**Form O**

**Consolidated Local Service Plan**

Local Mental Health Authorities and

Local Behavioral Health Authorities

**Fiscal Years 2022-2023**

Due Date: September 30, 2022

Submissions should be sent to:

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

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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.

# 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 orContractor Name)** | **Street Address, City, and Zip, Phone Number** | **County** | **Services & Target Populations Served** |
| --- | --- | --- | --- |
| Coastal Plains Community Center (CPCC) – Admin Office | 200 Marriott DrivePortland, TX 78374(361) 777-3991 | San Patricio | * Screening
* TCOOMMI
* Continuity of Care
* Services for individuals with IDD
 |
| CPCC – Beeville | 2808 Industrial Loop, Beeville, TX 78102(361) 358-8000 | Bee/Live Oak | * Screening, assessment, and intake: (both)
* Full Level of Care (FLOC): (both)
* Integrated healthcare: mental and physical health - (adult)
* Integrated Substance Abuse Services: (adolescents and adults)
* Services for individuals with IDD
* Services for veterans
* Youth Empowerment Services (YES) Waiver
 |
| CPCC – Falfurrias | 101 W. Potts, Falfurrias, TX 78355(361) 325-9776 | Brooks | * Screening, assessment, and intake: (both)
* Full Level of Care (FLOC): (both)
* Integrated healthcare: mental and physical health - (adult)
* Integrated Substance Abuse Services: (adolescents and adults)
* Services for individuals with IDD
* Services for veterans
* Youth Empowerment Services (YES) Waiver
 |
| CPCC – Kingsville | 1621 E. Corral, Kingsville, TX 78363(361) 592-6481 | Kleberg | * Screening, assessment, and intake: (both)
* Full Level of Care (FLOC): (both)
* Integrated healthcare: mental and physical health - (adult)
* Integrated Substance Abuse Services: (adolescents and adults)
* Services for individuals with IDD
* Services for veterans
* Youth Empowerment Services (YES) Waiver
 |
| CPCC – Alice  | 614 W. Front St, Alice, TX 78332(361) 664-9587 | Jim Wells | * Screening, assessment, and intake: (both)
* Full Level of Care (FLOC): (both)
* Integrated healthcare: mental and physical health - (adult)
* Integrated Substance Abuse Services: (adolescents and adults)
* Services for individuals with IDD
* Services for veterans
* Youth Empowerment Services (YES) Waiver
 |
| CPCC – San Diego | 409 E. Graves St, San Diego, TX 78384(361) 279-7296 | Duval | * Screening, assessment, and intake: (both)
* Full Level of Care (FLOC): (both)
* Integrated healthcare: mental and physical health - (adult)
* Integrated Substance Abuse Services: (adolescents and adults)
* Services for individuals with IDD
* Services for veterans
* Youth Empowerment Services (YES) Waiver
 |
| CPCC – Taft  | 201 Roots Ave, Taft, TX 78390(361) 528-4516 | San Patricio | * Screening, assessment, and intake: (both)
* Full Level of Care (FLOC): (both)
* Integrated healthcare: mental and physical health: (adult)
* Integrated Substance Abuse Services: (adolescents and adults)
* Services for individuals with IDD
* Services for veterans
* Youth Empowerment Services (YES) Waiver
 |
| CPCC – Rockport | 620 E. Concho, Rockport, TX 78382(361) 727-0988 | Aransas | * Screening, assessment, and intake: (both)
* Full Level of Care (FLOC): (both)
* Integrated healthcare: mental and physical health - (adult)
* Integrated Substance Abuse Services: (adolescents and adults)
* Services for individuals with IDD
* Services for veterans
* Youth Empowerment Services (YES) Waiver
 |
| CPCC – Aransas Pass  | 317 N. Pearl St, Rockport, TX 78382(361) 226-3022 | Aransas & San Patricio | * Screening, assessment, and intake: (both)
* Full Level of Care (FLOC): (both)
* Integrated healthcare: mental and physical health - (adult)
* Integrated Substance Abuse Services: (adolescents and adults)
* Services for individuals with IDD
* Services for veterans
* Youth Empowerment Services (YES) Waiver
 |
| Avail Solutions, Inc. | 4455 SPID, Suite 44B, Corpus Christi, TX 78411 | Nueces | * Crisis Hotline
 |
| Corpus Christi Medical Center - Bayview Behavioral Hospital  | 6629 Wooldridge Road Corpus Christi, TX 78414(361) 986-8200 | Nueces | * Contracted Inpatient beds: (Adult and Children)
 |
| Doctors Hospital at Renaissance  | 5501 S. McColl Rd, Edinburg, TX 78539(956) 362-4357 | Hidalgo | * Contracted Inpatient beds: (Adult and Children)
 |
| Palms Behavioral Health | 613 Victoria Ln, Harlingen, TX 78550(956) 365-2600 | Cameron | * Contracted Inpatient beds: (Adult and Children)
 |
| South Texas Health System  | 2102 W. Trenton Rd, Edinburg, TX 78539(956) 388-1300 | Hidalgo | * Contracted Inpatient beds: (Adult and Children)
 |
| Laurel Ridge Treatment Center | 17720 Corporate Woods Dr, San Antonio, TX 78259(210) 491-9400 | Bexar | * Contracted Inpatient beds: (Adult and Children)
 |
| Camino Real (CRU) | 19971 FM 3175 N, Lytle, TX 78052 (210) 357-0300 | Atascosa, Bexar, and Medina | * Contracted Residential care (Adult)
 |
| Casa Amistad (CSU) | 1500 Pappas St, Laredo, TX 78041 (956) 794-3405 | Webb | * Contracted Crisis Stabilization Inpatient Services (Adult)
 |
| East Texas Behavioral Healthcare Network | 2001 South Medford Drive,Lufkin, TX 75901(800) 564-6701 | Angelina | * Authorization Services: (Adult and Children)
* Pharmacy Services: (Adult and Children)
 |
| Coastal Bend Wellness Foundation  | 2882 Holly Rd, Corpus Christi, TX 78415(361) 814-2001 | Nueces | * Integrated healthcare: physical health (Adult)
 |
| United Connections Counseling Inc. | 201 E. Main St, Alice, TX 78332(361) 661-1060 | Jim Wells | * Substance abuse prevention, intervention, or treatment (adolescents and adults)
 |
| Quest Diagnostics | P.O. Box 841725Dallas, TX 75284 | Dallas | * Lab Services: (Adult and Children)
 |
| Deaf Interpreter Services | 15600 San Pedro Suite 302, San Antonio, TX 782701 (800) 752-6096 | Bexar | * Interpreter Services (both)
 |
| Dr. M. Mangipudi | 200 Marriott DrivePortland, TX 78374(361) 777-3991 | Aransas, San Patricio, Bee, Live Oak, Jim Wells, Kenedy, Kleberg, Duval, Brooks | * Contracted Outpatient Psychiatric Services: (Adult and Children)
 |
| Dr. U. Maruvada | 200 Marriott DrivePortland, TX 78374(361) 777-3991 | Aransas, San Patricio, Bee, Live Oak, Jim Wells, Kenedy, Kleberg, Duval, Brooks | * Contracted Outpatient Psychiatric Services: (Adult and Children)
 |
| Dr. K. Rayasam | 200 Marriott DrivePortland, TX 78374(361) 777-3991 | Aransas, San Patricio, Bee, Live Oak, Jim Wells, Kenedy, Kleberg, Duval, Brooks | * Contracted Outpatient Psychiatric Services: (Adult and Children)
 |

##

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

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

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

| **Fiscal Year** | **Project Title (include brief description)** | **County(s)** | **Population Served** | **Number Served per Year** |
| --- | --- | --- | --- | --- |
| 2022 | Jail Diversion: This program is designed to divert people with mental health diagnoses from jail and to reduce the amount of time this population spends in jail for non-violent offenses.  The program staff work with people who are currently incarcerated, recently released from jail or who are at risk for incarceration.   Program staff provide case-management and rehabilitative services to all program participants to help them learn coping strategies and to link them to appropriate resources in the community.  Participants with substance abuse history are referred to substance abuse counseling.  The program seeks to serve at least 50 clients per month for the duration of the program.    | * San Patricio, Kleberg & Jim Wells
 | * Adults with Mental Health Diagnoses and Criminal Justice Involvement
 | * In FY 22, there were 337 unduplicated clients served by the Jail Diversion program.
 |

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

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

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

| **Fiscal Year** | **Project Title (include brief description)** | **County**  | **Population Served** | **Number Served per Year** |
| --- | --- | --- | --- | --- |
| 2022 | Crisis Intervention Team (C.I.T.): provide same day intake to eligible individuals who we provide crisis services to. Provide crisis services for individuals in need and directly link with local contracted hospitals. Upon release of inpatient care, provide follow-up/intake services to CPCC’s outpatient services to prevent future crisis episodes. | Kleberg, Bee, Live Oak, Aransas | * Adults with Mental Health Diagnoses
 | * In FY 22 there were 246 unduplicated individuals serviced through C.I.T.
 |

## I.D Community Participation in Planning Activities

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

|  | **Stakeholder Type** |  | **Stakeholder Type** |
| --- | --- | --- | --- |
|[x]  Consumers |[x]  Family members |
|[x]  Advocates (children and adult) |[x]  Concerned citizens/others |
|[x]  Local psychiatric hospital staff |[ ]  State hospital staff |
|[x]  Mental health service providers |[x]  Substance abuse treatment providers |
|[x]  Prevention services providers |[x]  Outreach, Screening, Assessment, and Referral Centers |
|[x]  County officials |[x]  City officials |
|[x]  Federally Qualified Health Center and other primary care providers | [x] [x]  | Local health departmentsLMHAs/LBHAs |
|[x]  Hospital emergency room personnel |[x]  Emergency responders |
|[x]  Faith-based organizations |[x]  Community health & human service providers |
|[x]  Probation department representatives |[x]  Parole department representatives |
|[x]  Court representatives (Judges, District Attorneys, public defenders) |[x]  Law enforcement  |
|[x]  Education representatives |[x]  Employers/business leaders |
|[x]  Planning and Network Advisory Committee |[x]  Local consumer peer-led organizations |
|[x]  Peer Specialists |[x]  IDD Providers |
|[x]  Foster care/Child placing agencies |[x]  Community Resource Coordination Groups |
|[x]  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.*

|  |
| --- |
| * PNAC meetings
 |
| * Stakeholder Surveys
 |
| * Meetings with contracted psychiatric hospitals
 |
| * CRCG meetings
 |
| * Monthly TCOOMMI meetings with probation contacts
 |
| * Meetings with integrated service providers (primary health care and substance abuse)
 |
| * Board meetings
 |
| * Peer support groups
 |
| * NAMI
 |
| * Quarterly meetings with local law enforcement personnel
 |
| * Plans posted for pubic comment
 |
| * Coastal Bend Advocates meetings
 |
| * Meetings with Transition Support Team
 |

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

|  |
| --- |
| * Lack of inpatient psychiatric hospitals in local service area
 |
| * Lack of regular, affordable public transportation
 |
| * Lack of substance abuse treatment facilities
 |
| * Lack of crisis stabilization units
 |

# 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;

* + Coastal Plains Community Center (CPCC) works directly with local stakeholders for the Psychiatric Emergency Plan. CPCC holds quarterly meetings with local Law Enforcement, Probation Officers, EMS, Hospital Personnel, Substance Use Providers, County Officials and Judges from each county served to discuss ways psychiatric emergency services can improve in our catchment area. During these meetings, Short-comings and successes are identified to determine effectiveness within community setting and prioritize the services that have become a necessity.

Ensuring the entire service area was represented; and

* + Senior Management, Clinic Directors, and Program Managers meet regularly with stakeholders within their local service area to inquire about barriers and determine solutions to the necessary services.

Soliciting input.

* + CPCC solicits input from different stakeholders through regular meetings and the use of surveys. These stakeholders include involvement from groups such as PNAC, NAMI, CRGC, Transition Support Team and consumers. Local Law Enforcement Coalition Meetings include local Judges, Sheriff’s Departments, Police Departments and detention centers to discuss needs related to the development and continuation of jail diversion programs. CPCC consistently provides community outreach to enhance partnerships and develop new partnerships with the goal of further expand Access to Care.

## 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

* + We contract with Avail Solutions to provide crisis hotline services during business hours.

After business hours

* + We contract with Avail Solutions to provide crisis hotline services after business hours.

Weekends/holidays

* + We contract with Avail Solutions to provide crisis hotline services on weekends and holidays.

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

* + Yes, Avail Solutions

3. How is the MCOT staffed?

During business hours

* + We have a Mobile Crisis Outreach Team (MCOT) that provides Crisis Services throughout our 9 county catchment area during regular business hours. There are also Case Managers at each clinic site that rotate to provide face-to-face crisis coverage as needed.

After business hours

* + We contract with Avail Solutions to provide face-to-face crisis coverage after business hours.

Weekends/holidays

* + We contract with Avail Solutions to provide face-to-face crisis coverage on weekends and holidays.

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

* + Yes, Avail Solutions for after hour crisis services.

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

* + CPCC MCOT and identified CPCC staff provide follow up services such as screenings, referrals and linking via phone calls and face-to-face visits to individuals that are not opened to services. Case Managers provide follow-up to clients who are currently opened to services.

 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:

* + CPCC MCOT are activated to follow-up with crisis that occur within Emergency Rooms.

Law Enforcement:

* + CPCC MCOT are activated to follow-up with crisis that occur within Local Law Enforcement Departments.

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

* + There are no State Hospitals located within the local Service Area. Therefore, there are no screening requests.

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

During business hours:

* + Call our crisis hotline to activate CPCC MCOT Staff.

 After business hours:

* + Call our crisis hotline to activate CPCC MCOT Staff.

 Weekends/holidays:

* + Call our crisis hotline to activate CPCC MCOT Staff.

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?

* + CPCC MCOT staff will continue with assessment until completion. Then, locate and secure a bed with local hospitals that are contracted with CPCC. Local law enforcement is contacted to help secure site and, if needed, provide transport to safer location (e.g. emergency room).

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

* + In the event medical clearance is needed, clients are transported to local emergency rooms. If inpatient care is needed, CPCC has contracts with local hospitals to provide psychiatric inpatient care.

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

* + Avail crisis hotline is contacted. If the client is an immediate threat to themselves or others CPCC MCOT staff is activated. CPCC MCOT staff will then complete a face-to-face crisis assessment with the client in crisis. CPCC MCOT staff will then locate and secure a bed with local hospitals that are contracted with our Center.

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).

* + We currently have a contract with Camino Real who provides CRU. In addition, we contract with Bluebonnet Trails for Crisis Respite for IDD clients.

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.

* + In the event a crisis situation location may not be secure or is unsafe for CPCC MCOT staff, local law enforcement is contacted to complete safety/welfare check first. Then CPCC MCOT is activated to location of crisis.

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

Where does the individual wait for a bed?

* + At this time, we currently contract with 6 local hospitals and as a last resort we have SASH and RGSC that we utilize for beds. If no beds are available at any of our contracted hospitals or state facilities, we will then look to local or natural supports to monitor the individual until a bed is secured.

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?

* + CPCC MCOT staff

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

* + Attempts to utilize natural supports are always the primary solution. However, CPCC MCOT staff transports when no natural supports are available.

#### Crisis Stabilization

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

|  |  |
| --- | --- |
| **Name of Facility** | N/A |
| **Location (city and county)** |  |
| **Phone number** |  |
| **Type of Facility (see Appendix A)**  |  |
| **Key admission criteria (type of individual accepted)** |  |
| **Circumstances under which medical clearance is required before admission** |  |
| **Service area limitations, if any** |  |
| **Other relevant admission information for first responders**  |  |
| **Accepts emergency detentions?** |  |
| **Number of Beds** |  |
| **HHSC Funding Allocation** |  |

#### Inpatient Care

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

*Replicate the table below for each alternative.*

|  |  |
| --- | --- |
| **Name of Facility** | Corpus Christi Medical Center - Bayview |
| **Location (city and county)** | 6629 Wooldridge Rd, Corpus Christi, TX 78414 (Nueces) |
| **Phone number** | (361) 986-8200 |
| **Key admission criteria**  | Threat of danger to self or others |
| **Service area limitations, if any** | None |
| **Other relevant admission information for first responders** | Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant) |
| **Number of Beds** | 43 |
| **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)?** | Yes (PPB & 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?** | $700 |
| **If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?** | N/A |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | N/A |

##

|  |  |
| --- | --- |
| **Name of Facility** | DHR Health Behavioral Hospital |
| **Location (city and county)** | 5510 Raphael Dr, Edinburg, TX 78539 (Hidalgo) |
| **Phone number** | (956) 362-4357 |
| **Key admission criteria**  | Threat of danger to self or others |
| **Service area limitations, if any** | None |
| **Other relevant admission information for first responders** | Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant) |
| **Number of Beds** | 87 |
| **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)?** | Yes (PPB & 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?** | $700 |
| **If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?** | N/A |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | N/A |

|  |  |
| --- | --- |
| **Name of Facility** | Laurel Ridge Treatment Center |
| **Location (city and county)** | 17720 Corporate Woods Dr, San Antonio, TX 78259 (Bexar) |
| **Phone number** | (210) 491-9400 |
| **Key admission criteria**  | Threat of danger to self or others |
| **Service area limitations, if any** | None |
| **Other relevant admission information for first responders** | Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant) |
| **Number of Beds** | 250 |
| **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)?** | Yes (PPB & 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?** | $700 |
| **If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?** | N/A |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | N/A |

|  |  |
| --- | --- |
| **Name of Facility** | Palms Behavioral Health |
| **Location (city and county)** | 613 Victoria Ln, Harlingen, TX 78550 (Cameron) |
| **Phone number** | (956) 365-2600 |
| **Key admission criteria**  | Threat of danger to self or others |
| **Service area limitations, if any** | None |
| **Other relevant admission information for first responders** | Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant) |
| **Number of Beds** | 84 |
| **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)?** | Yes (PPB & 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?** | $700 |
| **If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?** | N/A |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | N/A |

|  |  |
| --- | --- |
| **Name of Facility** | South Texas Health System Behavioral |
| **Location (city and county)** | 2102 W. Trenton Rd, Edinburg, TX 78539 (Hidalgo) |
| **Phone number** | (956) 388-1300 |
| **Key admission criteria**  | Threat of danger to self or others |
| **Service area limitations, if any** | None |
| **Other relevant admission information for first responders** | Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant) |
| **Number of Beds** | 132 |
| **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)?** | Yes (PPB & 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?** | $700 |
| **If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?** | N/A |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | N/A |

|  |  |
| --- | --- |
| **Name of Facility** | Palms Behavioral Health |
| **Location (city and county)** | 613 Victoria Ln, Harlingen, TX 78550 (Cameron) |
| **Phone number** | (956) 365-2600 |
| **Key admission criteria**  | Threat of danger to self or others |
| **Service area limitations, if any** | None |
| **Other relevant admission information for first responders** | Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant) |
| **Number of Beds** | 84 |
| **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)?** | Yes (PPB & 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?** | $700 |
| **If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?** | N/A |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | N/A |

|  |  |
| --- | --- |
| **Name of Facility** | Casa Amistad |
| **Location (city and county)** | 1500 Pappas St, Laredo, TX 78041 |
| **Phone number** | (956) 794-3405; (956) 794-3410 |
| **Key admission criteria**  | Threat of danger to self or others |
| **Service area limitations, if any** | None |
| **Other relevant admission information for first responders** | Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant) |
| **Number of Beds** | 16 Beds |
| **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)?** | Yes (PPB & 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?** | $700 |
| **If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?** | N/A |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | N/A |

## **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 other inpatient or outpatient alternatives for competency restoration other than utilizing state hospitals.

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

* + The lack of outpatient or inpatient competency restoration options is the barrier.

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

* + CPCC does not have a dedicated jail liaison at this time due to no competency restoration available in our area.

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.

* + CPCC Jail Diversion Case Managers are the direct liaison between the jails and CPCC. This allows the jail to have a specific individual to be able to collaborate and provide assistance.

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

* + CPCC would like to develop or contract with an LMHA who has an already established competency restoration program to better serve our clients. CPCC will also look into grants available to implement a jail restoration program for our area. There are plans to expand into the Aransas and Bee Counties for Jail Diversion Program.

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

* + Our community is in need of a local outpatient competency restoration program.

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

* + Funding and trained staff are needed for this to occur. Also, ongoing technical assistance from specialist in this area to ensure the program’s success.

## 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?
	* Each county (9 in total) served by CPCC has access to a clinic (8 total) that fully integrate behavioral health, primary health and substance use treatment.
	* CPCC contracts with six private inpatient hospitals to provide emergency psychiatric care to individuals who are in crisis.
	* CPCC collaborates with Coastal Bend Wellness Foundation to provide integrated physical healthcare. Emergency healthcare services can be provided to individuals who may be in crisis due to health related conditions.
	* CPCC contracts with United Connection Counseling to provide routine and crisis related substance abuse services. CPCC also collaborates with Region 11 to provide OSAR services in situations that are appropriate.

1. What are the plans for the next two years to further coordinate and integrate these services?
	* The plan for CPCC is to continue improve on identifying individual client needs and provide linkage to the appropriate services through the use of Care Coordinators. Also, in utilizing the integrated approach, it will further decrease obstacles that are associated to stigmas of mental illness. CPCC will continue to make appropriate organizational changes outlined as a Certified Community Behavioral Health Clinic (CCBHC). In addition, we plan to open up an addiction center in our Jim Wells county area where we have a high prevalence of individuals with addiction disorders. We also plan to construct a facility in Live Oak county to improve access to care in that area.

## II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?
	* CPCC uses electronic mail, pamphlets, brochures, CPCC website, minutes from meetings and business cards with crisis hotline information to communicate the services offered to clients, community members, and stakeholders. Furthermore, CPCC coordinates quarterly meetings with EMS, Sheriff Officials, Judges, local psychiatric hospitals, ERs, EMS, County Jails, Police Departments and other community stakeholders to discuss new information, concerns, and barrier associated with services delivery.
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?
	* CPCC contracts with Avail solutions to cover all after-hour/weekend crises calls. All Avail staff are trained upon hire and on an annual basis. Avail is accredited through the American Association of Suicidiology. CPCC’s staff are all trained in Applied Suicide Intervention Skills Training (ASIST) and receive monthly supervision from Clinic Directors and LPHAs. Topics covered include, but not limited to, crisis response and delivery of crisis services. CPCC staff also completes competency exams to ensure understanding of training and material. Ongoing training is essential and provided throughout staff’s tenure.
	* Key stakeholders are also provided with a document that outlines CPCC’s psychiatric emergency plan. This plan is laid out in flow chart/algorithm form. CPCC organizes quarterly meetings with Law Enforcement officials to address any issues that may arise and provide additional training to any changes that might have occurred in the plan.

## II.F Gaps in the Local Crisis Response System

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

|  |  |  |
| --- | --- | --- |
| **County** | **Service System Gaps** | **Recommendations to Address the Gaps** |
| All nine counties | * Need for crisis residential unit for patients served by CPCC.
 | * Continue to look for funding source.
* Work with All Texas Access group on strategic plan to help bring resources to the local community.
 |
| Brooks, Duval, Jim Wells, Kenedy, and Kleberg | * Need for additional funding for law enforcement personnel (i.e., Mental Health Deputies) to be part of the Center’s MCOT team
 | * Additional funding through grants such as House Bill 13 to aid in the expansion of MCOT teams.
 |
| All nine counties served | * Jail based restoration program
 | * Funding from local partners or block grants that require no match
 |

# Section III: Plans and Priorities for System Development

## III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

|  |  |  |
| --- | --- | --- |
| **Intercept 0: Community Services****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * CPCC staffs Qualified Mental Health Professionals (QMHPs) to respond to individuals who are experiencing a behavioral health crisis or collaborate with local law enforcement on an encounter.
 | * Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, and San Patricio

  | * Continue trainings and provide appropriate resources to all CPCC staff to appropriately respond to behavioral health crisis.
 |
| * Police officers are able to transport individuals who are in crisis to their local CPCC clinic for walk-in crisis services.
 | * Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, and San Patricio
 | * Enhance on currently relationships with local Law Enforcement and provide responsive crisis services when police are dispatched.
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 1: Law Enforcement****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * CPCC delivers training opportunities to local Law Enforcement staff which helps improve CPCC’s psychiatric emergency plan, crisis flow chart and Mental Health First Aid.
 | * Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, and San Patricio
 | * Establish new trainings that coincides with current training material to provide more trainings on mental health services to local Law Enforcement.
 |
| * Referrals to CPCC, as well as other community based resources, are provided to individuals who are assessed for crisis services and do not require inpatient care at that time to meet unmet needs.
 | * Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, and San Patricio
 | * Continue to provide the necessary follow up procedures and provide referrals as needed for individuals to maintain stabilization once in the community.
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 2: Post Arrest; Initial Detention and Initial Hearings****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * Currently working with stakeholders to identify gaps within the intercept model
 | * San Patricio
 | * Attend 2-day SIM workshop in spring of 2023. Identify funding to assist with recommendations from stakeholders.
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 3: Jails/Courts****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * CPCC participates in drug courts in our service area.
 | * Jim Wells and San Patricio counties
 | * Continue to seek funding to expand upon CPCC’s jail diversion program to other counties in our service area.
 |
| * Jail inmates are screened for CPCC’s jail diversion eligibility in three of our nine counties served by the Center.
 | * Jim Wells, Kleberg, and San Patricio counties
 | * To seek funding to expand CPCC’s jail diversion program to other counties in service area and improve on our current jail diversion program.
 |
| * In three of our counties, jail inmates are provided MH services through our CPCC jail diversion program.
 | * Jim Wells, Kleberg and San Patricio counties
 | * To seek funding to expand CPCC’s jail diversion program to other counties in service area and improve on our current jail diversion program.
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 4: Reentry****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| • CPCC’s TCOOMMI program is involved with parole, probation and local jails to assist in transitional services.  | * Aransas, Bee, Live Oak, and San Patricio
 | • Seek additional funding to expand CPCC’s TCOOMMI program to all nine counties in our service area  |

|  |  |  |
| --- | --- | --- |
| **Intercept 5: Community Corrections****Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| • CPCC’s TCOOMMI Director meets monthly with the Deputy Director of Probation and the Chief of Juvenile Probation and their specialized officers for TCOOMMI to screen and review cases that may benefit from the Center’s TCOOMMI program | * Aransas, Bee, Live Oak, and San Patricio
 | • Seek additional funding to expand CPCC’s TCOOMMI program to all nine counties in our service area |

## III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf) identifies other significant gaps and goals in the state’s behavioral health services system. The gaps identified in the plan are:

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

The goals identified in the plan are:

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

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

| **Area of Focus** | **Related Gaps and Goals from Strategic Plan** | **Current Status** | **Plans** |
| --- | --- | --- | --- |
| Improving access to timely outpatient services | * Gap 6
* Goal 2
 | * We currently have four LPHAs completing intakes for our nine county service area.
* Contract with ETBHN to complete TRR authorizations in order to increase number of intakes for LPHAs
 | * Continue to expand our intake services by growing LPHAs through the Center’s licensing program
* Improve access by implementing on-demand intake services that will allow individuals who receive a crisis assessment to complete an intake when it is determined that inpatient treatment is not needed.
 |
| Improving continuity of care between inpatient care and community services and reducing hospital readmissions | * Gap 1
* Goals 1,2,4
 | * We currently have contracts with six local hospitals. We have monthly meetings to improve COC.
* Post-hospital discharges are followed up in a timely manner (seven day follow up) to assess need for intensive services to help prevent re-admission.
 | * Expand our current network to provide additional resources for individuals who are released from hospitals.
* Continue to meet and exceed the states requirement for post hospital follow up.
 |
| 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
 | * Our Center has a PESC and PPB grant to assist with local inpatient care.
 | * Expand our PESC and PPB dollars to include funding for a crisis residential unit and to reduce utilization of state hospitals.
* Identify other alternatives to long-term state hospitalization
 |
| Implementing and ensuring fidelity with evidence-based practices | * Gap 7
* Goal 2
 | * Our Center utilizes HHSC approved evidence-based practices (IMR and Children’s evidence based curricula)
* Routine audits to make sure fidelity is being kept
 | * Our Center will continue to research and incorporate other evidence based practices to assist with recovery
* Continue to complete audits to ensure fidelity
 |
| Transition to a recovery-oriented system of care, including use of peer support services  | * Gap 8
* Goals 2,3
 | * Our Center currently employs one full time peer support specialist to provide individual and groups services to clients enrolled into services.
* Ensure all Center management staff have received HHSC’s Person Centered Recovery Plan training.
 | * Hire full time or part time Peers in each of our clinics to ensure main service locations have peer support services.
* Search for funding to open up peer drop in centers within CPCC’s clinics
 |
| Addressing the needs of consumers with co-occurring substance use disorders | * Gaps 1,14
* Goals 1,2
 | * Our Center has integrated an Intensive Outpatient Substance abuse program in each of our clinics to assist patients who are dually diagnosed.
 | * Meet with stakeholders to develop a plan to sustain the Center’s IOP in each clinic once DSRIP funding is no longer available.
* Provide the All Texas Access Regional Groups associated with CPCC detailed information to assist in securing resources needed to sustain program
* Construct an addiction center in Jim Wells County to improve access of substance use services.
 |
| Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers. | * Gap 1
* Goals 1,2
 | * Our Center has integrated Primary Care services in each of our clinics to assist patients who have medical needs.
 | * Meet with stakeholders to develop a plan to sustain the Center’s Primary Care program in each clinic once DSRIP funding is no longer available
* Provide the All Texas Access Regional Groups associated with CPCC detailed information to assist in securing resources needed to sustain program
 |
| Consumer transportation and access to treatment in remote areas | * Gap 10
* Goal 2
 | * Center employs transporters to help increase access to treatment during regular business hours.
* Currently utilize public transportation in assisting our clients to access treatment in remote areas.
* Provide psychiatric and crisis services through the use of video conferencing (telemedicine).
 | * Continue to utilize the Center’s transporters and public transportation to meet need of consumers
* Update technology and equipment to provide a more stable connection for video conferencing
* Identify new public transportation services to aid in improving access to services
* Look for additional funding to assist with transportation needs
 |
| Addressing the behavioral health needs of consumers with Intellectual Developmental Disabilities  | * Gap 14
* Goals 2,4
 | * CPCC has two Crisis Intervention Specialist to provide crisis services to individuals with IDD and make referrals to needed services
* Contract with Bluebonnet Trails for the utilization of their out of home respite
* Complete PASRR assessments for nursing facilities to identify residents that may need services.
* PASRR service coordinators are crossed trained as both QIDDP and QMHP
* Psychiatrist contracted for services when needed.
 | * To seek funding for an additional PASRR service coordinator
* Attempt to contract with additional out of home respite providers to expand availability
 |
| Addressing the behavioral health needs of veterans  | * Gap 4
* Goals 2,3
 | * Two Veteran’s Peer Service Coordinators provide services through our Veterans Services and Supports Project.
* Each Veteran Peer provides Veteran Peer Group sessions and provide Veteran’s Cultural Competency to all new employees of CPCC.
 | * Continue to develop program and increase outreach throughout the service area.
* Seek funding to assist with expansion of existing veteran program
 |

##

## 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** |
| --- | --- | --- |
| * Improve access to inpatient care throughout the CPCC service area.
 | * Three out of five contracted inpatient hospitals are located in the Rio Grande Valley which makes access difficult for our residents in our northern counties
 | * To secure contracts with inpatient hospitals that are located closer to our northern counties.
* Follow up and monitor progress with the All Texas Access Regional Groups associated with CPCC
 |
| * Consumer transportation and access to treatment in remote areas
 | * We currently employ three transporters to assist with transportation
 | * Secure additional funding to contract with local transportation agencies and hire additional FTE’s that can help with transportation
 |
| * Improve access to care in Live Oak county
 | * We do not have a facility in live oak county and residents have to travel up to 50 miles one way to receive behavioral health services
 | * Construct a 3,000 square foot facility to ensure residents of Live Oak County have improved access to care
 |
| * Expand existing SUD services to other counties served by CPCC
 | * We currently are only licensed to provide SUD services in Jim Wells county
 | * Expand SUD licensure to three other facilities run by CPCC
 |

## 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* | ***Inpatient facility***  | * *Collaborate with CCMC to re-open its’ 30 bed inpatient facility located in Nueces county.*
 | * *Annual cost of $16,000,000.00*
 |
| *2* | ***Jail Competency Restoration Program*** | * *Collaborate with Local Stakeholders to create and develop a Jail Competency Restoration Program.*
 | * *$400,000.00*
 |

**Appendix B: Acronyms**

**Admission criteria** – Admission into services is determined by the individual’s level of care as determined by the TRR Assessment found [here](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/um-guidelines/trr-utilization-management-guidelines-adult.pdf) for adults or [here](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/um-guidelines/trr-utilization-management-guidelines-child.pdf) 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