Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local Behavioral Health Authorities

Fiscal Years 2021-2022
Due Date: September 30, 2020
Submissions should be sent to:
Performance.Contracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

Health and Human Services Commission

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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.

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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	County	Services & Target Populations Served
Texas Panhandle Centers	1501 S. Polk Amarillo, Texas 79101	Potter	Screening, assessment and intake; FLOC for adults
Texas Panhandle Centers	1500 S. Taylor Amarillo, Texas 79101	Potter	Screening, assessment and intake; FLOC for children
Texas Panhandle Centers	900 Polk Street Amarillo, Texas 79101	Potter	Adult TCOOMMI services. Screening, assessment and intake.

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
Texas Panhandle Centers	9300 S. Georgia Amarillo, Texas 79118	Randall	Juvenile TCOOMMI Services. Screening, assessment and intake.
Texas Panhandle Centers Respite & Recovery Center	2002 Hardy Street Amarillo, Texas 79106	Potter	Mobile Crisis Outreach Team, Continuity of Care, Peer Support, & Respite for adults - ages 18 and over. All TRR clients – Swing office for Amarillo Intercept Team, CMHC, CIT Swing office
Texas Panhandle Centers	723 N. Taylor Amarillo, Texas 79101	Potter	Screening, assessment and intake for the Homeless; FLOC for adults; referral services for children. Integrated Care location, First Episode Psychosis (FEP), ACT
Texas Panhandle Centers	615 Buckler Avenue Pampa, Texas 79065	Gray	Screening, assessment and intake; FLOC for adults and children.
Texas Panhandle Centers	426 Main, Suite D Hereford, ,Texas 79045	Deaf Smith	Screening, assessment and intake; FLOC for adults and children. PADRE services, CASA location
Texas Panhandle Centers	111 South Kearney St Clarendon, Texas 79226	Donley	Screening, assessment and intake; FLOC for adults and children. Case Management, Skills, psychosocial rehabilitation, OSAR (all regional clinics)
Texas Panhandle Centers	500 E. 1st St, Suite 203 Dumas, Texas 79029	Moore	Screening, assessment and intake; FLOC for adults and children.
Texas Panhandle Centers	412 N. Main Borger, Texas 79001	Hutchinson	Screening, assessment and intake; FLOC for adults and children.
Texas Panhandle Centers	313 S. Main St. Perryton, Texas	Ochiltree	Screening, assessment and intake; FLOC for adults and children.
Heal The City	609 S Carolina Amarillo, Texas 79106	Potter	Integrated Care, Adults in the BH CMHG program
Care Today Urgent	3440 Bell Street Amarillo, Texas 79109	Upper 21 counties of	Integrated primary and Behavioral Health Care collated within a primary care clinic. Labs, drawn; primary care and BH assessments; medications

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
		the Texas Panhandle	for primary care diagnoses provided; referral to specialty medical care as necessary via a special pricing agreement with Baptist St. Anthony's Hospital; integrated recovery plan development; brief behavioral health interventions. Services are provided to individuals 18-years of age and older.
West Texas A&M University (WTAMU)	2620 Russell Long Blvd. Canyon Texas 79016	Randall	Integrated primary and Behavioral Health Care. An LCSW and contracted psychiatrist are co-located within WTAMU' Student Medical Services Clinic and the Counseling Center. Labs drawn; primary care and BH assessments; medications for primary care diagnoses provided; referral to specialty medical care as necessary via a special pricing agreement with Baptist St. Anthony's Hospital; integrated recovery plan development; brief behavioral health interventions; counseling services. Services are provided to enrolled students who are 18-years of age and older.

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I.B Mental Health Grant Program for Justice Involved Individuals

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

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2018-2022	Co-Occurring Psychiatric and Substance Use Services for incarcerated individuals in Potter and Randall County Jails. Program combines COPSD services initiated in jail coordinated with a TPC outpatient team to continue treatment when released. EBP used in the program designed to develop and increase protective factors to reduce recidivism.	Potter, Randall	Incarcerated individuals diagnosed with substance use and mental health conditions	60

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. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
2018-2020, 2020-2022	Coordinated Specialty Care Program. Combines BH providers with law enforcement for first response. Combines BH team in a primary care setting for co-response. Partners with community resources for trauma, substance use, early intervention, primary care, law enforcement. Identifies early indications of behavioral health needs, crisis intervention, holistic care	Potter, Randall	Adults with Mental Health, SUD, trauma, high risk environments for behavioral health conditions to develop	300

I.D Community Participation in Planning Activities

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

	Stakeholder Type		Stakeholder Type
☒	Consumers	☒	Family members
☒	Advocates (children and adult)	☐	Concerned citizens/others
☒	Local psychiatric hospital staff **List the psychiatric hospitals that participated:* • Northwest Texas Hospital Pavilion	☐	State hospital staff **List the hospital and the staff that participated:* •
☒	Mental health service providers	☒	Substance abuse treatment providers

Stakeholder Type	Stakeholder Type
☒ Prevention services providers	☒ Outreach, Screening, Assessment, and Referral Centers
☒ County officials **List the county and the official name and title of participants:* Adrian Castillo-47th DA's Office (Justice League) Jason Howell- 47th DA's Office (Potter County Diversion) Britney Cotgreave- Potter and Randall County Probation (Justice League, TCOOMMI, SB292) Denise Hefley- Potter County Mental Health Coordinator (Justice League) Loree Tamayo- Dallam-Hartley County Hospital District CEO (Crisis Assessment/Telemed Adam Ensay- Armstrong County Commissioner (crisis assessments in jail, justice league)	☒ City officials **List the city and the official name and title of participants:* Casie Stoughton- Director of Public Health (Justice League) Judge Laura Hamilton- Presiding Judge of Municipal Courts (MH Docket) James Stroud- City Manager in Dalhart (16.22, Diversion Efforts for repeat offenders)
☒ Federally Qualified Health Center and other primary care providers	☐ Local health departments ☐ LMHAs/LBHAs **List the LMHAs/LBHAs and the staff that participated:* •
☐ Hospital emergency room personnel	☐ Emergency responders
☐ Faith-based organizations	☐ Community health & human service providers
☐ Probation department representatives	☐ Parole department representatives

	Stakeholder Type		Stakeholder Type
☒	Court representatives (Judges, District Attorneys, public defenders) **List the county and the official name and title of participants:* Christy Drake- Potter County Criminal Attorney (MH Docket) Tad Fowler- Potter County Attorney (MH Docket) Robert Love- Randall County District Attorney (Jail Services, 16.22) Amy Rhoades- Randall County District Attorney (Jail Services, 16.22) Judge John Board- 181st District Judge (16.22 implementation) Judge Karen Boren- Justice of the Peace in Deaf Smith (16.22, MH Docket) Judge D.J Wagner- Deaf Smith County Judge (16.22, MH Docket) Sheriff Dale Butler- Deaf Smith Sheriff (TPC Board Member, MH Docket, and 16.22 process) Chris Strowd- Deaf Smith District Attorney (MH Docket, 16.22) Braden Karber- Justice of the Peace in Ochiltree County-(16.22) Wes Ritchey- Dallam County Judge (16.22, Crisis Assessment/Telemed) Ronnie Gordon-Hartley County Judge (16.22, Crisis Assessment/Telemed) Beth Moore – Justice of the Peace in Harley County (16.22, Crisis Assessment/Telemed/Diversion)	☒	Law enforcement **List the county/city and the official name and title of participants:* Terry Bouchard- Ochiltree Sheriff (TPC Board Member) Wayne Floyd- Ochiltree Chief Deputy at Sheriff's Office (16.22) Jason Riddlespurger-APD CIT Coordinator (HB13-Intercept Program, MCOT, Justice League, Jail Services, Homeless outreach) Randall Giles- Potter County Jail Captain (Justice League & SB292) Steven White- Potter County Jail Lieutenant (Justice League & SB 292) Tim Lacey- Randall County Jail Lieutenant (Justice League) Morgan Canales- Randall County Mental Health Deputy (SB 292 & Justice League) Nina Parvin- Randall County Lieutenant (SB 292 and 16.22) Matt Stockstill- Randall County Jail Captain (Jail Services) Chris Forbis- Randall County Patrol Captain (Presumptive Upcoming Sheriff) (Jail Services and CIT) Sheriff Fleta Barnett- Sheriff in Armstrong County •

Stakeholder Type	Stakeholder Type
Judge Hugh Reed- Armstrong County Judge (16.22, Crisis Assessments, (some justice league meetings in the very beginning) Judge Dianne Samaniego- Justice of the Peace in Armstrong County (16.22, crisis assessments in jail)	
☐ Education representatives	☐ Employers/business leaders
☒ Planning and Network Advisory Committee	☒ Local consumer peer-led organizations
☒ Peer Specialists	☐ IDD Providers
☐ Foster care/Child placing agencies	☐ Community Resource Coordination Groups
☐ Veterans' organizations	☒ Other: ____ Dave Clark- Justice League meetings Perry Gilmore- Executive Director Veterans War Memorial (Justice League) Lori Gunn- PRPC (Justice League) _____

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.

• CRCG meetings
• Continuum of Care meetings
• Mental Health Docket Leadership meetings
• All Texas Access NTSH Group
• Recovery Oriented System of Care
• SAMHSA Gains Center Sequential Mapping of Potter and Randall Counties Judicial Intercepts Gaps and Assets • Veteran Stakeholder Provider Group • Recovery Oriented System of Care

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

• Workforce Shortage in Behavioral Health Occupations
• Timely Access to Routine Behavioral Health Care
• SUD and Respite Resources for Adults and Youth
• Transportation
• Medication continuation when leaving inpatient or criminal justice system
• Access to State Hospital Services

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;

- TPC has worked with community first responders and members of the judicial system to create opportunities to blend and braid resources to maximize the benefits of interventions for individuals in need. Examples of this include weekly and monthly meetings focused on staffing the needs of individuals who have accessed services at various points of interventions between law enforcement, MCOT, inpatient psychiatric, homeless services and other community resources. This joint staffing operates much like established CRCG's for youth. TPC also collaborates formally, with private for profit primary care clinic, community indigent care clinic, co-location in one county jail for treatment and continuity of care program upon release, co-response teams with Amarillo City law enforcement, collaborated outreach for people experiencing homelessness with law enforcement.
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Ensuring the entire service area was represented; and

- TPC serves the upper 21 counties of the Panhandle of Texas which makes collaboration efforts in formal ways more of a challenge. Resource limitations primarily involved the work force shortage of qualified individuals is the biggest barrier. Telehealth has been essential to real time collaborative interventions. Telehealth has been deployed to 8 rural emergency rooms and 10 county jails. This allows TPC jail service staff and the MCOT immediate response to individuals in these settings. Weekly contact is maintained with

rural jail administrators and TPC jail services manager to refine processes and review individual treatment options for people with behavioral health conditions. TPC has increased services in Deaf Smith county to provide a designated jail service provider to that area due to the increase in people with behavioral health and criminal justice needs. TPC has increased their involvement in Hutchinson County by participating in the Stinnett Drug Court for people with co-occurring disorders. TPC entered a partnership with the Coalition of Health Services as a part of their Rural Opioid treatment /education grant. TPC goes to all rural hospitals to evaluate and educate responders and individuals with opioid addictions and behavioral health needs about available treatment resources including medication assisted treatment and NARCAN intervention and distribution. TPC has located a Parenting Awareness on Drug Risk provider once a week in Deaf Smith county at the Child Advocate Services (CASA) location to provide treatment and assessment for those at risk families.

Soliciting input.

- TPC has scheduled outreach meetings through the calendar year with rural city and county officials with TPC executive leadership. These meetings ensure unique county needs are addressed and opportunities to collaborate are initiated or investigated. TPC and the area private psychiatric hospital have a contract to provide inpatient care to individuals with no payer source to receive treatment if outside of the Amarillo Hospital District. Another contract with a rural psychiatric hospital is planned for this year.
- Regular meetings are scheduled with these entities to maximize continuity of care. TPC participation in gap analysis meetings and monthly community meetings addressing behavioral health and social issues are attended on a routine basis to gather input. This information is relayed to TPC leadership and the Planning and Network Advisory Committee (PNAC) to design programs to best address these needs.

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

- **M-F 8am-5pm:** 22 - 25 FTEs

After business hours

- **M-F 5pm-12am:** 10 - 12 FTEs / **12am-8am:** 8 - 9 FTEs

Weekends/holidays

- **8am-4pm:** 8 - 9 FTEs / **4pm-12am:** 8 - 9 FTEs / **12am-8am:** 6 - 8 FTEs

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

- Avail Solutions

3. How is the MCOT staffed?

During business hours

- MCOT has 4 full time staff who rotate on-call during business hours. There is a primary, secondary and manager identified on the call roster.

After business hours

- MCOT has 4 full time staff who rotate on call during after-hours. The call is set up to have a primary, secondary and manager on call to access. Initial calls for response go to the 24/7 crisis line to determine if there is an emergent need for law enforcement or medical attention to be initiated.

Weekends/holidays

- See Above

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

- N/A

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

- Everyone seen in crisis services is opened into services at LOC-0 and will receive services at that LOC for 7 days. They are then reassessed and placed in a LOC that fits the need of the individual. If the person does not require or does not want on-going services from TPC they are referred to other community supports that might better fit their needs. Reassessment services are offered on an on-going basis. MCOT team members will provide consultation and evaluation to help determine what resources can be provided. These resources may include: Respite and Recovery Center, Rapid Stabilization beds at the Pavilion, Open Access physician appointments, case management and psychosocial rehabilitation services provided by MCOT and referral to other TPC programs

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:

- MCOT is called from emergency rooms in the regional clinics. In Amarillo, MCOT is called if a client is at BSA Hospital. MCOT is not called if the client is at Northwest Texas Hospital (NWTH). NWTH has LPHA personnel on site 24 hours/7 days a week to assess for admission into the Pavilion. State hospital admissions are court ordered by Potter and Randall county judges after TPC completes the recommendation to the court and show-cause and final hearings take place in those respective counties. TPC has provided telehealth in 8 of its rural emergency room locations. These counties represent the highest populations in the area and cover the needs for residents in some of the more frontier counties. This technology is used to link MCOT services to ER personnel for co-assessment/treatment for people with Behavioral Health needs.

Law Enforcement:

- MCOT is routinely contacted during mental health crises involving law enforcement. MCOT provides on-site assessments as requested by law enforcement, follow up care and resource linkage. MCOT also meets with the Amarillo Police Department's Crisis Intervention Team (CIT) to assess individuals needs for Respite and Recovery services. MCOT consults with rural law enforcement on crisis intervention options for individual needs and how to combine response resources for high needs individuals

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

- Due to the geographical distance between TPC's catchment area and the closest State Hospital, requests for screenings from State Hospitals do not occur.

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

During business hours:

- TPC contracts with AVAIL Solutions for 24/7 hotline and initial assessment services. These entities call the line to get into contact with TPC on call staff to respond to the request. If law enforcement wants to call MCOT directly this number is given to them on a monthly basis. CIT officers receive the on call roster for MCOT with the crisis line number and MCOTs individual phones. TPC also has direct access to some law enforcement partners in the catchment area.
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After business hours: TPC

- Same as above – 24/7 Hotline number or direct number for MCOT.

Weekends/holidays:

- Same as above

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 a person cannot be stabilized at the site of the crisis the person is transported to the closest mental health inpatient facility or the closest emergency room. This facility is usually located in Amarillo (Pavilion). The facility provides an additional assessment to determine if the person is eligible for their services. If the person is not eligible then MCOT provides ongoing assessment and explores other resources for treatment. TPC is a part of the Xferral program. This allows TPC to reach out to alternative hospitals and substance use facilities within the network electronically. Many ER's and hospitals in the Panhandle area participate in this service. Examples of alternative placements include other private psychiatric treatment, State hospital admissions, respite locations if the person is able to be supervised without risk of harm, additional crisis assessment through tele-med services. If the person is located in the regional settings outside of Amarillo arrangements are made for safe transportation to the previously mentioned resources. PESC funds have allowed TPC to pay for rapid stabilization services at the Pavilion in the event the person resides outside of the hospital district and they are eligible for that level of care.

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

Further evaluation and medical clearances are performed by the nearest emergency rooms.

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

- TPC QMHP-CS or LPHA does a crisis assessment and admits the person into LOC 0. The TPC provider then calls or uses the Xferral electronic referral application to notify the admissions department at the hospital and give them the crisis assessment information and recommendation. If further medical information is needed the ER will discuss this with the receiving hospitals admission staff. Physician-to-Physician Transfer is completed if this is the agreed course of treatment between the hospitals. Magistrate papers are completed by the respective county magistrates and transportation is provided by the county where the person resides.

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).

- When a person is identified as in need of crisis services MCOT is called as the first responder. MCOT can determine if the person meets criteria to be placed in the Amarillo based Crisis Respite Center. This admission is completed in conjunction with the contracted provider of the service. (The Wood Group).

13. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location, such as a parking lot, office building, school, under a bridge or other community-based location.

- MCOT is contacted by AVAIL or directly by law enforcement for onsite crisis intervention. MCOT speaks to the person requesting the service by phone to determine if there are any safety issues to consider. If contacted by an unknown citizen MCOT will contact CIT to be on notice in case an emergency arises or if they can assist with the intervention. If law enforcement initiates the call, then they are asked to stay at the location until the intervention is completed or all parties agree that they are not needed. The majority of law enforcement in the Amarillo area will contact a CIT officer first. The majority of law enforcement in the rural areas will contact AVAIL and arrange

for the assessment to be done at the closest ER or county jail if charges are involved. As a preventative measure MCOT and other TPC first responders review AVAIL call logs and APD dispatch logs potentially pertaining to behavioral health issues. TPC will reach out to individuals to screen again and link to resources that can aid in crisis prevention.

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14. If an inpatient bed at a psychiatric hospital is not available:
    Where does the individual wait for a bed?

- If a person is in need for local hospitalization at the Pavilion but there is not a bed their diversion procedure comes into effect. They can utilize other psychiatric hospitals in their organization or use a bed at NWTH. If a person is in need of a State hospital bed but one is not available but the local psychiatric hospital has a bed the person is placed there. If there is no bed in the State hospital or the local hospital the closest general county hospital is utilized until a bed at any of the psychiatric hospitals is available. State hospital diversion beds are used at NWTH Pavilion as part of the PESC program services at TPC. TPC is also in the process of adding contracts with additional private psychiatric providers in the area to increase capacity in the local areas.

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?

- If the person is in a hospital setting the hospital medical staff provides the ongoing observation. TPC responders work with the medical staff to determine what other resources are available for the person to receive psychiatric care and continue to reassess until the crisis is resolved. This configuration of intervention and observation is a continual negotiation between hospitals, TPC and law enforcement, based on resources and needs. If the person is not in a hospital setting the TPC responder continues to provide Crisis intervention until the crisis is resolved in the least restrictive setting.

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

- Transportation is provided by anyone who is believed to be able to provide safe transportation to the treatment location. This includes family members, significant others, contracted transportation services and agency personnel.

Crisis Stabilization

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

Name of Facility	Texas Panhandle Centers Respite and Recovery Center
Location (city and county)	Potter County, Amarillo, Texas
Phone number	806-351-3235
Type of Facility (see Appendix A)	Short term, community based residential crisis treatment for individuals who have low risk of harm to self or others and may have some functional impairment.
Key admission criteria (type of individual accepted)	Admission into services is determined by the individual's rating on the Uniform Assessment and clinical determination made by the appropriate staff. Patient must not be experiencing suicidal/homicidal thoughts and must already be taking medications and willing to engage in treatment.
Circumstances under which medical clearance is required before admission	Medical clearance is not required. If the person is receiving medical care the last prescriber note and medication orders are obtained as part of the intake process.
Service area limitations, if any	Individuals who are at high risk of medical complications due to the need to detox from substances, are excluded, currently.

Other relevant admission information for first responders	Assessments for admission are performed by MCOT or other TPC primary providers. Requests for assessments are preferred to be initiated through calling the Avail Call Center.
Accepts emergency detentions?	No, all admissions are voluntary.
Number of Beds	16

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	Northwest Texas Hospital Psychiatric Pavilion
Location (city and county)	Potter County, Amarillo, Texas
Phone number	806-354-1810
Key admission criteria	Suicidal, homicidal, or at immediate risk of decompensation if not treated.
Service area limitations, if any	None identified
Other relevant admission information for first responders	There is an ACCESS Center located at the Pavilion to help expedite admissions and divert individuals from the ER services which do not require emergent medical care.
Number of Beds	106
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes. Funds are used through the current PESC grant.
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	Rapid Stabilization and State Hospital Diversion beds are funded through PESC funds

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?	On an as needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$875.00
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.

- Clients awaiting competency restoration can receive case management from Jail Diversion staff while also receiving psychiatric services and medications from agency physicians.

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

- Local inpatient services are provided by a local private psychiatric facility with an indigent agreement through the hospital district. This does not apply to other indigent populations that reside outside of the hospital district but inside of TPC's catchment area. Rapid Stabilization beds have been contracted for with the hospital and this has helped with access to local inpatient care however capacity issues within that hospital are still a barrier. At present there are no barriers to local outpatient services in the community.

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?

- The jail liaison position works to educate the 21 county jails about resources in the community, State Hospital admission requirements, diversion activities, Behavioral Health training opportunities and collaborative services with TPC first responders. TPC also has 2 MH Docket QMHP-CS's that work closely with Potter and Randall County jails to determine eligibility for that program. The SB 292 team is comprised a 3 individuals who initiate treatment while incarcerated and upon release to secure resources that promote reduced recidivism. TPC has an identified Jail Diversion program manager who reaches out to all the county jails and completes jail assessments for people identified at booking as potentially needing MH care.

If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

- N/A

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

- The jail services program manager is working closely with other judicial representatives in a justice involved work group through the Panhandle Behavioral Health Alliance and another independent judicial group forming a specialty court to address diversion opportunities for people with behavioral health needs and Veterans specialty courts.

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.)?

- At this time TPC has not identified community members in the judicial settings that want to pursue these services.

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

- Discussions with judicial partners identify various court responsibilities between counties. The varying structures of responsibilities or authorities that impact the chain of custody are identified as barriers. Consideration for a regional court that can cross county lines is being explored through the legislature.

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?

- TPC has formal agreements with the Private Psychiatric Hospital in Amarillo (Pavilion), the area FQHC (Regence), A private indigent care facility (Heal the City), Dailey Recovery, a private substance use outpatient provider with a contract with HHSC to provide COPSD and specialty treatment for women. Additional contracts and MOU's are being considered to add an additional SUD provider for outpatient and inpatient care (Cenikor) and Pampa regional hospital who has an inpatient psychiatric program. TPC providers co-locate with some of these providers. Tele-health is being considered for additional access within these type of programs.

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

- TPC will continue to reach out to area substance use providers, physical health providers and emergency psychiatric providers to co-locate or share assessment activities. TPC is

evaluating a contract with primary care services to be included in a TPC clinic offering OSAR, PADRE, FEP, ACT, PATH Behavioral Health care. TPC is evaluating the benefits to providing home based service delivery across disciplines. Instead of a person needing multiple services going to one location those cross disciplines will be offered in a person's home environment. TPC is recognizing the benefits of a hybrid model of in home and facility located service delivery. CCBHC requirements and standards are helping to guide this program design.

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?

TPC distributes flyers that highlight the services through the Respite and Recovery Center, the Mobile Crisis Outreach program, the Intercept program. These flyers are distributed at community meetings and outreach activities. The Website includes information about the Respite and Recovery Center, Intercept program and the MCOT services. The AVAIL hotline number is listed in all agency information resources. AVAIL personnel are updated about the agency services as services change in order to direct people to the most appropriate resource. Weekly provider meetings have active participation between first responders from TPC, other psychiatric, substance use providers and law enforcement. TPC services are a part of the 40-hour law enforcement behavioral health training requirements.

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?

Monthly MCOT and Intake meetings are held with internal providers to update them on any process or procedural changes to the Plan. The Behavioral Health committee and Utilization Management committee meet on a quarterly basis to inform internal staff of any changes in procedures to the plan. Changes are discussed that could impact the other areas of business within the agency (IT, financial, QM, medical records, client's rights). Joint monthly meetings are held with law enforcement, CIT, magistrate offices to discuss any changes in process or procedures. TPC and

the local inpatient facility meet on a semiannual basis or as needed to discuss process and policy changes that can have an impact on the 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
Hartley,Sherman,Hansford,Lipscomb, Roberts,Oldham,Wheeler,Armstrong,Donley,Hall	• Counties that have few resources for crisis intervention rely on responses coming from the Amarillo area	• Increase telehealth connections • Increase Mental Health training efforts for Peace officers • Evaluate options to improve transportation resources when crisis transport is required
21 Counties	• Improved discharge planning from local psychiatric treatment facilities	• Dedicated local hospital discharge planners for TPC regional areas • Extended medication prescriptions to reduce gaps between prescriber appointments
	• Increased bed capacity and/or alternative supervised treatment facilities	• Increase inpatient psychiatric contracts for beds • Expand opportunities for Crisis Respite utilization

21 Counties	Counties that have few resources to continue 46b medications without a gap in time from state hospital discharge back to county jail.	Evaluate contract options so that clients can be discharged back to the jail with medications. Continue to advocate for clients to be discharged back to jails with a 30-day prescription and increase Rider 39 use of reimbursements. •
	•	•

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:
https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf

In the tables below, indicate the strategies used in each intercept to divert individuals from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• 24/7 Crisis Line	• 21 in TPC catchment	• Continue this service
• 911	• All counties	• Continue this service. Provide TPC provider to work with some local law enforcement agencies to evaluate all calls coming in for potential follow up and linkage to additional community supports
• Intercept Team	• City of Amarillo – Potter County, parts of Randall	• Expand co-response pairing TPC QMHP-CS with police officer in Amarillo and rural communities
• MCOT	• 21 counties	• Expand telehealth services to more frontier counties. Expand psychiatric services to be delivered in home locations through face to face or telehealth
• PATH	• Potter and Randall Counties	• Continue outreach with law enforcement to identify and engage individuals experiencing homelessness with behavioral health issues in treatment.

• Rural Opioid Treatment and Education	• 26 counties	• Continue partnership with Coalition of Health Services to educate, engage in treatment and distribute intervention resources to medical facilities, practitioners and community members with addictions

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• TPC co-facilitation of behavioral health education in the 40 hour required police officer trainings, new recruit training, jailer trainings	• City of Amarillo, Rural police academy, Potter and Randall county Sheriff departments	• Expand offering Behavioral Health education to rural police departments. Promote all classes that TPC conducts to law enforcement. Offerings include but will not be limited to ASIST, CALM, MHFA
• CIT Officers as responders in county and jail settings	• Randall, Potter, City of Amarillo, City of Canyon	• Continue education about the benefits of CIT officers within the other counties. Evaluate how the counties would like to utilize officers for early identification and intervention.

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:

• Jail Diversion Team	• Randall	• Continue program for early identification, treatment, and continuity of care when released
• MH Docket Team	• Potter, Randall, Deaf Smith, City of Amarillo	• Continue program to attend arraignments, develop treatment options, provide treatment
• Specialty Court for Mental Health and Veterans	• Potter and Randall	• Continue to work with judicial partners in the formation of this court
• Drug Court	• Potter, Hutchinson	• Continue participation in courts as a part of the court team. Promote the design to other interested counties and be a part of court teams as they arise
• Telehealth for 16.22 and inpatient services	• Located in 10 county jails	• Expand the telehealth network to other counties

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Jail Diversion outpatient team	• Potter, Randall	• Continue program and outreach to other counties for expanded services
• Co-Occurring Outpatient team	• Potter, Randall	• Continue program and outreach to other counties for possible expansion.

Intercept 5: Community Corrections	County(s)	Plans for upcoming two years:

Current Programs and Initiatives:		
• TCOOMMI Probation and Parole and Youth program	• Potter, Randall, Armstrong	• Continue TCOOMMI program

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 for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 3: Coordination across state agencies*
- *Gap 4: Veteran and military service member supports*
- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*
- *Gap 9: Behavioral health services for individuals with intellectual disabilities*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 13: Behavioral health workforce shortage*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*
- *Gap 15: Shared and usable data*

The goals identified in the plan are:

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• TPC has various clinic locations in the most populated counties of the service area where people can be assessed for mental health and substance use conditions. TPC has staff located in primary care settings within Potter and	• TPC is in the process of consolidating the initial assessment process to reduce the time spent conducting the initial assessment with different providers. TPC is working on assessment designs that do not require the

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		Randall counties. Telehealth is offered at 11 clinic locations	person to travel to a clinic location.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• TPC has a dedicated continuity of care manager who oversees all admissions and discharges from local psychiatric inpatient resources and State hospital admissions and discharges. These admits and discharges are coordinated with the Intake and case manager departments to ensure services go uninterrupted.	• Improve access to patients when they are admitted to begin discharge planning with TPC. Increase personnel resources to improve warm handoffs. • Improve medication cost and coordinated medication administration between facilities
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community	• Gap 14 • Goals 1,4	• COC manager reaches out to specialty services when making discharge plans for people in special populations. TPC	• Formalize transition teams of providers for people exiting State Hospital and inpatient settings. Braid thee services to ensure

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
and reducing other state hospital utilization		offers FEP, YES, IDD Crisis, Respite and Recovery, PATH, Peer specialists, MVPN providers as part of coordination to ongoing treatment needs	maximum resource utilization and seamless service delivery
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• TPC requires best and promising practices to be provided as part of the internal credentialing process for direct care providers. These services include; Supported Housing, Supported Employment, ACT, ASIST, MHFA, Trauma Informed CBT youth and families, CBT for Adults with depression, COPSD	• TPC has purchased a virtual training program to increase the best and promising practice offerings to staff. TPC has increased the number of community stakeholders trained in MHFA to reach a wide variety of people in the community. This practice will continue to be evaluated as resources permit. A dedicated team of TPC staff has been formed to formally evaluate trends in training needs and

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			prioritization of offerings to all staff at TPC
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• Peers are members within the therapeutic team for any individual enrolled in TPC services. Peers are also used through contract with a Peer run Recovery organization by referral.	• The use of Peers in all grant programs will be evaluated this year. Specific consideration will be placed for rural programs, crisis prevention and intervention, justice involved and COPSD programs.
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• TPC provides COPSD services through the assigned QMHP-CS on the persons' therapeutic team. Referrals are made to OSAR or PADRE or Jail Services if the person is incarcerated in Potter or Randall County jails for substance use and mental health treatment to begin.	• TPC will dedicate a specific program within TPC to serve people with co-occurring disorders more effectively. TPC will seek formal MOU's and contracts with community agencies who specialize in treating people with co-occurring disorders. • TPC will evaluate actively recruiting

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		Peer support services also focus on linking to recovery coaches and community COPSD programs	recovery coaches in our more rural areas when position openings occur in all direct care services
Integration of behavioral health and primary healthcare services and meeting physical healthcare needs of individuals.	• Gap 1 • Goals 1,2	• TPC has formal partnerships with a primary care clinic, a local university, an indigent care clinic, and a local hospital.	• TPC will evaluate the benefit of having physical health services within TPC operated outpatient clinics and additional community located sites in rural areas. TPC will evaluate how to bring physical health care services to individuals in their homes so facility locations are not the only resource. Face to face and telehealth connection will be considered.
Consumer transportation and	• Gap 10	TPC provides transportation vouchers	TPC is evaluating the cost and benefits of securing a

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
access to treatment in remote areas	• Goal 2	for city transit services, (Amarillo City Limits, only) to address the social determinant of health related to lack of reliable transportation. Point-to- Point transportation is also provided by QMHPs to ensure individuals are able to make their BH related appointments and to provide them with access to groceries and other needs, in most cases. Transportation to inpatient treatment or Respite and Recovery services are provided through county resources such as sheriffs' departments. Transportation services are provided to individuals who do not have dependable	contract with a transportation company to provide point-to-point transit to any individuals who receive services through TPC. Another option which is being considered is to employ internal transportation specialists(s) to provide transit. TPC will continue to reach out to community stakeholders to devise a system that can best meet the unique needs of those we serve.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		transportation and are enrolled in peer recovery and integrated care services.	
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• MCOT and the other programs who come into contact the most frequently with people with special needs (Intercept, Jail Services, PATH,OSAR)utilize the IDD Crisis coordinator as a treatment resource. The IDD crisis coordinator is a standing member of a weekly staffing between these disciplines to develop crisis prevention and intervention plans,	• TPC plans to continue this effort through outreach and education.
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• TPC offers veterans a choice in provider when seeking behavioral health	• TPC is considering partnerships with another area Veteran resource center forming

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		services through our Intake process. Veteran care is coordinated through the VA behavioral Health liaison who meets regularly with TPC MVPN and Jail services team. TPC participates with this representative in a specialty court for Veterans. TPC co-locates the MVPN provider at the Veterans Resource Center where a veteran can secure basic supports, treatment, educational and vocational services.	in the Amarillo area that will secure a Veterans virtual resource and referral platform. This will help expedite referrals and better utilize resources.

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
Improve timely access to outpatient behavioral health services	• The average time between Intake and First prescriber appointment is 30 to 45 days • Majority of services are office based	• Combine intake resources to reduce the need for consumers to schedule multiple appointments to initiate care • Implement the use of centralized scheduling to maximize available appointment times for all provider disciplines • Increase the ability to conduct services in the community and through a variety of technology (telehealth, telephonic)
Increase retention within the LMHA workforce	• The average provider turnover rate over the past two years is 33%.	• Increase the base pay for internal occupations that provide BH services and hire a trainer who focuses on training and QMHP development, exclusively.
Provide more services for people with a diagnosis of substance use	• TPC currently does not provide SUD services.	• Develop a program within TPC to provide SUD outpatient individual and group counseling.

Local Priority	Current Status	Plans
	• Informal agreements and MOU's are in place to provide referrals between local providers for sole SUD services. • OSAR, specialty services through PADRE and Rural Opioid education and prevention grant and COPSD service provided by TPC	• Continue to offer dual-recovery COPSD services by Recovery Support Peer Specialists (RSPS). • Develop a contract with a local provider for inpatient and detox SUD services
Develop more treatment options for people in need of respite, residential or sober living environments.	• TPC operates a Crisis Respite Center through contract with Woods Living Inc. • Private non-profit Recovery programs operate within the service area for people with SUD.	• Explore procurement opportunities with other non-profits for sober living homes • Explore expanding the Respite program to become a Residential program. • Evaluate the service area needs and counties willingness to partner in programs to address specific housing and outpatient treatment needs.

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	*Services to individuals with a primary diagnosis of substance use disorder*	• *Resources will include a combination of LCDCs, LPHAs, prescribers and RSPSs to provide assessment, group and individual skills training, peer services, counseling, and Medication Assisted Therapy.*	• *$170,000/yr.*
2	*Significantly decrease wait time between*	• *Fund additional QMHPs and/or LPHAs who will work within a redesigned intake process to closely monitor wait-times and*	• *$125,000/yr.*

	intake and first QMHP or prescriber service	*facilitate decreases in wait-time between intake and first service.*	
3	More stable workforce with less turnover	• TPC will hire a BH/IDD Trainer who will focus upon initial and specialized training to include service provision strategies for new hires.	• $65, 000/yr.
4	Expanded treatment options for individuals needing extended BH residential and/or a sober living environment	• TPC currently operates a 16-bed crisis respite facility which we would like to re-license as a BH residential facility. We've received verbal interest in such a facility from city and county governments, as well as the local hospital district	• $600,000/yr.

Appendix A: Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual's level of care as determined by the TRR Assessment found here 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) – PESCs provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESCs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

Rapid Crisis Stabilization and Private Psychiatric Beds – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.

Appendix B: Acronyms

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