Health and Human Services Commission

MHMR Authority of Brazos Valley

Consolidated Local Service Plan

FY 2022-2023

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: September 30, 2022

Submissions should be sent to:

MHContracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

Revised 9/5/22

Contents

Introduction

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

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

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
LMHA	804 S. Texas Ave, Bryan, TX 77802	Brazos	• Screening, assessment, and intake (both adult children and dual diagnosed MH/IDD) • TRR for adult, children and dual diagnosed MH/IDD • YES Waiver for children • Outpatient Substance Abuse
LMHA	103 HWY 21 East, Caldwell, TX 77836	Burleson	• Screening, assessment, and intake (both adult children and dual diagnosed MH/IDD) • TRR for adult, children and dual diagnosed MH/IDD • YES Waiver for children
LMHA	702 La Salle, Navasota, TX 77868	Grimes	• Screening, assessment, and intake (both adult children and dual diagnosed MH/IDD) • TRR for adult, children and dual diagnosed MH/IDD • YES Waiver for children
LMHA	203 W. Main, Madisonville, TX 75833	Madison	• Screening, assessment, and intake (both adult children and dual diagnosed MH/IDD) • TRR for adult, children and dual diagnosed MH/IDD • YES Waiver for children
LMHA	1212 West Brown St, Hearne, TX 77859	Robertson	• Screening, assessment, and intake (both adult children and dual diagnosed MH/IDD) • TRR for adult, children and dual diagnosed MH/IDD • YES Waiver for children
LMHA	203 W. Main,	Leon	• Screening, assessment, and intake (both adult

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
	Centerville, TX 77833		children and dual diagnosed MH/IDD) • TRR for adult, children and dual diagnosed MH/IDD • YES Waiver for children
LMHA	300 Lounge Rd., Brenham, TX 77833	Washington	• Screening, assessment, and intake (both adult children and dual diagnosed MH/IDD) • TRR for adult, children and dual diagnosed MH/IDD • YES Waiver for children

I.B Mental Health Grant Program for Justice Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on forensic commitments. These grants support community programs by providing behavioral health care services to individuals with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows, if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2020	Rapid Emergency Detention Inpatient Beds (Contracted psychiatric hospital beds to allow for the expeditious transfer or an individual experiencing a mental health crisis to the "nearest appropriate mental health hospital" in accordance with Health & Safety Code 573.001	• Brazos • Burleson • Grimes • Madison • Leon • Robertson • Washington	• Adults • Children • Adolescents • Dual Diagnosed MH/IDD/SUD	• 160
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		•	•	•
		•	•	•

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

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

In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed.

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

I.D Community Participation in Planning Activities

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

	Stakeholder Type		Stakeholder Type
☒	Consumers	☒	Family members
☒	Advocates (children and adult)	☒	Concerned citizens/others
☒	Local psychiatric hospital staff **List the psychiatric hospitals that participated:* • Canyon Creek Behavioral • Cedar Crest Hospital • Houston Behavioral Hospital	☒	State hospital staff **List the hospital and the staff that participated:* • *ASH-Cristyn Cordova; Dr. Torrez; Jennie Simpson; Chris Lopez*

Stakeholder Type	Stakeholder Type
• Cross Creek Behavioral Hospital • Lone Star Behavioral Hospital	
☒ Mental health service providers	☒ Substance abuse treatment providers
☒ Prevention services providers	☒ Outreach, Screening, Assessment, and Referral Centers
☒ County officials **List the county and the official name and title of participants:* • Washington County, Otto Hanak, Sheriff • Grimes County, Don Sowell, Grimes Sheriff • Burleson County, Albert Ramirez; Executive Director Burleson Health Resource Center • Brazos County, Carl Brune, Sheriff Deputy • Robertson County, Gerald Yezak, Sheriff	☒ City officials **List the city and the official name and title of participants:* • College Station, Jimmy Brown, Police Liutenant • College Station, Gary Sutherland, Police Corporal
☒ Federally Qualified Health Center and other primary care providers	☒ Local health departments ☒ LMHAs/LBHAs **List the LMHAs/LBHAs and the staff that participated:* • Shane Brune • Sherry Shaeffer • Robert Reed

	Stakeholder Type		Stakeholder Type
			• Karlee Anderson • Jessi Hall
☒	Hospital emergency room personnel	☒	Emergency responders
☒	Faith-based organizations	☐	Community health & human service providers
☒	Probation department representatives	☒	Parole department representatives
☒	Court representatives (Judges, District Attorneys, public defenders) **List the county and the official name and title of participants:* • Nathan Wood, Assistance District Attorney	☒	Law enforcement **List the county/city and the official name and title of participants:* • Sgt. Karl Brune; Brazos County Sheriff Deputy • College Station, Jimmy Brown, Police Liutenant • College Station, Gary Sutherland, Police Corporal • Washington County, Otto Hanak, Sheriff • Grimes County, Don Sowell, Grimes Sheriff • Brazos County, Carl Brune, Sheriff Deputy • Robertson County, Gerald Yezak, Sheriff
☒	Education representatives	☐	Employers/business leaders
☒	Planning and Network Advisory Committee	☒	Local consumer peer-led organizations
☒	Peer Specialists	☒	IDD Providers
☒	Foster care/Child placing agencies	☒	Community Resource Coordination Groups
☒	Veterans' organizations	☐	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.

• Participation in Brazos Valley Regional Assessment activities in the development of the Regional Plan with key stakeholder representation, which also included involvement in a subcommittee on mental health.
• Coordinated meetings with county and city law enforcement representatives
• We have Sheriffs as voting and adhoc members of our board providing input.
• Participation in CRCG meetings
• Quarterly CIT meetings which include hospital and law enforcement and first responder representatives.
• Input from CNAC representatives in quarterly CNAC meetings.

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

• Improve access to transportation to aftercare programs and other appointments
• Increase/expand detox and substance abuse facilities
• Increase Mental Health Providers
• Enhance awareness of community mental health and other resources
• Improve access to housing and basic medical care for those with mental health and substance use issues

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;

- Coordinated individual meetings with county law enforcement, court, and hospital representatives; Participation in quarterly Crisis Intervention Team Meetings; Participation in Brazos Valley regional planning activities which include addressing mental health service gaps

Ensuring the entire service area was represented; and

- All law enforcement from service areas are invited and represented in CIT quarterly Meetings. Participation in Brazos Valley regional planning activities which include addressing mental health service gaps and psychiatric emergencies, including all county service areas.

Soliciting input.

- All law enforcement representing all service areas are invited and represented in CIT quarterly Meetings.
- Participation in Brazos Valley regional planning activities which include soliciting input on addressing mental health service gaps and psychiatric emergencies.

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

- Calls are routed through the contracted AAS accredited crisis hotline as the first point of contact for assessment and determine need for deployment based on level of risk and in accordance with 26 TAC 301.351 Crisis Services

After business hours

- Calls are routed through the contracted AAS accredited crisis hotline as the first point of contact for assessment and determine need for deployment based on level of risk and in accordance with 26 TAC 301.351 Crisis Services

Weekends/holidays

- Calls are routed through the contracted AAS accredited crisis hotline as the first point of contact for assessment and determine need for deployment based on level of risk and in accordance with 25 TAC 301.351 Crisis Services

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

- The Harris Center

3. How is the MCOT staffed?

During business hours

- 4 FTE QMHP-CS MCOT staffed from 8a-5p to cover 7-county area; LPHA staff on call and consulted or deployed as needed

After business hours

- 2 FTE QMHP-CS MCOT staff from 4p-12a; 2 FTE QMHP-CS MCOT staff from 12a-8a; 2 on-call QMHP-CS staff as needed; 1 LPHA on call and consulted or deployed as needed.
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Weekends/holidays

- 4 on-call QMHP-CS staff and 1 LPHA on call and consulted or deployed as needed

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 staff performs face-to screening and crisis assessment and makes recommendation for disposition.
- Individuals who are not hospitalized receive a follow-up contact within 24 hours and may be served in Service Package 0 or 5 and shall be contacted daily by MCOT, either in person or by phone in accordance with agencies Safe Suicide Care policy.

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:

- LMHA MCOT provide crisis assessments and facilitate dispositions at all hospitals/ERs in all service areas

Law Enforcement:

- Law Enforcement either transport individuals to LMHA office for a crisis assessment, or MCOT meet law enforcement in the community to provide the assessment as assist in facilitating a disposition. Law Enforcement involved in transportation for involuntary hospital commitments.

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

- LMHA have not been asked to perform a crisis screening at a state hospital, or any discussions regarding the need to do so.

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

During business hours:

- Contact crisis hotline at 1-888-522-8262

After business hours:

- Contact crisis hotline at 1-888-522-8262

Weekends/holidays:

- Contact crisis hotline at 1-888-522-8262

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?

- Contact crisis hotline at 1-888-522-8262 and MCOT will respond to access and facilitate appropriate disposition.

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

- If individual appear to present with a medical problem, 911 is called or Law Enforcement will transport to ER.

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

- MCOT responds and facilitate psychiatric hospital admission, or individual is transported directly to a psychiatric hospital by law enforcement.

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).

- There are currently no extended observation or crisis residential beds available in the service area. A person may be served through LMHA "Suicide Safe Care Pathway", whereby the individual is seen at least 3 times per week face to face for crisis services, evaluation and monitoring.

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 is accompanied by a CIT Deputy all emergent and urgent calls in a community setting outside of a facility when it is determine that it would be too risky to assess independent of law enforcement presence. If a CIT Deputy is not available, two MCOT staff may report to a call. After MCOT crisis intervention services, if the individual is still in need of emergency care services, then the individual is assessed by a physician (MHMR, ER, Psychiatric hospital) within 12 hours.

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

    Where does the individual wait for a bed?

- If the individual is in a hospital or ER, the individual remains until a bed is available. If not the individual might be maintained at their home with family as part of a crisis plan with daily follow-up by MCOT staff. Individual might also be maintained at LMHA location with one on one observation by LMHA staff.

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 staff remain with the individual providing ongoing crisis intervention services until crisis is resolved or the individual is placed in a clinically appropriate environment.

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

- LMHA have agreements with several hospitals to provide transportation for voluntary patients, or LMHA staff or family members would transport.

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? *Indicate N/A if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.*

Name of Facility	N/A
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	
HHSC Funding Allocation	

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	Cross Creek Hospital
Location (city and county)	Austin, Travis County
Phone number	(512) 549-8021
Key admission criteria	Individuals experiencing acute psychiatric symptoms requiring inpatient treatment as least restrictive treatment option to ensure safety of individual or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	Non-Insured individuals have to be assessed by LMHA and approved for admission
Number of Beds	3
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	Psychiatric Emergency Service Center; Mental Health Grant for Justice Involved Individuals; Private Psychiatric 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)?	
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	Cedar Crest Hospital
Location (city and county)	Belton, Bell County
Phone number	(254) 613-9871
Key admission criteria	Individuals experiencing acute psychiatric symptoms requiring inpatient treatment as least restrictive treatment option to ensure safety of individual or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	Non-Insured individuals have to be assessed by LMHA and approved for admission
Number of Beds	5
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	Psychiatric Emergency Service Center; Mental Health Grant for Justice Involved Individuals; Private Psychiatric Beds

community mental 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

Name of Facility	Houston Behavioral
Location (city and county)	Houston Harris County
Phone number	(832) 834-7710
Key admission criteria	Individuals experiencing acute psychiatric symptoms requiring inpatient treatment as least restrictive treatment option to ensure safety of individual or others

Service area limitations, if any	N/A
Other relevant admission information for first responders	Non-Insured individuals have to be assessed by LMHA and approved for admission
Number of Beds	3
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; Mental Health Grant for Justice Involved Individuals; 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	600

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

Name of Facility	Lone Star Behavioral
Location (city and county)	Cypress, Harris County
Phone number	(281) 516-6200
Key admission criteria	Individuals experiencing acute psychiatric symptoms requiring inpatient treatment as least restrictive treatment option to ensure safety of individual or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	Non-Insured individuals have to be assessed by LMHA and approved for admission
Number of Beds	3
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the	Psychiatric Emergency Service Center; Mental Health Grant for

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)?	Justice Involved Individuals; 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?	575
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
	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.

- We provide psychiatry services while in the jail waiting competency evaluation

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

- No funding for Jail Based Competency Restoration

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

- We have a dedicated liaison staff co-located at our 2 largest county jails, Brazos and Washington. In the other 5 counties, we use an existing case worker staff to provide liaison services to the jail. The role of the liaison is to assist with jail screenings and coordinate any needed mental health services from the provider. The jail liaison is engaged with any screening request or mental health crisis, or anyone suspected of having a mental illness.
- Robert Costello, QMHP; Virginia Henson, QMHP

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.

- QMHP

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

- Working with State to fund Jail-Based Competency Restoration.
- Currently providing services to individuals in jail if requested by jail staff.

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.)?

- Jail-based and/or outpatient competency restoration.

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

- Needed: LPHA Program Coordinator; QMHP staff; Psychiatrist time; funding.
- Barriers: difficult to recruit LPHA and psychiatrist in the area. Appropriate funding.

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?

- We have received our Chemical Dependency Treatment License and began providing substance use services (SUD)
- We collaborated with the local FQHC to co-locate in our Brazos County service site to provide primary healthcare services, with plans to expand to other counties.

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

- We obtained a 4-year SAMHSA grant which we will use to expand SUD and primary healthcare services.

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?

- Information will be shared through joint meetings, brochures, and website page

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?

- Staff provide on-going training on plan and policy and procedures related to implementation and operation of crisis services.

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
Brazos, Burleson, Grimes, Leon, Madison, Robertson,	• No longer have a local psychiatric hospital in service area	• Contracts with psychiatric hospital in other service areas • Development of Crisis Respite or Crisis Stabilization unit.

Washington		• Funding to assist with transportation cost to psychiatric facilities outside of service area.
Brazos	• Limited emergency housing options	• Development of transitional housing options

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Intercept 0: Community Services Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• MCOT dispatched to all locations 7 days a week 24 hours a day	• Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington	• Continue MCOT services and evaluate gaps

	I	

Intercept 1: Law Enforcement Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• Co-mobilization with CIT/Law Enforcement	• Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington	• Enhance training and coordination with law enforcement and evaluate gaps.

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• Jail assessments and psychiatrist evaluations; jail matching	• Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington A	• Continue and expand as needed.
•	•	•

Intercept 3: Jails/Courts Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• Tele-psychiatry services in jails	• Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington	• Pursue any funding opportunities for Jail-Based Competency Restoration

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Continuity of Medications and services upon release from jail	• Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington	•TLET identification and follow-up with all jail matches
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Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Coordination with probation/parole departments for services to individuals exiting prisons or on probation/parole with a major mental illness.	• Brazos, Washington Burleson	• Discuss with other counties to expand model and enhance collaboration.
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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
- Gap 2: Behavioral health needs S public school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

- Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.

- Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources to effectively meet the diverse needs of people and communities.
- Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.
- Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.
- Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• We provide open access model for pre-admission assessments for timely admissions to appropriate services, and prioritize psychiatric follow-up for individuals released from a hospital. We have focused on hiring a	• We are also collaborating with Texas A&M Health Science Center in pursuit of a residency program and to expand psychiatric services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		more diverse staff to meet the needs of the diverse population. Challenges have been recruiting and retaining qualified staff, particularly psychiatrist to ensure timely appointments	
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• Currently we have a continuity of care staff providing continuity services for all clients admitted and released from hospitals. We make aggressive attempts to provide follow-up activities within 7 days of discharge in an attempt to engage individuals	• Continue to review re-admission at UM Meetings to identify frequent admissions and formulate plans for reduction.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		into services. Average re-admission within 180 days is averaging around 4%. Challenges include no local psychiatric hospital	
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• Currently have a continuity of care staff providing continuity services for all clients admitted and released from hospitals. We also attempt to work aggressively with the jails to prevent forensic commitments by providing medication treatment while in the jail.	• Continue to use private psychiatric beds as first option to prevent state hospital admissions. • Liaison with state hospital to identify those who can be transitioned safely into the community.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• We currently conduct program & agency-level program reviews & audit to ensure fidelity to evidence-based practices with follow-up corrective action plans.	• Will continue to conduct fidelity reviews and operationalize plans of corrections as needed.
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• We have an active peer support and operate a peer support center • Implemented recovery focus service delivery	• Recently we received SAMHSA grant which we will use to hire additional peer support specialist.
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• All clinicians are trained in COPSD services • Recently obtained a Chemical Dependency Treatment Licensed and providing SUD	• Recently obtained a SAMHSA grant which we will use to expand SUD services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		services to consumers	
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• We have a recent agreement with the local FQHC to provide primary healthcare in our Brazos County service location.	• Expand to other service locations
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• We provide transportation as needed • Provide training on accessing public transportation • Challenges include minimum public transportation in rural areas	• Collaborating with United Way project for transportation to medical appointments in Brazos County • Collaborating with Resource Center in Burleson County for transportation
Addressing the behavioral health needs of consumers with	• Gap 14 • Goals 2,4	• We are Coordinating with IDD providers to address needs	• Develop more options for IDD respite • Identify training

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Intellectual Disabilities		• We are cross-training IDD and MH staff on mental health and IDD service needs and interventions • A challenge appears to be difficulty in finding psychiatric hospital care for IDD population needing this level of care	opportunities for MH providers related to IDD interventions.
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• We have a Veteran Services grant to assist veterans in accessing services.	• Pursue care coordination agreement with VA

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
Expand substance use disorder treatment within provider location.	• Provider has obtained a chemical dependency treatment license and providing SUD services to the Medicaid population. • Provider recently awarded a SAMHSA grant with a plans to expand SUD services	• Will expand SUD services to the non-insured population with SAMHSA grant. • Will pursue opportunity for expansion of SUD services through state funds if become available.
Expand integrated primary and behavioral health services	• Currently have one staff operating in one county providing care coordination/navigation services • Recently entered into an agreement with local FQHC to co-locate in providers Brazos County office to provide primary healthcare services	• Expand primary healthcare to other service areas
	•	•

Local Priority	Current Status	Plans
	•	•
	•	•

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	***Example:*** *Detox Beds*	• *Establish a 6-bed detox unit at ABC Hospital.*	•
2	***Example:*** *Nursing home care*	• *Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.* • *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.*	•
1	MH Crisis Stabilization/48 hour Observation Unit	• Funds construction/renovation of facility • Fund staffing of facility: 2.0 FTE Psychiatrist/APN; 1.0 FTE Unit Manager; 2.5 FTE LPHA; 2.0 FTE Peer Provider; 5.0 FTE Therapist Tech; 2.5 FTE QMHP; • Fund Operating Cost and Admin	• $2.5 million • $1.9 million • $900k
2	Transitional Housing	• Establish a 4 bed transitional housing program	• $513,000

Appendix B: Acronyms

Admission criteria – Admission into services is determined by the individual's level of care as determined by the TRR Assessment found here for adults or here for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

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

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

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

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

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

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

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

Psychiatric Emergency Service Center (PESC) – PESCs 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. PESCs 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