



Form O: Consolidated Local Service Plan

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) submit the Consolidated Local Service Plan (CLSP) for fiscal year 2025 by **December 31, 2024** to Performance.Contracts@hhs.texas.gov and CrisisServices@hhs.texas.gov.

Introduction

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

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

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable).

- Screening, assessment, and intake
- Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children
- Extended observation or crisis stabilization unit
- Crisis residential or respite unit, or both
- Diversion centers
- Contracted inpatient beds
- Services for co-occurring disorders
- Substance use prevention, intervention, and treatment
- Integrated healthcare: mental and physical health
- Services for people with Intellectual or Developmental Disorders (IDD)
- Services for veterans
- Other (please specify)

Table 1: Mental Health Services and Sites

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
PermiaCare	401 E. Illinois Ave. Midland, TX 79701	432-570-3300	Midland	MH	<ul style="list-style-type: none"> • 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: adult and children • Integrated healthcare: mental and physical health: adults • PESC • Coordinated Specialty Care for First Episode Psychosis

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
PermiaCare	600 N. Grant St. Odessa, TX 79761	432-550-1100	Ector	MH	<ul style="list-style-type: none"> • 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: adult and children • Integrated healthcare: mental and physical health: adults • PPB • Coordinated Specialty Care for First Episode Psychosis
PermiaCare	1010 W. MacArthur Ave. Odessa, TX 79763	432-580-2629	Ector	MH	<ul style="list-style-type: none"> • 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

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
PermiaCare	805 N. 5 th St. Alpine, TX	432-837-3373	Brewster	MH	<ul style="list-style-type: none"> • 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 services • Cognitive Behavioral Therapy: adult and children • PPB • Rural Border Intervention Outreach Services

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
PermiaCare	1123 N. Main St. Fort Stockton, TX 79735	432-336-3383	Pecos	MH	<ul style="list-style-type: none"> • 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 services • Cognitive Behavioral Therapy: adult and children • PPB • Rural Border Intervention Outreach Services

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
PermiaCare	202 W. O'Reilly St. Presidio, TX 79845	432-848-6952	Presidio	MH	<ul style="list-style-type: none"> • 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 services • Cognitive Behavioral Therapy: adult and children • PPB • Rural Border Intervention Outreach Services

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
PermiaCare	700 W. Broadway St. Van Horn, TX 79855	432-848-3434	Culberson	MH	<ul style="list-style-type: none"> • 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 services • Cognitive Behavioral Therapy: adult and children • PPB • Rural Border Intervention Outreach Services
PermiaCare	4682 E. University Blvd, Suite D Odessa, TX 79762	432-848-6944	Midland & Ector	MH	<ul style="list-style-type: none"> • Multi-Systemic Therapy
PermiaCare	704 Boyd Ave. Midland, TX 79705	432-570-3300	Midland, Ector, Brewster, Culberson, Pecos, Hudspeth, Jeff Davis, Presidio	MH	<ul style="list-style-type: none"> • Respite care

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 in Chapter 531, Texas Government Code, Section 531.0993 to reduce recidivism rates, arrests, and incarceration among people with mental

illness, as well as reduce the wait time for people on forensic commitments. The 2024-25 Texas General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, (Article II, HHSC, Rider 48) appropriated additional state funding to expand the grant and implement new programs. The Rural Mental Health Initiative Grant Program, authorized by Texas Government Code, Section 531.09936, awarded additional state funding to rural serving entities to address the mental health needs of rural Texas residents. These grants support community programs by providing behavioral health care services to people 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 people with mental illness involved in the criminal justice system.

In the table below, describe projects funded under the Mental Health Grant Program for Justice-Involved Individuals, Senate Bill 1677, and Rider 48. Number served per year should reflect reports for the previous fiscal year. If the project is not a facility; indicate N/A in the applicable column below. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.C.

Table 2: Mental Health Grant for Justice-Involved Individuals Projects

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
FY 24	Jail Based Competency Restoration	Midland	County Detention Center	Midland County Detention Center Inmates	14
FY 24	Jail Based Competency Restoration	Ector	County Detention Center	Ector County Detention Center Inmates	12

I.C Community Mental Health Grant Program: Projects related to jail diversion, justice-involved individuals, and mental health deputies

Section 531.0999, Texas Government Code, requires HHSC to establish the Community Mental Health Grant Program, a grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for people 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, or recovery services, and assist with people transitioning between or remaining in mental health treatment, services and supports.

In the table below, describe Community Mental Health Grant Program projects related to jail diversion, justice-involved individuals, and mental health deputies. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.D.

Table 3: Community Mental Health Grant Program Jail Diversion Projects

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY25	Co-Responder Model	Midland and Ector	MH	912

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	People receiving services	<input checked="" type="checkbox"/>	Family members
<input checked="" type="checkbox"/>	Advocates (children and adult)	<input checked="" type="checkbox"/>	Concerned citizens or others
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <ul style="list-style-type: none"> Oceans Behavioral Health – Shelly Brown 	<input type="checkbox"/>	State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none">
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input checked="" type="checkbox"/>	Prevention services providers	<input type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/>	County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> Mike Griffis Ector County Sheriff TJ Garces Sergeant Midland County CIT 	<input type="checkbox"/>	City officials (list the city and the name and official title of participants): <ul style="list-style-type: none">

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/>	LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i> <ul style="list-style-type: none"> • JDTF Meeting • CSCAC Meeting
<input type="checkbox"/>	Hospital emergency room personnel	<input type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives
<input type="checkbox"/>	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): <ul style="list-style-type: none"> • 	<input type="checkbox"/>	Law enforcement (list the county or city and the name and official title of participants): <ul style="list-style-type: none"> •
<input type="checkbox"/>	Education representatives	<input checked="" type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input type="checkbox"/>	IDD Providers
<input type="checkbox"/>	Foster care or child placing agencies	<input type="checkbox"/>	Community Resource Coordination Groups
<input type="checkbox"/>	Veterans' organizations	<input type="checkbox"/>	Housing authorities
<input type="checkbox"/>	Local health departments	<input type="checkbox"/>	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.

Response:

- 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
- Executive meetings with local county and city officials
- 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 or that had broad support.

Response:

- 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
- The lack of specialized psychiatric services for IDD
- The lack of contract providers due to the overall lack of providers in the community and rural areas
- The lack of transportation for the elderly and disabled
- Behavioral issues amongst the youth
- Increased psychiatric bed capacity
- Faster response to crisis calls in the community
- Services for children and families who are dealing with behavioral and family issues that are not necessarily a result of mental illness
- Increase in law enforcement staff with specialized knowledge relating to mental illness.
- Partial Hospitalization and Intensive Outpatient (IOP) for children without a payer source.

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 and emergency departments;
- Judiciary, including mental health and probate courts;
- Prosecutors and public defenders;
- Other crisis service providers (to include neighboring LMHAs and LBHAs);
- People accessing crisis services and their family members; and
- 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 Developing 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;

Response:

- 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.
- 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. We are also doing this for Respite with all hospitals.
- 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 law enforcement, hospital districts, and educational entities.
- 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

Response:

- 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 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.

Response:

- 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
- 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.
- 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 had multiple meetings with local providers.
- PermiaCare has met one-on-one with the county judges to discuss mutual interests and common goals.

II.B Using the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process

1. How is the Crisis Hotline staffed?

a. During business hours

Response:

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.

b. After business hours

Response:

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.

c. Weekends and holidays

Response:

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 or LBHA have a sub-contractor to provide the Crisis Hotline services? If, yes, list the contractor.

Response:

Yes, Avail Solutions.

3. How is the MCOT staffed?

a. During business hours

Response:

- 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.

b. After business hours

Response:

- 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.

c. Weekends and holidays

Response:

- 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 or LBHA have a sub-contractor to provide MCOT services? If yes, list the contractor.

Response:

N/A

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

Response:

- 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 or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:

a. Emergency Rooms:

Emergency rooms will 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.

b. 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?

Response:

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?

a. During business hours:

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

b. After business hours:

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

c. Weekends and holidays:

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

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

Response:

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 a person requires further evaluation, medical clearance, or both.

Response:

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 a person needs admission to a psychiatric hospital.

Response:

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, PermianCare 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 a person needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

Response:

The MCOT team will assess the individual to determine if they are safe to remain in the facility. If it is determined they are safe to stay in the facility, the facility is contacted to ensure there are enough beds. Lastly, MCOT will work with formal and natural supports to arrange transportation.

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.

Response:

When the AAS hotline notifies PermiaCare MCOT that assistance is needed in a parking lot, office building, school, or under a bridge, PermiaCare activates 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 person wait for a bed?

Response:

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 person is placed in a clinically appropriate environment at the LMHA or LBHA?

Response:

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 for adults?

Response:

In cases where the individual is voluntary to inpatient treatment various resources including county and private ambulances are available. The individual is responsible for the cost; however, PermiaCare assists the eligible individual with accessing county indigent funding available through local hospital districts whenever possible. When appropriate and safe family members can also transport.

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

Response:

In cases where the youth is voluntary to inpatient treatment various resources including county and private ambulances are available. The youth's LAR is responsible for the cost; however, PermiaCare assists the eligible individual with accessing county indigent funding available through local hospital districts whenever possible. When appropriate and safe the LAR or guardian can also transport.

Crisis Stabilization

Use the table below to identify the alternatives the local service area has for facility-based crisis stabilization services (excluding inpatient services). Answer each element of the table below. Indicate "N/A" if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.

Table 5: Facility-based Crisis Stabilization Services

Name of facility	
Location (city and county)	N/A
Phone number	
Type of facility (see Appendix A)	
Key admission criteria	
Circumstances under which medical clearance is required before admission	

Name of facility	
Service area limitations, if any	
Other relevant admission information for first responders	
Does the facility accept emergency detentions?	
Number of beds	
HHSC funding allocation	

Inpatient Care

Use the table below to identify the alternatives to the state hospital the local service area has for psychiatric inpatient care for uninsured or underinsured people. Answer each element of the table below. Indicate "N/A" if an element does not apply to the alternative provided. Replicate the table below for each alternative.

Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured

Name of facility	Oceans Behavioral Hospital
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 PermianCare. Must have PermianCare's crisis assessment and authorization for utilization management.
Number of beds	14 beds per day. These are PPB and PESC beds, and the availability is spread across three hospitals.
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Oceans Behavioral Hospital
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs 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?	\$700.00
If not under contract, does the LMHA or 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.

Name of facility	River Crest Hospital
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	14 beds per day. These are PPB and PESC beds, and the availability is spread across three hospitals.
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes.
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs 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?	\$700.00
If not under contract, does the LMHA or 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	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 PermianCare. Must have PermianCare's crisis assessment and authorization for utilization management.
Number of beds	14 beds per day. These are PPB and PESC beds, and the availability is spread across three hospitals.
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes.
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs 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?	\$700.00

Name of facility	Scenic Mountain Medical Center
If not under contract, does the LMHA or 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 PermianCare. Must have PermianCare's crisis assessment and authorization for utilization management.
Number of beds	8 beds per day. These are PESC beds, and only for Midland County.
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs 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

Name of facility	Midland Memorial Hospital
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 or 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 for People Deemed Incompetent to Stand Trial Pre- and Post-arrest

1. Identify local inpatient or outpatient alternatives, if any, to the state hospital the local service area has for competency restoration? Indicate "N/A" if the LMHA or LBHA does not have any available alternatives.

Response:

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.

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

Response:

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.

3. 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) and title(s) of employees who operate as the jail liaison.

Response:

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. The jail liaison for Ector County is Alyssa Villegas, Jail Continuity of Care Case Manager. The jail liaison for Midland County is Aituari Eriamiantoe, Jail Continuity of Care Case Manager.

PermiaCare also has a court liaison who provides continuity of care services for individuals assigned to the Midland County Mental Health Court.

4. 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.

Response:

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

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

Response:

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.

6. Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (e.g., Outpatient Competency Restoration, Inpatient Competency Restoration, Jail-based Competency Restoration, FACT Team, Post Jail Programs)?

Response:

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

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

Response:

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

II.D Seamless Integration of Emergent Psychiatric, Substance Use, and Physical Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA or LBHA collaborate with in these efforts?

Response:

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.

In FY 2024, PermiaCare had an increase of 1,250,316 in allocation for Private Psychiatric Beds (PPB) to help integrate emergency psychiatric, substance use, and physical healthcare services. PermiaCare collaborated with Oceans, River Crest, and Scenic Mountain.

PermiaCare is a Certified Community Behavioral Health Clinic (CCBHC) and can 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?

Response:

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 is a Certified Community Behavioral Health Clinic (CCBHC) and can 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?

Response:

- 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?

Response:

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

II.F Gaps in the Local Crisis Response System

Use the table below to identify 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. Add additional rows if needed.

Table 7: Crisis Emergency Response Service System Gaps

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
All	Lack of available and affordable rapid crisis stabilization beds for indigent patients, particularly in PermianCare's rural counties.	Expand PPB funding.	N/A
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.	N/A
All	Shortage of qualified providers, especially licensed providers	Make loan repayment programs more accessible and easier to access. Have an advocate for legislation that would require licensure bodies like the LPC Board to expand interstate reciprocity to improve the workforce pool and to allow providers to more effectively utilize technical advances including but not limited to telehealth.	N/A

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to people with mental health and substance disorders involved 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 people 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. Enter N/A if not applicable.

Table 8: Intercept 0 Community Services

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
PESC	Midland	Maintain PESC funding. Continue to educate local stakeholders about the availability of PESC beds as an alternative to incarceration.
JBCR	Midland and Ector	Maintain patient volume served and increase funding mechanisms.

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Mental Health Deputy	Ector, Midland	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. Expand the Mental Health Deputy program and have a co-responder program that decreases the utilization of high-cost resources like the ED and allow mental health professionals to respond with law which increases access and short response times.
Jail Diversion Task Force Meetings	Ector, Midland, Pecos	Continue to explore ways to expand the diversity of regular attendees at the Jail Diversion Task Force meetings, especially members of the judiciaries.
JBCR	Midland and Ector	Maintain patient volume served and increase funding mechanisms.

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years
Mental Health Court	Midland	PermiaCare will continue to collaborate with local stakeholders to gauge interest and expand the existence of Mental Health Court outside of just Midland County. PermiaCare is striving to get other counties, including Ector, to adopt a Mental Health Court, Veteran's Court, and Substance Abuse Courts.

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail based psychiatric medication related services	Midland, Ector	Maintain efforts initiated under SB 292. Look for opportunities to secure additional funding.
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

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCOOMMI for individuals reentering communities from TCDJ and TJJD.	Ector, Midland, Brewster, Culberson, Pecos, Hudspeth, Jeff Davis, Presidio	PermianCare 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.

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
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.

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCOOMMI for individuals reentering communities from 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.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
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 Statewide Behavioral Health Coordinating Council (SBHCC) was established to ensure a strategic statewide approach to behavioral health services. In 2015, the Texas Legislature established the SBHCC to coordinate behavioral health services across state agencies. The SBHCC is comprised of representatives of state agencies or institutions of higher education that receive state general revenue for behavioral health services. Core duties of the SBHCC include developing, monitoring, and implementing a five-year statewide behavioral health strategic plan; developing annual coordinated statewide behavioral health expenditure proposals; and annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

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

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

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

The goals identified in the plan are:

- Goal 1: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.
- Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.
- Goal 3: Develop and support the behavioral health workforce.
- Goal 4: Manage and utilize data to measure performance and inform decisions.

Use the table below to 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.

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	Working towards full CCBHC certification. In addition, PermianCare has open access to HHSC severe mental illness clients and an integrated primary care clinic that is also open to serve individuals with low level needs who don't meet HHSC threshold for target population.	PermianCare will continue to work to sustain these programs that were started under the 1115 Waiver by pursuing additional funding.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	<ul style="list-style-type: none"> Gaps 2, 3, 4, 5, 10, 12 Goal 1 	PermiaCare has the YES Waiver Program and MST for public school students. Through CCBHC PermiaCare has established multiple MOUs. PermiaCare has a Veteran's Peer Service Program. PermiaCare has a Jail Based Continuity of Care worker to follow up after a jail discharge. PermiaCare is working with its EHR vendor to identify SDOH and screen to capture individuals needing assistance with housing.	Continue to do outreach to make the community aware of MST. Update MOUs every two years and work with agencies to help support and create opportunities to expand services for veterans. Expand the Jail Based COC worker to rural areas. Utilize risk reports to analyze SDOH trends. Maintain programs and continue to advocate for increases in the fair market rent allowable so to help pay less in the difference. Plan to attend various coalition and housing coalition with supported employment housing staff in effort to continue to bring housing resources into the community.
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> Gaps 1, 10 Goal 1 	PermiaCare has open access for MH services and utilizes a SDOH form to identify the needs of clients coming into services. This form is completed at screening and intake to identify needs early on.	Continue to utilize the SDOH form to determine needs of individuals coming into services. Utilize Care Coordinators to address specific needs of individuals until needs have been all met. Continue to assess for SDOH by utilizing this form throughout treatment. Utilize risk reports to identify trends.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> Gap 10 Goal 1 	Created internal SDOH form to define needs of clients in services. Completing this at intake and screening to identify SDOH early on and continue to complete during services. Revising all policies to ensure individuals are informed with a trauma informed care approach to tie in CCBHC efforts.	Utilize data collected to track number of individuals who have successfully completed the SDOH form. Utilize data on monthly key performance indicator reports. Revise all policies over the next two years to focus on trauma-informed care. Distribute client satisfaction surveys and evaluate data and implement PDSAs in relation to feedback.
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> Gaps 2, 11 Goal 1 	PermiaCare provides trainings such as Mental Health First Aid to the school districts, which include teachers, and school personnel. MHFA trains individuals to observe and notice signs of potential mental health symptoms.	Continue outreach to make the community aware of MHFA and increase the number of MHFA trainings.
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> Gap 3 Goal 2 	Establish MOUs with local hospitals and other health care providers. Utilize XFERALL to coordinate care between local hospital and community to arrange efficient and faster access to care; used for hospital admission and discharges.	Implement a patient portal in the EHR. This will allow patients to access their records to give to other providers. Explore a care coordinator platform to sit on top of the EHR. Identify businesses in the community to establish MOUs (i.e. Pride Foundation). Continue education with law enforcement and schools with MHFA and ASSIST.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> Gaps 1, 3, 7 Goal 2 	Mental Health Deputy Program established to respond and work together with QMHPs on crisis. PermiaCare works to have them trained in mental health to effectively transport and assess clients. Contract with private IDD providers who provide music therapy services to provide to YES services for kids.	Will establish Co Responder Model where QMHPs are imbedded with Mental Health Deputies to improve call access. Continue outreach improvement for YES collaborators for other services for YES.
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> Gap 3 Goal 2 	Coordinated with hospital districts in Midland and Ector County to assist and provide technical assistance in opening a 200-bed inpatient facility with 40 forensic beds that will serve the entire Permian Basin including two counties in New Mexico.	PermiaCare plans to have crisis services and outpatient mental health services embedded in the facility when it opens in 2026.
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> Gaps 1, 11, 14 Goal 2 	PermiaCare has a CCBHC Manager position that focuses on outreach in the community to make people aware of our services and aware of services in the community. At the JDTF meeting, different presenters are there to talk about services for not only PermiaCare but for other providers also such as DFPS or High Sky for foster care services.	Continue to do outreach and present at JDTF meeting and also attend the family health coalition. Set up routine meetings with 211. Meet with Permian Basin Threat Assessment Task Force (PBTAT) alongside FBI and local law enforcement. Conduct a needs assessment to inform the development of a staffing plan to ensure services are delivered at CCBHC level.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	<ul style="list-style-type: none"> Gaps 1, 5, 6 Goal 2 	Historically there has been no mechanism to link people from jail to outpatient care. PermianCare has a JBS COC staff in Midland and Ector County jails to help with this. XFERALL is utilized and is efficient and quick. Utilize the quarterly UM Committee Meeting to review various data elements, such as access issues and problem solve with the Chief Medical Officer and implement strategies and move resources around to accommodate where necessary.	Continue to examine access issues in UM Committee Meeting and implement processes to decrease wait time. Continue to implement systems with no wait in care. The outpatient clinic that will be located at the Permian Basin Behavioral Health Center will aid in creating greater access to care once it opens. Additionally, it will have on site crisis staff to provide immediate crisis assessments at the facility.
Develop step-down and step-up levels of care to address the range of participant needs	<ul style="list-style-type: none"> Gaps 1, 5, 6 Goal 2 	PermianCare has a 4-bed respite facility currently operating for low level crisis requiring the least restrictive setting when hospitalization is not appropriate. This is also used as a step down for people coming out of state hospitals to help acclimate to the community or make arrangement to transfer into the community.	Increase in capacity for respite by opening a 12-bed respite facility in FY25. Use care coordination to help people access what they don't have and close the gap.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> Gaps 3, 14 Goal 3 	The UM Committee meeting is utilized to analyze various data elements, such as access issues and data related to care and also implements processes on how to address concerns.	Continue to operate the UM meeting and expand membership as the center adds new services or programs obtained through increases in funding or by obtaining grants through a needs assessment.
Explore opportunities to provide emotional supports to workers who serve people receiving services	<ul style="list-style-type: none"> Gap 13 Goal 3 	PermiaCare has an employment assistance program (EAP) offered through BCBS and PermiaCare has maintained a PPO option on health insurance and pays 100% of employee health insurance.	Continue to find ways to sustain funding to the EAP program for employees.
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	<ul style="list-style-type: none"> Gaps 13, 14 Goal 3 	PermiaCare uses the Texas Council salary survey to study trends in salaries. PermiaCare does an analysis of the cost of living and strives to pay enough to overcome the high cost of living in the area. PermiaCare offers vacation sell back and offers a sign on bonus Incentive payments are offered to tenured staff. In addition, there is a progressive step increase system for staff. PermiaCare strives to not have wasted capacity in staff by looking at monthly performance indicators.	Continue to utilize these tools and seek funding sources that bring with them a source of sustainability. Meet with local legislation and advocate for funding to be directed at critical infrastructure.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement a call to service campaign to increase the behavioral health workforce	<ul style="list-style-type: none"> Gap 13 Goal 3 	PermiaCare is centered in a market where it is void of licensed providers. As a result, PermiaCare puts calls out to local educational institutions (i.e. universities) and we are paying a stipend to staff who are pursuing advanced licensure and providing supervision to staff pursuing licensure.	Maintain incentive to provide supervision for staff pursuing licensure. Continue outreach to local educational institutions.
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> Gaps 3, 13 Goal 3 	PermiaCare has a sign on bonus in place. Utilizing a variety of electronic technology to target providers in areas that produce the kind of staff we need (i.e. Indeed and individuals associated with Texas Tech University).	Continue to embrace technology and utilize demographic data for individuals in areas that produce bachelor and master level candidates due to large university presence (i.e. The University of El Paso). Examine the possibility of using technology for providing services (i.e. telehealth for counseling).
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> Gaps 3, 13 Goal 3 	Utilize the Texas Council salary survey to study trends in the workforce such as pay rate. Utilize already existing committees to review processes to expand the behavioral health workforce and services specific to this area.	Maintain current incentives for employees and new hires. Meet with local legislation and advocate for funding to be directed at critical infrastructure.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> Gaps 3, 14 Goal 4 	JDTF reviews jail related data, including care. The UM Committee meeting also reviews data related to care. This data is examined, and trends are identified.	PermiaCare has been on EHR since 2021 and continues to build internal reports to ease access to data that can be run by staff at all levels from managers to examine supervisors to staff to examine their own productivity.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> Gaps 3, 14 Goal 4 	PermiaCare has a shared web portal with Avail where we can extract data related to crisis calls and inquiries to services. PermiaCare also utilized XFERALL for crisis.	Work with local hospital districts to examine a possibility to develop a HIE.
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	<ul style="list-style-type: none"> Gaps 3, 4, 14 Goal 4 	Military Veterans Peer Program does outreach in local community events to make sure others are aware of services at PermiaCare as well to assist on an individual basis level.	Continue to maintain efforts of outreach and assist individuals.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> Gaps 7, 14 Goal 4 	<p>Evidence based curriculum includes but is not limited to</p> <ul style="list-style-type: none"> IMR Supported Housing Supported Employment ST-ART Seeking Safety <p>Subsequently, PermiaCare looks at client outcomes, for example, client level data from MBOW.</p>	Add examination of MBOW data as a routine agenda item to the UM Committee Meeting. Develop reports using scores on the TRR assessment and SDOH form to help identify individuals in need of more intense services. Also utilize SDOH form to help determine the types of services needed by our patient population and types of businesses to collaborate with and to link individuals to community resources to improve their non SDOH.

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, including a relevant timeline. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.

Table 15: Local Priorities

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. In addition to this, PermiaCare also provides Jail Based Competency Restoration.	PermiaCare recently received an increase of \$1.250.316 to Private Psychiatric Beds (PPB), which will aid in reducing state hospital bed utilization.
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. In addition, PermiaCare provides Jail Based 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.
Reduce emergency room 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	We will continue to seek funding to expand mental health deputy diversionary units (i.e. funding for co-responder model).
12 bed respite care to reduce hospitalization and provide additional crisis options.	Funding was received at the end of FY 2024. PermiaCare is currently in the process of the implementation process.	Provide respite care out of the 12 bed respite facility once the implementation process has been completed to reduce hospitalization and provide additional crisis options.

Local Priority	Current Status	Plans
Implement the rural border intervention (RBI) outreach efforts in Brewster, Pecos, Culberson, Hudspeth, Jeff Davis, and Presidio Counties to help link people to services who may otherwise be unaware.	Implementing RBI initiative for outreach in areas with limited resources.	Provide outreach to individuals in these counties by linking and giving local resources.
Multisystemic Therapy (MST) to focus on kids who have behavioral issues that do not necessarily tie into the HHSC target population but can use the help in navigating their behavioral issues to prevent hospitalization or incarceration.	MST is currently receiving referrals to address behavioral issues that do not necessarily tie into the HHSC target population but can use help in navigating their behavioral issues to prevent hospitalization or incarceration.	Provide MST services to individuals who need the service and to increase the number of those receiving MST.
Establish a program called Coordinated Specialty Care (CSC) for First Episode Psychosis to target individuals with early onset or newly diagnosed psychosis in an effort to promote employment and community tenure while reducing the severity of symptoms caused by psychotic breaks.	Received funding to provide CSC for individuals with early onset or newly diagnosed psychosis in an effort to promote employment and community tenure while reducing the severity of symptoms caused by psychotic breaks.	To provide these services to individuals to need it and to increase the volume of those who are receiving these services.

Local Priority	Current Status	Plans
Co Responder Model	Received verbal that PermiaCare has been approved for funding but still awaiting contract from HHSC. Once the contract has been received, PermiaCare can proceed with operation of the program.	PermiaCare will work 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.

IV.D System Development and Identification of New Priorities

Developing 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.

Use the table below to 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 people not restorable, outpatient commitments, and other people needing long-term care, including people who are geriatric 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 or components would be funded, including estimated quantity when applicable.
- Estimate the funding needed, listing the key components and costs (for recurring or ongoing costs, such as staffing, state the annual cost).

Table 16: Priorities for New Funding

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Example: Detox Beds	<ul style="list-style-type: none"> Establish a 6-bed detox unit at ABC Hospital. 		
2	Example: Nursing home care	<ul style="list-style-type: none"> Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness. Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation. 		
1	Increase availability of inpatient beds	To maintain rapid crisis stabilization units to the rest of PermianCare's catchment areas, and expand the availability of PPBs	\$2,426,699 (PESC) \$212,000 (PPB) Put in dollar amounts	
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	

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
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	
1	Increase of Jail Based Competency Restoration funding in Brewster, Pecos, Culberson, Hudspeth, Jeff Davis, and Presidio Counties.	Jails are ill-equipped to handle mental health, and the wait list is long due to lack of resources.	The salary and benefits for two QMHPs.	Local sheriff's and county judges.

Appendix A: Definitions

Admission criteria – Admission into services is determined by the person’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.

Community Based Crisis Program (CBCP) - Provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people with behavioral health crisis. CBCP projects include contracted psychiatric beds within a licensed hospital, EOUs, CSUs, s, crisis residential units and crisis respite units and are staffed by medical personnel, mental health professionals, or both that provide care 24/7. CBCPs 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 or LBHA funding.

Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs) – 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 person’s ability to function in a less restrictive setting.

Crisis hotline – 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 (CRU) – Provide community-based residential crisis treatment to people 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 units are not authorized to accept people on involuntary status.

Crisis respite units – Provide community-based residential crisis treatment for people 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 people with housing challenges or assist caretakers who need short-term housing or supervision for the person they care for to avoid mental health crisis. Crisis respite units are not authorized to accept people on involuntary status.

Crisis services – Immediate and short-term interventions provided in the community that are designed to address mental health and behavioral health crisis and reduce the need for more intensive or restrictive interventions.

Crisis stabilization unit (CSU) – The only licensed facilities on the crisis continuum and may accept people 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 people with a high to moderate risk of harm to self or others.

Diversion centers - Provide a physical location to divert people at-risk of arrest, or who would otherwise be arrested without the presence of a jail diversion center and connects them to community-based services and supports.

Extended observation unit (EOU) – Provide up to 48-hours of emergency services to people experiencing a mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept people on emergency detention.

Jail-based competency restoration (JBCR) - Competency restoration conducted in a county jail setting provided in a designated space separate from the space used for the general population of the county jail with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

Mental health deputy (MHD) - Law enforcement officers with additional specialized training in crisis intervention provided by the Texas Commission on Law Enforcement.

Mobile crisis outreach team (MCOT) – A 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 people in the community.

Outpatient competency restoration (OCR) - A community-based program with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

Appendix B: Acronyms

CBCP	Community Based Crisis Programs
CLSP	Consolidated Local Service Plan
CMHH	Community Mental Health Hospital
CPB	Contracted Psychiatric Beds
CRU	Crisis Residential Unit
CSU	Crisis Stabilization Unit
EOU	Extended Observation Units
HHSC	Health and Human Services Commission
IDD	Intellectual or Developmental Disability
JBCR	Jail Based Competency Restoration
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
MHD	Mental Health Deputy
OCR	Outpatient Competency Restoration
PESC	Psychiatric Emergency Service Center
PPB	Private Psychiatric Beds
SBHCC	Statewide Behavioral Health Coordinating Council
SIM	Sequential Intercept Model