Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local Behavioral Health Authorities

Fiscal Years 2020-2021
Due Date: September 30, 2020
Submissions should be sent to:
Performance.Contracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

Health and Human Services Commission

Contents

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Introduction

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

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

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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 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
Betty Hardwick Center Outpatient Services	2626 S. Clack St. Abilene, Tx 79606	Taylor	• Adult MH FLOC • Child & Adolescent FLOC • Screening, Assessment and Intake for both • Crisis/MCOT for both • Consumer Benefits Services for both • Substance Use Disorders

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• Veterans Services
Wood Group	858 Formosa	Taylor	• Respite for Adults
Avail	Corpus Christi, Tx	Nueces	• Hotline and Intake for all persons
Mental Health of America Abilene	PO Box 7782 Abilene, Tx 79608	Taylor	• Consumer Operated services for Adults and Children
Oceans Hospital	4225 Woods Pl Abilene, Tx 79602	Taylor	• Contracted Inpatient Services for both Adults and Children
Rivercrest Hospital	1636 Hunter's Glen Rd. San Angelo, TX 76901	Tom Green	• Contracted Inpatient Services for both Adults and Children
Shannon Behavioral Health	2018 Pulliam St. San Angelo, Tx. 76905	Tom Green	• Contracted Inpatient Services for both Adults and Children
Red River Hospital	1505 Eight Street Wichita Falls, Tx 76301	Archer	• Contracted Inpatient Services for 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.

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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. 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. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
19	Jail Transition- Serving individuals who have recently been released from jail.	Taylor, Jones, Callahan, Shackleford, Stephens	Adult Mental Health	123
19	Elm Creek Psychiatric Services- Rapid access to services to be seen within 3-5 days for psychiatric evaluation and a standalone psychiatric clinic.	Taylor, Jones, Callahan, Shackleford, Stephens	Adult Mental Health & Child & Adolescent Mental Health	352

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:*

Stakeholder Type	Stakeholder Type
• Oceans Hospital	• *Big Spring State Hospital – Ricky White*
☒ Mental health service providers	☒ Substance abuse treatment providers
☒ Prevention services providers	☒ Outreach, Screening, Assessment, and Referral Centers
☒ County officials **List the county and the official name and title of participants:* • Taylor County Commissioner Statler • Jones County Sheriff Danny Jiminez • Taylor County Sheriff Ricky Bishop • Stephens County Sheriff Roach/now Will Holt • Shackelford County Sheriff Ed Miller • Callahan County Sheriff Joy/now Pechacek • Taylor County Judge Downing Bolls • Jones County Judge Dale Spurgin • Stephens County Judge Michael Roach • Shackelford County Judge Robert Skelton • Callahan County Judge Scott Kniffen	☒ City officials **List the city and the official name and title of participants:* • City of Abilene Chief of Police, Standridge/now Dudley • City of Abilene Fire Chief, Flores
☒ Federally Qualified Health Center and other primary care providers	☒ Local health departments ☒ LMHAs/LBHAs **List the LMHAs/LBHAs and the staff that participated:*

	Stakeholder Type		Stakeholder Type
			• Betty Hardwick Center Executive Staff, BH Management Team
☒	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:* • District Judge Lee Hamilton • Taylor County Judge Downing Bolls • Jones County Judge Dale Spurgin • Stephens County Judge Michael Roach • Shackelford County Judge Robert Skelton • Callahan County Judge Scott Kniffen • JPs for Taylor County (McAuliffe, Dean and Cleveland) • JP Spoon for Stephens County	☒	Law enforcement **List the county/city and the official name and title of participants:* • Jones County Sheriff Danny Jiminez • Taylor County Sheriff Ricky Bishop • Stephens County Sheriff Roach/now Will Holt • Shackelford County Sheriff Ed Miller • Callahan County Sherrif Joy/now Pechacek • Jail Administrators all counties • Chief of Police Standridge/Dudley City of Abilene and Asst Chiefs Perry, Lt. Hill, Lt. Moran
☒	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.

• Ongoing coordination of services for individuals in jail, including a Jail Diversion Subcommittee
• Behavioral Advisory Team
• Community Surveys- Our LMHA for Community Justice Plan and other agencies- SUD Needs Assessment, Hendrick Medical Center CHNA, etc.
• Met with local DFPS Community Service Provider- 2INgage for children in foster care
• Ongoing meetings with IDD providers and law enforcement regarding crisis
• LMHA provides leadership to the CRCG groups in the region, addressing needs of children

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.

• Increased Jail Diversion alternatives
• Need for more substance use services for adults and youth
• Need for increased services for children and adolescents in the community
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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;

- The Center has regular ongoing contact with crisis stakeholders through MH Task Force, Behavioral Advisory Team, the Community Response Teams' Multi-Disciplinary Team and regular contact with Jail Administrators/Sheriff's through Jail Navigator services and the Jail Diversion subgroup of the BAT.
- The services are planned with stakeholder input and processes revised when the group reviews incidents or practices that need improvement or have additional training or resources that support changes.

Ensuring the entire service area was represented; and

- The CEO and BH leadership meets with Sheriff's and County Judges throughout the year as needed, consults via phone for specific needs, implemented Jail Navigator services to have ongoing presence and shares data with counties each summer regarding service needs and capacity.

Soliciting input.

- Stakeholder input is solicited through quarterly Mental Health Task Force and as needed Jail Diversion Task Force meetings that include representatives from the LMHA, law enforcement, emergency room, medical hospitals, courts, DFPS, county officials, jails county court officials and other social service agencies. Planning Network Advisory Committee that includes customers and family have input into crisis services as well. CEO/Board collect information from stakeholders ongoing.

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 operates 24/7

After business hours

- Avail operates 24/7

Weekends/holidays

- Avail operates 24/7

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

- Avail

3. How is the MCOT staffed?

During business hours

- One full time MCOT QMHP and a full time MCOT Member of a Community Response Team (with police and fire). Case managers provide crisis services to their assigned customers. ACT on call staff provide support and crisis services to their customers.

After business hours

- Four full time MCOT QMHPs cover nights and weekends. There is a paid on-call person as well on weekends for added coverage. ACT on call staff provide support and crisis services to their customers.

Weekends/holidays

- Four full time MCOT QMHPs cover nights and weekends. There is a paid on-call person as well on weekends for added coverage. ACT on call staff provide support and crisis services to their customers.

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

- N/A

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

- Crisis Relapse Prevention Specialist (CRPS) contacts the person either by phone or in person within 24 hours of crisis or the next business day. If it is needed, MCOT will follow up the same day or over the weekend if clinically indicated. If CRPS or MCOT are unable to reach the person by phone, a face-to-face attempt will be made. If not successful, the person's name is given to our Law Enforcement partners and if the person is located, we are contacted. Verification that follow-up service was provided is through progress notes in the chart. If it is something that needs to be immediately communicated, it is done by phone or email. If it is an assessment, then the MCOT person and CSRP are added to signature lines to ensure review of the assessment.

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

Emergency Rooms:

- MCOT are deployed to all calls from ERs that the hotline triages as emergent and urgent

Law Enforcement:

- MCOT are deployed to all calls from law enforcement and jails. The CRT takes some calls that are made to law enforcement. An MCOT member is on that team.

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

- We don't have a state hospital in our catchment area. The LMHA in the area does screening and coordinates with the Center if a client presents as a walk in to a SMHF in another area.

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

During business hours:

- Contact the LMHA crisis hotline 800-758-3344 that a crisis assessment is needed for hospitalization

After business hours:

- Contact the LMHA crisis hotline 800-758-3344 that a crisis assessment is needed for hospitalization

Weekends/holidays:

- Contact the LMHA crisis hotline 800-758-3344 that a crisis assessment is needed for 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?

- Psychiatric Emergency Services Center (PESC) beds, Private Psychiatric (PPB) beds and state hospital beds are available. PESC and PPB beds can be accessed without prior medical clearance if the crisis customer has no injuries or obvious medical issues. Medical clearance is completed later by those facilities within 24 hours. The CRT can provide medical clearance for many persons in the field. When that is not immediately possible, local emergency rooms provide medical clearance if a crisis customer is injured, has some untreated medical issue or if a psychiatric hospital requires a clearance.

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

- Psychiatric Emergency Services Center (PESC) beds, Private Psychiatric (PPB) beds and state hospital beds are available. PESC and PPB beds can be accessed without prior medical clearance if the crisis customer has no injuries or obvious medical issues. Medical clearance is completed later by those facilities within 24 hours. The CRT can provide medical clearance for many persons in the field. When that is not immediately possible, local emergency rooms provide medical clearance if a crisis customer is injured, has some untreated medical issue or if a psychiatric hospital requires a clearance.

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

- MCOT staff contact the PESC, PPB or state hospital providers and they can be referred voluntary or involuntary

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).

- MCOT, case managers and ACT staff can access crisis respite services for their customers for crisis resolution or crisis avoidance. There is a simple referral form to access respite. LMHA staff also can use motels for temporary out of home respite.

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.

- The CRT would respond to these locations during operational hours. MCOT would meet law enforcement when CRT is not available.

14. If an inpatient bed at a psychiatric hospital is not available:
    Where does the individual wait for a bed?

- Emergency room patients waiting for psychiatric hospital beds remain in the emergency room until a psychiatric bed is found. Crisis respite can provide safety monitoring until a hospital bed is found.

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?

- MCOT, case managers and ACT team staff provide continued follow up services

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

- MCOT, case managers and ACT team or family

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? Replicate the table below for each alternative.

Name of Facility	Betty Hardwick Center Respite/Contracted with Wood Group
Location (city and county)	Abilene, Texas (Taylor County)
Phone number	325-672-8911
Type of Facility (see Appendix A)	Type A Assisted Living Home operated as crisis respite
Key admission criteria (type of individual accepted)	Adult mental health
Circumstances under which medical clearance is required before admission	Only if customer is injured or has an active medical emergency
Service area limitations, if any	LMHA catchment area only
Other relevant admission information for first responders	NA
Accepts emergency detentions?	No
Number of Beds	12

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	Psychiatric Emergency Services Center (PESC) and Private Psychiatric Beds (PPB) Oceans Behavioral Health
Location (city and county)	Abilene, Texas (Taylor County)
Phone number	325-691-0030
Key admission criteria	Adult mental health crisis on referral from LMHA staff
Service area limitations, if any	None
Other relevant admission information for first responders	NA
Number of Beds	We purchase PRN not a bed count.
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	PESC and PPB
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?	$625.00

If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA
Name of Facility	Psychiatric Emergency Services Center (PESC) Rivercrest Hospital
Location (city and county)	San Angelo, Texas (Tom Green County)
Phone number	800-777-5722
Key admission criteria	Adult and child mental health crisis on referral from LMHA staff
Service area limitations, if any	None
Other relevant admission information for first responders	NA
Number of Beds	We purchase PRN not a bed count.
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	PESC
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed

If under contract, what is the bed day rate paid to the contracted facility?	$625.00
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA
Name of Facility	Psychiatric Emergency Services Center (PESC) Shannon Behavioral Center
Location (city and county)	Sand Angelo, Texas (Tom Green County)
Phone number	800-227-5908
Key admission criteria	Adult mental health crisis on referral from LMHA staff
Service area limitations, if any	None
Other relevant admission information for first responders	NA
Number of Beds	We purchase PRN not a bed count.
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	PESC

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$575.00
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA

Name of Facility	Psychiatric Emergency Services Center (PESC) Red River Hospital
Location (city and county)	Wichita Falls, Texas (Wichita county)
Phone number	800-234-5809
Key admission criteria	Adult and child mental health crisis on referral from LMHA staff
Service area limitations, if any	None
Other relevant admission information for first responders	NA
Number of Beds	We purchase PRN not a bed count.
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	PESC

Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$600.00 and $50 when transport back to service area is required
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA
Name of Facility	Private Psychiatric Bed (PPB)- Oceans Behavioral Hospital
Location (city and county)	San Angelo, Texas (Tom Green County)
Phone number	325-698-6600
Key admission criteria	Adult and child mental health crisis
Service area limitations, if any	None
Other relevant admission information for first responders	NA
Number of Beds	We purchase PRN not a bed count.
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis	PESC

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?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$625.00
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA

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.

- There are no formal outpatient alternatives at this time, outside of the outpatient services available in the community. Clients in jail who are incompetent have the option to receive jail clinic services until they are moved to a SMHF or competency status changes.

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

- Judges won't consider outpatient forensic alternative unless the forensic patient is in a facility or supervised housing. The Jail and local courts did not pursue court ordered medication for people in jail prior to FY21, so inmates may elect not to take medication while waiting for forensic SMHF beds.

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?

- Yes, we have two Jail Navigators who perform crisis screenings, follow up, pre/post booking diversion and in jail coordination of services and discharge planning.

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.

- Jail Navigators are the primary contact. If they are not on duty, MCOT can be activated through the hotline.

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

- The Center would consider any opportunities to apply for new outpatient competency funding.

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

- We have relatively small numbers of forensic patients in the state hospital system in FY 2019. Jail based or community-based alternatives would be possible.

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

- We need funding for staff, training, curriculum and testing materials to provide the services. We need a facility or supervised housing setting for supervision of the forensic patients.

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?

- PESC, PPB and state hospital provide integrated psychiatric, substance use and physical health care services. LMHA staff offer COPSD services and referrals to substance abuse programming and health care resources. Center applied for Substance Use Disorder licensure and received license 02/18/20 for outpatient substance abuse services and Medication Assisted Therapy and have developed and grown the outpatient program and are capable of offering MAT to eligible clients. We do screening for tobacco use, BMI and unhealthy alcohol and drug use and offer brief education/counseling and refer when appropriate.

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

- Center will develop and grow the development of outpatient substance abuse services which may include Medication Assisted therapy as appropriate.
- We have good working relationships with FQHCs in our area and refer patients but hope to increase data sharing.

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?

- Center public information officer will be responsible for getting the psychiatric emergency plan to stakeholders
- BH staff interact often with other agencies to offer education/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?

- Center and hotline staff have the above plan and information at time of hire and ongoing.

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
Taylor, Callahan, Stephens, Jones, Callahan	• No emergency detox for single diagnosis substance abuse customers	• Continue to work with SUD providers to create potential service expansion
Taylor, Callahan, Stephens, Jones, Callahan	• Emergency Housing Options for persons in BH Crisis	• Continue to work with Housing providers to create potential service expansion
	•	•
	•	•
	•	•
	•	•
	•	•

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.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• PESC, PPB and state hospital resources are available for jail diversion	• Taylor, Callahan, Jones, • Shackleford, Stephens	• Review data/trends to identify when diversion is not an option and educate stakeholders
• Jail Diversion Task Force for planning	• Taylor, Callahan, Jones, • Shackleford, Stephens	• Continue to meet, review Jail Navigator data, TLETS data to inform planning.
• Completed SIM with stakeholders in February 2019	• Taylor, Callahan, Jones, • Shackleford, Stephens	• n/a
• MCOT service site is a police drop off site	• Taylor	• Continue services
• Deploy CRT and grant funded second team to deploy in 2020.	• Taylor	• Implemented second Community Response Team 12/14/20

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• 911/Dispatch warm transfers calls that are primary BH to Avail	• Taylor, Callahan, Jones, • Shackleford, Stephens	• Continue
• Law enforcement access crisis staff to divert mentally ill persons from jail	• Taylor, Callahan, Jones, • Shackleford, Stephens	• IPads were deployed to field for more rapid video access to MCOT
• Jails Navigators/MCOT pre-book divert mentally ill persons	• Taylor, Callahan, Jones, • Shackleford, Stephens	• Review Jail Navigator data to inform pre-booking efforts

•	•	•
•	•	•
•	•	•
•	•	•

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Jail-CARE match at jails to identify mentally ill persons in county jails	• Taylor, Callahan, Jones, Shackleford, Stephens	• Continue collaboration meetings with judges and jail administration to reduce barriers to jail release
• Jails forward CARE match information to court administrators	• Taylor, Callahan, Jones, Shackleford, Stephens	• Continue collaboration meetings with judges and jail administration to reduce barriers to jail release
• Court Supervised Bond Process for reduced rate bond and can require mental health services	• Taylor, Callahan, Jones, Shackleford, Stephens	• Continue collaboration meetings with judges and jail administration to reduce barriers to jail release
• Meeting with judges and jail administration to discuss barriers to diversion	• Taylor, Callahan, Jones, Shackleford, Stephens	• Continue collaboration meetings with judges and jail administration to reduce barriers to jail release
• Jails access crisis staff to post-book divert mentally ill persons	• Taylor, Callahan, Jones, Shackleford, Stephens	• Jail Navigators assist during booking and after to determine the best possible alternatives
• Psychiatry provided to jail inmates pre-release	• Taylor, Callahan, Jones, Shackleford, Stephens	• The Center provides Jail Clinic services in all counties pre-release
• Courts refer for outpatient and inpatient mental health stabilization	• Taylor, Callahan, Jones, Shackleford, Stephens	• Continue to report on services available to courts
• Veterans court docket	• Taylor, Callahan, Jones, Shackleford, Stephens	• Explore the option. Currently MVPN/Veteran Counselor visit inmates in jail.

• Aftercare for NGRI referrals	• Taylor, Callahan, Jones, Shackleford, Stephens	• Explore options for best outpatient care
• Forensic aftercare in the jails post state hospital discharge	• Taylor, Callahan, Jones, Shackleford, Stephens	• Coordinate with Jail Administrators through Jail Navigators
• Forensic aftercare psychiatry	• Taylor, Callahan, Jones, Shackleford, Stephens	• The Center provides Jail Clinic service in all counties
• Enrollment for outpatient services if jail discharges a mentally ill person	• Taylor, Callahan, Jones, • Shackleford, Stephens	• Coordinate using Jail Navigators to connect to outpatient care.
• Transitions program connects pre-release	• Taylor, Callahan, Jones, • Shackleford, Stephens	• Coordinate using Jail Navigators to connect to outpatient care

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Jail Navigators assist pre-release planning	• Taylor, Callahan, Jones, Shackleford, Stephens	•Continue to coordinate with jail and local re-entry coalition to assure clients have support
• Transitions program handles post release services	• Taylor, Callahan, Jones, Shackleford, Stephens	• Continue to coordinate with jail and local re-entry coalition to assure clients have support
• Provide forensic aftercare	• Taylor, Callahan, Jones, Shackleford, Stephens	• Continue to coordinate with jail and local re-entry coalition to assure clients have support
•	•	•
•	•	•
•	•	•
•	•	•

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• TCOOMMI continuity of care to provider intake and continuity of care for state jail releases	• Taylor, Callahan, Jones, Shackleford, Stephens	•Continue
• TCOOMMI staff have regular meetings with probation and parole to identify offenders needing services	• Taylor, Callahan, Jones, Shackleford, Stephens	•Continue
• TCOOMMI staff provide technical assistance and training to parole and probation units	• Taylor, Callahan, Jones, Shackleford, Stephens	•Continue
• TCOOMMI staff facilitate enrollment to center services.	• Taylor, Callahan, Jones, Shackleford, Stephens	•Continue
•	•	•

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 for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*

- *Gap 3: Coordination across state agencies*
- *Gap 4: Veteran and military service member supports*
- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *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 individuals with intellectual disabilities*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 13: Behavioral health workforce shortage*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*
- *Gap 15: 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 in order 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 current 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	• New hospital continuity of care hired to do pre-discharge enrollments and follow up services	• Continue efforts in place.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• Hospital Continuity of Care worker facilitating aftercare. • Added an MCOT Relapse Prevention Worker to enhance crisis follow up	• Continue efforts in place.
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	• Hospital Continuity of Care worker facilitating aftercare following up to confirm enrollment for all state hospital aftercare referrals.	• Hospital Continuity of Care worker facilitating aftercare following up to confirm enrollment for all state hospital aftercare referrals.
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• QA chart audits	• QA chart audits
Transition to a recovery-oriented	• Gap 8 • Goals 2,3	• Contracting with Mental Health America for	• Expand peer program services using CCBHC

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
system of care, including use of peer support services		Consumer Operated Services • Employed peer specialists for adult population • Employed Family Partner for Child population • Participation in Recovery Reads	Expansion Grant funds in FY21
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• MOU with Abilene Recovery Council • COPSD Training for all staff and inclusion in treatment plans • Coordinate housing with halfway houses • Participation in Recovery Oriented System of Care (ROSC) • In FY19 applied for SUD licensure to resume outpatient services • Applied for HHSC SUD funds to serve indigent adults	• MOU with Abilene Recovery • COPSD training for all staff and inclusion in treatment plans • Coordinate housing with halfway houses • Participation in Recovery Oriented System of Care (ROSC) • Provide substance use counseling by LCDC's or QCC. • SUD licensure approved in FY20 and outpatient services began in FY21

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• Coordinate with local FQHC regarding mutual patients. • Expanding physical health screening and care coordination efforts	• Coordinate with local FQHC regarding mutual patients. • Add Care Coordination staff to assist with coordination of care.
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• Use of telemedicine or telehealth services	• Use of telemedicine or telehealth services
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• Utilize crisis specialist to follow up on 911 calls from provider addresses	• Continue activities in place. • MH staff participating in IDD Crisis Training through HUB
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• Hired a veteran counselor • Hired a veteran peer	• Working with local Military Partnership group to address community service needs • Explored Veteran One Stop with Community Partners

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
Increase outpatient service options for adolescents in the community.	No private psychiatry offices serving children • Very limited SUD services for adolescents in community	• Center obtained licensure to resume SUD outpatient service delivery. • Center continues to advocate for changes to Ryan Haight act that limits prescribing that impacts adolescents. • Center prescribers obtained X waiver to begin MAT treatment in clinic
Increased SUD services	• OSAR does initial screening • Center refers to Recovery Specialist, detox, outpatient and inpatient care	• Center obtained SUD licensure and offers outpatient service delivery • Center will initiate MAT and ambulatory detox in 2021.
Improve Support for Jail Diversion and Coordination	• Discuss with local officials' ability to increase resources to support these efforts	• Build upon the Jail Navigator role to facilitate other options for diversion
	•	•
	•	•

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	Increase outpatient service options for	• Add staff for adolescent SUD service	• Additional dedicated staff position - $60,000

	adolescents in the community.		
2	Increased SUD services	• Center has reapplied for licensure and will resume outpatient service delivery • Center will initiate MAT and ambulatory detox in 2020.	• $100,000 for Additional staff with substance abuse expertise • $40,000 for MAT
3	Improve Support for Jail Diversion and Coordination	• Build upon the Jail Navigator role to facilitate other options for diversion.	• N/A
		•	•
		•	•
		•	•

Appendix A: Levels of Crisis Care

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