

Health and Human Services

# Form O

# Consolidated Local Service Plan (CLSP)

Local Mental Health Authorities and Local  
Behavioral Health Authorities

March 2018

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## Introduction

The Consolidated Local Service Plan (CLSP) encompasses all of the service planning requirements for Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs). The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

CLSP asks for information related to community stakeholder involvement in local planning efforts. HHSC recognizes that community engagement is an ongoing activity, and input received throughout the biennium will be reflected in the local plan. LMHAs and LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed.

In completing the template, please provide concise answers, using bullet points. When necessary, add additional rows or replicate tables to provide space for a full response.

## Section I: Local Services and Needs

### I.A Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding (Note: please include 1115 waiver projects detailed in Section 1.B. below). Include clinics and other publicly listed service sites; do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, children, or both (if applicable):*
  - *Screening, assessment, and intake*
  - *Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both*
  - *Extended Observation or Crisis Stabilization Unit*
  - *Crisis Residential and/or Respite*
  - *Contracted inpatient beds*
  - *Services for co-occurring disorders*
  - *Substance abuse prevention, intervention, or treatment*
  - *Integrated healthcare: mental and physical health*
  - *Services for individuals with IDD*
  - *Services for at-risk youth*
  - *Services for veterans*
  - *Other (please specify)*

<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Permian Basin Community Centers for MHMR	401 East Illinois Ave Midland, TX 79701	Midland	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population</li> <li>• Screening, assessment, and intake</li> <li>• Benefits eligibility</li> <li>• Pharmacological services, including new psychiatric evaluations and medication maintenance</li> <li>• Supportive housing services</li> <li>• Supportive employment services</li> <li>• Assertive Community Treatment (ACT)</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>• Services for co-occurring disorders</li> <li>• Mobile Crisis Outreach Team (MCOT)</li> <li>• Routine case management</li> <li>• Intensive case management</li> <li>• YES Waiver services</li> <li>• Wraparound services for children</li> <li>• Military Veteran’s Peer Network</li> <li>• Transitional supportive housing</li> <li>• Tenant based rental assistance</li> <li>• Cognitive behavioral therapy</li> </ul>
Permian Basin Community Centers for MHMR	600 North Grant St Odessa, TX 79761	Ector	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population</li> <li>• Screening, assessment, and intake</li> <li>• Benefits eligibility</li> <li>• Pharmacological services, including new psychiatric evaluations and medication maintenance</li> <li>• Supportive housing services</li> <li>• Supportive employment services</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Services for co-occurring disorders</li> <li>• Mobile Crisis Outreach Team (MCOT)</li> <li>• Routine case management</li> <li>• Intensive case management</li> <li>• YES Waiver services</li> <li>• Wraparound services for children</li> <li>• Military Veteran’s Peer Network</li> <li>• Transitional supportive housing</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>• Tenant based rental assistance</li> <li>• Wellness Recovery Action Planning services</li> <li>• Cognitive behavioral therapy</li> </ul>
Permian Basin Community Centers for MHMR	805 North 5 <sup>th</sup> Street Alpine, TX 79830	Brewster	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population</li> <li>• Screening, assessment, and intake</li> <li>• Benefits eligibility</li> <li>• Pharmacological services, including new psychiatric evaluations and medication maintenance</li> <li>• Supportive housing services</li> <li>• Supportive employment services</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Services for co-occurring disorders</li> <li>• Mobile Crisis Outreach Team (MCOT)</li> <li>• Routine case management</li> <li>• Intensive case management</li> <li>• YES Waiver services</li> <li>• Wraparound services for children</li> <li>• Transitional supportive housing</li> <li>• Cognitive behavioral therapy</li> </ul>
Permian Basin Community Centers for MHMR	1123 North Main St Fort Stockton, TX 79735	Pecos	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population</li> <li>• Screening, assessment, and intake</li> <li>• Benefits eligibility</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>• Pharmacological services, including new psychiatric evaluations and medication maintenance</li> <li>• Supportive housing services</li> <li>• Supportive employment services</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Services for co-occurring disorders</li> <li>• Mobile Crisis Outreach Team (MCOT)</li> <li>• Routine case management</li> <li>• Intensive case management</li> <li>• YES Waiver services</li> <li>• Wraparound services for children</li> <li>• Transitional supportive housing</li> <li>• Cognitive behavioral therapy</li> </ul>
Permian Basin Community Centers for MHMR	700 West Broadway St Van Horn, TX 79855	Culberson	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population</li> <li>• Screening, assessment, and intake</li> <li>• Benefits eligibility</li> <li>• Pharmacological services, including new psychiatric evaluations and medication maintenance</li> <li>• Supportive housing services</li> <li>• Supportive employment services</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Services for co-occurring disorders</li> <li>• Mobile Crisis Outreach Team (MCOT)</li> <li>• Routine case management</li> <li>• Intensive case management</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>• YES Waiver services</li> <li>• Wraparound services for children</li> <li>• Transitional supportive housing</li> <li>• Cognitive behavioral therapy</li> </ul>
Permian Basin Community Centers for MHMR	202 West O'Reilly St Presidio, TX 79845	Presidio	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population</li> <li>• Screening, assessment, and intake</li> <li>• Benefits eligibility</li> <li>• Pharmacological services, including new psychiatric evaluations and medication maintenance</li> <li>• Supportive housing services</li> <li>• Supportive employment services</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Services for co-occurring disorders</li> <li>• Mobile Crisis Outreach Team (MCOT)</li> <li>• Routine case management</li> <li>• Intensive case management</li> <li>• YES Waiver services</li> <li>• Wraparound services for children</li> <li>• Transitional supportive housing</li> <li>• Cognitive behavioral therapy</li> </ul>
Permian Basin Community Centers for MHMR	1012 W MacArthur Odessa, TX 79763	Ector	<ul style="list-style-type: none"> <li>• Group skills training for HHSC target population</li> <li>• Group psycho-social rehabilitation</li> <li>• Case management</li> <li>• Tenant-Based Rental Assistance (TBRA)</li> <li>• Transitional Supportive Housing Program (TSHP)</li> </ul>



Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>Supportive housing services</li> </ul>

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

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

1115 Waiver Projects					
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Population Served	Number Served/Year
14	Primary Care and Mental Health Integration	6	700	611	611
14	Behavioral Health Specialty Care Expansion	6	800	763	763
14	Wellness Recovery Action Planning	5	200	173	173
14	Enhance Service Availability to Appropriate Levels of Behavioral Health Care (Substance Abuse)	6	700	656	656

## I.C Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<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	<input checked="" type="checkbox"/> State hospital staff
<input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Substance abuse treatment providers
<input checked="" type="checkbox"/> Prevention services providers	<input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral (OSAR)
<input checked="" type="checkbox"/> County officials	<input checked="" type="checkbox"/> City officials
<input checked="" type="checkbox"/> FQHCs/other primary care providers	<input type="checkbox"/> Local health departments
<input checked="" type="checkbox"/> Hospital emergency room personnel	<input checked="" type="checkbox"/> Emergency responders
<input type="checkbox"/> Faith-based organizations	<input checked="" type="checkbox"/> Community health & human service providers
<input checked="" type="checkbox"/> Probation department representatives	<input checked="" type="checkbox"/> Parole department representatives
<input checked="" type="checkbox"/> Court representatives (judges, DAs, public defenders)	<input checked="" type="checkbox"/> Law enforcement
<input checked="" type="checkbox"/> Education representatives	<input type="checkbox"/> Employers/business leaders
<input checked="" type="checkbox"/> Planning and Network Advisory Committee	<input type="checkbox"/> Local consumer-led organizations
<input checked="" type="checkbox"/> Peer Specialists	<input type="checkbox"/> IDD Providers
<input type="checkbox"/> Foster care/Child placing agencies	<input checked="" type="checkbox"/> Community Resource Coordination Groups
<input checked="" type="checkbox"/> Veterans' organization	<input checked="" type="checkbox"/> Other: Meadows promulgated Behavioral Health Leadership Team

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

• Meetings with stakeholders through our PNAC
• Meetings with stakeholders through our Jail Diversion Task Force
• Ongoing meetings with Community Resource Collaboration Groups (CRCG)
• Solicitation of input from multiple providers and stakeholders at local Family Health Coalition meetings
• Maintained board participation for the Midland County System of Care
• Maintained board participation for the National Alliance for Mental Illness (NAMI) Midland chapter
• Executive meetings with local county and city officials
• Ongoing planning and solicitation of feedback with local judiciaries
• Ongoing meetings with local hospital districts
• Ongoing meetings with local Federally Qualified Healthcare (FQHC) centers and FQHC look-a-likes
• Collaboration with local higher education institutions including Texas Tech Medical School, University of Texas at the Permian Basin, Odessa College, and Midland College
• Ongoing partnership with Springboard Center for substance abuse detox and intensive residential treatment
• Monthly collaboration with local psychiatric facilities

*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.*

• Lack of crisis stabilization beds, particularly in rural counties
• Overcrowding of jails
• Limited transportation resources for crisis in rural areas
• Unnecessary triage of patients in the Emergency Department (ED)
• Medicaid Managed Care
• Shortage of qualified providers, especially licensed providers
• Lack of local mental health resources for children and youth

• Lack of local resources for youth inpatient beds
• More behavioral health education is needed for other medical professionals and better screening tools should be made available along with a complete resource list for referrals
• Lack of educational resources and outreach efforts for mental illness
• Scarcity of support groups or educational groups for individuals with a mental illness or their families
• Scarcity of peer support programs and opportunities for group interactions
• Limited transportation resources for non-Medicaid clients to receive treatment and participate in community activities
• Limited community activities available for clients to participate in
• Lack of housing, and assisted group housing, for individuals with a mental illness
• Opioid overdoses and opioid use disorder
• Lack of sober living housing in the urban and rural areas
• Shortage of substance abuse detoxification beds
• Lack of resources for youth residential substance abuse treatment
• Lack of participation from community providers in Mental Health First Aid training
• Lack of affordable housing falling within fair-market rent thresholds for low income families

## **Section II: Psychiatric Emergency Plan**

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate their efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers
- Users of crisis services and their family members

Most LMHAs and LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations.

Given the size and diversity of many local service areas, some aspects of the plan may not be uniform across the entire service area. If applicable, include separate answers for different geographic areas to ensure all parts of the local service area are covered.

### **II.A Development of the Plan**

Describe the process used to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including, but not limited to, the following:

- Ensuring all key stakeholders were involved or represented
- Ensuring the entire service area was represented

- Soliciting input

- A committee was developed with the local stakeholders to act as the local Jail Diversion Task Force (JDTF). This JDTF is comprised of representatives from the Local Mental Health Authority (LMHA), law enforcement, judiciaries, probation and parole departments, advocacy groups, and other social service agencies. All members participate collaboratively to coordinate funding for diversion activities. The task force meets on a quarterly basis to proactively address any operational issues that may arise and to discuss unmet needs and future initiatives.
- LMHA staff solicited feedback at forums like the Midland Behavioral Health Leadership Team. We continue to attend these forums and collaborate with all participating organizations.
- Permian Basin Community Centers (PBCC) has entered into partnerships with local judiciaries to establish and expand Mental Health Courts.
- PBCC has entered into partnerships with local judiciaries to establish and expand Veteran's Courts. We have initiated conversations with the Ector County court to establish similar services.
- PBCC staff regularly attended coalition meetings and other networking meetings in many different disciplines. At these meetings, staff solicit feedback on the local area needs and have used these forums to share relevant information.
- We continue to meet on an ongoing basis with other local providers as needed to collaborate and share information; for example, staff have had several meetings with Oceans Behavioral Hospital and Midland Memorial Hospital regarding our psychiatric emergency service project.
- PBCC solicited feedback from the Planning and Network Advisory Committee (PNAC).
- PBCC provided information to and solicited input from the offices of State Representatives and State Senators for each of the counties that PBCC serves regarding service provision.
- PBCC had multiple meetings with other local providers, such as Texas Tech, Samaritan Counseling Centers, Springboard Center, and Centers for Children and Families to discuss our common goals related to service provision and reducing psychiatric emergencies in our communities.
- PBCC has met with local agencies such as The Crisis Center, Odessa College, and Midland College to discuss mutual needs and community goals.
- PBCC met one-on-one with county judges to discuss mutual interests and common goals.

- PBCC staff continue to work with juvenile probation and other local stakeholders regarding the Midland County System of Care (MCSOC), which provides non-traditional supports to youth and families in Midland County to prevent psychiatric emergencies. PBCC maintains participation on the MCSOC board.
- PBCC's was successful in working with Midland County jails to help facilitate the implementation of self-contained jail-based services to streamline access to services and reduce the need for utilization of crisis resources. PBCC is working to help Ector County jails get the same services started by assisting with a needs and capacity assessment for HHSC to secure funding.

## II.B Crisis Response Process and Role of MCOT

### 1. How is your MCOT service staffed?

#### a. During business hours

- American Association of Suicidality (AAS) certified hotline is available 24/7 for screenings.
- PBCC's Medical Director is available 24/7 if a psychiatric consult is needed.
- The urban areas are staffed with two dedicated full-time employees between 8 AM-5 PM in both Odessa and Midland.
- The rural areas are staffed with one dedicated full-time employee during business hours, backed up by Qualified Mental Health Professionals (QMHP) trained in crisis services.
- In urban areas, PBCC funds 1.5 full time mental health deputies in each city.
- PBCC funds one full time mental health deputy to provide mental health deputy services in Pecos and Brewster counties.

#### b. After business hours

- AAS certified hotline is available 24/7 for screenings.
- PBCC's Medical Director is available 24/7 if a psychiatric consult is needed.
- The urban areas are staffed with one dedicated full-time employee after hours in both Odessa and Midland.

- The rural areas are staffed with one dedicated full-time employee in both Pecos County and Brewster County after hours, and are backed up by QMHPs trained in crisis services.
- One administrator is on call after hours to help and handle utilization management questions.

c. Weekends/holidays

- AAS certified hotline is available 24/7 for screenings.
- PBCC's Medical Director is available 24/7 if a psychiatric consult is needed.
- The urban areas are staffed with one dedicated full-time employee after hours in both Odessa and Midland.
- The rural areas are staffed with one dedicated full-time employee in both Pecos County and Brewster County after hours, and are backed up by QMHPs trained in crisis services.
- One administrator is on call after hours to help and handle utilization management questions.

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

- A QMHP provides a screening and assessment in the office or via the AAS certified hotline to determine the nature and seriousness of the crisis.
- The initial assessment leads to immediate and appropriate referrals for assistance or treatment.
- If crisis cannot be resolved and the individual is deemed at risk of harm to self or others the mental health deputy units are activated in consult with the MCOT team.

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

- If the MCOT team is deployed to a crisis they complete a crisis assessment to address the immediate safety of the individual and determine their needs.
- An individual crisis assessment is conducted and strategies are implemented ensuring that treatment is provided in the least restrictive setting based on individual and family preferences.



- The individual is monitored continuously while being referred and/or transported to the least restrictive setting.
- Upon resolution of the crisis, the individual receives crisis follow-up and relapse prevention by the MCOT team or from another community service provider throughout a 30-day period until he/she is stabilized.
- PBCC demonstrates follow up on approximately 99% of crisis calls.

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

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

- Emergency rooms: call the AAS hotline to request a screening and assessment, and if the crisis cannot be resolved and the individual is deemed at risk of harm to self or others the MCOT team is activated. If MCOT staff is already in the emergency room, hospital staff will reach out to MCOT directly to request an assessment.
- Law enforcement: call the AAS hotline to request a screening and assessment and MCOT will respond to any location requested so long as the scene is deemed secure.

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

- Emergency rooms: When MCOT is activated for a crisis at the emergency room, staff will travel to the location of the individual to complete a crisis assessment and ensure that the individual is placed in the least restrictive setting. MCOT staff provide triage, assessment, follow up, safety monitoring, and facilitate voluntary and involuntary hospitalizations including commitments via magistrate order when needed. PBCC works with law enforcement in the field to identify individuals who do not need medical clearance to ensure they are diverted from the ER and routed in the most efficient manner possible to the appropriate service provider.
- Law enforcement: When MCOT is activated for a crisis by law enforcement, staff will travel to the location of the individual to complete a crisis assessment and ensure that the individuals is placed in the least restrictive setting. MCOT staff provide triage, assessment, follow up, safety monitoring, and facilitate voluntary and involuntary hospitalizations including commitments via magistrate order when needed. PBCC works with law

enforcement in the field to identify individuals who do not need medical clearance to ensure they are diverted from the ER and routed in the most efficient manner possible to the appropriate service provider.

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

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

- If the individual is not medically stable, he or she is taken to the ED, either on a peace officer detention or on magistrate's order obtained by MCOT staff.
- When an individual is medically stable but the psychiatric emergency cannot be stabilized in the community, the individual will be placed in the least restrictive setting for inpatient treatment as facilitated by MCOT. Placement may include a private facility bed funded by local hospital districts, a bed funded by Psychiatric Emergency Services Centers (PESC) grants, a state mental health facility or private MH facility.

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

- Criteria for inpatient hospitalization are the same as those for any individual in the community. The individual must be deemed an imminent risk to his or her self or others. If criteria are met for admission, PBCC will file an emergency detention to either a private inpatient or to a state mental health facility. Law enforcement personnel will transport patients to the appropriate mental health facility once a judge has executed the detention order.
- If the individual is a voluntary admission, PBCC will work in collaboration with the local hospitals and law enforcement to obtain transportation via ambulance service.

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

- PBCC does not operate a formal crisis respite, crisis residential, or extended observation unit.

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

- When the AAS hotline notifies PBCC MCOT that assistance is needed in a parking lot, office building, school, or under a bridge, PBCC activated law enforcement personnel from the mental health deputy units who secure the scene.
- Once the scene is secure, the mental health deputy notifies the MCOT team and the assessment is conducted.

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

a. During business hours

- During business hours, emergency rooms and local law enforcement should request a screening and assessment by contacting the PBCC AAS hotline.

b. After business hours

- After business hours, emergency rooms and local law enforcement should request a screening and assessment by contacting the PBCC AAS hotline.

c. Weekends/holidays

- On weekends and holidays, emergency rooms and local law enforcement should request a screening and assessment by contacting the PBCC AAS hotline.

7. If an inpatient bed is not available:

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

○ The individual is either typically watched in a local hospital emergency room or at a location deemed appropriate by MCOT staff or law enforcement until a bed can be located.

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

○ PBCC and local law enforcement are responsible for providing continued crisis intervention services. If a State Mental Health Facility (SMHF) inpatient care bed is needed but none are available, PBCC is responsible for placing the individual on the SMHF waitlist.

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

○ PBCC is responsible for continued determination of the need for inpatient care.

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

○ In cases that do not require an emergency detention, local law enforcement will provide courtesy transportation or MCOT staff will work with law enforcement and other stakeholders to assist in coordinating transportation services.

***Crisis Stabilization***

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

Name of Facility	N/A
Location (city and county)	
Phone number	
Type of Facility (see Appendix A)	

Key admission criteria (type of patient accepted)	
Circumstances under which medical clearance is required before admission	
Service area limitations, if any	
Other relevant admission information for first responders	
Accepts emergency detentions?	

***Inpatient Care***

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

Name of Facility	Oceans Permian Basin
Location (city and county)	Midland, Midland
Phone number	(432) 561-5915
Key admission criteria	Must meet medical necessity for inpatient admission due to psychiatric needs
Service area limitations, if any	None
Other relevant admission information for first responders	They do not accept state beds or indigent clients unless authorized by PBCC; Must have PBCC's crisis assessment and authorization for Utilization Management (UM).
Name of Facility	River Crest Hospital
Location (city and county)	San Angelo, Tom Green
Phone number	1-800-777-5722
Key admission criteria	Must meet medical necessity for inpatient admission due to psychiatric needs
Service area limitations, if any	No
Other relevant admission information for first responders	They do not accept state beds or indigent clients unless authorized by PBCC; Must have PBCC's crisis assessment and authorization for Utilization Management (UM).

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

10. What local inpatient or outpatient alternatives to the state hospital does your service area currently have for competency restoration?

a. Identify and briefly describe available alternatives.

- PBCC offers outpatient competency restoration services.
- PBCC also coordinated with the 238<sup>th</sup> District Court in Midland Texas for the provision of Mental Health Court services.

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

- Outpatient competency restoration is difficult to use if the individual is homeless because of the difficulty in locating the individual, if the individual has a history of non-compliance, or if the individual is manifestly dangerous then the judicial system is often reluctant to return the individual to the community to receive outpatient services because of the stated reasons.

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

- PBCC has a full-time employee designated for jail liaison in each county, who works in conjunction with the jails to provide continuity of care for individuals coming in or out of the jail. These staff are also responsible for coordinating crisis assessment and follow up services for the jails
- PBCC also has a court liaison who provides continuity of care services for individuals assigned to the Midland County Mental Health Court.

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.

- PBCC MCOT staff can provide these services in counties without dedicated jail liaison personnel.

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

- PBCC will continue to work with the JDTF, judiciaries, and other local stakeholders to identify and secure funding to expand Mental Health Court and jail liaison services to as many of PBCC's counties as possible for competency restoration.
- PBCC will be working with the county jails to develop self-contained jail-based services.
- PBCC will seek opportunities to obtain funding and training to provide jail-based competency restoration services.

11. Does your community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (i.e., Outpatient Competency Restoration Program, inpatient competency restoration, jail-based competency restoration, etc.)?

- We feel that the State should offer ongoing training on how to implement competency restoration services.
- We would like to offer jail-based competency restoration.

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

- Funding for personnel, staff training, and infrastructure related to jail based competency restoration is needed.
- The individuals receiving jail based competency restoration need to be housed in a location in the jail dedicated to competency restoration.

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

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

- PBCC operates a detox and intensive residential treatment center called Turning Point. It operates 30 beds and accepts admissions 24/7.
- We have opened the PBCC Integrated Care Clinic in Odessa and Midland to provide physical healthcare services integrated with our behavioral health treatment.
- PBCC continues to operate its psychiatric emergency service project (PESC) to address the lack of rapid crisis stabilization beds in Midland. Funding of \$2.7 million was initially secured through the Rapid Crisis NCA that PBCC submitted to HHSC.
- PBCC has submitted another request for funding in the form of an NCA to HHSC for private patient beds (PPB). The request was in excess of \$2 million to address the lack of inpatient beds in Ector County.

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

- We will continue to look for opportunities to work with local stakeholders to expand the availability of emergent psychiatric, substance use, and physical healthcare treatment; however, PBCC's ability to expand these services is largely dependent on funding availability.

## II.E Communication Plans

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

- Instructions for accessing psychiatric emergency services will be available on the PBCC website
- Jail Diversion Task Force
- PNAC
- Community outreach efforts



- Utilizing MH court liaisons and jail liaisons
- Face to face through MCOT workers and Mental Health Deputies
- Other various community networking meetings, such as the Family Health Coalition

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

- The Psychiatric Emergency Plan will be presented at utilization management meetings.

## II.F Gaps in the Local Crisis Response System

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

Counties	Service System Gaps
All	<ul style="list-style-type: none"> <li>• Lack of available and affordable rapid crisis stabilization beds for indigent patients, particularly in PBCC's rural counties</li> </ul>
All	<ul style="list-style-type: none"> <li>• Lack of resources for transportation for voluntary individuals in rural regions</li> </ul>
All	<ul style="list-style-type: none"> <li>• Shortage of qualified providers, especially licensed providers</li> </ul>

## Section III: Plans and Priorities for System Development

### III.A Jail Diversion

The [Texas Statewide Behavioral Health Services Plan](#) highlights the need for effective jail diversion activities:

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

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

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<input checked="" type="checkbox"/> Co-mobilization with Crisis Intervention Team (CIT) <input checked="" type="checkbox"/> Co-mobilization with Mental Health Deputies <input type="checkbox"/> Co-location with CIT and/or MH Deputies <input checked="" type="checkbox"/> Training dispatch and first responders <input checked="" type="checkbox"/> Training law enforcement staff <input checked="" type="checkbox"/> Training of court personnel <input checked="" type="checkbox"/> Training of probation personnel <input checked="" type="checkbox"/> Documenting police contacts with persons with mental illness <input checked="" type="checkbox"/> Police-friendly drop-off point <input checked="" type="checkbox"/> Service linkage and follow-up for individuals who are not hospitalized	<ul style="list-style-type: none"> <li>• We have Mental Health Deputy Units (MHDU) in Ector, Midland, Pecos, and Brewster counties.</li> <li>• The Mental Health Deputies are specially trained certified peace officers that respond to calls which are deemed by the dispatcher or officer on the scene, to involve an individual experiencing a mental illness crisis.</li> <li>• Midland County is currently running a mental health court, serves as pretrial diversion.</li> <li>• Midland County is currently running a veteran's court.</li> </ul>

<b>Intercept 1: Law Enforcement and Emergency Services</b>	
<b>Components</b>	<b>Current Activities</b>
<input type="checkbox"/> Other: Click here to enter text.	<ul style="list-style-type: none"> <li>Local law enforcement tracks relevant data relating to the activation of Mental Health Deputy units and MCOT teams, which is reported at the JDTF meeting and to DSHS.</li> <li>PBCC continues to operate its psychiatric emergency service project (PESC) to address the lack of rapid crisis stabilization beds in Midland. Funding of \$2.7 million was initially secured through the Rapid Crisis NCA that PBCC submitted to HHSC.</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>PBCC and Ector County are working to explore establishing a Veterans' Court.</li> <li>PBCC is currently exploring starting a Mental Health Court in Ector County.</li> <li>PBCC has submitted another request for funding in the form of an NCA to HHSC for private patient beds (PPB). The request was in excess of \$2 million to address the lack of inpatient beds in Ector County.</li> </ul>	

<b>Intercept 2: Post-Arrest: Initial Detention and Initial Hearings</b>	
<b>Components</b>	<b>Current Activities</b>
<input checked="" type="checkbox"/> Staff at court to review cases for post-booking diversion <input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input checked="" type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion <input checked="" type="checkbox"/> Staff at court who can authorize alternative services to incarceration <input checked="" type="checkbox"/> Link to comprehensive services	<ul style="list-style-type: none"> <li>Midland County is currently operating a Mental Health Court. PBCC, in conjunction with local stakeholders, petitioned and received funding to implement a Mental Health Court in Midland. PBCC's MCOT in conjunction with mental health deputy units and Community Supervision Pretrial work to identify individuals who have</li> </ul>

<b>Intercept 2: Post-Arrest: Initial Detention and Initial Hearings</b>	
<b>Components</b>	<b>Current Activities</b>
<input type="checkbox"/> Other: Click here to enter text.	<p>been arrested but are appropriate for jail diversion due to mental illness.</p> <ul style="list-style-type: none"> <li>• PBCC offers outpatient competency restoration to local jails and judiciaries.</li> <li>• The Midland County jail is working with a private provider to provide jail based mental health services. The private provider provides immediate psychiatric care in the jail as well as case management. The case management staff person screens individuals for his or her appropriateness for diversion as part of the mental health court. PBCC also has designated personnel who act as liaisons to the jails, for purposes of identifying individuals potentially eligible for jail diversion.</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• PBCC and Ector County are working to explore establishing a Veterans' Court.</li> <li>• PBCC is currently exploring starting a Mental Health Court in Ector County.</li> <li>• PBCC has submitted another request for funding in the form of an NCA to HHSC for private patient beds (PPB). The request was in excess of \$2 million to address the lack of inpatient beds in Ector County. PBCC will explore opportunities to secure funding to provide jail-based competency restoration services.</li> </ul>	

<b>Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments</b>	
<b>Components</b>	<b>Current Activities</b>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility</li> <li><input checked="" type="checkbox"/> Mental Health Court</li> <li><input checked="" type="checkbox"/> Veterans' Court</li> <li><input type="checkbox"/> Drug Court</li> <li><input checked="" type="checkbox"/> Outpatient Competency Restoration</li> <li><input type="checkbox"/> Services for persons Not Guilty by Reason of Insanity</li> <li><input type="checkbox"/> Services for persons with other Forensic Assisted Outpatient Commitments</li> <li><input checked="" type="checkbox"/> Providing services in jail for persons Incompetent to Stand Trial</li> <li><input type="checkbox"/> Compelled medication in jail for persons Incompetent to Stand Trial</li> <li><input type="checkbox"/> Providing services in jail (for persons without outpatient commitment)</li> <li><input checked="" type="checkbox"/> Staff assigned to serve as liaison between specialty courts and services providers</li> <li><input checked="" type="checkbox"/> Link to comprehensive services</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li>• The Midland County jail worked with a private provider to offer jail-based mental health services. The private provider provides immediate psychiatric care in the jail as well as case management. The case management staff screens individuals to determine their appropriateness for diversion. PBCC also has staff at the jail who work to continuously propose alternatives to incarceration for those individuals brought before the mental health court.</li> <li>• Training for all stakeholder involved is offered at the JDTF meetings.</li> <li>• PBCC has a full-time employee designated jail liaison for Midland County, who works in conjunction with the Midland County jail to provide continuity of care for individuals coming in or out of the jail. This staff is also responsible for providing crisis and follow up services.</li> <li>• PBCC also has a court liaison who provides continuity of care services for individuals assigned to the Midland County Mental Health Court.</li> <li>• PBCC collaborated with Midland County to establish a Veterans' Court.</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• PBCC and Ector County are working to explore establishing a Veterans' Court.</li> </ul>	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
	<ul style="list-style-type: none"> <li>• PBCC is currently exploring starting a Mental Health Court in Ector County.</li> <li>• PBCC has submitted another request for funding in the form of an NCA to HHSC for private patient beds (PPB). The request was in excess of \$2 million to address the lack of inpatient beds in Ector County.</li> </ul>

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<ul style="list-style-type: none"> <li><input type="checkbox"/> Providing transitional services in jails</li> <li><input checked="" type="checkbox"/> Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release</li> <li><input checked="" type="checkbox"/> Structured process to coordinate discharge/transition plans and procedures</li> <li><input checked="" type="checkbox"/> Specialized case management teams to coordinate post-release services</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li>• TCOOMMI provides continuity of care services for individuals reentering communities from TDCJ and TJJD.</li> <li>• Continuity of care staff have been designated to facilitate reentry into services for individuals returning from jails prisons and forensics hospitalizations.</li> <li>• The Midland County jail is working with a private provider to offer jail-based mental health services. The private provider provides immediate psychiatric care in the jail as well as case management. The case management staff screens individuals to determine their appropriateness for diversion. PBCC also has staff at the jail as a subset of our ACT team. This staff works to continuously propose alternatives to incarceration for those individuals brought before the mental health court.</li> </ul>

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• PBCC will be working with local stakeholders to increase the Mental Health Court caseload in Midland.</li> <li>• PBCC is currently exploring starting a Mental Health Court in Ector County.</li> <li>• PBCC has submitted another request for funding in the form of an NCA to HHSC for private patient beds (PPB). The request was in excess of \$2 million to address the lack of inpatient beds in Ector County.</li> </ul>	

Intercept 5: Community corrections and community support programs	
Components	Current Activities
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders</li> <li><input checked="" type="checkbox"/> Training for probation or parole staff</li> <li><input checked="" type="checkbox"/> TCOOMMI program</li> <li><input type="checkbox"/> Forensic ACT</li> <li><input checked="" type="checkbox"/> Staff assigned to facilitate access to comprehensive services; specialized caseloads</li> <li><input checked="" type="checkbox"/> Staff assigned to serve as liaison with community corrections</li> <li><input checked="" type="checkbox"/> Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li>• TCOOMMI provides continuity of care services for individuals reentering communities from TCDJ and TJJD.</li> <li>• Training for probation and parole staff is offered regularly at JDTF meetings.</li> <li>• The Midland Mental Health Court liaison works closely with a specialized offender case manager.</li> </ul>
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• PBCC will be working with local stakeholders to increase the Mental Health Court caseload in Midland.</li> <li>• PBCC has submitted another request for funding in the form of an NCA to HHSC for private patient beds (PPB). The request was in excess of \$2 million to address the lack of inpatient beds in Ector County.</li> </ul>	

- PBCC and Ector County are working to explore establishing a Veterans' Court.

### III.B Other Behavioral Health Strategic Priorities

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

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

Related goals identified in the plan include:

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

*Briefly describe the current status of each area of focus (key accomplishments, challenges and current activities), and then summarize objectives and activities planned for the next two years.*



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> <li>• Gap 6</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC has implemented an open access policy for screenings. Screenings and intake are completed on the same day and clients can walk-in without an appointment.</li> <li>• We use the UM meeting to constantly evaluate the utilization of resources, access to services, and identify solutions for items identified as a barrier to access.</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC will continue to work towards sustainability for 1115 Waiver programs which the agency identifies as instrumental to improving client outcomes and offering an expanded array of services to our patient population.</li> </ul>
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2,4</li> </ul>	<ul style="list-style-type: none"> <li>• We have hired designated screeners whose sole job it is to facilitate thorough screenings for new admissions and ensure continuity of care for individuals being discharged from inpatient facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC is seeking to collaborate with Ector County to start a second Mental Health Court.</li> <li>• PBCC has submitted another request for funding in the form of an NCA to HHSC for private patient beds (PPB). The request was in excess of \$2 million to address the lack</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• PBCC has a disposition rate in excess of 95% for individuals discharged from a SMHF.</li> <li>• We have opened the PBCC Integrated Care clinics to reduce the number of hospital admissions for potentially preventable illnesses that impacts a client’s mental health decompensation.</li> <li>• Currently, PBCC hosts monthly peer review meetings chaired by utilization management staff. The meetings operate in such a way that clinical supervision is provided. Individuals who appear to be decompensating are evaluated to determine if their current level of care needs to be reassessed.</li> </ul>	<p>of inpatient beds in Ector County.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• PBCC improved continuity of care between hospitals by opening a Psychiatric Emergency Service Center (PESC) utilizing rapid crisis stabilization beds. The project reduces the time for triage in emergency rooms and improve our continuity of care disposition with private inpatient facilities. This also reduces overall emergency room and jail utilization.</li> <li>• PBCC worked with the Midland County Jail to implement jail based services for incarcerated individuals. This provides individuals with immediate onsite access to doctor services, psychosocial rehab, and</li> </ul>	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		case management services while in the jail.	
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 1,4</li> </ul>	<ul style="list-style-type: none"> <li>• We have hired designated screeners whose sole job it is to assess the individual's need for an ongoing stay.</li> <li>• Peer review meetings are conducted to review to needs of the individual.</li> <li>• We offer outpatient competency restoration services.</li> <li>• PBCC improved continuity of care between hospitals by opening a Psychiatric Emergency Service Center (PESC) utilizing rapid crisis stabilization beds. The project reduces the time for triage in emergency rooms and improve our continuity of care disposition with private inpatient</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC will continue to explore ways to fund rapid crisis stabilization beds to reduce SMHF utilization.</li> <li>• PBCC has submitted another request for funding in the form of an NCA to HHSC for private patient beds (PPB). The request was in excess of \$2 million to address the lack of inpatient beds in Ector County.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		facilities. This also reduces overall emergency room and jail utilization.	
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> <li>• Gap 7</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC obtained training to ensure that providers of services and supports within TRR are trained in DSHS evidenced based practices including, but not limited to the following: Assertive Community Treatment: "Dartmouth Assertive Community Treatment", Psychosocial Rehabilitation: "SAMHSA - Illness Management and Recovery", Supported Employment: "Individual Placement and Support or SAMHSA Supported Employment", and Supported Housing: "SAMHSA Permanent Supported Housing."</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC's quality management department will conduct internal reviews for purposes of ascertaining PBCC's level of fidelity with evidence based practices. Feedback will be provided to operations teams and assistance to help implement improvements will be provided.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Child and adolescent staff are trained in DSHS evidence based practices including but not limited to the following: "Aggression Replacement Therapy - (ART) w/ Skill streaming", "Seeking Safety", "Nurturing Parent", and "Teaching Pro-Social Behavior to Anti-Social Youth."</li> <li>• PBCC has identified and secured training software and infrastructure to be managed and tracked by Human Resources for purposes of ensuring that appropriate staff are identified, trained, and are competent in evidence based treatment modalities.</li> <li>• Staff are trained on TRR assessment tools (CANS and ANSA.)</li> </ul>	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• PBCC utilizes the ACT toolkit to ensure fidelity with evidence based practices.</li> <li>• Current trainings and certifications are reviewed during UM meetings and needs are identified and addressed.</li> </ul>	
<p>Transition to a recovery-oriented system of care, including use of peer support services</p>	<ul style="list-style-type: none"> <li>• Gap 8</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• We have expanded our network of Certified Peers and Family Partners.</li> <li>• We have increased consumer representation on the PNAC.</li> <li>• We use the UM meeting to constantly evaluate the utilization of resources, access to services, and identify solutions for items identified as a barrier to access.</li> <li>• QM conducts fidelity reviews to ensure that recovery-based curricula</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC will explore expanding peer support services to include Certified Peer-to-Peer Support Specialists.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		are being used appropriately.	
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> <li>• Gaps 1,14</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• We have centralized screening for both services in our mental health clinics and have created a referral database to facilitate mental health services, COPSD services, and substance abuse services.</li> <li>• PBCC offers adult inpatient residential and detox services.</li> <li>• We offer adult, specialized female, and youth outpatient substance abuse treatment programs.</li> <li>• PBCC has taken on the role of Outreach, Screening and Referral services for HHSC Region 9.</li> </ul>	<ul style="list-style-type: none"> <li>• We hold regular programs meetings with directors and team leaders from all programs to encourage collaboration between the different programs that we offer.</li> </ul>



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• We have integrated our behavioral health services with our primary care services through the 1115 Waiver program.</li> <li>• We hold monthly meetings with behavioral health staff and primary care staff to discuss clients and treatment.</li> <li>• PBCC has expanded our primary care services to clients in our specialty behavioral health clinic in addition to the clients in our HHSC-funded mental health clinics.</li> </ul>	<ul style="list-style-type: none"> <li>• We will continue to work with collaborative coalitions, such as the Midland Behavioral Health Leadership Team, to increase the sustainability of primary care services.</li> </ul>
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> <li>• Gap 10</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC works with local providers of Medicaid transportation services to secure transportation for clients lacking other resources.</li> <li>• Staff, including PBCC ACT and ICT teams, provide transportation to and from</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC is working with collaborative coalitions, such as the Midland Behavioral Health Leadership Team, to identify resources to help with client transportation.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>appointments when necessary.</p> <ul style="list-style-type: none"> <li>• PBCC has hired 2 peers in Ector County to provide transportation to the Rainbow House day program.</li> </ul>	
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 2,4</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC provides discrete psychiatric services to clients enrolled in local IDD programs.</li> <li>• PBCC has hired a Board Certified Behavioral Analyst to assist with behavioral health crisis intervention and to help coordinate mental health care services for individuals with an IDD; conducts on-board training for staff on positive behavioral support; coordinates crisis respite for individuals with an IDD.</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC will continue to educate providers, the public, and staff about the positive behavior support program and the mental health needs of individuals with a dual diagnosis.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> <li>• Gap 4</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• Midland County is currently running a veteran’s court.</li> <li>• Staff work to continuously propose alternatives to incarceration for those individuals brought before the Midland Veterans’ Court.</li> <li>• PBCC operates a Military Veterans Peer Network.</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC and Ector County are working to explore establishing a Veterans’ Court.</li> <li>• PBCC will continue to education the public on the Military Veterans Peer Network.</li> </ul>

### III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and your internal assessment, identify your top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.*
- *List at least one but no more than five priorities.*
- *For each priority, briefly describe current activities and achievements and summarize your plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.*

Local Priority	Current Status	Plans
Focus on hospitalization and reducing state hospital bed utilization	<ul style="list-style-type: none"> <li>• PBCC continues to operate its psychiatric emergency service project (PESC) to address the lack of rapid crisis stabilization beds in</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC has submitted another request for funding in the form of an NCA to HHSC for private patient beds (PPB). The request was in excess of \$2 million to</li> </ul>

Local Priority	Current Status	Plans
	<p>Midland. Funding of \$2.7 million was initially secured through the Rapid Crisis NCA that PBCC submitted to HHSC.</p> <ul style="list-style-type: none"> <li>• PBCC offers outpatient competency restoration services.</li> </ul>	<p>address the lack of inpatient beds in Ector County.</p>
<p>Reduce the jail census by reducing the number of mentally ill individuals in jail</p>	<ul style="list-style-type: none"> <li>• PBCC coordinates with mental health deputy units and the Jail Diversion Task Force to identify individuals appropriate for diversion from incarceration due to mental health needs.</li> <li>• PBCC offers outpatient competency restoration services.</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC and Ector County are working to explore establishing a Veterans' Court.</li> <li>• PBCC will continue to work with the JDTF, judiciaries, and other local stakeholders to identify and secure funding to expand Mental Health Court and jail liaison services to as many of PBCC's counties as possible for competency restoration.</li> </ul>
<p>Reduce emergency room utilization.</p>	<ul style="list-style-type: none"> <li>• PBCC continues to operate its psychiatric emergency service project (PESC) to address the lack of rapid crisis stabilization beds in Midland. Funding of \$2.7 million was initially secured through the Rapid Crisis NCA that PBCC submitted to HHSC.</li> <li>• PBCC works with mental health deputy units and hospital district staff to identify individuals who do not need medical clearance and can</li> </ul>	<ul style="list-style-type: none"> <li>• PBCC has submitted another request for funding in the form of an NCA to HHSC for private patient beds (PPB). The request was in excess of \$2 million to address the lack of inpatient beds in Ector County.</li> <li>• We will continue to seek funding to expand mental health deputy diversionary units.</li> </ul>

Local Priority	Current Status	Plans
	be more efficiently routed to inpatient care without utilizing emergency room resources via PBCC PESC project.	

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

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

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

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
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1	<i>Example: Detox Beds</i>	<ul style="list-style-type: none"> <li>• <i>Establish a 6-bed detox unit at ABC Hospital.</i></li> </ul>	•
2	<i>Example: Nursing home care</i>	<ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.</i></li> </ul>	•
1	Increase availability of inpatient beds	<ul style="list-style-type: none"> <li>• To expand rapid crisis stabilization units to the rest of PBCC's catchment areas.</li> </ul>	• \$2,426,699
2	Increase availability of jail-based services	<ul style="list-style-type: none"> <li>• To expand competency restoration services and self-contained mental health services within local detention facilities, therefore freeing up capacity for the LMHA</li> </ul>	• \$465,222
3.	Increase availability of funding for short and long term supported housing/rental assistance	<ul style="list-style-type: none"> <li>• The average rent has risen significantly as a result of a housing shortage driven by a thriving oil and gas market in the Permian Basin. In the past year, the average monthly rent has risen over 38% in Midland county, and over 35% in Ector county. PBCC would like to secure funds to provide short term and long-term rental assistance to individuals willing to participate in supported employment, rehabilitative, and/or case management services as part of a self-sufficiency plan to graduate to independent housing.</li> </ul>	• \$192,000

4.	Increase the number of mental health deputy units	<ul style="list-style-type: none"> <li>To expand the number mental health deputies by 3 officers, reducing utilization of jail services by increasing the amount of available officer time for identification and diversion of individuals with a mental health concern</li> </ul>	<ul style="list-style-type: none"> <li>\$210,000</li> </ul>
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## Appendix A: Levels of Crisis Care

**Admission criteria** – Admission into services is determined by the individual’s rating on the Uniform Assessment and clinical determination made by the appropriate staff. The Uniform Assessment is an assessment tool comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the Uniform Assessment module items of Risk Behavior (Suicide Risk and Danger to Others), Life Domain Functioning and Behavior Health Needs (Cognition) trigger a score that indicates the need for crisis services.

**Crisis Hotline** – The Crisis Hotline is a 24/7 telephone service that provides information, support, referrals, screening and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, the Mobile Crisis Outcome Team (MCOT), or other crisis services.

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

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

**Crisis Services** – Crisis services are brief interventions provided in the community that ameliorate the crisis situation and prevent utilization of more intensive services such as hospitalization. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse. (TRR-UM Guidelines)

**Crisis Stabilization Units (CSU)** – Crisis Stabilization Units are licensed facilities that provide 24/7 short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected, clinically staffed, psychiatrically supervised, treatment environment that complies with a Crisis Stabilization Unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code. CSUs may accept individuals that present with a high risk of harm to self or others.

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

**Mobile Crisis Outreach Team (MCOT)** – Mobile Crisis Outreach Teams are clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community.

**Psychiatric Emergency Service Center (PESC) and Associated Projects** – There are multiple psychiatric emergency services programs or projects that serve as step down options from inpatient hospitalization. Psychiatric Emergency Service Center (PESC) projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

**Psychiatric Emergency Service Centers (PESC)** – Psychiatric Emergency Service Centers provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC 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 close proximity to a licensed hospital. PESC must be available to individuals who walk in, and must contain a combination of projects.

**Rapid Crisis Stabilization Beds** – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health



crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.