

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 and CrisisServices@hhsc.state.tx.us

Health and Human Services Commission

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Introduction

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

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

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable):*
 - *Screening, assessment, and intake*
 - *Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children*
 - *Extended Observation or Crisis Stabilization Unit*
 - *Crisis Residential and/or Respite*
 - *Contracted inpatient beds*
 - *Services for co-occurring disorders*
 - *Substance abuse prevention, intervention, or treatment*
 - *Integrated healthcare: mental and physical health*
 - *Services for individuals with Intellectual Developmental Disorders(IDD)*
 - *Services for youth*
 - *Services for veterans*
 - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Center for Life Resources	408 Mulberry, Brownwood, TX 76801	Brown	<ul style="list-style-type: none"> • TRR Outpatient Services: Adults and Children, Screening, Assessment and Intake, COPSD Services, Substance Abuse Intervention and Treatment, Telemed Site, Crisis Intervention
Center for Life Resources	1200 3 rd Street Brownwood, TX 76801	Brown	<ul style="list-style-type: none"> • Crisis Respite Services for all Counties in the CFLR catchment area
Center for Life Resources	201-209 South Bridge, Brady, TX 76825	McCulloch	<ul style="list-style-type: none"> • TRR Outpatient Services: Adults and Children, Telemed Site, Crisis Intervention
Center for Life Resources	1009 South Austin Comanche, TX 76442	Comanche	<ul style="list-style-type: none"> • TRR Outpatient Services, Adults and Children, COPSD Services, Substance Abuse Intervention & Treatment, Telemed Site, Crisis Intervention
Center for Life Resources	111 North Cherokee San Saba, TX 76877	San Saba	<ul style="list-style-type: none"> • TRR Outpatient Service: Adults and Children, COPSD Services, Telemed Site, Crisis Intervention

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Center for Life Resources	100 East Live Oak, Coleman, TX 76834	Coleman	<ul style="list-style-type: none"> • TRR Services: Adult and Children, COPSD Services, Substance Abuse Intervention & Treatment, Telemed Site, Crisis Intervention
Center for Life Resources	1207 Reynolds St Room# 54, Goldthwaite, TX 76844	Mills	<ul style="list-style-type: none"> • TRR Outpatient Services: Adults and Children, Telemed Site, Crisis Intervention
Center for Life Resources	301 Pogue Avenue, Eastland, TX 76448	Eastland	<ul style="list-style-type: none"> • TRR Outpatient Services: Adults & Children, COPSD Services, Substance Abuse Intervention & Treatment, Telemed Site, Crisis Intervention

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.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY 20	West-Central Texas Mental Health Coalition	Brown, Coleman, Eastland, Mills	Serious Mental Illness or Co-Occurring Issues	628 Unduplicated Individuals

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
FY 20	Brown County Mental Health Deputy Program	Brown	Serious Mental Illness or Co-Occurring Issues	469 Unduplicated 704 with Duplicates

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

Stakeholder Type

- Local psychiatric hospital staff
**List the psychiatric hospitals that participated:*
 - Acadia-Cross Creek Hospital
 - HMIH Cedar Crest, LLC
 - River Crest Hospital
 - Oceans Behavioral Hospital
- Mental health service providers
- Prevention services providers
- County officials
**List the county and the official name and title of participants:*
 - San Saba County Judge Byron Theodosis
 - Brown County Judge Steven Ellis
 - Brown County Judge Paul Lilly
 - Comanche County Judge Stephanie Davis
 - Coleman County Judge Billy Bledsoe

Stakeholder Type

- State hospital staff
**List the hospital and the staff that participated:*
 - North Texas State Hospital
 - Austin State Hospital
- Substance abuse treatment providers
- Outreach, Screening, Assessment, and Referral Centers
- City officials
**List the city and the official name and title of participants:*
 - Lisa Dick, Department of Health
 - Dr. David Smith, City of Brownwood appointed Board member
 - David Hullum – Eastland School Board

Stakeholder Type

- Federally Qualified Health Center and other primary care providers

- Hospital emergency room personnel
- Faith-based organizations
- Probation department representatives
- Court representatives (Judges, District Attorneys, public defenders)
**List the county and the official name and title of participants:*
 - Brad Stephenson, Assistant DA Eastland County
 - San Saba County Judge Byron Theodosios
 - Brown County Judge Steven Ellis
 - Brown County Judge Paul Lilly
 - Comanche County Judge Stephanie Davis
 - Brown County District Attorney – Michael Murray & Alicia Byrd

- Education representatives

Stakeholder Type

- Local health departments
- LMHAs/LBHAs
**List the LMHAs/LBHAs and the staff that participated:*
 - Center for Life Resources – Dion White, Joey Smith, Jonathan Harvey
- Emergency responders
- Community health & human service providers
- Parole department representatives
- Law enforcement
**List the county/city and the official name and title of participants:*
 - Brown County- Sherriff Vance Hill
 - Cisco Police Department- Preston
 - Mills County- Sherriff Clint Hammonds
 - Coleman County- Sheriff Les Cogdill
 - Brownwood Police Department – Chief Ed Kading
 - Early Police Department – Chief David Mercer
 - Comanche County – Sheriff Chris Pounds
 - San Saba County – Sheriff David Jenkins
- Employers/business leaders

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Planning and Network Advisory Committee	<input type="checkbox"/> Local consumer peer-led organizations
<input checked="" type="checkbox"/> Peer Specialists	<input checked="" type="checkbox"/> IDD Providers
<input checked="" type="checkbox"/> Foster care/Child placing agencies	<input type="checkbox"/> Community Resource Coordination Groups
<input checked="" type="checkbox"/> Veterans' organizations	<input type="checkbox"/> 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.

• CRCG Meetings
• CFLR Facebook/website
• Public Service Announcements
• PNAC

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.

• The need for detoxification beds/funding for substance abuse treatment for indigent population
• Access to local psychiatric care, both inpatient and outpatient, in our local service area
• The need for child and adolescent respite services in our local service area
• Trauma counselors for adult and adolescence

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;

- Center for Life Resources MCOT staff and our CEO visit with local judges, law enforcement, jail staff, hospital staff, and courthouse staff from all seven counties on a regular basis to create rapport, and as needed for any issues that may arise

Ensuring the entire service area was represented; and soliciting input

- Center for Life Resources MCOT staff and our CEO visit with local judges, law enforcement, jail staff, hospital staff, and courthouse staff from all seven counties on a regular basis to create rapport, and as needed for any issues that may arise

- Additionally, our counties are well represented at our PNAC meetings, where comments and opinions are solicited from our stakeholders. Center for Life Resources staff also attend CRCG meeting on a regular basis. Finally Center for Life Resources also provides free training to our local stakeholders in the areas of suicide awareness, jail diversion strategies, and crisis response. These events are always well attended.

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

- One Licensed Professional Counselor oversees our MCOT, with two bachelors level Qualified Mental Health Professional (QMHO) and one Masters QMHP. Additionally, there are one to two QMHP's in each of our other six counties available to cover an eminent crisis until a member from our MCOT can be deployed to that county.

After business hours

- Two QMHP's are on call to respond to crisis

Weekends/holidays

- Two QMHP's are on call to respond to crisis

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

- Yes, Avail Solutions Inc.

3. How is the MCOT staffed?

During business hours

- Monday through Friday MCOT is staffed as a team of 4 available MCOT staff, 2 at minimum.

After business hours

- The on-call MCOT consists of 4 MCOT staff members. Two available MCOT staff members remain on duty at all times during after business hours and weekend/holidays. The full team of 8 MCOT staff (including day time and night time) maintains an assigned rotating schedule for after hours and weekends/holidays in order to ensure coverage.

Weekends/holidays

- The on-call MCOT consists of 4 MCOT staff members. Two available MCOT staff members remain on duty at all times during after business hours and weekend/holidays. The full team of 8 MCOT staff (including day time and night time) maintains an assigned rotating schedule for after hours and weekends/holidays in order to ensure coverage.

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

- N/A

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

- MCOT provides Active, scheduled follow-up activities beginning not later than twenty-four (24) hours and continuing until the individual is linked to services or assessed no longer at risk. Contacts both by telephone and face-to-face beginning within twenty-four (24) hours of discharge or presentation at risk for suicide. The contacts must provide post-intervention care, assessment, continued safety of the individual, and linkage to resource serviced and treatment modalities.

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:

- Emergency rooms: MCOT is always deployed when the individual is medically stable.

Law Enforcement:

- Law enforcement: MCOT is always deployed when law enforcement calls.

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

- Our two State hospitals do not contact for requests, should they call we will contact the LMHA closest to the Hospital.

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

During business hours:

- Call our Crisis Line at 1-800-458-7788

After business hours:

- Call our Crisis Line at 1-800-458-7788

Weekends/holidays:

- Call our Crisis Line at 1-800-458-7788

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?

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

- MCOT facilitates transport by utilizing emergency medical services, family or law enforcement, to the nearest emergency room, where MCOT waits for individual to be medically cleared before further assessment.

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

- MCOT evaluates the individual using an internal assessment form and Best Practice Suicide Questionnaire if they are at risk of eminent harm. MCOT contracts a psychiatric hospital admissions representative, secures an emergency detention order, and coordinates transport through law enforcement, family, or emergency medical services.

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

- MCOT and individual, along with family or other supportive individuals, develop a Safety Plan, with MCOT coordinating transportation and admission to our Crisis Respite Facility.

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.

- MCOT arranges an assessment utilizing law enforcement for on-site safety, as well as present family or supportive individuals as available.

14. If an inpatient bed at a psychiatric hospital is not available:
Where does the individual wait for a bed?

- Our Crisis Respite facility or a local medical hospital.

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, Respite staff and assigned Case Manager if the persons already in Center for Life resources regular services.

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

- MCOT, Respite staff and assigned Case Manager if the persons already in Center for Life resources regular services.

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	Center for Life Resources Crisis Respite Facility
Location (city and county)	Brownwood, Brown County
Phone number	325-646-9574
Type of Facility (see Appendix A)	Crisis Respite
Key admission criteria (type of individual accepted)	Individuals who are at a low risk of harm to self or others. Crisis Respite does not accept individuals that are intoxicated, have a history of sever violence, registered sex offender or those that are actively suicidal or homicidal.
Circumstances under which medical clearance is required before admission	Known medical issues, acute substance abuse, or other presentation deemed necessary by clinical staff providing the assessment.
Service area limitations, if any	Limited to residents of CFLR catchment area.
Other relevant admission information for first responders	Individual must be screened and admitted by Center for Life Resources MCOT.
Accepts emergency detentions?	No.
Number of Beds	8

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	Center for Life Resources Crisis Respite Facility
Location (city and county)	Brownwood, Brown County
Phone number	325-646-6952
Key admission criteria	Crisis Respite
Service area limitations, if any	Clients that are at a low risk of harm to self or others. Crisis Respite does not accept clients that are intoxicated, have a history of severe violence, registered sex offenders or those that are actively suicidal or homicidal.
Other relevant admission information for first responders	
Number of Beds	8
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	No.

Name of Facility	Rivercrest Hospital
Location (city and county)	San Angelo, Concho County
Phone number	800-777-5722

Key admission criteria	Eminent danger to self or others, or in danger of further decompensation.
Service area limitations, if any	CFLR will pay for inpatient treatment for residence of our seven county catchment areas.
Other relevant admission information for first responders	Center for Life Resources MCOT staff must screen and approve an individual needing inpatient hospitalization as payment is made through CFLR contract dollars.
Number of Beds	As needed basis
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)?	No
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$575.00 Per Day.

Name of Facility	Acadia Cross Creek Hospital
Location (city and county)	Austin, Travis County
Phone number	512-549-8021
Key admission criteria	Eminent danger to self or others, or in danger of further decompensation.
Service area limitations, if any	CFLR will pay for inpatient treatment for residence of our seven county catchment areas.
Other relevant admission information for first responders	MCOT staff must screen and approve an individual needing inpatient hospitalization as payment is made through CFLR contract dollars.
Number of Beds	As needed basis
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)?	No.

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed Basis
If under contract, what is the bed day rate paid to the contracted facility?	\$525.00 Per Day.

Name of Facility	HMIH Cedar Crest Hospital
Location (city and county)	Belton, Bell County
Phone number	877-220-8379
Key admission criteria	Eminent danger to self or others, or in danger of further decompensation.
Service area limitations, if any	CFLR will pay for inpatient treatment for residence of our seven county catchment areas.
Other relevant admission information for first responders	MCOT staff must screen and approve an individual needing inpatient hospitalization as payment is made through CFLR contract dollars.
Number of Beds	As needed basis
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)?	No
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$550.00 per day.

Name of Facility	Oceans Behavioral Hospital
Location (city and county)	Abilene, Taylor County
Phone number	325-691-0030
Key admission criteria	Eminent danger to self or others, or in danger of further decompensation.
Service area limitations, if any	CFLR will pay for inpatient treatment for residence of our seven county catchment areas.
Other relevant admission information for first responders	MCOT staff must screen and approve an individual needing inpatient hospitalization as payment is made through CFLR contract dollars.

Number of Beds	As needed basis
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)?	no
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$610.00 per day

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.

- | |
|---|
| <ul style="list-style-type: none"> N/A |
|---|

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

- We have no local inpatient options for mental health treatment in our catchment 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?

- Jail Liaison operates as part of the SB 292 Grant within Brown County. She provides assistance with jail screenings, responds to jail crisis needs, and assists with pre-trial diversion services.

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.

- N/A

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

- None at this time, we do not have any local options in any of our counties.

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

- Yes, we have no local options in any of our counties.

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

- Funding and providers.

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?

- Center for Life Resources Mobile Crisis Outreach Team (MCOT), Recovery Support Services, and Psychiatric Clinic Services continuously strive to develop working relationships with community collaborators. Due to our relatively small organizational size we are able to bridge gateways to care quickly with all groups being aware of what the others provide. Currently we are able to provide outpatient services for many unwanted psychiatric experiences through an integrated process. We still rely on our community partners to facilitate inpatient substance recovery services, substance use detox, court ordered psychiatric treatment, and physical healthcare. Our partners for recovery services include Abilene Regional Council on Alcohol and Drug Abuse and Accel Health. Our 10-bed Respite facility is the first line option for non-inpatient treatment of behavioral health needs. For inpatient treatment we currently partner with River Crest Hospital, Oceans Behavioral Hospital, Cedar Crest Hospital & Residential Treatment Center, and Cross Creek Hospital. The Center addresses the individual's physical health needs through collaboration with Accel Health and numerous community providers throughout our catchment area.
- Center for Life Resources is currently in the process of becoming a Certified Community Behavioral Health Clinic (CCBHC). By design this process will move us closer to becoming a more integrated body of care.

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

- Center for Life Resources in the next two years will work towards attaining certification as a Certified Community Behavioral Health Clinic (CCBHC). Through this we will develop an integrated model for substance use recovery services as well as an integrated healthcare model.

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?

- Center for Life Resources website, brochures, PNAC meetings, CRCG meetings and monthly Community Inner Agency meetings.

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?

- Monthly trainings and oversight by supervisors and monthly clinical supervision.

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
Comanche, McCulloch, San Saba Counties	<ul style="list-style-type: none"> • Lack of available Mental Health Deputies to assist with jail diversion and assessment 	<ul style="list-style-type: none"> • Seek additional Grants for funding
Brown, Comanche, Coleman, Eastland, Mills, San Saba Counties	<ul style="list-style-type: none"> • Lack of local inpatient alternatives 	<ul style="list-style-type: none"> • Seek grant funding or collaborate with community partners
Brown, Comanche, Coleman, Eastland, Mills, San Saba Counties	<ul style="list-style-type: none"> • Facility based crisis stabilization 	<ul style="list-style-type: none"> • Seek grant funding or collaborate with community partners

Brown, Comanche, Coleman, Eastland, Mills, San Saba Counties	<ul style="list-style-type: none"> • Lack of child and adolescent respite services in our catchment area 	<ul style="list-style-type: none"> • Seek grant funding or collaborate with community partners
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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.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
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<ul style="list-style-type: none"> • Avail Solutions Inc. (Crisis Line) 	<ul style="list-style-type: none"> • Brown, Coleman, San Saba, Mills, Eastland, Comanche and McCulloch Counties 	<ul style="list-style-type: none"> • Maintain use of AVAIL Solutions, as well as explore other alternate crisis line service providers for comparison
<ul style="list-style-type: none"> • Mobile Crisis Outreach Teams are able to respond to individuals experiencing a mental health crisis. 	<ul style="list-style-type: none"> • Brown, Coleman, San Saba, Mills, Eastland, Comanche and McCulloch Counties 	<ul style="list-style-type: none"> • Maintain staff levels; continue opportunities for staff growth through trainings; continue to innovate response methods
<ul style="list-style-type: none"> • Mental Health Deputy Program: Officers of Law enforcement working with MCOT to form a CIT(Crisis Intervention Team) in order to deter criminal acts or domestic disturbance during a crisis situation and avoid added incarceration or criminal justice issues for the individual experiencing a crisis. 	<ul style="list-style-type: none"> • Brown, Coleman, Mills, and Eastland Counties 	<ul style="list-style-type: none"> • Work towards expanding the Mental Health Deputy program throughout all 7 counties we serve.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Mental Health Deputies Located in 4 out of 7 counties, these officers have learned and are able build a working relationship between law enforcement and the community 	<ul style="list-style-type: none"> • Brown, Coleman, Mills, and Eastland Counties 	<ul style="list-style-type: none"> • Work towards training and interaction with all law enforcement in order to build a better partnership with law enforcement and the community.

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Jail Diversion Program: QMHPs, works in the Jail system to provide mental health services to detainees of which it is requested. 	<ul style="list-style-type: none"> Brown County 	<ul style="list-style-type: none"> Maintain the grant funding or seek renewal; Seek to expand jail placed QMHPs in other local jail settings Maintain the grant funding or seek renewal; Seek to expand jail placed QMHPs in other local jail settings
<ul style="list-style-type: none"> MCOT and QMHPs attend the detention centers in order to provide mental health services to detainees of which it is requested. 	<ul style="list-style-type: none"> Coleman, San Saba, Mills, Eastland, Comanche and McCulloch Counties 	<ul style="list-style-type: none"> Seek to expand jail placed QMHPs in other local jail settings

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Jail Diversion Program: QMHP works to attempt referral or linkage to agency services upon release from jail system 	<ul style="list-style-type: none"> Brown 	<ul style="list-style-type: none"> Maintain the grant funding or seek renewal; Seek to expand jail placed QMHPs in other local jail settings

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:

<p>Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program worker receives referral for continuity of care program</p>	<ul style="list-style-type: none"> • Brown, Coleman, San Saba, Mills, Eastland, Comanche and McCulloch Counties 	<ul style="list-style-type: none"> • Maintain engagement with TCOOMMI consumers to avoid recidivism or re-arrest, as well as follow through to agency intake
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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"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Working to reduce any barriers to services and improve the number of ways we can interact with the individuals we serve. We currently are utilizing telehealth and telephonic communication in combination with traditional face to face service provision. • We are utilizing community surveys to determine community need to ensure we are providing services that are needed. • Working with the educational systems in our catchment area to ensure we are providing timely access to needed services when opportunities or gaps 	<ul style="list-style-type: none"> • Working to integrate technology and treatment provision to reduce any barriers. • Utilize the CCBHC model of care and provide quality services at the right time, in the right setting, for the best value. • Providing access to in person, tele-video, or telephonic communication with community leadership to support community needs as they relate to access for outpatient services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Improving continuity of care between inpatient care and community services and reducing hospital readmissions</p>	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Continuous engagement and maintenance of high standards of care to improve outcomes, reduce recidivism, and provide access to evidence based practices. • Provide access to follow up to address the etiology through multiple sources including case management, crisis MCOT, rehab skills training, recovery support, medical clinic, mental health deputies, medication training and peer support. 	<ul style="list-style-type: none"> • We are in the process of fully adopting the CCBHC model that would provide additional oversight through care coordination and substance use detoxification services. • We hope to develop and expand our currently very successful mental health deputy program to all counties. We are exploring multiple funding opportunities at this time.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization</p>	<ul style="list-style-type: none"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • Working with state hospital discharge planners to identify consumers who no longer need inpatient care to determine their current needs and find applicable resources to meet those needs such as families, friends, group homes, supported living. This list is not exhaustive and is highly flexible to meet the consumer's desires and needs. 	<ul style="list-style-type: none"> • We continue to develop persistent and supportive relationships with providers to enhance support for more people being able to live in an environment they feel meets their needs.
<p>Implementing and ensuring fidelity with evidence-based practices</p>	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • Continuous quality improvement with monthly and quarterly monitoring. Quarterly in person field supervision and at minimum monthly clinic supervision. 	<ul style="list-style-type: none"> • Continue to develop training to fit a trauma and culturally informed evidenced based model.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Transition to a recovery-oriented system of care, including use of peer support services</p>	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • We are currently utilizing a trauma informed recovery oriented system of care. We work alongside our peers and link people with a program called Peer Voice. A group that partners with our peer providers and serves as a valuable resource is the New Hope Club House. Programs run by members for members. 	<ul style="list-style-type: none"> • Become a CCBHC and provide an improved centralized system of care.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • Utilize the out-patient treatment program and the case management engagement tools of linking, monitoring, coordinating, and advocating, to address the needs of the consumers. If more services are needed, utilize local health clinics and counseling services. Services are limited in the area and this makes meeting the needs of the consumers more difficult and can increase the chances of consumers having to rely on emergency room services to meet their needs. 	<ul style="list-style-type: none"> • Utilize the services that are available in the area and continue to search for more resources that will meet the needs of the consumers and develop partnerships with the resources.

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"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • Utilize our partnership with Accel Health and link individuals for medical care. 	<ul style="list-style-type: none"> • Become a CCBHC and provide integrated behavioral health and primary care.
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • Utilize our partnership with local public transportation organization such as City and Rural Rides, The HOP, and Concho Valley Transit District 	
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • We work closely with IDD Crisis Specialist(s) within our MCOT to ensure we are meeting the needs of our IDD population. 	<ul style="list-style-type: none"> • We plan to expand training provided by our IDD crisis Specialist(s) to other behavioral health departments to ensure continuity and most effective application of intervention.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • The MVPN Service Coordinator links veterans with behavior needs with local mental health providers who utilize evidence-based practices. CFLR currently provides Cognitive Processing Therapy for treatment of PTSD. • There is currently a shortage of qualified behavioral health providers, especially psychiatrics. • Some veterans have expressed a need for behavioral health support groups specifically for veterans. • Mental health services are offered to all the communities in our services area. 	<ul style="list-style-type: none"> • The MVPN Service Coordinator is coordinating with local providers to provide individual and group therapy for veterans. Plans for training in other modalities such as EMDR for therapists are in the making. • CFLR is able to provide behavioral healthcare via Telemed from the various satellite offices in our catchment area. • There is a Mental Health Clubhouse in Brownwood whose director has worked with veterans for years and is interested in putting together a support group. • More outreach to the community is planned through the CFLR Facebook, radio

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
Mental Health Deputy Program in Comanche, MuCulloch and San Saba Counties	<ul style="list-style-type: none"> • Gathering stakeholder input and applied for funding 	<ul style="list-style-type: none"> • Continue to seek funding sources
Local inpatient psychiatric beds	<ul style="list-style-type: none"> • Gathering stakeholders input 	<ul style="list-style-type: none"> • Seek funding sources
Respite expansion	<ul style="list-style-type: none"> • Our respite facility is very old and needs to be larger to accommodate more clients 	<ul style="list-style-type: none"> • Seek funding sources

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	Expansion of Mental Health Deputies to full service area	<ul style="list-style-type: none"> • Employ through contract additional mental health deputies to provide care in the areas that don't have access to one at this time 	<ul style="list-style-type: none"> • \$180,000
2	Expansion of Jail QMHPs for In-Reach Services	<ul style="list-style-type: none"> • Hire and place QMHPs to work in the local jail system for intervention, linkage and referral to community services, and follow up to avoid re-arrest or recidivism 	<ul style="list-style-type: none"> • \$250,000

3	Outpatient Competency Restoration Program	<ul style="list-style-type: none"> • <i>Engagement with local courts to avoid placement on state hospital waiting lists for competency restoration; hiring of LPC or associated program staff to provide care in the local community; assist with patient release and stabilization in community</i> 	<ul style="list-style-type: none"> • <i>\$200,000</i>
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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

CSU Crisis Stabilization Unit

EOU	Extended Observation Units
HHSC	Health and Human Services Commission
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
PESC	Psychiatric Emergency Service Center