

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and
Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: December 31, 2022

Submissions should be sent to:

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

Camino Real Community Services

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Introduction

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

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

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Camino Real Community Services Atascosa/McMullen MHC	1749 Hwy 97 East Jourdanton, TX 78026	Atascosa & McMullen	<ul style="list-style-type: none"> ● Screening, Assessment and Intake ● Texas Resilience and Recovery (TRR) outpatient ● Services for co-occurring disorder ● Crisis Services ● Full Levels of Care ● Adults & Child/Adolescent
Camino Real Community Services Atascosa/McMullen SUD Office	1739 Hwy 97 East Jourdanton, TX 78026	Atascosa & McMullen	<ul style="list-style-type: none"> ● SUD Screening, Assessment and Intake ● Services for Single Diagnosis SUD ● Services for co-occurring disorder ● Adults & Child/Adolescent
Camino Real Community Services Frio/LaSalle MHC	411 East Brazos Pearsall, TX 78061	Frio & LaSalle	<ul style="list-style-type: none"> ● Screening, Assessment and Intake ● Texas Resilience and Recovery (TRR) outpatient ● Services for co-occurring disorder ● Crisis Services ● Full Levels of Care ● Adults & Child/Adolescent
Camino Real Community Services Karnes County MHC	322 West Main, Suite 104 & 130 Kenedy, TX 78119	Karnes	<ul style="list-style-type: none"> ● Screening, Assessment and Intake ● Texas Resilience and Recovery (TRR) outpatient ● Services for co-occurring disorder ● Crisis Services ● Full Levels of Care ● Adults & Child/Adolescent
Camino Real Community Services Maverick Adult	757 Rio Grande St Eagle Pass, TX 78852	Maverick	<ul style="list-style-type: none"> ● Screening, Assessment and Intakes ● Texas Resilience and Recovery (TRR) outpatient

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
MHC			<ul style="list-style-type: none"> • Services for co-occurring disorder • Crisis Services • Full Levels of Care Adults
Camino Real Community Services Maverick C&A MHC	2644 Encino Park Dr. Eagle Pass, TX 78852	Maverick	<ul style="list-style-type: none"> • Screening, Assessment and Intake • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Crisis Services • Full Levels of Care Child/Adolescent
Camino Real Community Services Maverick Adult MHC	1934 Del Rio Suite E, F, G Eagle Pass, TX 78852	Maverick	<ul style="list-style-type: none"> • Screening, Assessment and Intakes • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Crisis Services • Full Levels of Care Adults & Children
Camino Real Community Services Wilson Adult MHC	1005 B. Street Floresville, TX 78114	Wilson	<ul style="list-style-type: none"> • Screening, Assessment and Intake • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Crisis Services • Full Levels of Care • Adults
Camino Real Community Services Community Restoration and Recovery Center	1327 Third Street Floresville, TX 78114	Wilson	<ul style="list-style-type: none"> • Screening, Assessment and Intake • Texas Resilience and Recovery (TRR) outpatient Crisis • Services for co-occurring disorder • Mobile Crisis Outreach Services • LOC 5 •

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Camino Real Community Services Wilson C&A MHC	140 Paloma Dr Floresville, TX 78114	Wilson	<ul style="list-style-type: none"> ● Screening, Assessment and Intake ● Texas Resilience and Recovery (TRR) outpatient ● Services for co-occurring disorder ● Mobile Crisis Outreach Services ● Full Levels of Care ● Child/Adolescent
Camino Real Community Services Wilson Adult MHC	1005 B. Street Floresville, TX 78114	Wilson	<ul style="list-style-type: none"> ● Screening, Assessment and Intake ● Texas Resilience and Recovery (TRR) outpatient ● Services for co-occurring disorder ● Crisis Services ● Full Levels of Care ● Adults
Camino Real Community Services Zavala/Dimmit Co. MHC	315 N. First Ave Crystal City, TX 78839	Zavala & Dimmit	<ul style="list-style-type: none"> ● Screening, Assessment and Intake ● Texas Resilience and Recovery (TRR) outpatient ● Services for co-occurring disorder ● Crisis Services ● Full Levels of Care ● Adults & Child/Adolescent
Camino Real Community Services Mobile Crisis Outreach Team (24/7 MCOT)	19971 FM 3175 N Lytle, TX 78052	Atascosa, Frio, LaSalle & McMullen	<ul style="list-style-type: none"> ● Crisis Outreach, Response, and Follow-up Services ● Adults and Child/Adolescent
Camino Real Community Services Integrated Health	203 Hackberry Street Tilden, TX 78072	McMullen	<ul style="list-style-type: none"> ● Adults and Child/Adolescents ● Brief Counseling MH & SUD ● Health Care Navigator services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
CMHG			<ul style="list-style-type: none"> • Nurse Practitioner
Camino Real Community Services Mobile Crisis Outreach Team (24/7 MCOT)	2644 Encino Park Dr. Eagle Pass, TX 78852	Dimmit, Maverick, & Zavala	<ul style="list-style-type: none"> • Crisis Outreach, Response, and Follow-up Services • Adults & Child/Adolescent
Camino Real Community Services Crisis Residential	2644 Encino Park Dr. Eagle Pass, TX 78852	Catchment Area	<ul style="list-style-type: none"> • Crisis Residential 24/7 • Adults
Camino Real Community Services Crisis Residential	19971 FM 3175 N PO Box 725 Lytle, Texas 78052	Catchment Area	<ul style="list-style-type: none"> • Crisis Residential 24/7 • Adults
Camino Real Community Services Veteran's Peer to Peer Outreach	1920 10th Street Floresville, TX 78114	Karnes, Wilson, Atascosa, Frio, LaSalle, & McMullen	<ul style="list-style-type: none"> • Peer to Peer Services Bring Everyone In the Zone • Adults
Dr. Rebecca Castro, MD	1005 B Street Floresville TX 78114	Wilson	<ul style="list-style-type: none"> • Adult Psychiatric
Wood Care Center, Inc. (Wood Group)	322 West Main, Suite 104 Kenedy, TX 78119	Karnes	<ul style="list-style-type: none"> • Contracted Psychosocial Rehabilitation Services • LOC 3&4 • Adults
Clarity Child Guidance Center	8535 Tom Slick Drive San Antonio, TX 78229	Bexar	<ul style="list-style-type: none"> • Contracted Inpatient Services Child & Adolescent

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Laurel Ridge	17720 Corporate Woods Dr. San Antonio, TX 78259	Bexar	<ul style="list-style-type: none"> Contracted Inpatient services Children, Adolescents and Adults
San Antonio Behavioral Healthcare Hospital	8550 Huebner Rd, San Antonio, TX 78240	Bexar	<ul style="list-style-type: none"> Contracted Inpatient services Children, Adolescents and Adults
Texas Vista Medical Center	7400 Barlite Blvd, San Antonio, TX 78224	Bexar	<ul style="list-style-type: none"> Contracted Inpatient services Adults
Avail Solutions, Inc.	4626 Weber Rd. Corpus Christi, TX 78411	Catchment area	<ul style="list-style-type: none"> Contracted Crisis Hotline Services Adults and Children
UTMB- Department of Psychiatry	301 University Blvd, Galveston, TX 77555	Catchment Area	<ul style="list-style-type: none"> Telemedicine Professional Services Child/Adolescent Psychiatric Services
Iris Telehealth	807 West Ave. Austin, TX 78701	Catchment Area	<ul style="list-style-type: none"> Contracted Child Psychiatric Services Children/Adolescents
East Texas Behavioral Health Network	4101 TX-248 Spur Tyler, TX 75701	Catchment Area	<ul style="list-style-type: none"> Contracted Psychiatric Services – Telemedicine Contracted Counseling – Telehealth Contracted Pharmacy Benefit Manager Intake Children, Adolescents and Adults
FAS Psych	Ventura Gateway 8687 E. Via de Ventura, #310	Catchment Area	<ul style="list-style-type: none"> Contracted Psychiatric Services – Telemedicine Children, Adolescents and Adults

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
	Scottsdale, AZ 85258		
			•

I.B Mental Health Grant Program for Justice Involved Individuals

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

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

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

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
		•	•	•
		•	•	•

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

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

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

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

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

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"/> Family members
<input checked="" type="checkbox"/> Advocates (children and adult)	<input checked="" type="checkbox"/> Concerned citizens/others
<input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • Laurel Ridge Treatment Center • San Antonio Behavioral Healthcare Hospital 	<input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> • SASH- Mark Graham
<input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Substance abuse treatment providers
<input type="checkbox"/> Prevention services providers	<input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers
<input checked="" type="checkbox"/> County officials	<input checked="" type="checkbox"/> City officials

Stakeholder Type

**List the county and the official name and title of participants:*

- Atascosa County JP 2 – Wayne Vaughn
- Atascosa County JP 3 – Orlando Carrasco
- Frio County JP 1 – Shanna Gates
- Frio County JP 2 – James Sindon
- Frio County JP 3 – Susan Ruiz-Belding
- Wilson County JP 1 – Johnny Villarreal
- Wilson County JP 2 -Judge Sara Canady
- Wilson County JP 3 -Judge Connie Terry
- Wilson County JP 4 - Judge Clara Rutland
- Karnes JP 1 – Judge Rachel V. Garcia
- Karnes JP 2 – Judge Caroline Korzekwa
- Karnes JP 3 - Judge Daisy Villanueva
- Karnes JP 4 – Judge David Sotelo

Federally Qualified Health Center and other primary care providers

Hospital emergency room personnel

Faith-based organizations

Probation department representatives

Stakeholder Type

**List the city and the official name and title of participants:*

- Mayor Oscar Puente
- Crystal City Mayor Frank Moreno
- Floresville Mayor Cissy Gonzales
- Poth Mayor Chrystal Eckel
- Pearsall Mayor Ben Briscoe
-

Local health departments

LMHAs/LBHAs

**List the LMHAs/LBHAs and the staff that participated:*

●

Emergency responders

Community health & human service providers

Parole department representatives

Stakeholder Type

- ☒ Court representatives (Judges, District Attorneys, public defenders)
**List the county and the official name and title of participants:*
 - Atascosa County Judge Hurley
 - Dimmit County Judge Francisco Ponce
 - Karnes County Attorney Jennifer Dillingham
 - Karnes County -Judge Wade Hedtke
 - McMullen County Judge James Teal
 - Wilson County Judge Richard Jackson

Stakeholder Type

- ☒ Law enforcement
**List the county/city and the official name and title of participants:*
 - Maverick County Sheriff's Office
 - Sheriff Tom Schmerber
 - Lt. Mayra Ramos
 - Sgt. Tammy Olveda
 - Warden Roberto Parra
 - Rolando Salinas Mayor
 - Eagle Pass PD
 - Asst. Chief Alejandro Guedea Jr.
 - Lt. Amy Gonzalez
 - Lt. Gerardo Fuentes
 - Sgt. Alexandro Barrientos
 - Dimmit Sheriff's office
 - Chief Deputy Ramirez
 - Capt. Maricela Hernandez
 - Deputy Ruth Ceniseros PIO
 - Zavala
 - Sheriff Eusevio Salinas
 - Capt. Jesse Jimenez
 - Crystal City PD
 - Chief Jesse Lopez
 - Asst. Chief Rafael Perez
 - Karnes
 - Chief Eddie Salas
 - Chief Richard Ashch-Kennedy PD
 - Sheriff Dwayne Villanueva
 - Chief Robert Ebrom
 - Wilson

Stakeholder Type

Stakeholder Type

- Sheriff Jim Stewart
- Chief Deputy Clint Garza
- Lt. Lyle Key
- Sgt. Gary Laughlin Jr.
- Chief George Herrera-Floresville PD

Poth PD

- Chief Gerald Sanchez

Atascosa

- Chief of Police Ronald Sanchez
- Sheriff David Soward
- Major Matthew Miller
- Captain Martin Gonzalez- Jail Administrator
- Sargent Mike Benavidez
- Deputy Robert Saucedo
- Deputy Albert Garza
- Deputy Kenneth Martinez
- Constable Rick Luna
- Officer Jordan Haren-Pleasanton PD
- Officer Philip Glass-Pleasanton PD
- Chief Eric Kaiser

McMullen

- Sheriff Emmett L. Shelton
- Deputy M. Ratteree
- Deputy Eddie "Tiny" Guajardo

Frio /City Pearsall PD

- Sheriffs dept. Chief Peter Salinas
- Sheriff Mike Morse
- Chief Daniel Flores
- Captain Michael Guerrero
- Sergeant Detective Nathaniel Ximenez
- Sergeant-John Hernandez

Stakeholder Type

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

Stakeholder Type

- Corporal Detective John Rodriguez
 - LaSalle
 - Undersheriff Rene Sobrevilla
 - Sheriff Miguel Rodriguez
 - Deputy Earl W. Heath
 - Nick Ayers-Juvenile Probation
 - Captain Jose Garcia
 - Capt. Elvira Gonzales
 - Gilbert Eguia
 - Encinal PD
 - Chief Pablo Balboa III
 -
 - 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.

• Crisis task force meetings held quarterly in each county to identify needs
• Education and information about substance use services being offered
• Education and information of Rural Crisis Response and Diversion efforts
• Planning and Network Advisory Committee

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

- | |
|---|
| • Substance Abuse Treatment and Services |
| • Transportation of clients in crisis |
| • Amount of time that law enforcement spends with individuals in crisis |
| • Service capacity in rural areas is not enough to meet demands |

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;

- Quarterly task force meetings are coordinated where representatives from inpatient psychiatric hospitals are invited to share information

Ensuring the entire service area was represented; and

- our 9-county service area that stakeholders from all counties in our service area are invited Quarterly task force meetings are coordinated throughout to attend.

Soliciting input.

- Input is solicited from our stakeholders to include inpatient hospitals' staff, law enforcement, county officials, school districts, FQHCs, nursing homes, local hospital staff, etc. Input is also solicited through input in needs assessments.

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

- 24/7 Avail Solutions 1-800-543-5750

After business hours

- 24/7 Avail Solutions 1-800-543-5750

Weekends/holidays

- 24/7 Avail Solutions 1-800-543-5750

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

- QMHP's 8am – 7pm; on call and virtual and/or on-site with access to LPHAs for consultations

After business hours

- QMHP's 8am – 7pm; on call and virtual and/or on-site with access to LPHAs for consultations

Weekends/holidays

- QMHP's 8am – 4pm Saturday and Sunday on-site;
- Night and day on call with access to LPHAs for consultation

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

- NO

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

- MCOT staff are required to conduct a follow-up within 24 hours of initial crisis episode. Preferably they are completed face to face but can be conducted via phone/virtual if face to face isn't possible. Often case management takes place when individuals need to be linked to other resources, i.e. substance abuse services, detox, shelters. Skills trainings are often used by MCOT staff to help decrease anxiety, provide problem solving, reality orientation, etc.

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, approximately 25% of the center's crisis calls come from ERs. MCOTs role is to respond to the request for a risk assessment and recommendations for next steps in the least restrictive environment.

Law Enforcement:

- Yes, about 25% of the center's crisis calls come from jails or law enforcement. MCOTs roles is to respond rapidly to request for risk assessment and/or assistance with the individuals in crisis.

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

- None, as there are no state hospitals in our service area. The hospitals will notify the LMHA if someone does walk-in to the state hospital.

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

During business hours:

- Contact the Crisis Hotline Avail Solutions 1-800-543-5750

After business hours:

- Contact the Crisis Hotline Avail Solutions 1-800-543-5750

Weekends/holidays:

- Contact the Crisis Hotline Avail Solutions 1-800-543-5750

9. What is the procedure if an individual cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

- If the individual cannot be stabilized the individual may be referred to our Crisis Residential Unit for further evaluation by a psychiatrist or to an inpatient psychiatric hospital or state mental health facility for further assessment and inpatient services.

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

- If the individual is in an emergency room, generally medical clearance is determined by ER staff. If in a jail, then law enforcement may transport to the ER for medical clearance based on their specific county jail standards but jails do have a nurse. For further evaluation the individual may be referred to a CRCS Crisis Residential Unit for evaluation by a psychiatrist when the CRU is the most appropriate setting.

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

- Risk Assessment, Stabilization, Consult, & Safety Planning tasks are completed.
- Involuntary: MCOT staff contact psychiatric hospitals to coordinate placement in a hospital bed (LMHA contracted or state hospital). Emergency Detention obtained. Place client in the Higher Level of Care inpatient hospital bed.
- Voluntary: MCOT staff coordinates a hospital bed for the client.

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).

- MCOT staff coordinate with the Crisis Residential Unit (CRU) nursing staff, and/or the psychiatrist for admission. If medically stable, admit to CRU.

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.

- We determine if it is safe to go into an alternate location. Avail as part of the screening asks questions relating to the safety of the location. If an assessment to an alternate location that is not known to us is requested, a welfare check is requested by law enforcement to ensure the setting is safe or the person can be taken somewhere safe to be assessed.

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

Where does the individual wait for a bed?

- Family is involved whenever possible. A Safety Plan is developed, and follow-up is done until a bed is available.
- Outpatient offices are staffed with QMHPs
- LMHA's Crisis Residential Units are available as viable safe options for an individual to wait.
- Hospital Emergency Room (If in ER, stay in ER.)

- If a Private Hospital or State Mental Health Facility bed is not available, Camino Real CS utilizes the CRU as much as possible

15. Who is responsible for providing ongoing crisis intervention services until the crisis is resolved or the individual is placed in a clinically appropriate environment at the LMHA/LBHA?

- MCOT staff or case manager if individual is an Active client of the center.

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

- Family and natural support systems
- MCOT staff
- Ambulance
- Law enforcement if none of the above are able to safely transport

Crisis Stabilization

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

Name of Facility	Camino Real Community Services Crisis Center
Location (city and county)	Eagle Pass, Maverick County and Lytle, Atascosa County
Phone number	Eagle Pass: 830-498-2000; Lytle: 830-266-5500
Type of Facility (see Appendix A)	Crisis Residential Unit
Key admission criteria (type of individual accepted)	Voluntary, Adults, Stable medical/physical health, Moderate to Severe Psychiatric Crisis
Circumstances under which medical clearance is required before admission	Older adults, intoxication, drug overdose, bleeding, medical emergency
Service area limitations, if any	9 county service area of this LMHA
Other relevant admission information for first responders	Open 24/7
Accepts emergency detentions?	No
Number of Beds	16
HHSC Funding Allocation	PESC

Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals?

Replicate the table below for each alternative.

Name of Facility	Texas Vista Medical Center
Location (city and county)	San Antonio, Bexar County
Phone number	(210) 921-2000
Key admission criteria	Adults at imminent risk of harm to self or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	24//7
Number of Beds	12
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center	Yes for PESC; PPB

contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed Basis
If under contract, what is the bed day rate paid to the contracted facility?	\$605
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Clarity Child Guidance Center
Location (city and county)	San Antonio, Bexar County
Phone number	(210) 616-0300

Key admission criteria	Child/Youth <18 years of age at imminent risk of harm to self or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	24/7
Number of Beds	14
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes, PESC and PPB
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$900/bed day
If not under contract, does the LMHA/LBHA use facility	N/A

for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	San Antonio Behavioral Healthcare Hospital
Location (city and county)	San Antonio, Bexar County
Phone number	(210) 541-5300
Key admission criteria	Adults at imminent risk of harm to self or others Child/Youth <18 years of age at imminent risk of harm to self or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	24/7
Number of Beds	422
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or	Yes, PESC and PPB

community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/bed day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Laurel Ridge Treatment Center
Location (city and county)	San Antonio, Bexar County
Phone number	(210) 491-9400
Key admission criteria	Adults at imminent risk of harm to self or others Child/Youth <18 years of age at imminent risk of harm to self or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	24/7

Number of Beds	638
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes, PESC and PPB
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/bed day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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.

- N/A

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

- No local inpatient options.
- No credentialed eligible staff to conduct competency restoration.
- Medically Underserved Area and Healthcare Professional Shortage Area.
-

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. The center employs a law enforcement liaison who interfaces with law enforcement

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.

- MCOT Staff
- Local MH Clinic Managers and QMHP's
- Continuity of Care Coordinator
-

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

- Camino Real CS has no access to local alternatives but continues to explore options and financial resources for hiring individuals who meet the requirements to conduct competency restoration. Developing an outpatient competency program is challenging in a 9-county area with limited population density in any certain county/town. The few individuals who may need competency restoration are dispersed widely across the service area. The LMHA is working closely with jails to discuss viable options for the jail to contract with the LMHA for psychiatry, which with medication services may restore an individual to competency. 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.)

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.)?

- There is some need but little in comparison to the urban areas. Inpatient competency restoration.

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

- For inpatient competency restoration access to the state inpatient hospitals is a barrier due to the long waitlist.
- For jail based - The financial resources to hire a psychologist or an individual who would meet the minimum credentialing requirements to carry out instruction with the inmate. A willing County Jail Partnership is needed to explore the viability of this project. In the

majority of cases the jails do not have the financial resources or budget to pay for psychiatric services to include the cost of the contract and the medications.

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?

- The LMHA secured training from Dr. Avrim Fishkind, MD in the past couple of years and implemented protocols for detoxification at the Crisis Residential Units. These protocols are being used in both CRUs.
- The LMHA has licensure as a Substance Use facility and is providing outpatient substance use services in 7 out of nine counties in the service area.
- We have secured a CCBHC Expansion Grant for COPSD and SUD services' expansion across the service area, which is inclusive of staff to focus on physical health needs of individuals.
- The center hired Care Coordinators to facilitate the integration of the holistic approach to addressing the three areas.
- We have partnered with the FQHCs to ensure that the client's physical health care is addressed.
- We provide physical health and substance use screenings at our outpatient mental health facilities.

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

- The LMHA plans to roll out and expand the Substance Use outpatient to at least 5 outpatient sites.
- We plan to employ have at least one full-time Care Coordinator at each office to ensure physical health and substance use issue are addressed through the care coordination referral and monitoring process. We plan to expand integrated physical health and behavioral health through a partnership with a NP who is able to address both physical and mental health.

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?

- Camino Real CS holds quarterly Crisis Task Force meetings in most of our counties. The Psychiatric Emergency Plan will be shared with participants. The participants include law enforcement, judicial, schools, EMS, and community stakeholders. The meetings have been a great success by offering a learning opportunity for participants, and a forum for collaboration for all involved.
- Information is shared at Mental Health First Aid trainings.
- We also continue to engage our Board of Trustees and the PNAC for feedback.
- Marketing materials specifically related to our Crisis Hotline, CRU and MCOT services are made available to the emergency responders and other stakeholders.

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?

- Crisis plan training, crisis training, and refresher training is provided to all staff.
- The center contracts the hotline out to Avail Solutions, Inc., and has ongoing communication with Avail that will include information related to the Psychiatric Emergency 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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Catchment Area	<ul style="list-style-type: none"> ● Logistics (distance between crisis staff and required response area) 	<ul style="list-style-type: none"> ● Purchase of televideo equipment to be placed in 100% of hospitals and jails in the service area.
Catchment Area	<ul style="list-style-type: none"> ● Recruitment and retention of qualified mental health professionals 	<ul style="list-style-type: none"> ● Salary search for local average salaries for teachers shows the LMHA not to be competitive. ● Enhance recruitment efforts.
Catchment Area	<ul style="list-style-type: none"> ● Distance to the nearest hospital creates difficulty with regards to transporting individuals needing a higher level of care 	<ul style="list-style-type: none"> ● Expanded options for transportation to include use of ambulance service and family members. ● Hiring of a qualified transporter
Catchment Area	<ul style="list-style-type: none"> ● Employment of Licensed Staff 	<ul style="list-style-type: none"> ● Increase partnership with universities for use of interns.
Catchment Area	<ul style="list-style-type: none"> ● Inpatient substance abuse is not available in any area 	<ul style="list-style-type: none"> ● Actively participate in the OSAR quarterly meetings.
	<ul style="list-style-type: none"> ● 	<ul style="list-style-type: none"> ●
	<ul style="list-style-type: none"> ● 	<ul style="list-style-type: none"> ●

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
● Crisis Hotline	● Catchment Area	● Maintain
● MCOT	● Catchment Area	● Maintain
●	●	●
●	●	●
●	●	●
●	●	●
●	●	●

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
● Quarterly Crisis Task Force Meetings	● Catchment Area	● Continue the Task Force meetings
● Sponsor Crisis Intervention Training (CIT) each year	● At least one county per year	● At least 2 Law Enforcement education trainings to be provided by the MH Law Enforcement Liaison each year
●	●	●
●	●	●

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Jail CARE Match review 	<ul style="list-style-type: none"> • All counties 	<ul style="list-style-type: none"> • Utilize Crisis Response team to provide follow up services that include attending hearings. In addition, the LMHA has a TCOOMMI contract and when eligible some arrested individuals may be eligible for services through that program.
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Screening for mental illness and diversion eligibility when activated by crisis hotline. 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • We plan to continue our relationship with county jails and complete screenings upon request.
<ul style="list-style-type: none"> • Staff attend court hearings for known clients and offer MH services in lieu of incarceration. 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Actively review Jail CARE Match data continue to work with the local jails to intervene with

		<p>individuals who have a history of mental illness.</p> <ul style="list-style-type: none"> • TCOOMMI Case Managers to attend court hearings as needed.
<ul style="list-style-type: none"> • Link to comprehensive services 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Work closely with jails to educate them on service availability and continue with jail match.
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Structured process to coordinate discharge/transition plans and procedures 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Maintain the expanded TCOOMMI program and continue to provide the full array of services (to provide Intensive Case Management to offenders returning to our service area).
<ul style="list-style-type: none"> • Access medication and prescriptions 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Continue current process of ensuring that persons exiting from jail or prison are identified and offered these services.
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

•	•	•
•	•	•
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Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Routine screening for mental illness and substance use disorders. Telehealth equipment in the county jails to facilitate face to face assessment and crisis intervention timelier 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Visit with correctional facilities regarding contracting for needed services.
<ul style="list-style-type: none"> • TCOOMMI program 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance.
<ul style="list-style-type: none"> • Staff assigned to serve as liaison with community corrections 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Training for and regular meetings with probation or parole staff • MH Law Enforcement Liaison to continue outreach with jails and law enforcement.

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 of public school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

- Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.
- Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources to effectively meet the diverse needs of people and communities.

- Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.
- Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.
- Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Rapid access for eligibility determination is in place 	<ul style="list-style-type: none"> • Continue Same Day Access Intake Process
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Dedicated full time Care Transition Coordinator and a dedicated Continuity of Care Liaison 	<ul style="list-style-type: none"> • Continue with dedicated position for discharge planning and transition to outpatient care
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and	<ul style="list-style-type: none"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • Continue with Continuity of Care Coordination 	<ul style="list-style-type: none"> • Continue with dedicated position for discharge planning and transition to outpatient care

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
reducing other state hospital utilization			<ul style="list-style-type: none"> ● Link to Supported Housing Rental Assistance Services ● Refer to HCBS services for Long Term State Hospital Patients ● Link to Supported Housing Rental Assistance Services ● Refer to HCBS services for Long Term State Hospital Patients
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> ● Gap 7 ● Goal 2 	<p>Currently providing:</p> <ul style="list-style-type: none"> ● Cognitive Behavior Therapy ● ACT ● Wraparound ● Psychosocial Rehab ● Supported Housing ● Supported Employment ● IMR ● COPS-D ● Nurturing Parenting ● Seeking Safety 	<ul style="list-style-type: none"> ● Procuring a percentage of CBT services allowing for greater choice and bilingual therapists. ● Enhance opportunities for ongoing Training. ● Credentialing of staff to provide evidenced based services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> ● Aggression Replacement Skills Streaming 	
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> ● Gap 8 ● Goals 2,3 	<ul style="list-style-type: none"> ● Using the PCRCP model ● Peer Providers in each outpatient clinic 	<ul style="list-style-type: none"> ● Send staff to PCRCP training ongoing to ensure compliance with PCRCP and improvement of staff skill with plans. ● Maintain Peer Workforce.
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> ● Gaps 1,14 ● Goals 1,2 	<ul style="list-style-type: none"> ● COPS_D ● Referrals to OSAR ● SUD Facility License 	<ul style="list-style-type: none"> ● Require COPSD training ● Maintain LCDCs. ● Offering SUD Outpatient services in one area to include MAT and expand to one other area
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> ● Gap 1 ● Goals 1,2 	<ul style="list-style-type: none"> ● Working with FQHCs for Primary Care physician services. ● A co-located Behavioral Health LPHA at the FQHC in Tilden, McMullen County 	<ul style="list-style-type: none"> ● Expand contract opportunities with primary care providers ● Continue with FQHC partnerships ● Maintain Care Coordinators to address patients in the service area Hire Care Coordinator specific to children's services

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> ● Gap 10 ● Goal 2 	<ul style="list-style-type: none"> ● Dedicated van drivers who provide transportation for outpatient services 	<ul style="list-style-type: none"> ● Continue to provide transportation in our remote areas ● Continue to provide local transportation options such as the Alamo Regional Transit through AACOG
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> ● Gap 14 ● Goals 2,4 	<ul style="list-style-type: none"> ● Awarded a Community Mental Health Grant to provide services to individuals with IDD access to psychiatric care. 	<p>Continue with counseling and psychiatric care for MHIDD consumers</p> <ul style="list-style-type: none"> ● Cross train providers to work with individuals who have MHIDD diagnoses
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> ● Gap 4 ● Goals 2,3 	<p>Full Time Veteran Peer Services Coordinator</p> <ul style="list-style-type: none"> ● P/T Peer Providers 	<ul style="list-style-type: none"> ● Continue with current process and veteran services' program ● Looking at other options to expand opportunities to serve veterans and their family members.

III.C Local Priorities and Plans

Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services,

allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.

List at least one but no more than five priorities.

For each priority, briefly describe current activities and achievements and summarize plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.

Local Priority	Current Status	Plans
Substance abuse services	<ul style="list-style-type: none"> ● Opened a SUD office in Atascosa County ● Staff are trained in COPSD 	<ul style="list-style-type: none"> ● Hire LCDCs for our largest clinics ● Develop a substance use training series to expand the knowledge of our service providers
Behavioral Health Services (Existing behavioral health services, resources are insufficient to meet the current population needs.)	<ul style="list-style-type: none"> ● LMHA is main provider through the service area 	<ul style="list-style-type: none"> ● The LMHA will continue to evaluate the local staffing plan to meet the needs of our community based on the current funding limitations. ● The LMHA will continue to attend local interagency meetings and identify local resources as they become available
Primary Care & Specialty Care Services (The demand for primary and specialty care services exceeds that of available medical physicians and	<ul style="list-style-type: none"> ● The LMHA offers primary care screening services through routine psychiatric medical services. ● Care Coordinators available at some sites 	<ul style="list-style-type: none"> ● Contract with a primary care physician or nurse practitioner in at least 1 county ● Continue to refer to the FQHCs

Local Priority	Current Status	Plans
non-physician practitioners in these areas.)	<ul style="list-style-type: none"> The LMHA has MOUs with the FQHCs 	<ul style="list-style-type: none"> Utilize Care Coordinators for facilitating access to necessary physical health care services

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	<i>Example: Detox Beds</i>	<ul style="list-style-type: none"> • Establish a 6-bed detox unit at ABC Hospital. 	•
2	<i>Example: Nursing home care</i>	<ul style="list-style-type: none"> • 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. 	•
	Detox Beds	<ul style="list-style-type: none"> • Establish the ability to have access to at least 2 beds for detox within the Crisis Residential Unit or through a contract 	<ul style="list-style-type: none"> • \$800/day x 7 days x 4 clients per month x 12 = Approximately \$300,000 per year.
	Substance Use Disorder Treatment	<ul style="list-style-type: none"> • Establish additional outpatient SUD facilities 	<ul style="list-style-type: none"> • Approximately \$250,000 per small office with LCDCs
	Extended Observation Unit	<ul style="list-style-type: none"> • Open 2 EOUs in existing buildings to offer more immediate access to crisis care than the ER can provide 	<ul style="list-style-type: none"> • Approximately 1.8 million for 2- fully staffed 4 bed EOUs.

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

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