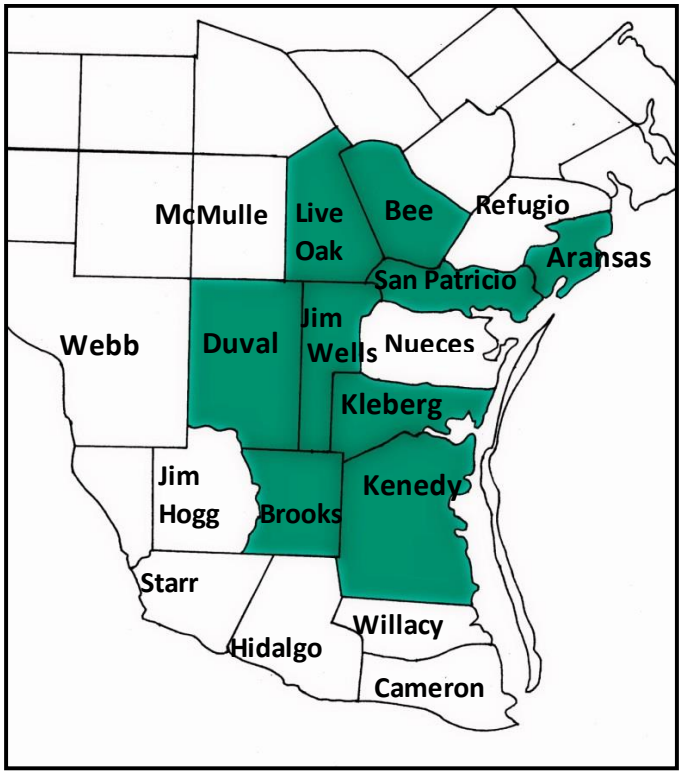
Coastal Plains Community Center



Form O Consolidated Local Service Plan (CLSP)

Local Mental Health Authorities and Local Behavioral Health Authorities

September, 2017

Contents

Introduction

The Consolidated Local Service Plan (CLSP) encompasses all of the 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.

CLSP asks for information related to community stakeholder involvement in local planning efforts. 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. 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 (Note: please include 1115 waiver projects detailed in Section 1.B. below). 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, children, or both (if applicable):*
    - *Screening, assessment, and intake*
    - *Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both*
    - *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 IDD*
    - *Services for at-risk youth*
    - *Services for veterans*
    - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
Coastal Plains Community Center (CPCC)-Admin Office	200 Marriott Drive Portland, TX 78374	San Patricio	• Screening • TCOOMMI • Continuity of Care • Services for individuals with IDD
CPCC - Taft	201 Roots Ave Taft, TX 78390	San Patricio	• Screening, assessment, and intake: (both) • Full Level of Care (FLOC): (both) • Integrated healthcare: mental and physical health: (adult) • Integrated Substance Abuse Services: (adolescents and adults) • Services for individuals with IDD

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
			• Services for veterans • Youth Empowerment Services (YES) Waiver
CPCC Beeville	2808 Industrial Loop Beeville, TX 78012	Bee	• Screening, assessment, and intake: (both) • Full Level of Care (FLOC): (both) • Integrated healthcare: mental and physical health - (adult) • Integrated Substance Abuse Services: (adolescents and adults) • Services for individuals with IDD • Services for veterans • Youth Empowerment Services (YES) Waiver
CPCC Rockport	620 Concho Rockport, TX 78382	Aransas	• Screening, assessment, and intake: (both) • Full Level of Care (FLOC): (both) • Integrated healthcare: mental and physical health - (adult) • Integrated Substance Abuse Services: (adolescents and adults) • Services for individuals with IDD • Services for veterans • Youth Empowerment Services (YES) Waiver
CPCC Alice	614 W. Front Alice, TX 78382	Jim Wells	• Screening, assessment, and intake: (both) • Full Level of Care (FLOC): (both) • Integrated healthcare: mental and physical health - (adult) • Integrated Substance Abuse Services: (adolescents and adults) • Services for individuals with IDD • Services for veterans • Youth Empowerment Services (YES) Waiver

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
CPCC Kingsville	1621 E. Corral Kingsville, TX 78364	Kleberg	• Screening, assessment, and intake: (both) • Full Level of Care (FLOC): (both) • Integrated healthcare: mental and physical health - (adult) • Integrated Substance Abuse Services: (adolescents and adults) • Services for individuals with IDD • Services for veterans • Youth Empowerment Services (YES) Waiver
CPCC Falfurrias	101 W. Potts Falfurrias, TX 78355	Brooks	• Screening, assessment, and intake: (both) • Full Level of Care (FLOC): (both) • Integrated healthcare: mental and physical health - (adult) • Integrated Substance Abuse Services: (adolescents and adults) • Services for individuals with IDD • Services for veterans • Youth Empowerment Services (YES) Waiver
Freer Annex	101 N. Main St Freer, TX 78357	Duval	• Screening, assessment, and intake: (both) • Full Level of Care (FLOC): (both) • Integrated healthcare: mental and physical health - (adult) • Youth Empowerment Services (YES) Waiver
Aransas Pass Annex	1010 S. Commercial Aransas Pass, TX 78336	San Patricio/ Aransas	• Screening, assessment, and intake: (both) • Full Level of Care (FLOC): (both) • Integrated healthcare: mental and physical health - (adult) • Integrated Substance Abuse Services: (adolescents and adults)

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
			• Services for individuals with IDD • Services for veterans • Youth Empowerment Services (YES) Waiver
Live Oak Annex	105 E. Thornton Three Rivers TX 78071	Live Oak	• Screening, assessment, and intake: (both) • Full Level of Care (FLOC): (both) • Integrated healthcare: mental and physical health - (adult) • Youth Empowerment Services (YES) Waiver
Avail Solutions, Inc.	4455 S Padre Island Dr, Suite 44B, Corpus Christi, 78411	Nueces	• Crisis Hotline
Corpus Christi Medical Center - Bayview Behavioral Hospital	6629 Wooldridge Road 78414	Nueces	• Contracted Inpatient beds: (Adult and Children)
Doctors Hospital at Renaissance	5501 S. McColl Rd, Edinburg, 78539	Hidalgo	• Contracted Inpatient beds: (Adult and Children)
Palms Behavioral Health	613 Victoria Ln, Harlingen, TX 78550	Cameron	• Contracted Inpatient beds: (Adult and Children)
South Texas Health System	2102 W. Trenton Rd, Edinburg, 78539	Hidalgo	• Contracted Inpatient beds: (Adult and Children)
East Texas Behavioral Healthcare Network	2001 South Medford Drive, Lufkin, TX 75901	Angelina	• Authorization Services: (Adult and Children) • Pharmacy Services: (Adult and Children)
South Texas Psychiatric Associates	4234 Weber Rd, Corpus Christi, TX 78411	Nueces	• Psychiatric Services: (Adult and Children)
Coastal Bend Wellness Foundation	5633 S. Staples St, Corpus Christi, TX	Nueces	• Integrated healthcare: physical health (Adult)

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
	78411		
Community Action Corporation of South Texas	700 S. Flournoy Rd, Alice, TX 78332	Jim Wells	• Integrated healthcare: physical health (Adult)
Christus Spohn Health System	101 N. Main St Freer, TX 78357	Duval	• Integrated healthcare: physical health (Adult)
United Connections Counseling	201 E. Main St, Alice TX	Jim Wells	• Substance abuse prevention, intervention, or treatment: (adolescent and adults)
Quest Diagnostics	P.O. Box 841725 Dallas, TX 75284	Dallas	• Lab Services: (Adult and Children)
Deaf Interpreter Services	15600 San Pedro Suite 302, San Antonio, TX 78270	Bexar	• Interpreter Services (both)

I.B Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver Projects

- *Identify the Regional Health Partnership (RHP) Region(s) associated with each project.*

- *List the titles of all projects you proposed for implementation under the RHP plan. If the title does not provide a clear description of the project, include a descriptive sentence.*
- *Enter the number of years the program has been operating, including the current year (i.e., second year of operation = 2)*
- *Enter the static capacity—the number of clients that can be served at a single point in time.*
- *Enter the number of clients served in the most recent full year of operation. If the program has not had a full year of operation, enter the planned number to be served per year.*
- *If capacity/number served is not a metric applicable to the project, note project-specific metric with the project title.*

	1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Population Served	Number Served/ Year
4	**Milestone-1:** Total Quantifiable Patient Impact (QPI). CPCC target is to serve 1,026 unduplicated clients in integrated services (Combined MH, SA, and PC services).	6	5	919	6
4	**Milestone-2:** Quantifiable Patient Impact to Medicaid Low Income Uninsured (MLIU). CPCC has to provide services to 831 (MLIU) individuals.	6	5	899	6
4	**Milestone-3:** Progress on RHP 4 Core Components. CPCC has to provide progress toward: • Protocols and processes for communication, data-sharing, and referral between behavioral and physical health providers. • Recruit and training of specialty providers. • Acquire data reporting, communication and collection tools	6	5	919	2

	1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Population Served	Number Served/ Year
	(equipment) to be used in the integrated setting. • Conduct quality improvement for integrated program using methods such as rapid cycle improvement (QPI Plan).				
4	**Milestone-4:** Sustainability Planning for D.S.R.I.P. program. • CPCC will be required to submit all sustainability planning efforts conducted in DY6.	6	5	919	2
4	**Category 3 IT-1.10 Diabetic Care: Outcome Improvement Target 1 Increase positive results of HbA1C levels** • Metric 1: 10% of people will show a decrease in their HbA1C levels over their first year's testing	6	10% decrease	919	6
4	**Category 3 IT-1.7 Controlling High Blood Pressure: Outcome Improvement Target 1 Increase positive results of Blood Pressure levels** • 10% of people will show a decrease in their HbA1C levels over their first year's testing	6	10% decrease	919	6
4	**Develop integrated behavioral health and physical health services satellite offices in outlying towns/cities/counties which were not**	4	2	233	4

	1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Population Served	Number Served/ Year
	included in the 1115 Waiver Plan based upon service location needs to increase preventative health care. • (a) Freer satellite office (b) Live Oak county satellite office (c) Aransas Pass satellite office and (d) Rockport clinic.				

I.C Community Participation in Planning Activities

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

	Stakeholder Type		Stakeholder Type
☒	Consumers	☒	Family members
☒	Advocates (children and adult)	☒	Concerned citizens/others
☒	Local psychiatric hospital staff	☒	State hospital staff
☒	Mental health service providers	☒	Substance abuse treatment providers
☒	Prevention services providers	☒	Outreach, Screening, Assessment, and Referral (OSAR)
☒	County officials	☒	City officials
☒	FQHCs/other primary care providers	☒	Local health departments
☒	Hospital emergency room personnel	☒	Emergency responders
☒	Faith-based organizations	☒	Community health & human service providers
☒	Probation department representatives	☒	Parole department representatives
☒	Court representatives (judges, DAs, public defenders)	☒	Law enforcement
☒	Education representatives	☒	Employers/business leaders
☒	Planning and Network Advisory Committee	☒	Local consumer-led organizations
☒	Peer Specialists	☒	IDD Providers
☒	Foster care/Child placing agencies	☒	Community Resource Coordination Groups
☒	Veterans' organization	☐	Other: _____

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

• Coastal Plains Community Center used a variety of methods and activities to obtain stakeholder input. These methods included holding monthly and quarterly meetings with local stakeholders, committees, and coalitions, posting plans for public comment, gathering input through surveys and outreach through our community relations personnel.
• Monthly CRCG meetings
• PNAC meetings
• Plans posted for public comment.
• Stakeholder and client surveys
• Regular meetings with local, contracted psychiatric hospitals
• Monthly TCOOMMI meetings with probation contacts
• Monthly meetings with integrated services providers (primary health care and substance abuse)
• Stakeholder meetings attended with Methodist Healthcare Ministries
• Board meetings
• COC meetings with SASH
• Coastal Bend Advocates meetings
• Peer support groups
• NAMI
• Quarterly meeting with local law enforcement personnel

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

• Lack of inpatient beds at both state and local levels
• Lack of available public transportation

• Lack of security at local hospitals concerning mental health issues
• Drop in peer centers
• Lack of substance abuse treatment facilities
• Crisis Stabilization units for people who are in crisis but do not need hospitalization
• Mental Health Deputies to provide support to the mental health staff when addressing crisis situations
• Group homes for people with mental illnesses having difficulty living on their own (long-term, supervised residential supports)
• Mental health courts - courts, legal system and MH services working together to prevent or decrease jail time for offenders with SMI who commit misdemeanor offenses
• Subsidized housing assistance - such as Super Nofa Grant, Tenant based rental assistance, etc…

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 their 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
- Users of crisis services and their family members

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 used 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
- Ensuring the entire service area was represented
- Soliciting input

- Coastal Plains Community Center routinely collaborates with local stakeholders for the Psychiatric Emergency Plan. CPCC holds quarterly meetings with law enforcement, probation officers, EMS, hospital staff, substance use providers, county officials, and judges from each county served to discuss ways psychiatric emergencies services can be improved in our catchment area. These meetings are used to identify services that may or may not be effective and help prioritize services that are in need.
- Senior Management and Clinic Directors meet regularly with stakeholders in their local service area to inquire about barriers and discuss possible solutions to emergency services.
- CCPC solicits input from different stakeholders groups through meetings and the use of surveys. These stakeholders include involvement from groups such as PNAC, NAMI, CRGC and consumers.
- Collaborative meetings are held with local judges, sheriff's departments and detention centers to discuss needs related to the development of jail diversion programs.

- Community outreach to create new partnerships resulting in grant funding through Methodist Healthcare Ministries to expand CPCC's crisis services.

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?
    a. During business hours

    - We have a specialized team at each clinic site that rotate to provide Face to Face crisis coverage during regular business hours.

    b. After business hours

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

    c. Weekends/holidays

    - We contract with Avail Solutions to provide Face to Face crisis coverage during holidays and weekends.

2. What criteria are used to determine when the MCOT is deployed?

    - Emergent, Urgent and Routine crisis definitions based upon information Item V of the performance contract.

3. What is the role of MCOT during and after a crisis when crisis care is initiated through the LMHA or LBHA (for example, when an individual calls the hotline)? Address whether MCOT provides follow-up with individuals who experience a crisis and are then referred to transitional or services through the LMHA or LBHA.

- MCOT does not provide follow-up, the case managers follow up.

4. Describe MCOT support of emergency rooms and law enforcement:

    a. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when an individual in crisis is identified? If so, is MCOT routinely deployed when emergency rooms or law enforcement contact the LMHA or LBHA?

- Emergency rooms: MCOT is deployed to follow-up with crises that occur in Emergency rooms
- Law enforcement: MCOT is deployed to follow-up with crises that occur in local law enforcement facilities.

    b. What activities does the MCOT perform to support emergency room staff and law enforcement during crises?

- Emergency rooms: MCOT provides a Face to Face assessment which includes crisis resolutions skills training and coordinate inpatient care when needed.
- Law enforcement: MCOT provides a Face to Face assessment which includes crisis resolutions skills training and coordinate inpatient care when needed.

5. 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?
    a. Describe your community's process if a client needs further assessment and/or medical clearance:

- Clients are transported to local Emergency rooms for medical clearance and if inpatient care is needed our Center has contracts with local hospitals for psychiatric inpatient care.

    b. Describe the process if a client needs admission to a hospital:

- Our hotline is contacted and if the client is a threat to self or others our MCOT staff is activated. MCOT staff then complete a face to face crisis assessment with the individual in crisis and MCOT staff then locate and secure a bed with local hospitals that are contracted with our Center

c. Describe the process if a client needs facility-based crisis stabilization (i.e., other than hospitalization–may include crisis respite, crisis residential, extended observation, etc.):

- We currently do not have any options for crisis respite, crisis residential, and extended observation units.

d. Describe your process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, or under a bridge:

- In crisis situations where it may seem location may not be secure or unsafe for MCOT staff, local law enforcement is contacted to complete safety/welfare check first then MCOT is activated to location of crisis.

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

- Contact our crisis hotline so MCOT staff can be activated.

   b. After business hours

- Contact our crisis hotline so MCOT staff can be activated.

   c. Weekends/holidays

- Contact our crisis hotline so MCOT staff can be activated.

7. If an inpatient bed is not available:

   a. Where is an individual taken while waiting for a bed?

• We currently have 4 local hospitals with which we contract with and as a last resort we have SASH and RGSC that we utilize for beds. If there are no beds available at any of our hospitals or state facilities we then look to local or natural supports to monitor the individual until a bed can be located.

   b. Who is responsible for providing continued crisis intervention services?

• MCOT team

   c. Who is responsible for continued determination of the need for an inpatient level of care?

• MCOT team

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

• We try and utilize natural supports and MCOT team when no natural supports are available.

Crisis Stabilization

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

Name of Facility	None; Looking into contracting with another LMHA to provide Crisis Residential services for CPCC clients.

Location (city and county)	
Phone number	
Type of Facility (see Appendix A)	
Key admission criteria (type of patient accepted)	
Circumstances under which medical clearance is required before admission	
Service area limitations, if any	
Other relevant admission information for first responders	
Accepts emergency detentions?	

Inpatient Care

9. What alternatives to the state hospital does your service area have for psychiatric inpatient care for medically indigent? Replicate the table below for each alternative.

Name of Facility	Corpus Christi Medical Center (Bayview Behavioral Hospital)
Location (city and county)	Corpus Christi, TX; Nueces
Phone number	361-986-8200
Key admission criteria	Threat of danger to self and 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)

Name of Facility	Doctors Hospital at Renaissance
Location (city and county)	Edinburg, TX; Hidalgo
Phone number	956-362-4357

Name of Facility	Doctors Hospital at Renaissance
Key admission criteria	Threat of danger to self and 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)

Name of Facility	Palms Behavioral Health
Location (city and county)	Harlingen, TX; Cameron
Phone number	956-365-2600
Key admission criteria	Threat of danger to self and 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)

Name of Facility	South Texas Behavior Health Center
Location (city and county)	Edinburg, TX; Hidalgo
Phone number	361-986-8200
Key admission criteria	Threat of danger to self and 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)

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

10. What local inpatient or outpatient alternatives to the state hospital does your service area currently have for competency restoration?
    a. Identify and briefly describe available alternatives.

- CPCC has no other inpatient or outpatient alternatives for competency restoration other than state hospitalization.

    b. What barriers or issues limit access or utilization to local inpatient or outpatient alternatives? If not applicable, enter N/A.

- Few, if any, outpatient or inpatient competency restoration programs exist in or nearby our service area.

    c. Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison? At what point is the jail liaison engaged?

- CPCC does not have a dedicated jail liaison due to no competency restoration available in our area.

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

- Each clinic of CPCC has a designated case manager (QMHP-CS) on-call who is responsible for addressing concerns between the jail and LMHA. The on-call case manager rotates on a daily or weekly basis.

    d. What plans do you have over the next two years to maximize access and utilization of local alternatives for competency restoration? If not applicable, enter N/A.

- CPCC would like to develop or contract with an LMHA who has an already established competency restoration program to better serve our clients. CPCC will also look into grants available to implement an OCR program for our area.

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

- Our community is in need of an outpatient competency restoration program that is housed within or nearby our service areas.

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

- A secure facility as well as trained staff is needed. Furthermore, funding to develop and promote viability are tremendous barriers.

II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment

13. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who have you collaborated with in these efforts?

- Each county (9 in total) served by CPCC has access to a clinic (7 total) that fully integrate behavioral health, primary health, and substance use treatment.
- CPCC collaborates with 4 private hospitals to provide emergency psychiatric care to individuals who are in crisis.
- CPCC collaborates with Community Action of South Texas and Coastal Bend Wellness Foundation to provide integrated physical healthcare. Emergency healthcare services can be provided to individuals who may be in crisis due to health related conditions.

- CPCC now contracts with two substance abuse providers (United Connection Counseling and Council on Alcohol and Drug Abuse) to provide routine and crisis related substance abuse services. CPCC also collaborates with Region 11 to provide OSAR services in situations that are deemed appropriate and necessary.

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

- CPCC's plan is to refine our service delivery model, improve in identifying client needs and linkage to the appropriate services. Also, our goal is to further reduce the barriers and stigma associated with mental illness through integrated services utilization. We are currently in the process of hiring specialized QMHPs to improve and expand our emergent psychiatric services. Our goal is also to work towards become a Certified Community Behavioral Health Center (CCBHC).

II.E Communication Plans

15. How will key information from the Psychiatric Emergency Plan be shared with emergency responders and other community stakeholders? Consider use of pamphlets/brochures, pocket guides, website page, mobile app, etc.

- CPCC uses electronic mail, pamphlets, brochures, CPCC website, minutes from meetings and business cards with crisis hotline information to communicate the services offered to clients, community members, and stakeholders. Furthermore, CPCC coordinates quarterly meetings with EMS, sheriff officials, judges, local psychiatric hospitals, ERs, jails, police departments and other community stakeholders to discuss new information, concerns, and barrier associated with services delivery.

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

- CPCC contracts with Avail solutions who cover all after-hour/weekend crises. Avail staff is trained upon hire and on an annual basis. Avail is accredited through the American Association of Suicidiology. CPCC's staff are all trained in ASIST, and receive monthly supervision from clinic directors and LPHA in regards to crisis response and delivery of crisis services. Staff also completes competency exams to ensure understanding of training and material. Ongoing training is essential and provided throughout staff's tenure.
- Key stakeholders are also provided with a document that outlines CPCC's psychiatric emergency plan. This plan is laid out in flow chart/algorithm form.

II.F Gaps in the Local Crisis Response System

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

Counties	Service System Gaps
All Nine Counties	• Need for funding for law enforcement personnel to be a part of the Center's MCOT team.
All Nine Counties	• Need for crisis residential unit for patients served by CPCC.

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Texas Statewide Behavioral Health Services Plan highlights the need for effective jail diversion activities:

- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *Goal 1.1.1, Address the service needs of high risk individuals and families by promoting community collaborative approaches, e.g., Jail Diversion Program*
- *Goal 1.1.2: Increase diversion of people with behavioral health needs from the criminal and juvenile justice systems*

In the table below, indicate which of the following strategies you use to divert individuals from the criminal justice system. List current activities and any plans for the next two years. Include specific activities describing the strategies checked in the first column. For those areas not required in the HHSC Performance Contract, enter NA if the LMHA or LBHA has no current or planned activities.

Intercept 1: Law Enforcement and Emergency Services	
Components	**Current Activities**
☐ Co-mobilization with Crisis Intervention Team (CIT) ☐ Co-mobilization with Mental Health Deputies ☐ Co-location with CIT and/or MH Deputies ☐ Training dispatch and first responders ☒ Training law enforcement staff ☐ Training of court personnel ☐ Training of probation personnel ☐ Documenting police contacts with persons with mental illness ☐ Police-friendly drop-off point ☒ Service linkage and follow-up for individuals who are not hospitalized	• We provide annual training for local law enforcement staff in Mental Health First Aid. • Individuals who are assessed for crisis services are provided referrals to our Center, if appropriate, and other community resources based on need.

Intercept 1: Law Enforcement and Emergency Services	
Components	**Current Activities**
☐ Other:	
Plans for the upcoming two years: • Continue to work with our law enforcement to provide more training on mental health services and refine our referral process.	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	**Current Activities**
☐ Staff at court to review cases for post-booking diversion ☒ Routine screening for mental illness and diversion eligibility ☐ Staff assigned to help defendants comply with conditions of diversion ☐ Staff at court who can authorize alternative services to incarceration ☒ Link to comprehensive services ☐ Other: Click here to enter text.	• Training is provided to jail staff on referring individuals prior to release to our Center for screening.
Plans for the upcoming two years: • Continue to work closely with Jail staff in identifying individuals with SMI and providing the referrals to our Center.	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
☒ Routine screening for mental illness and diversion eligibility ☐ Mental Health Court ☐ Veterans' Court ☒ Drug Court	• We currently have two Clinic Directors who sit in on drug courts in our southern counties.

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
☐ Outpatient Competency Restoration ☐ Services for persons Not Guilty by Reason of Insanity ☐ Services for persons with other Forensic Assisted Outpatient Commitments ☐ Providing services in jail for persons Incompetent to Stand Trial ☐ Compelled medication in jail for persons Incompetent to Stand Trial ☒ Providing services in jail (for persons without outpatient commitment) ☐ Staff assigned to serve as liaison between specialty courts and services providers ☐ Link to comprehensive services ☐ Other:	
Plans for the upcoming two years: • Expand involvement in drug courts in our northern counties. • Look for funding through grants to develop jail diversion or OCR program in our catchment area.	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	**Current Activities**
☒ Providing transitional services in jails ☐ Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release ☐ Structured process to coordinate discharge/transition plans and procedures	• Our Current TCOOMMI program in our northern counties is involved with probation, parole, and local jails to assist in transitional services.

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	**Current Activities**
☐ Specialized case management teams to coordinate post-release services ☐ Other:	
Plans for the upcoming two years: • Seek additional funding from TCOOMMI to expand our TCOOMMI program to our southern counties to assist with transitional services in the jails.	

Intercept 5: Community corrections and community support programs	
Components	**Current Activities**
☒ Routine screening for mental illness and substance use disorders ☐ Training for probation or parole staff ☒ TCOOMMI program ☐ Forensic ACT ☒ Staff assigned to facilitate access to comprehensive services; specialized caseloads ☒ Staff assigned to serve as liaison with community corrections ☒ Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance ☐ Other:	Our current TCOOMMI Director meets monthly with the Deputy Director of Probation and the specialized officer for TCOOMMI to screen and review cases that may benefit from the Center's TCOOMMI program. TCOOMMI Director also meets with Chief of Juvenile probation and Specialized Needs Divisionary program officers monthly to review cases that may benefit from TCOOMMI program.
Plans for the upcoming two years: • Seek additional funding from TCOOMMI to expand TCOOMMI program center wide to include out southern counties.	

III.B Other Behavioral Health Strategic Priorities

The Texas Statewide Behavioral Health Strategic Plan identifies other significant gaps in the state's behavioral health services system, including the following:

- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 4: Veteran and military service member supports*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*

Related goals identified in the plan include:

- *Goal 1.1: Increase statewide service coordination for special populations*
- *Goal 2.1: Expand the use of best, promising, and evidence-based behavioral health practices*
- *Goal 2.3: Ensure prompt access to coordinated, quality behavioral healthcare*
- *Goal 2.5: Address current behavioral health service gaps*
- *Goal 3.2: Address behavioral health prevention and early intervention services gaps*
- *Goal 4.2: Reduce utilization of high cost alternatives*

Briefly describe the current status of each area of focus (key accomplishments, challenges and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• We currently have 4 LPHAs completing intakes for our 9 county service area. • Contract with ETBHN to complete TRR authorizations in order to increase number of intakes for LPHAs	• Expand our intake services by growing LPHAs through the Center's licensing program • Receive waitlist funding to create new positions that will allow CPCC to improve consumer to staff ratio.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• We currently have contracts with 4 local hospitals. We have monthly meetings to improve COC. • Post-hospital discharges are followed up in a timely manner (seven day follow up) to assess need for intensive services to help prevent re-admission.	• Expand our current network to provide additional resources for individuals who are released from hospitals. • Continue to meet and exceed the states requirement for post hospital follow up
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state	• Gap 14 • Goals 1,4	• Our Center has a PESC and PPB grant to assist with local inpatient care.	• Expand our PESC and PPB dollars to include funding for a crisis residential unit. • Expand funding from PESC and PPB.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
hospital utilization			
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• Our Center utilizes HHSC approved evidence-based practices (IMR and Children's evidence based curricula)	• Our Center will incorporate other evidence based practices such as "MyStrength" to assist with recovery. • Center also plans to hire a clinical trainer to develop and implement a uniform clinical curriculum for Center staff.
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• Our Center currently employs one full time and 2 part-time peers support specialist to provide individual and groups services to clients enrolled into services. • Ensure all Center management staff have received HHSC's Person Centered Recovery Plan training.	• Hire part-time Peers in each of our clinics to ensure main service locations have peer support services. • Developed and provided Person Centered Recovery Plan training for all Center staff
Addressing the needs of consumers with co-	• Gaps 1,14 • Goals 1,2	• Our Center has integrated an Intensive Outpatient	• Meet with stakeholders to develop a plan to sustain the

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
occurring substance use disorders		Substance abuse program in each of our clinics to assist patients who are dually diagnosed.	Center's IOP in each of clinics once Waiver funding is no longer available.
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• Our Center has integrated Primary Care services in each of our clinics to assist patients who have medical needs.	• Meet with stakeholders to develop a plan to sustain the Center's Primary Care program in each of clinics once Waiver funding is no longer available
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• Center is in the process of contracting transporters to help increase access to treatment during regular business hours. • Currently utilize public transportation in assisting our clients to access treatment in remote areas. • Provide psychiatric and crisis services through the use of video conferencing (telemedicine).	• Continue to utilize current public transportation to meet need of consumers • Update technology to provide a more stable connection for video conferencing

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• Hired a Crisis Intervention Specialist to provide crisis services to individuals with IDD and make referrals to needed services • Complete PASRR assessments for nursing facilities to identify residents that may need behavioral health services. • PASRR service coordinators are crossed trained as both QIDDP and QMHP • Psychiatrist contracted for MH services are available to treat individuals with IDD if the need presents.	• To seek funding for an additional PASRR service coordinator
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• Employ two Veteran's Peer Service Coordinators through our Veterans Services and Supports Project.	• Continue to develop program and improve on outreach

III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and your internal assessment, identify your 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 your 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
Consumer transportation and access to treatment in remote areas	• See above	• See above
Improve access to inpatient care for residents in our northern counties	• 3 out of 4 contracted inpatient hospitals are located in the Rio Grande Valley which makes access difficult for residents in our northern counties.	• To secure contracts with inpatient hospitals that are located closer to our northern counties.

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 will build 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 will also provide a clear picture of needs across the state and support planning at the state level. Please provide as much detail as practical for long-term planning.

In the table below, identify your 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.

a. Assign a priority level of 1, 2 or, 3 to each item, with 1 being the highest priority.
b. Identify the general need.
c. Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable.
d. 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	Jail Diversion Pilot Program	• Establish a jail diversion pilot program that will focus on diverting individuals from our local jails in three of our nine counties and put them into an integrated outpatient treatment program before being adjudicated for trial.	• $300,000 per year
2	Inpatient Substance Abuse Treatment Facility/Detox Beds	• Contract with a local inpatient substance abuse treatment facility to make beds available for CPCC's consumers when needed.	• $600.00 per day
3	Crisis Stabilization Unit	• Contract with a crisis stabilization unit that would make bed available for CPCC's consumers when needed.	• $400.00 per day

Appendix A: Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual's rating on the Uniform Assessment and clinical determination made by the appropriate staff. The Uniform Assessment is an assessment tool comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the Uniform Assessment module items of Risk Behavior (Suicide Risk and Danger to Others), 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, the Mobile Crisis Outcome Team (MCOT), or other crisis services.

Crisis Residential – Up to 14 days of short-term, community-based residential, crisis treatment for individuals who may pose some risk of harm to self or others, who may have fairly severe functional impairment, and who are demonstrating psychiatric crisis that cannot be stabilized in a less intensive setting. Mental health professionals are on-site 24/7 and individuals must have at least a minimal level of engagement to be served in this environment. Crisis residential facilities do not accept individuals who are court ordered for treatment.

Crisis Respite – Short-term, community-based residential crisis treatment for individuals who have low risk of harm to self or others and may have some functional impairment. Services may occur over a brief period of time, such as 2 hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons for whom they care to avoid mental health crisis. Crisis respite services are both facility-based and in-home, and may occur in houses, apartments, or other community living situations. Facility-based crisis respite services have mental health professionals on-site 24/7.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis situation 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. (TRR-UM Guidelines)

Crisis Stabilization Units (CSU) – Crisis Stabilization Units are licensed facilities that provide 24/7 short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected, clinically staffed, psychiatrically supervised, treatment environment that complies with a Crisis Stabilization Unit licensed under Chapter 577 of the Texas Health and

Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code. CSUs may accept individuals that present with a high risk of harm to self or others.

Extended Observation Units (EOU) – Emergency services of up to 48 hours provided to individuals in psychiatric crisis, in a secure and protected, clinically staffed, psychiatrically supervised environment with immediate access to urgent or emergent medical and psychiatric evaluation and treatment. These individuals may pose a moderate to high risk of harm to self or others. EOUs may also accept individuals on voluntary status or involuntary status, such as those on Emergency Detention. EOUs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital.

Mobile Crisis Outreach Team (MCOT) – Mobile Crisis Outreach Teams 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) and Associated Projects – There are multiple psychiatric emergency services programs or projects that serve as step down options from inpatient hospitalization. Psychiatric Emergency Service Center (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. 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.

Psychiatric Emergency Service Centers (PESC) – Psychiatric Emergency Service Centers provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESCs are staffed by medical personnel and mental health professionals that provide care 24/7. PESCs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital. PESCs must be available to individuals who walk in, and must contain a combination of projects.

Rapid Crisis Stabilization 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.