

# Health and Human Services Commission

## **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](mailto:MHContracts@hhsc.state.tx.us) and [CrisisServices@hhsc.state.tx.us](mailto: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 or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Howard County Mental Health Clinic	1501 West 11 <sup>th</sup> Place Big Spring, 79720	Howard	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ Mental Health Deputy Program</li> <li>○ Jail Based Case Worker</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> <li>○ Veteran's Outpost</li> </ul>
Scurry County MHC	1300 26 <sup>th</sup> Suite 100 Snyder, 79549	Scurry	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>
Nolan County MHC	304 West New Mexico Ave Sweetwater, 79556	Nolan	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ Mental Health Deputy Program</li> <li>○ Jail Based Caseworker</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>
Mitchell County MHC	505 Chestnut Street Colorado City, 79512	Mitchell	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Runnels County MHC	126 State Street Winters, 79567	Runnels	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>
Andrews County MHC	215 N W 1 <sup>st</sup> Street Andrews, 79714	Andrews	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Gaines County MHC	700 Hobbs Hwy Seminole, 79360	Gaines	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>
Yoakum County MHC	104 W. 2 <sup>nd</sup> Street Denver City, 79323	Yoakum	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>



Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Terry County MHC	502 W Broadway Street Brownfield, 79316	Terry	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ Mental Health Deputy Program</li> <li>○ Jail Based Caseworker</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>
Garza County MHC	East 7 <sup>th</sup> -Avenue C Post, 79356	Garza	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Dawson County MHC	211 N Main Ave. Lamesa, 79331	Dawson	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>
Winkler County MHC	814 Myer Lane Winkler County MHC	Winkler	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Ward County MHC	1200 N. Main Ave. Monahans, 79756	Ward	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>
Reeves County MHC	700 Daggett Street #4 Pecos, 79772	Reeves	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ Jail Based Caseworker</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Upton County MHC	103 N. Burleson Ave. McCamey, 79752	Upton	<ul style="list-style-type: none"> <li>○ Screening, Assessment and Intake</li> <li>○ Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>○ Full Levels of Care: Adults, Children or other</li> <li>○ Contracted inpatient beds</li> <li>○ Services for co-occurring disorders</li> <li>○ IDD Crisis Intervention Specialist Services</li> <li>○ Crisis Respite</li> <li>○ Respite</li> <li>○ First Episode Psychosis Program (STEP)</li> <li>○ Consumer Benefits</li> </ul>

### 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.*

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County(s)</b>	<b>Population Served</b>	<b>Number Served per Year</b>
	N/A	•	•	•

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

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

*In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. 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
FY21 FY23	Jail Caseworker – Will be liaison and provide continuity of care between Jail and LMHA	Nolan, Terry, Reeves	Persons in Jail with MH Diagnosis	360
FY21 FY23	Mental Health Deputy – Will provide jail diversion services for the community	Nolan, Terry	People with serious mental illness diverted from Jail	120

#### I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers <input checked="" type="checkbox"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> <li>• Scenic Mountain Behavioral Health Unit – Melonye Huber</li> <li>• <u>Rivercrest</u> Karen Ochoa RN Utilization Review Nurse; Marc Houston - Director of Utilization Review</li> </ul>	<input checked="" type="checkbox"/> Family members <input checked="" type="checkbox"/> Concerned citizens/others <input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> <li>• <i>Big Spring State Hospital</i></li> <li>• <i>Ricky White, Program Administrator</i></li> </ul>

## Stakeholder Type

- Oceans Midland Isela Juarez - Director of Utilization Review
- Oceans Abilene Chasidy Tomlin - Director of Utilization Review
- Mental health service providers
- Prevention services providers
- County officials  
*\*List the county and the official name and title of participants:*
  - *Howard County - Katherine Wiseman Howard County*
  - *Howard County - Stan Parker County Sherriff*
  - *Howard County – Irene Buchanan Jail Administrator*
  - *Howard County - Josh Hamby County Attorney*
- Federally Qualified Health Center and other primary care providers
- Hospital emergency room personnel
- Faith-based organizations

## Stakeholder Type

- Substance abuse treatment providers
- Outreach, Screening, Assessment, and Referral Centers
  - Michelle Lentner OSAR, LCDC
- City officials  
*\*List the city and the official name and title of participants:*
  - Big Spring – Chad Williams Chief of Police
  - Brownfield – Tony Serbantez Chief of Police
- Local health departments
- LMHAs/LBHAs  
*\*List the LMHAs/LBHAs and the staff that participated:*
  -
- Emergency responders
- Community health & human service providers

## Stakeholder Type

- Probation department representatives
- Court representatives (Judges, District Attorneys, public defenders)  
*\*List the county and the official name and title of participants:*
  - Howard County – Mike Averette Justice of the Peace
  - Howard County – Kathryn Wiseman County Judge
  - Howard County – Josh Hamby County Attorney
  - Nolan County – Samantha Morrow County Attorney
  - Nolan County – Richard Thompson District Attorney
  - Nolan County – Whitley May County Judge
  - Terry County – Butch Wagner County Judge
  - Reeves County – Leo Hung County Judge
- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies

## Stakeholder Type

- Parole department representatives
- Law enforcement  
*\*List the county/city and the official name and title of participants:*
  - Big Spring – Chad Williams Chief of Police
  - Brownfield – Tony Serbantez Chief of Police
  - Howard- Stan Parker Sheriff
  - Nolan – David Warren Sheriff
  - Terry - Timothy Click Sheriff
  - Reeves - Arturo Granado Sheriff
  - Howard – Robert Williams MH Deputy
  - Nolan – Eddy Hernandez MH Deputy
  - Terry – Renee Jones MH Deputy
- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups



**Stakeholder Type**

Veterans' organizations

**Stakeholder Type**

Other: Mental Health First Aid, Mental Health Deputy Program

*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.*

• Consumer Satisfaction Surveys
• Quarterly Local Planning & Network Advisory Committee
• Board Meetings
• Quarterly Jail Diversion/Crisis Oversight Committees (Howard, Nolan, Terry, and Reeves)
• Public Schools
• IMPACT Network

*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 affordable housing
• Lack of substance use disorder transitional housing
• Inadequate inpatient substance abuse treatment options
• Lack of community resources for youth and children
•
•

## 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;

- West Texas Centers has collaborated with stakeholders to develop the Psychiatric Emergency Plan in the form of the following key stakeholders' groups.
- Jail Diversion/Crisis Oversight Committee
- Planning and Network Advisory Committee
- West Texas Centers Board of Directors
- County Sheriff's Offices
- Local Police Departments
- County Judges
- County Commissioners
- Mental Health Deputies

Ensuring the entire service area was represented; and

- Utilizing community committee meetings with all stakeholders participating

Soliciting input.

- Input from stakeholders on the West Texas Centers webpage and during community meetings

## 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

- West Texas Centers MCOT services are staffed 24 hours a day 7 days a week 365 days a year. The West Texas Centers service area has been broken into 9 call groups to ensure adequate staffing and crisis response within the local services area.

After business hours

- West Texas Centers MCOT services are staffed 24 hours a day 7 days a week 365 days a year.

Weekends/holidays

- West Texas Centers MCOT services are staffed 24 hours a day 7 days a week 365 days a year.

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

- Avail Solutions, LLC

### 3. How is the MCOT staffed?

During business hours

- West Texas Centers MCOT services are staffed 24 hours a day 7 days a week 365 days a year. The West Texas Centers service area has been broken into 9 call groups to ensure adequate staffing and crisis response within the local services area.

After business hours

- West Texas Centers MCOT services are staffed 24 hours a day 7 days a week 365 days a year.

Weekends/holidays

- West Texas Centers MCOT services are staffed 24 hours a day 7 days a week 365 days a year.

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

- N/A

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

- Face to face crisis assessments
- The use of House Bill 4 provisions for telephonic and tele video usage
- Case management and skills rehabilitation training, Crisis respite
- Provide follow-up and aftercare services for people transitioning from psychiatric hospital to community.

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:

- When appropriate, yes. The MCOT is routinely deployed when contacted by the Emergency Room to complete Crisis Assessment, Crisis Intervention Rehab, Crisis Safety Monitoring, Continuity of Services.

Law Enforcement:

- When appropriate, yes. The MCOT is routinely deployed when contacted by the Law enforcement to complete Crisis Assessment, Crisis Intervention Rehab, Crisis Safety Monitoring, Continuity of Services.

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

- The state hospital calls the Hotline, who always activates an MCOT to complete an assessment within an hour.

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

During business hours:

- Contact the hotline to activate an MCOT for Assessment

After business hours:

- Contact the hotline to activate an MCOT for Assessment

Weekends/holidays:

- Contact the hotline to activate an MCOT for Assessment

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?

- Law enforcement transports to an ER or psychiatric hospital.

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

- Family member, law enforcement or EMS transport to the local ED for evaluation and medical clearance

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

- MCOT completes an assessment and facilitates the completion of the Emergency Detention Order (EDO) for transportation to a psychiatric facility.

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

- MCOT completes assessment. If needed stabilization at an ED law enforcement or EMS transport. If stabilization is needed at crisis respite, MCOT transports.

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.

- Law enforcement is activated to ensure the scene is secure, then law enforcement notifies MCOT who completes assessment

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

Where does the individual wait for a bed?

- If appropriate for admission to a medical hospital, they are admitted. Sometimes crisis respite is utilized. Sometimes they wait in the community with natural support who will monitor the person.

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?

- The on-call MCOT for the call group.

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

- Family, or other natural support.



## 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	The Wood Group
Location (city and county)	Big Spring, Howard County
Phone number	432-263-2559
Type of Facility (see Appendix A)	Crisis Respite
Key admission criteria (type of individual accepted)	Adults not imminently suicidal, homicidal, or acutely intoxicated. Individuals are screened and referred by West Texas Centers crisis staff.
Circumstances under which medical clearance is required before admission	If there is a known medical emergency, call 911 or the individual is taken to the emergency room for evaluation
Service area limitations, if any	
Other relevant admission information for first responders	Law enforcement is accompanied by a Qualified Mental Health Provider when the individual is presented for admission
Accepts emergency detentions?	No
Number of Beds	16
HHSC Funding Allocation	\$789,247

## 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	Rivercrest
Location (city and county)	San Angelo, Tom Green County
Phone number	1-800-777-5722
Key admission criteria	Adults and Children who are imminently suicidal, homicidal, or acutely psychotic. Accepts private insurance. For contracted beds, individual is screened and referred by West Texas Centers crisis staff.
Service area limitations, if any	This facility is located outside of the West Texas Centers service area
Other relevant admission information for first responders	
Number of Beds	80
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
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?	\$640.00

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	Oceans Behavioral Hospital – Midland
Location (city and county)	Midland, Texas
Phone number	325-691-0030
Key admission criteria	Adults and Adolescents who are imminently suicidal, homicidal, or acutely psychotic. Accepts private insurance. For contracted beds, individual is screened and referred by West Texas Centers crisis staff.
Service area limitations, if any	This facility is located outside of the West Texas Centers service area
Other relevant admission information for first responders	
Number of Beds	64
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
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?	\$640.00

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

Name of Facility	Oceans Behavioral Hospital - Abilene
Location (city and county)	Abilene, Texas
Phone number	325-691-1211
Key admission criteria	Adults and Adolescents who are imminently suicidal, homicidal or acutely psychotic. Accepts private insurance. For contracted beds, individual is screened and referred by West Texas Centers crisis staff.
Service area limitations, if any	This facility is located outside of the West Texas Centers service area
Other relevant admission information for first responders	
Number of Beds	92
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
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?	\$640.00

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

Name of Facility	Scenic Mountain Medical Behavioral Hospital Unit-
Location (city and county)	Big Spring, Texas
Phone number	432-263-1211
Key admission criteria	Adults who are imminently suicidal, homicidal, or acutely psychotic. Accepts private insurance. For contracted beds, individual is screened and referred by West Texas Centers crisis staff.
Service area limitations, if any	
Other relevant admission information for first responders	
Number of Beds	20
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
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?	\$640.00

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

Name of Facility	Shannon
Location (city and county)	San Angelo, Texas
Phone number	325-481-8695
Key admission criteria	Adults who are imminently suicidal, homicidal, or acutely psychotic. Accepts private insurance. For contracted beds, individual is screened and referred by West Texas Centers crisis staff.
Service area limitations, if any	This facility is located outside of the West Texas Centers service area
Other relevant admission information for first responders	
Number of Beds	22
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
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?	\$640.00

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

### II.C Plan for local, short-term management of pre- and post-arrest individuals who are deemed incompetent to stand trial

What local inpatient or outpatient alternatives to the state hospital does the local service area currently have for competency restoration? *If not applicable, enter N/A.*

Identify and briefly describe available alternatives.

- Jail based caseworkers in Howard, Nolan, Terry, and Reeves will identify people who need competency restoration and link them to the jail contract for psychiatric services in jail. All other jails will utilize jail contract services when authorized by local jail.

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

- Our resources are limited to the State Hospital to provide competency restoration

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.

- West Texas Centers currently has four jail case workers to act as a liaison between the LMHA and the County Jails. This jail caseworker engages with individuals with MH and/or SUD at the point of arrest, during incarceration, and in the community for continuity of care. Activities include monitoring, linkage, coordination, advocacy, and release planning.
- West Texas Centers receives positive jail screenings from all 19 jails in the catchment area. We have a dedicated staff member who receives these screenings and will recommend services to the jail based on the jail contract while the individual is in custody.

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.

- The jails that do not have a jail-based case worker will request services from LMHA and the UM Reviewer will provide information to the Regional Program Manager.

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

- Continue with jail contracts to provide psychiatric services.

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.)?

- Yes, Outpatient competency restoration and jail-based competency restoration curriculum.

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

- Lack of county funding opportunities to provide competency restoration programs and curriculum. Additionally, the expansion of the jail caseworker program to provide services in more jails in the 23 county catchment area.



## 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?

- With CCBHC certification we have developed a Care coordination program and an Outpatient SUD Program. Collaboration is with FQHCs, Substance abuse treatment providers, local hospitals, and specialty clinics.

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

- West Texas Centers will continue to explore other alternatives for expanding primary healthcare integration into the local community.

## 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?

- West Texas Centers will share the Psychiatric Emergency Plan with the Jail Diversion & Planning and Network Advisory Committees. Communication with the local law enforcement agencies and jails. The Plan will also be posted on the WTC Website.

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?

- West Texas Centers staff are trained upon hire, during in-services, and annual updates.

## 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
23 County Service Area	<ul style="list-style-type: none"> <li>• Distance of travel for MCOT to arrive at a crisis. Lack of inpatient psychiatric facilities within our service areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilization of telehealth services</li> <li>• Hiring caseworkers that live in the local counties</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

## 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.*

<b>Intercept 0: Community Services</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Crisis Hotline	• All counties	• Continue services
• MCOT response	• All counties	• Continue services
• Crisis Respite Stabilization Center	• Howard but all counties can utilize	• Continue services
• Veterans Services (MVPN)	• All counties	• Continue services
• Peer Support	• All counties	• Continue services
• IMPACT Network	• Howard and Nolan	• Continue to participate in IMPACT

<b>Intercept 1: Law Enforcement</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>• Mental Health Deputy Program</li> </ul>	<ul style="list-style-type: none"> <li>• Howard, Nolan and Terry</li> </ul>	<ul style="list-style-type: none"> <li>• Apply for extension of current grant funding to continue</li> </ul>
<ul style="list-style-type: none"> <li>• Jail Diversion Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Howard, Nolan, Terry and Reeves</li> </ul>	<ul style="list-style-type: none"> <li>• Continue quarterly meetings Howard. Establish quarterly meetings for Nolan, Terry and Reeves</li> </ul>

<b>Intercept 3: Jails/Courts</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>• Jail based case worker</li> </ul>	<ul style="list-style-type: none"> <li>• Howard, Nolan, Terry and Reeves</li> </ul>	<ul style="list-style-type: none"> <li>• Apply for extension of current grant funding to continue program</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

<b>Intercept 4: Reentry</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>• Jail based case worker</li> </ul>	<ul style="list-style-type: none"> <li>• Howard, Nolan, Terry and Reeves</li> </ul>	<ul style="list-style-type: none"> <li>• Apply for extension of current grant funding to continue program</li> </ul>
<ul style="list-style-type: none"> <li>• TCOOMMI</li> </ul>	<ul style="list-style-type: none"> <li>• Continuity of care in all counties and Intensive Case Management in Howard and Nolan</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the TCOOMMI peer navigator pilot position</li> <li>• Continue contract with TDCJ TCOOMMI</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

<b>Intercept 5: Community Corrections</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>Routine screening for mental illness and substance use disorders.</li> </ul>	<ul style="list-style-type: none"> <li>23 County service area</li> </ul>	<ul style="list-style-type: none"> <li><i>West Texas Centers continues to explore strategies to enhance community support programs.</i></li> </ul>
<ul style="list-style-type: none"> <li>Urban Institute Network with focus on Probation and partnering with Howard County Probation</li> </ul>	<ul style="list-style-type: none"> <li>Howard County</li> </ul>	<ul style="list-style-type: none"> <li>Continue to participate in the Urban Institute Probation Network</li> </ul>
<ul style="list-style-type: none"> <li>Offer Mental Health First Aid, Applied Suicide Intervention Sills training for local probation/parole officers, jail staff and local law enforcement.</li> </ul>	<ul style="list-style-type: none"> <li>23 County service area</li> </ul>	<ul style="list-style-type: none"> <li><i>West Texas Centers continues to explore strategies to enhance community support programs.</i></li> </ul>
<ul style="list-style-type: none"> <li>Training for probation or parole staff</li> </ul>	<ul style="list-style-type: none"> <li>23 County service area</li> </ul>	<ul style="list-style-type: none"> <li><i>West Texas Centers continues to explore strategies to enhance community support programs.</i></li> </ul>

### III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](#) identifies other significant gaps and goals in the state’s behavioral health services system. The gaps identified in the plan are:

- Gap 1: Access to appropriate behavioral health services
- 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	<ul style="list-style-type: none"> <li>• Gap 6</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain an open access walk-in intake system</li> </ul>	<ul style="list-style-type: none"> <li>• Improving Telehealth services</li> </ul>
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2,4</li> </ul>	<ul style="list-style-type: none"> <li>• Implemented the Caring Contacts program</li> <li>• Appointments are being made up with administrative staff to have routine follow-up</li> <li>• Daily contact with hospital liaison staff</li> </ul>	<ul style="list-style-type: none"> <li>• Set up meetings with the inpatient facilities to ensure discharge planning processes to ensure continuity of care.</li> </ul>
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 1,4</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing to monitor long term state hospital clients for inpatient medical necessity and assessing outpatient treatment options</li> </ul>	<ul style="list-style-type: none"> <li>• Explore options for HCBS referrals when clinically appropriate</li> <li>• Explore skilled nursing facilities for those with medical necessity</li> </ul>
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> <li>• Gap 7</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly record reviews</li> <li>• Peer review processes</li> <li>• Performance evaluation process</li> </ul>	<ul style="list-style-type: none"> <li>• Continue monthly record reviews</li> <li>• Continue quarterly peer reviews</li> <li>• Continue performance evaluation process</li> <li>•</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> <li>• Gap 8</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• Use of Person-Centered Recovery Planning</li> <li>• Utilizing Peer Providers and Family Partners to assist in engaging consumers in treatment and to provide monitoring and supportive services</li> <li>• Utilizing the PNAC consumer representatives in program planning and evaluation activities</li> </ul>	<ul style="list-style-type: none"> <li>• Expand recruitment of Peer support and family partner services</li> <li>• Expand training of Peer Providers and Family Partners</li> <li>• Expand number of peers</li> <li>• Provider and Family Partner positions</li> </ul>
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> <li>• Gaps 1,14</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Provide substance use disorder services to include LCDC and Case management</li> <li>• Work with local OSAR referrals, continuity of care</li> <li>• Provide COPSD rehabilitative services</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to seek out additional resources to provide substance use disorder treatment.</li> </ul>
Integrating behavioral health and primary care services and	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Linkage and coordination to local primary care providers</li> </ul>	<ul style="list-style-type: none"> <li>• Expand wellness services</li> <li>• Expand integration of primary and behavioral health care</li> </ul>



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
meeting physical healthcare needs of consumers.			into one person centered plan.
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> <li>• Gap 10</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize public transportation for Medicaid where available</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate public transportation services where available and appropriate.</li> </ul>
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 2,4</li> </ul>	<ul style="list-style-type: none"> <li>• IDD services have its own Crisis Intervention specialist.</li> <li>• IDD Crisis Intervention specialist partners with WTC MCOT as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue availability of Crisis Respite beds for clients</li> </ul>
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> <li>• Gap 4</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• WTC operates a Veterans Outreach Services.</li> <li>• Military Veterans Peer Network (MVPN)</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain services</li> </ul>

### 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
Increasing accessibility to services	<ul style="list-style-type: none"> <li>• Instituted a walk-in model</li> <li>• Expanded physician availability</li> </ul>	<ul style="list-style-type: none"> <li>• Decreasing wait time for intake evaluation</li> <li>• Explore alternative funding streams to</li> <li>• expand services available</li> </ul>
Enhance Mental Health Deputy Program	<ul style="list-style-type: none"> <li>• Expanded the MH deputy program to two additional counties</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to look for additional funding to expand the MH deputy programs to other counties</li> <li>• Implement and grow Jail Diversion Committees in other counties regardless of current grant opportunities</li> </ul>
Enhance jail, local emergency room and state facility diversionary activities	<ul style="list-style-type: none"> <li>• Added an additional contract for psychiatric hospital</li> <li>• Expanded our jail contracted services to all jails in our catchment area</li> <li>• Operating an 16 bed crisis respite program</li> <li>• Utilizing limited crisis stabilization beds</li> <li>• Mental Health Deputy Program</li> </ul>	<ul style="list-style-type: none"> <li>• Have received funding and in the planning stages for a Jail Diversion Center</li> <li>• Continue Rapid crisis stabilization bed utilization</li> <li>• Continue private psychiatric hospital utilization</li> <li>• Continue utilization of mobile crisis outreach teams</li> <li>• Continue provision of psychiatric services in local jails</li> </ul>

Local Priority	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Expand crisis prevention services</li> <li>• Continue to use and Expand Mental Health Deputy Program to other counties.</li> <li>•</li> </ul>
COPSD	<ul style="list-style-type: none"> <li>• Added an outpatient SUD program that focuses on COPSD services</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to look for additional funding to expand the outpatient SUD program to all counties</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

### 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	Employment services IPS model	<ul style="list-style-type: none"> <li>• Provide people with supported employment through IPS evidenced based practices</li> </ul>	<ul style="list-style-type: none"> <li>• \$50,000</li> </ul>
2	SUD Services	<ul style="list-style-type: none"> <li>• Fund positions for 5 full-time LCDCs, supporting personnel and associated operating costs. with mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>• \$500,000</li> </ul>
		<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
		<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

## 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](#) for adults or [here](#) for children and adolescents. The TRR

assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

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

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

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

**Crisis Services** – Crisis services are brief interventions provided in the community that ameliorate the crisis and prevent utilization of more intensive services such as hospitalization. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse.

**Crisis Stabilization Units (CSU)** – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive

mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

**Extended Observation Units (EOU)** – provide up to 48-hours of emergency services to individuals in mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept individuals on emergency detention.

**Mobile Crisis Outreach Team (MCOT)** – MCOTs are clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community.

**Psychiatric Emergency Service Center (PESC)** – PESC 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. PESC 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

<b>CSU</b>	Crisis Stabilization Unit
<b>EOU</b>	Extended Observation Units
<b>HHSC</b>	Health and Human Services Commission
<b>LMHA</b>	Local Mental Health Authority
<b>LBHA</b>	Local Behavioral Health Authority
<b>MCOT</b>	Mobile Crisis Outreach Team
<b>PESC</b>	Psychiatric Emergency Service Center