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

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## Introduction

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

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

#

# Section I: Local Services and Needs

##  I.A Mental Health Services and Sites

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

| **Operator (LMHA/LBHA orContractor Name)** | **Street Address, City, and Zip, Phone Number** | **County** | **Services & Target Populations Served** |
| --- | --- | --- | --- |
| MHMR Services for the Concho Valley (MHMRCV)– **Outpatient Clinic** | 202 N. Main StreetSan Angelo, TX 76903 | Tom Green | * Adult Services
* Screening, assessment, and intake
* TX Resilience & Recovery (TRR) outpatient services
* Services for co-occurring disorders
* Integrated health care: mental and physical health
 |
| MHMR Services for the Concho Valley – **Family & Youth Guidance Center** | 424 S. Oakes St.San Angelo, TX 76903 | Tom Green | * Children/Adolescents Services
* Screening, assessment, and intake
* TX Resilience & Recovery (TRR) outpatient services
* Services for co-occurring disorders
 |
| MHMR Services for the Concho Valley – **Crisis Respite Center** | 244 N. Magdalen St.Bldg. # 240San Angelo, TX 76903 | Tom Green | * Adult Services
* Crisis Respite
 |
| MHMR Services for the Concho Valley – **Rural Assertive Community Treatment Team (RACT)** | 244 N. Magdalen St.Bldg. # 250San Angelo, TX 76903 | Tom Green | * Adult Services
* TX Resilience & Recovery (TRR) outpatient services
* Services for co-occurring disorders
 |
| MHMR Services for the Concho Valley – **Military Veteran Peer Network (MVPN)** | 244 N. Magdalen St.Bldg. # 250San Angelo, TX 76903 | Tom Green | * Services for veterans
 |
| San Angelo Clubhouse | 404 S. Irving St.San Angelo, TX 76903 | Tom Green | * Adult Recovery Focused Services
* Other: The San Angelo Clubhouse is a new organization that provides adults living with a mental health diagnosis a place to spend the day, build relationships, receive assistance with personal goals, and learn vocational and life skills that can enrich their lives and our community.
 |
| MHMR Services for the Concho Valley – **Administration & IDD Services**  | 1501 W. BeauregardSan Angelo, TX 76901 | Tom Green | * Services for individuals with IDD
* Services for co-occurring disorders
 |
| MHMR Services for the Concho Valley – **ABC Center for Children** | 902 Spaulding St.San Angelo, TX 76903 | Tom Green | * Children/Adolescents Services
* Services for individuals with autism
 |
| West Texas Counseling & Guidance | 36 E. TwohigSan Angelo, TX 76903 | Tom Green | * Adult Services
* TRR outpatient services – CBT and CPT
 |
| Concho Valley Community Supervision and Corrections Department | 3036 N. Bryant Blvd.San Angelo, TX 76903 | Tom Green | * Adult Services
* TX Resilience & Recovery (TRR) outpatient services
 |
| Tom Green County Juvenile Justice Center | 1253 West 19th St.San Angelo, TX 76903 | Tom Green | * Children/Adolescents Services
* TX Resilience & Recovery (TRR) outpatient services
 |
| Tom Green County Court Residential Treatment Center | 3398 McGill Blvd.San Angelo, TX 76905 | Tom Green  | * Adult Services
* TX Resilience & Recovery (TRR) outpatient services
 |
| Adult Parole Office | 938 Arroyo St.San Angelo, TX 76903 | Tom Green  | * Adult Services
* TX Resilience & Recovery (TRR) outpatient services
 |
| Tom Green County Jail | 122 W. HarrisSan Angelo, TX 76903 | Tom Green | * Adult Services
* Jail Diversion
* Military Veteran Peer Network
* Mobile Crisis Outreach
 |
| Broome Hall | 244 N. Magdalen St.San Angelo, TX 76903 | Tom Green | * Children/Adolescents Skills Training Services
 |

## 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 |
| --- | --- | --- | --- | --- |
| N/A | N/A | N/A | N/A | N/A |

## l. 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 ‘18 | Title: MHMR Services for the Concho Valley: “Continuum of Care: From Crisis to Recovery”Description: To implement a rapid and effective system of care that assists a person from crisis onset, REDUCES suicide, improves depression care, and offers COPSD interventions across a spectrum of agencies and providers. The goal of this project is to expand/enhance access and availability of timely and effective crisis mental health and COPSD services delivered by a coalition of agencies serving individuals in 7 counties located in rural West Texas. | CokeConchoCrockettIrionReaganSterlingTom Green | **Adults**- with severe and persistent mental illness and serious emotional disturbances; COPSD.**Children, Youth, and Adolescents-**West Texas Counseling and Guidance assesses children 5 and up for Zero Suicide Initiative; child must understand death permanence in order to be assessed for suicide. | Apr. 2018 – Aug. 2018189 served |
| FY ‘19 | Title: MHMR Services for the Concho Valley: “Continuum of Care: From Crisis to Recovery”Description: To implement a rapid and effective system of care that assists a person from crisis onset, REDUCES suicide, improves depression care, and offers COPSD interventions across a spectrum of agencies and providers. The goal of this project is to expand/enhance access and availability of timely and effective crisis mental health and COPSD services delivered by a coalition of agencies serving individuals in 7 counties located in rural West Texas. | CokeConchoCrockettIrionReaganSterlingTom Green | **Adults**- with severe and persistent mental illness and serious emotional disturbances; COPSD; **Children, Youth, and Adolescents-**West Texas Counseling and Guidance assesses children 5 and up for Zero Suicide Initiative; child must understand death permanence in order to be assessed for suicide. | 1,075 |
| FY’20 | Title: MHMR Services for the Concho Valley: “Continuum of Care: From Crisis to Recovery”Description: To implement a rapid and effective system of care that assists a person from crisis onset, REDUCES suicide, improves depression care, and offers COPSD interventions across a spectrum of agencies and providers. The goal of this project is to expand/enhance access and availability of timely and effective crisis mental health and COPSD services delivered by a coalition of agencies serving individuals in 7 counties located in rural West Texas. | CokeConchoCrockettIrionReaganSterlingTom Green | **Adults**- with severe and persistent mental illness and serious emotional disturbances; COPSD.Children, Youth, and Adolescents-West Texas Counseling and Guidance assesses children 5 and up for Zero Suicide Initiative; child must understand death permanence in order to be assessed for suicide. | Approximately 961 |
| FY ‘21 | Title: MHMR Services for the Concho Valley: “Continuum of Care: From Crisis to Recovery”Description: To implement a rapid and effective system of care that assists a person from crisis onset, REDUCES suicide, improves depression care, and offers COPSD interventions across a spectrum of agencies and providers. The goal of this project is to expand/enhance access and availability of timely and effective crisis mental health and COPSD services delivered by a coalition of agencies serving individuals in 7 counties located in rural West Texas. | CokeConchoCrockettIrionReaganSterlingTom Green | **Adults**- with severe and persistent mental illness and serious emotional disturbances; COPSD. **Children, Youth, and Adolescents-**West Texas Counseling and Guidance assesses children 5 and up for Zero Suicide Initiative; child must understand death permanence in order to be assessed for suicide.  | Monthly Target – 115Annual Target - 1380 |

## I.D Community Participation in Planning Activities

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

|  | **Stakeholder Type** |  | **Stakeholder Type** |
| --- | --- | --- | --- |
|[x]  Consumers |[x]  Family members |
|[x]  Advocates (children and adult) |[x]  Concerned citizens/others |
|[x]  Local psychiatric hospital staff*\*List the psychiatric hospitals that participated:** Shannon Behavioral Health
* River Crest Hospital
 |[x]  State hospital staff*\*List the hospital and the staff that participated:** Big Spring State Hospital
 |
|[x]  Mental health service providers |[x]  Substance abuse treatment providers |
|[x]  Prevention services providers |[ ]  Outreach, Screening, Assessment, and Referral Centers |
|[x]  County officials*\*List the county and the official name and title of participants:** Tom Green County Judge Steve Floyd
* Tom Green County Commissioners: Ralph Hoelscher, Sammy Farmer, Rick Bacon, Bill Ford
* Tom Green County Clerk Elizabeth McGill
* Tom Green County Treasurer Dianna Spieker
* Tom Green County Attorney Chris Taylor
* Tom Green County Justice of the Peace Eddie Howard
* Tom Green County Justice of the Peace Susan Werner
* Crockett County Judge Fred Deaton
* Coke County Judge Hal Spain
* Concho County Judge David Dillard
* Sterling County Judge Deborah Horwood
 |[x]  City officials*\*List the city and the official name and title of participants:** San Angelo City Mayor Brenda Gunter
* San Angelo City Council members – Lucy Gonzales, Lane Carter, Harry Thomas
* San Angelo Health Services Director, Sandra Villarreal
 |
|[x]  Federally Qualified Health Center and other primary care providers | [x] [x]  | Local health departmentsLMHAs/LBHAs*\*List the LMHAs/LBHAs and the staff that participated:* * Betty Hardwick Center, Central Plains Center, PermiaCare, StarCare Specialty Health System, West Texas Centers
 |
|[x]  Hospital emergency room personnel |[x]  Emergency responders |
|[x]  Faith-based organizations |[x]  Community health & human service providers |
|[x]  Probation department representatives |[x]  Parole department representatives |
|[x]  Court representatives (Judges, District Attorneys, public defenders)*\*List the county and the official name and title of participants:** Ben Woodward, District Judge 119th Judicial District
* Jay Weatherby, District Judge 340th Judicial District
* Brad Goodwin, District Judge 391st Judicial District
* John Best, 119th District Attorney
* Allison Palmer, 51st District Attorney
 |[x]  Law enforcement *\*List the county/city and the official name and title of participants:** Tom Green Sheriff David Jones, San Angelo, TX
* Tom Green County Captain of the Jail, Todd Allen
* Reagan County Sheriff Jeff Garner, Big Lake, TX
* Reagan County Chief Deputy Destin Wilha
* Reagan County Jail Administrator, Rosie Ortiz
* Crockett County Sheriff Bob Rodriguez, Ozona, TX
* Coke County Sheriff Wayne McCutchen, Robert Lee, TX
* Concho County Chief Deputy Brent Frazier, Eden, TX
 |
|[x]  Education representatives |[x]  Employers/business leaders |
|[x]  Planning and Network Advisory Committee |[x]  Local consumer peer-led organizations |
|[ ]  Peer Specialists |[x]  IDD Providers |
|[ ]  Foster care/Child placing agencies |[x]  Community Resource Coordination Groups |
|[x]  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.*

|  |
| --- |
| * Planning and Network Advisory Committee meetings
 |
| * Board of Trustees meetings
 |
| * All Texas Access Initiative
 |
| * San Angelo Homeless Coalition
 |
| * Health and Social Resources Coalition
 |
| * MHMR Services for the Concho Valley Facebook
 |
| * San Angelo Clubhouse Advisory Committee
 |
| * ROSC – Bridge to Recovery
 |
| * Jail Diversion Partnership
 |
| * Sponsoring Agency meetings
 |
| * Trauma Informed Care Peer Advisory Committee meetings
 |
| * One-on-one meetings with city or county officials
 |
| * Concho Valley Suicide Coalition
 |
| * NAMI Texas of San Angelo
 |

*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.*

|  |
| --- |
| * Substance Use Disorder services
 |
| * Jail based psychiatry services
 |
| * Tobacco cessation intervention
 |
| * Lack of psychiatrists in the community
 |
| * Lack of LPCs
 |
| * Housing for people with serious and persistent mental illness
 |
| * No Homeless Shelter in the Concho Valley
 |
| * Assisted Outpatient Treatment
 |
| * Veterans services
 |
| * Suicide prevention activities
 |
| * Lack of funding for inpatient hospitalization for indigent; Need for increased PPB allocation
 |
| * Permanent expansion of telehealth services
 |
| * Psychiatric & Behavioral support for individuals with IDD
 |

# 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;

* + MHMR Services for the Concho Valley hosts regular jail diversion meetings with the following stakeholders: Tom Green County Sheriff’s Office (TGCSO), San Angelo Police Department (SAPD), Tom Green County jail staff, local emergency department representatives, Alcohol and Drug Abuse Council of the Concho Valley (ADAC), school administrators, MHMR Mobile Crisis Outreach Team (MCOT), local FQHC representatives, Shannon Behavioral Health CSU, Rivercrest Hospital CSU and mental health deputies. Local clergy, Tom Green County Justices of the Peace, Angelo State University Counseling Services.

 Ensuring the entire service area was represented; and

* + All sheriff’s offices and county judges within the 7-county service area are invited to participate in jail diversion meetings.

 Soliciting input.

* + MHMRCV’s Executive Director meets with elected officials and community partners/stakeholders within the catchment area to seek input on area needs.
	+ Currently a MHMRCV is in the process of conducting a community mental and behavioral health needs assessment of the service area. Stakeholders, including persons served and families, along with community partners will be provided the survey.

## 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

* + Avail Solutions, Inc. is MHMRCV’s contracted Crisis Hotline operator. Avail Solutions offers a crisis line which is staffed with QMHP-CS staff who are trained and experienced in providing mental health services to individuals in crisis. Many of the QMHPs are bilingual (Spanish/English) and able to triage calls, handle crisis situations, and contact MHMRCV on-call staff when necessary. The highly capable personnel are trained and supervised by a licensed mental health professional, ensuring high-quality, reliable service. Avail Hotline staff will: professionally triage incoming calls, record demographic and clinical data, document referrals made, do follow-up calls. Calls requiring immediate attention will be handled by contacting MHMRCV on-call staff, EMS, law enforcement, and other services relevant to the call. Avail Solutions' staff is available to receive crisis calls 24 hours a day, 7 days a week, 365 days a year.

 After business hours

* + Avail Solutions, Inc. is MHMRCV’s contracted Crisis Hotline operator. Avail Solutions offers a crisis line which is staffed with QMHP-CS staff who are trained and experienced in providing mental health services to individuals in crisis. Many of the QMHPs are bilingual (Spanish/English) and able to triage calls, handle crisis situations, and contact MHMRCV on-call staff when necessary. The highly capable personnel are trained and supervised by a licensed mental health professional, ensuring high-quality, reliable service. Avail Hotline staff will: professionally triage incoming calls, record demographic and clinical data, document referrals made, do follow-up calls. Calls requiring immediate attention will be handled by contacting MHMRCV on-call staff, EMS, law enforcement, and other services relevant to the call. Avail Solutions' staff is available to receive crisis calls 24 hours a day, 7 days a week, 365 days a year.

 Weekends/holidays

* + Avail Solutions, Inc. is MHMRCV’s contracted Crisis Hotline operator. Avail Solutions offers a crisis line which is staffed with QMHP-CS staff who are trained and experienced in providing mental health services to individuals in crisis. Many of the QMHPs are bilingual (Spanish/English) and able to triage calls, handle crisis situations, and contact MHMRCV on-call staff when necessary. The highly capable personnel are trained and supervised by a licensed mental health professional, ensuring high-quality, reliable service. Avail Hotline staff will: professionally triage incoming calls, record demographic and clinical data, document referrals made, do follow-up calls. Calls requiring immediate attention will be handled by contacting MHMRCV on-call staff, EMS, law enforcement, and other services relevant to the call. Avail Solutions' staff is available to receive crisis calls 24 hours a day, 7 days a week, 365 days a year.

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

* + Avail Solutions, Inc. , 3310 E. 5th St, Tyler, TX 75701

3. How is the MCOT staffed?

During business hours

* + 3 full time QMHP-CS MCOT Coordinators

After business hours

* + 1 on-call worker per shift; 6 on-call workers on rotation; Monday – Friday 5:00 p.m. – 8:00 a.m.

Weekends/holidays

* + 1 on-call worker per shift; 6 on-call workers on rotation; Saturday – Sunday 8:00 a.m. – 8:00 a.m.

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

* + No

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

* + MCOT Case managers follow up with the individual via face to face and phone calls (COVID) visits, at our local psychiatric facilities, to refer patients to outpatient services. During assessment, MCOT case managers provide service information/referrals for the patients.

 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:

* + Yes, ERs do contact the LMHA via AVAIL hotline and MCOT is activated by the AVAIL hotline service as appropriate. MCOT provides prompt screening, crisis intervention, and referral when necessary.

Law Enforcement:

* + Yes, law enforcement does contact the LMHA via AVAIL hotline and MCOT is activated by the AVAIL hotline service as appropriate. MCOT provides prompt screening, crisis intervention, and referral when necessary.

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

* + At the hospitals/psychiatric facilities, the individual is screening by a psychiatric provider and determined to have mental health needs that require state level hospitalization. Hospital staff/psychiatric staff contact the LMHA MCOT coordinator to conduct state level hospitalization transfer screening, if individual is a resident in our LMHA catchment area.

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

During business hours:

* + **Emergency Department** – Individual **with** Insurance – Barring the need for further medical intervention, the emergency department should contact Rivercrest Hospital and Shannon Behavioral Health to determine bed availability and refer as needed; Should the individual be declined at both facilities, contact MCOT via the AVAIL hotline service to assist with placement as needed.
	+ **Emergency Department** – Individual **without** insurance or any individual requiring state hospital referral – Barring the need for further medical intervention, contact MCOT via the AVAIL hotline service for screening and referral.
	+ **Law Enforcement –** Initiate Peace Officer’s Detention Order for individual’s immediate safety and transport to nearest emergency room or psychiatric hospital intake department for assessment and MCOT activation as needed.

 After business hours:

* + **Emergency Department** – Individual **with** Insurance – Barring the need for further medical intervention, the emergency department should contact Rivercrest Hospital and Shannon Behavioral Health to determine bed availability and refer as needed; Should the individual be declined at both facilities, contact MCOT via the AVAIL hotline service to assist with placement as needed.
	+ **Emergency Department** – Individual **without** insurance or any individual requiring state hospital referral – Barring the need for further medical intervention, contact MCOT via the AVAIL hotline service for screening and referral.
	+ **Law Enforcement –** Initiate Peace Officer’s Detention Order for individual’s immediate safety and transport to nearest emergency room or psychiatric hospital intake department for assessment and MCOT activation as needed.

 Weekends/holidays:

* + **Emergency Department** – Individual **with** Insurance – Barring the need for further medical intervention, the emergency department should contact Rivercrest Hospital and Shannon Behavioral Health to determine bed availability and refer as needed; Should the individual be declined at both facilities, contact MCOT via the AVAIL hotline service to assist with placement as needed.
	+ **Emergency Department** – Individual **without** insurance or any individual requiring state hospital referral – Barring the need for further medical intervention, contact MCOT via the AVAIL hotline service for screening and referral.
	+ **Law Enforcement –** Initiate Peace Officer’s Detention Order for individual’s immediate safety and transport to nearest emergency room or psychiatric hospital intake department for assessment and MCOT activation as needed.

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?

* + If determined by psychiatric provider to need state level hospitalization, the psychiatric facility contacts LMHA MCOT manager to place the individual on the Texas State Hospital Waiting List. Once state-level bed becomes available, the local psychiatric facility contacts MCOT Manager to conduct a state hospitalization transfer screening with the individual. MCOT Manager determined the least restrictive environment based on individual’s symptomology.

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

* + If a persistent medical need is indicated, the individual is referred, either voluntarily or involuntarily, to a local emergency department prior to receiving psychiatric treatment.
	+ Once medically cleared/stable, the individual is assessed by licensed mental health/emergency department staff, who then activate MCOT via the AVAIL hotline service for screening and referral.

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

* + MCOT determines the individual’s status as a voluntary or involuntary admission.
	+ As needed and if applicable, MCOT assists in applying for an Emergency Detention Order for involuntary admissions.
	+ MCOT determines the least restrictive environment necessary for the individual’s safety.
	+ MCOT makes the appropriate referral to a local, contracting private psychiatric facility or state hospital.
	+ MCOT provides the LMHA screening to the receiving hospital’s intake department.
	+ MCOT assists in arranging transportation with the local Mental Health Deputies for involuntary admissions.

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).

* + MHMRCV operates a mental health Crisis Respite facility for adults.
	+ For individuals requiring Crisis Respite, MCOT can contact the MH Crisis Respite staff to check bed availability and make the referral.
	+ MCOT staff, or a QMHP on shift at the MH Crisis Respite facility, completes a crisis ANSA to authorize bed days

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 activated by AVAIL hotline.
	+ If the alternate location is deemed to be secure, two MCOT workers will respond to the location of the crisis to perform the necessary screening and referrals.
	+ If the alternate location is not deemed to be secure, the MCOT will request mental health deputies transport the individual in crisis to a safe location (such as an emergency department) for the screening and referral.
	+ The safety of each alternate location is reviewed on a case by case basis.

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

Where does the individual wait for a bed?

* + If the individual is presenting in an emergency department – The individual will be admitted to the medical hospital associated with that emergency department in accordance with the medical hospital’s admissions protocols.
	+ If the individual is presenting in jail – The individual will remain in the custody of jail staff for observation as allowed by the individual’s charges/detention order. Should the individual require immediate release from custody or medical clearance, they will be referred to the nearest emergency department for further evaluation.
	+ If the individual is presenting in a private psychiatric facility intake department – The individual will be referred to the nearest comparable facility for treatment due to limited bed availability.

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 will remain responsible for providing continued crisis intervention services for those individuals referred via the AVAIL hotline service.

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

* + Depending on the location of the individual in crisis, the service organization or hospital in charge of the individual’s care will be responsible for arranging transportation via a non-emergency ambulance, taxi service, or agreeable family member/friend.
	+ Individuals in crisis at an MHMR facility will be transported as necessary by case management staff, MH Crisis Respite staff, or an agreeable family member/friend.

#### 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 | MHMRCV Mental Health Crisis Respite |
| Location (city and county) | San Angelo, TX/Tom Green County |
| Phone number | (325) 658-3961 |
| Type of Facility (see Appendix A)  | Crisis Respite |
| Key admission criteria (type of individual accepted) | Adult individuals with present or history of mental illness; no active suicidal/homicidal thoughts; need for medication monitoring or “respite” from current stressors. |
| Circumstances under which medical clearance is required before admission | Presence of active heart condition causing current symptoms, severe pain, flu symptoms, suicidal/homicidal ideation, detox risk. |
| Service area limitations, if any | Limited to MHMRCV catchment area |
| Other relevant admission information for first responders  | N/A |
| Accepts emergency detentions? | No |
| Number of Beds | 12 |

#### 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 | Shannon Behavioral Health |
| Location (city and county) | San Angelo/Tom Green County |
| Phone number | (325) 659-7300 |
| Key admission criteria  | Suicidal/Homicidal ideation, psychosis, severe mental health decompensation |
| Service area limitations, if any | N/A |
| Other relevant admission information for first responders | Must be assessed by Shannon Medical Center Emergency Department |
| Number of Beds | 22 |
| Is the facility currently under contract with the LMHA/LBHA to purchase beds? | Yes |
| If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)? | YesPsychiatric Emergency Service CenterPrivate Psychiatric BedsCrisis Stabilization Unit - community mental health hospital beds |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | As needed. The hospital must submit a continued stay requests to MHMRCV crisis team manager. |
| If under contract, what is the bed day rate paid to the contracted facility? | Psychiatric Emergency Service Center – $2,600.00 for first 3 days then $800.00 per dayPrivate Psychiatric Beds - $700.00 per dayCrisis Stabilization Unit - $500.00 per day |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds? | This hospital is under contract. |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements? | This hospital is under contract. |

|  |  |
| --- | --- |
| Name of Facility | River Crest Hospital |
| Location (city and county) | San Angelo/Tom Green County |
| Phone number | (325) 949-5722 |
| Key admission criteria  | Suicidal/Homicidal ideation, psychosis, severe mental health decompensation, substance use |
| Service area limitations, if any | N/A |
| Other relevant admission information for first responders | N/A |
| Number of Beds | 80 |
| Is the facility currently under contract with the LMHA/LBHA to purchase beds? | Yes |
| If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)? | YesPsychiatric Emergency Service CenterPrivate Psychiatric BedsCrisis Stabilization Unit - community mental health hospital beds |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | As needed. The hospital must submit a continued stay requests to MHMRCV crisis team manager. |
| If under contract, what is the bed day rate paid to the contracted facility? | Psychiatric Emergency Service Center – $2,600.00 for first 3 days then $800.00 per dayPrivate Psychiatric Beds - $700.00 per dayCrisis Stabilization Unit - $500.00 per day |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds? | This hospital is under contract. |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements? | This hospital is under contract. |

## **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.

* + The Center has been selected by HHSC to develop an Outpatient Competency Restoration (OCR) Program. Services will include MH and substance use treatment services, as well as competency education for individuals in jail and are found incompetent to stand trial. The Center is in early stages of program development.

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

* + N/A

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?

Yes, the jail liaison position at this Center is called the “Jail Diversion Coordinator.” This staff’s role is to enroll individuals in the jail and deliver recovery-oriented services for eligible individuals so that when they are released to the community, they have the resources and skills needed to succeed.

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?

* + MHMRCV has been approached by the Texas Department of Health & Human Services Commission, Behavioral Health Services, for possibly developing an Outpatient Competency Restoration program in Fiscal Year 2021.

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, the MHMRCV service areas has a need for competency restoration alternatives.
	+ Jail-based and/or outpatient competency restoration programs would be beneficial.

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

* + Availability of local judges that can be appointed is a barrier based on the capacity of the dockets for other cases.
	+ Adequate funding.
	+ Recruiting licensed staff to operate the program.

## 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?
	1. The Tom Green County Alcohol and Drug Abuse Council (TGCADAC) has built a medical detox facility.
	2. The emergency department of the local 501-C3 has implemented telepsychiatry.
	3. As part of the 1115 Medicaid Waiver DSRIP program, the LMHA, in partnership with Shannon Health System, developed and implemented an integrated primary and behavioral health program at the MHMR adult outpatient clinic.
	4. HB-13 project: “Continuum of Care: From Crisis to Recovery” project has developed a Co-Occurring Psychiatric & Substance Disorders program at the adult outpatient clinic.

1. What are the plans for the next two years to further coordinate and integrate these services?
	1. Continue to work on transformational grants to fill gaps in services.
	2. Continue to provide primary and behavioral healthcare integration services at the MHMRCV adult Outpatient Clinic.
	3. Continue the work plan associated with the HB13 community mental health grant.
	4. Pursue certification through HHSC as a Certificated Community Behavioral Health Clinic.

## 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?
	* MHMRCV coordinates on a quarterly basis with stakeholders via a jail diversion partnership meeting.
	* The CLSP will be posted on the MHMRCV website.
2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?
	* The finalized CLSP will be posted on the MHMRCV website to ensure availability to staff for review.
	* The finalized CLSP will be reviewed by the Center’s Quality Assurance Committee.
	* The finalized CLSP will be reviewed by MCOT and Center reception staff at an in-service meeting.
	* MHMRCV regularly sends staff to applicable trainings when they become available.
	* MCOT sends staff to state hospital forensic conferences as scheduled.

## 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** |
| Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green | * Limited bed availability at state hospitals for civil commitments for mental health stabilization
 | * Advocate for additional funding for Private Psychiatric Beds to be utilized in local private psychiatric hospitals.
* Implement a Zero Suicide Organizational framework through safety planning and suicide care planning to help reduce the need for inpatient hospitalization.
 |
| Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green | * Psychiatrists, Advanced Psychiatric Nurse Practitioners, Licensed Professional Counselors
 | * Work to expand telehealth services.
* Advocate for continuing the Texas Loan Repayment Program for Mental Health Professionals.
* Advocate for expanding and revising the to include the Texas Loan Repayment Program addition of lower level degreed Qualified Mental Health Professionals (QMHPs).
* Work with Angelo State University to provide internship opportunities.
 |
| Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green | * Mental Health Court/Assisted Outpatient Treatment
 | * Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green
 |
| Crockett, Reagan, Tom Green | * Jail based psychiatric services in Tom Green, Reagan, and Crockett Counties
 | * Advocate and provide data on the importance of mental health services in jails. Work with counties for funding of services.
 |
| Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green | * Housing – It is noted that people are released from either the jail or the hospital, the recidivism rate is high if there isn’t some sort of transitional housing.
* The Concho Valley’s only homeless shelter closed last year and there are no plans for it to reopen.
* Permanent Housing Issue - A gap exists in HHSC’s Supported Housing Rental Assistance Program as the program funds up to 12 months. Approval for HUD funding often takes 18 months to 2 years.
 | * Seek funding for both transitional and step-down housing.
* Advocate for additional funding for Supported Housing Rental Assistance Program funds from HHSC and search for available housing grants from Local and Federal organizations.
 |

# 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: |
| * Alcohol and Drug Abuse Council Concho Valley
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue collaborative efforts.
 |
| * Workforce Solutions
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue collaborative efforts.
 |
| * People Ready
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue collaborative efforts.
 |
| * Church Support Groups
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue collaborative efforts.
 |
| * Celebrate Recovery
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue collaborative efforts.
 |
| * West Texas Counseling & Guidance
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue collaborative efforts.
 |
| * Rust Street Ministries
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue collaborative efforts.
 |
| * CRCG
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue collaborative efforts.
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 1: Law Enforcement**Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
| * Training law enforcement staff
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * MHMRCV provides training to criminal justice partners as needed to include: “Identification of Mental Illness” and “Mental Health First Aid” training. Training is provided upon request and as needed throughout the year.
* Continue training of law enforcement staff and probation personnel as needed.
 |
| * Training of court personnel
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * MHMRCV trains court personnel as needed via jail diversion coordinator/continuity of care position.
* Continue training of court personnel as needed via jail diversion coordinator/continuity of care position.
 |
| * Training of probation personnel
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * MHMRCV provides training to criminal justice partners as needed to include: “Identification of Mental Illness” and “Mental Health First Aid” training. Training is provided upon request and as needed throughout the year.
* Continue training of law enforcement staff and probation personnel as needed.
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 3: Jails/Courts**Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
| * Routine screening for mental illness and diversion eligibility
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue discussions with local judicial representatives regarding AOT programs.
* Offer Tom Green County Jail the opportunity to purchase telepsychiatry services from MHMRCV in order to treat incarcerated individuals who were not active in center services prior to going to jail.
 |
| * Drug Court
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue discussions with local judicial representatives regarding AOT programs.
* Offer Tom Green County Jail the opportunity to purchase telepsychiatry services from MHMRCV in order to treat incarcerated individuals who were not active in center services prior to going to jail.
 |
| * Providing services in jail (for persons without outpatient commitment)
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue discussions with local judicial representatives regarding AOT programs.
* Offer Tom Green County Jail the opportunity to purchase telepsychiatry services from MHMRCV in order to treat incarcerated individuals who were not active in center services prior to going to jail.
 |
| * Staff assigned to serve as liaison between specialty courts and services providers
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue discussions with local judicial representatives regarding AOT programs.
* Offer Tom Green County Jail the opportunity to purchase telepsychiatry services from MHMRCV in order to treat incarcerated individuals who were not active in center services prior to going to jail.
 |
| * Link to comprehensive services
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * Continue discussions with local judicial representatives regarding AOT programs.
* Offer Tom Green County Jail the opportunity to purchase telepsychiatry services from MHMRCV in order to treat incarcerated individuals who were not active in center services prior to going to jail.
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 4: Reentry**Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
| • Providing transitional services in jails | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * TCOOMMI Jail Diversion and Continuity of Care staff positions assist with pre-booking and post-booking activities with the local Tom Green County jail and judicial courts.
* TCOOMMI Jail Diversion program assists with diverting post booking individuals identified with mental illness to appropriate treatment/support services, as well as liaison with the local courts/judges on behalf of the offender and assists with coordinating transition into services as well as post release.
* These strategies will continue.
 |
| • Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * TCOOMMI Jail Diversion and Continuity of Care staff positions assist with pre-booking and post-booking activities with the local Tom Green County jail and judicial courts.
* TCOOMMI Jail Diversion program assists with diverting post booking individuals identified with mental illness to appropriate treatment/support services, as well as liaison with the local courts/judges on behalf of the offender and assists with coordinating transition into services as well as post release.
* These strategies will continue.
 |
| • Structured process to coordinate discharge/transition plans and procedures | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * TCOOMMI Jail Diversion and Continuity of Care staff positions assist with pre-booking and post-booking activities with the local Tom Green County jail and judicial courts.
* TCOOMMI Jail Diversion program assists with diverting post booking individuals identified with mental illness to appropriate treatment/support services, as well as liaison with the local courts/judges on behalf of the offender and assists with coordinating transition into services as well as post release.
* These strategies will continue.
 |
| • Specialized case management teams to coordinate post-release services | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * TCOOMMI Jail Diversion and Continuity of Care staff positions assist with pre-booking and post-booking activities with the local Tom Green County jail and judicial courts.
* TCOOMMI Jail Diversion program assists with diverting post booking individuals identified with mental illness to appropriate treatment/support services, as well as liaison with the local courts/judges on behalf of the offender and assists with coordinating transition into services as well as post release.
* These strategies will continue.
 |

|  |  |  |
| --- | --- | --- |
| **Intercept 5: Community Corrections**Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
| * Routine screening for mental illness and substance use disorders
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * MHMRCV TCOOMMI programs assist in providing training to criminal justice partners, such as parole and probation staff.
* TCOOMMI program staff routinely screen all individuals eligible for services who may have a mental illness.
* TCOOMMI staff/program director serve as liaison with criminal justice partners and also include those partners in IDT meetings and quarterly meetings.
* The TCOOMMI program works closely and collaboratively with juvenile and adult probation, parole office, CRTC/SATF facilities via the local CSCD probation offices.
* These strategies will continue.
 |
| * Training for probation or parole staff
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * MHMRCV TCOOMMI programs assist in providing training to criminal justice partners, such as parole and probation staff.
* TCOOMMI program staff routinely screen all individuals eligible for services who may have a mental illness.
* TCOOMMI staff/program director serve as liaison with criminal justice partners and also include those partners in IDT meetings and quarterly meetings.
* The TCOOMMI program works closely and collaboratively with juvenile and adult probation, parole office, CRTC/SATF facilities via the local CSCD probation offices.
* These strategies will continue.
 |
| * TCOOMMI program
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * MHMRCV TCOOMMI programs assist in providing training to criminal justice partners, such as parole and probation staff.
* TCOOMMI program staff routinely screen all individuals eligible for services who may have a mental illness.
* TCOOMMI staff/program director serve as liaison with criminal justice partners and also include those partners in IDT meetings and quarterly meetings.
* The TCOOMMI program works closely and collaboratively with juvenile and adult probation, parole office, CRTC/SATF facilities via the local CSCD probation offices.
* These strategies will continue.
 |
| * Staff assigned to facilitate access to comprehensive services; specialized caseloads
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * MHMRCV TCOOMMI programs assist in providing training to criminal justice partners, such as parole and probation staff.
* TCOOMMI program staff routinely screen all individuals eligible for services who may have a mental illness.
* TCOOMMI staff/program director serve as liaison with criminal justice partners and also include those partners in IDT meetings and quarterly meetings.
* The TCOOMMI program works closely and collaboratively with juvenile and adult probation, parole office, CRTC/SATF facilities via the local CSCD probation offices.
* These strategies will continue.
 |
| * Staff assigned to serve as liaison with community corrections
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * MHMRCV TCOOMMI programs assist in providing training to criminal justice partners, such as parole and probation staff.
* TCOOMMI program staff routinely screen all individuals eligible for services who may have a mental illness.
* TCOOMMI staff/program director serve as liaison with criminal justice partners and also include those partners in IDT meetings and quarterly meetings.
* The TCOOMMI program works closely and collaboratively with juvenile and adult probation, parole office, CRTC/SATF facilities via the local CSCD probation offices.
* These strategies will continue.
 |
| * Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance
 | * Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green
 | * MHMRCV TCOOMMI programs assist in providing training to criminal justice partners, such as parole and probation staff.
* TCOOMMI program staff routinely screen all individuals eligible for services who may have a mental illness.
* TCOOMMI staff/program director serve as liaison with criminal justice partners and also include those partners in IDT meetings and quarterly meetings.
* The TCOOMMI program works closely and collaboratively with juvenile and adult probation, parole office, CRTC/SATF facilities via the local CSCD probation offices.
* These strategies will continue.
 |

## III.B Other Behavioral Health Strategic Priorities

##

*The* [*Texas Statewide Behavioral Health Strategic Plan*](https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf) *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 | * Gap 6
* Goal 2
 | * MHMRCV adult and children’s clinics both utilize a form of open access for intake/eligibility screening to ensure timely access to routine mental health services.
* MHMRCV adult and children’s clinics both utilize telepsychiatry to ensure access to prescribing providers in a timely manner.
* MHMRCV’s children’s skills trainers provide support to kids at all ISDs within the service area. Due to COVID, CMH staff are not allowed on any campus of San Angelo ISD.
* MHMRCV contracts with West Texas Counseling & Guidance (WTCG) to provide adult CBT counseling to assure all persons in need of specialized counseling have access.
 | * Continue open access services for eligibility determination.
* Continue to utilize telepsychiatry.
* Continue to work with SAISD to offer CMH supports through COVID and beyond.
* Continue contracting for AMH counseling through WTCG.
 |
| Improving continuity of care between inpatient care and community services and reducing hospital readmissions | * Gap 1
* Goals 1,2,4
 | * BSSH refers patients to LMHA continuity of care staff for aftercare.
* Local psychiatric hospitals refer patients upon discharge and coordinate with LMHA for referrals or appointments for aftercare.
* LMHA works with mental health deputies and coordinates screenings with MCOT to reduce rapid readmissions.
* Through HB13 – Community Mental Health Grant program staff are closely work with local inpatient hospitals to assist patients with transitioning from inpatient to available LMHA & other community services.
 | * Continue with current plan.
 |
| 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
 | * LMHA works with housing, primary care, emergency departments, workforce commission and nursing homes to promote smooth discharge from long term hospitalization to community reintegration.
* LMHA works with Disability Rights Texas, when appropriate, to assist with unique cases.
 | * Lack of adequate and affordable housing is a barrier to successful transition. Work with HHSC SHR program, housing authority, low income housing department, homeless coalition, and other local stakeholders to find better solutions.
 |
| Implementing and ensuring fidelity with evidence-based practices | * Gap 7
* Goal 2
 | * LMHA provides CBT, TRR, Rural ACT, ART, Seeking Safety, YES Waiver EBPs.
* LMHA ensures continuing education for providers.
* LMHA QM conducts chart reviews to ensure fidelity with EBPs and shares findings with the Quality Assurance Committee.
 | * Continue to ensure training is made available to providers.
* Continue internal QM functions to ensure fidelity
 |
| Transition to a recovery-oriented system of care, including use of peer support services  | * Gap 8
* Goals 2,3
 | * LMHA employs one full time peer specialist & one full time family partner. The peer specialist works with the rural ACT team.
* MHMRCV has a separate contract for the Clubhouse Model of Recovery (San Angelo Clubhouse). LMHA works to refer persons served to the Clubhouse.
 | * Peer specialist will continue to be an active member of the rural ACT team providing medically necessary psychosocial rehab services under the supervision of an LPHA.
* Family partner will continue to be an active part of children’s mental health services.
* Continue partnering with the San Angelo Clubhouse.
 |
| Addressing the needs of consumers with co-occurring substance use disorders | * Gaps 1,14
* Goals 1,2
 | * LMHA coordinates with local ADAC to address needs of consumers.
* LMHA staff provides medically necessary COPSD services to patients.
 | * Continue to develop and coordinate with ADAC.
* Expand LMHA COPSD services for patients in the catchment area via HB13 - Community Mental Health Grant funding.
* Become licensed SUD provider.
 |
| Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers. | * Gap 1
* Goals 1,2
 | * 1115 Medicaid Waiver DSRIP program funded the implementation of primary and behavioral healthcare at the AMH OPC for patients currently in service at the AMH OPC.
 | * Continue integration project at the AMH OPC.
* Make coordinated referrals as needed to local FQHC.
* Seek certification as a CCBHC. Expand primary care to all patients at AMH, improve monitoring of medical outcomes, & provide enhanced care coordination of physical & behavioral health services.
 |
| Consumer transportation and access to treatment in remote areas | * Gap 10
* Goal 2
 | * LMHA coordinates with local transit district to assist with transportation from rural areas to LMHA service sites.
 | * Ongoing communication and collaboration with the COG transit services.
 |
| Addressing the behavioral health needs of consumers with Intellectual Disabilities  | * Gap 14
* Goals 2,4
 | * 1115 Medicaid Waiver DSRIP program funded the implementation of an outpatient psychiatric clinic to provider services for individuals with IDD and mental health needs.
* HHSC IDD services has funded the LIDDA for a Crisis Intervention Specialist (CIS) and crisis respite services.
 | * Continue the DSRIP project.
* Continue the CIS and further develop the crisis respite.
 |
| Addressing the behavioral health needs of veterans  | * Gap 4
* Goals 2,3
 | * MHMRCV’s Military Veteran Peer Network (MVPN) Coordinator provides peer-to-peer training, MHFA-veteran training & CALM training.
* MVPN coordinates specific veteran needs with veteran agencies and WTCG TV-FA veteran services.
* MVPN performs justice involved services for veterans in local jails.
 | * Continue & promote MVPN services.
 |

## 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** |
| --- | --- | --- |
| Become a CCBHC | * Currently working on many steps to prepare organization to become a CCBHC:
* Become knowledgeable about MHMRCV and CCBHC process 47% complete
* Conduct a CCBHC Needs Assessment for MHMRCV – 17% complete
* Staff training and awareness about CCBHC – 56% complete
* Implement electronic health records (EHR) and CCBHC data tracking methodology – 80% complete
* Obtain Texas HHSC licensure for SUD OP treatment program – 70% complete
* Develop a new CCBHC-compliant Operations Manual – 13% complete
 | * CCBHC application will be submitted to HHSC between March-May 2021
* Desired outcome is to receive CCBHC certification by June-August 2021
 |
| Develop Substance Use Services and continue to expand/enhance COPSD services. | * In process with CCBHC development. Currently working on HHSC/ADA requirements for an Outpatient SUD program
* COPSD services are fully implemented
 | * Submit application for SUD license – October 2020
* Desired outcome is to receive a SUD license by March 2021 and begin implementing services by the Summer 2021
* Continue COPSD services developed through the HB19 CMHG
 |
| Develop Care Coordination Services | * In process with CCBHC development
 | * Design a “health home” model
 |
| Build upon & Enhance Primary Care Integration into Behavioral Health Care | * Currently contract with Shannon Clinic for primary care services within the AMH clinic
* Current services are provided to individuals who do not have primary care services
 | * Expand primary care services to screen all people served for diabetes, smoking, BMI, cholesterol & blood pressure
 |
| Zero Suicide Organization Initiative | * Organization Self-Assessment has been completed
* A core group of staff participated in the Zero Suicide Academy
* Partnership with WTCG has expanded the ZS program through a SAMHSA grant to include a FT ZS intake coordinator at the AMH clinic
 | * Hire for and train a ZS Intake Coordinator
* Further develop a ZS Organizational Implementation Team
 |
| Continue to develop peer opportunities and the San Angelo Clubhouse Model of Recovery | * San Angelo Clubhouse is established
* NAMI Texas – San Angelo has been established
 | * Continue to grow membership
* Expand units
* Continue to develop additional transitional employment opportunities
* Continue to offer members the opportunity for training through NAMI
 |
| Address the high demand for inpatient crisis services | * Develop a plan for improved inpatient hospital authorization and usage
* Educate stakeholders
 | * Implement Zero Suicide Strategies to help reduce the demand for inpatient services
* Continue to advocate for funding of Private Psychiatric Beds
 |

## 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 | Housing for people with SMI | * Expand and enhance current Support Housing & Rental Assistance program to meet the demands of Concho Valley community in need of transitional housing and utility assistance
* Development of permanent housing options
 | * $100,000
 |
| 2 | Expand funding for hospital inpatient psychiatric care  | * Fund Private Psychiatric Beds (PPB) in the Concho Valley to accommodate the growing demand for inpatient hospitalization. 440 beds [4.9 bed days] at $700.00 per bed day = $308,000
 | * $308,000
 |
| 3 | Jail Based Behavioral Health Wraparound Services in the Tom Green County Jail | * Fund positions for Rehab/Skills training, individual and/group therapy, psychiatric services for people with behavioral health needs residing in the Tom Green County Jail. Better prepare people for leaving the jail returning to the community
 | * $155,000
 |
| 4 | Outpatient Competency Restoration | * Fund program to assist people deemed incompetent to stand trial to receive restorative services in a less restrictive environment outside of jail and a State Hospital.
* Avoid extended stays in jail waiting for a State Hospital admission for competency restoration.
 | * $200,000
 |
| 5 | Mental Health Court/Assisted Outpatient Treatment | * Dedicated judge in court.
* MHMR staff to support the individual in their court ordered outpatient treatment: Program Coordinator, QMHP, LVN.
 | * $200,000
 |

# 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](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/um-guidelines/trr-utilization-management-guidelines-adult.pdf) for adults or [here](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/um-guidelines/trr-utilization-management-guidelines-child.pdf) 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