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
Central Plains Center	715 Houston, Plainview, Tx 79072	806-291-4470	Hale	outpatient	Screening/assessment/intake, TRR (both), services for co-occurring disorders, veterans
	119 E Ave C, Muleshoe, Tx 79367	806-315-3016	Bailey	outpatient	TRR (both)
	1500 S Sunset, Littlefield, Tx 79339		Lamb	outpatient	TRR (both)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
	925 W Crockett, Floydada, Tx 79235	806-983-5360	Floyd	outpatient	TRR (both adults and children)
	310 W Halsell, Dimmitt, Tx 79027	806-541-1289	Castro	outpatient	TRR (both adults and children)
	801 Houston, Plainview, Tx 79072	806-291-4470	Hale	outpatient	Respite (adults)
	602 W 6th, Plainview, Tx 79072	806-213-1105	Hale	outpatient	IDD Admissions, IDD Service Coordination, and IDD Crisis Intervention Specialist (both adults and children)
	631 Broadway Plainview, Tx 79072	806-291-0388	Hale	outpatient	Peer Recovery Services – substance use/abuse
	208 S Columbia Plainview Tx 79072	806-291-4433	Hale	Outpatient	IDD ISS/day hab, supported employment (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
	N/A				

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
	N/A			

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year

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
☒	People receiving services	☐	Family members
☐	Advocates (children and adult)	☐	Concerned citizens or others
☐	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): •	☐	State hospital staff (list the hospital and staff that participated): •
☒	Mental health service providers	☐	Substance use treatment providers
☒	Prevention services providers	☐	Outreach, Screening, Assessment and Referral Centers
☐	County officials (list the county and the name and official title of participants): •	☐	City officials (list the city and the name and official title of participants): •
☐	Federally Qualified Health Center and other primary care providers	☒	LMHA LBHA staff **List the LMHA or LBHA staff that participated:* • Gabriel Flores, MH Director • Sylvia DelaGarza, MCOT supervisor • Angelia Miller, Clinic supervisor
☒	Hospital emergency room personnel	☐	Emergency responders
☐	Faith-based organizations	☒	Local health and social service providers
☒	Probation department representatives	☒	Parole department representatives

	Stakeholder Type		Stakeholder Type
☒	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): • Jim Tirey – Hale County Attorney • Jackie Claborn – Parmer County DA • Mandy Gfeller – Castro County Judge • Mike DeLoach – Lamb County Judge	☒	Law enforcement (list the county or city and the name and official title of participants): • Derrick Watson – Chief of Police, Plainview • Ellen Burnett – Hale County Sherriff's office • Jaime Salinas – Plainview PD • David Cochran – Hale County Sherriff • Dwain Wainread – Chief of Police, Abernathy • Joe Orozco – Chief of PD, Bovina • Julian Dominguez – Bailey County Chief Deputy • Ross Hester – Chief of PD, Littlefield • Gary Maddox – Lamb Co Sheriff • Matt Edwards – chief of PD, Sudan • Misty Diaz – Lamb Co. Jail administrator • Richard Wills- Bailey Co Sheriff •
☒	Education representatives	☐	Employers or business leaders
☒	Planning and Network Advisory Committee	☒	Local peer-led organizations
☒	Peer specialists	☐	IDD Providers
☐	Foster care or child placing agencies	☒	Community Resource Coordination Groups
☐	Veterans' organizations	☐	Housing authorities
☐	Local health departments	☒	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: surveys, peer group meetings, complaints, other meetings

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:

- dedicated transport person for transportation to psychiatric hospitals
- Mobile clinic for use out in the catchment area
- More outreach in schools (suicide awareness, bullying awareness)
- More doctors for increased capacity

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:

Our plan is developed by our 2 Mental Health Task Force groups, which consist of local police, sheriff's departments, and staff from local emergency rooms.

- Ensuring the entire service area was represented; and

Response:

The larger MH Task Force is from our most populated county, Hale county. The other task force has reps from some of our western counties: Lamb, Bailey, and Parmer. Our other 5 counties are included via individual meetings with stakeholders.

- Soliciting input.

Response:

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

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:

    Avail Solutions answers our crisis hotline 24/7

    b. After business hours

    Response:

    Avail Solutions answers our crisis hotline 24/7

c. Weekends and holidays

Response:

Avail Solutions answers our crisis hotline 24/7

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

Response:

Avail Solutions answers our crisis hotline 24/7

3. How is the MCOT staffed?
   a. During business hours

Response:

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

b. After business hours

Response:

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.

c. Weekends and holidays

Response:

Same as after business hours

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

Response: n/a

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

   Response:

   All of the above depending on the needs of the consumer

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:

      We are contacted by Avail Solutions. MCOT is activated if appropriate

      b. Law Enforcement:

      We are contacted by Avail Solutions. MCOT is activated if appropriate

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

   Response:

   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?
   a. 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

      b. 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

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

Response:

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

Response:

The local ER's will conduct the medical clearance assessment

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

Response:

Each hospital has different admission criteria; however, the standard admission process is as follows:

- The individual will be assessed by a member of MCOT.
- 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 admission either a magistrate's 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 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:

    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 at 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.

    Response:

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 outside the city limits

3. If it's in an office building and it's reported this client is calm and requesting help we will respond, assess the 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 person wait for a bed?

Response:

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

Response:

MCOT and on call workers provide ongoing intervention services

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

Response:

Depending on the situation, Mental Health Deputy, family, or local ambulance services.

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

Response:

Depending on the situation, Mental Health Deputy, family, or local ambulance services.

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	N/A
Location (city and county)	
Phone number	
Type of facility (see Appendix A)	
Key admission criteria	
Circumstances under which medical clearance is required before admission	
Service area limitations, if any	
Other relevant admission information for first responders	
Does the facility accept emergency detentions?	
Number of beds	
HHSC funding allocation	

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 **Location (city and county)**	**Rivercrest** San Angelo, Tx Tom Green County
Phone number	1-800-777-5722
Key admission criteria	
Service area limitations if any	
Other relevant admission information for first responders	
Number of beds	Based on availability
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?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$650
If not under contract, does the LMHA or 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	**Oceans Behavioral Health**
Location (city and county)	Abilene Tx – Taylor County Amarillo Tx – Potter County Midland Tx – Midland County Lubbock Tx – Lubbock County
Phone number	325-698-6600 Abilene 806-310-2205 Amarillo 432-561-5915 Midland 806- 516-1190 Lubbock
Key admission criteria	Based on Center recommendation
Service area limitations if any	
Other relevant admission information for first responders	
Number of beds	Based on availability
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?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$650
If not under contract, does the LMHA or 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 Pavillion**
Location (city and county)	Amarillo Tx – Potter County
Phone number	806-354-1810
Key admission criteria	Must be medically cleared before admission
Service area limitations if any	Will not accept an emergency detention from Lamb, Floyd, or Castro Counties
Other relevant admission information for first responders	Time between medical clearance and admission can be several hours.
Number of beds	Based on availability
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?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$800
If not under contract, does the LMHA or 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?	

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:

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

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

   Response:

   Funding for the individual

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: No

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: QMHP-MCOT

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:

   Central Plains Center is always looking for other alternatives to admission to the state hospital. However, at this time there are no alternate plans.

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:

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

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

   Response:

   funding, a facility and a psychiatrist.

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:

   Central Plains Center became a Certified Community Behavioral Health Center (CCBHC) in April 2022. One of the many focuses of CCBHS Services is the integration of healthcare services. Emergency psychiatric Services either comes from the local MHA or an inpatient treatment facility. Substance use treatment can be sought locally through the SUD program, Recovery Solutions, or the Pavillion in Amarillo. Physical services can be sought in all of our catchment area. Central Plains Center works with all of these resources to provide integrated 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?

   Response:

   CPC will look to expand its collaboration with community agencies. This has already occurred with Covenant Medical and Regence Health Network, 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, and to continue to work with Covenant Medical for further expansion throughout our 9 county catchment area.

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:

   Currently our stakeholders have a quarterly (more often if needed) meeting to share pertinent information.

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:

   Emails, staff meetings, and trainings

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)
Parmer	Takes longer to drive to this county than our MCOT response times allow. This results in individuals in crisis having to wait longer for MCOT services.	Increase telemed capabilities	ongoing
All Counties	Transportation time to access inpatient psych services	Need MH Deputies in all 9 counties. Currently only have one in Hale County.	ongoing

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:
• 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

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
• MCOT staff, school officials, hospital/ER staff, and law enforcement meet quarterly to discuss high crisis utilizers	• Hale, Lamb, Bailey, Briscoe, Floyd, Motley, Swisher, Castro, Parmer	To continue these meetings and include more community members when necessary

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:
• MCOT contacts jails after becoming aware of an arrest of a client. Will assist as necessary or needed.	• Hale, Lamb, Bailey, Briscoe, Floyd, Motley, Swisher, Castro, Parmer	• To continue to work on communication/ relationship with all jails in our catchment

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
• 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

Table 12: Intercept 4 Reentry

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

Table 13: Intercept 5 Community Corrections

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 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	• Gaps 1, 10 • Goal 1	We have hired a TIC Coordinator, all staff are required to complete training in TIC, cultural awareness, linguistics	Continue to expand services related to TIC, create TIC groups

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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	• Gaps 2, 3, 4, 5, 10, 12 • Goal 1	We have budgeted a small amount of funds to assist with housing needs, transportation, and health referrals	Continuing to outreach with other agencies regarding these areas, we do have contracts in place with Covenant health and Spartan transportation, and local hotels for temporary housing. There are no shelters in our area.
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	• Gaps 1, 10 • Goal 1		
Implement services that are person- and family-centered across systems of care	• Gap 10 • Goal 1	We use curriculum that is person and family centered	Continue to enhance training and maintain these systems
Enhance prevention and early intervention services across the lifespan	• Gaps 2, 11 • Goal 1	We utilize prevention screenings at intake and attend outreach events to emphasize early intervention and access	Continue to enhance these types of services
Identify best practices in communication and information sharing to maximize collaboration across agencies	• Gap 3 • Goal 2	We have been utilizing telehealth services for over 15 years, many of our agencies such as schools, ERs, and jails have access to our telehealth services	Continue to expand telehealth services
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	• Gaps 1, 3, 7 • Goal 2	Since our CCBHC certification, we have increased our partnerships with local health agencies and substance use facilities	We are required to coordinate care across all mental and medical health systems under our coverage area and will continue to do so
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	• Gap 3 • Goal 2		

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	• Gaps 1, 11, 14 • Goal 2	We have MOUs in place with several networks and programs including those dealing with social needs, transportation, schools, law enforcement, substance use programs	We have increased our outreach programs and are completing MOUs as new programs arise within the community
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	• Gaps 1, 5, 6 • Goal 2	Limited staff, one doctor for all 9 counties, staff turnover	We are in the process of hiring a full time NP to assist the doctor and lessen the time to see a doctor
Develop step-down and step-up levels of care to address the range of participant needs	• Gaps 1, 5, 6 • Goal 2	Assessments are done anytime a person goes into crisis or show an increased need, also when returning from the hospital	Further training to make sure staff can identify a change in needs
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	• Gaps 3, 14 • Goal 3		
Explore opportunities to provide emotional supports to workers who serve people receiving services	• Gap 13 • Goal 3	We do provide debriefing services for staff in need or dealing with difficult cases. These are done by our LPC.	This needs to be more structured and included as part of our ongoing policy.
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	• Gaps 13, 14 • Goal 3	We recently completed our Community Needs Assessment which included surveys of several populations: clients, staff, and community. We are using this data to identify these types of factors	Our needs assessment is allowing us the opportunity to find issues related to this measure. We are in the process of collecting and putting a plan of action together.

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	• Gap 13 • Goal 3	We utilize outreach events and work closely with local universities and job fairs	We work closely with local universities and are organizing more events for the future
Develop and implement policies that support a diversified workforce	• Gaps 3, 13 • Goal 3	We strive to make sure our workforce matches our population, which it does.	Our policies detail and reflect the need of a diverse workforce
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	• Gaps 3, 13 • Goal 3		
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	• Gaps 3, 14 • Goal 4		
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	• Gaps 3, 14 • Goal 4	Our EHR allows access for all agency staff to share appropriate data	
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	• Gaps 3, 4, 14 • Goal 4	We have a MVPN veteran specialist on site that engages with veterans and helps refer them to resources	Continue to enhance this program with new ideas and find training to make sure our veteran program is doing all it can
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	• Gaps 7, 14 • Goal 4	We use EBP with our curriculum and our notes reflect that	Continue to offer training on EBP and continue internal audits to show staff are using them in service provision

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
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 adding 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 to implement and expanding the SOC philosophy into all parts of our service area.

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
2	Transportation	Funds to purchase vans and hire drivers to help clients get to their psychiatric appointments	$150,000	n/a
3	Adult SA Outpatient Services	Funds for LPC/LCDC position, office space, etc	$150,000	n/a

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Expand MH Deputy program into outlying counties	Funds to hire additional MH Deputies, vehicles, and equipment	$220,000	Work with local county officials for support for this expansion

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