

# 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](mailto:MHContracts@hhsc.state.tx.us) and [CrisisServices@hhsc.state.tx.us](mailto: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)*

<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip, Phone Number</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Texana Center	535 FM 359 South, Brookshire, 77423 281-375-5300	Austin and Waller	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• TRR outpatient services for adults and children</li> <li>• Services for co-occurring disorders</li> <li>• Substance abuse prevention, intervention or treatment</li> </ul>
Texana Center	1460 Walnut, Columbus, 78934 979-732-6204	Colorado	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• TRR outpatient services for adults and children</li> <li>• Services for co-occurring disorders</li> </ul>
Texana Center	400 Avenue F, Bay City, 77414 979-245-9231	Matagorda	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• TRR outpatient services for adults and children</li> <li>• Services for co-occurring disorders</li> </ul>
Texana Center	3007 N. Richmond Road, Wharton, 77488 979-532-6100	Wharton	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• TRR outpatient services for adults and children</li> <li>• Services for co-occurring disorders</li> </ul>
Texana Center	4910 Airport Avenue, Bldg. A, Rosenberg, 77471	Fort Bend	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• TRR outpatient services for adults and children</li> <li>• Services for co-occurring disorders</li> </ul>
Texana Center	2535 Cordes Drive, Sugar Land, 77479 281-276-4400	Fort Bend	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• TRR outpatient services for adults and children</li> <li>• Services for co-occurring disorders</li> </ul>

<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip, Phone Number</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Texana Center	5311 Avenue N, Rosenberg, 77471	Fort Bend	<ul style="list-style-type: none"> <li>• Extended Observation Unit – Adults Only</li> <li>• Crisis</li> </ul>
West Park Springs	6902 S. Peek Road, Richmond, 77407 832-302-9796	Fort Bend	<ul style="list-style-type: none"> <li>• Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth</li> </ul>
West Oaks Hospital	6500 Hornwood, Houston, 77074 713-778-5250	Harris	<ul style="list-style-type: none"> <li>• Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth</li> </ul>
Behavioral Hospital of Bellaire	5314 Dashwood, Houston, 77081 713-600-9521	Harris	<ul style="list-style-type: none"> <li>• Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth</li> </ul>
Sun Behavioral Houston	7601 Fannin Street, Houston, 77081 713-795-8802	Harris	<ul style="list-style-type: none"> <li>• Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth</li> </ul>
Houston Behavioral Healthcare Hospital	2801 Gessner Road, Houston, 77080 713-820-7720	Harris	<ul style="list-style-type: none"> <li>• Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth</li> </ul>
UT Harris County Psychiatric Center	2800 South MacGregor Way, Houston, 77021 713-741-3883	Harris	<ul style="list-style-type: none"> <li>• Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth</li> </ul>

**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.*

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County(s)</b>	<b>Population Served</b>	<b>Number Served per Year</b>
<b>FY22</b>	<b>SB292 Project (Expansion of ACT Team for criminal justice involved individuals in Fort Bend County to reduce recidivism using evidence-based services)</b>	<ul style="list-style-type: none"> <li>• Fort Bend</li> </ul>	<ul style="list-style-type: none"> <li>• 58</li> </ul>	<ul style="list-style-type: none"> <li>• 58</li> </ul>
		<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
		<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
		<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

**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.*

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County</b>	<b>Population Served</b>	<b>Number Served per Year</b>
<b>FY22</b>	<b>N/A</b>			

**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"> <li>• West Park Springs</li> </ul>	<input checked="" type="checkbox"/> Family members <input type="checkbox"/> Concerned citizens/others <input type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> <li>•</li> </ul>
<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"> <li>• Numerous in all Counties Served</li> </ul>	<input type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>•</li> </ul>
<input checked="" type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/> Local health departments <input type="checkbox"/> LMHAs/LBHAs <i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> <li>•</li> </ul>
<input checked="" type="checkbox"/> Hospital emergency room personnel	<input checked="" type="checkbox"/> Emergency responders
<input type="checkbox"/> Faith-based organizations	<input checked="" type="checkbox"/> Community health & human service providers
<input checked="" type="checkbox"/> Probation department representatives	<input type="checkbox"/> Parole department representatives

### Stakeholder Type

- Court representatives (Judges, District Attorneys, public defenders)  
*\*List the county and the official name and title of participants:*
  - Fort Bend County, Numerous
  - Colorado County, Numerous
  - Wharton County, Numerous
  - Austin County, Numerous
  - Waller County, Numerous
  - Matagorda County, Numerous
- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies
- Veterans' organizations

### Stakeholder Type

- Law enforcement  
*\*List the county/city and the official name and title of participants:*
  - Fort Bend County, Numerous
  - Matagorda County, Numerous
  - Wharton County, Numerous
  - Colorado County, Numerous
  - Austin County, Numerous
  - Waller County, Numerous
- 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.*

- |   |
|---|
| <ul style="list-style-type: none"><li>• Various meetings throughout the year with various stakeholders in the list above.</li></ul> |
| <ul style="list-style-type: none"><li>• Colorado County Mental Health Task Force</li></ul>  |
| <ul style="list-style-type: none"><li>• Fort Bend County Behavioral Health Task Force</li></ul>                                     |
| <ul style="list-style-type: none"><li>• Email to broad distribution lists</li></ul>   |
| <ul style="list-style-type: none"><li>• Posting on our website.</li></ul>   |

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*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 (Extended Observation Unit and Crisis Residential Unit) is a major concern. DPP and CCP do not cover the crisis center and Texana has limited funds reserved to continue to operate beyond FY23.
- Lack of transportation for individuals to the Crisis Center from Emergency Rooms and from both Emergency Rooms and the Crisis Center to a psychiatric hospital when a higher level of care is needed. Fort Bend County is not able to provide timely service and has created processes for what they call "Warrant Transfer Orders" which require obtaining prior to transporting. However, there are no magistrates available to obtain these orders therefore the patient does not receive timely treatment and in some cases no treatment at all. This process in Fort Bend County has been set up by the County Attorney's office with no way to implement effectively. Not only does Texana have problems with this but all of the local general hospitals with emergency rooms do as well. We have not been able to successfully navigate a solution. Texana Center has requested Rep. Jacey Jetton to file a bill to clarify in Health and Safety Code that this process is not needed.
- 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 and homeless for other reasons.
- Need for inpatient detoxification and residential substance abuse treatment. Waits for existing beds out of our catchment area are too long.

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## **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;

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

Ensuring the entire service area was represented; and

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

Soliciting input.

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

## 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

- The hotline is staffed 24 hours a day, 365 days of the year by AAS credentialed staff.

After business hours

- The hotline is staffed 24 hours a day, 365 days of the year by AAS credentialed staff.

Weekends/holidays

- The hotline is staffed 24 hours a day, 365 days of the year by AAS credentialed staff.

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

- AVAIL Solutions, Inc.

3. How is the MCOT staffed?

During business hours

- MCOT is staffed with a staggered schedule 7:00 am through 10:00 pm with one worker overnight in Fort Bend County on Monday – Friday.
- In the rural areas, H133 funding expanded MCOT coverage to the rural areas for the same time frame.

After business hours

- After 10:00 pm, after hours screeners are positioned throughout the local service area in the various counties available and all hours when the MCOT is not available.

Weekends/holidays

- After hours screeners are available during weekends and holidays.

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.).

- Phone calls, face to face visits, case management, care coordination, skills training and referrals

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, MCOT provides screening and assessment and locating appropriate level of care (Crisis Center or Inpatient Psychiatric bed if needed)

Law Enforcement:

- Yes, Screening and assessment, locating appropriate level of care (Crisis Center or Inpatient Psychiatric bed, if needed), completion of the Notification of Emergency Detention Order for the officer to sign if requested

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

- There are no state hospitals located in our service area.

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

During business hours:

- Contact the Texana Center Mental Health Crisis Hotline – 1-800-633-5686

After business hours:

- Contact the Texana Center Mental Health Crisis Hotline – 1-800-633-5686

Weekends/holidays:

- Contact the Texana Center Mental Health Crisis Hotline – 1-800-633-5686

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?

- In the five rural counties, law enforcement is contacted and after Texana Center MCOT has determined a higher level of care is appropriate, law enforcement, typically the Sheriff's Office completes the transportation to either Texana Crisis Center or the psychiatric hospital.
- In Fort Bend County, if the individual needs to go to a higher level of care, it is a problem. Based on the County Attorney's interpretation of Health and Safety Code, the hospital or Texana must locate a magistrate and get a "Warrant Transfer Order" for law enforcement to transport. With no magistrates available or "on-call," this is an impossible task with the patient left to suffer.



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

- Law enforcement takes the individual to the nearest emergency room on a Notification of Emergency Detention Order. If the individual needs to go to a psychiatric hospital, we must obtain the "Warrant Transfer Order" described above in Fort Bend County.

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

- The MCOT worker determines the need for further evaluation at a psychiatric hospital. This is confirmed by contacting an on-call psychiatrist. Depending on whether or not the individual is being held on a Notification of Emergency Detention Order determines the next steps. If an Emergency Detention Order (which is the case almost 100% of the time), the process described above is followed.

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).

- The process is the same as the process if an individual needs admission to a psychiatric hospital.

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.

- The Crisis Hotline assists in determining if it is a safe location go into alone. If not, law enforcement is deployed as well. Otherwise, MCOT responds without law enforcement. If transportation is needed, law enforcement must be contacted.

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

Where does the individual wait for a bed?

- The patient will wait in the hospital emergency room or at home with a safety plan in place.

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?

- This depends on where the individual is located. If in the emergency room, it the emergency room staff. If at home, it would be support from the family with follow up from the MCOT.

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

- There is no one entity responsible and that is a HUGE problem in our entire catchment area. The SO's and the PD's do not want to transport as it takes officers off of the street. The LMHA or hospital frequently gets stuck in the middle and the patient suffers having to wait very long hours for transportation. Almost 100% of those in crisis are involuntarily admitted. For those that are voluntary, the individual's family transports or other arrangements are made.

## 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.*

<b>Name of Facility</b>	Texana Crisis Center
<b>Location (city and county)</b>	Rosenberg, Fort Bend County
<b>Phone number</b>	1-800-633-5686 (to access services); 281-238-6708
<b>Type of Facility (see Appendix A)</b>	Extended Observation Unit and Crisis Residential Unit
<b>Key admission criteria (type of individual accepted)</b>	Adults aged 18 and up with Medicaid or Low Income, Uninsured
<b>Circumstances under which medical clearance is required before admission</b>	Suspected major medical issues; substance use intoxication
<b>Service area limitations, if any</b>	Six county Texana Center service area
<b>Other relevant admission information for first responders</b>	The Crisis Center is not open to the public and is not a drop-off center. It is only accessed by contacting the crisis hotline and requesting a mobile crisis outreach screening to determine eligibility and appropriateness of admission. Does not accept violent individuals.
<b>Accepts emergency detentions?</b>	Yes
<b>Number of Beds</b>	9 – Extended Observation and 14 – Crisis Residential Unit
<b>HHSC Funding Allocation</b>	No



## 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.*

<b>Name of Facility</b>	West Oaks Hospital
<b>Location (city and county)</b>	Houston, Harris
<b>Phone number</b>	713-778-5250
<b>Key admission criteria</b>	Based on the individual; will not accept individuals with IDD or chronic medical conditions including pregnancy. Has a PICU. Ages 5 and above excluding autism
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Must be screened by Texana and medically cleared, if indicated per individual
<b>Number of Beds</b>	160
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for rapid crisis stabilization beds</b>	One contract, all funds available through RCSB, PPB, and SB292 are utilized.

<p><b>(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)?</b></p>	
<p><b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b></p>	<p>As needed</p>
<p><b>If under contract, what is the bed day rate paid to the contracted facility?</b></p>	<p>\$650/day</p>
<p><b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b></p>	
<p><b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b></p>	

<b>Name of Facility</b>	West Park Springs
<b>Location (city and county)</b>	Richmond, Fort Bend
<b>Phone number</b>	713-778-5250
<b>Key admission criteria</b>	Based on the individual; will not accept individuals with IDD or chronic medical conditions including pregnancy. Does not have a PICU. Accepts male and female ages 13 and up.
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Must be screened by Texana and medically cleared, if indicated per individual
<b>Number of Beds</b>	72
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>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</b>	One contract, all funds available through RCSB, PPB, and SB292 are utilized.

<b>community mental health hospital beds (include all that apply)?</b>	
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$650/day
<b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b>	
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	

<b>Name of Facility</b>	Behavioral Hospital of Bellaire
<b>Location (city and county)</b>	Houston, Harris



<b>Phone number</b>	713-600-9521
<b>Key admission criteria</b>	Based on the individual; will not accept individuals with IDD or chronic medical conditions including pregnancy. Has a PICU. Ages 7 and above.
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Must be screened by Texana and medically cleared, if indicated per individual
<b>Number of Beds</b>	122
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>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)?</b>	One contract, all funds available through RCSB, PPB, and SB292 are utilized.

<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$650/day
<b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b>	
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	

<b>Name of Facility</b>	Sun Behavioral Health
<b>Location (city and county)</b>	Houston, Harris
<b>Phone number</b>	713-796-2273

<b>Key admission criteria</b>	Based on the individual; will not accept individuals with IDD or chronic medical conditions including pregnancy. Has a PICU. Ages 13 and above.
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Must be screened by Texana and medically cleared, if indicated per individual
<b>Number of Beds</b>	148
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>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)?</b>	One contract, all funds available through RCSB, PPB, and SB292 are utilized.

<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$650/day
<b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b>	
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	

<b>Name of Facility</b>	Houston Behavioral Healthcare Hospital
<b>Location (city and county)</b>	Houston, Harris
<b>Phone number</b>	713-820-7720

<b>Key admission criteria</b>	Based on the individual; will not accept individuals with IDD or chronic medical conditions including pregnancy. Has a PICU. Ages 7 and above.
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Must be screened by Texana and medically cleared, if indicated per individual
<b>Number of Beds</b>	165
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>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)?</b>	One contract, all funds available through RCSB, PPB, and SB292 are utilized.

<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$650/day
<b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b>	
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	

<b>Name of Facility</b>	UT Harris Psychiatric Center
<b>Location (city and county)</b>	Houston, Harris
<b>Phone number</b>	713-741-3883

<b>Key admission criteria</b>	Based on the individual; will not accept individuals with IDD or chronic medical conditions including pregnancy. Has a PICU. Ages 5 and above
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Must be screened by Texana and medically cleared, if indicated per individual
<b>Number of Beds</b>	160
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>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)?</b>	One contract, all funds available through RCSB, PPB, and SB292 are utilized.

<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$650/day
<b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b>	
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	



## 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.

- None

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

- N/A

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

- No

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 Manager, ACT Team Leader, Jail Diversion Liaison with the SB292 Program, Director of Behavioral Healthcare Services for the rural areas

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

- We would like to implement jail-based competency restoration for our catchment area but have not yet identified funding for the project.

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, Jail-based competency restoration

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

- Funding to support the program and collaboration with the jails.

#### **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?

- Texana Center added a primary care integration project as part of the Medicaid 1115 Waiver for adults who are low income and uninsured. This clinic is integrated into the Texana Rosenberg Outpatient Clinic. Transportation was added to serve individuals for all six counties. Texana continues to collaborate with Fort Bend Regional Council through our PESC project for co-occurring disorders in the Crisis Residential Unit and through our SB292 project.
- Texana Center started with SUD services out of our Brookshire Clinic and hopes to expand with additional funding.

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

- Plans are to expand SUD Services to our other sites as we are able to do so with funding.

### 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?

- Concerns and issues have been addressed repeatedly with Fort Bend County concerning the current process for the psychiatric emergency plan and the parts that are not working. Emergency responders, hospitals and Texana are all frustrated with the current process that has no effective, practical implementation. Texana is working with legislators to file a bill to clarify Health and Safety Code in the hopes the Fort Bend County attorney will comply.
- This plan is emailed to all stakeholders and share on the Texana Center 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?

- All staff are trained upon hire and annually and provided a copy of this plan.

### 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
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<p>Fort Bend Matagorda Wharton Waller Colorado Austin</p>	<ul style="list-style-type: none"> <li>• Lack of law enforcement/safe transportation to provide transportation for involuntary individuals is a huge need.</li> </ul>	<ul style="list-style-type: none"> <li>• Texas legislature to appropriate funds to handle this transportation with law enforcement officers for all six counties. Texana is willing to coordinate this effort with funding available to do so.</li> <li>• Clarification in Health and Safety Code regarding who is responsible for the cost of this transportation.</li> </ul>
<p>Fort Bend Matagorda Wharton Waller Colorado Austin</p>	<ul style="list-style-type: none"> <li>• Low income affordable housing and homeless shelters; temporary housing for those displaced by disasters.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with local officials to identify and address.</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

**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.*

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>• No current programs and initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• All six Texana Counties</li> </ul>	<ul style="list-style-type: none"> <li>• No plans at this time</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
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<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>No current programs and initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Fort Bend County</li> </ul>	<ul style="list-style-type: none"> <li>Placing Texana Mental Health Experts inside 911 Dispatching in Fort Bend County; 2 year pilot funding received</li> </ul>
<ul style="list-style-type: none"> <li>MCOT Ride-Along Program with CIT</li> </ul>	<ul style="list-style-type: none"> <li>Fort Bend County</li> </ul>	<ul style="list-style-type: none"> <li>Pilot project in effect for six months</li> </ul>
<ul style="list-style-type: none"> <li>MCOT Ride-Along Program with CIT</li> </ul>	<ul style="list-style-type: none"> <li>Waller County</li> </ul>	<ul style="list-style-type: none"> <li>Discussing a pilot project</li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

<b>Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>No current programs and initiatives</li> </ul>	<ul style="list-style-type: none"> <li>All Six Texana Counties</li> </ul>	<ul style="list-style-type: none"> <li>No plans at this time</li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

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<b>Intercept 3: Jails/Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
• No current programs and initiatives	• All Six Texana Counties	• No plans at this time.
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<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
•TCOOMMI Adult Project	• Fort Bend, Colorado	• Continue project.
•TCOOMMI Juvenile Project	• Fort Bend	• Continue project.
•SB292 Project	• Fort Bend	• Continue project.
•	•	•
•	•	•
•	•	•
•	•	•

<b>Intercept 5: Community Corrections Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
•No current programs and initiatives.	• All Six Texana Counties	• No plans at this time.
•	•	•
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### III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](#) identifies other significant gaps and goals in the state’s behavioral health services system. The gaps identified in the plan are:

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs S public school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services



- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

- Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.
- Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources to effectively meet the diverse needs of people and communities.
- Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.
- Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.
- Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.

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

<b>Area of Focus</b>	<b>Related Gaps and Goals from Strategic Plan</b>	<b>Current Status</b>	<b>Plans</b>
Improving access to timely outpatient services	<ul style="list-style-type: none"> <li>• Gap 6</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Texana Center has no waiting list for services. Texana has hired additional PMHNP's to improve access to a prescriber.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with no waiting list.</li> <li>• Strive to have everyone see a prescriber within 10 days.</li> </ul>
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2,4</li> </ul>	<ul style="list-style-type: none"> <li>• Texana Center provides after care appointments within 7 days of discharge and attempts to engage individuals in ongoing service.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with the current process.</li> </ul>
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 1,4</li> </ul>	<ul style="list-style-type: none"> <li>• The HCBS-AMH program has providers in our catchment area available to provide these services.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to work with the HCBS-AMH program.</li> </ul>
Implementing and ensuring fidelity with	<ul style="list-style-type: none"> <li>• Gap 7</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Texana Center currently implements</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with the current process.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
evidence-based practices		the evidence-based practices included in the state’s TRR model of service delivery to the highest fidelity possible.	
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> <li>• Gap 8</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• Texana Center has peer support services available and uses these peers to help with engagement of individuals as well as mentoring and skills training.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with the current peer specialist services.</li> </ul>
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> <li>• Gaps 1,14</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Significant lack of inpatient and residential substance abuse services and funding for these services limits actual services provided. Texana is now providing SUD</li> </ul>	<ul style="list-style-type: none"> <li>• Expand SUD services to all six counties with available funding.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		services at our Brookshire Clinic.	
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Texana has a Primary Care Integration project for the low income, uninsured.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue this project as long as funding is available.</li> </ul>
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> <li>• Gap 10</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• 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 indigent population to meet all their needs.</li> </ul>	<ul style="list-style-type: none"> <li>• No plans at this time.</li> </ul>
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 2,4</li> </ul>	<ul style="list-style-type: none"> <li>• This is a huge gap in our catchment area. When an individual with IDD and MI needs hospitalization, there are no local, community hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• No plans at this time.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		that will accept them. With no beds available in the state system, there is nowhere for these individuals to go.	
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> <li>• Gap 4</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• This has not been identified as a major need in our catchment area. Texana will assist any veterans in crisis and provide care coordination to link them with veterans services, if needed.</li> </ul>	<ul style="list-style-type: none"> <li>• No plans at this time.</li> </ul>

### 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.

<b>Local Priority</b>	<b>Current Status</b>	<b>Plans</b>
Sustainability of the Texana Crisis Center	<ul style="list-style-type: none"> <li>Operating on reserve funds.</li> </ul>	<ul style="list-style-type: none"> <li>Work with the state for additional funds to sustain the Crisis Center.</li> </ul>
Create and effective solution for transporting individuals between facilities when on a Notification of Emergency Detention Order as described in this plan.	<ul style="list-style-type: none"> <li>Requested Rep. Jacey Jetton to file a bill to clarify the language so individuals can be moved within 48 hours with LMHA authorization without having to pursue a magistrate for a "Warrant Transfer Order."</li> </ul>	<ul style="list-style-type: none"> <li>Stated in the current status. We will be reaching out to other legislators as well (i.e. Joan Huffman, Lois Kohlkorst)</li> </ul>
Additional low income, affordable housing, temporary housing and a homeless shelter.	<ul style="list-style-type: none"> <li>Working with stakeholders to support the need and importance of housing in the recovery process.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to work collaboratively with stakeholders to increase the support of this by elected officials and work toward this goal.</li> <li>Continue to look for available funding for these priorities</li> </ul>
Jail-Based Competency Restoration	<ul style="list-style-type: none"> <li>Trying to identify funding.</li> </ul>	<ul style="list-style-type: none"> <li>Work with all six counties under one program to provide this service.</li> </ul>

Local Priority	Current Status	Plans
	•	•

### III.D System Development and Identification of New Priorities

Development of the local plans should include a process to identify local priorities and needs and the resources required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This builds on the ongoing communication and collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information provides a clear picture of needs across the state and support planning at the state level.

*In the table below, identify the local service area’s priorities for use of any new funding should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.*

*Provide as much detail as practical for long-term planning and:*

- Assign a priority level of 1, 2, or 3 to each item, with 1 being the highest priority;*
- Identify the general need;*
- Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable; and*

- Estimate the funding needed, listing the key components and costs (for recurring/ongoing costs, such as staffing, state the annual cost.

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	<b>Example:</b> <i>Detox Beds</i>	<ul style="list-style-type: none"> <li>• Establish a 6-bed detox unit at ABC Hospital.</li> </ul>	•
2	<b>Example:</b> <i>Nursing home care</i>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.</li> </ul>	•
1	Crisis Center Sustainability	<ul style="list-style-type: none"> <li>• Resources would be used to continue operating the Crisis Center (Extended Observation Unit and Crisis Residential Unit)</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,200,000 per year in operating expenses</li> </ul>
1	Local Transportation to higher levels of care	<ul style="list-style-type: none"> <li>• Resources would be used to create a means of transportation within the 48 hour EDO from one facility to another without the need for a "Warrant Transfer Order."</li> </ul>	<ul style="list-style-type: none"> <li>• TBD after an effective process is established.</li> </ul>



## **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 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**

<b>CSU</b>	Crisis Stabilization Unit
<b>EOU</b>	Extended Observation Units
<b>HHSC</b>	Health and Human Services Commission
<b>LMHA</b>	Local Mental Health Authority
<b>LBHA</b>	Local Behavioral Health Authority
<b>MCOT</b>	Mobile Crisis Outreach Team
<b>PESC</b>	Psychiatric Emergency Service Center