



Consolidated Local Service Plan  
FY 2020 - 2021

Health and Human Services Commission

# Form O

# Consolidated Local Service Plan

Local Mental Health Authorities and Local  
Behavioral Health Authorities

**Fiscal Years 2020-2021**

Due Date: September 30, 2020

Submissions should be sent to:

[Performance.Contracts@hhsc.state.tx.us](mailto:Performance.Contracts@hhsc.state.tx.us) and [CrisisServices@hhsc.state.tx.us](mailto:CrisisServices@hhsc.state.tx.us)

# Health and Human Services Commission

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## **Introduction**

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

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

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## Section I: Local Services and Needs

### **I.A Mental Health Services and Sites**

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

| <b>Operator<br/>(LMHA/LBHA or<br/>Contractor<br/>Name)</b> | <b>Street Address,<br/>City, and Zip,<br/>Phone Number</b> | <b>County</b> | <b>Services &amp; Target Populations Served</b>   |
|--|--|---------------|---|
| Tri-County Behavioral Healthcare (TCBHC)                   | 233 Sgt. Ed. Holcomb Blvd.<br>Conroe 77304                 | Montgomery    | <ul style="list-style-type: none"> <li>• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children)</li> <li>• Supported Housing and Employment Support for Adults and Transition Age Youth (TAY)</li> <li>• Criminal Justice Services (Adults)</li> </ul> |

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| Operator<br>(LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County     | Services & Target Populations Served   |
|--|---|------------|--|
|  |   |            | <ul style="list-style-type: none"> <li>• Substance Use Disorder (SUD) Screening, Assessment, Outpatient Treatment, and Treatment for Co-Occurring Psychiatric and Substance Use Disorders (COPSD) (Adults and Children)</li> <li>• Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal)</li> <li>• Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth</li> <li>• Pre-Admission Screening and Resident Review (PASRR) Assessments</li> <li>• IDD Determination of Eligibility, Intake, Service Coordination, and Crisis Intervention</li> <li>• IDD Supported Employment</li> <li>• Tri-County Autism Program</li> <li>• Integrated Healthcare</li> <li>• Veterans Counseling, Case Management, and Military Veteran Peer Network (MVPN) Mentorship Program</li> <li>• Peer Services</li> <li>• Continuity of Care and Care Coordination</li> </ul> |
| Tri-County Behavioral Healthcare           | 706 FM 2854<br>Conroe 77301                 | Montgomery | <ul style="list-style-type: none"> <li>• Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0)</li> <li>• Crisis Stabilization Unit (CSU)</li> <li>• Extended Observation Unit (EOU)</li> <li>• Mobile Crisis Outreach Team (MCOT)</li> <li>• Crisis Intervention Response Team (CIRT)</li> <li>• IDD Crisis Assessment and Intervention</li> <li>• Peer Services</li> <li>• Continuity of Care and Care Coordination</li> </ul>   |
| Tri-County Behavioral                      | 7045 Highway 75 S.<br>Huntsville 77340      | Walker     | <ul style="list-style-type: none"> <li>• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and</li> </ul>  |

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| Operator<br>(LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County  | Services & Target Populations Served  |
|--|---|---------|---|
| Healthcare                                 |   |         | <p>Recovery Full Levels of Care (Adults, Adolescents and Children)</p> <ul style="list-style-type: none"> <li>• Criminal Justice Services (Adults)</li> <li>• Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal)</li> <li>• Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth</li> <li>• Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0)</li> <li>• Pre-Admission Screening and Resident Review (PASRR) Assessments</li> <li>• IDD Crisis Intervention</li> <li>• Peer Services</li> <li>• Continuity of Care and Care Coordination</li> </ul>   |
| Tri-County Behavioral Healthcare           | 2004 Truman Cleveland 77327                 | Liberty | <ul style="list-style-type: none"> <li>• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children)</li> <li>• Criminal Justice Services (Adults)</li> <li>• Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal)</li> <li>• Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth</li> <li>• Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0)</li> <li>• Pre-Admission Screening and Resident Review (PASRR) Assessments</li> <li>• IDD Crisis Intervention</li> <li>• Peer Services</li> <li>• Continuity of Care and Care Coordination</li> </ul> |

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| <b>Operator<br/>(LMHA/LBHA or<br/>Contractor<br/>Name)</b> | <b>Street Address,<br/>City, and Zip,<br/>Phone Number</b> | <b>County</b> | <b>Services &amp; Target Populations Served</b>   |
|--|--|---------------|---|
| Tri-County Behavioral Healthcare                           | 2000 Panther Lane<br>Liberty 77575                         | Liberty       | <ul style="list-style-type: none"> <li>• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children)</li> <li>• Criminal Justice Services (Adults)</li> <li>• Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal)</li> <li>• Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth</li> <li>• Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0)</li> <li>• Pre-Admission Screening and Resident Review (PASRR) Assessments</li> <li>• IDD Crisis Intervention</li> <li>• Peer Services</li> <li>• Continuity of Care and Care Coordination</li> </ul> |
| Kingwood Pines Hospital                                    | 2001 Ladbroke Drive<br>Kingwood 77339                      | Harris        | <ul style="list-style-type: none"> <li>• Contract Inpatient Hospitalization (Adults, Children and Youth 5 and over)</li> </ul>  |
| Cypress Creek Hospital                                     | 17750 Cali Drive Houston<br>77090                          | Harris        | <ul style="list-style-type: none"> <li>• Contract Inpatient Hospitalization (Adults and Youth over 12)</li> </ul>   |
| Aspire Hospital  | 2006 South Loop 336 W.<br>#500 Conroe 77304                | Montgomery    | <ul style="list-style-type: none"> <li>• Contract Inpatient Hospitalization (Adults)</li> </ul>   |
| Baptist Hospitals of Southeast Texas                       | 3080 College St.<br>Beaumont 77701                         | Jefferson     | <ul style="list-style-type: none"> <li>• Contract Inpatient Hospitalization (Adults)</li> </ul>   |
| Woodlands Springs Hospital                                 | 15860 Old Conroe Rd.<br>Conroe 77384                       | Montgomery    | <ul style="list-style-type: none"> <li>• Contract Inpatient Hospitalization (Adults and Youth over 12)</li> </ul>   |
| Sun Behavioral Houston Hospital                            | 7601 Fannin St. Houston<br>77054                           | Harris        | <ul style="list-style-type: none"> <li>• Contract Inpatient Hospitalization (Adults and Children)</li> </ul>  |



## I.B Mental Health Grant Program for Justice Involved Individuals

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

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

| Fiscal Year          | Project Title (include brief description)   | County(s)            | Population Served | Number Served per Year |
|----------------------|---|----------------------|-------------------|------------------------|
| FY19 – March<br>FY20 | East Montgomery County Crisis Clinic (EMCC) was established to treat adults with serious mental illnesses who were experiencing a crisis and to provide law enforcement with an additional drop off site option in Montgomery County. This program was developed in order to provide individuals in East Montgomery County with crisis options near their place of residence and to assist with diversion from emergency rooms and jails when appropriate. This program ended mid-year 2020 due to loss of our local match partner. | Montgomery<br>County | Adults            | FY19: 247<br>FY20: 200 |

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

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

*In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.*

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

| Fiscal Year | Project Title (include brief description)  | County            | Population Served | Number Served per Year |
|-------------|--|-------------------|-------------------|------------------------|
| FY19 – FY20 | The Expanded Substance Use Disorder Engagement Program is designed to address identified critical gaps in care, including access to behavioral health services focused on the treatment of Co-Occurring Psychiatric and Substance Use Disorders (COPSD) using evidence-based practices, as well as transportation to allow for connection to treatment. Using an integrated approach to care, this program combines therapeutic interventions, case management, psychoeducation, and skills training to promote movement through the stages of change toward the attainment of individually defined recovery goals for those served. | Montgomery County | Adult and Youth   | FY19: 169<br>FY20: 70  |

## I.D Community Participation in Planning Activities

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

*Note: Community engagement is an ongoing activity and input received throughout the biennium will be reflected in the local plan. This input may be collected through a variety of ways, including but not limited to: collaborative meetings, coordination of care for individuals served, problem solving with community partners, designated planning meetings, surveys and other feedback provided by stakeholders throughout the planning cycle.*

| Stakeholder Type   | Stakeholder Type  |
|--|---|
| <input checked="" type="checkbox"/> Consumers                      | <input checked="" type="checkbox"/> Family members            |
| <input checked="" type="checkbox"/> Advocates (children and adult) | <input checked="" type="checkbox"/> Concerned citizens/others |

| Stakeholder Type   | Stakeholder Type   |
|--|--|
| <input checked="" type="checkbox"/> Local psychiatric hospital staff<br><i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> <li>• Woodlands Springs</li> <li>• Cypress Creek</li> <li>• Kingwood Pines</li> <li>• Sun Behavioral Health</li> <li>• Aspire</li> <li>• Montgomery County Mental Health Treatment Facility</li> </ul>  | <input checked="" type="checkbox"/> State hospital staff<br><i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> <li>• Matthew Moravec-Gallagher, Rusk State Hospital, Director of Admissions and Social Services</li> <li>• Edward Mangold, Austin State Hospital, Administrative Assistant 1</li> </ul> |
| <input checked="" type="checkbox"/> Mental health service providers  | <input checked="" type="checkbox"/> Substance abuse treatment providers  |
| <input checked="" type="checkbox"/> Prevention services providers  | <input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers  |
| <input checked="" type="checkbox"/> County officials<br><i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>• Ron Leach, Montgomery County Director of Adult Probation</li> <li>• Greg Arthur, Liberty County Commissioner</li> <li>• Vivian Boyer, Community Supervisor, Liberty County Corrections Department</li> <li>• Jackie Geisleman, Liberty County Indigent Healthcare (IHC)</li> <li>• Dwayne Gott, Liberty County Auditor</li> <li>• Angela Maselli, First Assistant County Auditor</li> <li>• Penny McMillen, Liberty County Indigent Healthcare Director</li> </ul> | <input checked="" type="checkbox"/> City officials<br><i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>• Raymond McDonald, Conroe City Council</li> <li>• Jody Czajkoski, Conroe City Council</li> <li>• Lynn Scott, Mayor, City of Panorama</li> </ul>                               |
| <input checked="" type="checkbox"/> Federally Qualified Health Center and other  | <input checked="" type="checkbox"/> Local health departments<br>LMHAs/LBHAs  |

| Stakeholder Type  | Stakeholder Type  |
|---|---|
| primary care providers  | <input checked="" type="checkbox"/> <i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> <li>○ Access, Karen Pate and Debbie Hamilton – Regional Planning and Network Advisory Committee (RPNAC)</li> <li>○ Andrews Center, Cherhonda Brown, RPNAC</li> <li>○ Bluebonnet Trails Community Services, Tiffany Gonzalez and Beth McClary, RPNAC</li> <li>○ Burke Center, Donna Moore, RPNAC</li> <li>○ Community Healthcore, Lee Brown, RPNAC</li> <li>○ Lakes Regional Center, Lisa Hagler and Jennifer Cockerham, RPNAC</li> <li>○ Gulf Bend, Julia Galvan, RPNAC</li> <li>○ Gulf Coast Center, Jamie White, RPNAC</li> <li>○ Spindletop Center, Megan Lovell, RPNAC</li> <li>○ Tri-County Behavioral Healthcare, Evan Roberson, Tanya Bryant and Chris Carni, Lisa Bradt, Diane Van Lier, Beth Dalman, Shelby Pearce, Rachel Stewart, Sara Bradfield, Shirley Uriostegui, Catherine Prestigiovanni</li> </ul> |
| <input checked="" type="checkbox"/> Hospital emergency room personnel   | <input checked="" type="checkbox"/> Emergency responders  |
| <input checked="" type="checkbox"/> Faith-based organizations   | <input checked="" type="checkbox"/> Community health & human service providers  |
| <input checked="" type="checkbox"/> Probation department representatives  | <input checked="" type="checkbox"/> Parole department representatives   |
| <input checked="" type="checkbox"/> Court representatives (Judges, District Attorneys, public defenders)<br><i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>• Lisa Michalk, 221<sup>st</sup> District Court, Montgomery County</li> <li>• Tracy Sorenson, Walker County Judge</li> <li>• Kathleen Hamilton, 359<sup>th</sup> District Court, Montgomery County</li> <li>• Wayne Mack, Justice of the Peace Precinct 1,</li> </ul> | <input checked="" type="checkbox"/> Law enforcement<br><i>*List the county/city and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>• Lieutenant Brian Luly, Lieutenant, Montgomery County Precinct 1</li> <li>• Tim Cannon, Montgomery County Sherriff's Office, Captain</li> <li>• Dan Lafferty, Montgomery County Sherriff's Office, Detective</li> <li>• Don Neyland, Liberty County Sherriff's Office, Chief Deputy</li> </ul>   |

## Stakeholder Type

- Montgomery County
- Matthew Poston, Liberty County Attorney
- Daniel Plake, Montgomery County Attorney
- Jay Knight, Liberty County Judge
- Logan Pickett, Liberty County District Attorney
- Mark Keogh, Montgomery County Judge

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

## Stakeholder Type

- Keith DeHart, Walker County Sherriff's Office, Lieutenant
- Rand Henderson, Montgomery County Sherriff's Office, Sherriff
- Jeff Christy, Conroe Police Department, Chief
- Bobby Rader, Liberty County Sherriff's Office, Sherriff
- Ted Smith, Liberty County Sherriff's Office, Chaplin
- Luis Jennings, Mental Health Investigator, Liberty County Attorney's Office
- Liz Polasek, Mental Health Investigator, Liberty County Attorney's Office

- ☒ Employers/business leaders
- ☒ Local consumer peer-led organizations (NAMI)
- ☒ IDD Providers
- ☒ Community Resource Coordination Groups
- ☒ Other:
  - Brenda Lavar, Community Relations for Montgomery County Mental Health Facility and Vice President of NAMI Greater Houston
  - Dede Taylor, Court Coordinator for Liberty County Judge
  - Matt Thornton, CEO, Liberty Dayton Regional Hospital
  - Melissa Richards, Social Worker, Liberty Dayton Regional Medical Center
  - Elizabeth Kleeman, Veterans Administration (HOU), Veterans Services
  - Donna Alpers, Account Executive, Angels Care Home Health
  - Joan Belt, Admin-Secretary for Liberty County

## Stakeholder Type

## Stakeholder Type

Judge

- Alexis Cordova, Texas A&M AgriLife

*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.*

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Tri-County Behavioral Healthcare (TCBHC) Crisis managers participated in quarterly Mental Health Collaborative Meetings held at local hospitals. Participants included local hospital staff including emergency room personnel, judges, law enforcement, district attorneys, local private psychiatric inpatient providers, Crisis Intervention Response Team (CIRT) members, etc.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• TCBHC Criminal Justice management staff attended meetings with community stakeholders on a quarterly basis where jail diversion, probation and parole were discussed. Criminal Justice Staff met monthly and quarterly with the Mental Health Treatment Court Staff which often included the judge and district attorneys. Additionally, the Criminal Justice Services Manager and the Jail Services Liaison attended quarterly meetings with Jail staff to coordinate services and provide discharge planning.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• TCBHC staff provided several trainings in the community throughout the past year on various topics of concern and aspects of mental health. Topics covered included but are not limited to, Youth Health First Aid (YMHFA), Crisis Intervention Training (CIT), general mental health overviews, information about TCBHC and services provided, trainings on military and veteran culture including trainings offered to local law enforcement to assist them with better understanding and working with veterans in mental health crises. These trainings continue to provide opportunities for and quality discussions with stakeholders about services TCBHC provides as well as continued gaps and needs of our community.</li> </ul> |
| <ul style="list-style-type: none"> <li>• TCBHC Management Team and management staff representing the Child and Adolescent Department, participated in meetings with representatives from local educational institutions to discuss the mental health needs and challenges unique to their populations and improve access to mental health services for students.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Three face to face local planning meetings were held throughout our three-county area. Two of the meetings were advertised in local newspapers, through the PNAC members, and emailed out to our stakeholder list. The third planning session was held with the Mental Health Planning and Network Advisory Committee (MHPNAC).</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Surveys were sent to our list of local stakeholders as a part of the All Texas Access Planning process from January 3, 2020 – April 3, 2020, which coincided with our internal local planning process, in order to solicit feedback about mental health care in rural Texas communities. An electronic survey was sent out in August by TCBHC staff as an additional local planning activity. Regional results from these surveys as well as results from the internal survey were incorporated into this plan. The All Texas Access Rusk State Hospital (RSH) Regional Survey focused on four key areas with the following results: 1) Most Helpful: Crisis Services, Counseling, and Medication; 2) Most Needed:</li> </ul>             |

Transportation, Counseling, and Substance Use Treatment; 3) Greatest Opportunities: Increase transportation services, Reduce wait time for services, and Increase community knowledge of the mental health network; and 4) Significant Barriers: Transportation, Lack of services in rural areas, and Lack of timely access to mental health treatment. Results from the electronic survey sent to stakeholders by TCBHC found similar results. Thirty-one (31) stakeholders responded including individuals served, family members, and actively involved individuals from all three counties with the following results: 1) Most Helpful: Mental Healthcare Services, Medication Management, Case Management; 2) Most Needed: Housing, Transportation, and Timely access to services.

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

- |  |
|--|
| • The need for transportation  |
| • The need for affordable substance use disorder inpatient treatment   |
| • The need for more counseling   |
| • The need for low income housing and housing for individuals with mental illness and substance use disorders (including transitional and step-down options for those coming out of inpatient treatment) |
| • Diversion of individuals from emergency rooms and jails, when appropriate  |
| • The continued need for community education and awareness including a continued focus on collaborating with schools   |



## **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;

- Regular communication between Tri-County Behavioral Healthcare (TCBHC) staff and local area representatives, including contractors, is ongoing. Meetings are scheduled as needed to involve additional agencies. TCBHC currently participates in over forty (40) different meetings throughout our service area. Feedback obtained during these meetings is utilized to ensure the highest quality services are provided to those we serve. In addition to the this feedback, the needs of individuals served, the community, and contractors are taken into consideration. Key stakeholders include but are not limited to, individuals served, family members, significantly involved individuals, peers, law enforcement, emergency department staff, hospital and contract staff, school district personnel, court representatives and many other agencies throughout our service area. In addition, two face to face planning meetings were scheduled for the general public and advertised in the local papers and feedback was also sought from our Mental Health Planning and Network Advisory Committee (MHPNAC) which includes family members, community partners, advocates, peers and individuals served.

Ensuring the entire service area was represented; and

- TCBHC maintains a stakeholder list which includes representatives from around our three-county service area. Feedback is sought from key stakeholders throughout the planning year and incorporated into the Local Planning process each biennium. Additionally, surveys are tracked by County of residence to ensure feedback is collected from all service areas.

Soliciting input.

- Each planning year, information is collected from ongoing stakeholder meetings, designated local planning meetings, surveys conducted and other feedback obtained throughout the year. Feedback for this plan was solicited through a number of community meetings, two face to face local planning meetings that were advertised in local newspapers, meetings with the Mental Health Planning and Network Advisory Committee (MHPNAC) and through survey results.

## 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?

*Note: Answers below provided from contractor: Avail Solutions*

#### During business hours

- In addition to the staffing pattern listed below, there is an administrator on call that is able to assist the Call Center Supervisor or to contact other staff to report to the Call Center as needed:
- Monday – Friday 8:00am – 5:00pm 22-25 Full Time Employees (FTEs)

#### After business hours

- In addition to the staffing pattern listed below, there is an administrator on call that is able to assist the Call Center Supervisor or to contact other staff to report to the Call Center as needed:
- Monday – Friday 5:00pm – 12:00am 10-12 FTEs
- Monday – Friday 12:00am – 8:00am 8-9 FTEs

#### Weekends/holidays

- In addition to the staffing pattern listed below, there is an administrator on call that is able to assist the Call Center Supervisor or to contact other staff to report to the Call Center as needed:
- 8:00am – 4:00pm 8-9 FTEs
- 4:00pm – 12:00am 8-10 FTEs
- 12:00am – 8:00am 6-8 FTEs

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

- Yes, Avail Solutions.

### 3. How is the MCOT staffed?

#### During business hours

- The Mobile Crisis Outreach Team (MCOT) service is capable of being provided throughout the local service area 24 hours a day, seven days a week and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care.
- Crisis services have been greatly expanded, made possible with 1115 Medicaid Transformation Waiver funding which is currently at risk of ending in the next biennium. Expanded crisis response after hours, 24/7 walk-in services and the Extended Observation Unit (EOU) are all at risk when 1115 Medicaid Transformation Waiver Funding ends. These programs, such as the EOU, have provided us with the additional resources for community evaluation and the funding has enhanced our walk-in crisis services by increasing the number of crisis clinicians in the facility who are able to respond to community members presenting in crisis. The continued success that we are having with this program is strongly tied to these additional resources.

#### After business hours

- The Mobile Crisis Outreach Team (MCOT) service is capable of being provided throughout the local service area 24 hours a day, seven days a week and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care. Staff are located at the Psychiatric Emergency Treatment Center (PETC) during scheduled shifts allowing for rapid deployment from this location, reducing response time. Additionally, technology has been set up at the Liberty/Dayton Hospital in order to facilitate after hours tele-video assessments and reduce burdens on law enforcement.

#### Weekends/holidays

- The Mobile Crisis Outreach Team (MCOT) service is capable of being provided throughout the local service area 24 hours a day, seven days a week, including holidays, and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care. Staff are located at the Psychiatric Emergency Treatment Center (PETC) during scheduled shifts allowing for rapid deployment from this location, reducing response time.

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

- No

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

- Following assessment, the Mobile Crisis Outreach Team (MCOT) staff will assist with providing appropriate solutions to the crisis situation including resolutions involving inpatient and/or outpatient treatment with additional assessment by a licensed staff or psychiatrist as needed. Additionally, staff provide follow-up and prevention services within 24 hours of the assessment including making a follow-up call to the individual or to the hospital if placement was coordinated to ensure the safety and arrival of the individual. The MCOT staff communicates with outpatient service staff to ensure appropriate follow-up for any client currently in services who has presented with crisis symptoms and may also utilize the Crisis Intervention Response Team (CIRT) to follow-up with individuals in the community who may be at higher risk for deterioration.

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:

- Mobile Crisis Outreach Team (MCOT) staff are routinely deployed to emergency rooms in our catchment area following triage according to clinical need by our crisis hotline service. Tri-County Behavioral Healthcare's MCOT staff are located at the Psychiatric Emergency Treatment Center (PETC) during peak hours and have the capability to respond around the clock, 24 hours a day and seven days a week. This allows staff to respond more quickly to emergency rooms and other community locations, reducing the burden on other providers. The MCOT team assesses an individual's mental health symptoms and determines what level of care is needed, which assists in getting the individual moved and connected with appropriate services as soon as is feasible.

#### Law Enforcement:

- Local law enforcement is familiar with the crisis services provided by Tri-County Behavioral Healthcare (TCBHC). Frequently, law enforcement brings individuals that appear to be in crisis to the Psychiatric Emergency Treatment Center (PETC) for evaluation and interventions as appropriate. Staff are available 24 hours a day, seven days a week, on site at the PETC to assist and MCOT staff are on site during peak hours at least 56 hours a week and capable of deploying 24 hours a day, seven days a week if needed in the community. Additionally, TCBHC contracts with police officers and an officer is located at the PETC to ensure safety of individuals served. Having a contract officer on site provides relief with respect to additional law enforcement involvement and allows the community officers to return to their regular job duties more quickly.

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

- Due to the distance of Tri-County Behavioral Healthcare (TCBHC) from a State Hospital, we are almost never contacted to respond to screening requests. Should a request be made, TCBHC has staff designated to collaborate with the hospital to address this need.

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

During business hours:

- If an emergency room suspects or determines that an individual has mental health impairment, they should contact the crisis hotline at 1 (800) 659-6994. Staff will be deployed as appropriate to determine recommendations for appropriate level of care. Law enforcement can take a person suspected of needing inpatient care to the Psychiatric Emergency Treatment Center (PETC) in Conroe to be evaluated by staff. In parts of our service area that are further away from Conroe, law enforcement officers are encouraged to contact the crisis hotline. Crisis Hotline staff are trained to triage and, when needed, are able to facilitate a crisis assessment and connect with staff who are able to arrange hospitalization to avoid an unnecessary trip to Conroe.

After business hours:

- The same information above applies. Due to the distance of certain locations in our catchment area to the Psychiatric Emergency Treatment Center (PETC), we have offered to provide the local Liberty Police Department with training and access to our buildings after hours so that they could access our televideo equipment which would provide us with the ability to deliver assessment to this population after hours and avoid unnecessary travel if at all possible. Additionally, tele-video equipment has been set up at the Liberty/Dayton Hospital to facilitate these assessments.

Weekends/holidays:

- The same information above applies.

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?

- The Psychiatric Emergency Treatment Center (PETC) offers two different mental health programs that provide varying levels of care to individuals experiencing a mental health crisis: The Extended Observation Unit (EOU), and the Crisis Stabilization Unit (CSU). During evaluation by our treatment providers, if it is determined that the individual needs assessment or medical clearance beyond the capabilities of these programs, Emergency Medical Services (EMS) is contacted to take the individual to a local medical hospital to ensure any physical conditions are appropriately stabilized prior to addressing mental health symptoms. The PETC has developed a Medical Exclusionary Criteria, in consultation with the Center's Medical Director which guides our medical professionals on when to seek outside medical clearance. A contract Police officer is located on site to assist in areas that may require law enforcement with the purpose of reducing the burden on the criminal justice system.

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

- Community members needing further mental health evaluation are encouraged to call the crisis line at 1 (800) 659-6994 for immediate assistance and guidance. During evaluation, if medical clearance is determined to be needed, staff are able to refer to appropriate medical providers. If there is a need for immediate medical clearance in the community, individuals are encouraged to call 911.

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

- If an individual has symptoms that are more acute than the programs that are offered at the Psychiatric Emergency Treatment Center (PETC), we coordinate hospitalization with an appropriate inpatient facility. If an individual is uninsured, we utilize one of the six hospitals that we contract with for this provision. If an individual has insurance, we explore all available options. If an individual is imminent risk and is not agreeable with hospital level of care recommendations, he or she may meet criteria for involuntary placement at a psychiatric hospital and would be transported by constables.

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).

- Individuals are assessed and offered services according to clinical need. The Extended Observation Unit (EOU) may be offered if an individual in crisis is trying to avoid a higher level of care but is likely to deteriorate without the benefit of starting or modifying psychotropic medication more immediately. If a more intensive level of care is needed to assist with stabilizing mental health symptoms, the Crisis Stabilization Unit (CSU) will be offered.
- For IDD clients in a mental health crisis, our crisis intervention specialist works with the individual and family/significantly involved individuals to determine the level of intervention needed and has the ability to link the individual with appropriate resources such as crisis respite, as indicated.

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.

- There may be some situations where the level of risk is undetermined or known to have safety implications for staff. In these instances, staff may request law enforcement assistance with a response. In Montgomery County, the Crisis Intervention Response Team (CIRT) is typically available daily from 11:00am – 11:00pm to respond to these situations. The combination of law enforcement with a clinician, both trained in crisis response, has been shown to have positive outcomes in the community. For other areas where a CIRT team is unavailable, the Mobile Crisis Outreach Team (MCOT) may request the assistance of a Mental Health Peace Officer or other law enforcement personnel.

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

- If an individual assessed at an emergency room is determined to need inpatient level of care and has been medically cleared, they will remain at their present location until placement has been located. If the individual is assessed at the Psychiatric Emergency Treatment Center (PETC), staff will safety monitor at their present location until an appropriate placement has been determined.



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?

- There are times when an individual who has been assessed at the Psychiatric Emergency Treatment Center (PETC) may have to wait to be placed in a hospital bed. If this is the case, staff will provide ongoing safety monitoring and reassess the individual for change on a regular basis until the individual is safely transported to the appropriate level of care.
- If an individual remains at the medical hospital for an extended period of time (ex: greater than 24 hours) from the original time Tri-County Behavioral Healthcare (TCBHC) staff provided an assessment, another evaluation may be needed to determine if inpatient services are still clinically indicated. If the individual is located at the PETC, staff can provide a variety of services during this time such as crisis intervention, safety monitoring, and additional psychiatric and/or nursing evaluation as needed. The PETC crisis staff will continue to assess and document the need for inpatient care during this time.

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

- If the individual is located at the Psychiatric Emergency Treatment Center (PETC) and voluntarily wants to admit to an inpatient level of care, but does not have transportation, the PETC will attempt to arrange transportation to the hospital for the individual. If the individual is located at a medical facility, the medical staff at that facility will assist with coordinating transportation.

## Crisis Stabilization

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

|  |  |
|--|--|
| Name of Facility                                     | Psychiatric Emergency Treatment Center (PETC)  |
| Location (city and county)                           | Conroe; Montgomery County  |
| Phone number   | 936-538-1102   |
| Type of Facility (see Appendix A)                    | Crisis Stabilization Unit (CSU)  |
| Key admission criteria (type of individual accepted) | Individuals that are experiencing acute behavioral health symptoms that do not necessitate more long-term interventions in a structured and monitored environment. |

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| Circumstances under which medical clearance is required before admission | The individual reports severe or persistent pain, is not coherent, has abnormal vitals or reports ingesting substances which may require medical intervention. We also defer to our Medical Exclusionary Criteria.                       |
| Service area limitations, if any   | Evaluations may be completed for adults and youth at the PETC, however, admissions to the CSU are limited to adults.   |
| Other relevant admission information for first responders                | Assistance with individuals experiencing a mental health crisis may be reached by calling the 24 hour Tri-County Behavioral Healthcare Crisis Line at 1-800-659-6994. If needing information on medical exclusionary, call 936 538-1150. |
| Accepts emergency detentions?  | Yes  |
| Number of Beds   | 16   |

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| Name of Facility   | Psychiatric Emergency Treatment Center (PETC)  |
| Location (city and county)   | Conroe; Montgomery County  |
| Phone number   | 936-538-1102   |
| Type of Facility (see Appendix A)  | Extended Observation Unit (funded through 1115 Medicaid Transformation Waiver which is currently at risk to end in the next biennium).   |
| Key admission criteria (type of individual accepted)                     | Individuals that are experiencing acute behavioral health symptoms that do not necessitate more long-term interventions in a structured and monitored environment. The Extended Observation Unit (EOU) may be offered if an individual in crisis is trying to avoid a higher level of care but is likely to deteriorate without the benefit of starting or modifying psychotropic medication more immediately. |
| Circumstances under which medical clearance is required before admission | The individual reports severe or persistent pain, is not coherent, has abnormal vitals or reports ingesting substances which may require medical intervention. We also defer to our Medical Exclusionary Criteria.   |
| Service area limitations, if any   | Evaluations may be completed for adults and youth at the PETC, however, admissions to the EOU are limited to adults.   |
| Other relevant admission information for first responders                | Assistance with individuals experiencing a mental health crisis may be reached by calling the 24 hour Tri-County Behavioral Healthcare Crisis Line at 1-800-659-6994. If needing information on medical exclusionary, call 936 538-1150.   |
| Accepts emergency detentions?  | Yes  |
| Number of Beds   | 4  |

## 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   | Kingwood Pines Hospital  |
| Location (city and county)   | Kingwood; Harris   |
| Phone number   | 281-404-1001   |
| Key admission criteria   | Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.   |
| Service area limitations, if any   | Children under five years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations. |
| Other relevant admission information for first responders  | None   |
| Number of Beds   | 116 Bed Acute Care Psychiatric Hospital  |
| 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)? | Rapid Crisis Stabilization and Private Psychiatric Bed   |
| If under contract, are beds purchased as a guaranteed set or   | As Needed  |

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| on an as needed basis?  |  |
| If under contract, what is the bed day rate paid to the contracted facility?  | \$535/day<br><i>Note: This charge does not include separately billed doctor's charges. The total cost per day averages \$600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.</i>  |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?   | N/A  |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements?  | N/A  |
| Name of Facility  | Cypress Creek Hospital   |
| Location (city and county)  | Houston; Harris  |
| Phone number  | 281-586-7600   |
| Key admission criteria  | Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.   |
| Service area limitations, if any  | Children under the age of 12, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations. |
| Other relevant admission information for first responders   | None   |
| Number of Beds  | 128 Bed Acute Care Psychiatric Facility  |
| 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 | Rapid Crisis Stabilization and Private Psychiatric Bed   |

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| 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?                               | \$535/day<br><i>Note: This charge does not include separately billed doctor's charges. The total cost per day averages \$600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.</i> |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?      | N/A   |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements?           | N/A   |
| Name of Facility   | Aspire  |
| Location (city and county)   | Conroe; Montgomery  |
| Phone number   | 936 647-3500  |
| Key admission criteria   | Adults, age 18 or over, at risk of harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.   |
| Service area limitations, if any   | Individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.   |
| Other relevant admission information for first responders  | Aspire is able to accommodate individuals who are more medically involved, including those requiring dialysis.  |
| Number of Beds   | 24 Bed Psychiatric Unit and 6 bed medical-psychiatric unit  |
| Is the facility currently under contract with the LMHA/LBHA to purchase beds?                              | Yes   |
| If under contract, is the facility   | Rapid Crisis Stabilization and Private Psychiatric Bed  |

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| 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)? |  |
| 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?  | \$425/day<br><i>Note: This charge does not include separately billed doctor's charges. The total cost per day averages \$550/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.</i>  |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?   | N/A  |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements?  | N/A  |
| Name of Facility  | Woodlands Springs  |
| Location (city and county)  | Conroe, Montgomery   |
| Phone number  | 281 586-7600   |
| Key admission criteria  | Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.   |
| Service area limitations, if any  | Children under 13 years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations. |

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| Other relevant admission information for first responders  | None  |
| Number of Beds   | 96 Bed Behavioral Hospital  |
| 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)? | Rapid Crisis Stabilization and Private Psychiatric Bed  |
| 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?   | \$475/day of admission; \$500/day each additional day<br><i>Note: This charge does not include separately billed doctor's charges. The total cost per day averages \$600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.</i> |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?  | N/A   |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements?   | N/A   |
| Name of Facility   | Baptist Hospital of Southeast Texas   |
| Location (city and county)   | Beaumont, Jefferson   |

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| Phone number   | 406 212-7876   |
| Key admission criteria   | Adults at risk of harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.   |
| Service area limitations, if any   | Medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations. |
| Other relevant admission information for first responders  | None   |
| Number of Beds   | 60   |
| 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)? | Rapid Crisis Stabilization and Private Psychiatric Bed   |
| 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?   | \$550/day  |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as   | N/A  |



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| needed beds?   |  |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements?   | N/A  |
| Name of Facility   | Sun Behavioral Health  |
| Location (city and county)   | Houston; Harris  |
| Phone number   | 713 796-2273   |
| Key admission criteria   | Harm to self or others or inability to manage activities of daily living related to Mental health symptoms or deterioration.   |
| Service area limitations, if any   | Children under six years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual and developmental disabilities who may not be able tot participate in day programming due to cognitive processing limitations. |
| Other relevant admission information for first responders  | None   |
| Number of Beds   | 148 Bed Behavioral Health Hospital Adult   |
| 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)? | Rapid Crisis Stabilization and Private Psychiatric Bed   |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis?  | As Needed  |

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| If under contract, what is the bed day rate paid to the contracted facility?                          | \$475/day of admission; \$500/day each additional day<br><i>Note: This charge does not include separately billed doctor's charges. The total cost per day averages \$600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.</i> |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds? | N/A   |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements?      | N/A   |

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

What local inpatient or outpatient alternatives to the state hospital does the local service area currently have for competency restoration? If not applicable, enter N/A.

Identify and briefly describe available alternatives.

- If an individual has been deemed incompetent to stand trial under the Code of Criminal Procedure chapter 46b and does not have a 3 G offense or an aggravated or sexual offense and are willing to participate in the Outpatient Competency Restoration Program, which includes mental health and substance use treatment services, as well as, competency education, then they are eligible for up to 180 days under court supervision.

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

- Difficulty getting notification from the court system that a competency evaluation was ordered.
- Public safety concern related to the voluntary nature of participating in the Outpatient Competency Restoration Program.

- Individuals participating in competency restoration programs do not qualify for time served which may deter some defenders and individuals from wanting to participate in this program.
- Limited options for housing and transportation in our service area.
- Many courts were closed outside of emergency response due to COVID-19.

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

- The LMHA has a dedicated Jail Liaison position in Montgomery County. The liaison will interview Montgomery County Jail inmates to determine if mental illness is a factor in their incarceration and to facilitate removal from the jail system when care in the Community Center System is more appropriate.

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.

- In counties without a designated Jail Liaison, jail personnel are able to call the Avail Crisis Hotline number and they will dispatch MCOT or the Tri-County Behavioral Healthcare (TCBHC) Rural Clinic Coordinator from the local clinic as appropriate. Additionally, the Administrator of Criminal Justice Services for TCBHC is frequently in contact with representatives from the criminal justice system and available to assist with any barriers or challenges that may present.

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

- Tri-County Behavioral Healthcare (TCBHC) continues to have regular presentations and meetings with court staff in our service area, as well as other areas without a competency restoration program, to make sure all judicial entities involved are aware of the program and who would qualify for utilization. Criminal Justice staff coordinate regularly with mental health courts and the district attorneys to encourage utilization of the Outpatient Competency Restoration (OCR) program when appropriate for an individual incompetent to stand trial. Additionally, Center Criminal Justice staff coordinate with State Forensic Hospitals to identify those individuals who may be appropriate to step down into the OCR program as a means of offering a less restrictive environment and opening up a bed that may be needed for a more serious offender.

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.)?

- Tri-County Behavioral Healthcare (TCBHC) is interested in new alternatives for competency restoration as they become available such as a jail-based competency restoration program.

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

- At this time there are several barriers to a jail-based competency restoration program in our community including the facility requirements and the staffing needed to house this program. Funding and space for this program would be needed for implementation.

#### **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?

- Tri-County Behavioral Healthcare (TCBHC) frequently collaborates with community partners, such as hospitals and other treatment providers to meet the needs of individuals served. TCBHC participates in quarterly Mental Health Collaborative Meetings held at local hospitals and frequently staffs mutual cases as appropriate to ensure connection with needed services are made including psychiatric, physical health and substance use treatment services.
- Adult and Youth Outpatient Substance Use Disorder Treatment Services are available to individuals served with a qualifying substance use diagnosis and Center staff are trained on initial screening and referral of individuals presenting with possible substance use disorders.
- Additional services resulting from emergent psychiatric, substance use and routine physical healthcare treatment are available at TCBHC through 1115 Medicaid Transformation Waiver, however these funds are at risk of ending in the next biennium. Current programs funded by 1115 Waiver that are helping to provide seamless integration of psychiatric, substance use and physical healthcare include: The Extended Observation Unit (EOU), expanded walk-in services, and the Integrated Healthcare program that provides ongoing physical healthcare to individuals served who may not otherwise receive healthcare.

- The collaborations and services listed above were created for the purpose of bridging the gap between psychiatric services, physical health, and substance use disorders that are frequently comorbid with mental illness. During this past planning cycle, as a part of the Continuous Quality Improvement (CQI) program at TCBHC, individuals with frequent hospitalizations were reviewed along with the surrounding continuity of care processes in order to identify areas of improvement and make recommendations to program areas as indicated. Care Coordination of these individuals was included in this review to ensure that psychiatric, physical healthcare and substance use treatment needs were addressed. Additionally, in fiscal year 2020, TCBHC participated in a regional collaboration with several other LMHA's and HHSC staff in order to identify and address additional gaps in the service system.

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

- Tri-County Behavioral Healthcare (TCBHC) plans to continue the Crisis Intervention Response Team (CIRT) model in Montgomery County which has TCBHC clinicians riding along with trained Conroe Police Officers for 12-hour shifts and continue to seek opportunities to grow this program and/or expand to other counties. This program has proven to be effective in assisting and appropriately diverting individuals with mental health and/or substance abuse crises to the necessary interventions.
- Seek opportunities to further incorporate technology into the crisis response system such as additional providers to provide telemedicine and consideration of a Clinician Officer Remote Evaluation (CORE) response model which would allow for response to crisis situations on location, potentially save law enforcement transportation costs and time waiting for both law enforcement and the individual served, and more quickly connect the individual with needed services whether they are psychiatric, substance use or physical health related. If successful, this technology may be used to provide additional services needed to further integrate services over the next planning cycle.
- Continue to work toward achieving status as a Certified Community Behavioral Health Clinic focusing on the integrated person and family centered care of those we serve working toward the goal of recovery. Care Coordination at TCBHC through community collaborations, Memorandums of understanding and relationship building in order to further strengthen the referrals and follow-up to healthcare and substance use treatment. Additionally, TCBHC will continue to seek opportunities to enhance data collection and make improvements in monitoring service delivery through risk stratification. These improvements will assist in assessing the quality and effectiveness of care coordination moving forward.
- Seek opportunities for regional collaboration when local resources are not available. Examples might include affordable residential substance use treatment and transitional housing options.

## 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?

- Tri-County Behavioral Healthcare (TCBHC) continues to hold regular meetings with key stakeholders including Crisis Services and Jail Diversion Taskforce meetings. Our staff continue to provide several community outreach and education sessions to community members upon request and via outreach to key stakeholders. These outreach events present additional opportunities for our Center to educate stakeholders about our services, including information provided in the Psychiatric Emergency Plan. One such outreach our Center is currently providing is Youth Mental Health First Aid, which teaches adults how to recognize possible mental health symptoms in youth and connect them with professionals who can appropriately assess and address their symptoms whether it is medical, mental health, or other. Additionally, TCBHC continues to benefit from having an active Mental Health Planning and Network Advisory Committee (MHPNAC). Several of the MHPNAC members are family members of individuals served and involved in various aspects of our community. We continue to provide them with information on the services we provide and obstacles we face as an organization and they provide us with feedback for improvement as well as assist with community awareness. TCBHC has a Crisis Intervention Response Team (CIRT) which involves two licensed mental health clinicians who are teamed up with law enforcement to respond to higher intensity situations within our community. This program has helped to improve collaboration with law enforcement and subsequently decreased the burden on hospitals and jails. In 2015, TCBHC added a position focusing on strategic development aimed at increasing our visibility in the community, improving community relationships, increasing understanding of the services we provide as well as the needs that the community has of our Center. Lastly, the current Local Plan is posted on our agency website for review which will allow us to direct individuals wanting to gain more information on the Psychiatric Emergency Plan to this information.

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?

- Upon completion, this plan will be shared with all Center Management Team members and distributed and reviewed with appropriate LMHA staff and/or contractors including the Mental Health Quality Management/Utilization Management Committee that is made up of several key managers throughout the Center. In addition, key information is shared with appropriate staff during the onboarding process and the final plan will be accessible by all staff on the Center website under 'Center Plans'.

## 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   |
|-----------------------------|--|---|
| Montgomery, Liberty, Walker | <ul style="list-style-type: none"> <li>Local inpatient psychiatric options for young children and persons with intellectual development disabilities.</li> <li>Affordable Substance Use Inpatient Treatment, Residential Treatment and Detox options.</li> <li>Affordable Transitional or Step-Down Housing options.</li> <li>Availability of State hospital beds for complex patients that are too acute for local contract hospitals.</li> </ul> | <ul style="list-style-type: none"> <li>Continue to collaborate with local and State inpatient psychiatric hospitals to address the needs of the community and continue to expand the network of providers that are able to serve expanded age groups, dual diagnoses, and complex individuals and seek Crisis Respite options as additional resources become available.</li> <li>Continue to seek opportunities for funding inpatient substance use treatment and continue to build community relationships in order to address the needs as opportunities and funding become available.</li> <li>Continue to seek opportunities to develop and/or collaborate with community partners in order to provide transitional housing or additional step-down options for individuals in need with mental health and/or substance use disorders.</li> </ul> |
| Walker                      | <ul style="list-style-type: none"> <li>Designated Mental Health Officers</li> </ul>  | <ul style="list-style-type: none"> <li>Continue to seek opportunities for funding and expansion of Mental Health Officers in Walker County.</li> </ul>  |
| Walker and Liberty          | <ul style="list-style-type: none"> <li>Crisis Intervention Response Team (CIRT).</li> <li>Distance to the Psychiatric Emergency Treatment Center.</li> </ul>   | <ul style="list-style-type: none"> <li>Continue to seek opportunities for funding and expansion of the Crisis Interventions Response Team (CIRT) as well as additional drop off points in Walker and Liberty Counties.</li> <li>Continue to seek technological solutions through telehealth or other means to address the distance to the Psychiatric Emergency Treatment Center with respect to initial risk assessments and diversion to the appropriate community</li> </ul>   |

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## **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.

| <b>Intercept 0: Community Services</b><br>Current Programs and Initiatives:  | County(s)   | Plans for upcoming two years:  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Tri-County Behavioral Healthcare (TCBHC) provides a wide array of outpatient and support services for eligible individuals with behavioral health and Intellectual and Developmental Disabilities.</li> </ul> | <ul style="list-style-type: none"> <li>Montgomery, Liberty, Walker</li> </ul> | <ul style="list-style-type: none"> <li>TCBHC recognizes the growth of our service area and continues to seek opportunities to expand services when resources allow and to adjust programs and services to better meet the population served as well as identified need.</li> </ul> |
| <ul style="list-style-type: none"> <li>Available community training is provided through our Youth Mental Health First Aid program as well as</li> </ul>  | <ul style="list-style-type: none"> <li>Montgomery, Liberty, Walker</li> </ul> | <ul style="list-style-type: none"> <li>Continue providing the current trainings and seek additional opportunities to educate the</li> </ul>  |



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| <p>trainings offered through our Veterans Services Department re: military culture and PTSD. These trainings are provided free of charge to our stakeholders</p> <ul style="list-style-type: none"> <li>Additional trainings are provided or arranged when need is identified during ongoing stakeholder collaborative meetings.</li> </ul> |   | <p>community about the services we provide and other relevant referral sources. TCBHC continues to offer the Network of Care resource on our website that allows community members to access needed referrals through a free online search engine that can be accessed in several different languages.</p> |
| <ul style="list-style-type: none"> <li>TCBHC maintains a contract for 24/7 Crisis Hotline services. This hotline may be accessed by any community members during a psychiatric crisis to obtain guidance and referrals appropriate to the situation.</li> </ul>   | <ul style="list-style-type: none"> <li>Montgomery, Liberty, Walker</li> </ul>   | <ul style="list-style-type: none"> <li>TCBHC is required to maintain a crisis hotline as a part of our contract with the Texas Health and Human Services Commission and plans to continue providing this service over the next two years.</li> </ul>   |
| <ul style="list-style-type: none"> <li>TCBHC has a Psychiatric Emergency Treatment Center (PETC) that is open around the clock and available for community members seeking crisis services.</li> </ul>  | <ul style="list-style-type: none"> <li>Located in Montgomery but available to anyone in crisis in the service area regardless of county of residence</li> </ul> | <ul style="list-style-type: none"> <li>Continue to provide crisis services at the Psychiatric Emergency Treatment Center.</li> </ul>   |
| <ul style="list-style-type: none"> <li>TCBHC has developed a Crisis Care Plan that is utilized as a part of the Recovery Planning process to identify preferences (advance directives) for individuals at risk for mental health crises.</li> </ul>   | <ul style="list-style-type: none"> <li>Montgomery, Liberty, Walker</li> </ul>   | <ul style="list-style-type: none"> <li>Continue to incorporate the Crisis Care plan into both outpatient and during crisis situations and communicate these preferences with other treatment providers as appropriate.</li> </ul>  |
| <ul style="list-style-type: none"> <li>TCBHC has developed a team of staff trained in Critical Incident Stress Management (CISM) response that serves as the behavioral health component of the Montgomery County CISM Team in collaboration with the Montgomery County Hospital District (MCHD) CISM Team.</li> </ul>                      | <ul style="list-style-type: none"> <li>Montgomery County</li> </ul>   | <ul style="list-style-type: none"> <li>TCBHC is continuing to grow our disaster response team and is actively seeking training opportunities to develop this team and expand our response capabilities should the need arise.</li> </ul>   |

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| <b>Intercept 1: Law Enforcement</b> | County(s) |  |
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| Current Programs and Initiatives:   |   | Plans for upcoming two years:  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Tri-County Behavioral Healthcare (TCBHC) continues to provide clinicians for the Crisis Intervention Response Team (CIRT) which enhances our ability to respond to crisis situations through collaboration and contract with specially trained law enforcement.</li> </ul>   | <ul style="list-style-type: none"> <li>• Montgomery</li> </ul>  | <ul style="list-style-type: none"> <li>• TCBHC plans to continue this program and will seek opportunities and collaborations that would allow for expansion of the Crisis Intervention Response Team.</li> </ul> |
| <ul style="list-style-type: none"> <li>• TCBHC's Mobile Crisis Outreach Team (MCOT) continues to respond to crisis situations in the community and local emergency departments as requested to provide crisis response and intervention services.</li> </ul>  | <ul style="list-style-type: none"> <li>• Montgomery, Liberty, Walker</li> </ul>   | <ul style="list-style-type: none"> <li>• TCBHC will continue to deploy MCOT staff into the community to address crisis situations as needed or upon request.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• TCBHC's Crisis Services staff provide training to law enforcement regarding drop off points as well as service linkage and follow-up processes for those individuals who are not hospitalized.</li> <li>• Jail Diversion staff provide training to law enforcement related to our involvement in diverting appropriate individuals from the criminal justice system.</li> <li>• Veteran's staff provides training to law enforcement personnel related to Veteran culture and PTSD upon request. This information is key for law enforcement personnel responding to Veterans who may be in crisis.</li> </ul> | <ul style="list-style-type: none"> <li>• Montgomery, Liberty, and Walker</li> </ul>   | <ul style="list-style-type: none"> <li>• TCBHC continues to provide specialized training for law enforcement upon request or as need arises.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• TCBHC has a Crisis Stabilization Unit (CSU) and an Extended Observation Unit (EOU) that can be utilized by law enforcement as a drop off point for</li> </ul>  | <ul style="list-style-type: none"> <li>• Located in Montgomery but available to anyone in crisis in the service area regardless of county of residence</li> </ul> | <ul style="list-style-type: none"> <li>• TCBHC will continue to operate these dedicated units as funding permits and will continue to seek opportunities for additional options</li> </ul>                       |

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| individuals experiencing a psychiatric crisis.  |   | for crisis response over the next biennium.   |
| <ul style="list-style-type: none"> <li>TCBHC currently has policies and procedures in place that outline Information Sharing protocols and include TCOOMMI allowances through the Health and Safety Code. Additionally, TCBHC utilizes memorandums of understanding with jails and probation as needed in order to increase response time and staff are designated to monitor and follow up on any Quarry from Law Enforcement through the Texas Law Enforcement Telecommunication System (TLETS).</li> </ul> | <ul style="list-style-type: none"> <li>Montgomery, Liberty, Walker</li> </ul> | <ul style="list-style-type: none"> <li>Continue to train staff on information sharing protocols, TLETS Quarries and follow-up, and collaborate with community partners to address any identified barriers.</li> </ul> |

| <b>Intercept 3: Jails/Courts</b>   | County(s)   |  |
|--|---|--|
| Current Programs and Initiatives:  |   | Plans for upcoming two years:  |
| <ul style="list-style-type: none"> <li>Tri-County Behavioral Healthcare (TCBHC) currently operates an Outpatient Competency Restoration program for individuals determined incompetent to stand trial under the Code of Criminal Procedure 46B.</li> </ul> | <ul style="list-style-type: none"> <li>Montgomery, Walker and Liberty</li> </ul>  | <ul style="list-style-type: none"> <li>Continue providing Outpatient Competency Restoration to eligible individuals and continue to focus on educating key stakeholders on eligibility, benefits, and how to access the program as an alternative to incarceration for appropriate non-violent offenders.</li> </ul> |
| <ul style="list-style-type: none"> <li>TCBHC has staff who are designated to provide monthly compliance reporting for the court for those deemed Not Guilty by Reason of Insanity 46C.</li> </ul>  | <ul style="list-style-type: none"> <li>Montgomery, Liberty, Walker</li> </ul>     | <ul style="list-style-type: none"> <li>TCBHC will continue to provide staff and monthly reporting related to individuals deemed Not Guilty by Reason of Insanity.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Routine Screening for mental illness and diversion eligibility is completed weekly with the jails. TCOOMMI Case Managers and other staff working with offenders with mental</li> </ul>                              | <ul style="list-style-type: none"> <li>Montgomery, Liberty, and Walker</li> </ul> | <ul style="list-style-type: none"> <li>TCBHC will continue to seek opportunities to partner with the criminal justice system to divert individuals from jails to outpatient mental health treatment when the</li> </ul>  |

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| <p>impairments continuously seek opportunities to connect those served to other needed resources in the community, link to comprehensive services when able, and provide continuity of care services in jails as needed.</p>  |   | <p>outpatient mental health treatment is deemed the more appropriate solution.</p> <ul style="list-style-type: none"> <li>As a part of our diversion efforts, TCBHC case managers will continue to provide services in Jail when appropriate and link individuals served to comprehensive services as well as a wide variety of resources in the community to meet their overall needs and improve their chances of success with outpatient treatment.</li> </ul> |
| <ul style="list-style-type: none"> <li>TCBHC staff provide assessments and evaluations, in addition to ongoing supports and services, for persons identified by the court as being appropriate for Assisted Outpatient Commitments.</li> </ul>  | <ul style="list-style-type: none"> <li>Montgomery, Liberty, Walker</li> </ul> | <ul style="list-style-type: none"> <li>TCBHC will continue to collaborate with the courts to provide ongoing services and supports to individuals ordered to Assisted Outpatient Commitments.</li> </ul>  |
| <ul style="list-style-type: none"> <li>TCBHC has a designated staff who coordinates with Montgomery County Drug Court staff in order to provide recommendations and linkage with ongoing behavioral health/substance use treatment as needed.</li> </ul>  | <ul style="list-style-type: none"> <li>Montgomery</li> </ul>                  | <ul style="list-style-type: none"> <li>TCBHC will continue to work collaboratively with specialty courts in our catchment area, such as the Montgomery County Drug Court, in order to connect individuals, make recommendations and link individuals with needed services to improve successful transition out of the criminal justice system.</li> </ul>   |
| <ul style="list-style-type: none"> <li>TCBHC's Veteran Services Liaison, who coordinates the Military Veteran Peer Network for our catchment area, is involved in the Montgomery County Veteran's Treatment Court and provides mentorship for individuals in the Veterans Jail Dorm in Montgomery County. The Veteran Services Liaison works closely with individuals assigned to the Veteran's treatment court docket and ensures</li> </ul> | <ul style="list-style-type: none"> <li>Montgomery</li> </ul>                  | <ul style="list-style-type: none"> <li>TCBHC will continue to provide support to Veteran Treatment Courts in our catchment area, as resources allow, including peer mentorship and linkage to comprehensive services as well as continuing to assist other counties connect with peer mentors through the Military Veteran Peer Network as requested/needed.</li> </ul>   |

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| that they are connected to other needed veteran services within the area.  |  |   |
| <ul style="list-style-type: none"> <li>TCBHC's designated staff meet with Mental Health Court personnel monthly to staff cases and to make recommendations on individuals appropriate to be served through Mental Health Court.</li> </ul> | <ul style="list-style-type: none"> <li>Montgomery</li> </ul> | <ul style="list-style-type: none"> <li>TCBHC will continue to work collaboratively with specialty courts in our catchment area, such as the Montgomery County Mental Health Court, in order to connect individuals, appropriate to be served, with the appropriate court staff. Designated staff will continue to link individuals with needed services to improve successful transition out of the criminal justice system.</li> </ul> |

| <b>Intercept 4: Reentry</b><br>Current Programs and Initiatives:   | County(s)  | Plans for upcoming two years:   |
|--|--|---|
| <ul style="list-style-type: none"> <li>The Montgomery County Jail Services Liaison is designated to assess needs and coordinate treatment and/or transition for individuals identified as having a mental illness. In the other Counties in our catchment area, Continuity of Care staff collaborate with jail and court staff to coordinate treatment and provide assistance and supports.</li> </ul> | <ul style="list-style-type: none"> <li>Montgomery (Jail Liaison), Liberty, and Walker</li> </ul> | <ul style="list-style-type: none"> <li>Tri-County Behavioral Healthcare (TCBHC) will continue to work collaboratively with Jail staff to provide transitional services inside jails and in collaboration with jail staff.</li> <li>TCBHC will continue to seek opportunities to expand the Jail Liaison program to additional jails within our catchment area.</li> </ul> |
| <ul style="list-style-type: none"> <li>The Montgomery County Jail Services Liaison is designated to assess needs and coordinate treatment and or transition for individuals identified as having a mental illness.</li> <li>The Veteran Services Liaison coordinates a jail mentorship program for individuals in the Veterans Jail Dorm in Montgomery County and</li> </ul>                           | <ul style="list-style-type: none"> <li>Montgomery (Jail Liaison), Walker and Liberty</li> </ul>  | TCBHC will continue to provide staff to assess needs, develop plans for services, and coordinate transition to ensure continuity at release while funding is available and will continue to seek opportunities to expand Jail Liaison services to other jails in our catchment area.  |

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| <p>currently has mentors that are available to mentor individuals during their time in the dorm, during their re-entry, and following their sentence to improve their access to needed resources and support with the ultimate goal of improving success rates following incarceration.</p> <ul style="list-style-type: none"> <li>• TCOOMMI staff have a continuity of care clinician and case manager who work with individuals upon re-entry to assist with community integration. They are able to provide assessment, medication and coordination of services upon release from TDCJ.</li> </ul>   |  |  |
| <ul style="list-style-type: none"> <li>• The Veteran Services Liaison occasionally responds to requests from jails and prisons when a Veteran is being discharged and facing reentry into society. Our Military Veteran Peer Mentors are available to provide a one-time meeting prior to discharge, as requested by the jails and as resources permit, to ensure that the Veteran is provided with information on other Veteran and community resources to meet their needs and increase the probability of success following discharge.</li> <li>• Our Montgomery County Jail Liaison and Continuity of Care staff are involved in discharge and transition planning to ensure care coordination upon discharge.</li> </ul> | <ul style="list-style-type: none"> <li>• Montgomery (Jail Liaison), Liberty, Walker</li> </ul> | <ul style="list-style-type: none"> <li>• TCBHC continues to provide a structured process to coordinate discharge and transition planning with jails whenever feasible and will continue to seek opportunities to expand the Jail Liaison program to additional jails within our catchment area as well as to work collaboratively with the criminal justice system to share information when appropriate to better ensure successful transitions from jail to outpatient treatment.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Specialized Case Management teams to coordinate post-release services:</li> </ul>  | <ul style="list-style-type: none"> <li>• Montgomery, Liberty and Walker</li> </ul>             | <p>TCBHC will continue to provide continuity of care and collaborate with</p>  |

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| 1) Continuity of Care staff continues to monitor all State hospital discharges to ensure proper follow up care is offered.<br>2) Staff communicates monthly with State Forensic Hospitals to identify individuals who may be appropriate to step down into the Outpatient Competency Restoration program. |  | State Hospitals to improve the chances of success post – release and to engage in ongoing outpatient treatment whenever appropriate. |
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| <b>Intercept 5: Community Corrections</b><br>Current Programs and Initiatives:  | County(s)  | Plans for upcoming two years:  |
|---|--|--|
| <ul style="list-style-type: none"> <li>Tri-County Behavioral Healthcare (TCBHC) provides regular screening for jail diversion through continuity of care staff and program clinicians at the jail for eligible candidates for diversion and presentation to the court.</li> </ul>           | <ul style="list-style-type: none"> <li>Montgomery (Jail Liaison), Liberty, Walker</li> </ul> | <ul style="list-style-type: none"> <li>TCBHC will continue to work closely with jail and court staff to identify individuals eligible for diversion and pre-trial services and supports through routine screening for mental illness and substance use disorders.</li> </ul> |
| <ul style="list-style-type: none"> <li>TCBHC provides training for probation and parole on mental health, substance use disorder and program services and procedures related to Intercept 5 and these trainings continue to be available upon request and/or identified need.</li> </ul>    | <ul style="list-style-type: none"> <li>Montgomery, Liberty, Walker</li> </ul>                | <ul style="list-style-type: none"> <li>TCBHC will continue to provide training for probation and parole staff upon request and participate in frequent collaborative meetings to determine ongoing need for training.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Specialized intensive case managers for adult mental health offenders on felony probation and parole are available through the TCOOMMI program to provide rehabilitative services to enhance community integration and reduce recidivism.</li> </ul> | <ul style="list-style-type: none"> <li>Montgomery, Liberty, Walker</li> </ul>                | <ul style="list-style-type: none"> <li>Through the TCOOMMI Program, TCBHC will continue to provide staff assigned to specialized caseloads aimed at facilitating access to comprehensive services for offenders on felony probation and parole.</li> </ul>                   |
| <ul style="list-style-type: none"> <li>The TCOOMMI program is staffed with</li> </ul>   | <ul style="list-style-type: none"> <li>Montgomery, Liberty, Walker</li> </ul>                | <ul style="list-style-type: none"> <li>TCBHC will continue to designate</li> </ul>   |

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| case managers who work jointly with community corrections officers to make recommendations to the court to reinforce positive behavior and address sanctions for non-compliance with supervision. |  | staff assigned to serve as liaison with community corrections to ensure a range of options to reinforce positive behavior and effectively address non-compliance. |
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### III.B Other Behavioral Health Strategic Priorities

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

- Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)
- Gap 2: Behavioral health needs of public school students
- Gap 3: Coordination across state agencies
- Gap 4: Veteran and military service member supports
- Gap 5: Continuity of care for individuals exiting county and local jails
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for individuals with intellectual disabilities
- Gap 10: Consumer transportation and access
- Gap 11: Prevention and early intervention services
- Gap 12: Access to housing
- Gap 13: Behavioral health workforce shortage
- Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)
- Gap 15: Shared and usable data

The goals identified in the plan are:



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

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

| <b>Area of Focus</b>                           | <b>Related Gaps and Goals from Strategic Plan</b>                           | <b>Current Status</b>   | <b>Plans</b>  |
|--|---|---|---|
| Improving access to timely outpatient services | <ul style="list-style-type: none"> <li>• Gap 6</li> <li>• Goal 2</li> </ul> | <ul style="list-style-type: none"> <li>• Tri-County Behavioral Healthcare (TCBHC) continues to look for opportunities to improve timely access to outpatient services while meeting the needs of our growing population. We continue to grow our available psychiatry, have utilized telehealth when feasible and have made changes to schedules to allow for additional evening hours for</li> </ul> | <ul style="list-style-type: none"> <li>• Through continued analysis of our data, stakeholder and employee feedback, analysis of scheduling processes we are hopeful that we can continue to improve our access to timely outpatient services for those we serve. Additionally, we continue to seek additional providers who would be interested in alternative schedules in order to provide additional services during non-traditional hours.</li> </ul> |

| Area of Focus   | Related Gaps and Goals from Strategic Plan                                       | Current Status   | Plans  |
|---|--|--|--|
|   |  | those we serve who may have difficulty accessing services during traditional business hours  |  |
| Improving continuity of care between inpatient care and community services and reducing hospital readmissions | <ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2,4</li> </ul> | <ul style="list-style-type: none"> <li>• Frequent Hospitalizations are reviewed by the Continuous Quality Improvement (CQI) Committee as a part of the annual CQI goals and risk stratification and data analysis are utilized in order to identify any trends or processes needing improvement.</li> <li>• Individuals that are funded by TCBHC to stabilize at a contract inpatient psychiatric hospital have regular clinical reviews by a staff member and assigned hospital utilization review personnel. Clinical reviews are facilitated to demonstrate ongoing need for services at that level of care. Reviews are documented in the individual's electronic health record. Discharges are also coordinated so that medication can be ordered and follow-up appointments can be coordinated.</li> </ul> | <ul style="list-style-type: none"> <li>• Continue reviewing frequent hospitalizations as a part of the annual goals reviewed by the CQI Committee at TCBHC.</li> <li>• Continue the existing system. Have individual meetings with contract hospitals to continue to improve collaboration and creativity relating to discharge plans and placement.</li> <li>• Continue monitoring private funded inpatient hospitalization to ensure individuals in TCBHC's catchment areas are connected with appropriate follow up appointments to continue ongoing mental health stabilization and utilize care coordination when appropriate to further assist individuals who may struggle with engagement or follow-up.</li> </ul> |

| Area of Focus  | Related Gaps and Goals from Strategic Plan                                      | Current Status   | Plans  |
|--|---|--|--|
| Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization | <ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 1,4</li> </ul> | <ul style="list-style-type: none"> <li>• Continuity of care staff participate in telephonic and face to face meetings and conferences pertaining to the clinical progress of individuals receiving care at a State hospital.</li> </ul>  | <ul style="list-style-type: none"> <li>• Continue the existing system and utilize care coordination team members to assist with engagement and transition as appropriate.</li> </ul>   |
| Implementing and ensuring fidelity with evidence-based practices   | <ul style="list-style-type: none"> <li>• Gap 7</li> <li>• Goal 2</li> </ul>     | <ul style="list-style-type: none"> <li>• Opportunities to expand the utilization of Evidence Based Practices continue to be explored by the Center and when they are used, staff training is implemented along with frequent reviews by managers which are then submitted to the Quality Management Department for monitoring and review.</li> </ul> | <ul style="list-style-type: none"> <li>• This process will continue over the next planning cycle and the Quality Management Department will continue to monitor fidelity with evidence-based practices as a part of its internal review process.</li> </ul>  |
| Transition to a recovery-oriented system of care   | <ul style="list-style-type: none"> <li>• Gap 8</li> <li>• Goals 2,3</li> </ul>  | <ul style="list-style-type: none"> <li>• TCBHC is currently working to achieve status as a Certified Community Behavioral Health Clinic (CCBHC) and is currently focusing on providing enhanced training programs at the Center to include Recovery Planning and Person-Centered</li> </ul>  | <ul style="list-style-type: none"> <li>• As TCBHC moves toward achieving status as a Certified Community Behavioral Health Clinic (CCBHC), the Center will continue to seek additional training opportunities to guide our organization to further develop a person-centered recovery focused system of care as well as</li> </ul> |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status  | Plans   |
|---------------|--|---|---|
|               |  | <p>Family Centered Care including the role of Peers and Family. TCBHC recognizes the importance of recovery supports and the role of Peers in this process and we currently have certified family partners providing services to the families in our Child and Adolescent Services who are also receiving wraparound level of care which is a person centered/team focused approach to assisting a youth with high level of need by focusing on strengths and supports. We also have Peer providers available to assist our adult population who also serve on our Mental Health Planning and Network Advisory Committee (MHPNAC). In addition to having our own PNAC, TCBHC participates in the Regional Planning and Network Advisory Committee (RPNAC) which includes planning and evaluation from committee members including individuals served.</p> | <p>exploring ways to better integrate the recovery model of care into our electronic health record. We continue to seek opportunities for Peer support and involvement of individuals served in Center activities. Additionally, TCBHC recognizes the important role that trauma plays in recovery for many of the individuals we serve and will continue to provide training for all new employees on this topic over the next planning cycle.</p> |

| Area of Focus   | Related Gaps and Goals from Strategic Plan   | Current Status   | Plans  |
|---|--|--|--|
| Addressing the needs of consumers with co-occurring substance use disorders | <ul style="list-style-type: none"> <li>• Gaps 1,14</li> <li>• Goals 1,2</li> </ul> | <ul style="list-style-type: none"> <li>• TCBHC has a Clinical Trainer able to address staff training needs including trainings that will benefit staff working with the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) population.</li> <li>• COPSD and Screening, Brief Intervention and Referral to Treatment (SBIRT) training is provided to our staff including all new clinical employees working in direct care.</li> <li>• Through HB 13 grant funds, the Expanded Substance Use Disorder Engagement program is designed to address identified critical gaps in care, including access to behavioral health services focused on the treatment of COPSD using evidence-based practices.</li> <li>• The Quality and Utilization Management Department continues to focus on reviewing services provided to ensure individuals with needs related to COPSD are being addressed appropriately and that additional referrals and</li> </ul> | <ul style="list-style-type: none"> <li>• Staff training will continue to be a focus for our Center over the next planning cycle.</li> <li>• TCBHC will continue to explore ways to use data to monitor needs and outcomes for individuals served with COPSD and will use this data to guide system improvements as indicated.</li> <li>• Continue engagement efforts and use of evidence-based practices when feasible.</li> <li>• Continue to focus on the use of Care Coordination, as appropriate, to address the needs of individuals with COPSD.</li> </ul> |

| Area of Focus   | Related Gaps and Goals from Strategic Plan                                 | Current Status   | Plans   |
|---|--|--|---|
|   |  | follow-up to these referrals are made as indicated.  |   |
| Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers. | <ul style="list-style-type: none"> <li>Gap 1</li> <li>Goals 1,2</li> </ul> | <ul style="list-style-type: none"> <li>TCBHC continues to provide basic integrated healthcare to the individuals we serve through the 1115 Medicaid Transformation Waiver, however, this funding is at risk of ending over the next biennium.</li> <li>TCBHC has made changes to the Electronic health record over the last planning cycle in order to monitor key health indicators such as Body Mass Index (BMI) and Tobacco use.</li> </ul> | <ul style="list-style-type: none"> <li>TCBHC recognizes that physical health is often comorbid with mental health and we remain interested in assisting our clientele learn ways to care for both aspects of their health. TCBHC will continue to seek opportunities to maintain our ability to provide integrated healthcare to those we serve, which is currently available through 1115 Medicaid Transformation Waiver funding which is expected to end in the next biennium.</li> <li>Utilization Management staff are in the process of incorporating weekly monitoring of key health indicators to ensure interventions are provided as indicated.</li> </ul> |
| Consumer transportation and access to treatment in remote areas   | <ul style="list-style-type: none"> <li>Gap 10</li> <li>Goal 2</li> </ul>   | <ul style="list-style-type: none"> <li>Transportation options for individuals we serve are limited. Many of these individuals do not have their own transportation or may not have the finances to pay for transportation. In addition, public transportation in our remote areas is virtually non-</li> </ul>   | <ul style="list-style-type: none"> <li>TCBHC will continue conversations with key stakeholders related to transportation options for the population we serve as well as advocating for a stop at our routine service locations when public transportation options become available.</li> <li>TCBHC will continue to utilize</li> </ul>  |

| Area of Focus   | Related Gaps and Goals from Strategic Plan                                      | Current Status   | Plans   |
|---|---|--|---|
|   |   | <p>existent.</p> <ul style="list-style-type: none"> <li>• Through communication and collaboration with city officials, the Conroe Connection public transportation now has a stop on its route at our main Conroe building, which serves as a means of transportation for those in the City of Conroe living close to the route.</li> <li>• TCBHC has partnered with local agencies to provide grant funded transportation vouchers to individuals served who have no other means of transportation and would not otherwise be able to access services.</li> <li>• TCBHC utilizes strategies such as regionalizing caseloads for field-based staff to assist staff with assisting and reaching individuals in their natural settings while minimizing the transportation costs.</li> </ul> | <p>transportation strategies for routine care to maximize our ability to serve individuals in our remote areas.</p> <ul style="list-style-type: none"> <li>• TCBHC will continue collaboration with law enforcement as needed and will continue to seek opportunities to develop a system that minimizes needs for lengthy transportation.</li> </ul> |
| Addressing the behavioral health needs of consumers with Intellectual | <ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 2,4</li> </ul> | <ul style="list-style-type: none"> <li>• For IDD clients in a mental health crisis, our Crisis Intervention Specialist works with the individuals and family/significantly involved</li> </ul>   | <ul style="list-style-type: none"> <li>• TCBHC will continue to seek additional providers who are able to provide crisis respite in line with State guidelines and expectations.</li> <li>• TCBHC will continue to seek</li> </ul>  |

| Area of Focus                                      | Related Gaps and Goals from Strategic Plan                                     | Current Status  | Plans  |
|--|--|---|--|
| Disabilities (IDD)                                 |  | <p>individuals to determine the level of intervention needed and assists with coordination of care.</p> <ul style="list-style-type: none"> <li>• TCBHC currently has an Applied Behavioral Analyst on staff and through grant funding is able to provide Autism services to youth ages 3-15.</li> <li>• With co-located outpatient services, TCBHC staff are able to staff cases for dually diagnosed individuals needing behavioral health interventions outside of the typical IDD service system.</li> </ul> | <p>opportunities to expand and grow the autism services program.</p> <ul style="list-style-type: none"> <li>• TCBHC will continue to seek opportunities made available to assist the IDD population with behavioral health needs and will continue to keep the dialogue open with stakeholders and funding agencies as additional options for expansion present.</li> <li>• The TCBHC Clinical Trainer will explore additional training opportunities for staff that will better assist them with addressing the behavioral health needs of the IDD population.</li> </ul> |
| Addressing the behavioral health needs of veterans | <ul style="list-style-type: none"> <li>• Gap 4</li> <li>• Goals 2,3</li> </ul> | <ul style="list-style-type: none"> <li>• TCBHC has an active Veteran Services Liaison and Military Veteran Peer Network Mentorship program that is available to assist any Veteran in our service area (receiving services or not) connect with needed resources in the community, including behavioral health needs that they may not feel comfortable seeking through the traditional channels.</li> <li>• The Veteran Services Liaison</li> </ul>  | <ul style="list-style-type: none"> <li>• TCBHC is dedicated to the Veteran population of our service area and fully supports the ongoing efforts of the Military Veteran Peer Network (MVPN) Program as funding remains available.</li> <li>• Additionally, TCBHC continues to seek viable grant opportunities to continue to meet the behavioral healthcare needs of Veterans and expand resources when possible.</li> </ul>  |



| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status   | Plans |
|---------------|--|--|-------|
|               |  | <p>has direct and frequent communication with Center Management and is able to coordinate behavioral healthcare needs of Veterans as needed/requested.</p> <ul style="list-style-type: none"> <li>• Additionally, through grant funding, TCBHC has counseling and case management services for Veterans. Our community has a local Veteran Administration (VA) clinic in Conroe, which many of our Veterans choose to access, but we remain a resource for those who may seek this service outside of the VA.</li> </ul> |       |

### 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   |
|---|---|---|
| <p>Diverting individuals with mental illness from ERs and Jails</p> | <ul style="list-style-type: none"> <li>• The Mobile Crisis Outreach Team (MCOT) service is capable of being provided throughout the local service area 24 hours a day, seven days a week and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care.</li> <li>• Crisis walk-in services are available at the Psychiatric Emergency Treatment Center (PETC) along with a contract officer. The presence of the contract officer onsite allows officers transporting individuals to the PETC on detention warrants to transfer the individual into the custody of the officer onsite and return to duty more quickly, aligning with Intercept 1 of the Substance Abuse and Mental Health Services Administration (SAMHSA) Sequential Intercept Model.</li> <li>• Expanded crisis response after hours, 24/7 walk-in services and the Extended Observation Unit (EOU) are currently funded by 1115 Medicaid Transformation Waiver Funding which is at risk during this next biennium.</li> <li>• TCBHC has a staff member at the Montgomery County Jail to serve as a liaison between TCBHC and the Jail and to assess individuals suspected of having a mental health diagnosis</li> </ul> | <ul style="list-style-type: none"> <li>• Tri-County Behavioral Healthcare (TCBHC) will continue to monitor diversion efforts over the next planning cycle through continued collaboration with key stakeholders and by seeking new and innovative ways to review and capture data (such as risk stratification and review of frequent hospitalizations) which can assist with tracking progress as well as planning to expand funding for successful diversion efforts as indicated.</li> <li>• TCBHC will continue to seek opportunities to expand Jail Liaisons and CIRT teams to additional counties.</li> <li>• TCBHC will seek opportunities to utilize technology when possible to reduce transportation and wait times.</li> </ul> |

| Local Priority  | Current Status   | Plans  |
|---|--|--|
|   | <p>and/or needing treatment.</p> <ul style="list-style-type: none"> <li>• TCBHC is able to provide response from a Crisis Intervention Response Team (CIRT) in a portion of Montgomery County which pairs law enforcement with a licensed mental health clinician. This team has had positive outcomes responding to situations that were not previously accessible due to safety concerns.</li> </ul>   |  |
| Transportation  | <ul style="list-style-type: none"> <li>• See above</li> </ul>  | <ul style="list-style-type: none"> <li>• See above</li> </ul>  |
| Transitional Housing  | <ul style="list-style-type: none"> <li>• TCBHC currently has minimal access to resources for step-down and transitional housing for individuals discharging from inpatient hospitalization stays following behavioral health and/or substance use crises.</li> <li>• TCBHC provided feedback on this local priority in the All Texas Access Planning activities during this past year and provided feedback for potential solutions.</li> </ul>                                  | <ul style="list-style-type: none"> <li>• TCBHC will continue to seek opportunities for funding transitional and step-down housing.</li> <li>• Discussions for possible solutions surrounding lack of transitional and step-down housing include partnering with already established State programs for Adult Host Homes and/or seeking additional funding to develop co-op or group homes for individuals transitioning out of crises.</li> </ul>  |
| Risk Stratification and Analysis through the Continuous Quality Improvement Program | <ul style="list-style-type: none"> <li>• TCBHC has begun conducting risk stratification on individuals with frequent hospitalizations and along with gaps related to transitional housing, recognizes the lack of local affordable Substance Use Inpatient Treatment Options. While there are substance use treatment options available, the majority of individuals we serve needing these services do not have the ability to pay for treatment. TCBHC is currently</li> </ul> | <ul style="list-style-type: none"> <li>• TCBHC will continue to develop risk stratification in order to guide quality improvements and better engage individuals into outpatient treatment while we continue to seek solutions to the gaps in local resources needed to address frequent hospitalizations (i.e. affordable transitional housing and inpatient substance use treatment).</li> <li>• TCBHC will continue to seek funding to pay for substance use treatment for those we serve and will pursue local and/or</li> </ul> |

| Local Priority           | Current Status  | Plans  |
|--------------------------|---|--|
|                          | utilizing risk stratification and Continuous Quality Improvement processes to identify ways to reduce hospitalizations and better engage these individuals in outpatient treatment through care coordination and other mechanisms.  | regional opportunities to partner with established community providers of substance use inpatient treatment.   |
| Community Collaborations | <ul style="list-style-type: none"> <li>• TCBHC continues to hold regular meetings with key stakeholders involved in crisis response and jail diversion.</li> <li>• TCBHC continues to build relationships with local school districts in order to collaborate and wrap around children and adolescents at high risk. Piloting of School Based Clinics, Participation in the Community Resource Coordination Groups (CRCG) and provision of Youth Mental Health First Aid are three such examples.</li> <li>• TCBHC's Director of Strategic Development and other staff continue to educate the community and stakeholders about TCBHC, the services we provide, and population we serve and the challenges we as a community face.</li> </ul> | <ul style="list-style-type: none"> <li>• TCBHC will continue collaborations with the criminal justice system to identify individuals with mental illness and continue to provide alternatives to incarceration in all three counties.</li> <li>• TCBHC will continue to collaborate with hospitals, court staff, and law enforcement to reduce the burden on local Emergency Departments and to provide individuals in crisis appropriate levels of care in the shortest amount of time possible.</li> <li>• TCBHC will continue to provide opportunities for collaboration and education to the community to enhance knowledge about behavioral health, how to access services, and who might be appropriate for services.</li> <li>• TCBHC will continue to seek ways to share information through appropriate channels and with valid consent in order to continue to develop and strengthen our ability to provide quality care coordination to those we serve.</li> </ul> |

### 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        | Transportation | <ul style="list-style-type: none"> <li>• During this planning cycle stakeholders continue to identify transportation as one of the top needs and local priorities for the individuals served in the behavioral health system. Tri-County Behavioral Healthcare (TCBHC) continues to advocate for public service options and has</li> </ul> | <ul style="list-style-type: none"> <li>• Allowance of transportation connected with mental health services to be a part of a Medicaid billable service for LMHA staff – Cost TBD</li> </ul> |

|   |                               |  |  |
|---|-------------------------------|--|--|
|   |                               | <p>explored the cost of providing transportation in-house, however, concerns related to the sustainability of such a program remain. The recommended solution would include approval of a rate change that would allow for Centers to bill for transporting clients to and from skills training sessions as well as the travel to and from the office to the client's place of residence. Currently, many individuals served in the TCBHC service area are without reliable and consistent transportation. Adding a resource for Centers to be able to bill for transportation at a lesser rate than skills training/rehab in order to provide needed services to Texas residents with Severe and Persistent Mental Illness (SMPI) at the office, in homes, or in community settings as outlined in their recovery plans, would greatly improve the access to care for these individuals and provide resources to the mental health system that would vastly improve the system of care.</p> |  |
| 1 | Detox Beds                    | <ul style="list-style-type: none"> <li>Stakeholders continue to identify the need for inpatient substance use disorder treatment in our area, TCBHC would like to Purchase Inpatient Detox beds from a provider in Harris County</li> </ul>  | <ul style="list-style-type: none"> <li>\$550 per day<br/>*700beddays - \$385,000 annually</li> </ul> |
| 1 | School Based Clinic Expansion | <ul style="list-style-type: none"> <li>TCBHC is currently piloting School Based Clinics at five schools in our service area and feedback has been extremely positive with successful outcomes for several students. Unfortunately, the loss per year per school is roughly \$50,000 more than available revenue. These programs will not be sustainable without additional funding that is currently being provided by 1115 Medicaid Transformation Waiver funding which is scheduled to deplete in the next biennium. We would like to maintain the services at the schools we are currently working with. Additionally, many local area schools are interested in a program on their</li> </ul>  | <ul style="list-style-type: none"> <li>\$250,000 annually</li> </ul>                                 |

|   |  |  |  |
|---|--|--|--|
|   |  | campus and we would like to expand this program in the future should funding become available.   |  |
| 1 | Clinician Officer Remote Evaluation (CORE)                     | <ul style="list-style-type: none"> <li>The CORE model incorporates the use of technology in the field in order to provide the ability for law enforcement to connect with a mental health clinician, from locations where the individual in need is located, that could allow for real time screening assessment via telehealth. This technology could include an iPad, cell phone with video technology, telehealth, or other secure streaming service and would allow the clinician to provide immediate guidance on next steps to treat the individual in the least restrictive, most appropriate setting, while minimizing the need for travel prior to assessment.</li> </ul> | <ul style="list-style-type: none"> <li>Approximately \$1,000,000 annually</li> </ul>   |
| 2 | Step-Down Housing  | <ul style="list-style-type: none"> <li>Discussions with stakeholders including community partners and family members continue to emphasize the importance of affordable and stable housing. Recognizing the risk of homelessness to individuals with housing instability following crisis hospitalizations, TCBHC would seek to develop or contract post hospitalization residential settings to assist individuals transitioning from significant crisis events back into the community with a goal of engagement into ongoing routine outpatient services and reduction of hospital recidivism.</li> </ul>   | <ul style="list-style-type: none"> <li>Cost per month to contract: \$800 – \$2,000 per month per individual.</li> <li>Startup costs vary greatly based on whether you are buying or renting a home. Overall cost of operations for a 4-person home would be approximately \$20,000 a month.</li> </ul> |
| 2 | Mental Health Deputy Expansion for Walker and Liberty Counties | <ul style="list-style-type: none"> <li>Funding local law enforcement for the purpose of establishing additional mental health deputy programs would decrease the strain on the rest of the department and provide improved direction and decision making related to individuals who may be better served by diverting from jails and local emergency rooms directly into LMHA crisis or outpatient services. Currently there are eleven (11) mental health deputies funded by Montgomery County and two (2) funded by Liberty County. TCBHC would like to have at least two</li> </ul>   | <ul style="list-style-type: none"> <li>\$330,000 annually</li> </ul>   |

|   |                        |  |  |
|---|------------------------|--|--|
|   |                        | <p>more mental health deputies in Walker county and two added to Cleveland (Liberty County). Individuals served and family members continue to express the importance of having law enforcement trained to respond to individuals who may be experiencing a mental health crisis.</p>  |  |
| 3 | Jail Liaison Expansion | <ul style="list-style-type: none"> <li>Stakeholders continue to express the importance of having someone who is trained and understands mental illness involved in continuity of care and assessment at the jails. Should funding be available, TCBHC would seek to identify two additional licensed clinicians to provide assessment, education, and transition assistance at two additional county jails within our catchment area.</li> </ul>   | \$170,000 annually   |
| 3 | CIRT Expansion         | <ul style="list-style-type: none"> <li>Currently TCBHC has two (2) law enforcement officers paired with clinicians in Montgomery County during certain hours. Stakeholders have expressed that they would like to see expansion of this service to other locations and times. Should funding become available, TCBHC would seek to expand the program to include an additional team for Montgomery County and two (2) additional CIRT officers for Walker and Liberty Counties.</li> </ul> | \$175,000 annually per team plus \$525,000 annually for the (6) additional mental health officers needed. (this estimate would include the local law enforcement jurisdiction covering the cost of the officer and the vehicle). |



## Appendix A: Levels of Crisis Care

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

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

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

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

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

**Crisis Stabilization Units (CSU)** – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive

mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

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

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

**Psychiatric Emergency Service Center (PESC)** – PESC provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESC may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

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

## Appendix B: Acronyms

|              |  |
|--------------|--|
| <b>CSU</b>   | Crisis Stabilization Unit              |
| <b>EOU</b>   | Extended Observation Units             |
| <b>HHSC</b>  | Health and Human Services Commission   |
| <b>LMHA</b>  | Local Mental Health Authority          |
| <b>LBHA</b>  | Local Behavioral Health Authority      |
| <b>MCOT</b>  | Mobile Crisis Outreach Team            |
| <b>PESC</b>  | Psychiatric Emergency Service Center   |
| <b>TCBHC</b> | Tri-County Behavioral Healthcare       |
| <b>PETC</b>  | Psychiatric Emergency Treatment Center |
| <b>CIRT</b>  | Crisis Intervention Response Team      |