

Health and Human Services Commission

# Form O

# Consolidated Local Service Plan

Local Mental Health Authorities and Local  
Behavioral Health Authorities

**Fiscal Years 2020-2021**

Due Date: September 30, 2020

Submissions should be sent to:

[Performance.Contracts@hhsc.state.tx.us](mailto:Performance.Contracts@hhsc.state.tx.us) and [CrisisServices@hhsc.state.tx.us](mailto:CrisisServices@hhsc.state.tx.us)

# Health and Human Services Commission

## Contents

Introduction .....	3
Section I: Local Services and Needs.....	4
I.A Mental Health Services and Sites.....	4
I.B Mental Health Grant Program for Justice Involved Individuals .....	8
I.C Community Mental Health Grant Program .....	10
I.D Community Participation in Planning Activities .....	10
Section II: Psychiatric Emergency Plan.....	14
II.A Development of the Plan .....	15
II.B Utilization of Hotline, Role of Mobile Crisis Outreach Teams, and Crisis Response Process .....	16
II.C Plan for local, short-term management of pre- and post-arrest patients who are incompetent to stand trial .....	22
II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment	27
II.E Communication Plans.....	27
II.F Gaps in the Local Crisis Response System .....	28
Section III: Plans and Priorities for System Development .....	29
III.A Jail Diversion .....	29
III.B Other Behavioral Health Strategic Priorities .....	32
III.C Local Priorities and Plans .....	39
III.D System Development and Identification of New Priorities.....	40
Appendix A: Levels of Crisis Care.....	27
Appendix B: Acronyms.....	29

# Health and Human Services Commission

## **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.

# Health and Human Services Commission

## 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)*

<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip, Phone Number</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Coastal Plains Community Center (CPCC)-Admin Office	200 Marriott Drive Portland, TX 78374	San Patricio	<ul style="list-style-type: none"> <li>• Screening</li> <li>• TCOOMMI</li> <li>• Continuity of Care</li> <li>• Services for individuals with IDD</li> </ul>
CPCC - Taft	201 Roots Ave Taft, TX 78390	San Patricio	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake: (both)</li> <li>• Full Level of Care (FLOC): (both)</li> </ul>

# Health and Human Services Commission

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>• Integrated healthcare: mental and physical health: (adult)</li> <li>• Integrated Substance Abuse Services: (adolescents and adults)</li> <li>• Services for individuals with IDD</li> <li>• Services for veterans</li> <li>• Youth Empowerment Services (YES) Waiver</li> </ul>
CPCC Beeville	2808 Industrial Loop Beeville, TX 78012	Bee	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake: (both)</li> <li>• Full Level of Care (FLOC): (both)</li> <li>• Integrated healthcare: mental and physical health - (adult)</li> <li>• Integrated Substance Abuse Services: (adolescents and adults)</li> <li>• Services for individuals with IDD</li> <li>• Services for veterans</li> <li>• Youth Empowerment Services (YES) Waiver</li> </ul>
CPCC Rockport	620 Concho Rockport, TX 78382	Aransas	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake: (both)</li> <li>• Full Level of Care (FLOC): (both)</li> <li>• Integrated healthcare: mental and physical health - (adult)</li> <li>• Integrated Substance Abuse Services: (adolescents and adults)</li> <li>• Services for individuals with IDD</li> <li>• Services for veterans</li> <li>• Youth Empowerment Services (YES) Waiver</li> </ul>
CPCC Alice	614 W. Front Alice, TX 78382	Jim Wells	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake: (both)</li> <li>• Full Level of Care (FLOC): (both)</li> <li>• Integrated healthcare: mental and physical health - (adult)</li> <li>• Integrated Substance Abuse Services: (adolescents and adults)</li> </ul>

# Health and Human Services Commission

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>• Services for individuals with IDD</li> <li>• Services for veterans</li> <li>• Youth Empowerment Services (YES) Waiver</li> </ul>
CPCCC Kingsville	1621 E. Corral Kingsville, TX 78364	Kleberg	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake: (both)</li> <li>• Full Level of Care (FLOC): (both)</li> <li>• Integrated healthcare: mental and physical health - (adult)</li> <li>• Integrated Substance Abuse Services: (adolescents and adults)</li> <li>• Services for individuals with IDD</li> <li>• Services for veterans</li> <li>• Youth Empowerment Services (YES) Waiver</li> </ul>
CPCCC Falfurrias	101 W. Potts Falfurrias, TX 78355	Brooks	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake: (both)</li> <li>• Full Level of Care (FLOC): (both)</li> <li>• Integrated healthcare: mental and physical health - (adult)</li> <li>• Integrated Substance Abuse Services: (adolescents and adults)</li> <li>• Services for individuals with IDD</li> <li>• Services for veterans</li> <li>• Youth Empowerment Services (YES) Waiver</li> </ul>
Aransas Pass Annex	1010 S. Commercial Aransas Pass, TX 78336	San Patricio/ Aransas	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake: (both)</li> <li>• Full Level of Care (FLOC): (both)</li> <li>• Integrated healthcare: mental and physical health - (adult)</li> <li>• Integrated Substance Abuse Services: (adolescents and adults)</li> <li>• Services for individuals with IDD</li> <li>• Services for veterans</li> <li>• Youth Empowerment Services (YES) Waiver</li> </ul>

# Health and Human Services Commission

<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip, Phone Number</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Live Oak Annex	504 Houston St Suite B George West, TX 78071	Live Oak	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake: (both)</li> <li>• Full Level of Care (FLOC): (both)</li> <li>• Integrated healthcare: mental and physical health - (adult)</li> <li>• Youth Empowerment Services (YES) Waiver</li> </ul>
Avail Solutions, Inc.	4455 SPID, Suite 44B, Corpus Christi, TX 78411	Nueces	<ul style="list-style-type: none"> <li>• Crisis Hotline</li> </ul>
Corpus Christi Medical Center - Bayview Behavioral Hospital	6629 Wooldridge Road Corpus Christi, TX 78414	Nueces	<ul style="list-style-type: none"> <li>• Contracted Inpatient beds: (Adult and Children)</li> </ul>
Doctors Hospital at Renaissance	5501 S. McColl Rd, Edinburg, TX 78539	Hidalgo	<ul style="list-style-type: none"> <li>• Contracted Inpatient beds: (Adult and Children)</li> </ul>
Palms Behavioral Health	613 Victoria Ln, Harlingen, TX 78550	Cameron	<ul style="list-style-type: none"> <li>• Contracted Inpatient beds: (Adult and Children)</li> </ul>
South Texas Health System	2102 W. Trenton Rd, Edinburg, TX 78539	Hidalgo	<ul style="list-style-type: none"> <li>• Contracted Inpatient beds: (Adult and Children)</li> </ul>
East Texas Behavioral Healthcare Network	2001 South Medford Drive, Lufkin, TX 75901	Angelina	<ul style="list-style-type: none"> <li>• Authorization Services: (Adult and Children)</li> <li>• Pharmacy Services: (Adult and Children)</li> </ul>
South Texas Psychiatric Associates	4234 Weber Rd, Corpus Christi, TX 78411	Nueces	<ul style="list-style-type: none"> <li>• Psychiatric Services: (Adult and Children)</li> </ul>
Coastal Bend Wellness Foundation	2882 Holly Rd, Corpus Christi, TX 78415	Nueces	<ul style="list-style-type: none"> <li>• Integrated healthcare: physical health (Adult)</li> </ul>
United Connections Counseling Inc.	201 E. Main St, Alice, TX 78332	Jim Wells	<ul style="list-style-type: none"> <li>• Substance abuse prevention, intervention, or treatment (adolescents and adults)</li> </ul>
Quest Diagnostics	P.O. Box 841725	Dallas	<ul style="list-style-type: none"> <li>• Lab Services: (Adult and Children)</li> </ul>

# Health and Human Services Commission

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
	Dallas, TX 75284		
Deaf Interpreter Services	15600 San Pedro Suite 302, San Antonio, TX 78270	Bexar	<ul style="list-style-type: none"> <li>• Interpreter Services (both)</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. Add additional rows if needed.*



# Health and Human Services Commission

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
<b>2020</b>	<p>Jail Diversion. This program is designed to divert people with mental health diagnoses from jail and to reduce the amount of time this population spends in jail for non-violent offenses. The program staff work with people who are currently incarcerated, recently released from jail or who are at risk for incarceration. Program staff provide case-management and rehabilitative services to all program participants to help them learn coping strategies and to link them to appropriate resources in the community. Participants with substance abuse history are referred to substance abuse counseling. The program seeks to serve at least 50 clients per month for the duration of the program.</p>	San Patricio and Jim Wells	Adults with mental health diagnoses and criminal justice involvement	In FY 20 there have been 98 unduplicated clients served by the Jail Diversion program.

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

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. Add additional rows if needed.*

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
N/A				

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

**Stakeholder Type**

Veterans' organizations

**Stakeholder Type**

Other:

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

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

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

- |  |
|--|
| • Lack of inpatient psychiatric hospitals in local service area  |
| • Lack of regular, affordable public transportation  |
| • Lack of substance abuse treatment facilities   |
| • Lack of affordable independent housing and/or housing assistance for people with mental illness                |
| • Lack of group homes for people with serious mental illness (for those who have difficulty living on their own) |

- |  |
|--|
| <ul style="list-style-type: none"><li>• Drop in peer centers</li></ul>               |
| <ul style="list-style-type: none"><li>• Lack of crisis stabilization units</li></ul> |

## **Section II: Psychiatric Emergency Plan**

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members
- Sub-contractors

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

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

## II.A Development of the Plan

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

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

- Coastal Plains Community Center (CPCC) 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 emergency services can improve 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.

Ensuring the entire service area was represented; and

- 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.

Soliciting input.

- CPCC solicits input from different stakeholders groups through meetings and the use of surveys. These stakeholders include involvement from groups such as PNAC, NAMI, CRGC, Transition Support Team and consumers. Collaborative meetings are also held with local judges, sheriff's departments and detention centers to discuss needs related to the development and continuation of jail diversion programs. CPCC continues to provide community outreach to build on existing partnerships and create new partnerships with the goal of securing grant funds to expand CPCC's crisis services.

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

### 1. How is the Crisis Hotline staffed?

During business hours

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

After business hours

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

Weekends/holidays

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

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

- Yes, Avail Solutions

### 3. How is the MCOT staffed?

During business hours

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

After business hours

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

Weekends/holidays



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

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

- Yes, Avail Solutions

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

- CPCC staff that are part of MCOT provide follow up services such as screenings, referrals and linking via phone calls and face-to-face visits to individuals that are not opened to services. Case managers provide follow up to individuals opened to services.

6. Do emergency room staff and law enforcement routinely contact the LMHA/LBHA when an individual in crisis is identified? If so, please describe MCOT's role for:

Emergency Rooms:

- 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.

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

- N/A, There are no state hospitals located in CPCC's local service area.

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

During business hours:

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

After business hours:

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

Weekends/holidays:

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

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?

- Local law enforcement is called to help secure site and if needed assist in transporting to safer location (e.g. emergency room). MCOT staff will continue with assessment then locate and secure a bed with local hospitals that are contracted with our Center.

10. Describe the community's process if an individual requires further evaluation 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.

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

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

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

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

- In 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.

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

Where does the individual wait 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.

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?

- MCOT team

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

- We try to utilize natural supports, however, MCOT team transports when no natural supports are available.

## Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? 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 individual accepted)	
Circumstances under which medical clearance is required before admission	
Service area limitations, if any	
Other relevant admission information for first responders	
Accepts emergency detentions?	
Number of Beds	

## Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals? Replicate the table below for each alternative.

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

Service area limitations, if any	None
Other relevant admission information for first responders	Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant)
Number of Beds	24 adult, 12 adolescent, 6 geriatric
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)?	Psychiatric Emergency Service Center Private Psychiatric Beds
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?	\$600
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	Doctors Hospital at Renaissance
Location (city and county)	Edinburg, TX; Hidalgo
Phone number	956-362-4357
Key admission criteria	Threat of danger to self or others
Service area limitations, if any	None
Other relevant admission information for first responders	Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant)
Number of Beds	40 adult, 20 geriatric
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)?	Psychiatric Emergency Service Center Private Psychiatric Beds
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?	\$600
If not under contract, does the LMHA/LBHA use facility for	N/A

single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	Palms Behavioral Health
Location (city and county)	Harlingen, TX; Cameron
Phone number	956-365-2600
Key admission criteria	Threat of danger to self or others
Service area limitations, if any	None
Other relevant admission information for first responders	Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant)
Number of Beds	94
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)?	Psychiatric Emergency Service Center Private Psychiatric Beds
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?	\$600
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	South Texas Behavioral Health Center
Location (city and county)	Edinburg, TX; Hidalgo
Phone number	956-986-8200
Key admission criteria	Threat of danger to self or others
Service area limitations, if any	None
Other relevant admission information for first responders	Accepts clients voluntarily and on a warrant (EDW and Peace Officers Warrant)
Number of Beds	20 adult, 20 adolescent, 20 geriatric
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	Psychiatric Emergency Service Center Private Psychiatric Beds



health hospital beds (include all that apply)?	
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?	\$600
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

Identify and briefly describe available alternatives.

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

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

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

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?

- 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.

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

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

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

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

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 and the development of Certified Community Behavioral Health Clinics (CCBHCs)

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

- Each county (9 in total) served by CPCC has access to a clinic (7 total) that fully integrate behavioral health, primary health and substance use treatment.
- CPCC collaborates with four private hospitals to provide emergency psychiatric care to individuals who are in crisis.
- CPCC collaborates with Coastal Bend Wellness Foundation to provide integrated physical healthcare. Emergency healthcare services can be provided to individuals who may be in crisis due to health related conditions.
- CPCC contracts with United Connection Counseling to provide routine and crisis related substance abuse services. CPCC also collaborates with Region 11 to provide OSAR services in situations that are deemed appropriate and necessary.

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

- CPCC's plan is to continue to refine our service delivery model, improve in identifying client needs and linkage to the appropriate services. Also, to further reduce the barriers and stigma associated with mental illness through integrated services utilization. Continue to make appropriate organizational changes geared toward Trauma-Informed Care. Another goal is to strengthen the relationship with local law enforcement through the development of a new Crisis Intervention Team (CIT). Our goal is also to work towards become a Certified Community Behavioral Health Center (CCBHC).

## II.E Communication Plans

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

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

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

- CPCC contracts with Avail solutions 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 Suicidology. 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. CPCC also holds quarterly meetings with law enforcement officials to address any issues that may arise and provide additional training to any changes that might have occurred in the plan.

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

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

County	Service System Gaps	Recommendations to Address the Gaps
All nine counties	<ul style="list-style-type: none"> <li>• Need for crisis residential unit for patients served by CPCC.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to look for funding source.</li> <li>• Work with All Texas Access group on strategic plan to help bring resources to the local community.</li> </ul>

Brooks, Duval, Jim Wells, Kenedy, and Kleberg	<ul style="list-style-type: none"> <li>• Need for additional funding for law enforcement personnel to be part of the Center’s MCOT team</li> </ul>	<ul style="list-style-type: none"> <li>• Additional funding through grants such as House Bill 13 to aid in the development of MCOT teams.</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.

<b>Intercept 0: Community Services</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>• CPCC has Qualified Mental Health Professionals (QMHPs) who can respond to individuals experiencing a behavioral health crisis or co-respond to a police encounter</li> </ul>	<ul style="list-style-type: none"> <li>• Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, and San Patricio</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to provide and improve trainings and resources to CPCC staff in order to effectively respond to behavioral health crisis.</li> </ul>
<ul style="list-style-type: none"> <li>• Police officers can bring individuals in crisis to CPCC's local clinics for walk-in services</li> </ul>	<ul style="list-style-type: none"> <li>• Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, and San Patricio</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to strengthen communication with local law enforcement and assist with police-friendly crisis services.</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 1: Law Enforcement</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>• We provide training to local law enforcement staff on the improvement of the Center's psychiatric emergency plan, crisis flow chart and Mental Health First Aid.</li> </ul>	<ul style="list-style-type: none"> <li>• Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, and San Patricio</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to work with local law enforcement to provide more training on mental health services (current and new programs), and refine our referral process</li> </ul>
<ul style="list-style-type: none"> <li>• Individuals who are assessed for crisis services are provided referrals to our Center, if appropriate, and other community resources based on need.</li> </ul>	<ul style="list-style-type: none"> <li>• Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, and San Patricio</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to provide the appropriate follow up and referrals needed for individuals to remain stable in the community.</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 3: Jails/Courts</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>• Our Center participates in drug courts in our counties.</li> </ul>	<ul style="list-style-type: none"> <li>• Jim Wells and San Patricio counties</li> </ul>	<ul style="list-style-type: none"> <li>• To seek funding to expand CPCC’s jail diversion program to other counties in service area and improve on our current jail diversion program.</li> </ul>
<ul style="list-style-type: none"> <li>• In two of our counties, jail inmates are screened for CPCC’s jail diversion eligibility</li> </ul>	<ul style="list-style-type: none"> <li>• Jim Wells and San Patricio counties</li> </ul>	<ul style="list-style-type: none"> <li>• To seek funding to expand CPCC’s jail diversion program to other counties in service area and improve on our current jail diversion program.</li> </ul>
<ul style="list-style-type: none"> <li>• In two of our counties, jail inmates are provided services through our CPCC jail diversion program.</li> </ul>	<ul style="list-style-type: none"> <li>• Jim Wells and San Patricio counties</li> </ul>	<ul style="list-style-type: none"> <li>• To seek funding to expand CPCC’s jail diversion program to other counties in service area and improve on our current jail diversion program.</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>• CPCC’s TCOOMMI program is involved with parole, probation and local jails to assist in transitional services.</li> </ul>	<ul style="list-style-type: none"> <li>• Aransas, Bee, Live Oak, and San Patricio</li> </ul>	<ul style="list-style-type: none"> <li>• Seek additional funding to expand CPCC’s TCOOMMI program to all nine counties in our service area</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>• CPCC’s TCOOMMI Director meets monthly with the Deputy Director of Probation and the Chief of Juvenile Probation and their specialized officers for TCOOMMI to screen and review cases that may benefit from the Center’s TCOOMMI program</li> </ul>	<ul style="list-style-type: none"> <li>• Aransas, Bee, Live Oak, and San Patricio</li> </ul>	<ul style="list-style-type: none"> <li>• Seek additional funding to expand CPCC’s TCOOMMI program to all nine counties in our service area</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 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 3: Coordination across state agencies
- Gap 4: Veteran and military service member supports



- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *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 individuals with intellectual disabilities*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 13: Behavioral health workforce shortage*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*
- *Gap 15: 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 in order 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 current 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>• We currently have three LPHAs completing intakes for our nine county service area.</li> <li>• Contract with ETBHN to complete TRR authorizations in order to increase number of intakes for LPHAs</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to expand our intake services by growing LPHAs through the Center’s licensing program</li> <li>• Improve access by implementing on-demand intake services that will allow individuals who receive a crisis assessment to complete an intake when it is determined that inpatient treatment is not needed.</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>• We currently have contracts with four local hospitals. We have monthly meetings to improve COC.</li> <li>• Post-hospital discharges are followed up in a timely manner (seven day follow up) to assess</li> </ul>	<ul style="list-style-type: none"> <li>• Expand our current network to provide additional resources for individuals who are released from hospitals.</li> <li>• Continue to meet and exceed the states requirement for post hospital follow up.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		need for intensive services to help prevent re-admission.	
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>• Our Center has a PESC and PPB grant to assist with local inpatient care.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand our PESC and PPB dollars to include funding for a crisis residential unit and to reduce utilization of state hospitals.</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>• Our Center utilizes HHSC approved evidence-based practices (IMR and Children’s evidence based curricula)</li> <li>• Routine audits to make sure fidelity is being kept</li> </ul>	<ul style="list-style-type: none"> <li>• Our Center will continue to research and incorporate other evidence based practices to assist with recovery</li> <li>• Continue to complete audits to ensure fidelity</li> </ul>
Transition to a recovery-oriented system of care,	<ul style="list-style-type: none"> <li>• Gap 8</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• Our Center currently employs one full time and one part-time</li> </ul>	<ul style="list-style-type: none"> <li>• Hire full time or part time Peers in each of our clinics to ensure</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
including use of peer support services		<p>peer support specialist to provide individual and groups services to clients enrolled into services.</p> <ul style="list-style-type: none"> <li>• Ensure all Center management staff have received HHSC's Person Centered Recovery Plan training.</li> </ul>	<p>main service locations have peer support services.</p> <ul style="list-style-type: none"> <li>• Open up peer drop in centers within CPCC's clinics</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>• Our Center has integrated an Intensive Outpatient Substance abuse program in each of our clinics to assist patients who are dually diagnosed.</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with stakeholders to develop a plan to sustain the Center's IOP in each clinic once Waiver funding is no longer available.</li> <li>• Provide the All Texas Access Regional Groups associated with CPCC detailed information to assist in securing resources needed to sustain program</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Our Center has integrated Primary Care services in each of our clinics to assist patients who have medical needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with stakeholders to develop a plan to sustain the Center's Primary Care program in each clinic once Waiver funding is no longer available</li> <li>• Provide the All Texas Access Regional Groups associated with CPCC detailed information to assist in securing resources needed to sustain program</li> </ul>
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>• Center employs transporters to help increase access to treatment during regular business hours.</li> <li>• Currently utilize public transportation in assisting our clients to access treatment in remote areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to utilize the Center's transporters and public transportation to meet need of consumers</li> <li>• Update technology and equipment to provide a more stable connection for video conferencing</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Provide psychiatric and crisis services through the use of video conferencing (telemedicine).</li> </ul>	<ul style="list-style-type: none"> <li>• Identify new public transportation services to aid in improving access to services</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>• CPCC has two Crisis Intervention Specialist to provide crisis services to individuals with IDD and make referrals to needed services</li> <li>• Contract with Bluebonnet Trails for the utilization of their out of home respite</li> <li>• Complete PASRR assessments for nursing facilities to identify residents that may need behavioral health services.</li> <li>• PASRR service coordinators are crossed trained as</li> </ul>	<ul style="list-style-type: none"> <li>• To seek funding for an additional PASRR service coordinator</li> <li>• Attempt to contract with additional out of home respite providers to expand availability</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		both QIDDP and QMHP <ul style="list-style-type: none"> <li>Psychiatrist contracted for MH services are available to treat individuals with IDD if the need presents.</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>Employ two Veteran’s Peer Service Coordinators through our Veterans Services and Supports Project.</li> <li>Each Veteran Peer is trained as a trainer in Adult MHFA and provides trainings as needed to the community.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to develop program and improve on outreach</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
Improve access to inpatient care for our residents in CPCC's service area	<ul style="list-style-type: none"> <li>• Three out of four contracted inpatient hospitals are located in the Rio Grande Valley which makes access difficult for our residents in our northern counties</li> </ul>	<ul style="list-style-type: none"> <li>• To secure contracts with inpatient hospitals that are located closer to our northern counties.</li> <li>• Follow up and monitor progress with the All Texas Access Regional Groups associated with CPCC</li> </ul>
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> <li>• See above</li> </ul>	<ul style="list-style-type: none"> <li>• See above</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>

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

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

In the table below, identify the local service area's priorities for use of any *new* funding should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital



care. Examples of alternatives to hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

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

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	Inpatient Substance Abuse Treatment Facility/Detox Beds	<ul style="list-style-type: none"> <li>• Contract with a local inpatient substance abuse treatment facility to make beds available for CPCC’s consumers when needed.</li> </ul>	<ul style="list-style-type: none"> <li>• \$600.00 per day</li> </ul>
2	Crisis Stabilization Unit	<ul style="list-style-type: none"> <li>• Contract with a crisis stabilization unit that would make bed available for CPCC’s consumers when needed.</li> </ul>	<ul style="list-style-type: none"> <li>• \$400.00 per day</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>

## Appendix A: Levels of Crisis Care

**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