Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: September 30, 2022

Submissions should be sent to:

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

Contents

Introduction

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

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

Section I: Local Services and Needs

I.A   Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*

- *Add additional rows as needed.*

- *List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable):*
    - *Screening, assessment, and intake*
    - *Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children*
    - *Extended Observation or Crisis Stabilization Unit*
    - *Crisis Residential and/or Respite*
    - *Contracted inpatient beds*
    - *Services for co-occurring disorders*
    - *Substance abuse prevention, intervention, or treatment*
    - *Integrated healthcare: mental and physical health*
    - *Services for individuals with Intellectual Developmental Disorders (IDD)*
    - *Services for youth*
    - *Services for veterans*
    - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
PermiaCare	401 East Illinois Ave Midland, TX 79701	Midland	• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population • Screening, assessment, and intake • Benefits eligibility • Pharmacological services, including new psychiatric evaluations and medication maintenance • Supportive housing services • Supportive employment services • Assertive Community Treatment (ACT) • Services for co-occurring disorders • Mobile Crisis Outreach Team (MCOT) • Routine Case Management • Intensive Case Management • YES Waiver services: children • Wraparound services for children • Military Veteran's Peer Network • Transitional supportive housing • Tenant based rental assistance • Cognitive Behavioral Therapy: both • Integrated healthcare: mental and physical health: adults • PESC
PermiaCare	600 North Grant St Odessa, TX 79761	Ector	• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• Screening, assessment, and intake • Benefits eligibility • Pharmacological services, including new psychiatric evaluations and medication maintenance • Supportive housing services • Supportive employment services • Assertive Community Treatment (ACT) • Services for co-occurring disorders • Mobile Crisis Outreach Team (MCOT) • Routine Case Management • Intensive Case Management • YES Waiver services: children • Wraparound services for children • Military Veteran's Peer Network • Transitional supportive housing • Tenant based rental assistance • Cognitive Behavioral Therapy: both • Integrated healthcare: mental and physical health: adults
PermiaCare	805 North 5th Street Alpine, TX 79830	Brewster	• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population • Screening, assessment, and intake • Benefits eligibility • Pharmacological services, including new psychiatric evaluations and medication maintenance

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• Supportive housing services • Supportive employment services • Assertive Community Treatment (ACT) • Services for co-occurring disorders • Mobile Crisis Outreach Team (MCOT) • Routine Case Management • Intensive Case Management • YES Waiver services: children • Wraparound services for children • Transitional supportive housing services • Cognitive Behavioral Therapy: both
PermiaCare	1123 North Main St Fort Stockton, TX 79735	Pecos	• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population • Screening, assessment, and intake • Benefits eligibility • Pharmacological services, including new psychiatric evaluations and medication maintenance • Supportive housing services • Supportive employment services • Assertive Community Treatment (ACT) • Services for co-occurring disorders • Mobile Crisis Outreach Team (MCOT) • Routine Case Management • Intensive Case Management • YES Waiver services: children • Wraparound services for children

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• Transitional supportive housing services • Cognitive Behavioral Therapy: both
PermiaCare	700 West Broadway St Van Horn, TX 79855	Culberson	• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population • Screening, assessment, and intake • Benefits eligibility • Pharmacological services, including new psychiatric evaluations and medication maintenance • Supportive housing services • Supportive employment services • Assertive Community Treatment (ACT) • Services for co-occurring disorders • Mobile Crisis Outreach Team (MCOT) • Routine Case Management • Intensive Case Management • YES Waiver services: children • Wraparound services for children • Transitional supportive housing • Cognitive Behavioral Therapy: both
PermiaCare	202 West O'Reilly St Presidio, TX 79845	Presidio	• Texas Resilience and Recovery (TRR) outpatient services: adults, children for HHSC target population • Screening, assessment, and intake • Benefits eligibility

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• Pharmacological services, including new psychiatric evaluations and medication maintenance • Supportive housing services • Supportive employment services • Assertive Community Treatment (ACT) • Services for co-occurring disorders • Mobile Crisis Outreach Team (MCOT) • Routine Case Management • Intensive Case Management • YES Waiver services: children • Wraparound services for children • Transitional supportive housing • Cognitive Behavioral Therapy: both
PermiaCare	1012 W MacArthur Odessa, TX 79763	Ector	• Group skills training for HHSC target population • Group psycho-social rehabilitation • Case management • Tenant-Based Rental Assistance (TBRA) • Transitional Supportive Housing Program (TSHP) • Supportive housing services

I.B   Mental Health Grant Program for Justice Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on

forensic commitments. These grants support community programs by providing behavioral health care services to individuals with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

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

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY 22	Jail Based Competency Restoration	• Midland	• Midland County Jail Inmates	• 14
		•	•	•
		•	•	•
		•	•	•

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

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program

is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

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

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

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	☐	State hospital staff

Stakeholder Type	Stakeholder Type
List the psychiatric hospitals that participated: • Oceans Behavioral Health • RiverCrest	*List the hospital and the staff that participated:* •
☒ Mental health service providers	☒ Substance abuse treatment providers
☒ Prevention services providers	☒ Outreach, Screening, Assessment, and Referral Centers
☒ County officials *List the county and the official name and title of participants:* • Mike Griffis Ector County Sheriff • Fernando Carrasco, Sergeant Midland County CIT	☐ City officials *List the city and the official name and title of participants:* •
☒ Federally Qualified Health Center and other primary care providers	☐ Local health departments ☒ LMHAs/LBHAs *List the LMHAs/LBHAs and the staff that participated:* • PermiaCare
☐ Hospital emergency room personnel	☒ Emergency responders
☐ Faith-based organizations	☒ Community health & human service providers
☒ Probation department representatives	☒ Parole department representatives
☒ Court representatives (Judges, District Attorneys, public defenders)	☒ Law enforcement *List the county/city and the official name and title of participants:*

Stakeholder Type	Stakeholder Type
List the county and the official name and title of participants: • Judge Elizabeth Leonard, 238th District Court, Midland	• Ector County – Steve McNiell • Presidio County – Kaija Valkonen
☒ 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: _____

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.

• 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 executive leadership 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
• Ongoing meetings with Disaster Behavioral Health (DBH) division of HHSC
• Ongoing meetings with RISE Permian Basin related to trauma following mass tragedies

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.

• Lack of residential facilities for individuals who cannot maintain community tenure on a consistent basis due to symptom severity (i.e., mental health group homes)
• Lack of crisis stabilization beds
• 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 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;

- A committee was developed with the local stakeholders to function 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 the forums and collaborate with all participating organizations
- 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 in regarding our psychiatric emergency service project.
- PermiaCare solicited feedback from the Planning and Network Advisory Committee (PNAC).
- PermiaCare provided information to and solicited input from the offices of State Representatives and State Senators for each of the counties that PermiaCare serves regarding service provision.
- PermiaCare 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.
- PermiaCare has met one-on-one with the county judges to discuss mutual interests and common goals.
- PermiaCare staff continue to work with juvenile probation and other local stakeholders to expand services for children.
- PermiaCare continues to work with Midland County jails to facilitate self-contained jail-based services to streamline access to services and reduce the need for utilization of crisis resources
- PermiaCare has worked with local jails to implement jail-based competency restoration programs

> Ensuring the entire service area was represented; and

- A committee was developed with the local stakeholders to function 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.
- PermiaCare has entered into partnerships with local judiciaries to establish and expand Mental Health Courts.
- PermiaCare solicited feedback from the Planning and Network Advisory Committee (PNAC).
- PermiaCare provided information to and solicited input from the offices of State Representatives and State Senators for each of the counties that PermiaCare serves regarding service provision.
- PermiaCare has met one-on-one with the county judges to discuss mutual interests and common goals.

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 the forums and collaborate with all participating organizations
- PermiaCare staff regularly attended coalition meetings and other networking meetings in many different disciplines. At these meetings, we 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 in regarding our psychiatric emergency service project.
- PermiaCare solicited feedback from the Planning and Network Advisory Committee (PNAC).
- PermiaCare provided information to and solicited input from the offices of State Representatives and State Senators for each of the counties that PermiaCare serves regarding service provision.
- PermiaCare 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.

- PermiaCare has met one-on-one with the county judges to discuss mutual interests and common goals.

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

   - PermiaCare contracts with an American Association of Suicidality certified hotline to provide Crisis Hotline Staffing 24 hours a day, seven days a week. This includes weekends and holidays.

   After business hours

   - PermiaCare contracts with an American Association of Suicidality certified hotline to provide Crisis Hotline Staffing 24 hours a day, seven days a week. This includes weekends and holidays.

   Weekends/holidays

   - PermiaCare contracts with an American Association of Suicidality certified hotline to provide Crisis Hotline Staffing 24 hours a day, seven days a week. This includes weekends and holidays.

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

- American Association of Suicidality (AAS) certified hotline is available 24/7 for screenings.
- PermiaCare'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, PermiaCare funds 1.5 full time mental health deputies in each city.
- PermiaCare funds one full time mental health deputy to provide mental health deputy services in Pecos and Brewster counties.

After business hours

- AAS certified hotline is available 24/7 for screenings.
- PermiaCare'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 assist and manage utilization management questions.

Weekends/holidays

- AAS certified hotline is available 24/7 for screenings.
- PermiaCare'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 manage utilization management questions.

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.).

> - 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.
> - PermiaCare demonstrates follow up on approximately 99% of crisis calls.

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:

> - 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:

- 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.

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

- PermiaCare does not have a state hospital near any of the counties we serve. If a state hospital requested an assessment on an individual with a COR in PermiaCare's catchment area, PermiaCare would request a courtesy assessment from the LMHA who covers the county in which the state hospital is located.

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

During business hours:

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

After business hours:

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

Weekends/holidays:

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

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

> - If the individual 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.

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

> - 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.

11. Describe the process if an individual needs admission to a psychiatric 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 herself or others. If criteria are met for admission, PermiaCare 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 voluntary, PermiaCare will work in collaboration with the local hospitals and law enforcement to obtain transportation via ambulance service.

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).

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

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.

- When the AAS hotline notifies PermiaCare MCOT that assistance is needed in a parking lot, office building, school, or under a bridge, PermiaCare 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.

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

Where does the individual wait 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.

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?

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

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

- PermiaCare is responsible for continued determination of the need for inpatient care.

Crisis Stabilization

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

Name of Facility	N/A
Location (city and county)	
Phone number	
Type of Facility (see Appendix A)	
Key admission criteria (type of individual 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?	
Number of Beds	
HHSC Funding Allocation	

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	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 PermiaCare. Must have PermiaCare's crisis assessment and authorization for utilization management.
Number of Beds	0.842 per day. These are PPB beds, and the availability is spread across three hospitals
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric	Private Psychiatric Beds

Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$700.00
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	No
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	River Crest Hospital
Location (city and county)	San Angelo, Tom Green

Phone number	325-949-5722
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 PermiaCare. Must have PermiaCare's crisis assessment and authorization for utilization management.
Number of Beds	0.842 per day. These are PPB beds, and the availability is spread across three hospitals
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
Name of Facility	Scenic Mountain Medical Center
Location (city and county)	Big Spring, Howard
Phone number	432-263-1211

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 PermiaCare. Must have PermiaCare's crisis assessment and authorization for utilization management.
Number of Beds	0.842 per day. These are PPB beds, and the availability is spread across three hospitals
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed

If under contract, what is the bed day rate paid to the contracted facility?	$650.00
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	No
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	Midland Memorial Hospital
Location (city and county)	Midland, Midland
Phone number	432-221-1111
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 PermiaCare. Must have PermiaCare's crisis assessment and authorization for utilization management.
Number of Beds	8
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes

If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Psychiatric Emergency Service Center Contract
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$708.25
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	No
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.

- PermiaCare offers jail-based competency restoration services
- PermiaCare also coordinated with the 238th District Court in Midland, Texas for the provision of Mental Health Court services.

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

- It is difficult to generate referrals to jail-based competency restoration services (JBCR) when 46B cases are spread amongst multiple courts and represented by different attorneys. PermiaCare is working with the local judiciary to centralize referrals to JBCR in one district court. A lot of community education is required to make this endeavor successful.

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

- PermiaCare has a full-time employee designated 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. This staff is also responsible for providing crisis and follow up services for the jails.
- PermiaCare 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.

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

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

- PermiaCare 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 PermiaCare's counties as possible for competency restoration.
- PermiaCare will continue working with the county jails to provide self-contained jail-based services.
- PermiaCare will continue to meet all targets for its jail-based programs outlined in PermiaCare's approved SB292 grants. We will continue to seek funds to expand these services.

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.)?

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

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

- Increase funding for JBCR so it can be expanded to other counties.

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?

- PermiaCare operates a detox and intensive residential treatment center called Turning Point. It operates 42 beds and accepts admissions 24/7.
- We have opened the PermiaCare Integrated Care Clinic in Odessa and Midland to provide physical healthcare services with our behavioral health treatment
- PermiaCare continues to operate its psychiatric service project (PESC) to address the lack of rapid crisis stabilization beds in Midland. Funding of $2.7 million was initially secured through Rapid Crisis NCA that PermiaCare submitted to HHSC.
- PermiaCare is expecting more than $200,000 in general revenue funding to increase bed day capacity in the form Private Patient Beds (PPB) in all the Centers' counties.
- PermiaCare has filed to be a Certified Community Behavioral Health Clinic (CCBHC). Once certified, PermiaCare will provide a comprehensive range of mental health and substance use disorders to vulnerable individuals. The intent of service delivery within this model assumes integration. In other words, Mental Health + Substance Abuse = Behavioral Health.

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

- We will continue to look for opportunities to collaborate with local stakeholders to expand the availability of emergent psychiatric, substance use, and physical healthcare treatment; however, PermiaCare's ability to expand these services is dependent on funding availability.
- PermiaCare has filed to be a Certified Community Behavioral Health Clinic (CCBHC). Once certified, PermiaCare will provide a comprehensive range of mental health and substance use disorders to vulnerable individuals. The intent of service delivery within this model assumes integration. In other words, Mental Health + Substance Abuse = Behavioral Health.

II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?

- Instructions for accessing psychiatric emergency services are available on the PermiaCare's 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

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?

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

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
All	• Lack of available and affordable rapid crisis stabilization beds for indigent patients, particularly in PermiaCare's rural counties.	• Expand PPB funding

All	• Lack of resources for transportation for voluntary individuals in rural regions	• Raise cap on PPB rate to allow for transportation costs. Consider expanding Mental Health Deputy funding to allow for hiring of more officers to do courtesy transports
All	• Shortage of qualified providers, especially licensed providers	• Make loan repayment programs more accessible and easier to access

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:

	County(s)	
• PESC	• Midland	• Maintain PESC funding. Continue to educate local stakeholders about availability of PESC beds as an alternative to incarceration
• JBCR	• Midland	• Expand patient volume served and look for funding mechanisms to provide JBCR is jails outside of Midland County

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Mental Health Deputy	• Ector, Midland, Pecos, Brewster	• PermiaCare will continue to submit data to HHSC and other state and federal organizations to show the efficacy of Mental Health Deputies as it relates to jail diversion. PermiaCare will work with other behavioral health leadership teams to identify funding sources to expand Mental Health Deputy funding activities

• Mental Health Court	• Midland	• PermiaCare will collaborate with local stakeholders to gauge interest and expand the existence of Mental Health Court outside of just Midland County
• Jail Diversion Task Force Meetings	• Ector, Midland, Pecos	• Continue to explore ways to expand the diversity of regular attendees at Jail Diversion Task Force meetings, especially members of the judiciaries.
• JBCR	• Midland	• Expand patient volume served and look for funding mechanisms to provide JBCR is jails outside of Midland County

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
•	•	•
•	•	•
•	•	•
•	•	•

•	•	•
•	•	•
•	•	•

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Jail based psychiatric medication related services	• Midland, Ector	• Continue to meet targets as established under SB 292. Look for opportunities to secure funding to ad JBCR to the Ector County Jail
• Training initiatives for local stakeholders	• Midland, Ector, Pecos, Brewster, Jeff Davis, Culberson, Presidio	• Increase the number of Mental Health First Aid trainings, and ASIST trainings offered and work to ensure that communities are aware of available opportunities. Work collaboratively with the six centers that comprise the West Texas Behavioral Health Network (WBHN) to maximize available resources that can be allocated to training

• Jail Liaison	• Midland, Ector	• Continue to meet targets as established under SB 292. Look for opportunities to secure funding increase medication budget for transitional medications for individuals leaving the jails and entering community services
•	•	•
•	•	•
•	•	•
•	•	•

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
•TCOOMMI for individuals reentering communities for TCDJ and TJJD	• Ector, Midland, Brewster, Culberson, Pecos, Hudspeth, Jeff Davis, Presidio •	•PermiaCare will continue to meet standards as promulgated by TCOOMMI. The Center will take advantage of any funding that may become available for juveniles during the reentry intercept
•Continuity of Care workers	• Midland, Ector	•Identify funding streams or restructuring methods to increase the availability of COC

		workers to provide meaningful care coordination instead of just linking and case management
•Jail Based Mental Health Services	• Ector, Midland	•PermiaCare will continue to work collaboratively with local jails and local law enforcement to educate our communities about the availability of jail-based services. The Center will look for opportunities to expand jail-based services beyond Midland and Ector counties
•	•	•
•	•	•
•	•	•
•	•	•

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
•TCOOMMI for individuals reentering communities for TCDJ and TJJD	• Ector, Midland •	•PermiaCare will continue to meet standards as promulgated by TCOOMMI. The Center will take advantage of any funding that may become available for

		juveniles during the reentry intercept
•Training for probation and parole staff	• Ector, Midland, Brewster, Culberson, Pecos, Hudspeth, Jeff Davis, Presidio •	•Increase the number of Mental Health First Aid trainings, and ASIST trainings offered and work to ensure that communities are aware of available opportunities. Work collaboratively with the six centers that comprise the West Texas Behavioral Health Network (WBHN) to maximize available resources that can be allocated to training. Use social media and public broadcasts to educate local and probation and parole departments about training and networking opportunities like the annual CIR conference
•Midland Mental Health Court Liaison	• Midland	• PermiaCare will collaborate with local stakeholders to gauge interest and expand the existence of Mental Health Court outside of just Midland County. Continue to educate defense attorneys as to the

		availability of Mental Health Court as an option for their clients
•	•	•
•	•	•
•	•	•
•	•	•

III.B Other Behavioral Health Strategic Priorities

The Texas Statewide Behavioral Health Strategic Plan identifies other significant gaps and goals in the state's behavioral health services system. The gaps identified in the plan are:

- Gap 1:   Access to appropriate behavioral health services
- Gap 2:   Behavioral health needs S public school students
- Gap 3:   Coordination across state agencies
- Gap 4:   Supports for Service Members, Veterans, and their families
- Gap 5:   Continuity of care for people of all ages involved in the Justice System
- Gap 6:   Access to timely treatment services
- Gap 7:   Implementation of evidence-based practices
- Gap 8:   Use of peer services
- Gap 9:   Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage

- Gap 14: Shared and usable data

The goals identified in the plan are:

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	- Gap 6 - Goal 2	- PermiaCare has implemented an open access policy for screenings. Screenings and intake are completed on the same day and	- PermiaCare will continue to work towards sustainability for 1115 Waiver programs which the agency identifies as instrumental to improving client outcomes and offering

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		clients can walk-in without an appointment. • 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	an expanded array of services to our patient population. • PermiaCare plans to become a CCBHC. Areas of focus will be on improving access and showing the expansion of promising evidenced based practices such as peer support and integrated care.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• 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. • PermiaCare has a disposition rate more than 95% for individuals discharged from a SMHF • We have opened the PermiaCare Integrated Care clinics to reduce the number of hospital	• PermiaCare is seeking to collaborate with Ector County to start a second Mental Health Court. • PermiaCare will utilize expected funding allocated in its FY20 performance contract to purchase PPBs. The agency will establish a component code and will employ continuity of care staff to ensure all patients are seen for follow up within 7 days of discharge • PermiaCare plans to become a CCBHC. Areas of focus will be individuals suffering from

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		admissions for potentially preventable illnesses that impact a client's mental health decompensation. • Currently, PermiaCare hosts monthly peer review meetings chaired by utilization management staff. The meetings operate in such a way that clinical supervision is provided. Individuals who are decompensating are evaluated to determine if their current level of care needs to be reassessed. • PermiaCare 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	integrated mental health, substance abuse and physical disorders. Other areas of focus will be ensuring improved access to care and access to evidenced-based practice like peer support and care coordination.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		triage in emergency rooms and improve our continuity of care disposition with private inpatient facilities. This also reduces overall emergency room and jail utilization. • PermiaCare worked with the Midland and Ector County Jail to implement jail-based services for incarcerated individuals. This provides individuals with immediate onsite access to doctor services, psychosocial rehab, and 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	• Gap 14 • Goals 1,4	• We have hired designated screeners who sole job it is to assess the individual's need for an ongoing stay.	• PermiaCare will continue to explore ways to fund rapid crisis stabilization beds to reduce SMHF utilization. • PermiaCare plans to become a CCBHC. A major focus will be

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
reducing other state hospital utilization		• Peer review meetings are conducted to review the needs of the individual • We offer outpatient competency restoration services. • PermiaCare 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. • PermiaCare will use a Transition Age Youth (TAY) to transfer children and adolescents to adult	to implement evidenced based practices such as peer supports to help individuals transitioning from inpatient levels of care and between outpatient levels of care in a trauma informed manner.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		services in a more evidenced based manner. •	
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• PermiaCare obtained training that ensures 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."	• PermiaCare quality management department will conduct internal reviews for purposed of ascertaining PermiaCare's level of fidelity with evidence-based practices. Feedback will be provided to operations teams and assistance to help implement improvements will be provided. • PermiaCare plans to become a CCBHC. Areas of focus will be on improving access and showing the expansion of promising evidenced based practices such as peer support and integrated care.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		• Child and adolescent staff are trained in DSHS evidence-based practices including but not limited to the following: "Aggression Replacement Therapy –(ART) with Skill Streaming," "Seeking Safety," "Nurturing Parent," "Teaching Pro-Social Behavior to Anti-Social Youth," and "Preparing Adolescents for Young Adulthood (PAYA). • PermiaCare has identified and secured training software and infrastructure to be managed and tracked by Human Resources for purposed of ensuring that appropriate staff are identified, trained, and are competent in evidenced-based treatment modalities. (Relias)	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		• Staff are training on TRR assessment tools (CANS and ANSA). • PermiaCare utilizes the ACT toolkit to ensure fidelity with evidenced-based practices • Current training and certifications are reviewed during UM meetings and needs are identified and addressed.	
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• We have expanded our network of Certified Peers and Family Partners • We have increased consumer representation on the PNAC. • 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.	• PermiaCare will explore expanding peer support services to include Certified Peer-to-Peer Support Specialists. • PermiaCare plans to become a CCBHC. Areas of focus will be on improving access and showing the expansion of promising evidenced based practices such as peer support and integrated care.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		• QM conducts fidelity reviews to ensure that recover-curricula are being used appropriately.	• PermiaCare will explore potential first episode psychosis services
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• We have centralized screening for both services in our mental health clinics and have created a referral data base to facilitate mental health services, COPSD services, and substance abuse services. • PermiaCare offers adult inpatient residential detox services. • We offer adult specialized female, and youth outpatient substance abuse treatment programs. • PermiaCare has taken on the role of Outreach Screening and Referral services for HHSC Region 9	• We hold regular programs meetings with directors and team leaders from all programs to encourage collaboration between the different programs that we offer. • PermiaCare plans to become a CCBHC. Areas of focus will be on improving access and showing the expansion of promising evidenced based practices such as peer support and integrated care. Another focus will be transitioning individuals from inpatient levels of care and between outpatient levels of care in a trauma informed manner.

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.	• Gap 1 • Goals 1,2	• We have integrated our behavioral health services with our primary care services through the 1115 Waiver program. • We hold monthly meetings with behavioral health staff and primary care staff to discuss clients and treatment. PermiaCare 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.	• We will continue to work with collaborative coalitions such as Midland Behavioral Health Leadership Team to increase the sustainability of primary care services • PermiaCare 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. PermiaCare plans to become a CCBHC. A major area of focus will be to improve screening for physical health disorders and help individuals access care for their physical health needs via enhanced care coordination.
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• PermiaCare collaborates with local providers of Medicaid transportation services to secure transportation for clients lacking other resources.	• PermiaCare is working with collaborative coalitions, such as the Midland Behavioral Health Leadership Team, to

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		• Staff including PermiaCare ACT and ICT teams, provide transportation to and from appointments when necessary. • PermiaCare has hired 2 peers in Ector County to provide transportation to the Rainbow House day program.	identify resources to help with client transportation.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• PermiaCare provides discrete psychiatric services to clients enrolled in local IDD programs. • PermiaCare 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	• PermiaCare 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.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		behavioral support; coordinates crisis respites for individuals with an IDD.	
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• Midland County is currently running a veterans' court • Staff work to continuously propose an alternative to incarceration for those individuals brought before the Midland Veterans' Court • PermiaCare operates a Military Veterans Peer Network	• PermiaCare and Ector County are working to explore establishing a Veterans' Court • PermiaCare will continue to educate the public on the Military Veterans Peer Network.

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
Focus on hospitalization and reducing state hospital bed utilization	• PermiaCare continues to operate its psychiatric service project (PESC) to address the lack of rapid crisis stabilization beds in Midland. Funding of $2.7 million was initially secured through Rapid Crisis NCA that PermiaCare submitted to HHSC • PermiaCare provides JBCR	• PermiaCare is expecting more than $200,000 in general revenue funding to increase bed day capacity in the form Private Patient Beds (PPB) in all the Centers' counties. •
Reduce the jail census by reducing the number of mentally ill individuals in jail	• PermiaCare 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. • PermiaCare provides JBCR	• PermiaCare and Ector County are working to explore establishing a Veterans' Court. • PermiaCare 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 PermiaCare's counties as possible for competency restoration. •
Reduce emergency room utilization	• PermiaCare continues to operate its psychiatric service project (PESC) to address the lack of rapid crisis stabilization beds in	• We will continue to see funding to expand mental health deputy diversionary units.

Local Priority	Current Status	Plans
	Midland. Funding of $2.7 million was initially secured through Rapid Crisis NCA that PermiaCare submitted to HHSC • PermiaCare works with mental health deputy units and hospital district staff to identify individuals who do not need medical clearance and can be more efficiently routed to inpatient care without utilizing emergency room resources via PermiaCare 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 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	***Example:*** *Detox Beds*	• *Establish a 6-bed detox unit at ABC Hospital.*	•
2	***Example:*** *Nursing home care*	• *Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.* • *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.*	•
1	Increase availability of inpatient beds	• To maintain rapid crisis stabilization units to the rest of PermiaCare's catchment areas, and expand the availability of PPBs	• $2,426,699 (PESC) • $212,000 (PPB)

2	Increase availability of jail-based services	• To maintain competency restoration services and self-contained mental health services within local detention facilities, therefore freeing up capacity for the LMHA	• $465,222
3	Increase availability of funding for short term and long term supported housing/rental assistance	• The average rent has risen significantly because of a housing shortage driven by thriving oil and gas market in the Permian Basin. PermiaCare 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 a part of a self-sufficiency plan to graduate to independent housing.	• $192,000

Appendix B: Acronyms

Admission criteria – Admission into services is determined by the individual's level of care as determined by the TRR Assessment found here for adults or here for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

Crisis Hotline – The Crisis Hotline is a 24/7 telephone service that provides information, support, referrals, screening, and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need

and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT, or other crisis services.

Crisis Residential Units– provide community-based residential crisis treatment to individuals with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential facilities are not authorized to accept individuals on involuntary status.

Crisis Respite Units –provide community-based residential crisis treatment for individuals who have low risk of harm to self or others, and who may have some functional impairment. Services may occur over a brief period of time, such as two hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons they care for to avoid mental health crisis. Crisis respite facilities are not authorized to accept individuals on involuntary status.

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

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

Extended Observation Units (EOU) – provide up to 48-hours of emergency services to individuals in mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept individuals on emergency detention.

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

Psychiatric Emergency Service Center (PESC) – 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