Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: September 30, 2022

Submissions should be sent to:

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

Contents

Introduction

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

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

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			•
Central Plains Center	715 Houston, Plainview, Tx 79072	Hale	• Screening/assessment/intake, TRR (both), services for co-occurring disorders, veterans
	119 E Ave C, Muleshoe, Tx 79367	Bailey	• TRR (both)
	1500 S Sunset, Littlefield, Tx 79339	Lamb	• TRR (both)
	925 W Crockett, Floydada, Tx 79235	Floyd	• TRR (both adults and children)
	310 W Halsell, Dimmitt, Tx 79027	Castro	• TRR (both adults and children)
	801 Houston, Plainview, Tx 79072	Hale	• Respite (adults)
	404 Floydada, Plainview, Tx 79072	Hale	• Substance Abuse Treatment (adolescent)
	602 W 6th, Plainview, Tx 79072	Hale	• IDD Admissions, IDD Service Coordination, and IDD Crisis Intervention Specialist (both adults and children)

I.B Mental Health Grant Program for Justice Involved Individuals

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

local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

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

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

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

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

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

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

I.D Community Participation in Planning Activities

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

	Stakeholder Type		Stakeholder Type
☒	Consumers	☒	Family members
☐	Advocates (children and adult)	☐	Concerned citizens/others
☐	Local psychiatric hospital staff **List the psychiatric hospitals that participated:* •	☐	State hospital staff **List the hospital and the staff that participated:* •
☒	Mental health service providers	☐	Substance abuse treatment providers

	Stakeholder Type		Stakeholder Type
☐	Prevention services providers	☐	Outreach, Screening, Assessment, and Referral Centers
☐	County officials **List the county and the official name and title of participants:* •	☐	City officials **List the city and the official name and title of participants:* •
☐	Federally Qualified Health Center and other primary care providers	☐ ☐	Local health departments LMHAs/LBHAs **List the LMHAs/LBHAs and the staff that participated:* •
☒	Hospital emergency room personnel	☐	Emergency responders
☐	Faith-based organizations	☒	Community health & human service providers
☐	Probation department representatives	☐	Parole department representatives
☐	Court representatives (Judges, District Attorneys, public defenders) **List the county and the official name and title of participants:* •	☒	Law enforcement **List the county/city and the official name and title of participants:* • Plainview PD Jaime Salinas • Hale Co. Sheriff David Cochran • Lamb Co Sheriff Maddox • Littlefield Police Chief Hester • Swisher Co Sheriff Mccaslin • Swisher Chief Deputy Franco • Briscoe Sheriff Dill • Parmer Co Sheriff Geske

	Stakeholder Type		Stakeholder Type
			• Friona Police Chief Jimenez • Muleshoe PD Chief McHone • Bailey Co Sheriff Wills • Floyd Co Sheriff Raissez
☐	Education representatives	☐	Employers/business leaders
☒	Planning and Network Advisory Committee	☐	Local consumer peer-led organizations
☒	Peer Specialists	☐	IDD Providers
☐	Foster care/Child placing agencies	☐	Community Resource Coordination Groups
☐	Veterans' organizations	☐	Other: _____

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

• Surveys
• Peer group meetings
• complaints
• meetings
•
•

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

• Transportation services
• Need more access to counseling for all populations

• Need more access in inpatient substance abuse treatment
•
•
•

Section II: Psychiatric Emergency Plan

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

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

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

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

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

II.A Development of the Plan

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

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

- Our plan was developed by 2 different MH Task Force groups that included police, sheriff's department and staff from local emergency rooms

Ensuring the entire service area was represented; and

- One group was from our biggest county, Hale. The other had reps from 2 of our western counties, Lamb, Bailey and Parmer. The other counties are included via individual meetings with stakeholders in each county.

Soliciting input.

- Input is received in meetings and ongoing thru regular communication with our local partners.

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

1. How is the Crisis Hotline staffed?

   During business hours

- Avail Solutions answers the hotline 24/7

After business hours

- Avail Solutions answers the hotline 24/7

Weekends/holidays

- Avail Solutions answers the hotline 24/7

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

- Avail Solutions answers the hotline 24/7

3. How is the MCOT staffed?

During business hours

- We have a Crisis Coordinator, three MCOT workers and an LPHA who are on staff during business hours. In the event that the crisis workers are busy we then pull from our Adult and Children's case management staff to help cover additional crises

After business hours

- We have 4-6 QMHP's who rotate being on call after hours and on the weekends. We also have an LPHA on call for clinical consultation.

Weekends/holidays

- Same as after business hours

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

- No

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

- All of the above depending on the needs of the consumer

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

Emergency Rooms:

- We are contacted thru the hotline. MCOT is activated if appropriate

Law Enforcement:

- We are contacted thru the hotline. MCOT is activated if appropriate

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

- We don't have a process as the closest state hospital is 2 ½ hours away.

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

During business hours:

- Both emergency rooms and law enforcement should contact the crisis line to have an MCOT worker assess the individual. The MCOT worker will complete the risk assessment to see if the individual meets criteria for inpatient hospitalization

After business hours:

- Both emergency rooms and law enforcement should contact the crisis line to have an MCOT worker assess the individual. The MCOT worker will complete the risk assessment to see if the individual meets criteria for inpatient hospitalization

Weekends/holidays:

- Both emergency rooms and law enforcement should contact the crisis line to have an MCOT worker assess the individual. The MCOT worker will complete the risk assessment to see if the individual meets criteria for inpatient hospitalization

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

- The individual will then be taken to the local hospital for medical clearance. Then reevaluation will occur once the patient has been medically cleared. If the patient requires further assessment the individual will be brought into services so that a psychiatrist can further diagnose the individual

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

- The local ER's will conduct the medical clearance assessment

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

- Each hospital has different admission criteria, however the standard admission process is as follows:
- The individual will be assessed by a member of MCOT. Then if medically necessary the patient will seek medical clearance through their local emergency room. Once medically cleared MCOT will call hospitals to seek availability. Once the hospital has given permission then the emergency room and psychiatric hospital will talk with one another via Nurse to Nurse and Doc to Doc. Once final permissions have been granted for the admission either a magistrates order or emergency detention will be sought. At this time law enforcement or Mental Health Deputy will transport. MCOT will follow up within 24 hours

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

- Central Plains Center has a crisis respite program. If the person is in need of crisis respite, the MCOT worker will call the crisis respite coordinator. The coordinator will then staff the home and provide a face to face to the home to check the individual into the home. Respite staff are awake with the individual 24 hours each day until discharged

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.

1. MCOT has the option to contact Law Enforcement (LE) when going into a home or any alternate location.
2. Majority of the time we do call LE if it's in home, parking lot, under a bridge or LE calls us.
a. Police Department is called if in the city
b. Sheriff is called if in the county
3. If it's in an office building and it's reported this client is calm and requesting help we will respond, assess situation, and if LE is needed we do not hesitate to contact them. When being contacted for an assessment and MCOT is informed of a risky or dangerous situation LE is called for a welfare check or MCOT arrives with LE.
4. When in a school location, school officers are contacted if they are available in that school district. If student is acting out LE is usually present before MCOT arrives.
5. MCOT has a Mental Health Deputy who is contacted to respond with MCOT when he is available to attend at any of the above locations.

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

    Where does the individual wait for a bed?

- If a bed is not available the person may be housed at either the local hospital if they were there for clearance, crisis respite if the individual is not at risk for suicide, or they could be taken home for family members to care for

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

- All MCOT and on call workers provide continued intervention services

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

- Depending on the situation, Mental Health Deputy, family, or local ambulance service

Crisis Stabilization

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

Name of Facility	none
Location (city and county)	
Phone number	
Type of Facility (see Appendix A)	
Key admission criteria (type of individual accepted)	
Circumstances under which medical clearance is required before admission	
Service area limitations, if any	
Other relevant admission information for first responders	
Accepts emergency detentions?	
Number of Beds	
HHSC Funding Allocation	

Inpatient Care

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

Replicate the table below for each alternative.

Name of Facility	Sunrise Canyon
Location (city and county)	Lubbock Texas, Lubbock County
Phone number	(806)740-0402
Key admission criteria	Must be medically clear and blood alcohol level under .05
Service area limitations, if any	None
Other relevant admission information for first responders	None
Number of Beds	Based on availability
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	n/a
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center	N/a

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

Phone number	1-800-777-5722
Key admission criteria	Based on Center recommendation
Service area limitations, if any	
Other relevant admission information for first responders	May require a negative covid test before admitting
Number of Beds	Based on availability
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$650
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	n/a
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	n/a
Name of Facility	Oceans – Abilene, Amarillo, and Midland
Location (city and county)	Abilene Tx- Taylor County Amarillo Tx – Potter County Midland Tx – Midland County
Phone number	325-698-6600 Abilene 806-310-2205 Amarillo 432-561-5915 Midland
Key admission criteria	Based on Center recommendation

Service area limitations, if any	
Other relevant admission information for first responders	May require a negative covid test before admitting
Number of Beds	Based on availability
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psych 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?	$650
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of Facility	The Pavilion
Location (city and county)	Amarillo Tx Potter County
Phone number	806-354-1810
Key admission criteria	Must be medically cleared
Service area limitations, if any	Will not accept an emergency detention from Lamb, Floyd, or Castro County.
Other relevant admission information for first responders	Time between medical clearance and admission can be several hours. May require a negative covid test before admitting
Number of Beds	Based on availability

Is the facility currently under contract with the LMHA/LBHA to purchase beds?	yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psych 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?	$800
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	

If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of Facility	Red River Hospital
Location (city and county)	Wichita Falls Tx Wichita County
Phone number	940-400-0733
Key admission criteria	Must be medically cleared
Service area limitations, if any	
Other relevant admission information for first responders	Client must have third party insurance that will cover services. May require a negative covid test before admitting
Number of Beds	Based on availability
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	no
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved	

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

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

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

Identify and briefly describe available alternatives.

- The individual has the option for restoration through a private psychiatrist, however many jails will not provide this service and want the individual taken to the state facility

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

- Funding for the individual

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

- no

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.

- QMHP-MCOT

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

- Central Plains Center is always looking for other alternatives to the state hospital. At this time there are no current plans

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

- Our community needs a jail-based competency restoration program. Our jails utilize many of our state bed days due to competency restoration

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

- We would need access to funding, a facility, and a psychiatrist

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

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

- Central Plains Center is now a Certified Community Behavioral Health Center (CCBHC) as of April 2022. One of the main focuses of CCBHC services is the integration of healthcare services. Emergency psychiatric either comes from the local MHA or an inpatient treatment center. Substance abuse treatment can be sought locally through the SUD program, Recovery Solutions, or the Pavilion in Amarillo Texas. Physical Services can be sought in all of our service area. Central Plains works with each of these agencies to provide integrative care along with their psychiatric needs. CPC has also started a partnership with Covenant Medical for health referrals.

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

• As part of the CCBHC system, CPC will look to expand it's collaboration with community agencies. This has already occurred with Covenant Medical and Regence Behavioral, two organizations in Hale County. We also want to continue to expand our mental health task force to include all appropriate agencies so that integration can be achieved, to continue to work with Covenant Medical for further expansion throughout our 9-county region

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?

• Currently our stakeholders have a quarterly (or more often if needed) meeting where information is given to them on any important information that they need to know

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?

• By sending emails, having staff meetings and/or trainings to implement the plan

II.F Gaps in the Local Crisis Response System

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

County	Service System Gaps	Recommendations to Address the Gaps
Parmer	• Takes longer to drive to this county than our response time allows. So crisis individuals wait longer for MCOT services	• Increase telemed capabilities
All Counties	• Transportation time to the psychiatric hospitals	• Need MH Deputies in all counties. Currently only have one in Hale County.
	•	•
	•	•
	•	•
	•	•
	•	•

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Intercept 0: Community Services Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• Our MCOT Services work closely with local PD out in the field and in local jails	• Hale, Lamb, Bailey, Briscoe, Floyd, Motley, Swisher, Castro, Parmer	• Continue expanding crisis services and availability to all the counties
• Officers are comfortable bringing individuals in crisis to our office instead of jail if there is an MH crisis occurring	• Hale, Lamb, Bailey, Briscoe, Floyd, Motley, Swisher, Castro, Parmer	• Utilize tele-health services to outlying counties that are unable to bring individuals to the Center
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

Intercept 1: Law Enforcement Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• MCOT staff, school officials, hospital/ER staff, and law	• Hale, Lamb, Bailey, Briscoe, Floyd, Motley, Swisher, Castro, Parmer	To continue these meetings and include more

enforcement meet quarterly to discuss high crisis utilizers		community members when necessary
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

Intercept 2: Post Arrest; Initial Detention and Initial Hearings **Current Programs and Initiatives:**	**County(s)**	**Plans for upcoming two years:**
• MCOT contacts jails after becoming aware of an arrest of a client. Will assist as necessary of needed.	• Hale, Lamb, Bailey, Briscoe, Floyd, Motley, Swisher, Castro, Parmer	• To continue to work on communication/relationship with all jails in our catchment
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

Intercept 3: Jails/Courts	**County(s)**	**Plans for upcoming two years:**

Current Programs and Initiatives:		
• Our MCOT staff provides weekly contact with clients in jail. Jail staff are pleased with these visits, as they have cut down on crisis and complaints	• Hale, Lamb, Bailey, Briscoe, Floyd, Motley, Swisher, Castro, Parmer	• To continue expanding MCOT service visits to other jails not yet involved in these services
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Jail staff keep MCOT staff informed of release dates and medication needs. All jail clients released are scheduled with our psychiatrist to continue medication.	• Hale, Lamb, Bailey, Briscoe, Floyd, Motley, Swisher, Castro, Parmer	• Continue current policy regarding released individuals
•	•	•
•	•	•
•	•	•
•	•	•

•	•	•
•	•	•

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Most jail clients are placed on our High Needs Caseload upon release from jail. These consumers are monitored by our Mental Health Deputy weekly	• Hale	• We would like to expand this service to other counties. Currently, we use this service primarily for Hale County clients.
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

III.B Other Behavioral Health Strategic Priorities

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

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs S public school students
- Gap 3: Coordination across state agencies

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

The goals identified in the plan are:

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• Walk in appts for admissions • Centralized scheduling	• Evaluate operations of clinical activities and appointments
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• MH Task Force has decreased frequency of ER use • Outcomes related to Hospital follow-ups	• Hire LPC for COPSD population if data supports the need • This was accomplished this year as we now have an LPC for SUD services.
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• n/a	•
Implementing and ensuring fidelity with	• Gap 7 • Goal 2	• Training on all EBP • Quality review of documentation	• Dedicate time and staff to EBP fidelity

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
evidence-based practices			
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• 2 MH peers, 3 family partners, 3 recovery peers	• We have hired 2 peer specialists, a trauma coordinator, and recovery coaches who focus on SUD services. They continue to provide services using a recovery-oriented philosophy.
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• Provide COPSD services • Refer to treatment	• Increase focus on COPSD • Hired new LPC for SUD treatment
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• CCBHC certified, integrated with Covenant Medical	• CCBHC certified in 2022. Now integrated with local medical organizations, referring consumers directly for healthcare needs.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• Expansion of telemed at remote sites	• Transportation training with SPAG
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• They see center Psychiatrist as a non-priority population client	• same
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• MPVN support services • MVPN is active in local jail and prison populations • MVPN is officed in the same facility as the local veteran office	• To continue to expand the reach of veteran services and increase our volunteer members

III.C Local Priorities and Plans

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

List at least one but no more than five priorities.

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

Local Priority	Current Status	Plans
Expansion of our MH Deputy services.	• Currently we have one MH Deputy in Hale County.	• We would like to expand this to more than one position so we can provide this support in more of the counties in our service area.
Explore expanding into primary care services in our own locations.	• We currently do not provide any primary care services.	• We plan on determining if providing primary care would be a viable option for us as a center. We want to be able to provide primary care treatment to our consumers.
Expand Systems of Care, SOC, to have a greater impact	• CPC has had a SOC SAMHSA grant for several years. We recently were awarded another SAMHSA SOC grant to continue this philosophy.	• We plan on continuing implementing and expanding the SOC philosophy into all parts of our service area.
	•	•
	•	•

III.D System Development and Identification of New Priorities

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

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

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

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

Priority	Need	Brief description of how resources would be used	Estimated Cost

1	***Example:*** *Detox Beds*	• *Establish a 6-bed detox unit at ABC Hospital.*	•
2	***Example:*** *Nursing home care*	• *Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.* • *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.*	•
	Transportation	• Funds to purchase vans and hire drivers to help clients get to their psychiatric appointments	• $150,000
	Adult SA Outpatient Services	• Funds for LPC/LCDC position, office space, etc	• $150,000
	Expand MH Deputy program into outlying counties	• Funds to hire additional MH Deputies, vehicles, and equipment	• $220,000
		•	•
		•	•
		•	•
		•	•

Appendix B: Acronyms

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

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

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

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

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

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

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

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

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

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

Appendix B: Acronyms

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