Health and Human Services

Form O
Consolidated Local Service Plan (CLSP)

Local Mental Health Authorities and Local Behavioral Health Authorities

September, 2017

Contents

Introduction

The Consolidated Local Service Plan (CLSP) encompasses all of the 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.

CLSP asks for information related to community stakeholder involvement in local planning efforts. 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. 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 (Note: please include 1115 waiver projects detailed in Section 1.B. below). 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, children, or both (if applicable):*
    - *Screening, assessment, and intake*
    - *Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both*
    - *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 IDD*
    - *Services for at-risk youth*
    - *Services for veterans*
    - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
Texana Center	400 Avenue F, Bay City 77414	Matagorda	• Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders
Texana Center	535 FM 359 South, Brookshire, 77423	Waller (Serves Austin County and Waller County)	• Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
Texana Center	1460 Walnut, Columbus 78934	Colorado	• Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders
Texana Center	307 N. Richmond Road, Wharton 77488	Wharton	• Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders
Texana Center	4910 Airport Avenue, Bldg A, Rosenberg 77471	Fort Bend	• Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders
Texana Center	5311 Avenue N, Rosenberg 77471	Fort Bend	• Extended Observation Unit – Adults only • Crisis Residential Unit – Adults only • Services for co-occurring disorders (Medicaid and Low Income Uninsured Only)
West Park Springs	6902 S. Peek Road Richmond, 77407	Fort Bend	• Contracted for Rapid Crisis Stabilization Beds for adults and children
West Oaks Hospital	6500 Hornwood Houston, Texas 77074	Harris	• Contracted for Rapid Crisis Stabilization Beds for adults and children
Behavioral Hospital of Bellaire	5314 Dashwood Houston, Texas 77081	Harris	• Contracted for Rapid Crisis Stabilization Beds for adults and children
Sun Behavioral Houston	7601 Fannin Street Houston, Texas 77081	Harris	• Contracted for Rapid Crisis Stabilization Beds for adults and children
Intracare North	1120 Cypress Station Houston, Texas 77090	Harris	• Contracted for Rapid Crisis Stabilization Beds for adults and children
Houston Behavioral Healthcare Hospital	2801 Gessner Road Houston, Texas 77080	Harris	• Contracted for Rapid Crisis Stabilization Beds for adults and children
St Joseph's Hospital	1404 St. Joseph's Parkway Houston, Texas 77002	Harris	• Contracted for Rapid Crisis Stabilization Beds for adults and children

I.B Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver Projects

- *Identify the Regional Health Partnership (RHP) Region(s) associated with each project.*
- *List the titles of all projects you proposed for implementation under the RHP plan. If the title does not provide a clear description of the project, include a descriptive sentence.*
- *Enter the number of years the program has been operating, including the current year (i.e., second year of operation = 2)*
- *Enter the static capacity—the number of clients that can be served at a single point in time.*
- *Enter the number of clients served in the most recent full year of operation. If the program has not had a full year of operation, enter the planned number to be served per year.*
- *If capacity/number served is not a metric applicable to the project, note project-specific metric with the project title.*

	1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Population Served	Number Served/ Year
3	Crisis Center (Extended Observation Unit and Crisis Residential Unit)	4	22		675
3	Primary Care Integration	1	500		500

I.C Community Participation in Planning Activities

Identify community stakeholders who participated in your comprehensive local service planning activities over the past year.

	Stakeholder Type		Stakeholder Type
X	Consumers	X	Family members
X	Advocates (children and adult)	X	Concerned citizens/others
X	Local psychiatric hospital staff	☐	State hospital staff
X	Mental health service providers	X	Substance abuse treatment providers
X	Prevention services providers	X	Outreach, Screening, Assessment, and Referral (OSAR)
X	County officials	X	City officials
X	FQHCs/other primary care providers	X	Local health departments
X	Hospital emergency room personnel	X	Emergency responders
X	Faith-based organizations	X	Community health & human service providers
X	Probation department representatives	X	Parole department representatives
X	Court representatives (judges, DAs, public defenders)	X	Law enforcement
X	Education representatives	X	Employers/business leaders

	Stakeholder Type		Stakeholder Type
X	Planning and Network Advisory Committee	X	Local consumer-led organizations
X	Peer Specialists	X	IDD Providers
X	Foster care/Child placing agencies	X	Community Resource Coordination Groups
X	Veterans' organization	☐	Other: _____

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

• Medicaid 1115 Waiver stakeholder meetings
• Meetings with various stakeholders in the list above
• Email to broad distribution lists
•
•
•

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.

• Sustainability of the Crisis Center when DSRIP is eliminated is a major concern for all six counties.
• Lack of low income, affordable housing for individuals living on social security disability income is a major barrier for individuals in all six counties. There is no supportive housing (combination of housing and services.) The services exist but not the physical housing. There is also a need for temporary housing for those affected by disasters.
• Need for inpatient detoxification and residential substance abuse treatment.
• Fort Bend NAMI would like to see Assisted Outpatient Treatment (outpatient commitments) used by the judicial system.
• Fort Bend NAMI would like to see a stabilization center for non-emergency individuals—peer stabilization to get back

on medications or medication adjustment (i.e. Peer Recovery House)
• Fort Bend County Public Health Director would like to see additional Disaster Recovery Planning/Funding for Post Disaster needs.

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 their 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
- Users of crisis services and their family members

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 used 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
- Ensuring the entire service area was represented

- Soliciting input

• Information was gathered at various meetings over the last year. In addition, this draft plan was emailed to a broad stakeholder audience including representation from those identified above.

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?
    a. During business hours

o MCOT is staffed with a staggered schedule 7:00 am through 10:00 pm. Offices are located throughout the local service area to ensure a quick response.

    b. After business hours

o After hours screeners are positioned throughout the local service area in the various counties available all hours that MCOT is not working.

    c. Weekends/holidays

o After hours screeners are available during weekends and holidays.

2. What criteria are used to determine when the MCOT is deployed?

• MCOT is deployed when the crisis hotline staff determine a call is emergent or urgent. This determination is made by gathering data over the phone to determine if the individual is a danger to themselves or others or psychologically in a state where they are unable to care for themselves.

3. What is the role of MCOT during and after a crisis when crisis care is initiated through the LMHA or LBHA (for example, when an individual calls the hotline)? Address whether MCOT provides follow-up with individuals who experience a crisis and are then referred to transitional or services through the LMHA or LBHA.

- MCOT's role during a crisis is intervention, de-escalation, resolution, safety monitoring and referral. Follow-ups are completed the next business day regardless of whether they were referred to additional services or the crisis was resolved.

4. Describe MCOT support of emergency rooms and law enforcement:

    a. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when an individual in crisis is identified? If so, is MCOT routinely deployed when emergency rooms or law enforcement contact the LMHA or LBHA?

    - Emergency rooms: Yes and Yes
    - Law enforcement: Yes and Yes

    b. What activities does the MCOT perform to support emergency room staff and law enforcement during crises?

    - Emergency rooms: Screening and assessment, locating appropriate level of care
    - Law enforcement: Screening and assessment, locating appropriate level of care, completing the Notification of Emergency Detention Order for the officer to sign (if requested)

5. 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?
    a. Describe your community's process if a client needs further assessment and/or medical clearance:

- Individual is taken by law enforcement to the closest emergency room for medical clearance, if required and then is referred to the Crisis Center or an inpatient psychiatric facility based on the least restrictive, most appropriate setting available.

b. Describe the process if a client needs admission to a hospital:

- If the patient is not funded, the MCOT worker contacts the Crisis Center and/or locally contracted rapid crisis stabilization bed. If warranted, the individual is placed on the state hospital inpatient care waitlist.

c. Describe the process if a client needs facility-based crisis stabilization (i.e., other than hospitalization–may include crisis respite, crisis residential, extended observation, etc.):

- Patient is referred to the Crisis Center if the patient is Medicaid or Low-Income Uninsured. If the patient is funded, the patient is referred to the nearest psychiatric facility accepting individual's insurance coverage.

d. Describe your process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, or under a bridge:

- Process is the same unless it is determined the location is not safe for the MCOT worker. If determined not safe, law enforcement is dispatched first. If law enforcement determines it is safe for MCOT, MCOT worker goes into the community. If law enforcement decides to remove the individual from the community, MCOT goes to the location chosen by law enforcement.

6. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
   a. During business hours

- Contact the Texana Crisis Hotline at 1-800-533-5686.

b. After business hours

- Contact the Texana Crisis Hotline at 1-800-533-5686.

c. Weekends/holidays

- Contact the Texana Crisis Hotline at 1-800-533-5686.

7. If an inpatient bed is not available:

a. Where is an individual taken while waiting for a bed?

- It depends on the individual and the circumstances. If the individual is not violent and does not need to be restrained, the individual can be taken to the Crisis Center. If the individual needs to be restrained, the local hospital emergency rooms are the only option. In some cases, the individual returns home with family support and a safety plan.

b. Who is responsible for providing continued crisis intervention services?

- If the individual is not in the Crisis Center, the MCOT worker provides continued follow up services and re-screenings.

c. Who is responsible for continued determination of the need for an inpatient level of care?

- The MCOT worker will rescreen the patient and a psychiatrist is contacted for all referrals to a higher level of care.

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

o It is based on the individual and circumstances. Most of the time, it is the family and sometimes Texana Center.

Crisis Stabilization

8. What alternatives does your service area have for facility-based crisis stabilization services (excluding inpatient services)? Replicate the table below for each alternative.

Name of Facility	None other than the Texana Crisis Center above.
Location (city and county)	
Phone number	
Type of Facility (see Appendix A)	
Key admission criteria (type of patient accepted)	
Circumstances under which medical clearance is required before admission	
Service area limitations, if any	
Other relevant admission information for first responders	
Accepts emergency detentions?	

Inpatient Care

9. What alternatives to the state hospital does your service area have for psychiatric inpatient care for medically indigent? Replicate the table below for each alternative.

Name of Facility	None other than rapid crisis stabilization beds paid for by Texana Center as listed above.
Location (city and county)	

Phone number	
Key admission criteria	
Service area limitations, if any	
Other relevant admission information for first responders	

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

10. What local inpatient or outpatient alternatives to the state hospital does your service area currently have for competency restoration?
    a. Identify and briefly describe available alternatives.

- There are no other options.

    b. What barriers or issues limit access or utilization to local inpatient or outpatient alternatives? If not applicable, enter N/A.

- There are no local inpatient psychiatric hospitals offering these services. Low volume of the individuals needing these services makes it difficult to sustain a program especially if maximum security is needed.

    c. Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison? At what point is the jail liaison engaged?

- We have a dedicated individual for Fort Bend County. This person is engaged when the Fort Bend County jail contacts her via phone or email. For the rural areas, the clinic managers serve as the jail liaisons.

    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.

- TCOOMMI Program Coordinator and Clinic Managers

d. What plans do you have over the next two years to maximize access and utilization of local alternatives for competency restoration? If not applicable, enter N/A.

- No plans as volume does not support a program at this time.

11. Does your 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.)?

There is a need for additional inpatient competency restoration for individuals with IDD and MH.

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

Additional inpatient capacity in the state hospital system as there are no others willing to address this issue.

II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment

13. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who have you collaborated with in these efforts?

- The Crisis Center currently addresses all of these issues. The primary care nurse practitioner rounds in the Crisis Center and the OSAR visits the Crisis Center once a week to complete substance abuse screenings. We hired a van driver to transport patients from the rural counties to the Rosenberg Clinic to see the primary care nurse practitioner. The OSAR also visits the rural clinics as needed to complete screenings.

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

- Continue with current processes.

II.E Communication Plans

15. How will key information from the Psychiatric Emergency Plan be shared with emergency responders and other community stakeholders? Consider use of pamphlets/brochures, pocket guides, website page, mobile app, etc.

- Email and website posting

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

- The hotline is accredited with AAS and staff receive all required training to remain competent. MCOT and clinic staff receive annual training and as needed training to remain competent to implement the plan.

II.F Gaps in the Local Crisis Response System

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

Counties	Service System Gaps
Fort Bend, Wharton, Matagorda, Austin, Waller, Colorado	• Low income affordable housing and homeless shelters; temporary housing for those displaced by disasters
	•
	•

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Texas Statewide Behavioral Health Services Plan highlights the need for effective jail diversion activities:

- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *Goal 1.1.1, Address the service needs of high risk individuals and families by promoting community collaborative approaches, e.g., Jail Diversion Program*
- *Goal 1.1.2: Increase diversion of people with behavioral health needs from the criminal and juvenile justice systems*

In the table below, indicate which of the following strategies you use to divert individuals from the criminal justice system. List current activities and any plans for the next two years. Include specific activities describing the strategies checked in the first column. For those areas not required in the HHSC Performance Contract, enter NA if the LMHA or LBHA has no current or planned activities.

Intercept 1: Law Enforcement and Emergency Services	
Components	**Current Activities**
X Co-mobilization with Crisis Intervention Team (CIT) ☐ Co-mobilization with Mental Health Deputies X Co-location with CIT and/or MH Deputies ☐ Training dispatch and first responders X Training law enforcement staff ☐ Training of court personnel ☐ Training of probation personnel ☐ Documenting police contacts with persons with mental illness ☐ Police-friendly drop-off point X Service linkage and follow-up for individuals who are not hospitalized	• Fort Bend County CIT is currently located in the Crisis Center with MCOT and frequently co-mobilizes. CIT and MCOT are very supportive of each other. • Fort Bend County has a DSRIP project which created a CIT and provides for the 40 hour training for all law enforcement officers in Fort Bend County. Other rural counties have sent officers to this training. Texana Center participates in training to law enforcement when requested. • Offers have been made to train court personnel

Intercept 1: Law Enforcement and Emergency Services	
Components	**Current Activities**
☐ Other: 6T	but court personnel have not accepted additional training.
Plans for the upcoming two years: • Train court personnel, county attorneys and other local ad litem attorneys regarding mental health and suicidality as requested.	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	**Current Activities**
☐ Staff at court to review cases for post-booking diversion X Routine screening for mental illness and diversion eligibility ☐ Staff assigned to help defendants comply with conditions of diversion ☐ Staff at court who can authorize alternative services to incarceration ☐ Link to comprehensive services ☐ Other: 6T	• Fort Bend County contracts with a mental health provider and this provider is responsible for all services in the jail. When contacted for a crisis screening, Texana Center screens for hospitalization.
Plans for the upcoming two years: • Fort Bend County continues to evaluate the ability to have staff at court for this intercept.	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
X Routine screening for mental illness and diversion eligibility X Mental Health Court ☐ Veterans' Court	• Fort Bend County contracts with a mental health provider and this provider is responsible for all services in the jail. When contacted for a crisis screening, Texana Center screens for

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
☐ Drug Court ☐ Outpatient Competency Restoration X Services for persons Not Guilty by Reason of Insanity X Services for persons with other Forensic Assisted Outpatient Commitments ☐ Providing services in jail for persons Incompetent to Stand Trial ☐ Compelled medication in jail for persons Incompetent to Stand Trial X Providing services in jail (for persons without outpatient commitment) X Staff assigned to serve as liaison between specialty courts and services providers X Link to comprehensive services ☐ Other:	hospitalization. • Texana Center provides services to NGRI individuals and individuals unable to be restored and released in the community. • Texana Center provides outpatient services to individuals under outpatient commitments. • Texana Center links individuals to other available services as appropriate (ie. Fort Bend Regional Council on Substance Abuse)
Plans for the upcoming two years: • Continue with current efforts as requested.	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	**Current Activities**
X Providing transitional services in jails X Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release X Structured process to coordinate discharge/transition plans and procedures	• Texana Center has a TCOOMMI grant and has staff who work with probation/parole coordinating discharge and back to the community. • More recently, Texana Center along with Fort Bend County was awarded a SB292 grant

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	**Current Activities**
X☐ Specialized case management teams to coordinate post-release services ☐ Other:	specifically designed to provide services at this intercept.
Plans for the upcoming two years: • Implement the SB292 project.	

Intercept 5: Community corrections and community support programs	
Components	**Current Activities**
X Routine screening for mental illness and substance use disorders ☐ Training for probation or parole staff X TCOOMMI program ☐ Forensic ACT X Staff assigned to facilitate access to comprehensive services; specialized caseloads ☐ Staff assigned to serve as liaison with community corrections X Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance ☐ Other:	• These activities are all handled through our adult and juvenile TCOOMMI programs.
Plans for the upcoming two years: •	

III.B Other Behavioral Health Strategic Priorities

The Texas Statewide Behavioral Health Strategic Plan identifies other significant gaps in the state's behavioral health services system, including the following:

- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 4: Veteran and military service member supports*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*

Related goals identified in the plan include:

- *Goal 1.1: Increase statewide service coordination for special populations*
- *Goal 2.1: Expand the use of best, promising, and evidence-based behavioral health practices*
- *Goal 2.3: Ensure prompt access to coordinated, quality behavioral healthcare*
- *Goal 2.5: Address current behavioral health service gaps*
- *Goal 3.2: Address behavioral health prevention and early intervention services gaps*
- *Goal 4.2: Reduce utilization of high cost alternatives*

Briefly describe the current status of each area of focus (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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• Texana Center has no waiting list for services and works to complete discharge med refills until the individual can be seen by the psychiatrist.	• Continue to strive for no waiting list.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• Texana Center provides after care appointments within 7 days of discharge and attempts to engage individuals in ongoing services.	• Continue with current process.
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• The HCBS-AMH program has providers in our catchment area available to provide these services.	• Continue to work with the HCBS-AMH program.
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• Texana Center currently implements the evidence based practices included in the state's TRR model of service delivery to the highest fidelity possible.	• Continue with current process.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• Texana Center has peer support services available and uses these peers to help with engagement of individuals as well as mentoring and skills training.	• Continue with the current peer specialist services.
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• Significant lack of inpatient and residential substance abuse services and funding for these services limits actual services provided.	• No plans due to lack of funding.
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• Texana Center has a DSRIP project which provides primary care integration to the low income, uninsured population.	• Continue project as long as DSRIP funding is available. At that point, unless other funding becomes available, this program is at risk.
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• This is a huge need in our catchment area. Texana Center does have a van and van driver but this is not enough to transport the	• No plans due to lack of funding.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		indigent population.	
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• This is a huge gap in our catchment area. When an individual with IDD and MI needs hospitalization, there are no local community hospitals that will accept them. With no beds available in the state system, there is nowhere for these individuals to go.	• No plans due to lack of funding.
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• This has not been identified as a major need in our catchment area. Efforts have been made in the past to reach out to veterans with no response.	• No plans at this time.

III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and your internal assessment, identify your 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 your 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
Sustainability of the Crisis Center	• The Crisis Center is not sustainable without DSRIP funding or additional state funding.	• Work with the state for additional funds to sustain the Crisis Center.
Additional low income, affordable housing, transitional housing, temporary housing for those displaced by disasters and homeless shelters	• Working with stakeholders to provide data to support the need and importance of housing in the recovery process.	• Continue to work collaboratively with stakeholders to increase the support of this by elected officials and work toward this goal. • Continue to look at additional funding available for these priorities.
	•	•
	•	•
	•	•

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 will build 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 will also provide a clear picture of needs across the state and support planning at the state level. Please provide as much detail as practical for long-term planning.

In the table below, identify your 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.

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	***Example:*** *Detox Beds*	• *Establish a 6-bed detox unit at ABC Hospital.*	•
2	***Example:*** *Nursing home care*	• *Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.* • *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.*	•
1	Crisis Center Sustainability	• Resources would be used to continue to operate the Crisis Center (Extended Observation Unit and Crisis Residential Unit).	• $2,900,000 per year in operating expenses
		•	•
		•	•
		•	•

Appendix A: Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual's rating on the Uniform Assessment and clinical determination made by the appropriate staff. The Uniform Assessment is an assessment tool comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the Uniform Assessment module items of Risk Behavior (Suicide Risk and Danger to Others), 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, the Mobile Crisis Outcome Team (MCOT), or other crisis services.

Crisis Residential – Up to 14 days of short-term, community-based residential, crisis treatment for individuals who may pose some risk of harm to self or others, who may have fairly severe functional impairment, and who are demonstrating psychiatric crisis that cannot be stabilized in a less intensive setting. Mental health professionals are on-site 24/7 and individuals must have at least a minimal level of engagement to be served in this environment. Crisis residential facilities do not accept individuals who are court ordered for treatment.

Crisis Respite – Short-term, community-based residential crisis treatment for individuals who have low risk of harm to self or others and may have some functional impairment. Services may occur over a brief period of time, such as 2 hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons for whom they care to avoid mental health crisis. Crisis respite services are both facility-based and in-home, and may occur in houses, apartments, or other community living situations. Facility-based crisis respite services have mental health professionals on-site 24/7.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis situation 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. (TRR-UM Guidelines)

Crisis Stabilization Units (CSU) – Crisis Stabilization Units are licensed facilities that provide 24/7 short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected, clinically staffed, psychiatrically supervised, treatment environment that complies with a Crisis Stabilization Unit licensed under Chapter 577 of the Texas Health and

Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code. CSUs may accept individuals that present with a high risk of harm to self or others.

Extended Observation Units (EOU) – Emergency services of up to 48 hours provided to individuals in psychiatric crisis, in a secure and protected, clinically staffed, psychiatrically supervised environment with immediate access to urgent or emergent medical and psychiatric evaluation and treatment. These individuals may pose a moderate to high risk of harm to self or others. EOUs may also accept individuals on voluntary status or involuntary status, such as those on Emergency Detention. EOUs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital.

Mobile Crisis Outreach Team (MCOT) – Mobile Crisis Outreach Teams 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) and Associated Projects – There are multiple psychiatric emergency services programs or projects that serve as step down options from inpatient hospitalization. Psychiatric Emergency Service Center (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. 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.

Psychiatric Emergency Service Centers (PESC) – Psychiatric Emergency Service Centers provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESCs are staffed by medical personnel and mental health professionals that provide care 24/7. PESCs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital. PESCs must be available to individuals who walk in, and must contain a combination of projects.

Rapid Crisis Stabilization 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.