

Health and Human Services Commission

# Form O

# Consolidated Local Service Plan

Local Mental Health Authorities and Local  
Behavioral Health Authorities

**Fiscal Years 2020-2021**

Due Date: September 30, 2020

Submissions should be sent to:

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

# Health and Human Services Commission

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## **Introduction**

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

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

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## Section I: Local Services and Needs

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

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

<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip, Phone Number</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Spindletop Center Beaumont South Campus	2750 South 8 <sup>th</sup> Street, Beaumont, Texas 77701 (409) 839-1000	Jefferson	<ul style="list-style-type: none"> <li>• Screening, assessment and intake (adults, adolescents and children)</li> <li>• Texas Resilience and Recovery outpatient services (adults, adolescents and children)</li> </ul>

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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"> <li>• Services for co-occurring disorders (adults and adolescents)</li> <li>• Substance use prevention, intervention, treatment (adults and adolescents)</li> <li>• Youth Empowerment Service (YES) Waiver services (adolescents and children)</li> <li>• Early Onset Psychosis services (young adults and adolescents)</li> <li>• Integrated healthcare: mental and physical health (adults, adolescents and children)</li> <li>• Peer recovery support (adults and adolescents)</li> <li>• Services for veterans</li> <li>• Mobile Crisis Outreach Team (adults, adolescents and children)</li> <li>• Mental Health Deputy Team (adults, adolescents and children)</li> <li>• Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) services (adults)</li> <li>• Projects for Assistance in Transition from Homelessness (PATH) services (adults)</li> <li>• Supported Employment services (adults)</li> <li>• Supportive Housing services (adults)</li> </ul>

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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"> <li>• Texas Department of Criminal Justice Community Outpatient Substance Use Disorder treatment facility (adults)</li> <li>• Mental Health Pre-Admission Screening and Resident Review (MH PASRR) specialized services (adults)</li> </ul>
Spindletop Center Beaumont North Campus	655 South 8 <sup>th</sup> Street, Beaumont, Texas 77701 (409) 784-5400	Jefferson	<ul style="list-style-type: none"> <li>• Services for individuals with intellectual and developmental disabilities (adults)</li> <li>• Crisis respite services for individuals with intellectual and developmental disabilities (adults)</li> <li>• Early Childhood Intervention services (children 0-3)</li> </ul>
Spindletop Center Orange Outpatient Clinic	4305 North Tejas Parkway, Orange, Texas 77630 (409) 883-3864	Orange	<ul style="list-style-type: none"> <li>• Screening, assessment and intake (adults, adolescents and children)</li> <li>• Texas Resilience and Recovery outpatient services (adults, adolescents and children)</li> <li>• Services for co-occurring disorders (adults and adolescents)</li> <li>• Substance use prevention, intervention, treatment (adults and adolescents)</li> <li>• Texas Department of Criminal Justice Community Outpatient Substance Use Disorder treatment facility (adults)</li> <li>• Peer recovery support (adults and adolescents)</li> </ul>

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Spindletop Center South County Outpatient Clinic	3407 57 <sup>th</sup> Street, Port Arthur, Texas 77640 (409) 813-8300	Jefferson	<ul style="list-style-type: none"> <li>• Screening, assessment and intake (adults, adolescents and children)</li> <li>• Texas Resilience and Recovery outpatient services (adults, adolescents and children)</li> <li>• Services for co-occurring disorders (adults and adolescents)</li> <li>• Substance use prevention, intervention, treatment (adults and adolescents)</li> <li>• Texas Department of Criminal Justice Community Outpatient Substance Use Disorder treatment facility (adults)</li> <li>• Peer recovery support (adults and adolescents)</li> </ul>
Spindletop Center Port Arthur Intellectual and Developmental Disabilities	3419 57 <sup>th</sup> Street, Port Arthur, Texas 77640 (409) 813-8350	Jefferson	<ul style="list-style-type: none"> <li>• Services for individuals with intellectual and developmental disabilities (adults)</li> </ul>
Spindletop Center Hardin County Outpatient Clinic	839 Highway 96 South, Silsbee, Texas 77656 (409) 880-4600	Hardin	<ul style="list-style-type: none"> <li>• Screening, assessment and intake (adults)</li> <li>• Texas Resilience and Recovery outpatient services (adults, adolescents and children)</li> <li>• Peer recovery support (adults)</li> </ul>
Spindletop Center Hardin County NDI	839 Highway 96 South, Silsbee, Texas 77656	Hardin	<ul style="list-style-type: none"> <li>• Services for individuals with intellectual and developmental disabilities (adults)</li> </ul>

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
	(409) 880-4640		
Spindletop Center ECI – Galveston	1619 23 <sup>rd</sup> Street, Galveston, Texas 77550 (409) 784-5400	Galveston	<ul style="list-style-type: none"> <li>• Early Childhood Intervention services (children 0-3)</li> </ul>
TWG Investments, Ltd.	2895 South 8 <sup>th</sup> Street, Beaumont, Texas 77701 (409) 839-2200	Jefferson	<ul style="list-style-type: none"> <li>• Crisis respite and residential (adults)</li> </ul>
Baptist Hospital of Southeast Texas	3250 Fannin Street Beaumont, Texas 77701 (409) 212-5000	Jefferson	<ul style="list-style-type: none"> <li>• Extended observation services (adults)</li> <li>• Crisis stabilization inpatient services (adults)</li> <li>• Private Psychiatric inpatient services (adults)</li> </ul>
The Medical Center of Southeast Texas	2555 Jimmy Johnson Boulevard, Port Arthur, Texas 77640 (409) 724-7389	Jefferson	<ul style="list-style-type: none"> <li>• Extended observation services (adults)</li> <li>• Crisis stabilization inpatient services (adults)</li> <li>• Private Psychiatric inpatient services (adults)</li> </ul>
The Harris Center for Mental Health and IDD	7011 Southwest Freeway, Houston, Texas 77074 (713) 970-7000	Serves Jefferson Orange Hardin Chambers	<ul style="list-style-type: none"> <li>• Crisis hotline service (adults, adolescents, children)</li> </ul>



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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- FY21	ASAP Team expansion and Court Liaison Program; Mental Health Deputy team expansion of existing program; addition of court liaison service to Jefferson County Courts at Law and District Courts	Jefferson	adults	FY19=1,030 FY20=1,132
FY19- FY21	Expansion of MH Peace Officer Program; addition of mental health deputy and qualified mental health professional to existing program	Chambers	adults	FY19=283 FY20=444

**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
FY21	The Hope Squad; Peer suicide prevention program for school aged children and adolescents	Orange	adolescents	

**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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> <li>• Baptist Hospital</li> <li>• The Medical Center of Southeast Texas</li> </ul>	<input checked="" type="checkbox"/> Concerned citizens/others <input type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> <li>•</li> </ul>
<input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Substance abuse treatment providers
<input checked="" type="checkbox"/> Prevention services providers	<input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers
<input checked="" type="checkbox"/> County officials <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>• Jefferson County Judge, Jeff Branick</li> <li>• Jefferson County Commissioners</li> <li>• Hardin County Judge, Wayne McDaniel</li> <li>• Hardin County Commissioners</li> <li>• Orange County Judge, John Gothia</li> <li>• Orange County Commissioners</li> <li>• Chambers County Judge, Jimmy Sylvia</li> <li>• Chambers County Commissioners</li> </ul>	<input checked="" type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> <li>• Port Arthur Mayor, Thurman Bartie</li> <li>• Port Arthur City Council</li> <li>• Beaumont Mayor, Becky Ames</li> <li>• Beaumont City Council</li> <li>• City of Bevil Oaks Mayor, Becky Ford</li> <li>• Bevil Oaks City Council</li> <li>• Lumberton City Council</li> </ul>
<input checked="" type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/> Local health departments <input checked="" type="checkbox"/> LMHAs/LBHAs <i>*List the LMHAs/LBHAs and the staff that participated:</i>

## 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:*
  - Jefferson County Judge, Jeff Branick
  - Chambers County Judge, Jimmy Sylvia
  - Hardin County Judge, Wayne McDaniel
  - Orange County Judge, John Gothia
  - Jefferson County Drug Impact Court, Judge Raquel West and Judge John Stevens
  - Jefferson County District Court Judge Randy Shelton
  - Jefferson County District Court Judge Larry Thorne
- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies

## Stakeholder Type

- East Texas Behavioral Health Network member Centers regularly meet through various workgroups
- Emergency responders
- Community health & human service providers
- Parole department representatives
- Law enforcement  
*\*List the county/city and the official name and title of participants:*
  - Jefferson County Sheriff, Zena Stephens
  - Chambers County Sheriff, Brian Hawthorne
  - Hardin County Sheriff, Mark Davis
  - Chief Jimmy Singletary, Beaumont Police Department
  - Chief Timothy Duriso, Port Arthur Police Department
- 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.*

- |   |
|---|
| <ul style="list-style-type: none"> <li>• The local emergency room advisory committee meets every 2 months – includes representatives from all hospitals, ambulance services, law enforcement agencies, county personnel, judicial system, jails in the Spindletop service area</li> </ul> |
| <ul style="list-style-type: none"> <li>• Spindletop Planning and Network Advisory Committee (PNAC) meets quarterly to review community needs for new or expanded services and programs</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Spindletop participates in quarterly meetings of the East Texas Behavioral Health Network (ETBHN) Regional Planning and Network Advisory Committee (RPNAC)</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Spindletop participates in the Southeast Texas Coalition for the Homeless managed by the South East Texas Regional Planning Commission (SETRPC)</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Monthly Board of Trustee meetings open to the public</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Monthly customer experience and compliance surveys</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Annual customer experience survey</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Meetings with Region 5 Education Service Center personnel</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Meetings with Commissioner’s Courts of Jefferson, Hardin, Orange and Chambers counties</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Spindletop invites public comment through our public website and via our social media sites</li> </ul>   |

*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.*

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Lack of regional, accessible public transportation</li> </ul>        |
| <ul style="list-style-type: none"> <li>• Lack of affordable housing for people with disabilities</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Lack of available psychiatrists</li> </ul>                           |
| <ul style="list-style-type: none"> <li>• High rate of uninsured and under-insured Southeast Texans</li> </ul> |
| <ul style="list-style-type: none"> <li>• Lack of inpatient detox facility</li> </ul>                          |

## **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;

- Spindletop Center has meetings every 2 months with hospital and emergency department staff and with representatives of police departments, sheriff's departments, ambulance services, jails, and county judges to review and discuss the ongoing status of psychiatric emergency services in the community. Also meet with psychiatric hospital staff as needed to ensure efficient delivery of psychiatric services. Meetings have been ongoing since 2016.

Ensuring the entire service area was represented; and

- In 2016, Spindletop designated all local hospital emergency rooms in the 4-county catchment as an appropriate mental health facility
- All major local hospitals, ambulance companies, and law enforcement agencies were included in the development of the plan via several community meetings.
- The Center's 4-county catchment area was divided into 2 zones for the purpose of rotating among the area hospitals when emergency commitments need to be triaged, screened, and referred.

Soliciting input.

- Input is obtained in the bi-monthly meetings described above.
- Input is collected from persons served and their family members via customer experience calls and surveys
- Input is obtained from public comments submitted via Spindletop public website, social media sites, and Board meetings

## **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

- 24/7 coverage

After business hours

- 24/7 coverage

Weekends/holidays

- 24/7 coverage

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

- The Harris Center

3. How is the MCOT staffed?

During business hours

- 2 MCOT staff work 12-hour shifts, and the service is available 24 hours per day, 7 days per week.
- Additional staff trained in crisis intervention are available during business hours. These staff work in the MH Deputy program.

After business hours

- 2 MCOT staff work 12-hour shifts, and the service is available 24 hours per day, 7 days per week.

Weekends/holidays

- 2 MCOT Center staff work 12-hour shifts, and the service is available 24 hours per day, 7 days per week.

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

- N/A



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

- MCOT staff provide face to face, telephone and televideo follow up visits.
- Face to face visits require the use of personal protective equipment
- MCOT staff provide case management, skills training and referrals to additional services as needed by the individual

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:

- Local Emergency Room personnel contact MCOT to perform screening, assessment, triage, intervention and referral

Law Enforcement:

- Local law enforcement personnel contact MCOT and/or Mental Health Deputy teams to perform screening, assessment, triage, intervention and referral

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

- Spindletop MCOT staff have not been contacted by state hospitals for screening request
- If such request were made, the MCOT staff would follow a similar process as a request from one of our local emergency rooms or local hospitals but using televideo to complete the assessment instead of face-to-face.

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

During business hours:

- The MCOT team is physically housed in hospital emergency rooms 24 hours per day, 7 days per week. The emergency room staff have constant, direct contact with the MCOT and this ensures an immediate review and decision about the inpatient level of care needed by the consumer. When requested by law enforcement, the MCOT team will conduct an on-site screening to assist an individual in a psychiatric crisis to determine the need for appropriate crisis treatment and possible inpatient level of care. Law enforcement officers can either call the crisis hotline service or call the Mental Health Deputy team.

After business hours:

- The MCOT team is physically housed in hospital emergency rooms 24 hours per day, 7 days per week. The emergency room staff have constant, direct contact with the MCOT and this ensures an immediate review and decision about the inpatient level of care needed by the consumer. When requested by law enforcement, the MCOT team will conduct an on-site screening to assist an individual in a psychiatric crisis to determine the need for appropriate crisis treatment and possible inpatient level of care. Law enforcement officers can either call the crisis hotline service or call the Mental Health Deputy team.

Weekends/holidays:

- The MCOT team is physically housed in hospital emergency rooms 24 hours per day, 7 days per week. The emergency room staff have constant, direct contact with the MCOT and this ensures an immediate review and decision about the inpatient level of care needed by the consumer. When requested by law enforcement, the MCOT team will conduct an on-site screening to assist an individual in a psychiatric crisis to determine the need for appropriate crisis treatment and possible inpatient level of care. Law enforcement officers can either call the crisis hotline service or call the Mental Health Deputy team.

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

- If the individual is in a hospital emergency room and needs further assessment or crisis stabilization, the hospital temporarily houses the individual while receiving ongoing medical / psychiatric treatment until the MCOT can arrange for transfer to another psychiatric treatment facility.
- If the individual is in a crisis and not in a hospital, the MCOT team will transport the individual to a hospital emergency room for the above process to continue if it is safe to do so.
- If the MCOT team is unable to confirm it is safe to transport the individual to a hospital emergency room from the current location, emergency medical service (EMS) will be contacted to the location of the individual for medical assessment and transport to local hospital.

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

- If the individual is in a hospital emergency room and needs further assessment or crisis stabilization, the hospital temporarily houses the individual while receiving ongoing medical / psychiatric treatment until the MCOT can arrange for transfer to another psychiatric treatment facility.
- If the MCOT team is unable to confirm it is safe to transport the individual to a hospital emergency room from the current location, emergency medical service (EMS) will be contacted to the location of the individual for further evaluation, medical clearance, and transport to local hospital emergency room.

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

- The hospital emergency physician or the admitting hospitalist has the authority to determine need for admission to a hospital for treatment. The process is the same for a psychiatric hospital.

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).

- The MCOT team assists the hospital emergency physician with assessing the individual's need for crisis stabilization, and the team is authorized to admit individuals to Spindletop crisis respite, crisis residential, or extended observation services.

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 Center's MCOT continues to consist of at least 2 staff and the team completes the same assessment and interventions with all crisis consumers. If the assessment indicates contact with a consumer in an alternate location, the team always includes 2 staff. The team coordinates with local law enforcement to meet the MCOT staff at the alternate location, as needed. This ensures a greater level of security in these situations. The MCOT will work with law enforcement officers when the assessment indicates evidence of a weapon or other possible threat of violence in the situation.

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

Where does the individual wait for a bed?

- The local hospital emergency rooms have space designated to temporarily house individuals seeking inpatient psychiatric hospitalization while awaiting the availability of a bed.

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?

- The MCOT team, hospital emergency room physician and treatment team, and other hospital treatment team members work collaboratively to provide continued crisis intervention services

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

- The MCOT team, Mental Health Deputy team, and/or local emergency medical service (EMS) services can provide transportation in cases not involving emergency detention

### 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	The Wood Group - Respite
Location (city and county)	Beaumont, Jefferson County
Phone number	409-839-1080
Type of Facility (see Appendix A)	Crisis Respite Unit
Key admission criteria (type of individual accepted)	Voluntary adults who have low risk of harm to self or others, and who may have some functional impairment
Circumstances under which medical clearance is required before admission	Individuals are medically cleared prior to admission
Service area limitations, if any	No service area limitations
Other relevant admission information for first responders	Voluntary and adults only
Accepts emergency detentions?	No
Number of Beds	3

Name of Facility	The Wood Group – Residential
Location (city and county)	Beaumont, Jefferson County
Phone number	409-839-1080
Type of Facility (see Appendix A)	Crisis Residential Unit
Key admission criteria (type of individual accepted)	Voluntary adults 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

Circumstances under which medical clearance is required before admission	Individuals are medically cleared prior to admission
Service area limitations, if any	No service area limitations
Other relevant admission information for first responders	Voluntary and adults only
Accepts emergency detentions?	No
Number of Beds	10

Name of Facility	Beaumont Baptist Behavioral Hospital
Location (city and county)	Beaumont, Jefferson County
Phone number	409-212-5000
Type of Facility (see Appendix A)	Extended Observation Unit
Key admission criteria (type of individual accepted)	Voluntary or involuntary adults; 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
Circumstances under which medical clearance is required before admission	Individuals are medically cleared prior to admission
Service area limitations, if any	No service area limitations
Other relevant admission information for first responders	Adults only; voluntary and involuntary
Accepts emergency detentions?	Yes
Number of Beds	N/A

Name of Facility	The Medical Center of Southeast Texas
Location (city and county)	Port Arthur, Jefferson Texas
Phone number	409-724-7389

Type of Facility (see Appendix A)	Extended Observation Unit
Key admission criteria (type of individual accepted)	Voluntary or involuntary adults; 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
Circumstances under which medical clearance is required before admission	Individuals are medically cleared prior to admission
Service area limitations, if any	No service area limitations
Other relevant admission information for first responders	Adults only; voluntary and involuntary
Accepts emergency detentions?	Yes
Number of Beds	N/A

## 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	Beaumont Baptist Behavioral Hospital
Location (city and county)	Beaumont, Jefferson County
Phone number	409-212-5000
Key admission criteria	Voluntary and involuntary adults; 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.
Service area limitations, if any	No service area limitations

Other relevant admission information for first responders	Voluntary and involuntary adults only
Number of Beds	RCS beds as needed; PPB 3 beds guaranteed
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization beds and Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	RCS beds as needed; PPB guaranteed 3 beds
If under contract, what is the bed day rate paid to the contracted facility?	RCS beds \$550; PPB \$600
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	The Medical Center of Southeast Texas
Location (city and county)	Port Arthur, Jefferson County
Phone number	409-724-7389
Key admission criteria	Voluntary and involuntary adults; 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.
Service area limitations, if any	No service area limitations
Other relevant admission information for first responders	Voluntary and involuntary adults only
Number of Beds	6
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?	guaranteed

If under contract, what is the bed day rate paid to the contracted facility?	\$600
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

Identify and briefly describe available alternatives.

- Local jails are the only available alternatives

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

- Local criminal court judges continue to be dissatisfied with local inpatient and outpatient settings as alternatives for competency restoration

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?

- Spindletop has dedicated jail liaison staff in both mental health and intellectual and developmental disability service areas
- Mental Health Deputy teams also play a significant role in ensuring collaboration between the county jails and Spindletop staff

- Jail liaison staff can be contacted directly by jail staff or they can be reached through the crisis hotline

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.

- N/A

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

- Spindletop continues to advocate to local judicial officials to utilize jail-based competency restoration

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.)?

- Based on past experience with an outpatient competency restoration program as well as attempts to perform jail-based competency restoration services, it appears that local officials in this service area would be most interested in inpatient competency restoration.

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

- Funds, appropriate facility and staffing, education and training, and buy-in from the local criminal justice system are needed, at minimum, for implementation of inpatient competency restoration

## **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?

- Spindletop has maintained a primary care clinic at its main Beaumont location for many years, and all persons served have access to physical healthcare at this clinic.

- Spindletop provides an array of outpatient treatment services for people with substance use disorders and co-occurring psychiatric and substance use disorders. Substance use disorders services are co-located with mental health services at all of our clinics.
- All crisis services are available to anyone in the community 24/7.

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

- Spindletop is preparing to apply to HHSC for CCBHC certification in fiscal year 2021.
- Preparations include development of memorandums of understanding with healthcare providers of all types including specialty care providers, social service providers, school districts, Region 5 Education Service Center, local colleges and universities, local faith-based organizations, local veterans support services, substance use disorder treatment providers, local hospitals, non-profit organizations, peer groups, and other service providers to develop a strong care coordination network.

## 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?

- The bi-monthly emergency advisory meetings
- Brochures for crisis services and MH Deputy services are distributed in the community
- Spindletop public website and social media sites display information about our various programs and services including crisis

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?

- Spindletop staff receiving continuous field training, classroom training and virtual training
- Spindletop crisis director coordinates with Harris Center crisis hotline supervisors to ensure constant communication and update on any changes or new training needs

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

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

County	Service System Gaps	Recommendations to Address the Gaps
Chambers	<ul style="list-style-type: none"><li>• No major hospital</li></ul>	<ul style="list-style-type: none"><li>• Advocate for hospital services</li></ul>
Hardin	<ul style="list-style-type: none"><li>• No major hospital</li></ul>	<ul style="list-style-type: none"><li>• Advocate for hospital services</li></ul>
Orange	<ul style="list-style-type: none"><li>• No major hospital</li></ul>	<ul style="list-style-type: none"><li>• Advocate for hospital services</li></ul>

## Section III: Plans and Priorities for System Development

### III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

<b>Intercept 0: Community Services</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>• Crisis line available 24/7</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue crisis line service</li> </ul>
<ul style="list-style-type: none"> <li>• MCOT team available 24/7</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue MCOT service</li> </ul>
<ul style="list-style-type: none"> <li>• Collaboration with local Emergency Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue regional emergency and crisis advisory meetings to ensure all needs are met</li> </ul>
<ul style="list-style-type: none"> <li>• Mental Health Deputy program</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue MH Deputy service and collaboration with local law enforcement</li> </ul>

<b>Intercept 1: Law Enforcement</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>• Mental Health Deputy program</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue MH Deputy service and collaboration with local law enforcement</li> </ul>
<ul style="list-style-type: none"> <li>• Mental Health First Aid training</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue outreach to local law enforcement personnel to provide MHFA training</li> </ul>
<ul style="list-style-type: none"> <li>• Collaboration with local Emergency Departments</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue regional emergency and crisis advisory meetings to ensure all needs are met</li> </ul>
<ul style="list-style-type: none"> <li>• MCOT team available 24/7</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue MCOT services</li> </ul>
<ul style="list-style-type: none"> <li>• Collaboration with local Jails</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue collaborating with local jails to identify, screen, assess and make appropriate</li> </ul>

		referrals for individuals with mental health and IDD
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<b>Intercept 3: Jails/Courts</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> <li>• Court Liaison Program</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson</li> </ul>	<ul style="list-style-type: none"> <li>• Continue established court liaison program</li> <li>• Seek opportunities to expand program to other counties and courts</li> </ul>
<ul style="list-style-type: none"> <li>• Collaboration with local jails</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue collaborating with local jails to identify, screen, assess and make appropriate referrals for individuals with mental health and IDD</li> <li>• Continue advocating for jail-based competency restoration</li> </ul>
<ul style="list-style-type: none"> <li>• Mental Health First Aid training</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue outreach to local law enforcement and criminal justice personnel to provide MHFA training</li> </ul>
<ul style="list-style-type: none"> <li>• Military Veteran Peer Network</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue outreach to local jails, law enforcement and criminal justice personnel</li> </ul>
<ul style="list-style-type: none"> <li>• MH Deputy program</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue MH Deputy service and collaboration with local law enforcement and judiciary</li> </ul>
<ul style="list-style-type: none"> <li>• MCOT team available 24/7</li> </ul>	<ul style="list-style-type: none"> <li>• Jefferson, Hardin, Orange, Chambers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue MCOT services</li> </ul>

<b>Intercept 4: Reentry</b>	County(s)	
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Current Programs and Initiatives:		Plans for upcoming two years:
• MCOT team available 24/7	• Jefferson, Hardin, Orange, Chambers	• Continue MCOT services
• MH Deputy Program	• Jefferson, Hardin, Orange, Chambers	• Continue MH Deputy service and collaboration with local law enforcement and judiciary
• Crisis line available 24/7	• Jefferson, Hardin, Orange, Chambers	• continue crisis line service
• Collaboration with local jails	• Jefferson, Hardin, Orange, Chambers	• Continue collaboration with local jail personnel through release and re-entry of individuals Continue advocating for jail-based competency restoration
• TCOOMMI services available	• Jefferson, Hardin, Orange, Chambers	• Continue TCOOMMI services

<b>Intercept 5: Community Corrections</b> Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• TCOOMMI services available	• Jefferson, Hardin, Orange, Chambers	• Continue TCOOMMI services
• Intake and eligibility services	• Jefferson, Hardin, Orange, Chambers	• Continue offering intake and eligibility services • As part of CCBHC, develop and maintain healthcare and social service provider referral network to meet unmet needs of individuals



• Crisis line available 24/7	• Jefferson, Hardin, Orange, Chambers	• Continue crisis line service
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### III.B Other Behavioral Health Strategic Priorities

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

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

The goals identified in the plan are:

- *Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.*

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

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

<b>Area of Focus</b>	<b>Related Gaps and Goals from Strategic Plan</b>	<b>Current Status</b>	<b>Plans</b>
Improving access to timely outpatient services	<ul style="list-style-type: none"> <li>• Gap 6</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Walk-in access to intake/eligibility for mental health services currently located in Beaumont</li> </ul>	<ul style="list-style-type: none"> <li>• Spindletop plans to regionalize mental health intake/eligibility services</li> <li>• Spindletop plans to seek certification as CCBHC from HHSC in FY21</li> </ul>
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2,4</li> </ul>	<ul style="list-style-type: none"> <li>• Online confidential referral portal for local inpatient hospitals to coordinate discharge planning and continuity of care</li> </ul>	<ul style="list-style-type: none"> <li>• Spindletop plans to seek certification as CCBHC from HHSC in FY21</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 1,4</li> </ul>	<ul style="list-style-type: none"> <li>• Continuity of Care staff coordinate directly with state hospital personnel to plan discharges for individuals returning to the community</li> </ul>	<ul style="list-style-type: none"> <li>• Continue collaborative efforts with state hospital personnel and local partners to ensure all available resources are utilized to best meet the needs of individuals returning to the community</li> </ul>
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> <li>• Gap 7</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Increased staffing in Quality Assurance department to include training specialists and quality assurance specialists</li> </ul>	<ul style="list-style-type: none"> <li>• Continue conducting reviews of services including evidence-based practices to ensure fidelity and improved outcomes for persons served</li> <li>• Spindletop plans to seek certification as CCBHC from HHSC in FY21</li> </ul>
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> <li>• Gap 8</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• Continued delivery of peer support services including Certified Peer Specialists, Certified Family Partners, Recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of Person/Family Centered Recovery Planning process in early FY21</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		Coaches and Military Veteran Peer	<ul style="list-style-type: none"> <li>• Spindletop plans to seek certification as CCBHC from HHSC in FY21</li> </ul>
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> <li>• Gaps 1,14</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Continued delivery of COPSD services</li> </ul>	<ul style="list-style-type: none"> <li>• Spindletop plans to seek certification as CCBHC from HHSC in FY21</li> </ul>
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care clinic located in Beaumont provides physical healthcare services</li> </ul>	<ul style="list-style-type: none"> <li>• Development of provider referral network and memorandums of understanding with partners in community</li> <li>• Spindletop plans to seek certification as CCBHC from HHSC in FY21</li> </ul>
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> <li>• Gap 10</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Spindletop maintains and operates a fleet of vehicles to provide transportation for individuals to needed treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Spindletop purchased 3 RVs which will be equipped for use as mobile clinics and dispatched to rural parts of the service area</li> </ul>
Addressing the behavioral health	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 2,4</li> </ul>	<ul style="list-style-type: none"> <li>• Continue contract with UTMB psychiatrist to</li> </ul>	<ul style="list-style-type: none"> <li>• Continue contract with UTMB psychiatrist to</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
needs of consumers with Intellectual Disabilities		provide needed services to individuals with intellectual disabilities who have behavioral health needs	provide needed services to individuals with intellectual disabilities who have behavioral health needs
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> <li>• Gap 4</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• Continue supporting behavioral health needs of local veterans through negotiated contract with military health plans</li> <li>• Continued outreach and support through Military Veteran Peer</li> </ul>	<ul style="list-style-type: none"> <li>• Spindletop plans to seek certification as CCBHC from HHSC in FY21</li> </ul>

### III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.*
- *List at least one but no more than five priorities.*

- For each priority, briefly describe current activities and achievements and summarize plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.

Local Priority	Current Status	Plans
Accreditation by Commission for Accreditation of Rehabilitation Facilities	<ul style="list-style-type: none"> <li>• Preparing to submit application to CARF in early FY21</li> </ul>	<ul style="list-style-type: none"> <li>• Complete CARF survey for successful accreditation in FY21</li> </ul>
Certified Community Behavioral Health Clinic	<ul style="list-style-type: none"> <li>• Preparing to submit application to HHSC for CCBHC in early FY21</li> </ul>	<ul style="list-style-type: none"> <li>• Receive certification from HHSC as CCBHC in FY21</li> </ul>
New Electronic Health Record	<ul style="list-style-type: none"> <li>• Preparing to request proposals in early FY21</li> </ul>	<ul style="list-style-type: none"> <li>• Select new electronic health record from proposed bids and begin implementation in late FY21</li> </ul>

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

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

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

mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

Provide as much detail as practical for long-term planning and:

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	Affordable Housing	<ul style="list-style-type: none"> <li>• Establish 10 unit single-family apartments in Port Arthur for people with mental health disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• \$4,000,000</li> <li>• Funds would pay for purchase and renovation of existing property or costs of new-build if suitable property does not already exist; utilities</li> </ul>
2	Detox Facility	<ul style="list-style-type: none"> <li>• Establish an inpatient detox facility to provide intensive substance detoxification treatment</li> </ul>	<ul style="list-style-type: none"> <li>• \$4,000,000</li> <li>• Funds would pay for purchase and renovation of suitable property; utilities; staffing</li> </ul>

## Appendix A: Levels of Crisis Care

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

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

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

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

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

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



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

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

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

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

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

## Appendix B: Acronyms

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