



Form O: Consolidated Local Service Plan

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

Introduction

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

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

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes. Add additional rows as needed.

List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable).

- Screening, assessment, and intake
- Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children
- Extended observation or crisis stabilization unit
- Crisis residential or respite unit, or both
- Diversion centers
- Contracted inpatient beds
- Services for co-occurring disorders
- Substance use prevention, intervention, and treatment
- Integrated healthcare: mental and physical health
- Services for people with Intellectual or Developmental Disorders (IDD)
- Services for veterans
- Other (please specify)

Table 1: Mental Health Services and Sites

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Adelson Behavioral & Mental Health Services	407 N. Cedar Ridge, Ste 210 Duncanville, TX		Dallas	TRR Outpatient	CMHP/TRR for youth and Adults
ADULT RECOVERY MINISTRY (ARM)	1128 Reverend CBT Smith St., Dallas, 75203--		DALLAS	SUD Outpatient	SA/RSS for Adults

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
AXCEL (FINCH CLINIC)	4527 Stonewall St., Greenville, 75401		HUNT	SUD Outpatient	SA/MAT for Adults
ASSOC. of PERSONS AFFECTED by ADDICTION	3116 MARTIN LUTHER KING BLVD, DALLAS, 75215		DALLAS	SUD Outpatient	SA/RSS, MH RSPS for Adults
	2800 MARTIN LUTHER KING JR. BLVD. DALLAS, 75215		DALLAS	SUD Outpatient	SA/RSS, MH RSPS For Adults
	501 WEST HIGH STREET, TERRELL, 75160		DALLAS	SUD Outpatient	SA/RSS, MH RSPS for Adults
BIENSTAR COUNSELING	13140 Coit Rd Suite 315, Dallas, 75240		DALLAS	MH Outpatient	TRR/OUTPATIENT for Children, Youth and Adults.
CHILD & FAMILY GUIDANCE CENTER	ADMIN: 8915 HARRY HINES BLVD, DALLAS, 75235		DALLAS	MH Outpatient	TRR/OUTPATIENT or Children, Youth and Adults.
	120 WEST MAIN ST, STE 220, MESQUITE, 75149		DALLAS	MH Outpatient	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	1305 W JEFFERSON, STE 210, WAXAHACHIE, 75165		ELLIS	MH Outpatient	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	4216 WESLEY ST, STE 101, GREENVILLE, 75401		HUNT	MH Outpatient	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	106 S JEFFERSON ST, KAUFMAN, 75142		KAUFMAN	MH Outpatient	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	319 N 12TH, STE 1, CORSICANA, 75110		NAVARRO	MH Outpatient	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
	4031 W PLANO PKWY, STE 211, PLANO, 75093		COLLIN	MH Outpatient	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	2300 WEST WHITE, STE 104, MCKINNEY, 75071		COLLIN	MH Outpatient	TRR/OUTPATIENT (ADULT, C&A), YES Waiver, ACT, OCR, Supportive Housing Resources (SHR)
	761 Justin Rd. Suite C, Rockwall, 75087		ROCKWALL	MH Outpatient	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)	Labs	LAB SERVICES for Children, Youth and Adults.
DALLAS BEHAVIORAL HEALTHCARE HOSPITAL	800 KIRNWOOD DR, DESOTO, 75115		DALLAS	Inpatient	INPATIENT BEDS For youth and Adults
YOUTH 180	201 S. Tyler Street, Dallas, TX 75208		DALLAS	SUD Outpatient	SA/TRY Outpatient for youth.
DALLAS METROCARE SERVICES	ADMIN: 1345 RIVER BEND DR, STE 200, DALLAS, 75247		DALLAS	MH & Sud Outpatient	Corporate Office
	4645 SAMUELL BLVD, DALLAS, 75228		DALLAS	MH & Sud Outpatient	TRR & Outpatient Behavioral Health Services For children, youth and adults.
	1350 N WESTMORELAND, DALLAS, 75211		DALLAS	MH & Sud Outpatient	TRR and Outpatient Behavioral Health Services For children, youth and adults
	1881 Sylvan Ave, Suite 200		DALLAS	MH & Sud Outpatient	TRR and outpatient Child and Adolescent CMHP Services For children, youth and adults
	3330 S LANCASTER RD, DALLAS, 75216		DALLAS	MH & Sud Outpatient	TRR and Outpatient Behavioral Health Services & Special Needs Offenders Program

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
	9708 SKILLMAN ST, DALLAS, 75243		DALLAS	MH & Sud Outpatient	TRR and Outpatient Behavioral Health Services For children, youth and adults
	16160 MIDWAY RD, STE 200, ADDISON, 75001		DALLAS	MH & Sud Outpatient	The Steven A. Cohen Military Family Clinic @ Metrocare
	4701 Samuell Blvd. Dallas, TX 75243		DALLAS	MH & Sud Outpatient	TRR and outpatient Child and Teen Mental Health Services
	9209 Elam Rd. Dallas, TX 75217		DALLAS	MH & Sud Outpatient MH & Sud Outpatient	TRR and Outpatient Behavioral Health Services for Youth and Adults.
	1020 S. Carrier Pkwy, Grand Prairie, TX 75051		Dallas		TRR and Outpatient Behavioral Health Services
HARRIS CENTER			ALL	Crisis Hotline	CRISIS HOTLINE For children Youth and Adults
HOMEWARD BOUND, INC	2535 Lone Star Dr., Dallas, 75212		DALLAS	MH & Sud Outpatient	Administrative Office, SUD & MH Outpatient & Recovery Support Services, 17+
	5300 University Hills Blvd, DALLAS, 75241		DALLAS	MH & Sud Outpatient	Main Campus, Residential Services
	319 N. 12th St. Ste. 6, Corsicana, 75110		NAVARRO	SUD Outpatient	SUD Outpatient for adults
INNOVATIONS CMHC	8625 KING GEORGE DRIVE, STE 400, DALLAS, 75235		DALLAS	MH Outpatient	CMHP, TRR for adults.
INTEGRATED PRESCRIPTION MANAGEMENT	ADMIN: 7815 N PALM AVE, STE 400, FRESNO, CA. 93711		ALL	PBM	Rx BENEFITS MGMT.

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
INTEGRATED PSYCHOTHERAPEUTIC SERVICES	2121 MAIN ST, STE 100, DALLAS, 75201		DALLAS	MH & SUD outpatient	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	SUD Outpatient	SA/OTS-MAT
JEWISH FAMILY SERVICE	MULTI		DALLAS	MH Outpatient	Behavioral Health outpatient services for adults.
LAKES REGIONAL MHMR CENTER	ADMIN: 400 AIRPORT RD, TERRELL, 75160		KAUFMAN		Administrative
	400 AIRPORT RD, TERRELL, 75161		KAUFMAN	MH & SUD outpatient	TRR (C&A) / MHFA / ACT/ SHR/ OCR/ PASRR/ TRA (OP)
	4200 STUART ST, GREENVILLE, 75402		HUNT	MH & SUD outpatient	TRR (C&A) / MHFA / ACT/ SHR/ OCR/ PASRR/ TRA (OP)
	800 N MAIN, STE D, CORSICANA, 75110		NAVARRO	MH & SUD outpatient	TRR (C&A) / MHFA / ACT/ SHR/ OCR/ PASRR/ TRA (OP)
	2435 RIDGE RD, STE 107, ROCKWALL, 75087		ROCKWALL	MH & SUD outpatient	TRR (C&A) / MHFA / ACT/ SHR/ OCR/ PASRR/ TRA (OP)
Community Medical Servies	405 N MCDONALD, STE B, MCKINNEY, 75069		COLLIN	SUD outpatient	SA/OTS for adults.
NEXUS RECOVERY CENTER	8733 LA PRADA DR, DALLAS, 75228		DALLAS	SUD outpatient	SA/TRA/TRF/COPSD /MAT/OBOT/RSS
Psychiatric Medical Associates / Aadhar Behavioral Health Services	6404 International Pkwy. Ste 1010, Plano, TX 75093		Collin	MH Outpatient	CMHP TRR for Children, youth and adults.
SOUTHERN AREA BEHAVIORAL HEALTHCARE	4215 GANNON LN, STE 101, DALLAS, 75237		DALLAS	MH Outpatient	AFTER-HOURS CLINIC, TRR/OUTPATIENT (C&A)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
STEPMED	2929 MARTIN LUTHER KING JR BLVD, STE C, DALLAS, 75215		DALLAS	SUD Outpatient	SA/OTS-MAT for adults
Cenikor Foundation	2425 Texas Dr. Irving, TX 75062		DALLAS	MH Outpatient	SA/TR Adult (RESIDENTIAL & OUTPATIENT)
WEST TEXAS COUNSELING & REHABILITATION	1808 MARKET CENTER BLVD, DALLAS, 75207		DALLAS	SUD Outpatient	SA/OTS-MAT for Adults
	2848 W KINGSLEY, STE B, GARLAND, 75041		DALLAS	SUD Outpatient	SA/OTS-MAT for adults
	1116 W PIONEER DR, IRVING, 75061		DALLAS	SUD Outpatient	SA/OTS-MAT for Adults
	1108 DOBIE DR, STE 102, PLANO, 75074		COLLIN	SUD Outpatient	SA/OTS-MAT for adults.
ZOOM COUNSELING			DALLAS	SUD Outpatient	SA/TRA & TRY (OUTPATIENT) for Adults
Centro de Mi Salud, LLC	2701 SOUTH HAMPTON RD, STE 201, DALLAS, 75224		DALLAS	MH Outpatient	TRR/OUTPATIENT (C&A)
MDSave	HQ's in TN and CA		HUNT	Labs	Vendor providing Laboratory services access.
Glen Oaks Hospital	301 E. Division St., Greenville, 75402		HUNT	Inpatient	PPB: Private Psychiatric Bed; Inpatient Hospital Services for adults
Hickory Trail Hospital	2000 N. OLD HICKORY TRAIL, DESOTO, 75115		DALLAS	Inpatient	PPB: Private Psychiatric Bed; Inpatient Hospital Services ; ICR: Inpatient Competency Restoration
Texas Health Resources Presbyterian Hospital Dallas	8200 Walnut Hill Ln, Dallas TX, 75231		Dallas	Inpatient	PPB: Private Psychiatric Bed; Inpatient Hospital Services for adults

I.B Mental Health Grant Program for Justice-Involved Individuals

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

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

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

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
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<p>2024-2025</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 local emergency departments,</p>	<ul style="list-style-type: none"> • Dallas 		<ul style="list-style-type: none"> • Priority population/ Indigent and Justice-Involved Individuals 	<p>350</p>
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	<p>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 connection with care either directly to a provider or with the Living Room.</p>				

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

Section 531.0999, Texas Government Code, requires HHSC to establish the Community Mental Health Grant Program, a grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for people experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, or recovery services, and assist with people transitioning between or remaining in mental health treatment, services and supports.

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

Table 3: Community Mental Health Grant Program Jail Diversion Projects

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
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<p>2024-2025</p>	<p>Community Mental Health Grant (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</p>	<ul style="list-style-type: none"> • Dallas 	<p>Individuals experiencing crisis or in need of peer support services in the NTBHA service area</p>	<p>890</p>
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Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
	to include individuals experiencing mental health and behavioral health concerns to utilize connector services, which will provide transportation access to the Living Room.			
2024-2025	<p>Community Mental Health Grant (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 and/or housing insufficiencies in the NTBHA service area	60

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
	Kaufman Drop Off Program— Started 18 months ago. A program for community and first responders to bring people in crisis but not needing hospital and being diverted from jail and hospital.	All Counties		80
	Ellis Diversion Program same opened in October 2024	All Counties		Since October 2024, 20 people served

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

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

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <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 	<input checked="" type="checkbox"/>	State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none"> • <i>UT Southwestern—Dr. Hicham Ibrahim</i> • <i>Terrell State Hospital—Dr. Ward and Dr. Metzger</i>
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input checked="" type="checkbox"/>	Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers

<input checked="" type="checkbox"/>	<p>County officials (list the county and the name and official title of participants):</p> <ul style="list-style-type: none"> • Dallas, Clay Jenkins, County Judge • Dallas, Dr. Theresa Daniel, Commissioner • Dallas, Andrew Sommerman, Commissioner • Dallas, John Wiley Price, Commissioner • Dallas, Dr. Elba Garacia, Commissioner • Dallas, Charlene Randolph, Director, Department of Criminal Justice • Ellis, Todd Little, County Judge • Ellis, Sherrif Brad Norman • Hunt, Bobby W. Stovall, County Judge • Hunt County Sheriff Jones • Captain Chad Stroud, Hunt County Sherrif Department • Kaufman, Jakie Allen, County Judge • Judge Mary Barden, Kaufman • Judge Jackson, Kaufman • Kaufman County, Sheriff Beavers 	<input checked="" type="checkbox"/>	<p>City officials (list the city and the name and official title of participants):</p> <ul style="list-style-type: none"> • Dallas, Casey Thomas, City Councilperson • Dallas, Cara Mendelsohn, City Councilperson • Dallas, Kevin Oden, Director of Integrated Public Safety Solutions • Ellis, Catlin Wilkinson, Behavioral Health Director for City and County
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	Stakeholder Type		Stakeholder Type
	<ul style="list-style-type: none"> • District Judge Shelton Gibbs • Navarro, H.M. Davenport, County Judge • • Rockwall, Frank New, County Judge 		

<input checked="" type="checkbox"/>	<p>Federally Qualified Health Center and other primary care providers</p>	<input checked="" type="checkbox"/>	<p>LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i></p> <ul style="list-style-type: none"> • North Texas Behavioral Health Authority: • Carol Lucky, Chief Executive Officer • Dr. Sejal Mehta, Medical Director • Elizabeth Goodwin, Chief Financial Officer • Matt Roberts, Chief Operating Officer • Dr. Walter Taylor, Chief Strategy Officer • Jessica Martinez, Chief Clinical Officer • Nancy Blum, Chief of Regional Operations • Chad Anderson, Chief of Intensive and Forensic Services • Anthony Garcia, Chief Compliance Officer • David Kemp, Chief Administrative Officer • Henson Rogers, Chief Information Officer • Dr. Bin Xie, Health Economist • Shannon Vogel, Director of Grant Development and Implementation • Amy Cunningham, Director of Clinical Innovation and Equity • Heath Frederick, Contracts Director • Janie Metzinger, Director of External Affairs • Priscilla Valdez, Compliance Manager • Kayla Rabb, Strategic Outreach Coordinator • A'jae Alvarez-Tyler, Public Affairs Specialist • Lakes Regional MHMR Center:
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	Stakeholder Type		Stakeholder Type
			<ul style="list-style-type: none"> • LifePath Systems:
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives

<input checked="" type="checkbox"/>	<p>Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants):</p> <ul style="list-style-type: none"> • Dallas, Judge John Creuzot, District Attorney • 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 	<input checked="" type="checkbox"/>	<p>Law enforcement (list the county or city and the name and official title of participants):</p> <ul style="list-style-type: none"> • Dallas, Jason Hardgrave, Dallas County Sheriff's Department • Hunt, C. King, Sheriff's Department • Rockwall, Major Todd Calkins, Jail Administrator • City of Waxahachie Police Chief, Joe Wiser • Greenville Police Chief, Chris Smith • Terrell Police Chief Ken McKown • City of Kaufman Police Chief, Les Edwards • Judge Cody Beauchamp City of Corsicana • Police Chief of Corsicana Robert Johnson • Forney Deputy Chief John Abernathy • Forney Mental Health Nicole Philipps • Corsicana Sheriff Elmer Tanner •
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	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Education representatives	<input checked="" type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input checked="" type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input checked="" type="checkbox"/>	Veterans' organizations	<input checked="" type="checkbox"/>	Housing authorities
<input checked="" type="checkbox"/>	Local health departments	<input type="checkbox"/>	Other: _____

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

Response:

- 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

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- 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
 - NTBHA Psychiatrists Leadership & Advocacy Group
 - NTHBA Healthy Communities 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.
- Housing Forward 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 or that had broad support.

Response: The following are needs that came from stakeholder groups:

- Housing
- Transportation
- Mental Health Services for People with IDD
- Jobs
- Peer-led Street Outreach

Section II: Psychiatric Emergency Plan

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

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

- Law enforcement (police/sheriff and jails);
- Hospitals and emergency departments;
- Judiciary, including mental health and probate courts;
- Prosecutors and public defenders;
- Other crisis service providers (to include neighboring LMHAs and LBHAs);
- People accessing crisis services and their family members; and
- Sub-contractors.

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

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

II.A Developing the Plan

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

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

Response:

-
- 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

Response:

- 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.

Response:

- 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

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- 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 Using the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process

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

Response:

- The crisis hotline team is staffed QMHPs and LPHAs.

- b. After business hours

Response:

- The crisis hotline team is staffed QMHPs and LPHAs.

- c. Weekends and holidays

Response:

- The crisis hotline team is staffed QMHPs and LPHAs.

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

Response:

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

3. How is the MCOT staffed?

a. During business hours

Response:

- 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.

b. After business hours

Response:

- 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.

c. Weekends and holidays

Response:

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

Response: There is no subcontractor. NTBHA provides all MCOT services.

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

Response:

- 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 or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:

a. 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.

b. 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?

Response:

- 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?

a. 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.

b. 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.

c. Weekends and 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 a person cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

Response:

- 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 a person requires further evaluation, medical clearance, or both.

Response:

- 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 a person needs admission to a psychiatric hospital.

Response:

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

Response:

-
- 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.

Response:

- 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 person wait for a bed?

Response:

- 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 person is placed in a clinically appropriate environment at the LMHA or LBHA?

Response:

- 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 for adults?

Response:

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

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

Response:

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

Crisis Stabilization

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

Table 5: Facility-based Crisis Stabilization Services

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	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.
Does the facility accept emergency detentions?	No
Number of beds	16
HHSC funding allocation	TBD

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	Voluntary Adults with appropriate acuity for an unsecured facility who meet criteria for crisis residential services as described in Info Item V.

Name of facility	Corsicana House
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.
Does the facility accept emergency detentions?	Yes
Number of beds	10-12
HHSC funding allocation	TBD

Inpatient Care

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

Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured

Name of facility	Dallas Behavioral Healthcare Hospital	
Location (city and county)	Dallas, Dallas	

Name of facility	Dallas Behavioral Healthcare Hospital	
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 or LBHA to purchase beds?	Yes	

Name of facility	Dallas Behavioral Healthcare Hospital	
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	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?	\$760.00	
If not under contract, does the LMHA or 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	Dallas Behavioral Healthcare Hospital	
Name of facility	Glen Oaks Hospital	
Location (city and county)	Greenville, Hunt County	
Phone number	903-454-6000	
Key admission criteria	Adults; 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 or LBHA to purchase beds?	Yes	

Name of facility	Dallas Behavioral Healthcare Hospital	
<p>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</p>	<p>Private Psychiatric Beds</p>	
<p>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</p>	<p>Both. NTHBA requires a set number of beds to be filled by transfers from other hospitals and originations. Also, NTHBA may increase the number of beds based on need.</p>	
<p>If under contract, what is the bed day rate paid to the contracted facility?</p>	<p>\$760.00</p>	
<p>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</p>	<p>N/A</p>	

Name of facility	Dallas Behavioral Healthcare Hospital	
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 or LBHA to purchase beds?	Yes	

Name of facility	Dallas Behavioral Healthcare Hospital	
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	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 or LBHA use facility for single-case agreements for as needed beds?	N/A	

Name of facility	Dallas Behavioral Healthcare Hospital	
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 or LBHA to purchase beds?	No	

Name of facility	Dallas Behavioral Healthcare Hospital	
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds.	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	n/ad	
If under contract, what is the bed day rate paid to the contracted facility?	\$760.00	
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	yes	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A	

Name of facility	Dallas Behavioral Healthcare Hospital	
Name of facility	Texas Health Presbyterian Hospital Dallas	
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 or LBHA to purchase beds?	Yes	

Name of facility	Dallas Behavioral Healthcare Hospital	
<p>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</p>	<p>Private Psychiatric Beds</p>	
<p>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</p>	<p>Both. NTHBA requires a set number of beds to be filled by transfers from other hospitals and originations. Also, NTHBA may increase the number of beds based on need.</p>	
<p>If under contract, what is the bed day rate paid to the contracted facility?</p>	<p>\$760.00</p>	
<p>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</p>	<p>N/A</p>	

Name of facility	Dallas Behavioral Healthcare Hospital	
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	

Name of facility	Dallas Behavioral Healthcare Hospital	
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	no	
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	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?	\$760.00	
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	yes	

Name of facility	Dallas Behavioral Healthcare Hospital	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	\$760.00	
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	

Name of facility	Dallas Behavioral Healthcare Hospital	
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes	
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Both. NTHBA requires a set number of beds to be filled by transfers from other hospitals and originations. Also, NTHBA may increase the number of beds based on need.	
If under contract, what is the bed day rate paid to the contracted facility?	\$760.00	

Name of facility	Dallas Behavioral Healthcare Hospital	
If not under contract, does the LMHA or 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	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	

Name of facility	Dallas Behavioral Healthcare Hospital	
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 or LBHA to purchase beds?	No	
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	N/A	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	N/A	

Name of facility	Dallas Behavioral Healthcare Hospital	
If under contract, what is the bed day rate paid to the contracted facility?	N/A	
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	yes	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	\$760.00	
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	

Name of facility	Dallas Behavioral Healthcare Hospital	
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 or LBHA to purchase beds?	N/A	
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	N/A	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	N/A	

Name of facility	Dallas Behavioral Healthcare Hospital	
If under contract, what is the bed day rate paid to the contracted facility?	N/A	
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	Yes	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	\$760.00	
Name of facility	Children’s Medical Center Plano	
Location (city and county)	Plano, Collin County	
Phone number	469-303-7000	
Key admission criteria	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	

Name of facility	Dallas Behavioral Healthcare Hospital	
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 or LBHA to purchase beds?	No	
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	N/A	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	N/A	

Name of facility	Dallas Behavioral Healthcare Hospital	
If under contract, what is the bed day rate paid to the contracted facility?	N/A	
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	Yes	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	\$760.00	

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

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

Response:

- 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 (JBKR) 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.

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

Response:

- 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.

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

Response:

- NTBHA has a dedicated jail liaison. 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.

4. If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

Response:

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

Response:

- 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

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

Response:

- 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

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

Response:

- 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 Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics

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

Response:

- 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?

Response:

- 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?

Response:

- 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?

Response:

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- 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

Use the table below to identify the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties. Add additional rows if needed.

Table 7: Crisis Emergency Response Service System Gaps

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
Ellis, Hunt, Kaufman, Navarro, and Rockwall	Emergency Shelters and Transportation	Work with local stakeholders to address gaps.	

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Table 8: Intercept 0 Community Services

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	<ul style="list-style-type: none"> Continue to seek feedback and improve operations in order to meet the growing demand for “front-door” type services.
NTBHA Kaufman Bridge	Kaufman	<ul style="list-style-type: none"> Continue to seek feedback and improve operations in order to meet the growing demand for “front-door” type services.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Work with and expansion of the RIGHT (Rapid Integrated Group Healthcare Team) Care Team in partnership with Parkland Hospital	Dallas	<ul style="list-style-type: none"> Continue to work with the Right Care Team as it expands across additional areas through the City of Dallas.
Dallas Deflection Center	Dallas	<ul style="list-style-type: none"> Continue to work with partner agencies, law enforcement, and community stakeholders to strengthen diversion-type activities and services.
NTBHA has obtained CCBHC status, all clinics are front doors 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"> Continue to strengthen and improve CCBHC services through the launch of the electronic health record and focus on continuous quality improvement.
NTBHA is active with Multi-disciplinary 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.	Dallas, Ellis	
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.	Dallas	

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
	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 	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.

NTBHA will seek funding/collaborative opportunities, for Intercept 0, to do the following over the next 2 years:

- Increase the number of mobile crisis teams to provide immediate, on-site support for individuals experiencing mental health crisis.
- Establish more crisis stabilization units to offer short-term, intensive care and prevent unnecessary hospitalizations or incarcerations.
- Enhance training programs for law enforcement officers on mental health crisis intervention and de-escalation techniques.
- Continue to work closely with local nonprofits, housing authorities, and healthcare providers to create a more comprehensive support network for individuals with mental health and substance use disorders.
- Broaden programs aimed at early identification and intervention for individuals at risk of mental health crises, including outreach in schools and community centers.
- Expand telehealth services to ensure that individuals in remote or underserved areas have access to mental health care.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
		<ul style="list-style-type: none"> • Broaden campaigns to raise awareness about mental health issues, reduce stigma, and inform the public about available resources. • Continue to expand on Mental Health First Aid and other workshops and training sessions for community members on recognizing signs of mental health crises and how to respond effectively. • Streamline systems for better data collection and analysis to identify trends, measure the effectiveness of interventions, and make informed decisions about resource allocation.

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
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 	Conference to educate and review the Texas Bench Law Book regarding MH/IDD for Court Systems to all levels of the criminal justice system.
Apprehension by Police Officer Without Warrant (APOWW's) that are brought to Parkland hospital intake, and when appropriate they are transferred to the Extended Observation Unit (EOU)	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	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.
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 	
Training, including des-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 	
Every other month meetings are provided to law enforcement and hospitals	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	

<p>NTBHA will seek funding/collaborative opportunities, for Intercept 1, to do the following over the next 2 years:</p>		<ul style="list-style-type: none"> • Continue to provide ongoing, advanced Crisis Intervention Training (CIT) for law enforcement officers to improve their skills in handling mental health crises effectively. • Broaden the use of realistic, scenario-based training to help officers practice de-escalation techniques in controlled environments. • Explore the expansion of 24/7 co-responder teams that pair mental health professionals with law enforcement officers to respond to mental health-related calls. • Expand activities to educate the community about mental health issues and the role of law enforcement in crisis situations. • Explore opportunities to collaborate with law enforcement efforts to build trust and improve relationships between law enforcement and the community. • Explore opportunities to better collaborate with law enforcement to collect data on mental health-related incidents to identify trends and improve response strategies.
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Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
		<ul style="list-style-type: none"> • Explore opportunities to better collaborate with law enforcement to develop metrics to evaluate the effectiveness of interventions and make data-driven decisions for continuous improvement. • Continue to explore ways to provide officers with access to mental health resources and support services to address their own wellbeing. • Explore opportunities to establish peer support programs where officers can receive guidance and support from colleagues trained in mental health issues.

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
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.	Dallas	Continue existing services, potentially expand based on results of Jail In Reach Learning Collaborative
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.	Dallas	Continue existing services, potentially expand based on results of Jail In Reach Learning Collaborative
Courts are able to refer individuals to care coordinators for engagement in services at specialized dockets or directly from municipal and county jails.	Dallas	Expand municipal and justice court care coordination

<p>NTBHA will seek funding/collaborative opportunities, for Intercept 2, to do the following, in all NTBHA counties, over the next 2 years:</p>		<ul style="list-style-type: none"> • Continue to work in collaboration with county and city officials/judges to support increasing the number of mental health courts to divert individuals with mental health issues away from the traditional criminal justice system and into treatment program. • Continue to work with county and city officials/judges to develop and expand pretrial diversion programs that offer alternatives for individuals with mental health and substance use disorders. • Continue to work with NTBHA providers and community stakeholders to expand comprehensive reentry services that include mental health treatment, substance use counseling, housing assistance, and employment support to help individuals reintegrate into the community successfully. • Expand the availability of peer support programs where individuals with lived experience of mental health issues and the criminal justice system can offer guidance and support to those reentering society. • Explore ways to build upon and foster stronger collaborations between NTBHA, law enforcement, courts, correctional facilities, and other stakeholders to ensure a seamless transition from arrest to community-based services. • Expand cross-training initiatives for criminal justice and behavioral health professionals to improve understanding and coordination of services. • Expand in-jail treatment programs for mental health and substance use disorders to provide immediate support and reduce recidivism. • Streamline systems to track outcomes of diversion and reentry programs to measure
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Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
		<p>their effectiveness and identify areas for improvement.</p> <ul style="list-style-type: none"> • Conduct, sponsor, and/or collaborate with research and evaluation studies to inform best practices and evidence-based approaches for post-arrest interventions.

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
NTBHA provides a liaison for specialty courts dealing with mental health cases	Dallas	NTBHA is participating in a Jail Learning Collaborative with both Rockwall and Ellis Counties, which are considering JBCR and Jail Diversion programs.
NTBHA has a dedicated jail-based care coordinator.	Rockwall	Ellis, Hunt, Kaufman, Navarro, and Rockwall Counties are considering specialized, dedicated courts.
NTBHA has dedicated positions to work with the Dallas County District Attorney Mental Health Division to provide care coordination for Mental Health cases	Dallas	
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	NTBHA plans to expand OCR services through new/existing providers through counties outside of Dallas.

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
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	
AOT services are available within the service area	<ul style="list-style-type: none"> • Dallas 	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 	Ellis and Rockwall Counties are in early planning stages.
Care Coordinators provide community referrals to comprehensive services in the community	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman Rockwall	
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		
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.	Kaufman	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.

<p>NTBHA will seek funding/collaborative opportunities, for Intercept 3, to do the following, in all NTBHA counties, over the next 2 years:</p>	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	<ul style="list-style-type: none"> • Expand the capacity and utilization of jail-based competency restoration programs to ensure timely and effective treatment for individuals deemed incompetent to stand trial. • Expand comprehensive services including psychiatric care, substance use treatment, and life skills training to support competency restoration. • Explore opportunities for greater collaboration with courts to develop and expand specialized dockets within mental health courts to address the unique needs of individuals with co-occurring mental health and substance use disorders. • Explore opportunities to for greater collaboration with courts to implement integrative case management services to coordinate care and support for individuals throughout the court process. • Explore ways for greater collaboration with all criminal justice stakeholders to expand the use of robust pre-release planning services that include mental health assessments, treatment
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Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
		<p>plans, and connections to community resources.</p> <ul style="list-style-type: none"> • Continue to ensure continuous support and follow up care for individuals transitioning from jail to the community to reduce recidivism. • Expand opportunities for training of judges, attorneys, and court staff on mental health issues and the benefits of diversion programs. • Explore opportunities to implement data sharing systems to improve communication and coordination between jails, courts, and behavioral health providers. • Continue to explore ways to collaborative with all criminal justice stakeholders to develop performance metrics to evaluate the effectiveness of jail and court-based interventions and make data-driven improvements.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
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
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 	NTBHA is anticipating coordination with new Dallas State Hospital to facilitate planning for local hospital discharges.
The NTBHA State hospital liaison coordinates care for forensic hospital releases	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro Rockwall 	
TCOOMI coordinator refers individuals released from prison to community providers	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • 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.	Dallas	

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Rockwall County Jail Behavioral Health care coordinators develop transition plans for release.	Rockwall	

<p>NTBHA will seek funding/collaborative opportunities, for Intercept 4, to do the following, in all NTBHA counties, over the next 2 years:</p>		<ul style="list-style-type: none"> • Collaborate with criminal justice stakeholders to develop personalized reentry plans that address the specific needs of each individual, including mental health treatment, substance use counseling, housing, and employment support. • Collaborate with criminal justice stakeholders to start reentry planning well before release, involving case managers, mental health professionals, and community organizations to ensure a smooth transition. • Explore opportunities to expand transitional housing programs to provide stable, temporary housing for individuals immediately upon release. • Explore opportunities to increase access to permanent supportive housing for those with chronic mental health issues or substance use disorders. • Explore collaborative opportunities to expand job training programs and partnerships with local businesses to facilitate employment opportunities for individuals reentering the community. • Explore collaborative opportunities to expand
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		<p>access to educational programs, including GED preparation and vocational training, to improve long-term employment prospects.</p> <ul style="list-style-type: none"> • Expand peer mentoring programs where individuals with lived experience of reentry can offer guidance and support. • Expand support groups for individuals reentering the community to share experiences and build a supportive network. • Continue to ensure access to integrate services that include mental health care, substance use treatment, and primary care. • Continue to expand telehealth services to provide continuous care and support, especially for those in remote or underserved areas. • Continue to expand programs that support family reunification and strengthen family bonds, which are crucial for successful reentry. • Continue to foster partnerships with community organizations, faith-based groups, and local agencies to create a
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Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
		comprehensive support network.

Table 13: Intercept 5 Community Corrections

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 	
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 	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.
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 	

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<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 	
<p>NTBHA’s Regional Operations staff provide screenings for referrals for mental health and substance use disorders in the additional five counties.</p>	<ul style="list-style-type: none"> • Dallas • Ellis • Hunt • Kaufman • Navarro • Rockwall 	
<p>NTBHA will seek funding/collaborative opportunities, for Intercept 5, to do the following, in all NTBHA counties, over the next 2 years:</p>		<ul style="list-style-type: none"> • Streamline data collection and analysis systems to track outcomes and make informed decisions about program improvements. • Use technology to enhance communication and coordination between community corrections officers and service providers.

III.B Other Behavioral Health Strategic Priorities

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

proposals; and annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

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

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

The goals identified in the plan are:

- Goal 1: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.
- Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.
- Goal 3: Develop and support the behavioral health workforce.
- Goal 4: Manage and utilize data to measure performance and inform decisions.

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

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	<ul style="list-style-type: none"> • NTBHA currently provides trauma-informed care and culturally and linguistically appropriate services training to all staff, NTBHA providers, and the broader NTBHA service area communities. • NTBHA currently has a Trauma-informed care (TIC) workgroup which convenes monthly to discuss and plan system-wide plans and resources which are then shared with NTBHA staff, NTBHA providers, and the broader NTBHA service area stakeholders and community. 	<ul style="list-style-type: none"> • Continue to provide ongoing training for all staff on trauma-informed care, cultural competence, and linguistic sensitivity. • Continue to regularly gather and act on feedback from clients and staff to identify areas for improvement and ensure that services are meeting the needs of the community.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes</p>	<ul style="list-style-type: none"> • Gaps 2, 3, 4, 5, 10, 12 • Goal 1 	<ul style="list-style-type: none"> • NTBHA leadership and staff regularly engage local, state, and federal leaders and decision-makers around NTBHA services and the social determinants of health needs of the populations being served by NTBHA in the whole NTBHA service area. • There are stakeholder groups operating all six of the NTBHA counties (e.g. Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall). NTBHA is actively involved in discussions, planning forums, and resource sharing meetings, at the grass-roots level in order to address the whole-person needs of the populations being served. 	<ul style="list-style-type: none"> • Continue to build and maintain robust relationships with key stakeholders at all levels of government in order to maximize collaboration and to secure future additional funding. • Strengthen the current integrated service array which combines behavioral health services with housing, employment, and transportation support.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	<ul style="list-style-type: none"> • NTBHA regularly seeks out and applies for additional funding to augment the funding it receives from the State and local County governments. • Over the past several years, NTBHA has been the recipient of both SAMHSA (Substance Abuse and Mental Health Services Administration) grants and Bureau of Justice Grants. Both of these are Federal grants. 	<ul style="list-style-type: none"> • Continue to analyze funding streams to identify inefficiencies and potential areas for reallocation in order to maximize existing resources. • Continue to explore and apply for grants from federal, state, and private sources.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> • Gap 10 • Goal 1 	<ul style="list-style-type: none"> • NTBHA’s Continuous Quality Improvement (CQI) strategies involve regularly training and engaging NTBHA staff and NTBHA providers in the area of person-centered care. These efforts entail compliance audits, chart reviews, technical assistance and training. • NTBHA regularly solicits feedback from consumers and families as it pertains to NTBHA services and access to care. • NTBHA recently conducted a very robust and very informative patient satisfaction survey. 	<ul style="list-style-type: none"> • Continue to provide comprehensive training for staff on person-and family-centered care principles. • Continue to actively involve clients and their families in the planning and decision-making processes.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> • Gaps 2, 11 • Goal 1 	<ul style="list-style-type: none"> • NTBHA operates a robust Mental Health First Aid Training team which focuses on schools, churches, and institutions of higher learning through the six-county NTHBA region. • NTBHA also operates the MCOT (Mobile Crisis Outreach Team), YCOT (Youth Crisis Outreach Team), Multi-systemic Therapy (MST), OSAR, and Community Health Worker teams, in all six counties, which are often the front door and early intervention contacts/sites of treatment and recovery. 	<ul style="list-style-type: none"> • Expand the use of evidence-based prevention and early intervention programs. • Increase awareness about the importance of early intervention through community education programs. • Continue to use data to identify at-risk populations and monitor the effectiveness of prevention and early intervention programs.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> • Gap 3 • Goal 2 	<ul style="list-style-type: none"> • There are stakeholder groups operating all six of the NTBHA counties (e.g. Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall). NTBHA is actively involved in discussions, planning forums, and resource sharing meetings, at the grass-roots level in order to address the whole-person needs of the populations being served. • NTBHA regularly uses its social media presence (e.g. Facebook, LinkedIn, and X, formally known as Twitter) to communicate important and relevant information to community stakeholders and the broader public. 	<ul style="list-style-type: none"> • Continue to implement mechanisms for collecting and acting on feedback from staff and partner agencies. • Continue to identify areas for improvement and ensure that communication practices are meeting the needs of all stakeholders.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> Gaps 1, 3, 7 Goal 2 	<ul style="list-style-type: none"> There are stakeholder groups operating all six of the NTBHA counties (e.g. Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall). NTBHA is actively involved in discussions, planning forums, and resource sharing meetings, at the grass-roots level in order to address the whole-person needs of the populations being served. NTBHA operates as Certified Community Behavioral Health Clinic (CCBHC) with several large non-profit behavioral health providers which share policy and procedures and overall CCBHC organizational strategies. 	<ul style="list-style-type: none"> Continue to refine a broadly-shared vision and set of goals that collaborating entities agree upon. Increase the use of integrated data systems that allow for seamless information sharing between agencies where appropriate. Continue to conduct joint training programs for staff across agencies to ensure a consistent understanding of policies, practices, and programs.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> • Gap 3 • Goal 2 	<ul style="list-style-type: none"> • NTBHA regularly reviews statewide legislation and developments from statewide committees in order to stay abreast of best-practices and collaborative problem-solving initiatives that impact behavioral health services in the NTBHA region. 	<ul style="list-style-type: none"> • Continue to review the recommendations from SBHCC member advisory committees and strategic plans. • Continue to involve community advisory groups and other stakeholders in order to prioritize which recommendations of the SBHCC to implement.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care</p>	<ul style="list-style-type: none"> • Gaps 1, 11, 14 • Goal 2 	<ul style="list-style-type: none"> • NTBHA operates a robust care coordination service along with MCOT, YCOT, OSAR, and Community Health Workers to make people aware of behavioral health services and access points. • NTBHA’s robust network of providers also work to consistently make the public aware of behavioral health services and access points at their respective services sites, via their websites, social media presence, and outreach and marketing efforts. 	<ul style="list-style-type: none"> • Revamp the current website in order to provide a more accessible online portal that provides comprehensive information about available services, providers, and referral processes. • Launch targeted public awareness campaigns using billboards, social media, and television to highlight the services offered by NTBHA. • Strengthen mechanisms for collecting feedback from clients and providers about the referral process and service accessibility. • Continue to use this feedback from clients to continuously improve the system and address any barriers to access.

<p>Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services</p>	<ul style="list-style-type: none"> • Gaps 1, 5, 6 • Goal 2 	<ul style="list-style-type: none"> • There are stakeholder groups operating all six of the NTBHA counties (e.g. Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall). NTBHA is actively involved in discussions, planning forums, and resource sharing meetings, at the grass-roots level in order to address the whole-person needs of the populations being served. • NTBHA’s Continuous Quality Improvement (CQI) strategies involve regularly training and engaging NTBHA staff and NTBHA providers in the area of person-centered care. These efforts entail compliance audits, chart reviews, technical assistance and training. • NTBHA regular solicits feedback 	<ul style="list-style-type: none"> • Continue to use data analytics to track and analyze patterns in service delivery. • Continue to engage with clients, families, providers, and other stakeholders to gather feedback on their experiences with the system. • Continue to simplify and standardized referral processes to ensure timely and efficient transitions between different levels of care.
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>from consumers and families as it pertains to NTBHA services and access to care.</p> <ul style="list-style-type: none"> • NTBHA recently conducted a very robust and very informative patient satisfaction survey. • NTBHA regularly seeks feedback from the Planning and Network Advisory Committee, the Healthy Communities Committee (focusing on health equity), the Suicide Prevention Advisory Committee and other such advisory committees and stakeholder groups. 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Develop step-down and step-up levels of care to address the range of participant needs	<ul style="list-style-type: none"> • Gaps 1, 5, 6 • Goal 2 	<ul style="list-style-type: none"> • NTBHA currently operates the Living Room, the Kaufman Bridge, Crisis Respite, and the Deflection Center. All of these are step down and step up levels of care. 	<ul style="list-style-type: none"> • Strengthen the continuous quality improvement (CQI) process to regularly evaluate the effectiveness of NTBHA’s step-down and step-up programs and services. • Continue to provide ongoing training for staff, providers, and stakeholders on the principles of step-down and step-up care.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 3 	<ul style="list-style-type: none"> • NTBHA has recently brought online a state-of-the art, meaningful use Electronic Health Record. • NTBHA is working to optimize interoperability where appropriate and to use the appropriate data for collaboration, strategic management, and clinical decision-making. 	<ul style="list-style-type: none"> • Continue to develop a detailed plan for collecting relevant data. • Refine methods for identifying data sources, determining the frequency of data collection, and establishing protocols for data sharing and privacy.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to provide emotional supports to workers who serve people receiving services	<ul style="list-style-type: none"> • Gap 13 • Goal 3 	<ul style="list-style-type: none"> • NTBHA has strategically brought on leadership consultants to focus on healthy leadership and healthy caregiving addressing issues of self-care, empathy, compassion towards self and others. • NTBHA currently allows flexible schedules and remote work where appropriate. • NTBHA provides EAP services and free access to a full-service gym. • NTBHA conducts quarterly “lunch and learns” in order to keep all NTBHA staff informed of new initiatives, learning opportunities, and other vital information. This serves to boost morale and keep the workforce connected. 	<ul style="list-style-type: none"> • Enhance awareness about the EAP which offers confidential counseling and support services for employees. • Expand training programs which focus on stress management, resilience, and self-care. • Continue to provide flexible work schedules and remote work options to help employees balance their professional and person lives. • Expand awareness of NTBHA’s wellness program which include physical, emotional, and mental health components.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	<ul style="list-style-type: none"> • Gaps 13, 14 • Goal 3 	<ul style="list-style-type: none"> • NTBHA is currently gathering input from its needs assessment for the purpose of workforce planning. 	<ul style="list-style-type: none"> • Continue to conduct thorough assessments of the current workforce to understand demographics, skill sets, and areas of shortage. • Expand the use of data analytics tools to help identify trends, predict future workforce needs, and highlight areas where recruitment and retention efforts should be focused.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement a call to service campaign to increase the behavioral health workforce	<ul style="list-style-type: none"> • Gap 13 • Goal 3 	<ul style="list-style-type: none"> • NTBHA is currently partnering with several Colleges and Universities in the NTBHA region, and beyond, in order to make students aware of opportunities in the behavioral health workforce. • NTBHA is currently bringing on paid interns from Colleges and Universities to be trained and to work alongside NTBHA staff, within the NTBHA provider network, and in the broader NTBHA service area. 	<ul style="list-style-type: none"> • Continue to refine compelling messages about the impact of behavioral health work, opportunities for professional growth, and the supportive work environment at NTBHA. • Continue to involve current employees in the campaign by sharing their stories and experiences. • Continue to Utilize digital recruitment tools such as online job portals, virtual job fairs, and social media campaigns.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	<ul style="list-style-type: none"> • NTBHA currently has policies in place that address supporting a diversified workforce. • NTBHA has strategically brought on leadership consultants to focus on healthy leadership and healthy caregiving addressing issues of self-care, empathy, compassion towards self and others. 	<ul style="list-style-type: none"> • Continue to work towards increasing, promoting, and maintaining a diverse and inclusive workforce representative of the local service area. • Establish mentorship and sponsorship programs to support the career development of employees from underrepresented groups.
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	<ul style="list-style-type: none"> • NTBHA staff routinely work with the contracting staff at HHSC to improve processes and implementation. 	<ul style="list-style-type: none"> • Continue to engage with stakeholders, including service providers, state officials, and other relevant parties, to gather feedback on the current contracting processes.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 4 		<ul style="list-style-type: none"> • See answer to same question above.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis</p>	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 4 	<ul style="list-style-type: none"> • NTBHA is working to optimize interoperability where appropriate and to use the appropriate data for collaboration, NTBHA has recently brought online a state-of-the art, meaningful use Electronic Health Record. • NTBHA is working to optimize interoperability where appropriate and to use the appropriate data for collaboration, strategic management, and clinical decision-making. 	<ul style="list-style-type: none"> • Continue to clearly define the goals and objectives for the shared data portal by determining what types of data need to be collected, how it will be used, and the specific outcomes to be achieved. • Continue to involve key stakeholders from all relevant agencies in the planning process.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	<ul style="list-style-type: none"> • Gaps 3, 4, 14 • Goal 4 	<ul style="list-style-type: none"> • NTBHA currently has an MOU with the VA and works with local veteran’s organizations. • NTBHA currently provides services tailored to veterans through the NTBHA provider network. 	<ul style="list-style-type: none"> • Continue to refine standardized screening methods to identify service members, veterans, and their families. • Continue to conduct targeted outreach and awareness campaigns to inform service members, veterans, and their families about available services. • Continue to implement feedback mechanisms to gather input from service members, veterans, and their families about their experiences with NTBHA services.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> • Gaps 7, 14 • Goal 4 	<ul style="list-style-type: none"> • NTBHA is working to optimize interoperability where appropriate and to use the appropriate data for collaboration, strategic management, and clinical decision making. 	<ul style="list-style-type: none"> • Continue to refine standardized metrics and key performance indicators (KPIs) to measure the effectiveness and quality of services by focusing on client outcomes, service utilization, and client satisfaction.

III.C Local Priorities and Plans

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

List at least one but no more than five priorities.

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

Table 15: Local Priorities

Local Priority	Current Status	Plans
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
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

Local Priority	Current Status	Plans
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 	Enhance data-gathering and analysis capabilities to impact service-delivery and monitoring
Improving Timely Access	See above	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 ● Food Scarcity/Insecurity ● Peers ● Flexible hours, etc. (evenings and weekends) 	<ul style="list-style-type: none"> ● Coordinate housing resources ● Coordinate employment resources Enhance and advertise flexible hours

IV.D System Development and Identification of New Priorities

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

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

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

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

Table 16: Priorities for New Funding

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

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
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 to appropriate mental health services.</p>	<ul style="list-style-type: none"> • Staffing • Training • Licensure Fees • Outreach 	\$190,000	
3	<p>Comprehensive SUD-COPSD Door-to-Door Treatment Center (under one roof)</p>	<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) 	\$5 million	

Appendix A: Definitions

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

Community Based Crisis Program (CBCP) - Provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people with behavioral health crisis. CBCP projects include contracted psychiatric beds within a licensed hospital, EOUs, CSUs, s, crisis residential units and crisis respite units and are staffed by medical personnel, mental health professionals, or both that provide care 24/7. CBCPs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA or LBHA funding.

Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs) – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the person’s ability to function in a less restrictive setting.

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

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

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

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

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

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

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

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

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

Mobile crisis outreach team (MCOT) – A clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up and relapse prevention services for people in the community.

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

Appendix B: Acronyms

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