

# Form O: Consolidated Local Service Plan

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) submit the Consolidated Local Service Plan (CLSP) for fiscal year 2025 by **December 31, 2024** to [Performance.Contracts@hhs.texas.gov](mailto:Performance.Contracts@hhs.texas.gov) and [CrisisServices@hhs.texas.gov](mailto:CrisisServices@hhs.texas.gov).

## Introduction

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

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

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## Section I: Local Services and Needs

### I.A Mental Health Services and Sites

In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes. Add additional rows as needed.

List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable).

* Screening, assessment, and intake
* Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children
* Extended observation or crisis stabilization unit
* Crisis residential or respite unit, or both
* Diversion centers
* Contracted inpatient beds
* Services for co-occurring disorders
* Substance use prevention, intervention, and treatment
* Integrated healthcare: mental and physical health
* Services for people with Intellectual or Developmental Disorders (IDD)
* Services for veterans
* Other (please specify)

**Table 1: Mental Health Services and Sites**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Operator (LMHA, LBHA, contractor or sub-contractor) | Street Address, City, and Zip | Phone Number | County | Type of Facility | Services and Target Populations Served |
| Coastal Plains Integrated Health (CPIH) – Portland | 200 Marriott Drive  Portland, TX 78374 | (361) 777-3991 | San Patricio | Admin Office | * Screening * TCOOMMI * Continuity of Care   Services for individuals with IDD |
| CPIH - Beeville | 2808 Industrial Loop, Beeville, TX 78102 | (361) 358-8000 | Bee/Live Oak | Outpatient Clinic | * 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 |
| CPIH – Falfurrias | 101 W. Potts, Falfurrias, TX 78355 | (361) 325-9776 | Brooks | Outpatient Clinic | * 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 |
| CPIH – Kingsville | 1621 E. Corral, Kingsville, TX 78363 | (361) 592-6481 | Kleberg | Outpatient Clinic | * 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 |
| CPIH – Alice | 614 W. Front St, Alice, TX 78332 | (361) 664-9587 | Jim Wells | Outpatient Clinic | * 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 |
| CPIH – San Diego | 409 E. Graves St, San Diego, TX 78384 | (361) 279-7296 | Duval | Outpatient Clinic | * 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 |
| CPIH – Taft | 201 Roots Ave, Taft, TX 78390 | (361) 528-4516 | San Patricio | Outpatient Clinic | * 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 |
| CPIH – Rockport | 620 E. Concho, Rockport, TX 78382 | (361) 727-0988 | Aransas | Outpatient Clinic | * 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 |
| CPIH – Aransas Pass | 317 N. Pearl St, Rockport, TX 78382 | (361) 226-3022 | Aransas & San Patricio | Outpatient Clinic | * 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 | (800) 510-7730 | Nueces | Crisis Hotline | * Crisis Screenings |
| Corpus Christi Medical Center - Bayview Behavioral Hospital | 6629 Wooldridge Road Corpus Christi, TX 78414 | (361) 986-8200 | Nueces | Inpatient Behavioral Hospital | * Contracted Inpatient beds: (Adult and Children) |
| Doctors Hospital at Renaissance | 5501 S. McColl Rd, Edinburg, TX 78539 | (956) 362-4357 | Hidalgo | Inpatient Behavioral Hospital | * Contracted Inpatient beds: (Adult and Children) |
| Palms Behavioral Health | 613 Victoria Ln, Harlingen, TX 78550 | (956) 365-2600 | Cameron | Inpatient Behavioral Hospital | * Contracted Inpatient beds: (Adult and Children) |
| South Texas Health System | 2102 W. Trenton Rd, Edinburg, TX 78539 | (956) 388-1300 | Hidalgo | Inpatient Behavioral Hospital | * Contracted Inpatient beds: (Adult and Children) |
| Laurel Ridge Treatment Center | 17720 Corporate Woods Dr, San Antonio, TX 78259 | (210) 491-9400 | Bexar | Inpatient Behavioral Hospital | * Contracted Inpatient beds: (Adult and Children) |
| Oceans Behavioral Hospital – Corpus Christi | 600 Elizabeth St, Building B, 4th Floor, Corpus Christi, TX 78404 | (361) 371-8933 | Nueces | Inpatient Behavioral Hospital | * Contracted Inpatient beds: (Adult and Children) |
| Cedar Crest Behavioral Hospital | 3500 I-35, Belton, TX 76513 | (254) 613-9871 | Bell | Inpatient Behavioral Hospital | * Contracted Inpatient beds: (Adult and Children) |
| East Texas Behavioral Healthcare Network | 2001 South Medford Drive,  Lufkin, TX 75901 | (800) 564-6701 | Angelina | Central Office | * Authorization Services: (Adult and Children) * Pharmacy Services: (Adult and Children) * Utilization Management Review |
| Quest Diagnostics | P.O. Box 841725  Dallas, TX 75284 |  | Dallas | Outpatient | * Lab Services: (Adult and Children) |
| Deaf Interpreter Services | 15600 San Pedro Suite 302,  San Antonio, TX 78270 | (800) 752-6096 | Bexar | Central Office | * Interpreter Services (both) |

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

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by in Chapter 531, Texas Government Code, Section 531.0993 to reduce recidivism rates, arrests, and incarceration among people with mental illness, as well as reduce the wait time for people on forensic commitments. The 2024-25 Texas General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, (Article II, HHSC, Rider 48) appropriated additional state funding to expand the grant and implement new programs. The Rural Mental Health Initiative Grant Program, authorized by Texas Government Code, Section 531.09936, awarded additional state funding to rural serving entities to address the mental health needs of rural Texas residents. These grants support community programs by providing behavioral health care services to people with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for people with mental illness involved in the criminal justice system.

In the table below, describe projects funded under the Mental Health Grant Program for Justice-Involved Individuals, Senate Bill 1677, and Rider 48. Number served per year should reflect reports for the previous fiscal year. If the project is not a facility; indicate N/A in the applicable column below. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.C.

**Table 2: Mental Health Grant for Justice-Involved Individuals Projects**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fiscal Year | Project Title (include brief description) | County(s) | Type of Facility | Population Served | Number Served per Year |
| 2024 | 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 & Jim Wells | Outpatient | Adults with Mental Health Diagnoses and Criminal Justice Involvement | In FY 24, there were 205 unduplicated clients served by the Jail Diversion program. |

### I.C Community Mental Health Grant Program: Projects related to jail diversion, justice-involved individuals, and mental health deputies

Section 531.0999, Texas Government Code, requires HHSC to establish the Community Mental Health Grant Program, a grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for people experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, or recovery services, and assist with people transitioning between or remaining in mental health treatment, services and supports.

In the table below, describe Community Mental Health Grant Program projects related to jail diversion, justice-involved individuals, and mental health deputies. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.D.

**Table 3: Community Mental Health Grant Program Jail Diversion Projects**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fiscal Year | Project Title (include brief description) | County(s) | Population Served | Number Served per Year |
| 2024 | 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 CPIH’s outpatient services to prevent future crisis episodes. | Kleberg, Bee, Live Oak, Aransas | Adults with Mental Health Diagnoses | In FY 24 there were 188 unduplicated individuals serviced through C.I.T. |

### I.D Community Participation in Planning Activities

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

**Table 4: Community Stakeholders**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Stakeholder Type |  | Stakeholder Type |
|  | People receiving services |  | Family members |
|  | Advocates (children and adult) |  | Concerned citizens or others |
|  | Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): |  | State hospital staff (list the hospital and staff that participated): |
|  | Mental health service providers |  | Substance use treatment providers |
|  | Prevention services providers |  | Outreach, Screening, Assessment and Referral Centers |
|  | County officials (list the county and the name and official title of participants): |  | City officials (list the city and the name and official title of participants): |
|  | Federally Qualified Health Center and other primary care providers |  | LMHA LBHA staff  *\*List the LMHA or LBHA staff that participated:* |
|  | Hospital emergency room personnel |  | Emergency responders |
|  | Faith-based organizations |  | Local health and social service providers |
|  | Probation department representatives |  | Parole department representatives |
|  | Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): |  | Law enforcement (list the county or city and the name and official title of participants): |
|  | Education representatives |  | Employers or business leaders |
|  | Planning and Network Advisory Committee |  | Local peer-led organizations |
|  | Peer specialists |  | IDD Providers |
|  | Foster care or child placing agencies |  | Community Resource Coordination Groups |
|  | Veterans’ organizations |  | Housing authorities |
|  | Local health departments |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Response:

CPIH collaborates with stakeholders by through peer support groups, providing surveys, and individualized presentations of how agencies work together. CPIH also chairs or participates in the following meetings: Board meetings, PNAC, CRCG, monthly TCOOMMI probation contacts, contracted and state psychiatric hospitals, NAMI, Quarterly local law enforcement personnel, Coastal Bend Advocates, and other various outside agencies.

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

Response:

|  |
| --- |
| * Lack of regular, affordable public transportation * Lack of inpatient psychiatric hospitals within local service area * Lack of inpatient 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 and emergency departments;
* Judiciary, including mental health and probate courts;
* Prosecutors and public defenders;
* Other crisis service providers (to include neighboring LMHAs and LBHAs);
* People accessing crisis services and their family members; and
* Sub-contractors.

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

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

### II.A Developing the Plan

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

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

Response:

Coastal Plains Integrated Health (CPIH) collaborates closely with local stakeholders to develop and implement the Psychiatric Emergency Plan. CPIH hosts quarterly meetings with Law Enforcement, Probation Officers, EMS, Hospital Personnel, Substance Use Providers, County Officials, and Judges from each of the counties served. These meetings focus on identifying opportunities to enhance psychiatric emergency services within the catchment area. Through discussions, both challenges and successes are assessed to evaluate the effectiveness of services in the community, while prioritizing those that have become essential.

* Ensuring the entire service area was represented; and

Response:

Senior Management, Clinic Directors, and Program Managers regularly work in partnership with local stakeholders to identify barriers and develop solutions, ensuring the provision of essential services within the service area.

* Soliciting input.

Response:

CPIH actively seeks input from a variety of stakeholders through regular meetings and surveys. Key stakeholders include groups such as PNAC, NAMI, CRCG, the Transition Support Team, and consumers. Local Law Enforcement Coalition Meetings bring together judges, sheriff’s departments, police departments, and detention centers to discuss needs related to the development and continuation of jail diversion programs. Additionally, CPIH consistently engages in community outreach to strengthen existing partnerships and cultivate new ones, with the goal of expanding Access to Care.

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

1. How is the Crisis Hotline staffed?
   1. During business hours

Response:

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

* 1. After business hours

Response:

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

* 1. Weekends and holidays

Response:

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

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

Response:

Yes, Avail Solutions

1. How is the MCOT staffed?
   1. During business hours

Response:

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 QMHP-CS’ at each clinic site that rotate to provide face-to-face crisis coverage as needed.

* 1. After business hours

Response:

We contract with Avail Solutions to provide crisis coverage after business hours.

* 1. Weekends and holidays

Response:

We contract with Avail Solutions to provide crisis coverage on weekends and holidays.

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

Response:

Yes, Avail Solutions for after hour crisis services.

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

Response:

CPIH MCOT and designated CPIH staff offer follow-up services including screenings, referrals, and outreach through phone calls and face-to-face visits to individuals who are not currently receiving services. Case Managers provide ongoing follow-up to clients who are actively receiving services.

1. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when a person in crisis is identified? If so, please describe MCOT’s role for:
   1. Emergency Rooms:

CPIH MCOT are activated to follow-up with crisis that occur within Emergency Rooms.

* 1. Law Enforcement:

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

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

Response:

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

1. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
   1. During business hours:

Call our crisis hotline to activate CPIH MCOT Staff.

* 1. After business hours:

Call our crisis hotline to activate CPIH MCOT Staff.

* 1. Weekends and holidays:

Call our crisis hotline to activate CPIH MCOT Staff.

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

Response:

CPIH MCOT staff will continue the assessment until completion, then work to locate and secure a bed at a hospital contracted with CPIH. Local law enforcement will be contacted to assist in securing the site and, if necessary, provide transportation to a safer location, such as an emergency room.

1. Describe the community’s process if a person requires further evaluation, medical clearance, or both.

Response:

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

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

Response:

The Avail crisis hotline is contacted, and if the client poses an immediate threat to themselves or others, CPIH MCOT staff will be activated. CPIH MCOT staff will then conduct a face-to-face crisis assessment with the client. Following the assessment, CPIH MCOT staff will work to locate and secure a bed at a hospital contracted with our Center.

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

Response:

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

1. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

Response:

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

1. If an inpatient bed at a psychiatric hospital is not available, where does the person wait for a bed?

Response:

We currently have contracts with seven local hospitals. As a last resort, we utilize SASH and RGSC for bed availability. If no beds are available at our contracted hospitals or state facilities, we will turn to local or natural supports to monitor the individual until a bed is secured.

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

Response:

CPIH MCOT Staff

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

Response:

Using natural supports is always the primary approach; however, if no natural supports are available, MCOT staff will provide transportation.

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

Response:

Using natural supports is always the primary approach; however, if no natural supports are available, MCOT staff will provide transportation.

#### Crisis Stabilization

Use the table below to identify the alternatives the local service area has for facility-based crisis stabilization services (excluding inpatient services). Answer each element of the table below. Indicate “N/A” if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.

**Table 5: Facility-based Crisis Stabilization Services**

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

#### Inpatient Care

Use the table below to identify the alternatives to the state hospital the local service area has for psychiatric inpatient care for uninsured or underinsured people. Answer each element of the table below. Indicate “N/A” if an element does not apply to the alternative provided. Replicate the table below for each alternative.

**Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured**

|  |  |
| --- | --- |
| Name of facility | 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 or LBHA to purchase beds?** | Yes |
| **If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?** | Yes (PPB & CPB) |
| **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 or 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 or LBHA to purchase beds?** | Yes |
| **If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?** | Yes (PPB & CPB) |
| **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 or 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 or LBHA to purchase beds?** | Yes |
| **If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?** | Yes (PPB & CPB) |
| **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 or 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 or LBHA to purchase beds?** | Yes |
| **If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?** | Yes (PPB & CPB) |
| **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 or 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 or LBHA to purchase beds?** | Yes |
| **If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?** | Yes (PPB & CPB) |
| **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 or LBHA use facility for single-case agreements for as needed beds?** | N/A |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | N/A |

|  |  |
| --- | --- |
| Name of facility | Oceans Behavioral |
| **Location (city and county)** | 600 Elizabeth St, Building B, 4th Floor, Corpus Christi, TX 78404 (Nueces) |
| **Phone number** | (361) 371-8933 |
| **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** | 42 |
| **Is the facility currently under contract with the LMHA or LBHA to purchase beds?** | Yes |
| **If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?** | Yes (PPB & CPB) |
| **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 or 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 | Cedar Crest |
| **Location (city and county)** | 3500 I-35, Belton, TX 76513 (Bell) |
| **Phone number** | (254) 613-9871 |
| **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 or LBHA to purchase beds?** | Yes |
| **If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?** | Yes (PPB & CPB) |
| **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 or 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 for People Deemed Incompetent to Stand Trial Pre- and Post-arrest

1. Identify local inpatient or outpatient alternatives, if any, to the state hospital the local service area has for competency restoration? Indicate “N/A” if the LMHA or LBHA does not have any available alternatives.

Response:

There are no other inpatient or outpatient alternatives for competency restoration other than utilizing state hospitals.

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

Response:

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

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

Response:

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

1. If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

Response:

CPIH Jail Diversion Case Managers serve as liaison between jails and CPIH. This allows the jail to have a designated individual for collaboration and assistance when needed.

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

Response:

In order to better serve our clients, CPIH would be interested in collaborating or contracting with an LMHA with an established competency restoration program. CPIH will also research available grants to implement a jail restoration program for our area. There are also plans to expand the Jail Diversion Program into the Aransas and Bee Counties.

1. Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (e.g., Outpatient Competency Restoration, Inpatient Competency Restoration, Jail-based Competency Restoration, FACT Team, Post Jail Programs)?

Response:

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

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

Response:

For proper implementation of competency restoration, both funding and trained staff are needed. Ongoing technical assistance from a specialist in this area would also help to ensure the program’s success.

### II.D Seamless Integration of Emergent Psychiatric, Substance Use, and Physical Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics

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

Response:

Each county (9 total) that CPIH provides services to has access to a clinic (8 total) that fully integrate behavioral health, primary health, and substance use treatment. CPIH contracts with seven private inpatient hospitals to provide emergency psychiatric care to individuals who are in crisis. CPIH has secured Grant Funds in order to develop its own Primary Care Team in order to provide integrated physical healthcare. Emergency healthcare services can be provided to individuals who may be in crisis due to health related conditions. CPIH also has two clinics licensed in order to provide Outpatient Substance Use Disorder services to provide routine and crisis related care. CPIH 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?

Response:

Our plan for CPIH focuses on enhancing the identification of individual client needs and providing appropriate service referrals through an expanded use of Care Coordinators. By adopting an integrated approach, we aim to reduce the stigma associated with mental illness and address related barriers. Additionally, CPIH will continue to implement and refine organizational changes required for certification as a Certified Community Behavioral Health Clinic (CCBHC). We are also developing a Substance Use/Crisis Center in Jim Wells County, where we face a high prevalence of individuals with addiction disorders and crisis situations. Moreover, we plan to expand our Substance Use Disorder (SUD) services by licensing our Kingsville and Beeville locations and building a new facility in Live Oak County to improve access to care in the region.

### II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?

Response:

CPIH uses several forms of communication in order to provide information regarding services to clients, community members, and stakeholders. These include electronic mail, pamphlets, brochures, the CPIH website, minutes from meetings, and business cards with crisis hotline information. New information, concerns, and barriers associated with service delivery are also shared at CPIH quarterly meetings with Sheriff Officials, Judges, local psychiatric hospitals, ERs, EMS, County Jails, Police Departments and other community stakeholders.

1. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

Response:

CPIH contracts with Avail solutions to manage all after-hours and weekend crisis calls. Avail staff receive training upon hire and annually thereafter, and the company is accredited by the American Association of Suicidology. CPIH staff are trained in Applied Suicide Intervention Skills Training (ASIST), provide Mental Health First Aid (MHFA) to all new hires and staff, and receive monthly supervision from Clinic Directors and LPHAs. These sessions cover a range of topics, including crisis response and the delivery of crisis services. Additionally, CPIH staff must complete competency exams to ensure they understand the training material. Ongoing training is essential and provided throughout their tenure with CPIH. Key stakeholders are given a document that outlines CPIH’s psychiatric emergency plan, which is presented in a flowchart/algorithm format. To maintain effective communication and collaboration, CPIH holds quarterly meetings with Law Enforcement officials to address any emerging issues and to provide updates on any changes to the plan.

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

Use the table below to identify the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties. Add additional rows if needed.

**Table 7: Crisis Emergency Response Service System Gaps**

|  |  |  |  |
| --- | --- | --- | --- |
| County | Service System Gaps | Recommendations to Address the Gaps | Timeline to Address Gaps (if applicable) |
| All nine counties | Need for crisis residential unit for patients served by CPIH. | * Continue to look for funding source. * Work with All Texas Access group on strategic plan to help bring resources to the local community. | Ongoing |
| 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. | Ongoing |
| All nine counties served | Jail based restoration program | * Funding from local partners or block grants that require no match | Ongoing |

## Section III: Plans and Priorities for System Development

### III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

**Table 8: Intercept 0 Community Services**

|  |  |  |
| --- | --- | --- |
| Intercept 0: Community Services  Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
| CPIH staffs Qualified Mental Health Professionals (QMHPs) to respond to individuals who are experiencing a behavioral health crisis or to 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 suitable resources to all CPIH staff in order to appropriately respond to behavioral health crisis. |
| Police officers are able to transport individuals who are in crisis to their local CPIH clinic for walk-in crisis services. | Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, and San Patricio | Enhance currently established relationships with local Law Enforcement and provide responsive crisis services when police are dispatched. |

**Table 9: Intercept 1 Law Enforcement**

|  |  |  |
| --- | --- | --- |
| Intercept 1: Law Enforcement  Current Programs and Initiatives: | County(s) | Plans for Upcoming Two years: |
| CPIH delivers training opportunities to local Law Enforcement staff which helps improve CPIH’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 correspond and enhance current training material and to provide more overall trainings on mental health services to local Law Enforcement. |
| In order to assist with unmet individual needs, referrals to CPIH, as well as other community-based resources, are provided to those who are assessed for crisis services and do not require inpatient care at that time. | 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. |

**Table 10: Intercept 2 Post Arrest**

|  |  |  |
| --- | --- | --- |
| Intercept 2: Post Arrest; Initial Detention and Initial Hearings  Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
| Currently working with stakeholders to identify gaps within the intercept model | San Patricio and Duval | Continue to collaborate with SIM Trainings that are  developed in the counties of need |

**Table 11: Intercept 3 Jails and Courts**

|  |  |  |
| --- | --- | --- |
| Intercept 3: Jails and Courts  Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
| CPIH participates in drug courts in our service area. | Jim Wells and San Patricio counties | Continue to seek funding to expand upon CPIH’s jail diversion program to other counties in our service area. |
| Jail inmates are screened for CPIH’s jail diversion eligibility in three of the nine counties served by the Center. | Jim Wells, Kleberg, and San Patricio counties | To seek funding to expand CPIH’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 CPIH Jail Diversion program. | Jim Wells, Kleberg and San Patricio counties | To seek funding to expand CPIH’s Jail Diversion program to other counties in service area and improve on our current Jail Diversion program. |

**Table 12: Intercept 4 Reentry**

|  |  |  |
| --- | --- | --- |
| Intercept 4: Reentry  Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
| CPIH’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 CPIH’s TCOOMMI program to all nine counties in our service area |

**Table 13: Intercept 5 Community Corrections**

|  |  |  |
| --- | --- | --- |
| Intercept 5: Community Corrections  Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
| CPIH’s TCOOMMI Director meets monthly with the Deputy Director of Probation and the Chief of Juvenile Probation along with their specialized officers. TCOOMMI will 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 CPIH’s TCOOMMI program to all nine counties in our service area |

### III.B Other Behavioral Health Strategic Priorities

The Statewide Behavioral Health Coordinating Council (SBHCC) was established to ensure a strategic statewide approach to behavioral health services. In 2015, the Texas Legislature established the SBHCC to coordinate behavioral health services across state agencies. The SBHCC is comprised of representatives of state agencies or institutions of higher education that receive state general revenue for behavioral health services. Core duties of the SBHCC include developing, monitoring, and implementing a five-year statewide behavioral health strategic plan; developing annual coordinated statewide behavioral health expenditure proposals; and annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

The [Texas Statewide Behavioral Health Plan](https://www.hhs.texas.gov/sites/default/files/documents/hb1-statewide-behavioral-health-idd-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 of public-school students
* Gap 3: Coordination across state agencies
* Gap 4: Supports for Service Members, veterans, and their families
* Gap 5: Continuity of care for people of all ages involved in the Justice System
* Gap 6: Access to timely treatment services
* Gap 7: Implementation of evidence-based practices
* Gap 8: Use of peer services
* Gap 9: Behavioral health services for people with intellectual and developmental disabilities
* Gap 10: Social determinants of health and other barriers to care
* Gap 11: Prevention and early intervention services
* Gap 12: Access to supported housing and employment
* Gap 13: Behavioral health workforce shortage
* Gap 14: Shared and usable data

The goals identified in the plan are:

* Goal 1: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.
* Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.
* Goal 3: Develop and support the behavioral health workforce.
* Goal 4: Manage and utilize data to measure performance and inform decisions.

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

**Table 14: Current Status of Texas Statewide Behavioral Health Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
| Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services | * Gaps 1, 10 * Goal 1 | At this time, Trauma Informed Care is built into all aspects of the agency. Trainings include awareness of trauma based circumstances and cultural awareness | Work alongside outside agencies to further develop individualized trainings based on different rural areas |
| Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes | * Gaps 2, 3, 4, 5, 10, 12 * Goal 1 | Currently participating in multiple workgroups to ensure the availability of possible collaboration is completed with all possible agencies | Collaborate with agencies to ensure clients gain further access to housing, employment, transportation and other necessary integrated services |
| Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services | * Gaps 1, 10 * Goal 1 | Senior Administration meets regularly to identify ways to expand existing services through social determinants | Obtain grant funds to assist in current enhancement of primary care team |
| Implement services that are person- and family-centered across systems of care | * Gap 10 * Goal 1 | Currently utilize Person Centered services throughout client’s services. Client choice is essential and continues to be mapped during treatment | Continue to include family within all systems of care and collaborate with other supports (i.e. work, volunteers, religious, etc.) |
| Enhance prevention and early intervention services across the lifespan | * Gaps 2, 11 * Goal 1 | Provide ASIST and MHFA training to FTEs. Also, provide MHFA to surrounding ISDs | Consistently provide MHFA trainings to outside agencies to allow prevention of compounded issues |
| Identify best practices in communication and information sharing to maximize collaboration across agencies | * Gap 3 * Goal 2 | Currently utilize many ways of communication with outside agencies to include but not limited to phone, telehealth, email, fax, etc. CPIH also uses online portals such as Unite Us to collaborate with client care | Expand on current databases and identify linkage between EHRs used |
| Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems | * Gaps 1, 3, 7 * Goal 2 | We currently have contracts with seven 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. |
| Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans | * Gap 3 * Goal 2 | Alignment has been established along with SBHCC recommendations to allow growth and strategies to enhance services | Future plan is to continue to configure strategies and opportunities from SBHCC members to agency implementations |
| Increase awareness of provider networks, services and  programs to better refer people to the appropriate level  of care | * Gaps 1, 11, 14 * Goal 2 | Currently have continuous meetings with local agencies to identify outside resources to ensure clients are aware of programs available. | Expanding Care Coordinators to ensure further awareness of progress available by attending local meetings and create more outreach within ISD and other local supports. |
| Identify gaps in continuity of care procedures to reduce  delays in care and waitlists for services | * Gaps 1, 5, 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. |
| Develop step-down and step-up levels of care to address the range of participant needs | * Gaps 1, 5, 6 * Goal 2 | Currently have UM Committee to identify levels of care and address utilization for client care. | Add to UM Committee to expand process of change in levels of care to further improve client needs. |
| Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance | * Gaps 3, 14 * Goal 3 | IT department develops reports regarding service enrollments and possible gaps in levels of care. These data points evaluate current structure of services for quality purposes | Continue to identify new reporting data to improve state wide understanding of unique trends to current service area |
| Explore opportunities to provide emotional supports to workers who serve people receiving services | * Gap 13 * Goal 3 | Currently providing Clinical Supervision for direct care staff. Staff also have available counseling sessions available with current insurance. All staff have the opportunity to participate with the Wellness Program where staff can utilize workout equipment in clinic area, 30 minutes a day to each day for self-care. | Identify possible memberships within the community to allow wellness and self-care to be completed. Also, expand on team building activities at each clinic location. |
| Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce | * Gaps 13, 14 * Goal 3 | Current use of Indeed to recruit possible employees to share specific work based data. HR Director developed internal spreadsheet to track turnover rate to prevent barriers. | Continue to identify new ways to track data to decrease loss of employees. |
| Implement a call to service campaign to increase the behavioral health workforce | * Gap 13 * Goal 3 | Human Resources and Community Liaison attend Career Fairs and all job related fairs to increase workforce and decrease turnover. | Continue to attend job fairs, expand online based services to extend outreach. |
| Develop and implement policies that support a diversified workforce | * Gaps 3, 13 * Goal 3 | Within CPIH’s Policies and Procedures are outlined for a diverse workforce. This increases the opportunity for workforce populations | Continue to have outreach to promote workforce expansion |
| Assess ways to ease state contracting processes to  expand the behavioral health workforce and services | * Gaps 3, 13 * Goal 3 | Currently use grant funds to expand workforce and services within 9 counties. This allows full time employees instead of contracting services | Further apply for grants to expand on current grants to enhance services provided to clients. |
| Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance | * Gaps 3, 14 * Goal 4 | IT department develops reports regarding service enrollments and possible gaps in levels of care. These data points evaluate current structure of services for quality purposes | Continue to identify new reporting data to improve state wide understanding of unique trends to current service area |
| Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis | * Gaps 3, 14 * Goal 4 | Currently within the use of Unite Us for Care Coordination services, outside referrals within the system can share data | Explore more opportunities to identify MOUs or other data collection software to better assist integrated service outcomes |
| Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources | * Gaps 3, 4, 14 * Goal 4 | Currently have two Veteran’s Coordinator. Attend different meetings and community outreach to identify Veterans or those associated to help with resources within the service area | Continue to provide community outreach and provide trainings regarding Veteran’s services |
| Collect data to understand the effectiveness of evidence-based practices and the quality of these services | * Gaps 7, 14 * Goal 4 | 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 |

### III.C Local Priorities and Plans

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

List at least one but no more than five priorities.

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

**Table 15: Local Priorities**

|  |  |  |
| --- | --- | --- |
| Local Priority | Current Status | Plans |
| Improve access to inpatient care throughout the CPIH service area. | Three out of the seven contracted inpatient hospitals are located in the Rio Grande Valley which can 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 CPIH |
| 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 CPIH | We currently are only licensed to provide SUD services in Jim Wells and San Patricio Counties | Expand SUD licensure to two other facilities run by CPIH |
| Enhance current Mental Health Deputy Program | We currently have two Mental Health Deputies for the San Patricio County area | Secure funding for 2 additional Mental Health Deputies within needed counties |

### IV.D System Development and Identification of New Priorities

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

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

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

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

**Table 16: Priorities for New Funding**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority | Need | Brief description of how resources would be used | Estimated cost | Collaboration with community stakeholders |
| *1* | ***SUD Facility*** | * *Construct building to provide outpatient SUD services to local community* | $1.4 Million | Local Probation Department, Sheriff, Police Department |
| *2* | ***MH Deputies*** | * *2 funded positions for Mental Health Deputies to ensure crisis calls have collaboration and ensure jail diversion* | *$250,000* | *Local Law Enforcement, Local Hospitals* |
| *3* | ***Primary Care Team*** | * *2 funded positions for Mental Health Deputies to ensure crisis calls have collaboration and ensure jail diversion* | *$350,000* | *Local Community Agencies for further referrals* |
|  |  |  |  |  |
|  |  |  |  |  |

## Appendix A: Definitions

**Admission criteria** – Admission into services is determined by the person’s level of care as determined by the TRR Assessment found [here](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.

**Community Based Crisis Program (CBCP) -** Provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people with behavioral health crisis. CBCP projects include contracted psychiatric beds within a licensed hospital, EOUs, CSUs, s, crisis residential units and crisis respite units and are staffed by medical personnel, mental health professionals, or both that provide care 24/7. CBCPs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA or LBHA funding.

**Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs)** – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the person’s ability to function in a less restrictive setting.

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

**Crisis residential** **units (CRU)** – Provide community-based residential crisis treatment to people with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential units are not authorized to accept people on involuntary status.

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

**Crisis services** – Immediate and short-term interventions provided in the community that are designed to address mental health and behavioral health crisis and reduce the need for more intensive or restrictive interventions.

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

**Diversion centers** **-** Provide a physical location to divert people at-risk of arrest, or who would otherwise be arrested without the presence of a jail diversion center and connects them to community-based services and supports.

**Extended observation unit (EOU)** – Provide up to 48-hours of emergency services to people experiencing a mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept people on emergency detention.

**Jail-based competency restoration (JBCR) -** Competency restoration conducted in a county jail setting provided in a designated space separate from the space used for the general population of the county jail with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

**Mental health deputy (MHD) -** Law enforcement officers with additional specialized training in crisis intervention provided by the Texas Commission on Law Enforcement.

**Mobile crisis outreach team (MCOT)** – A clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up and relapse prevention services for people in the community.

**Outpatient competency restoration (OCR) -** A community-based program with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

## Appendix B: Acronyms

**CBCP** Community Based Crisis Programs

**CLSP** Consolidated Local Service Plan

**CMHH** Community Mental Health Hospital

**CPB** Contracted Psychiatric Beds

**CRU** Crisis Residential Unit

**CSU** Crisis Stabilization Unit

**EOU** Extended Observation Units

**HHSC** Health and Human Services Commission

**IDD** Intellectual or Developmental Disability

**JBCR** Jail Based Competency Restoration

**LMHA** Local Mental Health Authority

**LBHA** Local Behavioral Health Authority

**MCOT** Mobile Crisis Outreach Team

**MHD** Mental Health Deputy

**OCR** Outpatient Competency Restoration

**CPB** Psychiatric Emergency Service Center

**PPB** Private Psychiatric Beds

**SBHCC** Statewide Behavioral Health Coordinating Council

**SIM** Sequential Intercept Model