

Health and Human Services Commission

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

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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 or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|--|--|---------------|---|
| MHMR Concho Valley (MHMRCV)- Outpatient Clinic | 202 N. Main Street San Angelo, TX 76903 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Adult Services • Screening, assessment, and intake • TX Resilience & Recovery (TRR) outpatient services • Services for co-occurring disorders • Integrated health care: mental and physical health • Substance abuse prevention, intervention or treatment |
| MHMRCV - Family & Youth Guidance Center | 424 S. Oakes St. San Angelo, TX 76903 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Children/Adolescents Services • Screening, assessment, and intake • TX Resilience & Recovery (TRR) outpatient services • Services for co-occurring disorders |
| MHMRCV - CMH Skills Training Center | 902 Spaulding San Angelo, TX 76903 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Children/Adolescents Services • TX Resilience & Recovery (TRR) outpatient services (Skills Training) |
| MHMRCV - Crisis Respite Center | 244 N. Magdalen St. Bldg. # 240 San Angelo, TX 76903 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Adult Services • Crisis Respite |
| MHMRCV- Rural Assertive Community Treatment Team (RACT) | 244 N. Magdalen St. Bldg. # 250 San Angelo, TX 76903 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Adult Services • TX Resilience & Recovery (TRR) outpatient services • Services for co-occurring disorders |
| MHMRCV - Mobile Crisis Outreach Team (MCOT) | 244 N. Magdalen St. Bldg. # 250 San Angelo, TX 76903 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Adult Services • Children/Adolescents Services • TX Resilience & Recovery (TRR) outpatient services |
| MHMRCV - Housing & Employment Services | 262 N. Magdalen St. San Angelo, TX 76903 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Adult Services • Housing Assistance • Employment Assistance |

| | | | |
|---|---|-----------|--|
| MHMCV– Military Veteran Peer Network (MVPN) | 1501 W. Beauregard San Angelo, TX 76901 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Services for veterans |
| MHMRCV – Veteran Housing Assistance | 1501 W. Beauregard San Angelo, TX 76901 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Services for veterans |
| MHMRCV - San Angelo Clubhouse | 404 S. Irving St. San Angelo, TX 76903 (325) 617-7884 | Tom Green | <ul style="list-style-type: none"> • Adult Recovery Focused Services • Peer support • <u>Other</u>: The San Angelo Clubhouse 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. |
| MHMRCV– Administration & IDD Services | 1501 W. Beauregard San Angelo, TX 76901 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Services for individuals with IDD • Services for co-occurring disorders |
| MHMRCV – IDD Crisis Respite Services | 244 N. Magdalen St. Bldg. #250 San Angelo, TX 76903 (325) 658-7750 | Tom Green | <ul style="list-style-type: none"> • Services for individuals with IDD |
| West Texas Counseling & Guidance | 36 E. Twohig Ave, Ste. 600 San Angelo, TX 76903 (325) 944-2561 | Tom Green | <ul style="list-style-type: none"> • Adult Services • TRR outpatient services – CBT and CPT |
| Concho Valley Community Supervision and Corrections Department (CSCD) | 3036 N. Bryant Blvd. San Angelo, TX 76903 (325) 659-6544 | Tom Green | <ul style="list-style-type: none"> • Adult Services • TX Resilience & Recovery (TRR) outpatient services |
| Tom Green County Juvenile Justice Center (JJC) | 1253 West 19 th St. San Angelo, TX 76903 (325) 655-2323 | Tom Green | <ul style="list-style-type: none"> • Children/Adolescents Services • TX Resilience & Recovery (TRR) outpatient services |
| Tom Green County Court Residential Treatment Center (CRTC) | 3398 McGill Blvd. San Angelo, TX 76905 (325) 655-7585 | Tom Green | <ul style="list-style-type: none"> • Adult Services • TX Resilience & Recovery (TRR) outpatient services |
| Tom Green County Adult Parole Office | 938 Arroyo St. San Angelo, TX 76903 (325) 947-8644 | Tom Green | <ul style="list-style-type: none"> • Adult Services • TX Resilience & Recovery (TRR) outpatient services |

| | | | |
|------------------------------|---|-----------|---|
| Tom Green County Jail (TGCJ) | 4382 N. US Hwy 277 San Angelo, TX 76905 (325) 659-6597 | Tom Green | <ul style="list-style-type: none"> • Adult Services • Jail Diversion • Military Veteran Peer Network • Mobile Crisis Outreach |
| Shannon Behavioral Health | 2018 Pulliam St. San Angelo, TX 76905 (325) 659-7300 | Tom Green | <ul style="list-style-type: none"> • Adult Services • Contracted Inpatient Beds |
| River Crest Hospital | 1636 Hunters Glen Rd. San Angelo, TX 76901 (325) 949-5722 | Tom Green | <ul style="list-style-type: none"> • Adult Services • Children/Adolescents Services • Contracted Inpatient Beds |

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 |
|--------------------|--|------------------|--------------------------|-------------------------------|
| N/A | N/A | • N/A | • N/A | • N/A |

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 |
|-------------|--|---|--|------------------------|
| FY '22 | <p><u>Title:</u> MHMR Concho Valley: "Continuum of Care: From Crisis to Recovery"</p> <p><u>Description:</u> 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.</p> | <p>Coke Concho Crockett Irion Reagan Sterling Tom Green</p> | <p>Adults- with severe and persistent mental illness and serious emotional disturbances; COPSD.</p> <p><u>Children, Youth, and Adolescents-</u> 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.</p> | <p>FY '22 = 797</p> |

| Fiscal Year | Project Title (include brief description) | County | Population Served | Number Served per Year |
|-------------|--|---|---|---|
| FY '23 | <p><u>Title:</u> MHMR Concho Valley: "Continuum of Care: From Crisis to Recovery"</p> <p><u>Description:</u> 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.</p> | <p>Coke Concho Crockett Irion Reagan Sterling Tom Green</p> | <p>Adults- with severe and persistent mental illness and serious emotional disturbances; COPSD.</p> <p>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.</p> | <p>Target number to be served in FY '23 = 750</p> |

I.D Community Participation in Planning Activities

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

| Stakeholder Type | Stakeholder Type |
|--|---|
| <input checked="" type="checkbox"/> Consumers <input checked="" type="checkbox"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • Shannon Behavioral Health • River Crest Hospital | <input checked="" type="checkbox"/> Family members <input checked="" type="checkbox"/> Concerned citizens/others <input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> • Big Spring State Hospital – Robin Riha, LMSW, Director of Social Services; Katie Silva, LMSW – Supervisor of Social Services & Social Work; Staff: Amanda Neel, Brittany Daves, Jennifer Patton, Jeanie Quintero, Jenissa Hendrickson, Diana Espinosa, Heather Spence |
| <input checked="" type="checkbox"/> Mental health service providers | <input checked="" type="checkbox"/> Substance abuse treatment providers |
| <input checked="" type="checkbox"/> Prevention services providers | <input type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers |
| <input checked="" type="checkbox"/> County officials <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • Tom Green County Judge Steve Floyd • Incoming County Judge Lane Carter • Tom Green County Commissioners: Ralph Hoelscher, Sammy Farmer, Rick Bacon, Bill Ford • Tom Green County Clerk Christina Ubando • Tom Green County Treasurer Dianna Spieker • Tom Green County Attorney Chris Taylor • Tom Green County Justice of the Peace Eddie Howard | <input checked="" type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> • San Angelo City Mayor - Brenda Gunter • San Angelo City Council members – Lucy Gonzales, Harry Thomas • San Angelo City Manager – Daniel Valenzuela • San Angelo Health Services Director, Sandra Villarreal |

Stakeholder Type

- 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
- Federally Qualified Health Center and other primary care providers
- Hospital emergency room personnel
- Faith-based organizations
- Probation department representatives
- Court representatives (Judges, District Attorneys, public defenders)
- *List the county and the official name and title of participants:*
- Ben Woodward, District Judge 119th Judicial District
 - Jay Weatherby, District Judge 340th Judicial District
 - Brad Goodwin, District Judge 391st Judicial District

Stakeholder Type

- Local health departments
- LMHAs/LBHAs
- *List the LMHAs/LBHAs and the staff that participated:*
- Jenny Goode, CEO, Betty Hardwick Center
 - Sherri Bohr, CEO, Central Plains Center
 - Chris Barnhill, CEO, PermianCare
 - Beth Lawson, CEO, StarCare Specialty Health System
 - Shelley Smith, CEO, West Texas Centers
- Emergency responders
- Community health & human service providers
- Parole department representatives
- Law enforcement
- *List the county/city and the official name and title of participants:*
- Tom Green Sheriff Nick Hanna, San Angelo, TX
 - Tom Green County Major 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
 - Sterling County Sheriff Russell Irby, Sterling City, TX

Stakeholder Type

- John Best, 119th District Attorney
- Allison Palmer, 51st District Attorney
- Joe Stephens, Chief Public Defender, Concho Valley Public Defender's Office

- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies
- Veterans' organizations

Stakeholder Type

- Crockett County Deputy Jesse Perez, Ozona, TX
- Coke County Sheriff Wayne McCutchen, Robert Lee, TX
- Concho County Chief Deputy Brent Frazier, Eden, TX

- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups
- 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 |
| • Concho Valley Health and Social Resources Coalition |
| • MHMR Concho Valley Facebook/social media |
| • San Angelo Clubhouse Advisory Committee |
| • ROSC – Bridge to Recovery |
| • Jail Diversion Partnership |
| • Sponsoring Agency meetings |
| • One-on-one meetings with city or county officials |
| • One-on-one meetings with San Angelo Independent School District staff or school board officials |

| |
|--|
| • Concho Valley Suicide Prevention Coalition |
| • NAMI of San Angelo |
| • Sequential Intercept Model (SIM) meetings |
| • Concho Valley Behavioral Health Needs Assessment |

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 behavioral health/psychiatry services |
| • Jail based competency restoration |
| • Psychiatric & behavioral support for individuals with IDD |
| • Behavioral health workforce shortages |
| • Lack of psychiatrists in the community |
| • Lack of Licensed Professional Counselors |
| • Housing for people with serious and persistent mental illness |
| • Lack of a homeless shelter in the Concho Valley |
| • Need for expanded Crisis Services – Community Response Team |
| • Assisted Outpatient Treatment |
| • Veterans services |
| • Suicide prevention activities |
| • Permanent expansion of telehealth services |
| • Tobacco cessation intervention |
| • Behavioral health in public schools |

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 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, MHMRCV Mobile Crisis Outreach Team (MCOT), local FQHC representatives, Shannon Behavioral Health CSU, Rivercrest Hospital CSU, Tom Green, Reagan, Coke, Concho, Sterling & Crockett counties 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/mental health deputy meetings. In addition, two sheriffs serve on the MHMRCV Board of Trustees.

Soliciting input.

- MHMRCV's Chief Executive Officer meets with elected officials and community partners/stakeholders within the catchment area to seek input on area needs.
- MHMRCV conducted a community mental and behavioral health needs assessment of the service area in Nov. 2021. Stakeholders, including persons served and families, along with community partners were provided the survey. This needs assessment is on a three year schedule to be readministered.

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 Qualified Mental Health Professional staff who are trained and experienced in providing mental health services to individuals in crisis. Many of the Qualified Mental Health Professionals (QMHP) 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, complete 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 Qualified Mental Health Professional staff who are trained and experienced in providing mental health services to individuals in crisis. Many of the Qualified Mental Health Professionals 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, complete 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 Qualified Mental Health Professional staff who are trained and experienced in providing mental health services to individuals in crisis. Many of the Qualified Mental Health Professionals 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, complete 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, (800) 510- 7730

3. How is the MCOT staffed?

During business hours

• 4 full-time Qualified Mental Health Professionals (QMHP) MCOT Coordinators

After business hours

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

Weekends/holidays

• 1 on-call worker per shift; 8 on-call workers on rotation; Saturday – Sunday 8:00 a.m. – 8:00 a.m.
• 1 full-time Qualified Mental Health Professional (QMHP) per shift Saturday-Sunday 8:00 a.m. – 6:00 p.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 in crisis via face to face and phone call (COVID) visits, at 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, emergency room staff do contact the LMHA via the 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 the 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 screened 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 the 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; In addition, electronic “Xferall” portal is available to determine bed availability. 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; In addition, electronic “Xferall” portal is available to determine bed availability. 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; In addition, electronic “Xferall” portal is available to determine bed availability. 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 Supervisor to place the individual on the Texas State Hospital Waiting List. Once a state-level bed becomes available, the local psychiatric facility contacts MCOT Supervisor to conduct a state hospitalization transfer screening with the individual. MCOT Supervisor determines 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 Qualified Mental Health Professional 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 presents 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 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 MHMRCV facility will be transported as necessary by case management staff, Mental Health 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)? *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 | MHMRCV Mental Health Crisis Respite |
| Location (city and county) | San Angelo, TX/Tom Green County |
| Phone number | (325) 658-7750 |
| 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 | MHMRCV catchment area as well as individuals from other areas of the state and out of state who present and qualify for crisis respite services. |
| Other relevant admission information for first responders | N/A |
| Accepts emergency detentions? | No |
| Number of Beds | 12 |
| HHSC Funding Allocation | \$161,871.40 |

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)? | Yes |

| | |
|--|--|
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | Per contract, the hospital bills Concho Valley for approved inpatient stay via a daily rate. Contract includes a ceiling on potential billing. |
| If under contract, what is the bed day rate paid to the contracted facility? | Private Psychiatric Beds - \$700.00/day Psychiatric Emergency Service Center - \$2,600 for first three days & \$800/day after Crisis Stabilization Unit (up to 3 day stay) - \$500/day |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds? | Facility is under contract |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements? | Facility 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 |

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| <p>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)?</p> | <p>Yes</p> |
| <p>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</p> | <p>Per contract, the hospital bills Concho Valley for approved inpatient stay via a daily rate. Contract includes a ceiling on potential billing.</p> |
| <p>If under contract, what is the bed day rate paid to the contracted facility?</p> | <p>Private Psychiatric Beds - \$700.00/day Psychiatric Emergency Service Center - \$2,600 for first 3 days & \$800.00/day after Crisis Stabilization Unit (up to 3 day stay) - \$500.00/day</p> |
| <p>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</p> | <p>Facility is under contract</p> |
| <p>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</p> | <p>Facility is under contract</p> |

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.

- MHMRCV has a 12 bed Mental Health Crisis Respite facility available for adults.
- MHMRCV continues to develop an Outpatient Competency Restoration (OCR) Program funded through HHSC. Services include Mental Health and substance use treatment as well as competency education for individuals in jail and are found incompetent to stand trial.

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

- Workforce shortage at MH Crisis Respite.

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.

- 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 is funded for an OCR program and has been working to develop it operationally. Stakeholders, that include the local district attorney's office, Tom Green County attorney's office and district judges have not embraced this program due to concerns of public safety for releasing a person to the community. However, all, including the Tom Green County Sheriff & TGC Jail Administrator, embrace a Jail Based Competency Restoration Program. On November 14, 2022 a Proposed Contract Amendment revising Outpatient Competency Restoration (OCR) to Jail Based Competency Restoration (JBCR) was submitted to HHSC for consideration.

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; in particular, Jail-based competency restoration programs. According to recent data the average wait time for competency restoration for the maximum-security unit is 341 days. The average wait time for non-maximum security is 307 days. There were 20 individuals waiting for restoration last year.
- Assisted Outpatient Treatment is also needed.

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

- Continued education with district judges, District Attorneys and County Attorney on the benefits of an OCR program. Addressing concerns with the safety of the community if a person is released from jail to and enrolled in OCR.
- Funding and approval from HHSC for a JBCR program.
- Opportunity to apply for an Assisted Outpatient Treatment program and adequate funding for AOT programming.
- Workforce issues. Recruiting licensed/qualified staff to operate the programs.

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?

- a. The Alcohol and Drug Awareness Center for the Concho Valley (ADACCC) has built a medical detox facility located in San Angelo.
- b. The emergency department of the local 501-C3 has implemented telepsychiatry.
- c. 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. Although DSRIP has ended this program continues as it greatly benefits patients in services.
- d. Community Mental Health Grant project: "Continuum of Care: From Crisis to Recovery" project has developed a Co-Occurring Psychiatric & Substance Disorders program at the adult outpatient clinic.
- e. MHMRCV obtained substance use disorder (SUD) License #4660 on 04/08/21 to serve adults (male & female). New contracts with HHSC to provide SUD individual & group counseling and education was implemented in October 2022. Substance Abuse treatment services have recently begun. Additionally, Ambulatory Detox and Medication Assisted Therapy is available, but a funding source (besides Center reserves) has not been identified.
- f. MHMRCV CCBHC Certification earned on 3/1/22. MHMRCV has multiple Designated Collaborating Organizations (DCO). Some of these include West TX Counseling & Guidance, Children's Advocacy Center, ADACCC, La Esperanza Clinic, & Shannon Health System.

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

- a. Continue to work on transformational grants to fill gaps in services.
- b. Continue to provide primary and behavioral healthcare integration services at the MHMRCV adult Outpatient Clinic.
- c. Continue the work plan associated with the HB13 community mental health grant.
- d. Continue requirement for certification through HHSC as a Certificated Community Behavioral Health Clinic.
- e. Maintain Substance Use Disorder (SUD) licensure status.
- f. Seek additional funding opportunities to fully develop and adequately provide SUD services and Care Coordination.

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 meetings on a quarterly basis with stakeholders via a jail diversion partnership meeting.
- MHMRCV staff regularly communicates with mental health deputies, local hospital emergency departments, and local behavioral health hospitals.
- The CLSP is 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 Planning and Network Advisory 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 | <ul style="list-style-type: none"> • Limited bed availability at state hospitals for civil commitments for mental health stabilization. | <ul style="list-style-type: none"> • Advocate for additional funding for Private Psychiatric Beds to be utilized in local private psychiatric hospitals. • Continue work on a Zero Suicide Organizational framework through safety planning and suicide care planning to help reduce the need for inpatient hospitalization. • Explore opportunities for a mental health crisis drop-off center for the entire MHMRCV service area as an alternative to jail. |
| Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Workforce shortage. Specifically, the availability of Psychiatrists, Advanced Psychiatric Nurse Practitioners, Licensed Professional Counselors, Qualified Mental Health Professional (QMHP). Additionally, | <ul style="list-style-type: none"> • Work to expand telehealth services. • Advocate for continuing the Texas Loan Repayment Program for Mental Health Professionals. • Advocate for expanding and revising the Texas Loan Repayment Program to include lower-level |

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| | difficulty with recruiting, hiring & retention of Direct Support Professionals to staff the MH Crisis Respite Facility. | <p>degreed Qualified Mental Health Professionals (QMHP).</p> <ul style="list-style-type: none"> • Work with Angelo State University to provide internship opportunities. • Continue to update MHMRCV Staffing Plan. Incorporate innovative strategies to attract & retain staff. |
| Crockett, Reagan, Tom Green | <ul style="list-style-type: none"> • Jail based psychiatric services in Tom Green, Reagan, and Crockett Counties | <ul style="list-style-type: none"> • Advocate and provide data on the importance of mental health services in jails to reduce recidivism and prevent further crisis. Work with counties for funding of services. |
| Tom Green | <ul style="list-style-type: none"> • Average wait for an inmate in need of inpatient competency restoration (State Hospital) in the Tom Green County Jail is 341 days. | <ul style="list-style-type: none"> • Seek funding from HHSC or grant opportunities to provide Jail Based Competency Restoration. |
| Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Housing – The recidivism rate is high if there is housing or transitional housing is not available when a person is released from either the jail or the hospital. • The Concho Valley’s only homeless shelter is closed 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. • There is limited or lack of housing options in the Concho Valley to support MHMRCV clients. | <ul style="list-style-type: none"> • Seek funding for both transitional and step-down housing. • Seek funding for possible expansion of MHMRCV’s Windy Meadows apartment complex for people with SMI. • Advocate for additional funding for Supported Housing Rental Assistance Program funds from HHSC and search for available housing grants from Local and Federal organizations. |
| Coke, Concho, Crockett, Irion, | <ul style="list-style-type: none"> • Improve jail and ER diversion activities. • Address gaps in care and provide enhanced support for those with mental health needs. | <ul style="list-style-type: none"> • Establish a co-responder program to pair law enforcement officers with mental health professionals to respond to mental health crisis calls. |

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| Reagan, Sterling, Tom Green | | <ul style="list-style-type: none"> Community Response Team (A multidisciplinary team of a Police Officer, a Paramedic [fire or civilian] and a Mobile Crisis Outreach Team member. Team is housed at the local mental health authority) would be beneficial to assist with 911 calls, PD assist requests for people with MH/BH needs, and MH hotline requests. CRT would provide follow up and engagement calls with previously seen clients. |
| Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> Alternatives to jail and hospitalization. | <ul style="list-style-type: none"> Seek program opportunities for funding for an MH/BH diversion center. |

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: |
|--|---|--|
| <p>Crisis Phone Lines MHMR Concho Valley (CV) Crisis Hotline</p> <ul style="list-style-type: none"> •325-653-5933 •Available 24/7/365 <p>Avail Crisis Line</p> <ul style="list-style-type: none"> •1-800-375-8965 <p>Angelo State University (ASU) Crisis Help Line</p> <ul style="list-style-type: none"> •325-486-6345 •24/7 for students <p>Open Arms-Sexual Assault Crisis Hotline</p> <ul style="list-style-type: none"> •325-658-8888 •24/7 <p>Warmlines/ Resource Lines West Texas Counseling and Guidance-Crisis Line</p> <ul style="list-style-type: none"> •325-944-2561 •M-F, 8-5 PM | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities to conduct a public awareness campaign on the rollout of the three-digit National Suicide Prevention Lifeline phone number—9-8-8. |
| <p>Crisis Units</p> <p>Crisis Respite Unit</p> <ul style="list-style-type: none"> •MHMRCV-Lloyd Downing Campus •12 -beds •Voluntary psychiatric stabilization <p>Crisis Stabilization & Private Psychiatric Beds</p> <ul style="list-style-type: none"> •MHMRCV Contract with Shannon Behavioral Health & Rivercrest Hospital | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities for a mental health crisis drop-off center for the entire MHMRCV service area as an alternative to jail. |

| | | |
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| <p>Mobile Crisis Response Team</p> <p>MHMRCV MCOT</p> <ul style="list-style-type: none"> •24/7 response •Conduct face-to-face screenings and telehealth screenings <p>Mental Health Deputies Program</p> <ul style="list-style-type: none"> •6 Trained Mental health Officers, Tom Green Sheriff's Office, 2 trained MH deputies in Coke, Concho, Crockett, Reagan & Sterling Counties | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities to establish a co-responder program to pair law enforcement officers with mental health professionals to respond to mental health crisis calls. • Explore opportunities to coordinate with community partners to provide training to law enforcement on responding to individuals with IDD. |
| <p>Detox Services and Substance Services</p> <p>MHMRCV Co-Occurring Psychiatric and Substance Disorder Program</p> <ul style="list-style-type: none"> •Individual/ group therapy, Ambulatory Detox & MAT •Referral to inpatient when needed <p>Alcohol & Drug Awareness Center of the Concho Valley</p> <ul style="list-style-type: none"> •Outpatient - 12, 14, and 26-week programs •Inpatient detox/residential <p>Journey to Recovery Center, William's House and Sara's House</p> | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. |
| <p>Behavioral Health</p> <p>Open Arms-Rape Crisis Center and LGBTQ+ Services;</p> <p>MHMRCV-Crisis Services, AMH and CMH services;</p> | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities to fund Care Coordinator positions to follow-up on referrals for service. |

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| West Texas Counseling & Guidance-Crisis Care and Suicide Prevention; | | |
| Shannon Medical Center-Behavioral Health Services; | | |
| River Crest-Outpatient Services (PHP, IOP, Transition program) | | |

| Intercept 1: Law Enforcement Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
|---|---|---|
| <p>911 Dispatch / Emergency Communications</p> <p>Tom Green County Dispatch –Tom Green Sheriff’s Office</p> <ul style="list-style-type: none"> •Routed through the Public Safety Communications Center | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities to co-locate a mental health professional at the Public Safety Communications Center to take calls from people believed to be experiencing a mental health crisis. • Explore opportunities to collect data on mental health calls for service in computer-aided dispatch systems can support better identification of the volume of calls related to mental health crises and corresponding need. • Explore opportunities to develop a uniform data collection and reporting strategy to promote data sharing in instances when it is appropriate to do so and support crisis de-escalation and continuity of care for people experiencing mental health crises. |

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| <p>Law Enforcement</p> <ul style="list-style-type: none"> •San Angelo Police Department •Tom Green & surrounding counties Sheriff's Office •Angelo State University Police Department | <p>Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green</p> | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities to coordinate with community partners to provide training to law enforcement on responding to individuals with IDD. |
| <p>Emergency Medical Services</p> <ul style="list-style-type: none"> •San Angelo Fire Department | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. |
| <p>Hospitals</p> <p>Shannon Behavioral Health-</p> <ul style="list-style-type: none"> •Inpatient Psychiatric facility •22 beds <p>Shannon Medical Center-San Angelo</p> <ul style="list-style-type: none"> •Emergency Department <p>River Crest-San Angelo, TX</p> <ul style="list-style-type: none"> •Psych Unit-80 Beds | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. |
| <ul style="list-style-type: none"> • Training law enforcement staff | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • 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. |
| <ul style="list-style-type: none"> • Training of court personnel | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • MHMRCV trains court personnel as needed via jail diversion coordinator/continuity of care position. |

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| | | <ul style="list-style-type: none"> Continue training of court personnel as needed via jail diversion coordinator/continuity of care position. |
| <ul style="list-style-type: none"> Training of probation personnel | <ul style="list-style-type: none"> Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> 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 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
|---|---|---|
| <p>Initial Detention</p> <p>Tom Green County Detention Center Tom Green County Juvenile Detention Center</p> <p>Booking</p> <p>Screening Assessments Used:</p> <ul style="list-style-type: none"> • Screening Form for Suicide and Medical and Mental Impairments -provided by the Texas Commission on Jail Standards (TCJS) • Inmate Mental Condition Report | <ul style="list-style-type: none"> Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> Continue collaborative efforts. Advocate and provide data to TGC Jail, Sheriff, & Commissioner's Court on the importance of mental health services in jails. Work with counties for funding of services. Work to ensure that the TLETS CCQ is run at every booking to identify people with IDD who have received services from a LIDDA or state supported living center (SSLC) in the past three years. Continue to support individuals with IDD in jail by connecting them with |

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| <ul style="list-style-type: none"> •Substance Use Screening: Jail medical conducts screening at booking when SU is reported <p>TLETS Continuity of Care (CoC) Query / Care Match</p> <ul style="list-style-type: none"> •The Magistrate is notified if there is an exact or probable TLETS match and may order MHMR CV to assess the individual for MI or IDD. | | <p>the Mental Health Jail Officer (MHJO) and working to develop a treatment plan upon the individuals release from jail.</p> |
| <p>Initial Court Appearance – Ministration</p> <p>Tom Green County District Courts Pre-Trial Services</p> <ul style="list-style-type: none"> •Bond decisions are set by the district judges. •Pre-Trial Diversion/Intervention (PTD) program-Tom Green CSCD | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities for specialized caseloads for people with MI as they are a best practice at the pretrial stage. • Explore to increase continuity of care with jails & MHMRCV to provide pretrial mental health services if a specialized caseload is created. |
| <p>Competency Restoration</p> <p>Outpatient Competency Restoration</p> <ul style="list-style-type: none"> •Operated by MHMRCV | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Work to educate District Judges, District Attorneys and County Attorneys on the benefits of OCR. • Explore opportunities for increased coordination between the courts and the district attorney’s office may help identify candidates for diversion. |

| Intercept 3: Jails/Courts Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
|---|--|---|
| <p>Courts</p> <p>4 District Courts, 3 Misdemeanor Drug Courts, 2 Treatment Courts and 1 appointed Criminal Magistrate Court that have jurisdiction in criminal cases.</p> <p>Courts:</p> <ul style="list-style-type: none"> •District Courts: the 51st District Court-Judge Carmen Symes Dusek (multiple counties); the 119th District Court-Judge Ben Woodward (multiple Counties); the 340th District Court-Judge Kay Weatherby (Tom Green County); the 391st District Court-Judge Brad Goodwin (Tom Green County); •Criminal Magistrate Court: •Judge LaFon •Misdemeanor Drug Courts: •Judge Nolan •Judge Floyd •Judge Roberts •Treatment Courts: •Felony Drug Court-Judge LeFon •Juvenile Drug Court -Judge LeFon | <ul style="list-style-type: none"> • Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities for specialized caseloads for people with MI as they are a best practice at the pretrial stage. • Explore to increase continuity of care with jails & MHMRCV to provide pretrial mental health services if a specialized caseload is created. • Explore opportunities for increased coordination between the courts and the district attorney's office may help identify candidates for diversion. |
| <p>Jail</p> <p>Tom Green County Jail Health Services</p> <ul style="list-style-type: none"> •Mental Health Provider: FasPsych, MHMRCV •Physical Health Provider: •Primary Care-Shannon Medical | <ul style="list-style-type: none"> • Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities to implement court ordered medications (COMs) for individuals waiting for inpatient competency restoration at a state hospital. • Explore opportunities to offer JBCR programs. |

| •Dental-Esperanza | | |
|--|---|--|
| <ul style="list-style-type: none"> • Routine screening for mental illness and diversion eligibility | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue discussions with local judicial representatives regarding AOT programs. • Advocate and provide data to TGC Jail, Sheriff, & Commissioner’s Court on the importance of mental health services in jails. Work with counties for funding of services. |
| <ul style="list-style-type: none"> • Drug Court | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue discussions with local judicial representatives regarding AOT programs. • Work with TGC on developing a dedicated MH or BH court. |
| <ul style="list-style-type: none"> • Providing services in jail (for persons without outpatient commitment) | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue discussions with local judicial representatives regarding AOT programs. • Advocate and provide data to TGC Jail, Sheriff, & Commissioner’s Court on the importance of mental health services in jails. Work with counties for funding of services. |
| <ul style="list-style-type: none"> • Staff assigned to serve as liaison between specialty courts and services providers | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue discussions with local judicial representatives regarding AOT programs. • Advocate and provide data to TGC Jail, Sheriff, & Commissioner’s Court on the importance of mental health services in jails. Work with counties for funding of services. |
| <ul style="list-style-type: none"> • Link to comprehensive services | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue discussions with local judicial representatives regarding AOT programs. • Advocate and provide data to TGC Jail, Sheriff, & Commissioner’s Court on the importance of mental health |

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| | | services in jails. Work with counties for funding of services. |
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| Intercept 4: Reentry Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
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| <p>Jail Reentry</p> <ul style="list-style-type: none"> •TCOOMMI Provides 90 days of continuity of care services to clients with identified medical and mental impairments released to Tom Green County. | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities to pilot a program that suspends rather than terminates Medicaid benefits by notifying HHSC for people who are in jail for more than 30 days to help improve access to care upon reentry. • Explore opportunities to embed mental health providers in jail to support reentry planning and care coordination for inmates with mental illness. • Explore opportunities where peers can help people reenter the community with transportation and support to obtain the appropriate documentation needed for government issued identification. • Explore opportunities to implement a program in jails for those who deny services inside the jail, to be reengaged when they return to the community. • Explore opportunities to increase utilization of Peer Support Specialists in other programs to minimize perceived risk of employing peers in reentry programs. |

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| <p>Behavioral Health</p> <p>Open Arms-Rape Crisis Center and LGBTQ+ Services;</p> <p>MHMR CV-Crisis Services, AMH and CMH services;</p> <p>West Texas Counseling and Guidance-Crisis Care and Suicide Prevention;</p> <p>Shannon Medical Center-Behavioral Health Services;</p> <p>River Crest-Outpatient Services (PHP, IOP, Transition program)</p> | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities to conduct an awareness campaign to emphasize the importance of psychiatric medications for people with certain mental illnesses. |
| <p>Peer Supports Services</p> <p>San Angelo Clubhouse-8-4 M-F; NAMI</p> <p>NAMI San Angelo -1st and 3rd Thursdays</p> | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. |
| <p>Veterans Service Providers</p> <p>Disabled American Veterans-San Angelo; Veterans County Service Office; West Texas Counseling and Guidance-Veterans Services; MHMRCV-Military Veteran Peer Network</p> | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. |
| <p>Housing/Shelter</p> <p>San Angelo Public Housing Authority; Concho Homeless Planning Coalition; San Angelo Community and Housing Support; Concho Valley Community Action Agency; ICD Domestic Violence</p> | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Work with community partners to re-establish a homeless shelter. • Explore opportunities to seek additional funding to expand current housing services. |

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| <p>Family Shelter; Momentous House, sober living environment for women.</p> | | |
| <ul style="list-style-type: none"> • Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • 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. <p>These strategies will continue.</p> |
| <ul style="list-style-type: none"> • Structured process to coordinate discharge/transition plans and procedures | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • 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. <p>These strategies will continue.</p> |

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| <ul style="list-style-type: none"> • Specialized case management teams to coordinate post-release services | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • 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. <p>These strategies will continue.</p> |
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| Intercept 5: Community Corrections Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
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| <p>Parole</p> <ul style="list-style-type: none"> •Texas Department of Criminal Justice, Parole Division, Region V, San Angelo Parole Office <p>Specialized Caseloads</p> <ul style="list-style-type: none"> •Offered through TCOOMMI •The Texas Risk Assessment System (TRAS) is used to determine specialized service needs and placement on specialized caseloads. | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. |

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| <p>Probation</p> <p>Concho Valley Community Supervision and Corrections Department</p> <ul style="list-style-type: none"> •Adult Probation <p>Specialized Caseloads</p> <ul style="list-style-type: none"> •MH specialized caseload •Substance Use Caseload <p>Texas Juvenile Justice Department</p> <ul style="list-style-type: none"> •Tom Green County Juvenile Probation Department | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. • Explore opportunities for additional training for probation officers. |
| <p>Behavioral Health</p> <p>Open Arms-Rape Crisis Center and LGBTQ+ Services;</p> <p>MHMR CV-Crisis Services, AMH and CMH services;</p> <p>West Texas Counseling and Guidance-Crisis Care and Suicide Prevention;</p> <p>Shannon Medical Center-Behavioral Health Services;</p> <p>River Crest-Outpatient Services (PHP, IOP, Transition program)</p> | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. |
| <p>Peer Supports Services</p> <p>San Angelo Clubhouse-8-4 M-F; NAMI</p> <p>NAMI San Angelo -1st and 3rd Thursdays</p> | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. |
| <p>Veterans Service Providers</p> <p>Disabled American Veterans-San Angelo; Veterans County Service Office; West Texas Counseling and Guidance-Veterans Services;</p> | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • Continue collaborative efforts. |

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| MHMRCV-Military Veteran Peer Network | | |
| <p>Housing/Shelter</p> <p>San Angelo Public Housing Authority; Concho Homeless Planning Coalition; San Angelo Community and Housing Support; Concho Valley Community Action Agency; ICD Domestic Violence Family Shelter; Momentous House, sober living environment for women.</p> | <ul style="list-style-type: none"> Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> Continue collaborative efforts. Work with community partners to re-establish a homeless shelter. |
| <ul style="list-style-type: none"> Routine screening for mental illness and substance use disorders | <ul style="list-style-type: none"> Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> 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. <p>These strategies will continue.</p> |
| <ul style="list-style-type: none"> Training for probation or parole staff | <ul style="list-style-type: none"> Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> 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 |

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| | | <p>services who may have a mental illness.</p> <ul style="list-style-type: none"> • 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. <p>These strategies will continue.</p> |
| <ul style="list-style-type: none"> • TCOOMMI program | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • 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. <p>These strategies will continue.</p> |

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| <ul style="list-style-type: none"> • Staff assigned to facilitate access to comprehensive services; specialized caseloads | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • 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. <p>These strategies will continue.</p> |
| <ul style="list-style-type: none"> • Staff assigned to serve as liaison with community corrections | <ul style="list-style-type: none"> • Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> • 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, |

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| | | <p>parole office, CRTC/SATF facilities via the local CSCD probation offices.</p> <p>These strategies will continue.</p> |
| <ul style="list-style-type: none"> Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance | <ul style="list-style-type: none"> Coke, Concho Crockett, Irion, Reagan, Sterling, Tom Green | <ul style="list-style-type: none"> 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. <p>These strategies will continue.</p> |

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 |
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| Improving access to timely outpatient services | <ul style="list-style-type: none"> • Gap 6 • Goal 2 | <ul style="list-style-type: none"> • MHMRCV adult and children’s clinics both offer appointments for intake & access to services M-F, 8:00am-6:00pm & Saturdays 8:00am- 12:00pm. Additionally, walk in or “open access” to intake/eligibility screening is available two days a week at each clinic. • Scheduled appointments has been the result of ARPA funding. • 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. • MHMRCV contracts with West Texas Counseling & Guidance (WTCG) to | <ul style="list-style-type: none"> • Continue appointments & open access services for eligibility determination. • Look for ways to sustain scheduled appointments past ARPA funding. • Continue to utilize telepsychiatry. • Continue to build a stronger relationship with SAISD to offer CMH supports. • Continue contracting for AMH counseling through WTCG. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|--|--|---|
| | | provide adult CBT counseling to assure all persons in need of specialized counseling have access. | |
| Improving continuity of care between inpatient care and community services and reducing hospital readmissions | <ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 | <ul style="list-style-type: none"> • BSSH refers patients to LMHA continuity of care staff for aftercare. • Through the SAMHSA Rural West Texas COVID-19 Relief Suicide Prevention Grant, MHMRCV meets directly with clients while they are in an inpatient psychiatric facility to assist in identifying barriers to outpatient mental health services. During these encounters MHMRCV staff connect the clients with an intake specialist by setting up a scheduled intake upon discharge. LMHA works with mental health deputies and coordinates screenings with MCOT to reduce rapid readmissions. • MHMRCV began using the XFERALL app to collaborate with local and | <ul style="list-style-type: none"> • Continue with current plan. • The SAMHSA Rural West Texas COVID-19 Relief Suicide Prevention Grant is a limited funded program. MHMRCV will need to explore options for continued funding opportunities. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
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| | | <p>out-of-town inpatient psychiatric facilities to locate placement for clients in crisis. While using this app, it was determined that the discharge process could be simplified by having the discharging facility make a request for a scheduled intake or aftercare appointment for clients. By having an actual appointment scheduled, this has improved our efforts to be able to follow-up and identify patients who need outpatient services. Clients can still utilize our open access process, but the scheduled appointment seems to make it a smoother process.</p> | |
| <p>Transitioning long-term state hospital patients who no longer need an</p> | <ul style="list-style-type: none"> • Gap 14 • Goals 1,4 | <ul style="list-style-type: none"> • LMHA works with housing, primary care, emergency departments, workforce commission and nursing homes to | <ul style="list-style-type: none"> • Lack of adequate and affordable housing is a barrier to successful transition. Work with HHSC SHR program, |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
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| inpatient level of care to the community and reducing other state hospital utilization | | <p>promote smooth discharge from long term hospitalization to community reintegration.</p> <ul style="list-style-type: none"> • LMHA works with Disability Rights Texas, when appropriate, to assist with unique cases. • Concern that there are many clients who have been hospitalized at the State level for many months or even years, are homeless, and have no identified support systems. The State hospitals seek to discharge to MH crisis respite. However, this often is not appropriate as most patients have complex needs & require close monitoring. | <p>housing authority, low-income housing department, homeless coalition, and other local stakeholders to find better solutions.</p> <ul style="list-style-type: none"> • Explore options for state hospital referrals. |
| Implementing and ensuring fidelity with evidence-based practices | <ul style="list-style-type: none"> • Gap 7 • Goal 2 | <ul style="list-style-type: none"> • MHMRCV provides CBT, TRR, Rural ACT, ART, Seeking Safety, SBIRT, Motivational Interviewing, Person-Centered Recovery Planning, Psychosocial | <ul style="list-style-type: none"> • Continue to ensure training is made available to providers. • Continue internal QM functions to ensure fidelity |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
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| | | Rehabilitation/Skills Training, IMR, SAMHSA Integrated Treatment for Co-Occurring Disorders, SAMHSA Permanent Supportive Housing, SAMHSA Supported Employment, Pharmacotherapy, & YES Waiver EBPs. <ul style="list-style-type: none"> • MHMRCV ensures continuing education for providers. • MHMRCV QM conducts chart reviews to ensure fidelity with EBPs and shares findings with the Quality Assurance Committee. | |
| Transition to a recovery-oriented system of care, including use of peer support services | <ul style="list-style-type: none"> • Gap 8 • Goals 2,3 | <ul style="list-style-type: none"> • MHMRCV 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 | <ul style="list-style-type: none"> • 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. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
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| | | to refer persons served to the Clubhouse. | <ul style="list-style-type: none"> • Explore opportunities to increase utilization of Peer Support Specialists in other programs to minimize perceived risk of employing peers. • Explore opportunities where peers can help people reenter the community from jail or hospitalizations. |
| Addressing the needs of consumers with co-occurring substance use disorders | <ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 | <ul style="list-style-type: none"> • MHMRCV has a COPSD program funded through a Community Mental Health Grant. • MHMRCV obtained a substance use disorder (SUD) License #4660 on 04/08/21 to serve adults (male & female). New contracts with HHSC to provide SUD individual & group counseling and education was implemented in October 2022. Substance Abuse treatment services have recently begun. Additionally, Ambulatory Detox and Medication Assisted Therapy is available, but a funding | <ul style="list-style-type: none"> • Continue COPSD services & contract for the Community Mental Health Grant. • Continue to maintain SUD licensure. • Seek additional funding to fully develop & implement SUD services. • Continue to receive & make referrals to ADAC. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
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| | | <p>source (besides Center reserves) has not been identified.</p> <ul style="list-style-type: none"> MHMRCC coordinates with local ADAC receiving referrals and making referrals for inpatient services. | |
| <p>Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.</p> | <ul style="list-style-type: none"> Gap 1 Goals 1,2 | <ul style="list-style-type: none"> As part of the 1115 Medicaid Waiver DSRIP program, MHMRCV, in partnership with Shannon Health System, developed and implemented an integrated primary and behavioral health program at the MHMRCV adult outpatient clinic. Although DSRIP has ended this program continues as it greatly benefits patients in services. CCBHC certification achieved March 1, 2022. | <ul style="list-style-type: none"> Continue integration project at the AMH OPC. Seek funding sources to maintain integration project. Make coordinated referrals as needed to local FQHC. Maintain CCBHC certification. Improve monitoring of medical outcomes & provide enhanced care coordination of physical & behavioral health services. Seek funding sources to maintain CCBHC services. |
| <p>Consumer transportation and access to treatment in remote areas</p> | <ul style="list-style-type: none"> Gap 10 Goal 2 | <ul style="list-style-type: none"> MHMRCV coordinates with local transit district to assist with transportation from rural areas to LMHA service sites. MHMRCV assures access to all locations are easily | <ul style="list-style-type: none"> On-going communication and collaboration with the COG transit services. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
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| | | accessible with public transportation. | |
| Addressing the behavioral health needs of consumers with Intellectual Disabilities | <ul style="list-style-type: none"> • Gap 14 • Goals 2,4 | <ul style="list-style-type: none"> • 1115 Medicaid Waiver DSRIP program funded the implementation of an outpatient psychiatric clinic to provide services for individuals with IDD and mental health needs. As of 9/1/2022 DSRIP funding ended & the dual diagnosis clinic only provides services to individuals in MHMRCV's HCS, TxHmL & GR programs. • HHSC IDD services has funded the LIDDA for a Crisis Intervention Specialist (CIS) and crisis respite services. Crisis respite services are significantly underfunded. | <ul style="list-style-type: none"> • Continue the IDD Dual DX Clinic on a limited scale. • Seek funding sources to rebuild IDD Dual DX Clinic to address the BH needs of all consumers with IDD. • Continue the CIS and further develop IDD crisis respite. Seek funding opportunities. |
| Addressing the behavioral health needs of veterans | <ul style="list-style-type: none"> • Gap 4 • Goals 2,3 | <ul style="list-style-type: none"> • As a CCBHC MHMRCV provides BH services to veterans & their families. MHMRCV contracts with WTCG for counseling services. • MHMRCV's Military Veteran Peer Network | <ul style="list-style-type: none"> • Continue & promote MVPN & TVC services. • Continue to coordinate counseling services for veterans with WTCG. • Seek funding opportunities to further develop veteran & |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---------------|--|--|---------------------------------------|
| | | <p>(MVPN) Coordinator provides peer-to-peer training, MHFA-veteran training, CALM training & AS+K training.</p> <ul style="list-style-type: none"> • MVPN coordinates specific veteran needs with veteran agencies and WTCG TV-FA veteran services. • MVPN performs justice involved services for veterans in local jails. • MHMRCV has contracted with TVC to provide general assistance services (rental, housing, utility assistance & burial assistance) for veterans & their families. | <p>family services within MHMRCV.</p> |

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 |
|---|---|---|
| <p>Access to Appropriate Behavioral Health Services</p> <ul style="list-style-type: none"> Continue to implement Substance Use Services and continue to expand/enhance COPSD services. Continue to implement Care Coordination Services. <p>Continue to offer & develop housing supports to people with SMI.</p> | <ul style="list-style-type: none"> Substance Use Disorder (SUD) License issued 04/08/21 for counseling services & ambulatory detox services. COPSD services are fully implemented SUD counseling services implemented. DETOX services are available. Care Coordination is in process as part of CCBHC implementation. Housing supports are provided through HHSC funded SHRA & City of San Angelo HOME Grant. Windy Meadows (HUD funded) apartments are available for people with SMI (12 units). | <ul style="list-style-type: none"> Maintain SUD licensure. Further develop SUD program; seek additional funding. Continue COPSD services developed through the Community Mental Health Grant. Continue work on developing a BH "health home" model for care coordination. Seek opportunities to fund care coordination. Continue housing supports. Seek additional funding for HHSC SHRA. Explore options for expanding Windy Meadows Apartment Complex. |
| <p>Access to Timely Treatment Services</p> <ul style="list-style-type: none"> Continue to expand intake & access to AMH & CMH services. Continue to Build upon & Enhance Primary Care | <ul style="list-style-type: none"> AMH & CMH clinics are offering appointments for intake & access to services M-F, 8:00am-6:00pm & Saturdays 8:00am- 12:00pm. Additionally, walk in or "open access" to intake/eligibility screening is available two days a week at each clinic. | <ul style="list-style-type: none"> Continue expanded intake/access opportunities. Seek funding opportunities to sustain scheduled appointments past ARPA funding. Seek funding opportunities to expand primary care services to screen all |

| Local Priority | Current Status | Plans |
|--|--|---|
| <p>Integration into Behavioral Health Care.</p> <ul style="list-style-type: none"> Identify & implement strategies to reduce no-show rates. Identify strategies to engage & serve individual in communities outside Tom Green County. <p>Address need for crisis services including alternatives to inpatient hospitalization & incarceration.</p> | <ul style="list-style-type: none"> Currently MHMRCV contracts with Shannon Clinic for primary care services within the adult mental health outpatient clinic. Reception staff at clinics provide reminder calls for appointments. When no show or a cancelation occurs reception staff work to backfill. New Community Relations/Outreach Coordinator has been hired to assist with engaging individuals in surrounding counties. SIM completed 9/2022 with crisis alternatives identified: MH Drop In Center & co-responder program to pair law enforcement officers with mental health professionals to respond to mental health crisis calls. | <p>people served for diabetes, smoking, BMI, cholesterol & blood pressure as part of CCBHC.</p> <ul style="list-style-type: none"> Explore models of care to reduce no show rates. Community Relations/Outreach Coordinator will work on efforts to bridge gaps with communities outside Tom Green County. Explore opportunities to establish a MH Drop In Center and a co-responder program to pair law enforcement officers with mental health professionals to respond to mental health crisis calls. |
| <p>Prevention and Early Intervention Services</p> <ul style="list-style-type: none"> Zero Suicide Organization Initiative MHFA <p>Continue to develop peer opportunities and the San Angelo Clubhouse Model of Recovery</p> | <ul style="list-style-type: none"> A Zero Suicide committee has been created with representatives from all areas of MHMRCV. Partnership with WTCG has expanded the ZS program through a SAMHSA grant to include a FT ZS intake coordinator at the AMH clinic. SAMHSA Rural West Texas COVID-19 Relief Suicide Prevention Grant in progress. MHFA Outreach Worker and MHFA trainers in place. San Angelo Clubhouse is established | <ul style="list-style-type: none"> Continue to develop ZS program & seek additional funding opportunities to sustain. Grant to SAMHSA on Mental Health Awareness Training is a potential funding opportunity & if selected would further develop MHMRCV's MHFA program. Continue to grow membership, expand units & develop additional transitional employment opportunities at the San Angelo Clubhouse. |

| Local Priority | Current Status | Plans |
|---|---|--|
| | <ul style="list-style-type: none"> NAMI Texas – San Angelo has been established | <ul style="list-style-type: none"> Continue to offer members of the Clubhouse & patients within MHMRCV the opportunity for training through NAMI |
| <p>Behavioral Health Workforce Shortage</p> <ul style="list-style-type: none"> Be the employer of choice for prospective & current employees. Reduce voluntary turnover. Improve employee satisfaction. <p>Reduce number of days vacant positions are open.</p> | <ul style="list-style-type: none"> Develop internal accommodations when appropriate for staff. Provide training to managerial staff in interviewing and candidate selection. Strategies for non-monetary, contingent rewards for staff. Evaluate exit interview format and determine more meaningful way to process findings. Annual employee engagement survey Process to improve and facilitate vertical and horizontal communication across the Center. Center-wide staff recognition systems. Innovative recruitment processes. Branding and marketing approaches. Supervision program for LPC Associates and LMSWs | <ul style="list-style-type: none"> Continue to look for innovative opportunities to develop MHMRCV Strategic Plan Goal 1: To be the employer of choice for prospective & current employees. |
| <p>Behavioral Health Needs of Public-School Students</p> <ul style="list-style-type: none"> Continue to work with ISDs within local service area. Continue to provide CMH services & supports to ISDs. | <ul style="list-style-type: none"> CMH skills trainers provide support to kids at all ISDs within the service area. CMH skills training offered at the schools & developing a location on 1 SAISD campus. MHFA training is on-going. | <ul style="list-style-type: none"> Work specifically with SAISD to develop relationship to assistance for teachers/students/families. Continue developing skills training location at San Jacinto School. Explore opportunities for a CMH after school program. |

| Local Priority | Current Status | Plans |
|--|----------------|---|
| <ul style="list-style-type: none"> • Provide MHFA training. | | <ul style="list-style-type: none"> • Seek opportunities to provide MHFA training to local ISDs & continue to partner with the Education Service Center (Region 15) to provide classes. |

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 | CCBHC Development | <ul style="list-style-type: none"> • Continue to develop and implement all 9 core CCBHC services. Specifically focus on Care Coordination, SUD services, expanded psychiatric & case management, and integrated physical health. | <ul style="list-style-type: none"> • \$500,000 |
| 1 | Housing for people with SMI | <ul style="list-style-type: none"> • Expand and enhance current Support Housing & Rental Assistance program or to meet the demands of Concho Valley community in need of transitional housing and utility assistance • Development of permanent housing options for people with SMI; expand the current 12-unit Windy Meadows Apartment Complex. | <ul style="list-style-type: none"> • \$100,000 – SHRA • \$1M – Windy Meadows |
| 2 | Crisis Diversion from ERs, Hospitals & Jail | <ul style="list-style-type: none"> • Establish a co-responder program to pair law enforcement officers with mental health professionals to respond to mental health crisis calls. • Establish a mental health crisis drop off center. | <ul style="list-style-type: none"> • \$500,000 |
| 3 | Jail Based Behavioral Health Wraparound Services in the Tom Green County Jail | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • \$155,000 |

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| 4 | Jail Based Competency Restoration | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • \$165,000 |
| 5 | Mental Health Court/Assisted Outpatient Treatment | <ul style="list-style-type: none"> • Dedicated judge in court. • MHMRCV staff to support the individual in their court ordered outpatient treatment: Licensed Program Coordinator, Qualified Mental Health (QMHP), LVN. | <ul style="list-style-type: none"> • \$200,000 |

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) – PESC provide immediate access to assessment, triage, and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units,

crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESC's 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

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| 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 |