

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 and CrisisServices@hhsc.state.tx.us

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Introduction

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

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

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|--|--|----------------|--|
| Bluebonnet Trails Community Services (BTCS) | Bastrop Community Health Center 275 Jackson Street Bastrop, TX 78602 (512) 321-7250 | Bastrop County | <ul style="list-style-type: none"> • Autism Treatment • Mental Health (MH) Services • Employment Services • Crisis Services • Dental Services • Early Childhood Intervention |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|---|--|-------------------|--|
| | | | <ul style="list-style-type: none"> • Integrated Primary, Dental and Behavioral Health Care • Intellectual Developmental Disabilities (IDD) Evaluations, Service Coordination and Services • Justice-Involved Services • Texas Commission on Offenders with Medical and Mental Impairments (TCOOMMI) Program Services • Jail Diversion Services • Mental Health Deputy Program • Peer Support Services • Substance Use Treatment • Supportive and Supported Housing Services • Outreach Screening Assessment and Referral (OSAR) Services |
| Bastrop ISD | 1602 Hill Street Bastrop, TX 78602 (512) 772-7100 | Bastrop County | <ul style="list-style-type: none"> • Integrated Health Clinic (Primary Care and Behavioral Health Care) • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Cedar Creek ISD | 793 Union Chapel Road Cedar Creek, TX 78612 (512) 772-7300 | Bastrop County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Elgin ISD | 711 W. 10 th Street Elgin, TX 78621 | Bastrop County | <ul style="list-style-type: none"> • Integrated Health Clinic (Primary Care and Behavioral Health Care) |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|--|--|-------------------|--|
| | (512) 281-9774 | | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Smithville ISD | 801 Wilkes Street Smithville, TX 78957 (512) 237-2487 | Bastrop County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| BTCS | 4606 Innovation Loop Marble Falls, TX 78654 (830) 798-2902 | Burnet County | <ul style="list-style-type: none"> • Autism Treatment • MH Services • Employment Services • Crisis Services • Early Childhood Intervention • Intellectual Developmental Disabilities (IDD) Evaluations, Service Coordination and Services • Supported and Supported Housing Services • Justice-Involved Services • Texas Commission on Offenders with Medical and Mental Impairments (TCOOMMI) Program Services • Peer Support Services • Substance Use Treatment • OSAR |
| Burnet CISD | 208 East Brier Burnet, TX 78611 (512) 756-2124 | Burnet County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|--|--|--------------------|---|
| Marble Falls ISD | 2101 Mustang Drive Marble Falls, TX 78654 (830) 693-4357 | Burnet County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Lockhart Integrated Health Center | 2060 South Colorado Street Lockhart, TX 78644 (512) 398-9610 | Caldwell County | <ul style="list-style-type: none"> • Autism Treatment • MH Services • Employment Services • Crisis Services • Dental Services • Early Childhood Intervention • Integrated Primary, Dental and Behavioral Health Care • Intellectual Developmental Disabilities (IDD) Evaluations, Service Coordination and Services • Justice-Involved Services • Texas Commission on Offenders with Medical and Mental Impairments (TCOOMMI) Program Services • OSAR • Peer Support Services • Substance Use Treatment • Supportive and Supported Housing Services |
| Lockhart ISD | 906 Center Street Lockhart, TX 78644 (512) 398-0000 | Caldwell County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|---|--|--------------------|---|
| Lulling ISD | 214 E Bowie Street Luling, TX 78648 (830) 875-3191 | Caldwell County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Prairie Lea ISD | 6910 San Marcos Hwy Prairie Lea, TX 78661 (512) 488-2370 | Caldwell County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Elgin Clinic @ Elgin ISD | 902 W. 2 nd Street Elgin, TX 78621 (512) 229-3334 | Bastrop County | <ul style="list-style-type: none"> • Family Health Care Clinic providing primary, dental and behavioral health care to students, families and community members |
| McDade ISD | 156 Marlin Street McDade, TX 78650 (512) 273-2522 | Bastrop County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| BTCS | La Grange MH and IDD Center 275 Ellinger Road La Grange, TX 78945 (979) 968-3711 | Fayette County | <ul style="list-style-type: none"> • Autism Treatment • MH Services • Employment Services • Crisis Services • Early Childhood Intervention • Intellectual Developmental Disabilities (IDD) Evaluations, Service Coordination and Services • Justice-Involved Services • OSAR • Peer Support Services • Substance Use Treatment • Supportive and Supported Employment |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|--|--|--------------------|---|
| | | | <ul style="list-style-type: none"> • Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Services |
| Schulenburg IDD Center | 401 Bucek Street Schulenburg, TX 78956 (979) 968-5430 | Fayette County | <ul style="list-style-type: none"> • Intellectual Developmental Disabilities (IDD) Evaluations, Service Coordination and Services |
| Fayetteville ISD | 618 N. Rusk Fayetteville, TX 78940 (979) 378-4242 | Fayette County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Flatonia ISD | 400 E 4th St, Flatonia, TX 78941 (361) 865-2941 | Fayette County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| La Grange ISD | 820 South Vail Street La Grange, TX 78945 (979) 968-7000 | Fayette County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Roundtop Carmine ISD | 608 North Washington Round Top, TX 78954 (979) 249-3200 | Fayette County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Schulenburg ISD | 521 Shorthorn Drive Schulenburg, TX 78956 (979) 743-3448 | Fayette County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| BTCS | Gonzales Community Health Center | Gonzales County | <ul style="list-style-type: none"> • Autism Treatment • MH Services |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|--|---|------------------|--|
| | 228 Saint George Street Gonzales, TX 78629 (830) 672-7975 | | <ul style="list-style-type: none"> • Employment Services Crisis Services • Dental Services • Integrated Primary, Dental and Behavioral Health Care Early Childhood Intervention • Intellectual Developmental Disabilities (IDD) Evaluations, Service Coordination and Services • Supported and Supported Housing Services • Peer Support Services • Substance Use Treatment |
| Gonzales ISD | 1801 N Sarah Dewitt Dr Gonzales, TX 78629 (830) 672-9551 | Gonzales County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Nixon-Smiley CISD | 800 N Rancho Rd Nixon, TX 78140 (830) 582-1536 | Gonzales County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| BTCS | Seguin Family Health Center 1104 Jefferson Ave Seguin, TX 78155 (830) 386-2700 | Guadalupe County | <ul style="list-style-type: none"> • Autism Treatment • MH Services • Employment Services Crisis Services • Dental Services • Intellectual Developmental Disabilities (IDD) Evaluations, Service Coordination and Services • Justice-Involved Services • Texas Commission on Offenders with Medical and Mental Impairments (TCOOMMI) Program Services |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|--|--|------------------|--|
| | | | <ul style="list-style-type: none"> • Integrated Primary, Dental and Behavioral Health Care • Mental Health Deputy Program • Peer Support Services • Substance Use Treatment • Supportive and Supported Housing Services |
| Marion ISD | 211 West Otto Street Marion, TX 78124 (830) 914-1060 | Guadalupe County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Navarro ISD | 6450 TX-123 Seguin, TX 78155 (830) 372-1930 | Guadalupe County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Schertz/Cibolo/Universal City ISDs | 1001 Elbel Road Schertz, TX 78154 (210) 945-6200 | Guadalupe County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Seguin ISD | 1315 E Cedar Street Seguin, TX 78155 (830) 401-8600 | Guadalupe County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| BTCS | Giddings Family Health Center 849 E Industry Street Giddings, TX 78942 (979) 542-3042 | Lee County | <ul style="list-style-type: none"> • Autism Treatment • MH Services • Employment Services Crisis Services • Early Childhood Intervention |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|---|---|----------------------|---|
| | | | <ul style="list-style-type: none"> • Intellectual Developmental Disabilities (IDD) Evaluations, Service Coordination and Services • Justice-Involved Services • Texas Commission on Offenders with Medical and Mental Impairments (TCOOMMI) Program Services • Peer Support Services • Primary Care • Substance Use Treatment |
| Giddings ISD | 2337 N. Main Street Giddings, TX 78942 (979) 542-2854 | Lee County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Lexington ISD | 8731 N HWY 77 Lexington, TX 78947 (979) 773-2254 | Lee County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| BTCS | San Gabriel Crisis Center 711 North College Street Georgetown, TX 78626 (512) 869-2650 | Williamson County | <ul style="list-style-type: none"> • Crisis Respite Unit (16 bed unit) • Crisis Services • Medication Assisted Treatment & Ambulatory Detoxification Services • OSAR • Peer Support Services • Substance Use Treatment |
| BTCS | 1009 North Georgetown Street Round Rock, Texas 78664 | Williamson County | <ul style="list-style-type: none"> • Autism Treatment • MH Services • Employment Services Crisis Services • Early Childhood Intervention |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|---|---|----------------------|---|
| | (512) 255-1720 | | <ul style="list-style-type: none"> • Intellectual Developmental Disabilities (IDD) Evaluations, Service Coordination and Services • Justice-Involved Services • Texas Commission on Offenders with Medical and Mental Impairments (TCOOMMI) Program Services • OSAR • Peer Support Services • Primary Care • School-based Services at Round Rock ISD • Substance Use Treatment • Supportive and Supported Housing Services |
| BTCS | Cedar Park Clinic 1401 Medical Pkwy, BLDG C Suite 300 Cedar Park, TX 78613 (512) 259-1811 | Williamson County | <ul style="list-style-type: none"> • Autism Treatment • MH Services • Crisis Services • Early Childhood Intervention • Intellectual Developmental Disability (IDD) Evaluations, Service Coordination and Services |
| BTCS | Taylor Clinic 404 Carlos G Parker Blvd NW Taylor, TX 76574 (512) 365-1600 | Williamson County | <ul style="list-style-type: none"> • MH Services • Substance Use Treatment |
| Bartlett ISD | 404 N Robinson Street Bartlett, TX 76511 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|---|--|----------------------|---|
| | (254) 527-4247 | | <ul style="list-style-type: none"> • Case Management Services • COPSD Treatment |
| Coupland ISD | 620 S Commerce Street Coupland, TX 78615 (512) 856-2422 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Florence ISD | 306 College Ave Florence, TX 76527 (254) 793-2850 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Georgetown ISD | 507 E University Ave Georgetown, TX 78626 (512) 943-5000 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Granger ISD | 302 N. Colorado Granger, TX 76530 (512) 859-2221 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Hutto ISD | 200 College Street Hutto, TX 78634 (512) 759-3771 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Jarrell ISD | 500 N 5 th Jarrell, TX 76537 (512) 746-2124 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Leander ISD | 410 S W Drive Leander, TX 78641 (512) 570-0000 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|--|--|------------------------|---|
| | | | <ul style="list-style-type: none"> • Case Management Services • COPSD Treatment |
| Liberty Hill ISD | 301 Forrest Street Liberty Hill, TX 78642 (512) 260-5580 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Round Rock ISD | 201 Deep Wood Drive Round Rock, TX 78681 (512) 464-6000 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Taylor ISD | 3101 N Main Street Taylor, TX 76574 (512) 365-8089 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Thorndale ISD | 300 N Main Street Thorndale, TX 76577 (512) 898-2538 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Thrall ISD | 201 S Bounds Street Thrall, TX 76578 (512) 898-0062 | Williamson County | <ul style="list-style-type: none"> • Counseling Services • Family Partner Services • Case Management Services • COPSD Treatment |
| Guadalupe Extended Observation Unit | 1215 E. Court Street Seguin, TX 78155 (830) 386-2704 | Serves all Counties | <ul style="list-style-type: none"> • 48-hour intensive psychiatric care unit (6 bed unit). • Will take voluntary and detention orders only. |
| Georgetown Extended Observation Unit | 3101 S Austin Ave Georgetown, Texas 78626 | Serves all Counties | <ul style="list-style-type: none"> • 48-hour intensive psychiatric care unit (22 bed Unit.) |

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| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip, Phone Number | County | Services & Target Populations Served |
|---|---|--|---|
| | (877) 500-9151 | | <ul style="list-style-type: none"> • Will take voluntary and detention orders only. |
| Outreach, Screening, Assessment and Referral (OSAR) | 30 County service area with offices in multiple locations | Region 7: Bell, Blanco, Bosque, Brazos, Burlison, Coryell, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, and Washington Counties | <ul style="list-style-type: none"> • Persons seeking inpatient or outpatient substance use treatment |

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I.B Mental Health Grant Program for Justice Involved Individuals

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

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

| Fiscal Year | Project Title (include brief description) | County(s) | Population Served | Number Served per Year |
|-------------|--|-------------------------------------|--|------------------------|
| FY19-21 | Mental Health Deputy Project | Bastrop, Burnet, Fayette, Guadalupe | Children, adolescents and adults with at least one interaction with the criminal justice system and who have mental health needs, co-occurring psychiatric and substance use needs, or co-occurring mental health and developmental needs. | Target: 480 |
| FY19-21 | Forensic Assertive Community Treatment Project | Guadalupe | Children, adolescents and adults with at least one interaction with the criminal justice system and who have mental health needs, co-occurring psychiatric and substance use needs, or co- | Target: 50 |

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| Fiscal Year | Project Title (include brief description) | County(s) | Population Served | Number Served per Year |
|-------------|---|-----------|--|------------------------|
| | | | occurring mental health and developmental needs. | |

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 |
|--------------------|---|---------------|--|-------------------------------|
| FY18-21 | Acute Crisis Project: Extended Observation Unit Expansion | Williamson | Uninsured or underinsured adults in acute crisis who can benefit from short-term rapid stabilization | Target: 336 |
| FY18-20 | Residential & Ambulatory Detox Project | Williamson | Adults requiring Ambulatory or Residential detoxification from alcohol, benzodiazepines or opioids | Target: 300 |
| FY18-20 | Community Wellness Center Project: LifePark Center | Williamson | Eastern Williamson County (Bartlett, Coupland, Granger, Taylor & Thrall) | Target: 0 |

I.D Community Participation in Planning Activities

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

| Stakeholder Type | Stakeholder Type |
|---|---|
| <input checked="" type="checkbox"/> Consumers | <input checked="" type="checkbox"/> Family members |
| <input checked="" type="checkbox"/> Advocates (children and adult) | <input type="checkbox"/> Concerned citizens/others |
| <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • Georgetown Behavioral Health Institute • Rock Springs Hospital | <input type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> |
| <input checked="" type="checkbox"/> Mental health service providers | <input checked="" type="checkbox"/> Substance abuse treatment providers |
| <input type="checkbox"/> Prevention services providers | <input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers |
| <input checked="" type="checkbox"/> County officials <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • Inclusive of the following for Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee and Williamson Counties: <ul style="list-style-type: none"> ○ Williamson County Court at Law Two, Judge Laura Barker ○ Williamson County Attorney, Dee Hobbs ○ Caldwell County District Attorney, Fred Weber | <input type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> |

Stakeholder Type

Stakeholder Type

- Caldwell County First Assistant District Attorney, Amanda Montgomery
- Gonzales County Assistant Attorney, Keri Miller
- Burnet County Magistrate, Judge Kirk Noaker
- Williamson County Sheriff Mike Gleason
- Williamson County: 26th District Court Judge Donna King and 227th District Court Judge Stacey Mathews
- Bastrop & Lee Counties: 335th Judicial District Court Judge Reva Towslee-Corbett and 21st Judicial District Court Judge Carson Campbell
- Bastrop County Judge Paul Pape
- Bastrop County Sheriff Maurice Cook
- Burnet County JP Precinct 1, Roxanne Nelson
- Williamson County Commissioner Terry Cook (Precinct 1)
- Williamson County Commissioner Cynthia Long (Precinct 2)
- Williamson County Commissioner Valerie Covey (Precinct 3)

Stakeholder Type

Stakeholder Type

- Burnet County Sheriff, Calvin Boyd
- Guadalupe County Sheriff, Arnold Zwicke
- Guadalupe County District Attorney, David Willborn
- Gonzales County Judge Patrick Davis
- Gonzales County Sheriff Robert Ynclan
- Lee County Judge Paul Fischer
- Lee County District Attorney, Martin Placke
- Lee County JP Precinct 2, Michael York
- Burnet County Jail Administrator, Captain Matt Kimbler
- Williamson County EMS Director, Chris Connealy
- Williamson County Adult Probation: Jameson Pennington, Director of Community Supervision and Corrections
- Williamson County Juvenile Services Executive Director, Scott Matthew
- Williamson County Juvenile Services Deputy Executive Director, Matt Smith

Stakeholder Type

- Burnet County Juvenile Probation, Marc Bittner
- Guadalupe County Juvenile Probation Director, Ron Quiros

Federally Qualified Health Center and other primary care providers

Stakeholder Type

Local health departments

LMHAs/LBHAs

**List the LMHAs/LBHAs and the staff that participated:*

- Andrea Richardson, Executive Director
- Dr. Mark Janes, Medical Director
- Janet Brunette, Director of Developmental Services
- Tiffany Gonzalez, Director of Behavioral Health Strategy & Design
- Felicia Jeffery, Director of Behavioral Health Clinical Services
- Jessica Gentry, Director of School-Based Services and Integrated Care
- Jonathan Lemuel, Director of Jail Diversion
- Amber Hillanbrand, Director of Forensic Services
- Jack Housworth, Director of Substance Use Services
- Maria Kapadia, Director of Care Coordination
- Linda Ponce Gay, Director of IDD Crisis Services

Stakeholder Type

- Hospital emergency room personnel
- Faith-based organizations
- Probation department representatives
- Court representatives (Judges, District Attorneys, public defenders)
**List the county and the official name and title of participants:*
 - Inclusive of the following for Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee and Williamson Counties:
 - County Attorney
 - District Attorney
 - Magistrates
 - District Judges
 - Public Defenders
 - DFPS Representatives
 - Veterans Affairs
- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies

Stakeholder Type

- Amanda Coleman, Director of Crisis Services
- Dalia Villa, Director of Crisis Services
- Meghan Nadolski, Director of Quality Management
- Emergency responders
- Community health & human service providers
- Parole department representatives
- Law enforcement
**List the county/city and the official name and title of participants:*
 - Representatives from all Sheriff's Offices and local Police Departments in Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe Lee and Williamson Counties
 - Mental Health Deputy Programs through Sheriff's Offices in Burnet, Fayette, Bastrop and Guadalupe Counties
- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups

Stakeholder Type

Veterans' organizations

Stakeholder Type

Other: _____

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

- | |
|--|
| • Facilitation of and participation in County Behavioral Health Task Force Meetings |
| • Collaboration with local Independent School Districts |
| • Participation in SIM subgroup meetings with Williamson County Law Enforcement and Emergency Departments |
| • Facilitation of and Participation in Quarterly OSAR Provider Meetings |
| • Participation in Suicide Prevention Workgroups & Initiatives |
| • Regular leadership meetings with partnering FQHCs |
| • Participation in Regional Planning Network Advisory Committee Meetings |
| • Participation in Commissioner's Court meetings |
| • Monthly meetings with EMS and First Responders |
| • Monthly meetings with Private Psychiatric Hospitals |
| • Meetings with county officials, court representatives, probation/parole departments, and Juvenile Services |
| • Participation in State Hospital Service Area Regional Planning Meetings |
| • Participation on HHSC Special Interest Groups |
| • Satisfaction surveys from individuals receiving 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.

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| • Limited funding for local crisis stabilization alternatives to the state hospital in our communities. Specifically, the BTCS catchment area needs additional dollars for Extended Observation, Private Psychiatric Beds, residential treatment or respite options for children, and residential substance use treatment/detoxification |
| • Outpatient Competency Restoration |
| • Local child/youth residential treatment options |

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| • Transportation in our service areas continues to be of concern to Stakeholder groups |
| • There is a need for additional resources to facilitate jail and emergency room diversion |
| • Mental Health Deputy programs |

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;

- Bluebonnet Trails Community Services (BTCS) has been actively engaged with community stakeholders for years and continues to meet regularly with Behavioral Health Task Force Groups in Bastrop, Burnet, Fayette, Guadalupe and Williamson Counties.
- Bastrop, Caldwell, Gonzales, and Lee Counties are engaged with Jail Diversion Staff, Crisis Staff and Senior Management Staff to review and collaborate on the crisis system of care. There are ongoing case reviews with local courts and law enforcement agencies.
- Key stakeholders are Law Enforcement (local police and sheriff's departments including Mental Health Deputies), County Commissioners, Judicial Officials (Judges, District and County Attorney's office), local ED/Hospital Personnel, and Private Psychiatric Hospitals.

Ensuring the entire service area was represented; and

- The BTCS Board of Trustees is assigned by the County Judge and the eight (8) members represent all BTCS services areas and counties. Additionally, our assigned members are joined by the Sheriff in Guadalupe County and the Sheriff in Burnet County as Ad Hoc members.

Soliciting input.

- BTCS utilizes satisfaction surveys to collect feedback from individuals in services. Survey responses are collated, and feedback is provided to the programs.

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

1. How is the Crisis Hotline staffed?

During business hours

- The hotline is staffed around the clock with Qualified Mental Health Professionals.

After business hours

- The hotline is staffed around the clock with Qualified Mental Health Professionals.

Weekends/holidays

- The hotline is staffed around the clock with Qualified Mental Health Professionals.

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

- Avail Solutions, Inc.

3. How is the MCOT staffed?

During business hours

- MCOT Staff are located in Burnet, Bastrop, Caldwell, and Guadalupe Counties Monday thru Friday from the hours of 8 AM until 5 PM.
- MCOT Staff are located in Williamson County Monday through Sunday from the hours of 8 AM until 8 PM.

After business hours

- On Call Contract staff along with Center staff take call afterhours and are located in Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe and Lee Counties. Afterhours crisis screening and recommendations are provided as needed from 5 PM until 8 AM.
- In Williamson County MCOT staff provide on call crisis support and intervention from the hours of 8 PM until 8 AM, Monday through Sunday.

Weekends/holidays

- BTCS MCOT staff and/or contractors provide, on call crisis support and intervention on weekends and holidays, including the evening/overnight hours.

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

- We have four independent individual clinicians with whom we contract with for Crisis MCOT services.

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

- Upon completion of the crisis assessment, MCOT identifies and links people to all available services necessary to stabilize the behavioral health crisis and ensure transition to routine care. This includes assistance with accessing those services if needed.
- Upon the resolution of the crisis episode which involves a person safety planning in the community, MCOT provides follow up care within 24 hours.
- Individuals are placed into Transitional Services as needed to continue to support and transition individuals to existing community resources or local Bluebonnet Trails Community Services.
- Both Face to Face and Telephone follow-up services are provided.
- We have a dedicated Nurse Practitioner and Addiction Psychiatrist assigned to help begin treatment and provide a psychiatric evaluation to adults in any county.

6. Do emergency room staff and law enforcement routinely contact the LMHA/LBHA when an individual in crisis is identified? If so, please describe MCOT's role for:

Emergency Rooms:

- Emergency Rooms contact MCOT 24/7. We are considered "crisis consultants" and provide crisis evaluations, support and recommendations. We are able to help secure an inpatient bed as needed in our own EOU units or in our Crisis Respite Unit. We can also arrange private psychiatric beds or State Hospital inpatient beds as appropriate.

Law Enforcement:

- We provide crisis evaluation and crisis support 24/7. We are able to arrange inpatient beds as needed in our own EOU units or in our Crisis Respite Unit. We can also arrange private psychiatric beds or State Hospital inpatient beds as appropriate.

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

- BTCS has not been contacted to respond to screening requests at the state hospitals.
- However, BTCS can easily provide this service via televideo and coordinate necessary services.

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

During business hours:

- The ER or Law Enforcement entity may engage MCOT 24/7 through our crisis hotline: 1-800-841-1255.
- Once we have completed an assessment, we assist with accessing the recommended level of care, including inpatient options when appropriate.
- A doctor to doctor review is required for emergency room transfers to an inpatient psychiatric facility.
- If involuntary commitment is needed, the hospital or BTCS may motion the local courts for an emergency detention or request law enforcement to review and consider an emergency detention order without a warrant by a judge.
- If the individual is willing to go to treatment on a voluntary basis, we help arrange transportation or provide the transportation.

After business hours:

- Same as above

Weekends/holidays:

- Same as above

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

- BTCS may request assistance from family or law enforcement to bring the individual to a safe location for further assessment, such as a Crisis Respite Center or Extended Observation Unit.
- If law enforcement is already onsite and BTCS is not, law enforcement may call our Crisis Hotline (1-800-841-1255) to consult with the On Call Worker who can provide instruction and meet the officer at an appropriate facility for evaluation.
- BTCS is working with one private psychiatric hospital to establish a drop-off location for law enforcement to arrange for a safe evaluation without the need to remain on-scene.

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

- We provide crisis support while we are securing an inpatient bed at a private or public facility.
- Bluebonnet Trails is able to secure beds at our EOU unit in Georgetown and Seguin, Texas. We have a total of 12 beds which will soon become 18 with the approval of grant funds through House Bill. We are able to accept Emergency Detention orders and/or voluntary admissions. We also have 26 respite beds for adults and Children's Crisis Respite homes.
- Individuals who are in an Emergency Department or general hospital and need a State Hospital bed are reassessed in person every 24 hours until bed space is secured.
- If medical clearance is needed, the person is sent to the local Emergency Department for an evaluation.

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

- BTCS works closely with the client, any client supports, local law enforcement (if involuntary) and/or local emergency rooms to facilitate admission to an appropriate inpatient hospital. This includes but is not limited to: Calling local inpatient facilities to determine availability, completing telephonic intake with potential receiving locations, providing completed crisis assessment via secured fax to receiving location and arrange transport when necessary.

- If a private hospital bed is appropriate, we call local psychiatric facilities to secure a bed. The admissions office will receive a brief review over the telephone and insurance information is reviewed. BTCS was recently awarded funding to purchase Private Psychiatric Beds (PPB) beginning April 1, 2018.
- For a State Hospital bed, we call either Austin State Hospital or San Antonio Hospital and request admission after a brief review over the telephone. Wait list varies but can take 7 to 10 days. The State Hospital will call local Emergency Department or local hospital or Bluebonnet Trail Crisis Staff when bed becomes available and consumer is transferred. During the wait period, BTCS assesses the consumer every 24 hours and advocates for treatment while they wait for a state bed.
- Information/ records are faxed to the inpatient facility during the review process.

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).

- Families and local entities call our Crisis Hotline (1-800-841-1255) if a crisis evaluation is requested.
- MCOT staff is activated by Avail Solutions (Hotline) 24/7 and they complete an evaluation.
- MCOT staff will call the on-call LPHA for the Extended Observation Unit or Crisis Respite Unit to review and consider for admission. We have on-call staff available for the EOU / Crisis Respite Unit 24/7 to consider admissions afterhours.
- If capacity exists and the person is appropriate for admission (no detox concern or severe medical issues) we admit or place on wait list for next available bed.

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.

- The MCOT worker is dispatched in tandem with another MCOT Worker or a Mental Health Deputy when completing a crisis assessment for an unknown person who is not located in a place where other professional staff are present (i.e. home, parking lot, side of road). Local law enforcement presence may be requested for safety purposes, depending on the nature of the call when a Mental Health Deputy is not available. If the person in crisis is located in a BTCS clinic, school or hospital, the crisis worker may dispatch to the scene alone if circumstances indicate it is safe. Alternative locations may also be offered in the middle of the night, such as our 24-hour Respite Centers.

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

- Bluebonnet Trails has Private Psychiatric Bed (PPB) subcontracts with six psychiatric hospitals in the Greater Austin and San Antonio area, and we continue to seek additional partnerships to expand access to care. In the rare event all of these hospitals are full or do not meet the needs of the person requiring care, we pursue single case agreements with other hospitals for our PPB bed rate. Occasionally, the state hospital will work with our liaison to open capacity for those most in need if a private psychiatric hospital is not sufficient to meet the needs of the person in crisis.
- EOU or Crisis Respite may be utilized with 1:1 monitoring in some circumstances while a more intensive inpatient bed is secured.
- Emergency room facilities are sometimes utilized depending on the circumstances, but this is considered only as a temporary and last resort. We advocate for treatment while individuals are waiting in an emergency department for a more intensive level of care. Some emergency facilities have psychiatric consultation services available and provide treatment recommendations to attending physician. Bluebonnet Trails Community Services has a Tele-Psychiatry Service available for those facilities that do not have a psychiatric consultation service available. We have offered tele-psychiatry to all emergency facilities in our service areas.

15. Who is responsible for providing ongoing crisis intervention services until the crisis is resolved or the individual is placed in a clinically appropriate environment at the LMHA/LBHA?

- Bluebonnet Trails Community Services MCOT and Jail Diversion Staff (if in jail)
- BTCS staff reassess every 24 hours if the individual is waiting for a more intensive level of care. We explore all options and advocate for treatment while the individual is waiting.

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

- BTCS staff will often provide transportation. Reliable family members may also provide the transportation, when appropriate.
- If the individual is admitted to an Emergency Department, the hospital will coordinate transport.
- Mental Health Deputies have also provided courtesy rides when requested.

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 | Georgetown Extended Observation Unit |
| Location (city and county) | Located in Georgetown Behavioral Health Institute Georgetown Texas / Williamson County |
| Phone number | 512-552-9519 for bed availability and staffing |
| Type of Facility (see Appendix A) | Extended Observation Unit |
| Key admission criteria (type of individual accepted) | Adults with Mental Health or Co-Occurring Mental Health and Substance Use Disorders. Moderate to high risk of harm to self or others and may have moderate functional impairment. |
| Circumstances under which medical clearance is required before admission | Detox or severe health concerns such as uncontrolled B/P or uncontrolled seizure disorder. |
| Service area limitations, if any | This unit serves individuals who experience a crisis within our eight-county service area. |
| Other relevant admission information for first responders | None |
| Accepts emergency detentions? | Yes |
| Number of beds | 12 |

| | |
|---|--|
| Name of Facility | Seguin Extended Observation Unit |
| Location (city and county) | Located in Guadalupe Regional Medical Center Seguin Texas / Guadalupe County |
| Phone number | 830-305-6274 |
| Type of Facility (see Appendix A) | Extended Observation Unit |
| Key admission criteria (types of individual accepted) | Adults with a Mental Health or Co-occurring Mental Health and Substance Use Disorder. Moderate to high risk of harm to self or others and may have moderate functional impairment. |

| | |
|--|--|
| Name of Facility | Seguin Extended Observation Unit |
| Circumstances under which medical clearance is required before admission | Detox or severe health concerns such as uncontrolled B/P or uncontrolled seizure disorder. |
| Service area limitations, if any | This unit serves individuals who experience a crisis within our eight-county service area. |
| Other relevant admission information for first responders | None |
| Accepts emergency detentions? | Yes |
| Number of beds | 6 |

| | |
|--|---|
| Name of Facility | San Gabriel Adult Crisis Respite Unit |
| Location (city and county) | Georgetown Texas / Williamson County |
| Phone number | 512-869-2650 (Front Desk) 512-701-1982 (On-Call & After-Hour Line) |
| Type of Facility (see Appendix A) | Crisis Respite |
| Key admission criteria (type of individual accepted) | Adults with a Mental Health Disorder or Co-occurring Mental Health and Substance Use Disorders. Individuals must come voluntarily and have low risk of harm to self or others and may have some functional impairment. Person must also be able to administer their own medication and ambulate without intervention. |
| Circumstances under which medical clearance is required before admission | Detox or severe health concerns such as uncontrolled B/P or uncontrolled seizure disorder. |
| Service area limitations, if any | Located close to a Child Care Center so those who have sexual offenses cannot be admitted into the program. Otherwise, this unit serves individuals who experience a crisis within our eight-county service area. |
| Other relevant admission information for first responders | If a person is prescribed medications, these medications must accompany the person in current, labeled bottles. |
| Accepts emergency detentions? | No |
| Number of beds | 16 |

| | |
|--|---|
| Name of Facility | La Esperanza Adult Crisis Respite Unit |
| Location (city and county) | Seguin Texas / Guadalupe County |
| Phone number | 830-386-2770 (Front Desk) 830-386-2747 (On-Call and After-Hour Line) |
| Type of Facility (see Appendix A) | Crisis Respite |
| Key admission criteria (type of individual accepted) | Adults with a Mental Health Disorder, Co-occurring Mental Health and Substance Use Disorder, and/or individuals with Intellectual and Developmental Disabilities. Individuals must come voluntarily and have low risk of harm to self or others and may have some functional impairment. They must also be able to administer their own medication and ambulate without intervention. |
| Circumstances under which medical clearance is required before admission | Detox or severe health concerns such as uncontrolled B/P or uncontrolled seizure disorder. |
| Service area limitations, if any | Located close to a Child Care Center so those who have sexual offenses cannot be admitted into the program. Otherwise, this unit serves individuals who experience a crisis within our eight-county service area. |
| Other relevant admission information for first responders | If a person is prescribed medications, these medications must accompany the person in current, labeled bottles. |
| Accepts emergency detentions? | No |
| Number of beds | 10 |

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 | Cedar Crest Hospital |
| Location (city and county) | Belton Texas / Bell County |
| Phone number | (254)_613-9871 |

| | |
|--|---|
| Key admission criteria | Children, Adolescents and Adults with psychiatric symptoms/ suicidal ideation |
| Service area limitations, if any | None |
| Other relevant admission information for first responders | BTCS approval for funding is required prior to coordination of admission. |
| Number of Beds | 68 |
| Is the facility currently under contract with the LMHA/LBHA to purchase beds? | Yes |
| If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)? | Private Psychiatric Beds |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | As needed |
| If under contract, what is the bed day rate paid to the contracted facility? | \$625 |
| 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 | Cross Creek Hospital |
| Location (city and county) | Austin, Texas / Travis County |
| Phone number | (512) 215-3900 |

| | |
|--|---|
| Key admission criteria | Children, Adolescents and Adults with psychiatric symptoms/ suicidal ideation |
| Service area limitations, if any | None |
| Other relevant admission information for first responders | BTCS approval for funding is required prior to coordination of admission. |
| Number of Beds | |
| Is the facility currently under contract with the LMHA/LBHA to purchase beds? | Yes |
| If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)? | Private Psychiatric Beds |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | As needed |
| If under contract, what is the bed day rate paid to the contracted facility? | \$625 |
| 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 | Georgetown Behavioral Health Institute |
| Location (city and county) | Georgetown Texas / Williamson County |
| Location (city and county) | Georgetown Texas / Williamson |
| Phone number | 877-500-9151 |

| | |
|--|---|
| Key admission criteria | Adolescents or Adults with Severe Psychiatric Symptoms / Suicide Ideation |
| Service area limitations, if any | None |
| Other relevant admission information for first responders | BTCS approval for funding is required prior to coordination of admission. |
| Number of Beds | 118 |
| Is the facility currently under contract with the LMHA/LBHA to purchase beds? | Yes |
| If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)? | Private Psychiatric Beds |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | As needed |
| If under contract, what is the bed day rate paid to the contracted facility? | \$625 |
| 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 | Rock Springs Hospital |
| Location (city and county) | Georgetown Texas / Williamson County |

| | |
|--|---|
| Phone number | (512) 942-0062 |
| Key admission criteria | Adults with Psychiatric Symptoms / Suicidal Ideation |
| Service area limitations, if any | Uncontrolled physical issues like B/P and Seizure Disorder...requires medical clearance to admit. |
| Other relevant admission information for first responders | BTCS approval for funding is required prior to coordination of admission. |
| Number of beds | 72 |
| Is the facility currently under contract with the LMHA/LBHA to purchase beds? | Yes |
| If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)? | Private Psychiatric Beds |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | As needed |
| If under contract, what is the bed day rate paid to the contracted facility? | \$625 |
| 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 | Laurel Ridge Hospital |
| Location (city and county) | San Antonio Texas / Bexar County |
| Phone number | (210) 491-3526 |
| Key admission criteria | Children, Adolescents and Adults with psychiatric symptoms/ suicidal ideation |
| Service area limitations, if any | None |
| Other relevant admission information for first responders | BTCS approval for funding is required prior to coordination of admission. |
| Number of Beds | 250 |
| Is the facility currently under contract with the LMHA/LBHA to purchase beds? | Yes |
| If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)? | Private Psychiatric Beds |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | As needed |
| If under contract, what is the bed day rate paid to the contracted facility? | \$625 |
| 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 | Grace Greco Maxwell Mental Health Unit @ Dell Children's Hospital |
| Location (city and county) | Austin Texas / Travis County |
| Phone number | (512) 324-0000 |
| Key admission criteria | Children, Adolescents and Adults with psychiatric symptoms/ suicidal ideation |
| Service area limitations, if any | None |
| Other relevant admission information for first responders | BTCS approval for funding is required prior to coordination of admission. |
| Number of Beds | 24 |
| Is the facility currently under contract with the LMHA/LBHA to purchase beds? | Yes |
| If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)? | Private Psychiatric Beds |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | As needed |
| If under contract, what is the bed day rate paid to the contracted facility? | \$625 |
| 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 | Austin Lakes Hospital, Austin Oaks Hospital & Shoal Creek Hospital |
| Location (city and county) | Austin Texas / Travis County |
| Phone number | (512)544-5253, (512) 440-4800, (512) 324-2000 |
| Key admission criteria | Adolescents and Adults with psychiatric symptoms/ suicidal ideation |
| Service area limitations, if any | None |
| Other relevant admission information for first responders | BTCS approval for funding is required prior to coordination of admission. |
| Number of Beds | 58, 80, 94 |
| Is the facility currently under contract with the LMHA/LBHA to purchase beds? | No |
| 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)? | N/A |
| If under contract, are beds purchased as a guaranteed set or on an as needed basis? | N/A |
| If under contract, what is the bed day rate paid to the contracted facility? | N/A |
| If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds? | Yes |

| | |
|--|-------|
| If not under contract, what is the bed day rate paid to the facility for single-case agreements? | \$625 |
|--|-------|

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.

- Although our Outpatient Competency Restoration contract with HHSC is not yet finalized, we are able to divert individuals out of jail and utilize community-based behavioral health services to stabilize persons in the community.
- Local magistrates and/or judges work closely with our Jail Diversion Staff in all eight (8) counties to coordinate care in the community versus in a jail setting.
- We often admit to our Crisis Respite Units to ensure 24/7 monitoring and treatment until a person is ready to go home. Jail diversion staff report to the courts on the individual’s progress in treatment. Staff advocate for dismissal or reduction in charges as appropriate.

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

- Felony charges continue to be difficult to move from a forensic setting to the community setting for treatment priority.
- Jail Diversion staff are able to access one of two Crisis Respite Units to ensure a thorough evaluation prior to movement into the community. Ongoing judicial involvement is critical as we proceed with treatment in the community.

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

- We have 5 FTEs assigned to Jail Diversion Services. We have established excellent relationships in local county jails and provide screenings and evaluations for the courts.
- BTCS also has 1 FTE with Jail Diversion experience assigned to Austin State Hospital and San Antonio State Hospital to assess and transition individuals on forensic commitment back into the courts and community.
- Jail Diversion Staff advocate and recommend release for individuals in order to prioritize community-based treatment alternatives according to Article 16.22 of the Texas Criminal Code.

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.

- NA

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

- BTCS has been interested in providing competency restoration but has not had the funds to move forward with this initiative until now. Our first OCR contract goes into effect in Fiscal Year 2021.
- In the meantime, BTCS provides an appropriate outpatient alternative and reports back to the courts. Our excellent relationship with the local courts and dedication to partnerships in the community has made our jail diversion program successful although our forensic commitments continue to increase.

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.)?

- BTCS is supportive of an outpatient and Jail-based competency restoration program and we have had regular conversations with our community partners on how to proceed when our contract is initiated.

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

- Funding positions has been the only barrier to implementation. Our Crisis Respite Units are already prepared to receive individuals on jail diversion, and this could easily support competency restoration alternatives.

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?

- Bluebonnet Trails Community Services is a CCBHC Center. We provide integrated substance use and psychiatric care at all BTCS locations. This includes intensive outpatient substance use services and Co-Occurring Psychiatric and Substance Use Disorder Case Management.
- We partner with a Federally Qualified Health Center, Community Health Centers of South Central Texas (CHCSCT), who provides physical health care on our campuses in Seguin, Bastrop, Bastrop ISD, Elgin ISD, Lockhart and Gonzales. We partner with Texas A&M College of Nursing through a HRSA grant to provide physical health care in Williamson County in Georgetown, and soon in Taylor, Giddings and at Jarrell ISD. Dental is also offered at some locations. In addition to this, BTCS employs a physical health practitioner who provides services via televideo and at our Georgetown location.

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

- We plan to find a partner to co-locate physical healthcare services in Burnet County, and we will begin integrated services at our new location in Fayette County (La Grange) with Texas A&M. We are also partnering with a school district in Williamson County to offer an integrated family healthcare clinic on the campus, open to the entire community. We also seek to sustain our integrated healthcare model, which was started through the 1115 Medicaid Transformation Waiver.

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?

- BTCS attends monthly and quarterly Behavioral Health Task Force Meetings and communicates with leaders in our community on an ongoing basis. We have comprehensive pamphlets and brochures for our programs, and

our website includes all the exciting new services provided at BTCS facilities around our service sites (www.bbtrails.org).

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?

- We provide Quarterly Trainings to our MCOT Team and regularly communicate changes and updates to our hotline and appointment line. Information regarding crisis services is also communicated during quarterly Executive Management Team meetings.
- We are able to review all changes or concerns in our weekly Directors meeting attended by all area directors in charge of the local crisis service system. We also host a monthly Crisis Workgroup meeting with all crisis supervisors.
- BTCS is also engaged in the ***Zero Suicide In Texas*** initiative to keep up with current training initiatives and improvements in our Crisis System of Care.

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.

| Counties | Service System Gaps | Recommendations to Address the Gaps |
|----------|--|---|
| All | <ul style="list-style-type: none"> • There are still gaps for those needing substance use detoxification. Emergency rooms are regularly utilized for regaining sobriety as well. This can lead to unnecessary public intoxication charges and jail. • Respite and EOU services have transformed our crisis system of care. However, we often stretch | <ul style="list-style-type: none"> • Local Residential Detoxification funding • Medication Assisted Treatment Funding • A greater network of long-term residential treatment options which can be accessed with state dollars. |

| Counties | Service System Gaps | Recommendations to Address the Gaps |
|---------------------------------------|--|--|
| | <p>these resources to serve a higher intensity of need than these units will allow.</p> | <ul style="list-style-type: none"> • Allow PPB and PESC dollars to be used for persons whose primary or only diagnosis is a substance use disorder. • Additional PPB and EOU funds within our service area would offer more options for substance use stabilization. |
| <p>Caldwell and Gonzales Counties</p> | <ul style="list-style-type: none"> • These rural counties do not have designated Mental Health Deputies. Having a mental health deputy program working in conjunction with the LMHA has been proven to be very effective. | <ul style="list-style-type: none"> • Continue allowing SB292 to support Mental Health Deputy projects • Expand funding for MH Deputies. |

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

| Intercept 0: Community Services Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
|--|---|---|
| <ul style="list-style-type: none"> Mental Health Deputy Project | <ul style="list-style-type: none"> Bastrop, Burnet, Fayette, & Guadalupe | <ul style="list-style-type: none"> Continue operating project through SB292 funding |
| <ul style="list-style-type: none"> MCOT Crisis Intervention Services | <ul style="list-style-type: none"> Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee & Williamson | <ul style="list-style-type: none"> Continue working with Law Enforcement during Crisis Intervention to divert arrest |
| <ul style="list-style-type: none"> Collaborative meeting with all Law Enforcement in Williamson County as a result of a SIM Exercise in 2018, promoting jail diversion. | <ul style="list-style-type: none"> Williamson | <ul style="list-style-type: none"> Continue monthly meetings |

| Intercept 1: Law Enforcement Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
|---|--|--|
| <ul style="list-style-type: none"> Forensic Assertive Community Treatment (FACT) | <ul style="list-style-type: none"> Guadalupe, Williamson | <ul style="list-style-type: none"> Continue operating FACT through SB292 and reserve funding. |
| <ul style="list-style-type: none"> Outreach with Williamson County EMS Community Health Paramedics to 911 High Utilizers | <ul style="list-style-type: none"> Williamson | <ul style="list-style-type: none"> Continue collaboration |
| <ul style="list-style-type: none"> Law Enforcement and Community Education on Mental Health, Substance Use, Intellectual and Developmental Disabilities and Autism | <ul style="list-style-type: none"> All counties | <ul style="list-style-type: none"> Continue |
| <ul style="list-style-type: none"> Sequential Intercept Mapping | <ul style="list-style-type: none"> Williamson Caldwell | <ul style="list-style-type: none"> SIM Complete; continue workgroup with Law Enforcement |

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> Guadalupe | |
| <ul style="list-style-type: none"> Active CIT officers in 6 of our 8 counties | <ul style="list-style-type: none"> Bastrop, Burnet, Fayette, Lee, Guadalupe and Williamson | <ul style="list-style-type: none"> Continue partnership and MH Deputy Project through SB292 |
| <ul style="list-style-type: none"> Co-location of MH Deputies at our clinics | <ul style="list-style-type: none"> Bastrop, Fayette, Lee and Burnet County | <ul style="list-style-type: none"> Continue partnerships |
| <ul style="list-style-type: none"> Jail Diversion, Licensed Training staff and Crisis Staff provide mental health training for jails and local law enforcement officers | <ul style="list-style-type: none"> All | <ul style="list-style-type: none"> Continue providing training |

| Intercept 3: Jails/Courts | County(s) | Plans for upcoming two years: |
|---|--|--|
| Current Programs and Initiatives: | | |
| <ul style="list-style-type: none"> Jail Diversion Program works with court system to provide mental health assessments and recommendations | <ul style="list-style-type: none"> All | <ul style="list-style-type: none"> Continue programming Establish a formal Outpatient Competency Restoration Program |
| <ul style="list-style-type: none"> Transformative Justice Program | <ul style="list-style-type: none"> Williamson | <ul style="list-style-type: none"> Continue partnership |
| <ul style="list-style-type: none"> Misdemeanor and Felony Mental Health Docket | <ul style="list-style-type: none"> Williamson | <ul style="list-style-type: none"> Continue to have FACT and SUD programs work with these dockets |
| <ul style="list-style-type: none"> Veterans Court | <ul style="list-style-type: none"> Williamson and Guadalupe | <ul style="list-style-type: none"> Continue to have SUD and Veterans teamwork with these courts |
| <ul style="list-style-type: none"> We are engaged with our local county jails to ensure medication is prescribed or continued while in the jail setting. We are the contracted psychiatric provider at all county jails except Williamson where they contract with a private provider. | <ul style="list-style-type: none"> Bastrop, Burnet, Fayette, Guadalupe, Lee | <ul style="list-style-type: none"> Continue contracting to provide psychiatric services |
| <ul style="list-style-type: none"> Jail Diversion staff work closely with Kerrville State Hospital to transition individuals who have been found NGRI. Court approval is required to | <ul style="list-style-type: none"> All | <ul style="list-style-type: none"> Continue collaboration |

| | | |
|---|--|---|
| <p>move individuals from an inpatient setting into community-based services. The Crisis Respite Unit is used to transition individuals who have been institutionalized or have been hospitalized for years back into the community</p> | | |
| <ul style="list-style-type: none"> • BTCS provides COPSD services and links inmates with outpatient services after release. This includes SUD IOP treatment or referrals to residential, individual and group counseling, and case management services | <ul style="list-style-type: none"> • Caldwell | <ul style="list-style-type: none"> • Continue providing services |
| <ul style="list-style-type: none"> • Once a person is sent to a State Hospital for competency restoration, BTCS has ongoing liaison services to ensure a smooth transition back into the courts or community while charges are being reviewed. Our Crisis Respite Units are used as a step-down from the ASH / justice system into ongoing mental health services. Jail Diversion staff continue to work with the courts for a disposition on a forensic case. | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue partnership |

| Intercept 4: Reentry | County(s) | Plans for upcoming two years: |
|---|--|--|
| <p>Current Programs and Initiatives:</p> <ul style="list-style-type: none"> •Jail Diversion - FACT Reentry Planning | <ul style="list-style-type: none"> • Williamson and Guadalupe | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> •State Mental Health Hospital Re-Entry Coordination and Planning | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue |

| | | |
|---|---|--|
| <ul style="list-style-type: none"> • BTCS is actively engaged in the transition from judicial system into ongoing mental health care in the community | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue • Establish an Outpatient Competency Restoration Program |
| <ul style="list-style-type: none"> • Jail Diversion staff are actively engaged with the Kerrville State Hospital and have successfully transitioned individuals back into the community | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • Jail Diversion staff and ASH Liaison work with the forensic unit and judicial system to transition individuals while still under the supervision of the courts. Our relationship with the courts has helped to expand this diversion initiative. | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • The TCOOMMI Mental Health Diversion Program Initiative includes a designated staff member who develops a service plan and coordinates transitions from jail into the community as part of the Jail Diversion Team. Coordination of discharge and transition planning ensures continuity of care and is a primary function of this specialized team. | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue |

| | | |
|--|-----------|-------------------------------|
| Intercept 5: Community Corrections Current Programs and Initiatives: | County(s) | Plans for upcoming two years: |
|--|-----------|-------------------------------|

| | | |
|---|--|--|
| <ul style="list-style-type: none"> • Texas Correctional Office on Offenders with Medial or Mental Impairments (TCOOMMI) Program | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • TCOOMMI Continuity of Care Program | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • Transitional Case Management, Parole and CSCD | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • Psychiatric Prescriber | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • FACT Intensive Case Management | <ul style="list-style-type: none"> • Guadalupe and Williamson | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • TCOOMMI Program Director acts as liaison to community corrections and works in conjunction with Bluebonnet’s Jail Diversion Team, Community Liaison and Training Division to provide a wide-range of behavioral health trainings to community corrections and community support programs. Examples of trainings include: Mental Health Awareness Training at Texas Department of Criminal Justice Parole Division & Probation; Police/Law Enforcement & Victim Services, along with community support agencies and organizations. | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • The TCOOMMI Director and staff work closely with CSCD/Probation and Parole Supervisors and staff to provide on-going education and | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Continue |

| | | |
|--|--|--|
| <p>training during staff meetings, community events, and on an individualized basis</p> | | |
| <ul style="list-style-type: none"> Bluebonnet has multiple TCOOMMI Programs throughout the eight counties including Continuity of Care, Transitional Case Management, Intensive Case Management, and Mental Health Initiative Jail Diversion. All staff in these programs are responsible for facilitating access to comprehensive services and liaising with community corrections. Monthly interdisciplinary treatment team meetings are part of the TCOOMMI Program and include thorough review of participants' engagement, compliance to treatment recommendations, and options to reinforce positive behaviors and effectively address barriers to treatment. | <ul style="list-style-type: none"> All | <ul style="list-style-type: none"> Continue |
| <ul style="list-style-type: none"> Bluebonnet's FACT Program pairs individuals in Bluebonnet's mental health services who have risk factors for criminal justice system involvement with a specially trained case manager who has training and education in criminogenic risk factors and behavioral health treatment. | <ul style="list-style-type: none"> Guadalupe & Williamson | <ul style="list-style-type: none"> Continue through SB292 funding and reserve funds |

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> • Burnet, Guadalupe and Bastrop Counties | <ul style="list-style-type: none"> • Establish a Competency Restoration Program |
|--|--|--|

III.B Other Behavioral Health Strategic Priorities

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

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

The goals identified in the plan are:

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

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

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|---|--|--|
| Improving access to timely outpatient services | <ul style="list-style-type: none"> • Gap 6 • Goal 2 | <ul style="list-style-type: none"> • Centralized Appointment Line • Psychiatric Hospital Discharge appointments scheduled through Appointment Line within 3 days. • We average 8 days from initial call to first appointment. | <ul style="list-style-type: none"> • Continue to foster relationships with schools to offer early intervention to young people • Continuous Quality Improvement to increase training initiatives and competencies among our COC and Crisis Teams. • Add integrated primary and behavioral healthcare clinic |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|--|--|---|
| | | <ul style="list-style-type: none"> • MCOT actively works to transition individuals from an inpatient setting into the community and ongoing services. • We continue to add SUD IOP services and Counseling in rural school districts • Provide SUD and MH services via televideo during COVID-19 | <p>at a school district in Williamson County where there is no primary care in the community</p> <ul style="list-style-type: none"> • Provide SUD and MH services via televideo beyond COVID-19 • Make additional primary care services available via televideo, with a mobile vitals program (currently piloting) |
| <p>Improving continuity of care between inpatient care and community services and reducing hospital readmissions</p> | <ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 | <ul style="list-style-type: none"> • With the EOU units in both Williamson and Guadalupe Counties, we have been able to bring down our state hospital bed usage to under 50% of our allocation. • Our readmission rate to the EOU is below 10%. • EOU, Respite and Continuity of Care positions actively participate in planning throughout a person's stay | <ul style="list-style-type: none"> • Focus on strategies with MCOs and Psychiatric Hospitals to know when a person is discharging from a private hospital to our service area. • Launch a three-year Hospital Transition Pilot Program with HHSC on 9/1/2020. • Continue to recruit and train EOU RNs, LPHAs and MH Techs on best practices to provide rapid stabilization |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|---|--|--|
| | | <p>to ensure wraparound services upon discharge</p> <ul style="list-style-type: none"> • We meet monthly with EMS in Williamson County to serve high utilizers of emergency departments as a result of behavioral health concerns | <p>and re-integration into the community.</p> <ul style="list-style-type: none"> • Retain quality technicians |
| <p>Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization</p> | <ul style="list-style-type: none"> • Gap 14 • Goals 1,4 | <ul style="list-style-type: none"> • We currently utilize jail diversion staff to review and consider transition services for long term clients at Kerrville State Hospital. • Our ASH and SASH Continuity of Care staff member works closely with inpatient staff to find alternatives to continued hospitalization. • We meet regularly with State Hospital staff and Courts (if forensic) to develop comprehensive transition plans. | <ul style="list-style-type: none"> • Continue to promote community-based services with long term state hospital individuals. • Launch a three-year Hospital Transition Pilot Program with HHSC on 9/1/2020. • Support local providers who elect to contract with the HCBS-AMH Program |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|--|---|---|
| Implementing and ensuring fidelity with evidence-based practices | <ul style="list-style-type: none"> • Gap 7 • Goal 2 | <ul style="list-style-type: none"> • We moved the training department under Human Resources and added more training staff. • We have Train the Trainers within our organization for a variety of Evidence Based Practices (EBPs). • We participate on HHSC Technical Assistance calls • We require online and in-person training for staff, including refresher trainings. • We transitioned to Relias, allowing us to make more training available to our staff, with Continuing Education Credits. | <ul style="list-style-type: none"> • We plan to have a Quality Management specialist conduct internal audits of EBPs • Continue to send HR Trainers to Train the Trainer opportunities. |
| Transition to a recovery-oriented system of care, including use of peer support services | <ul style="list-style-type: none"> • Gap 8 • Goals 2,3 | <ul style="list-style-type: none"> • Person-Centered care is an agency wide priority and peer services are actively working with persons and utilizing WRAP curriculum. | <ul style="list-style-type: none"> • Continue to develop Peer providers from within our organization and hire peers for all service areas. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|--|--|--|
| | | <ul style="list-style-type: none"> • We added a Recovery and Resiliency module to NEO for all employees • Participate in Williamson County Recovery Community Initiative • Participate on Bastrop County Resilience Design Team • All persons receiving mental healthcare at BTCS develop a Person-Centered Recovery Plan to guide care. | <ul style="list-style-type: none"> • Continue to infuse our leadership with knowledge of recovery. |
| Addressing the needs of consumers with co-occurring substance use disorders | <ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 | <ul style="list-style-type: none"> • We provide COPSD, SUD IOP and OSAR services. • We utilize Seeking Safety curriculum. • We offer Medication Assisted Treatment for alcohol, opioids and tobacco, led by an Addiction Psychiatrist. • We partner with Communities for Recovery | <ul style="list-style-type: none"> • Apply for additional SUD treatment funding when available for Detox and expansion of MAT. • Encourage and expand the use of LCDCs on MCOT, ACT and other specialty teams. • Expand COPSD services with additional funding awarded in FY21. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|--|--|---|
| | | <p>to offer peer recovery coaches services</p> <ul style="list-style-type: none"> • We have an LCDC on our MCOT Team in Guadalupe County. • We had to close our 4-bed Residential Detoxification Unit due to lack of continued funding. | <ul style="list-style-type: none"> • Increase partnerships through OSAR across 30 counties. |
| <p>Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.</p> | <ul style="list-style-type: none"> • Gap 1 • Goals 1,2 | <ul style="list-style-type: none"> • BTCS actively operates integrated behavioral health and primary care clinics in Bastrop, Caldwell, Gonzales, Guadalupe and Williamson Counties. Two of these clinics are school-based (Elgin and Bastrop), and we are adding an integrated healthcare clinic on the Jarrell ISD campus to serve the community. • We partner to provide dental services at some of these locations, which is | <ul style="list-style-type: none"> • Collaborate with Texas A&M College of Nursing to join us in serving Williamson, Fayette and Lee Counties establishing a bachelors, masters and doctorate nurse pipeline in rural communities. • Continue achieving metrics for the PIP-BHC grant • Continue to rollout HRSA Grant project and partnership with Texas A&M. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|---|---|--|
| | | supported by a Promoting Integrated Primary and Behavioral Health Care (PIP-BHC) grant | |
| Consumer transportation and access to treatment in remote areas | <ul style="list-style-type: none"> • Gap 10 • Goal 2 | <ul style="list-style-type: none"> • BTCS has applied for and received grants to assist consumers with transportation, including Veterans. • We provide televideo services to rural locations. | <ul style="list-style-type: none"> • Continue to consider opportunities with Ride Share companies who seek to expand into rural counties • Continue to utilize televideo platforms (Zoom and Lifesize) for individuals to participate in intakes, counseling and psychiatry appointments from home beyond COVID-19 to overcome transportation barriers |
| Addressing the behavioral health needs of consumers with Intellectual Disabilities | <ul style="list-style-type: none"> • Gap 14 • Goals 2,4 | <ul style="list-style-type: none"> • Leadership from Behavioral Health and IDD collaboratively work together, hosting weekly calls and quarterly meetings. • We include IDD professionals on our FACT Team. | <ul style="list-style-type: none"> • We are launching a pilot with HHSC to improve Outpatient Mental Health Services for Persons with Intellectual & Developmental Disabilities. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---------------|--|---|-------|
| | | <ul style="list-style-type: none"> • We regularly consult with in-house BCBA's from our Autism Program. • We have a BCBA on our Crisis Team in Williamson County • We access our IDD Crisis Team for consult on behavioral plans in our Crisis Units. • We have two integrated Respite Units for MH, IDD and co-occurring MH/IDD. One also has primary care onsite, and the other can access primary care within walking distance on the same campus. • Through House Bill 13 funding, we improved mobility and safety for individuals with IDD on our Respite Unit in Georgetown. | |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|--|--|---|
| Addressing the behavioral health needs of veterans | <ul style="list-style-type: none"> • Gap 4 • Goals 2,3 | <ul style="list-style-type: none"> • We provide Military Veteran Peer Network services and operate a Veterans Counseling Program in all 8 counties. • We provide Eye Movement Desensitization and Reprocessing (EMDR) therapy for trauma recovery. • We provide Military Cultural Awareness training in the community • We collaborate with and participate on local Veterans Treatment Courts | <ul style="list-style-type: none"> • Continue operating these programs, expanding outreach |

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 |
|---|--|---|
| Provision of care aligned with Certified Community Behavioral Health Clinic (CCBHC) Model | <ul style="list-style-type: none"> • Updated policies and procedures to reflect integration of programs and services • Provision of holistic, trauma-informed, person and family-centered services • Expanded use of Screening, Brief Intervention and Referral for Treatment (SBIRT) • Established changes to clinical workflows and staffing patterns in order to implement standardized screenings and interventions based on national standards • Added an Addiction Psychiatrist to inform Medication Assisted Treatment programming • Infused Care Coordinators throughout our system to support transitions in care and communication among internal and external providers | <ul style="list-style-type: none"> • Expand utilization of evidence-based practices • Strengthen partnerships with medical providers, expanding integrated care to Giddings, Taylor, and Jarrell. • Although our first CCBHC-C grant ended on 9/30/2020, BTCS continued to fund Care Coordination activities through reserve funds until BTCS received notice of award of a second CCBHC-E award through SAMHSA. |
| Implementation of Community-Based | <ul style="list-style-type: none"> • We provide Respite (26 beds) and EOU (18 beds) services and have increased the EOU by 6 beds in | <ul style="list-style-type: none"> • Williamson County has voted to invest in one additional adult EOU bed in |

| Local Priority | Current Status | Plans |
|--|---|--|
| Stabilization Alternatives that meet behavioral health needs | <p>Williamson County through HB13 funding.</p> <ul style="list-style-type: none"> • BTCS operates a Private Psychiatric Bed contract, funded at an average of 5.3 beds per day. • Training has been provided to crisis staff to improve competency in serving individuals with substance use needs and intellectual and developmental disabilities. | <p>Williamson County, giving us a total of 19 EOU beds beginning 10/1/2020.</p> <ul style="list-style-type: none"> • Williamson County is investing additional dollars to purchase up to one child psychiatric bed per day starting 10/1/2020. • Continue to seek funding opportunities to expand community-based psychiatric stabilization. |
| Integrated physical and behavioral health services | <ul style="list-style-type: none"> • See above | <ul style="list-style-type: none"> • Sustain Behavioral Health Consultant positions. • Create an action plan to move from Level 4 to Level 5 integration. • Establish new healthcare partnerships with organizations committed to holistic care. • Participate in efforts to improve communication among healthcare providers through care coordination efforts. |
| Provision of Medication Assisted Treatment | <ul style="list-style-type: none"> • We began a MAT clinic in Williamson County with HB13 Grant funds and will sustain these services with insurance reimbursement and reserve funds now that the grant no longer funds this service. • We hired an Addiction Psychiatric through CCBHC Grant and will | <ul style="list-style-type: none"> • Continue to apply for funding to expand MAT. • Expand training for staff to identify opioid use, complete overdose risk assessments and ensure families have access to Naloxone for the emergency treatment of an opioid overdose. |

| Local Priority | Current Status | Plans |
|--|---|--|
| | sustain this position with reserve funds now that this grant is ending. | |
| Implement models supporting recovery of individuals with behavioral health needs | <ul style="list-style-type: none"> • See above | <ul style="list-style-type: none"> • Expand access to Certified Peer Specialists, Veteran Peers, Family Partners, Peer Recovery Coaches and Peer-to-Peer for First Responders • Continue to coordinate training for staff, school personnel and community members for the early identification and intervention of behavioral health symptoms • Include a Certified Peer Specialist on the Hospital Transition Pilot Program Team • Ensure a Certified Peer Specialist supports persons served by the Outpatient Competency Restoration Team • Expand the availability of substance use peer services in acute crisis units |

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 | Extended Observation Unit | <ul style="list-style-type: none"> • We have capacity at a local psychiatric hospital to expand to 22 beds. We will be operating a 13-bed unit in October. With additional funds, we would increase the number of rapid stabilization beds available to persons in our 8-county service area, from 13 to 19. This would relieve pressure from PPB-utilization and State Hospital utilization. | <ul style="list-style-type: none"> • \$1,191,771.00 |

| | | | |
|---|--|--|---|
| 2 | Children's Crisis Respite Services or Children's Partial Hospitalization Program | <ul style="list-style-type: none"> • To address the expanded needs of CPS in Central Texas, provide training for families willing to contract to accept children into their homes, provide a treatment team engaging the child, child's family and fostering family – for the purpose of reunification of the families. | <ul style="list-style-type: none"> • \$485,000 |
|---|--|--|---|

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

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