

Consolidated Local Service Plan (CLSP) Template

Component: 475 LMHA: Coastal Plains Community Center

Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA (or a subcontractor organization) that provide mental health services using DSHS and Medicaid funds. 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.*
- *To add additional bullet points, press “Enter” on your keyboard after completing the first bullet point.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, children, or both (if applicable):*
 - *Screening, assessment, and intake*
 - *Full levels of care (FLOC): adults, children, or both*
 - *Selected levels of care (specify the levels): adults, children, or both*
 - *Extended Observation*
 - *Crisis Residential*
 - *Contracted Inpatient*
 - *Respite*
 - *Crisis Stabilization Unit.*
 - *Other (please specify)*

Operator (LMHA or Contractor Name)	Street Address	City	Zip	Services & Populations
Coastal Plains Community Center (CPCC) - Admin Office	200 Marriott Drive	Portland	78374	<ul style="list-style-type: none"> • Screening
CPCC - Taft	201 Roots Ave	Taft	78390	<ul style="list-style-type: none"> • All Services - will be the same for each clinic listed Including: • Screening, assessment, and intake; • FLOC: both • CBT - Contract Provider • Psychiatric Assessments, Medication monitoring, Annual psychiatric reviews - contract provider • Family Partner Services -

Operator (LMHA or Contractor Name)	Street Address	City	Zip	Services & Populations
				contract provider <ul style="list-style-type: none"> Peer Provider Services - contract provider
CPCC - Beeville	2808 Industrial Loop	Beeville	78012	<ul style="list-style-type: none"> All Services
CPCC - Rockport	620 E. Concho	Rockport	78382	<ul style="list-style-type: none"> All Services
CPCC - Alice	614 W. Front	Alice	78332	<ul style="list-style-type: none"> All Services
CPCC - Falfurrias	101 W. Potts	Falfurriast	78355	<ul style="list-style-type: none"> All Services
CPCC - Kingsville	914 E. Fordyce	Kingsville	78364	<ul style="list-style-type: none"> All Services
				<ul style="list-style-type: none">
				<ul style="list-style-type: none">
				<ul style="list-style-type: none">
				<ul style="list-style-type: none">
				<ul style="list-style-type: none">
				<ul style="list-style-type: none">
				<ul style="list-style-type: none">
				<ul style="list-style-type: none">

Community Participation

LMHAs have been engaged in multiple planning activities over the past year, including those relating to jail diversion efforts, plans to reduce utilization of state hospitals, and implementation of the Medicaid 1115 Transformation Waiver. The results of these planning efforts are summarized in this Local Service Plan.

Identify community stakeholders who participated in your local service planning activities over the past year.

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

Stakeholder Type		Stakeholder Type	
Mental health service providers	<input checked="" type="checkbox"/>	Substance abuse treatment providers	<input checked="" type="checkbox"/>
Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, and Referral (OSAR)	<input checked="" type="checkbox"/>
County officials	<input checked="" type="checkbox"/>	City officials	<input checked="" type="checkbox"/>
FQHCs/other primary care providers	<input checked="" type="checkbox"/>	Local health departments	<input checked="" type="checkbox"/>
Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders	<input type="checkbox"/>
Faith-based organizations	<input checked="" type="checkbox"/>	Community health & human service providers	<input checked="" type="checkbox"/>
Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives	<input checked="" type="checkbox"/>
Court representatives from each county (judges, DAs, public defenders, etc.)	<input checked="" type="checkbox"/>	Law enforcement	<input checked="" type="checkbox"/>
Education representatives	<input checked="" type="checkbox"/>	Employers/business leaders	<input checked="" type="checkbox"/>
Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local consumer-led organizations	<input checked="" type="checkbox"/>

List the key issues and concerns identified by stakeholders. Only include items that were raised by multiple stakeholders and/or had broad support. When you finish listing one issue, press "Enter" on your keyboard to create a new bullet point.

- Integrated Services
- Over-utilization of the ERs for non-emergency medical issues
- Availability of primary care services to behavioral health consumers
- Availability of crisis response services
- Involvement in the region-wide disaster plan

System-Wide Priorities: Jail Diversion Strategies

Indicate which of the following strategies you use to divert individuals from the criminal justice system.

Intercept Point	Components
1: Law enforcement and emergency services	<input type="checkbox"/> Co-mobilization with Crisis Intervention Team (CIT) or MH Deputies <input type="checkbox"/> Co-location with CIT or MH Deputies <input checked="" type="checkbox"/> Training law enforcement staff

Intercept Point	Components
	<input checked="" type="checkbox"/> Documenting police contacts with persons with mental illness <input type="checkbox"/> Training law enforcement staff <input type="checkbox"/> Police-friendly drop-off point <input checked="" type="checkbox"/> Service linkage and follow-up for individuals who are not hospitalized <input type="checkbox"/> Other:
2: Post-arrest: initial detention and initial hearings	<input type="checkbox"/> Staff at court to review cases for post-booking diversion <input type="checkbox"/> Routine screening for mental illness and diversion eligibility <input type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion <input type="checkbox"/> Staff at court who can authorize alternative services to incarceration <input checked="" type="checkbox"/> Link to comprehensive services <input type="checkbox"/> Other:
3. Post-initial hearing: jail, courts, forensic evaluations, and forensic commitments	<input type="checkbox"/> Routine screening for mental illness and diversion eligibility <input type="checkbox"/> Mental Health Court <input type="checkbox"/> Veterans' Court <input checked="" type="checkbox"/> Drug Court <input type="checkbox"/> Community Court <input type="checkbox"/> Re-entry Court <input type="checkbox"/> Outpatient Competency Restoration <input type="checkbox"/> Services for persons Not Guilty by Reason of Insanity <input checked="" type="checkbox"/> Services for persons with other Forensic Outpatient Commitments <input type="checkbox"/> Providing services in jail for persons Incompetent to Stand Trial <input type="checkbox"/> Compelled medication in jail for persons Incompetent to Stand Trial <input checked="" type="checkbox"/> Providing services in jail (for persons without outpatient commitment) <input type="checkbox"/> Staff assigned to serve as liaison between specialty courts and services providers <input checked="" type="checkbox"/> Link to comprehensive services <input type="checkbox"/> Other:
4: Re-entry from Jails, prisons, and forensic hospitalization	<input type="checkbox"/> Providing transitional services in jails <input checked="" type="checkbox"/> Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release <input type="checkbox"/> Structured process to coordinate discharge/transition plans and procedures

Intercept Point	Components
	<input type="checkbox"/> Specialized case management teams to coordinate post-release services <input type="checkbox"/> Other:
5: Community corrections and community support programs	<input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders <input type="checkbox"/> Training for probation or parole staff <input checked="" type="checkbox"/> TCOOMMI program <input type="checkbox"/> Forensic ACT <input type="checkbox"/> Staff assigned to facilitate access to comprehensive services; specialized caseloads <input checked="" type="checkbox"/> Staff assigned to serve as liaison with community corrections <input type="checkbox"/> Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance <input type="checkbox"/> Other:

System-Wide Priorities: Management of Hospital Utilization

Complete the check boxes to indicate which strategies you use to minimize utilization of state and community hospitals, including emergency departments. A single strategy may be applicable to multiple populations. For each strategy that you use, identify the target population(s):

- *Freq. State Hosp: Population with frequent state hospital admissions (ten or more psychiatric hospitalizations in the past five years with at least one admission in the past one year)*
- *LT State Hosp: Population with long-term state hospital stays (one year or longer)*
- *Local Hosp/ER: Population with high utilization of community hospital and emergency services for psychiatric issues (as defined by LMHA/local stakeholders)*
- *Population on forensic commitments (Forensic)*

Freq. State Hosp.	LT State Hosp.	Local Hosp/ER	Forensic	Strategies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular multi-agency review of data relating to admission and length of stay to identify clients with repeat admission and/or extended LOS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Regular multi-agency reviews of cases with high utilization to identify contributing systemic issues and develop system improvements

Freq. State Hosp.	LT State Hosp.	Local Hosp/ ER	Forensic	Strategies
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MCOT support for local emergency departments.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Regular multi-agency review of cases with high utilization to identify and address individual client needs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multi-agency, multi-disciplinary discharge planning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outpatient case manager meetings with client during hospitalization and facilitating transition to community services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Court liaisons to assist in identifying appropriate alternatives to long-term forensic commitment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular review of clients on forensic commitment to identify those who may be recommended for transfer to an alternative setting.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Assigned liaison to facilitate discharge planning and transition to community services
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identifying and transitioning clients to long term care facilities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frequent follow-up appointments during immediate post-discharge/crisis period
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Home visits during post-discharge/crisis period
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Regular telephone follow-up, especially during post discharge/crisis period
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Regular team staffings focused on clients with history of high utilization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular multi-disciplinary treatment planning with community partners involved in client's treatment and support
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evaluation and intervention related to identify and address substance use issues
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Specialized caseload (team or individual) for clients with history of high utilization
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multi-agency action to develop and/or improve COPSD services (availability, access, level of coordination/integration, quality, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Telephone or home visit (e.g., MCOT) follow-up for no-shows
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Home-based treatment services

Freq. State Hosp.	LT State Hosp.	Local Hosp/ER	Forensic	Strategies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24/7 access to support (warmline, on-line chat, peer sponsor, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Peer specialist participation in team staffings and/or ACT team
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peer support services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use of long-term injectable medication when appropriate
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wellness Recovery Action Planning or other person-centered, strength-based and recovery-based approaches
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing assistance (Supported Housing, PATH outreach, housing vouchers, etc.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation assistance to ensure access to services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of token economies or other incentives
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Focused effort to develop and/or engage natural community supports
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“Hotspot” evaluation of catchment area zip codes and use of data to plan resource allocation, outreach to community partners, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Other System-Wide Strategic Priorities

List current activities in the following areas and any plans for the next two years. When you finish entering one bullet point, press “Enter” on your keyboard to create a new bullet and form field in the same cell. For those areas not required in the DSHS Performance Contract, enter NA if the LMHA has no current or planned activities. Space is provided to note activities related to other local priorities, if applicable.

Area of Focus	Current Activities	Plans
Implementing and maintaining fidelity with evidence-based practices	<ul style="list-style-type: none"> • Training material to be used by staff is available via internal webpage for easy access; 	<ul style="list-style-type: none"> • Quality Improvement Plan includes training on new tools • Fidelity reviews will begin again upon

Area of Focus	Current Activities	Plans
	<ul style="list-style-type: none"> • Designated staff are currently attending training on new tools; distribution of materials and training is being provided to staff; • Progress note templates "prompt" the adherence to fidelity to the model • Current training to all QMHP-CS's and CSSP's on how to provide training emphasizes the use of training tools • CBT oversight by CBT Certified trainer • QM Director was on fidelity tools revision groups 	<p>implementation of all the state changes.</p>
<p>Transition to a recovery-oriented system of care, including development of peer support services and other consumer involvement in Center activities and operations (e.g., planning, evaluation)</p>	<ul style="list-style-type: none"> • Recovery plan training provided to all QMHP-CS staff • Treatment plan training module (Power Point) was revised to address recovery oriented system of care. • Progress note training was revised to be recovery-based and progress note templates were also revised to prompt recovery oriented care • Progress note training was provided to all QMHP-CS's, CSSP's and Clinic Directors 	<ul style="list-style-type: none"> • On-going oversight and monitoring of Recovery Plans occurs by clinic directors (clinic directors required to sign off on plans) • Ongoing oversight and monitoring of progress notes through plan of improvement which includes QM Oversight and Peer Review
<p>Incorporating trauma-informed principles into care</p>	<ul style="list-style-type: none"> • n/a 	<ul style="list-style-type: none"> • n/a
<p>Addressing the needs of consumers with co-occurring substance use disorders</p>	<ul style="list-style-type: none"> • All QMHP-CS's are required to pass the COPSD training when hired. • MOU with Council on Drug and Alcohol Abuse of the Coastal Bend to provide office space in the Beeville BH Clinic and to 	<ul style="list-style-type: none"> • Develop MOU with Council on Alcohol and Drug Abuse of the Coastal Bend to provide office space in a total of 5 clinics over the next 4 years and work towards development of whole health recovery

Area of Focus	Current Activities	Plans
	provide linkage/referral <ul style="list-style-type: none"> • MOU with OSAR to provide linkage and referral services 	plans.
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> • FQHC currently brings mobile van to Alice BH Clinic on doctor's clinic day (psychiatric) and people are referred to FQHC. For past year, we have had grant to coordinate these services, however grant ended. • Applied for additional grant (SAMHSA) funding to expand this effort. Grant was not awarded to agency. Formal Agreement with primary care provider? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • 1115 plan is for whole-health integration model in which FQHC's will be embedded into 5 of the BH clinics over the next 4 years. Formal Agreement with primary care provider? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Identifying and addressing needs of veterans	<ul style="list-style-type: none"> • Veteran's Services Provider on contract 	<ul style="list-style-type: none"> • Continue to contract with local Veteran to provide these services. People served continue to be linked with VA services in the community.
Addressing diversity and cultural needs of consumers	<ul style="list-style-type: none"> • Hiring practices take into consideration the applicant's ability to speak in both English and Spanish (bilingual). • Training is provided to all staff regarding cultural diversity, to include not only ethnicity, but the uniqueness of the service area, traditions and belief of the various people served • Recovery plan prompts staff to explore cultural needs and beliefs of the people served 	<ul style="list-style-type: none"> • Continue with current activities
Local Priorities (Specify):	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Area of Focus	Current Activities	Plans
Local Priorities (Specify):	•	•

Local Unmet Needs

In each of the following area, list unmet service needs. When you finish entering one bullet point, press "Enter" on your keyboard to create a new bullet in the same cell.

Service	Unmet Service Needs
Adult Services	<ul style="list-style-type: none"> • Availability of State Hospital beds that are not "forensic" or "for competency based assessments" • Affordable/available detox and rehab opportunities for people • Availability of mental health professionals to provide speciality services (CBT, Trauma-based Therapy; Psychiatrists) • On-site DSHS training to address rapidly changing environment/requirements in behavioral health services
Child & Adolescent Services	<ul style="list-style-type: none"> • Availability of qualified, trained Family Partners
Crisis Services	<ul style="list-style-type: none"> •
Other	<ul style="list-style-type: none"> • Warm-line - 24 hour support services for BH consumers that are not in "crisis" but feel the need to have some peer support

Local Priorities and Plans

- *Based on indicators of unmet needs, stakeholder inputs, and your internal assessment, identify your 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. Examples of possible priorities:*
 - *Implementing WRAP*
 - *Reducing state hospital admissions*
 - *Integrating trauma-informed principles into services*
 - *Expanding consumer/peer involvement in planning, service delivery, and evaluation*
 - *Addressing primary healthcare needs or management of chronic physical disorders*
 - *Improving access to services*

- Jail diversion
- For each priority, identify at least one key objective and strategies/actions you will implement to achieve the objective(s).
- List at least one but no more than five priorities. These may relate to projects you are implementing under the Medicaid Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver.
- When you finish entering one bullet point, press "Enter" on your keyboard to create a new bullet in the same cell.

Priority (Specify): Whole Health Recovery Services	
Objectives	Strategies/Actions
<ul style="list-style-type: none"> • To integrate primary care and substance abuse services into five of the six behavioral health clinics by the end of FY 2017 	<ul style="list-style-type: none"> • Apply for 1115 Waiver Funding • Four-year plan to integrate Primary Healthcare and Substance Abuse Services into CPCC's Behavioral Health Clinics (at least one clinic to be integrated a year) • Agreements with both the local FQHC's and the Council on Alcohol and Drug Abuse of the Coastal Bend • Hire/contract and train appropriate service providers - to include Navigators, Peer Providers to provide supportive services to navigate system • Complete build-outs in Beeville and Falfurrias • Integrate and modify individual plans to be Wellness Recovery Plans
<ul style="list-style-type: none"> • Meet the objectives/metrics defined in the 1115 Waiver plan 	<ul style="list-style-type: none"> • Develop Quality Improvement activities to monitor progress towards goals/objectives (process will be through plan, do, study, act) • Purchase EMR software/upgrades to share records w/in HITECH, HIPAA and other state and federal guidelines which will allow for instant access and continuity of services • Provide "Navigator" services to people served to ensure appropriate linkage, monitoring and support for individualized plans. •

Priority (Specify): Improve Access to Services

Objectives	Strategies/Actions
<ul style="list-style-type: none"> • Improve access to services through "open access" model for intake services. 	<ul style="list-style-type: none"> • Implement centralized screening of "non-crisis" calls regarding services to provide systematic/consistent screening; link people with the appropriate services to decrease inappropriate intakes and decrease frustration by people who should be receiving other community services; provide immediate access to intake services.
<ul style="list-style-type: none"> • Collaborative documentation to: 1) ensure clinicians are accurately documenting what the person says 2) engage the person in the intake process and help them understand the process 3) decrease post intake documentation time 	<ul style="list-style-type: none"> • QM will review data, documentation and provide surveys to consumers to evaluate program implementation. Plan, do, study, act model to review screening/open access changes.

Priority (Specify): Improve services and supports through the use of evidence-based practices (EBPs)	
Objectives	Strategies/Actions
<ul style="list-style-type: none"> • Training will be provided to appropriate staffs on the EBPs as required by the State Authority. 	<ul style="list-style-type: none"> • Clinic Directors will assign appropriate staffs to attend training provided by DSHS. • If training is "train the trainer" the staffs who received the training will provide this training to the other staff and provide written proof (training log) of training • If training is required by each staff through the designated trainer(s) (e.g. DSHS) Clinic Directors will ensure that each staff is scheduled to attend training and complete competency requirements • Materials to be used for EBPs will be obtained by assigned Clinic Directors (e.g. Children's Services Coord - for Wrap) and ensure material is available to all staffs providing services (once trained) and via intranet • Training material (e.g. power points) will be developed for refresher training with competency exams to provide interim training as needed.
<ul style="list-style-type: none"> • EBPs will be utilized to ensure clinically appropriate services and supports are provided to consumers. 	<ul style="list-style-type: none"> • EBPs will be implemented by Sept 1, 2013 as per DSHS performance contract

Priority (Specify): Improve services and supports through the use of evidence-based practices (EBPs)	
Objectives	Strategies/Actions
	<ul style="list-style-type: none"> QM will develop a plan to monitor the implementation and use of EBPs to ensure compliance with state standards

Priority (Specify):	
Objectives	Strategies/Actions
•	•
•	•

Priority (Specify):	
Objectives	Strategies/Actions
•	•
•	•

Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver

- List the titles of all projects you proposed for implementation under the Regional Health Partnership (RHP) plan.
- Identify the RHP Region(s) associated with each project.
- In each of the three status columns, check Yes or No. If approval status is unknown, leave blank.

1115 Waiver Projects				
RHP Region(s)	Project Title	Accepted in RHP Plan	Approved by HHSC	Approved by CMS
4	South Texas Whole-Health Recovery Project	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1115 Waiver Projects				
RHP Region(s)	Project Title	Accepted in RHP Plan	Approved by HHSC	Approved by CMS
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mental Health Block Grant Inventory of Services

The following table identifies the components of the “Good and Modern Addictions and Mental Health Service System” defined by SAMHSA. It reflects the full range of behavioral health services, including substance abuse services and excluding IDD services. These inventories are for information only and do not define DSHS requirements. SAMHSA has posted a description of the Good and Modern system on its website: http://www.samhsa.gov/healthreform/docs/good_and_modern_4_18_2011_508.pdf.

The survey is for behavioral health services available to individuals eligible for DSHS-funded services. For each service listed:

- Identify which age groups (if any) currently receive or have access to the service in your local service area, either through the LMHA (regardless of funding source) or elsewhere in the community.
- Identify the approximate percent of service area in which the service is available. It is acceptable to enter the percent of counties in which the service is available.
- Indicate whether the service is provided through the LMHA, through another community provider, and/or through collaboration between the LMHA and one or more community partners. Check as many columns as applicable.

Category	Pop		Service	% of Area	Source		
	Adult	Child/Adol.			LMHA	Other	Collaboration
Healthcare Home/ Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	Generalized and specialized outpatient medical services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Acute primary care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	General health screens, tests, and immunization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive case management		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Care coordination and health promotion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive transitional care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Individual and family support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Referral to community services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention (including Promotion)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Screening, Brief Intervention, and Referral to Treatment (SBIRT)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Brief motivational interviews		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening, Brief Intervention, and Referral for Tobacco Cessation		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Parent training		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category	Pop		Service	% of Area	Source		
	Adult	Child/Adol.			LMHA	Other	Collaboration
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Facilitated referral		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Relapse prevention/Wellness recovery support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Warm line		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Assessment		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Specialized evaluations (psychological, neurological)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Service planning (including crisis planning)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer/family education		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Outreach		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Individual evidenced-based therapies		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Group therapy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family therapy		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Multi-family therapy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consultation with staff/caregivers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medication management		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacotherapy (including MAT)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Laboratory services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community Support (Rehabilitative)	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Family/Caregiver Support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Skill building (social, daily living, cognitive)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Case management		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral management		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supported employment		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Permanent supportive housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Recovery housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic mentoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Traditional healing services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category	Pop		Service	% of Area	Source		
	Adult	Child/Adol.			LMHA	Other	Collaboration
Other Supports (Habilitative)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal care		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homemaker		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Respite		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Supported education services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Assisted living services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recreational services		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Interactive communication technology devices (Technological support services)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Trained behavioral health interpreters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance abuse intensive outpatient services		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Partial hospital		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Assertive community treatment		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Intensive home based treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Multi-systemic therapy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Intensive case management		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Home Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Crisis residential/stabilization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Clinically managed 24-hour care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Clinically managed medium intensity care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Adult mental health residential		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Children's mental health residential		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Youth substance abuse residential		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Therapeutic foster care		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acute Intensive Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mobile crisis services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Medically monitored intensive inpatient		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category	Pop		Service	% of Area	Source		
	Adult	Child/Adol.			LMHA	Other	Collaboration
	<input type="checkbox"/>	<input type="checkbox"/>	Peer-based crisis services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Urgent care services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	23-hour crisis stabilization service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24/7 crisis hotline services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Peer support		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Peer recovery support coaching		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Peer-operated recovery community center		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Supports for self-directed care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Continuing care for substance abuse disorders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Relapse Prevention/Wellness Recovery Support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral health peer navigator		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>