHA clinical staff and MCOT team have weekly clinical meetings to facilitate collaboration and information sharing. NTBHA Quality Management processes are also in place to monitor quality and performance of MCOT and Hotline activities.
- All hotline staff are credentialed through the American Association of Suicidology.

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
Hunt, Kaufman, Rockwall, Ellis, Navarro	<ul style="list-style-type: none"> • Barriers to prompt response and ongoing support for crisis intervention due to available resources and distance between these smaller outlying counties. • In last two years, there has been a growing push to implement more telehealth capabilities. Funding is a barrier, as is infrastructure to support utilization in the outlying areas (broadband capacity). 	<ul style="list-style-type: none"> • Continue to build on gains made through strategically deploying NTBHA care coordinators via local planning and resource development in all NTBHA outlying counties. • Improving cell signals in rural areas, providing infrastructure to support utilization of telehealth services. • Education for local governments and lawmakers to better understand the

		needs the required infrastructure required to use technology.
All counties	<ul style="list-style-type: none"> • Data sharing system is needed to track emergency room, hospitals, jail, and law enforcement use by persons presenting with emergency psychiatric needs, and to better coordinate service by linking them in real time to enhanced clinical diversion resources 	
All counties	<ul style="list-style-type: none"> • Several entities and agencies are starting programs and services that help address gaps, but collaboration between entities and key players is often overlooked. This causes duplication of services and a splintered system of care. 	<ul style="list-style-type: none"> • Increased collaboration between community partners • Increased awareness and knowledge of the systems that are currently in place and the role of LMHA/LBHA at all levels of community. • Encouragement of community entities to collaborate with LMHA/LBHA when determining the available services and responding to the needs of their communities.
All counties	<ul style="list-style-type: none"> • Lack of available psychiatric beds causes a ripple effect within system of care placing a strain on crisis services 	<ul style="list-style-type: none"> • Continue to develop lower-level non-acute alternatives to inpatient psychiatric care • Establish respite services in all counties

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:
• NTBHA Living Room being utilized as front door for community	• Dallas	
• NTBHA Kaufman Bridge	• Kaufman	
• Work with and expansion of the RIGHT (Rapid Integrated Group Healthcare Team) Care Team in partnership with Parkland Hospital	• Dallas	
• Dallas Deflection Center	• Dallas	

<ul style="list-style-type: none"> • NTBHA has obtained CCBHC status, all clinics are frontdoors to complete array of mental and behavioral health services 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	
<ul style="list-style-type: none"> • NTBHA is active with Multidisciplinary Response Teams by assisting with policy development, providing decisions support, and continuity of care with contracted provider network. Regular trainings in Psychological First Aid and Mental Health First Aid will be offered to criminal justice employees. 	<ul style="list-style-type: none"> • Dallas, Ellis 	
<ul style="list-style-type: none"> • NTBHA is assisting with development of a training for a dedicated mental health 911 dispatch program. NTBHA has embedded clinicians in the 911 call center and provides chronic mental health follow-up. 	<ul style="list-style-type: none"> • Dallas 	
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Hunt 	<ul style="list-style-type: none"> • Hunt County has just received funding for a mental health deputy and a clinician. NTBHA is working

		closely with Hunt County as it develops its plan.
•	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	<ul style="list-style-type: none"> • NTBHA intends to introduce and expand Cloud9 Platform application across all six counties to connect individuals with mental and behavioral healthcare, increase communication between providers and law enforcement and healthcare providers.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • When law enforcement is involved and/or MCOT they can contact NTBHA to coordinate appropriate services which can include crisis emergency services and/or direct inpatient. 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	<ul style="list-style-type: none"> • Conference to educate and review the Texas Bench Law Book regarding MH/IDD for Court Systems to all levels of the criminal justice system.
<ul style="list-style-type: none"> • Apprehension by Police Officer Without Warrant (APOWW's) that are brought to Parkland hospital intake, and when 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman 	<ul style="list-style-type: none"> • Kaufman and Navarro County based jail-assessors will be made available to law enforcement in the field via

appropriate they are transferred to the Extended Observation Unit (EOU)	<ul style="list-style-type: none"> • Navarro • Rockwall 	NTBHA provided tablets to increase access to services in the field.
<ul style="list-style-type: none"> • Irving Docket call for individuals in Irving Municipal Court needing services. Individuals get referred to services directly from Mental Health Response Team (MHRT), screen call, and make connection with individuals. Care Coordinator is embedded with the Irving MHRT and is a liaison for the municipal court arraignment and referrals. 	<ul style="list-style-type: none"> • Based on location of offense 	
<ul style="list-style-type: none"> • Training, including de-escalation, Mental Health First Aid and general mental health education, has been provided to local law enforcement 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	
<ul style="list-style-type: none"> • Every other month meetings are provided to law enforcement and hospitals 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Mental Health District Attorney and Jail Based Care Coordinators provide continuity of care, care coordination, needs assessment, and service planning for justice involved individuals. Staff are also able to meet with individuals in jail in order to discuss provider options, treatment preferences, and options for services. 	<ul style="list-style-type: none"> • Dallas 	<ul style="list-style-type: none"> • Continue existing services, potentially expand based on results of Jail In Reach Learning Collaborative
<ul style="list-style-type: none"> • Eligible referred cases are reviewed for transfer to civil court where appropriate after consultation with jail health services, the DA, and the Public Defender. Where appropriate, charges are dropped, and individuals are transferred to a local psychiatric hospital under an OPC or MIW. 	<ul style="list-style-type: none"> • Dallas 	<ul style="list-style-type: none"> • Continue existing services, potentially expand based on results of Jail In Reach Learning Collaborative

<ul style="list-style-type: none"> Courts are able to refer individuals to care coordinators for engagement in services at specialized dockets or directly from municipal and county jails. 	<ul style="list-style-type: none"> Dallas 	<ul style="list-style-type: none"> Expand municipal and justice court care coordination
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Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> NTBHA provides a liaison for specialty courts dealing with mental health cases 	<ul style="list-style-type: none"> Dallas 	<ul style="list-style-type: none"> NTBHA is participating in a Jail Learning Collaborative with both Rockwall and Ellis Counties, which are considering JBCR and Jail Diversion programs.
<ul style="list-style-type: none"> NTBHA has a dedicated jail-based care coordinator. 	<ul style="list-style-type: none"> Rockwall 	<ul style="list-style-type: none"> Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties are considering specialized, dedicated courts.
<ul style="list-style-type: none"> NTBHA has dedicated positions to work with the Dallas County District Attorney Mental Health Division to provide care coordination for Mental Health cases 	<ul style="list-style-type: none"> Dallas 	

<ul style="list-style-type: none"> • NTBHA staff coordinates Outpatient Competency Restoration (OCR) cases and provides services through several providers of care. 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	<ul style="list-style-type: none"> • NTBHA plans to expand OCR services through new/existing providers through counties outside of Dallas.
<ul style="list-style-type: none"> • NTBHA state hospital liaison provides service coordination for Not Guilty by Reason of Insanity (NGRI cases, while providers deliver services to those that are released as NGRI 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	
<ul style="list-style-type: none"> • AOT services are available within the service area 	<ul style="list-style-type: none"> • Dallas • 	<ul style="list-style-type: none"> • NTBHA has been in communication with Ellis, Hunt, Kaufman, and Rockwall Counties to extend AOT services.
<ul style="list-style-type: none"> • Jail Based Competency Restoration (JBCR) services are provided by NTBHA staff in the Dallas County Jail to selected inmates • 	<ul style="list-style-type: none"> • Dallas • 	<ul style="list-style-type: none"> • Ellis and Rockwall Counties are in early planning stages.
<ul style="list-style-type: none"> • Care Coordinators provide community referrals to comprehensive services in the community 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman 	

<ul style="list-style-type: none"> The NTBHA Living Room is used as a transition point for jail releases to link to community-based services. NTBHA staff works with some municipalities to develop service plans for individuals coming through municipal courts or contacting local law enforcement to provide community-based services 	<ul style="list-style-type: none"> Rockwall 	
<ul style="list-style-type: none"> The Bridge of Kaufman County is used as a transition point for jail releases to link to community-based services. NTBHA staff works with some municipalities to develop service plans for individuals coming through municipal courts or contacting local law enforcement to provide community-based services. 	<ul style="list-style-type: none"> Kaufman 	<ul style="list-style-type: none"> NTBHA is collaborating with Kaufman area law enforcement to utilize The Bridge of Kaufman County as a drop-off point for deflection to community resources.

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
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<ul style="list-style-type: none"> The NTBHA Living Room and The Bridge of Kaufman County are used to provide a transition for jail releases and some hospital releases 	<ul style="list-style-type: none"> Dallas Kaufman 	<ul style="list-style-type: none"> NTBHA will continue to expand the coordination of care for justice involved individuals and will work to expand cooperative partnerships with local law enforcement and courts to connect individuals to services that would be better served by remaining in the community rather than be incarcerated
<ul style="list-style-type: none"> Care Coordinators and the Extended Observation Unit (EOU) facilitate planning for local hospital discharges 	<ul style="list-style-type: none"> Original county of residency Dallas Ellis Hunt Kaufman Navarro Rockwall 	<ul style="list-style-type: none"> NTBHA is anticipating coordination with new Dallas State Hospital to facilitate planning for local hospital discharges.
<ul style="list-style-type: none"> The NTBHA State hospital liaison coordinates care for forensic hospital releases 	<ul style="list-style-type: none"> Dallas Ellis Hunt Kaufman Navarro Rockwall 	
<ul style="list-style-type: none"> TCOO MI coordinator refers individuals released from prison to community providers 	<ul style="list-style-type: none"> Dallas Ellis Hunt 	

	<ul style="list-style-type: none"> • Kaufman • Navarro • Rockwall 	
• Care Coordinators completes a needs assessment for individuals releasing from jail and discharging from hospitals to provide care coordination	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	
• Dallas County District Attorney Mental Health Division care coordinators develop transition plans for release.	<ul style="list-style-type: none"> • Dallas 	
• Rockwall County Jail Behavioral Health care coordinators develop transition plans for release.	<ul style="list-style-type: none"> • Rockwall 	

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• NTHBA's Forensic and Regional Operations staff work with courts to provide information and resources.	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	

<ul style="list-style-type: none"> • NTBHA contracted providers fulfill services through contracts with TDCJ and TCOOMMI. Dedicated case managers work in Dallas County working collaboratively with courts to assist participants in successfully completing those programs. 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	<ul style="list-style-type: none"> • NTBHA is coordinating with Ellis and Kaufman Counties to expand services through jail-based coordinators, specifically working collaboratively with courts to assist participants in successfully completing those programs.
<ul style="list-style-type: none"> • NTBHA provides brief intervention for continuity of care and linkage to ongoing services with a community provider. 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	
<ul style="list-style-type: none"> • NTBHA's contracted providers work with probation and parole 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	
<ul style="list-style-type: none"> • NTBHA's Regional Operations staff provide screenings for referrals for mental health and 	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman 	

substance use disorders in the additional five counties.	<ul style="list-style-type: none"> • Navarro • Rockwall 	
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III.B Other Behavioral Health Strategic Priorities

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

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

The goals identified in the plan are:

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • We have expanded access into all of our six counties both urban and rural through the expansion of care coordination, outpatient competency 	<ul style="list-style-type: none"> • NTBHA will be working with the RIGHT Care partnership to modify the role of the 911 clinicians as they triage and link to the appropriate intervention including mental health and substance use. This will

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>restoration, peer services, and opioid treatment services throughout the region.</p> <ul style="list-style-type: none"> • NTBHA has maintained open access and no wait list across all outpatient mental health service (TRR) providers for the last 20 years. • The NTBHA OSAR is active throughout the service delivery area conducting outreach, screenings, assessments, and referrals. We have added a robust integration of OSAR and Care 	<p>help to accurately refer individuals to 911, RIGHT Care Team, or a Clinician.</p> <ul style="list-style-type: none"> • Kaufman, Navarro drop off (pull from SIM mapping spot) • Kaufman and Navarro County based jail-assessors will be made available to law enforcement in the field via NTBHA provided tablets to increase access to services in the field.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Coordination services in rural communities leading to increased participation.</p> <ul style="list-style-type: none"> • Tenant Based Rental Assistance program provides short-term rental assistance and self-sufficiency supports. • SSI/SSDI Outreach, Access, and Recovery (SOAR) has an expanded presence for the entire six-county region, as well as Collin County, through our regional SOAR Lead. • Initiated and expanded the Consumer Benefits 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Organization (CBO) into both urban and rural counties. This has included an increase in access to services for the homeless population due to the strategic placement of CBO staff throughout the community and in coordination with community collaborators.</p> <ul style="list-style-type: none"> • Currently working on a comprehensive approach to suicide care and reducing the risk of suicide for all individuals through our six-county region using evidence-based practices. 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • We have increased access to integrated mental health and substance use disorder services through an expanded provider network. This has been accomplished through the creation of the NTBHA Living Room, the opening of the Southern Area Behavioral Healthcare clinic at the NTBHA Living Room, and outpatient services • Improved access to mental health and substance use disorder services by increasing transportation 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>availability through peer services and contractual agreements with transportation providers.</p> <ul style="list-style-type: none"> • We have strengthened the coordination between NTBHA Utilization Management, Care Coordination, Peer Services, Mobile Crisis Outreach Team, and OSAR to improve access and engagement in services. • Successfully supported the deployment of telehealth services throughout our 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>provider network due to the COVID-19 crisis response, which was well-received by individuals served. Telehealth services continue to be offered within the parameters set forth by CMS and HHSC.</p> <ul style="list-style-type: none"> • Mental Health First Aid Trainings 	
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"> • Expansion of CBO services to Ellis, Hunt, Kaufman, Navarro, and Rockwall counties. • NTBHA has included Certified Peer Specialist at various locations including the NTBHA Living 	<ul style="list-style-type: none"> • Telehealth services • Suicide Prevention • Collaboration with local law enforcement agencies to improve access to care. • Coordination of care to appropriate services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Room and within Kaufman County to assist individuals with getting connected to services.</p> <ul style="list-style-type: none"> • Homeward Bound expanded access to crisis residential in Southern Dallas County. • OSAR expanded access to SUD services into each of our six counties. • Southern Area Behavioral Healthcare opened a new location in Southern Dallas and extended its service days and times. • Homeward Bound continues to operate 	<ul style="list-style-type: none"> • NTBHA will continue to be proactive in our response to educating and training local law enforcement. We will expand current education and collaboration efforts to train local law enforcement personnel on the mental health system and appropriate response to prevent use of Emergency Department's as only alternative

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>an outpatient SUD program in Navarro County and has expanded services to include Recovery Court in Navarro County.</p> <ul style="list-style-type: none"> • NTBHA continues to contract with Parkland Memorial Hospital to operate an Extended Observation Unit (EOU) to provide crisis resolution and linkage to appropriate services. • NTBHA collaborates with the RIGHT Care Team that includes a partnership between Parkland, Dallas PD, Dallas Fire and Rescue, and City of 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Dallas for mental health crisis calls.</p> <ul style="list-style-type: none"> • The NTBHA Living Room and the Bridge of Kaufman County serve as day- respite/crisis drop-in centers designed to promote recovery, socialization, and engagement into lower-level crisis and recovery services. The NTBHA Living Room and The Bridge of Kaufman County rely on peer support recovery services. Other services include supported employment, benefits assistance, 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>and opportunities for engagement with outpatient providers. NTBHA Living Room and The Bridge of Kaufman County offer a no wrong door approach for access to care. The NTBHA Living Room and The Bridge of Kaufman County service provide integrated connection points where individuals are referred into all levels of services and types of SUD care within NTBHA's network.</p> <ul style="list-style-type: none"> • NTBHA's Utilization Management department has 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>implemented a daily survey of MedSurge Emergency Departments to minimize wait times and optimize individuals' access to inpatient services as appropriate.</p> <ul style="list-style-type: none"> • NTBHA conducts meetings routinely and as needed with contracted hospitals and law enforcement to discuss issues related to quality of care, commitments, discharge planning, and continuity of care. • NTBHA has also improved continuity of care by having 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>hospital liaison staff onsite at Terrell State Hospital (TSH) to engage with TSH staff on issues related to admissions, discharges, continuity of care, and readmissions.</p> <ul style="list-style-type: none"> • Expanded use of language services, including the use of ASL interpreters, which has increased access to care for individuals in need of services throughout our six-county region. • The NTBHA Suicide Prevention Advisory Council (SPAC) will work together to 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>develop a competency-based suicide prevention and intervention roadmap that will be made available to all of NTBHA's catchment area.</p> <p>This committee will review suicide trends impacting our counties as well as promote resources and education through a variety of approaches.</p> <p>The NTBHA SPAC will encourage community involvement and will use a collaborative approach and will work on the needs of our counties in Suicide Prevention and</p>	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>continue promoting our NTBHA services and supports throughout this process. NTBHA SPAC will focuses on bringing in collaborative ideas to this initiative and continued coordination with our counties.</p> <ul style="list-style-type: none"> • NTBHA funded and will continue to fund the Lakes Regional Coffee House, which is a peer led, outpatient outreach program with the goal to increase access to mental and behavioral health services through peer involvement. The 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Coffee House began providing services in Spring 2021.</p> <ul style="list-style-type: none"> • NTBHA is providing crisis respite services and serves as a transition between hospital, jail, or in the community. Individuals receive respite in a residential setting and receive OSAR benefits, CBO benefits, care coordination to community resources, long-term housing, and family connections. 	
Transitioning long-term state hospital patients	<ul style="list-style-type: none"> • Gap 14 	<ul style="list-style-type: none"> • NTBHA State Hospital Liaisons are 	<ul style="list-style-type: none"> • NTBHA will continue to ensure services

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> Goals 1,4 	<p>located onsite at Terrell State Hospital (TSH) to facilitate bed utilization management for all state hospitals.</p> <ul style="list-style-type: none"> NTBHA ensures that individuals who discharge from the state hospital to NTBHA catchment area is provided with 14-days of necessary prescriptions, a scheduled hospital discharge appointment within 6 days of discharge, a follow-up call from care coordinators within 7 days of 	<p>currently being provided by the Dallas County CSP for Forensic individuals discharging from the state hospital continues once CSP ends.</p> <ul style="list-style-type: none"> Expand dedicated care coordinators to law enforcement agencies in other municipalities As appropriate, NTBHA will continue pursuing current efforts to meet the needs of this population. NTBHA will work with the state and state legislators as they explore ways to expand and allow the use of telehealth services. NTBHA will work with state legislators to

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>discharge, and a 30-day follow-up</p> <ul style="list-style-type: none"> • NTBHA ensures the Dallas County Crisis Service Project (CSP) provides transportation to individuals discharging from the state hospital on day of discharge whose criminal charges have been dismissed. They receive a same day clinic appointment with a 7-day and 30-day follow-up to ensure transition to services. • Coordinator provides crisis assessments, recommendations, 	<p>explore opportunities to resolve the Institutes of Mental Disease (IMD) Exclusion in Medicaid and Medicare funding not being available for medical services to individuals in the state hospital.</p> <ul style="list-style-type: none"> • NTBHA will be available to educate state legislators as they explore the expansion of state hospitals.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>and referrals with the state hospital staff. NTBHA completes a direct warm hand off to appropriate services within the behavioral health, community, and social service systems.</p> <ul style="list-style-type: none"> • After-hours crisis assessment is continued for appropriate level of care recommendations. • Care Coordinators are being utilized at the TSH to assist with transition individuals discharging from 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>state hospitals back into the community</p> <ul style="list-style-type: none"> • NTBHA manages and monitors the state hospital waitlist for appropriate level of care and transfers to a community setting which is reviewed every 3-days • NTBHA contacts all hospitals within our catchment to coordinate timely and appropriate transfers of individuals who may be in an inappropriate level of care setting to reduce risk of harm. • NTBHA provides education trainings, 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>and consultations to community hospitals within our catchment area</p> <ul style="list-style-type: none"> • NTBHA provides complex case staffing's to assist with appropriate discharge planning for hospitals within our catchment area • NTBHA reviews, approves and implements the Outpatient Management Plan (OMP) or Community Support Plan (CSP) developed by attending physicians and nurses to be presented to local providers. 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • NTBHA has staff dedicated to mental health division of the Dallas District Attorney's Office responsible for care coordination and making recommendations for appropriate services for social drivers (employment, medication, food, etc.). The NTBHA Living Room will be utilized as a transition step to transition into the community • NTBHA has dedicated care coordinators 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>assigned to Dallas PD</p> <ul style="list-style-type: none"> • NTBHA provides CBO services to individuals transitioning out of state hospitals. • The NTBHA system has both public and private local hospitals that are utilized prior to an individual is transferred to a state hospital. • NTBHA utilizes state funded psychiatric beds within our local communities. • NTBHA provides Assertive Community Treatment across the catchment area. 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> NTBHA is the grantee in our catchment for the Home and Community-Based Services for Adult Mental Health (HCBS-AMH) program providing pre-engagement services to individuals seeking referral and enrollment into the program for long-term residential assistance. 	
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> Gap 7 Goal 2 	<ul style="list-style-type: none"> All current contracts have provisions requiring providers to adhere to evidence-based practices. NTBHA provider audit tools measures 	<ul style="list-style-type: none">

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>mental health and substance use fidelity tools to adhere to evidence-based practice</p> <ul style="list-style-type: none"> • NTBHA provides evidence-based practice trainings to our provider network. • NTBHA requires a correction plan from providers who do not meet fidelity based on audit results. • NTBHA contracted providers are required to utilize the following evidence-based practice trainings: ACT, Cognitive Behavioral Therapy 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>(CBT), Psychosocial Rehab, Supported Employment, COPSD, Supported Housing, Illness Management Recovery, Seeking Safety for those serving kids, Anger Replacement Training.</p> <ul style="list-style-type: none"> • NTBHA was certified as a CCBHC in July 2022 and utilizes the following evidence-based practice trainings in direct care services: <p>Adult Specific EBPs:</p> <p>SAMHSA Assertive Community Treatment (ACT)</p>	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Cognitive Behavioral Therapy (CBT)</p> <p>SAMHSA Illness Management and Recovery (IMR)</p> <p>SAMHSA Integrated Treatment for Co-occurring Disorders</p> <p>SAMHSA Supported Employment and Permanent Supportive Housing</p> <p>Child/Adolescent Specific EBPs:</p> <p>Nurturing Parent Training</p> <p>Trauma Focused CBT</p> <p>Case Management using the NWIC Wraparound model, when indicated</p>	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Applicable to all populations: Screening, Brief Intervention, and Referral to Treatment (SBIRT) model</p> <p>Motivational Interviewing</p> <p>Person-Centered Recovery Planning</p> <p>Seeking Safety</p> <ul style="list-style-type: none"> • If providers would like to use techniques or modalities that are not evidence-based practice NTBHA monitors the quality of interventions to ensure it meets community and State of Texas standards. 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • NTBHA received funding through HHSC to implement Multisystemic Therapy (MST). • NTBHA provides technical assistance to our contracted substance use and mental health providers • NTBHA provides refresher trainings for state required annual trainings to ensure they are meeting current EBP fidelities and modalities. • NTBHA has implemented the California Based Cultural Competency Training for the 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>providers and community for free.</p> <ul style="list-style-type: none"> • NTBHA has implemented Suicide Prevention training • NTBHA regularly participates in learning collaboratives, such as CCBHC Executive, Clinical, and Data learning collaboratives, the HHSC CCBHC Business Meeting, and the HHSC Mental Health Learning Collaborative. 	
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • Throughout our system of care peers are available to individuals in services at outpatient, sub- 	<ul style="list-style-type: none"> • Expansion of peer services to other counties within our system of care, specifically in the

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>acute, and crisis levels of care for mental health and substance use services.</p> <ul style="list-style-type: none"> • NTBHA has expanded peer services to other counties within our system of care, specifically in the specialty drugs courts in Ellis and Hunt. • Peers are utilized to attend court with individuals participating in Kaufman County District Court jail diversion program to assist with connection to services. 	<p>specialty drugs courts in Ellis and Hunt.</p> <ul style="list-style-type: none"> • Increase the use and deployment of family partner support services which includes introducing the family to the mental health treatment process, modeling advocacy skills, providing information, making referrals, providing skills training and helping to identify supports for the child and family.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • Peers are utilized in care coordination in Kaufman County Court for probate and misdemeanors. • Peers are utilized at the NTBHA Living Room to assist individuals connect to services, coordinate supports, develop person-centered plan, and incorporates the 12 guiding principles of the Recovery-Oriented System of Care. • Peers are being utilized to engage individuals exiting the jail by providing transport and connection to 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>community services and supports.</p> <ul style="list-style-type: none"> • Critical Time Intervention (CTI) Program has been implemented to assist individuals transitioning from the hospital/judicial systems back into the community, providing an individualized plan of care and warm handoffs to community service providers over a nine-month period. 	
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"> • A majority of NTBHA contracted providers offer both Mental Health and Substance Use Disorder services. 	<ul style="list-style-type: none"> • NTBHA will be working to expand to role of the clinician in the 911 dispatch center through the RIGHT Care partnership. The

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> Almost every individual receiving services in our network does so at a clinic that can meet both mental health As an LBHA, NTBHA maintains an integrated network of mental health and SUD providers, including services for: <ul style="list-style-type: none"> Adult Outpatient Adult Residential Youth Outpatient Youth Residential Specialty programs including: MAT service Detox 	<p>clinician in the 911 dispatch center currently triages and link to the appropriate intervention including mental health and substance use. This helps to accurately refer individuals to 911, RIGHT Care Team, or a Clinician</p> <ul style="list-style-type: none"> Consolidating and integrating advances made since last plan to improve access to timely outpatient services. NTBHA will work with the courts and county to develop deflection options for individuals involved with law enforcement and the judicial system.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Intensive services for women and children.</p> <ul style="list-style-type: none"> • Through our LBHA role, our Texas Targeted Opioid Response (TTOR) contract provides peer, crisis, and other specialized opioid services. • MCOT Team has a dedicated LCDC through Texas Targeted Opioid Response and Behavioral Health • (TTOR) funding • NTBHA Living Room and The Bridge of Kaufman County offer a no wrong door approach for access to care. The 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>NTBHA Living Room and The Bridge of Kaufman County services provide an integrated connection point where individuals are referred into all levels of services and types of SUD care within NTBHA's network.</p> <ul style="list-style-type: none"> • NTBHA contracted provider and crisis urgent clinic, Southern Area Behavioral Healthcare (SABH) provides stabilization, assessment, review, and linkage to appropriate ongoing services. 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.</p>	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • Some of our NTBHA contracted mental health providers provide blood pressure, weight, and temperature checks to individuals receiving services. As a CCBHC, all individuals served through CCBHC services receive blood pressure, weight, and temperature checks. • NTBHA currently has MOU's with FQHC's to coordinate and make appropriate referrals. • Prior to admittance in the NTBHA EOU, individuals receive a physical health screening through Parkland's Emergency Room to address any emergent physical health needs. 	<ul style="list-style-type: none"> • NTBHA continues to further develop our working referral relationship with FQHC's and the VA • NTBHA will work to engage and integrate into our outpatient processes the access to the indigent healthcare system in each county within our service area.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> A part of the discharge plan for individuals participating in the NTBHA's EOU service at Parkland Hospital is a linkage to appropriate outpatient care including primary care service. 	
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"> Yellow Cab and Uber services are being provided to OSAR individuals in remote areas to get to services in Dallas Providing additional funds to Integrated Psychotherapeutic Solution (IPS) to establish Substance Use Disorders and Mental Health services in Kaufman County 	<ul style="list-style-type: none"> Plans include identifying additional funding to increase the availability of transportation for individuals in services who experience significant barriers to access. Expansion of available outpatient services as need to remote or underserved areas.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • Expansion of peer services in additional counties to provide transport • CFGC is providing OCR in counties outside of Dallas • Added Peer SUD, OCR, and MH services in rural counties • NTBHA provides a Jail inmate accessor in rural counties for suicidal screenings to assist with transitioning inmates out of isolation. • Expanded use of language services, including the use of ASL interpreters, which has increased access to care for individuals in need of services throughout our six-county region. • NTBHA provides funding to the Dallas 	<ul style="list-style-type: none"> • Solicitation of proposals if funds become available from community providers to address needs of rural areas such as access, transportation, and housing.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Connector to provide transportation for inmates to the NTBHA Living Room and overnight shelters</p> <ul style="list-style-type: none"> • To meet individual recovery needs, NTBHA has provided transportation to outpatient clinics, criminal justice system requirements, crisis residential, state and community hospitals, residential treatment, community mental health services, home, appropriate SUD/MAT services, and community supports. • NTBHA provides transportation services to individuals in crisis or discharging from crisis settings such as 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Emergency Rooms, Inpatient Psych or Crisis Residential (CR) level of cares to provide access to appropriate outpatient level of care services and/or community resources or agencies.</p> <ul style="list-style-type: none"> • NTBHA provides transportation services to overcome the barrier to access to care to reduce the likelihood of the individual readmitting to higher level of care or crisis setting due to the barrier to transportation in our remote areas. • Contracted providers offer in-home and community-based services • MCOT services are available to provide 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		direct access to care and transport as needed in coordination with appropriate service providers.	
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"> • NTBHA contracts with the two IDD Authorities for our catchment area for both mental health and substance use disorder services. • NTBHA staff are trained on the MHW-IDD for Healthcare Professionals. • NTBHA provides services to individuals who have been diagnosed with or are suspected of having an IDD diagnosis until a warm handoff to the 	<ul style="list-style-type: none"> • Continue collaboration with local IDD Authorities to address the behavioral health needs of individuals in services with Intellectual Disabilities. • NTBHA plans on expanding training to contracted providers on the MHW-IDD for Healthcare Professionals

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		LIDDA into IDD services can be made.	
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • NTBHA provides our community Military Veteran Peer Network • (MVPN) Services through a contracted provider, which also offers mental health case management. • NTBHA has incorporated a unit on military culture into the evidence-based Multicultural Competency Training provided to contracted providers and the community. • Developed referral patterns and trainings between Veteran Integrated Services Network 	<ul style="list-style-type: none"> • Plans include identifying additional funding for addressing the behavioral health needs of veterans.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		(VISN) 17 and NTBHA	

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
Enhance Communication Overall Program	<ul style="list-style-type: none"> • Outreach, Screening, Assessment, and Referral (OSAR) • SUD Community Health Workers • Strategic Outreach Coordinator 	<ul style="list-style-type: none"> • Develop strategic communication plan • Target families with first onset of behavioral health challenges • Mass communications • Plenty of speaking engagements • Maximize website

Local Priority	Current Status	Plans
Collaborate with Mental Health Response Teams, Crisis Lines, and strengthening collaborative care	<ul style="list-style-type: none"> • System Navigator Grant (Plus) • CRCG • PNAC • ACOT • BHLT's 	<ul style="list-style-type: none"> • Collaborate with Texas Child Mental Health Care Consortium • System Navigator Grant (Plus) • Work toward greater integration of various crisis and sub-crisis local response strategies
Leverage NTBHA data	<ul style="list-style-type: none"> • E.H.R. and claims billing services • Healthcare Economist • Mbow data monitoring • Provider Online Information Gathering 	<ul style="list-style-type: none"> • Enhance data-gathering and analysis capabilities to impact service-delivery and monitoring
Improving Timely Access	<ul style="list-style-type: none"> • See above 	<ul style="list-style-type: none"> • See above
Address Social Determinants of Health	<ul style="list-style-type: none"> • Temporary Rental Assistance • Critical documents (identification) for job access • Programs to keep kids in schools such as Multi-Systemic Therapy • SUD Community Health Workers • Consumer Benefits Specialists • Care Coordinators 	<ul style="list-style-type: none"> • Coordinate housing resources • Coordinate employment resources • Enhance and advertise flexible hours

Local Priority	Current Status	Plans
	<ul style="list-style-type: none"> • Food Scarcity/Insecurity • Peers • Flexible hours, etc. (evenings and weekends) 	

III.D System Development and Identification of New Priorities

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

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

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

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

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	<p><i>Intensive Psychiatric Transition Program (IPTP): Children’s Respite or Residential Unit Priority populations CWOP children through DFPS, TJJD youth.</i></p> <p><i>This would enable diversion of inappropriate referrals to Texas Waco Center for Youth to appropriate</i></p>	<ul style="list-style-type: none"> • Staffing • 10 beds • Training • Transportation • Licensure fees • Contracted funds for ancillary activities and development (job readiness, etc.) 	<ul style="list-style-type: none"> • <i>(\$374.33 per Tx DFPS 24-Hour Residential Child Care Reimbursement Rates) + ancillary activity costs = \$1.6 million per 10 beds</i>

	<p>services. These services may divert relinquishment within the DFPS system and reduce adolescent walk-in admissions to Terrell State Hospital.</p>		
2	<p>Spanish-language warm line:</p> <p>Due to the increasing Spanish speaking population in the NTBHA catchment area, a Spanish-language warm line would increase access</p>	<ul style="list-style-type: none"> • Staffing • Training • Licensure Fees • Outreach 	<p>• <i>\$190,000</i></p>

	to appropriate mental health services.		
3	Comprehensive SUD-COPSD Door-to-Door Treatment Center (under one roof)	<ul style="list-style-type: none"> • 20-30 bed medically supervised detox • 20-30 bed 30-90 day SUD/COPSD treatment • 20-30 bed men's therapeutic half-way house • 20-30 bed women's therapeutic half-way house • 20-30 bed men's independent/transitional housing (24-month stay) • 20-30 bed women's independent/transitional housing (24 month stay) 	<ul style="list-style-type: none"> • \$5 million
4	Children- Adolescent Only MCOT	<ul style="list-style-type: none"> • Staffing (2 QMHP-CS per team, 2 teams, Clinical supervisor) • Training • Mileage expenses • Technology 	<ul style="list-style-type: none"> • \$350,000

Appendix B: Acronyms

Admission criteria – Admission into services is determined by the individual's level of care as determined by the TRR Assessment found [here](#) for adults or [here](#) for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care

planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

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

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

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

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

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

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

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

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

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

Appendix B: Acronyms

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