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

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)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Center for Health Care Services (CHCS)	Paul Elizondo Clinic 928 W. Commerce San Antonio, TX 78207	Bexar	• Population: Adults • Screening, assessment and Intake • TRR outpatient services • Services for co-occurring disorders • Integrated healthcare

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Center for Health Care Services (CHCS)	Legacy Oaks 5372 Fredericksburg Rd, Building F San Antonio, TX 78229	Bexar	• Population: Adults • TRR outpatient services • Services for co-occurring disorders • Integrated healthcare • ACT and FACT
Center for Health Care Services (CHCS)	Harvard Place Clinic 1920 Burnet San Antonio, TX 78202	Bexar	• Population: Adults • TRR outpatient services • Services for co-occurring disorders • Screening, assessment and Intake for PASSR services • Supported Employment • Early Onset Psychosis Program - POWER
Center for Health Care Services (CHCS)	Packard Clinic Mental Health and Specialty Programs 1123 N. Main, Ste 203 San Antonio, TX 78212	Bexar	• Population: Adults • TRR outpatient services • Services for co-occurring disorders • Community Alternatives to Incarceration Program (CAIP) – Non TRR – Includes: Felony Drug Court/MH/Co-occurring, MH Pre-trial/Jail Diversion services and MH services provided to clients referred that are on active community supervision. • Mental Health Court • Assisted Outpatient Treatment (AOT)
Center for Health Care Services (CHCS)	Justice Programs 2711 Palo Alto Rd San Antonio, TX 78211	Bexar	• Population: Adults • Screening, assessment and intake • TRR outpatient services • Services for co-occurring disorders • Jail Diversion

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• Forensic Court • Outpatient Competency Restoration (OCR) • ACCESS Program • COT (Court Ordered Treatment) • TCOOMMI (Texas Correctional Office on Offenders/Medical and Mental Impairment)
Center for Health Care Services (CHCS)	Dual Diagnosis Residential Facility 10975 Applewhite Rd. San Antonio, TX 78224	Bexar	• Population: Adults • Non-TRR Services: Screenings, Assessments, Case Management, Individual, Group, and Family Services
Center for Health Care Services (CHCS)	CenterCare Health and Wellness 8122 Datapoint Drive San Antonio, TX 78229	Bexar	• Population: Adults • Expanded outpatient clinic – Non TRR
Center for Health Care Services (CHCS)	Restoration Center 601 N. Frio San Antonio, TX 78207	Bexar	• Population: Adults • Screening, assessment, and intake • Services for co-occurring disorders • Substance abuse prevention, intervention or treatment • Extended observation and Crisis Stabilization Unit 24 hours a day, 365 days a year

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• Mobile Crisis Outreach Team • Crisis Transitional/Residential Services • Detox • OATS • MOMMIES • OSAR (Outreach, Screening, Assessment and Referral) • Substance Abuse Public Sobering • Primary Care • Opioid Drop In Center • Sobering Unit
Center for Health Care Services (CHCS)	Josephine Recovery Center 711 E. Josephine St. San Antonio, TX 78208	Bexar	• Population: Adults • Screening, assessment, and intake • Crisis Residential • Crisis Transitional Services (former LOC-5) • Chronic Crisis Stabilization Initiative (CCSI) & Program for Intensive Care Coordination (PICC)
Center for Health Care Services (CHCS)	HIV Prevention, Intervention, & Outreach Programs 722-1 Isom Rd San Antonio, TX 78216	Bexar	• Population: Adults with or at-risk for HIV/AIDS • Screening, assessment, and intake • Targeted Outreach, free testing, education and counseling • Intensive Case Management
Center for Health Care Services (CHCS)	Transformational Services	Bexar	• Population: Adults • Screening, assessment, and intake • TRR outpatient services

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
	1 Haven for Hope Way San Antonio, TX 78207		• Services for co-occurring disorders • Supported Housing • Integrated Treatment Program – Dormitory for homeless adults • PATH • Integrated Healthcare
Center for Health Care Services (CHCS)	Long Term Care 8155 Lone Shadow Trail Converse, TX 78109	Bexar	• Population: Adults and Children • Home and Community Based Services • Respite • Nursing and Community Living Support Svcs.
Center for Health Care Services Center for Health Care Services (CHCS)	Drexel Clinic Bldg. A 227 W. Drexel San Antonio, TX 78210	Bexar	• Population: Children • TRR outpatient services • Crisis/Crisis Mobile Outreach Team • Primary Care
Center for Health Care Services Center for Health Care Services (CHCS)	Drexel Clinic Bldg. B 227 W. Drexel San Antonio, TX 78210	Bexar	• Population: Adults • Intellectual and Developmental Disability Services • Day Activity and Habilitation Services
Center for Health Care Services Center for Health Care Services (CHCS)	Drexel Clinic Bldg. D 227 W. Drexel San Antonio, TX 78210	Bexar	• Population: Adults • Intellectual and Developmental Disability Services • Calidad Day Habilitation
Center for Health	Bandera Clinic 6812 Bandera Rd.	Bexar	• Population: Children • Screening, assessment, and intake

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Care Services (CHCS)	San Antonio, TX 78238		• TRR outpatient services • Crisis/Crisis Mobile Outreach Team • TCOOMMI (moving to Story Lane Fall 2020) • Bexar County Juvenile Justice (moving to Story Lane Fall 2020)
Center for Health Care Services (CHCS)	Children's Clinic 5802 S. Presa San Antonio, TX 78223	Bexar	• Population: Children/Adults • Early Childhood Intervention Services • Dual Diagnosis Adult Clinic
Center for Health Care Services (CHCS)	Children's Clinic 104 Story Lane San Antonio, TX 78223	Bexar	• Population: Children • TRR Outpatient Services • HOPES (DFPS Prevention/Early Intervention – United Way) (moving to Drexel Fall 2020)
Center for Health Care Services (CHCS)	6800 Park Ten – South San Antonio, TX 78213	Bexar	• Population: Children • Youth Empowerment Services • Intensive Case management • Professional Services
NIX Behavioral Health (closed Nov. 2019)	1975 Babcock Rd. San Antonio, TX 78229	Bexar	• Population: Adults • 15 Beds PPB & CSU
San Antonio Behavioral Healthcare Hospital	8550 Huebner Rd. San Antonio, TX 78240	Bexar	• Population: Children • Contracted inpatient beds for children ages 3 – 11

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Southwest General Hospital	7400 Barlite Blvd. San Antonio, TX 78224	Bexar	• Population: Adults • 20 contracted inpatient bed capacity
Clarity Child Guidance Center	8535 Tom Slick San Antonio, TX 78229	Bexar	• Population: Children • Contracted inpatient beds for children ages 3-11

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.

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Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2020-2021	Crisis Stabilization Unit	Bexar	Adults	Approx. 800
FY20	Forensic Assertive Community Treatment Team: Under the Tool for Measurement of Assertive Community Treatment fidelity model of service delivery, this multidisciplinary team provides wraparound services – psychosocial rehabilitation, care coordination, supportive housing, supported employment, psychotherapy, substance use counseling, peer support, nursing, psychiatric physician, 24/7 team crisis line – in the community setting to reduce and prevent repeated psychiatric crises and legal incidents among individuals served.	Bexar	Individuals aged 18+ diagnosed with Severe Mental Illness and High Criminogenic Risk experiencing rapid psychiatric hospitalization	166
FY20	Central Magistrate 24/7 screening and assessment of arrested persons booked into the Bexar County Jail. Screening/assessment are conducted for eligibility of Mental Health outpatient diversion programming.	Bexar	Arrested persons with MH, SA, IDD history.	10,459 based on FY 20 trending Sept 2019-June 2020.

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
FY20	The Recovery Connections program and intensive case management resources to improve connections to and delivery of continuity of care to a high-need target population, especially those who have been recently discharged from the hospital. The Recovery Connections model applies a multi-disciplinary, team-based approach to ensure rapid access to ongoing treatment for funded and unfunded consumers with SMI who are unable to obtain timely appointments in the immediate post-discharge period.	Bexar	Adults with SMI or COPSD; many are high utilizers of public behavioral and physical health systems and/or involved with the criminal justice system.	1,310 Unduplicated

I.D Community Participation in Planning Activities

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

	Stakeholder Type		Stakeholder Type
☒	Consumers	☒	Family members
☒	Advocates (children and adult)	☒	Concerned citizens/others
☒	Local psychiatric hospital staff **List the psychiatric hospitals that participated:* • Baptist Health System • Christus Santa Rosa Health System • Methodist Healthcare System	☒	State hospital staff **List the hospital and the staff that participated:* • Texas Health and Human Services San Antonio State Hospital – various representatives including Robert Arizpe,

Stakeholder Type	Stakeholder Type
• Bexar County Hospital District (d/b/a University Health System) • San Antonio Behavioral Health Hospital • Southwest General Hospital • Nix Behavioral Health • Laurel Ridge Treatment Center • Clarity Child Guidance Center • Brooke Army Medical Center	Superintendent; Dr. David Gonzales, Chief Medical Officer; Vincent Creazzo, Assistant Superintendent; and Jessica Ruiz, Director, Community Relations.
☒ Mental health service providers	☒ Substance abuse treatment providers
☒ Prevention services providers	☒ Outreach, Screening, Assessment, and Referral Centers
☒ County officials **List the county and the official name and title of participants:* • Bexar County Officials including Mike Lozito, Director, Judicial Services; Gilbert Gonzales Director, Behavioral Health; and Judge Oscar Kazen, Probate Court #1.	☒ City officials **List the city and the official name and title of participants:* • City of San Antonio officials including Erik Walsh, City Manager; Dr. Colleen Bridger, Assistant City Manager; Melody Woosley, Director, Human Services; and Edward Gonzales, DHS Representative.
☒ Federally Qualified Health Center and other primary care providers	☒ Local health departments ☒ LMHAs/LBHAs **List the LMHAs/LBHAs and the staff that participated:* • Bluebonnet Trails Community Services

Stakeholder Type		Stakeholder Type	
			• Camino Real Community Services • Gulf Bend Center • Coastal Plains Community Center • Hill Country Mental Health & Developmental Disabilities Center • Nueces Center for Mental Health & Intellectual Disabilities • Border Region Behavioral Health Center
☒	Hospital emergency room personnel	☒	Emergency responders
☒	Faith-based organizations	☒	Community health & human service providers
☒	Probation department representatives	☒	Parole department representatives
☒	Court representatives (Judges, District Attorneys, public defenders) **List the county and the official name and title of participants:* • All Presiding Judges in Bexar County Civil District, Criminal District, Juvenile District, and County Courts.	☒	Law enforcement **List the county/city and the official name and title of participants:* • San Antonio Police Department, Bexar County Sheriff's Office, and all law enforcement agencies within Bexar County.
☒	Education representatives	☒	Employers/business leaders
☒	Planning and Network Advisory Committee	☒	Local consumer peer-led organizations
☒	Peer Specialists	☒	IDD Providers
☒	Foster care/Child placing agencies	☒	Community Resource Coordination Groups
☒	Veterans' organizations	☒	Other: STRAC

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.

- The Center for Health Care Services (LMHA) organized monthly meetings, Community Roundtables that include stakeholders representing various community resources to include both private and public hospitals (adults & children), law enforcement, judges, first responders, Center Advisory Committee (PNAC), mental health service providers, prevention services providers, local health department, Haven for Hope, SASH, and other community resource groups.

- The Bexar County Community Collaborative was organized by The Center for Health Care Services (LMHA), in partnership with the City of San Antonio, Bexar County, and Bexar County Hospital District (d/b/a University Health System). In addition to these primary partners, other committed entities include UT Health San Antonio, Southwest General Hospital, Haven for Hope, Southwest Texas Crisis Collaborative/Southwest Texas Regional Advisory Council, Methodist Healthcare System and Methodist Healthcare Ministries, Baptist Health System, Bexar County Health Collaborative, Clarity Child Guidance Center, South Alamo Regional Alliance for the Homeless, San Antonio Clubhouse, Lifetime Recovery, and Crosspoint. The National Alliance on Mental Illness-San Antonio (NAMI) is also an essential participating partner to ensure consumer and family input is integrated into all levels of planning.

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

- **Sustainability planning:** Continue to look at various funding opportunities for program sustainability after waiver funds are no longer available, the limitations to qualifying for the Affordable Care Act (ACA), and the denial of Medicaid Expansion in the State of Texas. CCBHC funding methodology is unknown.
- **Personnel Workforce:** Adult and Child Psychiatrists, Advanced Practicing Nurses, Registered Nurses, Clinical Practitioners, and Therapists are needed in Bexar County as a whole.
- **Patient Information Exchange:** Constraints and requirements related to patient information presents challenges with data collection and information sharing.
- **Housing:** Insufficient and/or limited affordable permanent housing creates additional struggles for individuals transitioning back into the community.
- **Insurance:** Lack of insurance and increased medication costs are barriers to adequate treatment.

- **Dual Diagnosis Population**: Increased services for individuals with a Dual Diagnosis – both Mental Health & Intellectual Developmental Disability (IDD).
- **Psychiatric Bed Capacity:** Loss of psychiatric beds has strained local stakeholders and resources to develop alternatives to improper hospitalization and criminal justice encounters.
- **IDD:** To address the complex navigation of IDD services, our community is in the planning phases of the development of the Multi Assistance Center (MAC). The MAC is an innovative one-stop facility that provides all medical and non-medical services needed for Individuals with special needs. The MAC care model is designed to be coordinated, comprehensive, complementary, and synergistic – thus ensuring improved communications among the different providers, where individuals and families, with assistance from navigators, will have the ability to meet all their needs through the fully inclusive and accessible campus.
- **Meth/Opioid:** The national opioid epidemic has reached Bexar County. In an effort to confront this public health emergency head-on, Bexar County, the City of San Antonio, and University Health System convened the Joint Opioid Task Force. This interagency public-private collaboration seeks to decrease the number of opioid deaths in Bexar County and develop strategies to address the opioid crisis in a comprehensive manner.
- **Teen suicide:** New numbers from the Bexar County Medical Examiner's Office show the rates of teen suicides in Bexar County have risen over the past five years. A teen suicide taskforce has been convened to advance efforts to prevent teen suicide in the Alamo Area by engaging youth voices and building on best practices to provide clear and ongoing prevention messages; to improve access to care and strengthen the continuum of youth mental health care; and influence related policy.
- **Domestic violence:** In response to the domestic violence crisis in our community, a task force has been convened to investigate possible solutions to prevent more deaths in the community. The task force has been convened to focus on solutions and resources that include reaching out to people before domestic violence becomes a part of their daily lives.

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;
Ensuring the entire service area was represented; and
Soliciting input.

- The Bexar County Community Collaborative was organized by The Center for Health Care Services (LMHA), in partnership with the City of San Antonio, Bexar County, and Bexar County Hospital District (d/b/a University Health System). In addition to these primary partners, other committed entities include UT Health San Antonio, Southwest General Hospital, Haven for Hope, Southwest Texas Crisis Collaborative/Southwest Texas Regional Advisory Council, Methodist Healthcare System and Methodist Healthcare Ministries, Baptist Health System, Bexar County Health Collaborative, Clarity Child Guidance Center, South Alamo Regional Alliance for the Homeless, San Antonio Clubhouse, Lifetime Recovery, and Crosspoint. The National Alliance on Mental Illness-San Antonio (NAMI) is also an essential participating partner to ensure consumer and family input is integrated into all levels of planning.
- CHCS has organized multiple stakeholders, task forces, advisory boards and subcommittees to examine and recommend improvements to existing crisis services. Included are the Community Roundtables, the Adult & Child CIT Committee, and the Jail Diversion Oversight Committee. Those attending have reflected significant diversity, representing individuals of all ages; family members and advocates; mental health services providers; emergency health care providers; the public health system; law enforcement, probation and parole departments; the judiciary; substance abuse providers; and private foundations. As emerging and/or immediate issues arise, ad hoc work groups are formed and meet as full committees and/or subcommittees. Progress reports are provided for specific emphasis areas or priorities and new work assignments are made, as needed. The group continues to meet until their work plan has been accomplished. Policy councils, like the Community Roundtables and Treatment and Care Council, generally meet at minimum of once a month.
- The Southwest Texas Crisis Collaborative (STCC), a division of STRAC, is an effort focused on ending ineffective utilization of services for the safety net population at the intersection of chronic illness, mental illness, and homelessness in San Antonio, Texas and Bexar County.

- Law Enforcement Navigation: Patients who are placed into emergency detention by law enforcement for acute psychiatric needs and are medically stable are navigated to the appropriate psychiatric facility versus area emergency departments. This system change has decompressed local emergency departments, where psychiatric patients were often boarded for hours awaiting a more appropriate facility. All behavioral health facilities with inpatient beds are reporting their diversion status, and MEDCOM, a 24/7 dispatch center currently routing all trauma patients in the region, is now routing medically stable psychiatric patients to an appropriate facility.
- Signify is a collaborative software platform that provides for process consistency while helping identify and solve barriers to care. Signify links social, financial, and community resources with physicians and care professionals across systems to ensure consumers make successful transitions to recovery and wellness. Service providers also have access to a custom network of local resources and support services to help remove barriers and improve care. Signify's cloud-based platform will first be connected via BAA agreements to the health providers, and eventually through an Organized Health Care Arrangement (OHCA). Data collected and distributed by Signify will enable impact comparisons at the provider and Collaborative levels, and quarterly reports will help the Collaborative members use the data to identify and fill gaps and expand "what works".

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

- Avail Solutions, our sub-contractor to provide Crisis Hotline services, averages 21 – 22 staff during business hours.

After business hours

- Avail Solutions, our sub-contractor to provide Crisis Hotline services, averages 8-10 staff after business hours.

Weekends/holidays

- Avail Solutions, our sub-contractor to provide Crisis Hotline services, averages 8-10 staff on weekends and holidays.

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

- Yes, Avail Solutions.

3. How is the MCOT staffed?

During business hours

- During business hours, the CMOT (Children's Mobile Outreach Team) consists of four QMHPs who complete crisis assessment and stabilization to children ages 3-17. Case coordination is completed for children who cannot be stabilized or are in need of psychiatric in-patient care.
- During business hours, the MCOT team consists of five QMHP's. There is a medical provider on-call for the MCOT team 24/7 at the Crisis Care Center. The QMHP's provide active case management with the goal to reduce 911 calls and engage consumer back into services with stabilized treatment and screen for potential enrollment in services.
- Combining the efforts of the PES System of Care and Law Enforcement Navigation, STRAC has also embedded licensed clinicians in MEDCOM 24/7 to assist in facilitating inter-facility transfer requests to the identified PES facilities. Placing a licensed professional in the middle of the transfer process allows multiple treatment options to be considered. Utilizing tele-screening, the clinician can assist in determining whether the patient would benefit from PES, inpatient treatment, or potentially avoid admission all together and be connected back to an assigned treatment team for follow up. Law Enforcement Navigation is addressing the mental health crisis at the scene and the PES System of Care is addressing the mental health crisis occurring in a hospital/emergency department who may not have the service line that would best treat the consumer's conditions.

After business hours

- After business hours, MCOT and CMOT have one QMHP each on duty. There is also a Medical Provider on-call for the MCOT team 24/7 at the Crisis Care Center.

Weekends/holidays

- On weekends and holidays, MCOT has two QMHP's. There is also a Medical Provider on-call for the MCOT team 24/7 at the Crisis Care Center. CMOT has one QMHP on-call on weekends/holidays.

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/CMOT is deployed for all incoming calls for Emergent, Urgent, Routine, and State Bed Authorization. All calls are screened and labeled by the Avail Crisis Line Hotline. Should Law Enforcement/EMS be activated due to nature of the call, Avail will follow-up to obtain disposition.
- CMOT responds to calls to the hotline in the field or in the clinic depending on the level of need. Crisis assessments are completed, and the consumer is either stabilized, or referred to a psychiatric in-patient bed. Consumers requiring medical clearance are referred to the local ER. All crisis consumers receive follow-up care and referrals for crisis follow-up through the LMHA or care coordination is conducted with the consumer's current treatment team if they have providers outside of the LMHA.
- Once a crisis call is initiated, MCOT does not take a lead role. The staff at the Crisis Care Center (CCC) will attempt to resolve the crisis and admit the individual to the extended observation unit where appropriate. CCC staff provides the 24-hour follow-up with each discharge from the CCC. MCOT is on a referral basis. If an individual calls the hotline, MCOT is deployed to provide Crisis

Intervention and Crisis Outreach Services to the individual. Upon resolution of the crisis, MCOT will provide a 24-hour follow-up with the individual.
- The role of MCOT during a crisis when crisis care is initiated through the LMHA is to determine the least restrictive environment.

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: MCOT/CMOT is deployed to the hospital for screening for determination of eligibility for a private psychiatric bed (PPB) and SASH recommendation.

Law Enforcement:

- Law enforcement: Law enforcement will call MCOT/CMOT workers to accompany them on a community call to assist in crisis intervention and to determine the appropriate level of care or least restrictive environment for the individual.

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

- SASH designated staff will call MCOT requesting a pre-screening when a Bexar County resident presents at SASH without LMHA review prior to arrival. This includes voluntary individuals that walk-in seeking admission.
- SASH will call the Crisis Line at 210-223-7233 to request MCOT response.
- MCOT will respond within one hour of request to complete a face-to-face crisis assessment with the individual.
- MCOT will verify County of Residence and funding source.
- MCOT will consult with the SASH provider who completed the initial assessment and if necessary, the CCC provider on-call to provide recommendation of least restrictive treatment.

- MCOT may coordinate transportation to a less restrictive environment if clinically appropriate. This may include options such as Crisis Care Center for evaluation or community setting when deemed clinically appropriate by CCC doctor.
- Transportation of consumers will be coordinated by MCOT staff.
- Superior Care transportation may be used when clinically necessary when transporting to Crisis Care Center. Administrator approval is required for this mode of transfer.

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

During business hours:

- If the individual is unfunded, they call Crisis to determine eligibility for a private psychiatric bed. If the individual is funded, they may be taken to a hospital in the community.

After business hours:

- If the individual is unfunded, they call Crisis to determine eligibility for a private psychiatric bed. If the individual is funded, they may be taken to a hospital in the community.

Weekends/holidays:

- If the individual is unfunded, they call the Crisis to determine eligibility for a private psychiatric bed. If the individual is funded, they may be taken to a hospital in the community.

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?

- MCOT/CMOT is trained to consider and recommend the least restrictive alternative. MCOT/CMOT teams consider all appropriate least restrictive alternatives while also establishing what additional, if any, medical clearance is needed. If medical clearance is needed, MCOT staff utilizes the Crisis Care Center or nearest Emergency Department depending on direction from Center medical staff and the nature and urgency of the medical issue. CMOT refers to local ERs for medical clearance for children with this need. MCOT /CMOT teams also staff cases with The

Center's UM department about appropriateness for facility-based care, through one of The Center's crisis beds or authorization for inpatient psychiatric hospitalization.

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

- MCOT/CMOT is trained to consider and recommend the least restrictive alternative. MCOT/CMOT teams consider all appropriate least restrictive alternatives while also establishing what additional, if any, medical clearance is needed. If medical clearance is needed, MCOT staff utilizes the Crisis Care Center or nearest Emergency Department depending on direction from Center medical staff and the nature and urgency of the medical issue. CMOT refers to local ERs for medical clearance for children with this need. MCOT /CMOT teams also staff cases with the Center's UM department about appropriateness for facility-based care, through one of Center's crisis beds or authorization for inpatient psychiatric hospitalization.

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

- The Center participates in MEDCOM, which is operated by STRAC. MEDCOM is a regional coordination center that facilitates trauma transfers to the appropriate level of care in the TSA-P area and adjacent Trauma Service Areas. Most recently, it included psychiatric crisis. All psychiatric crises are coordinated with MEDCOM partners to determine community capacity for hospitalization or appropriate setting for care.
- If an individual needs admission to a hospital, they will be transported by either the LMHA or Law Enforcement. A provider to provider contact will be initiated between the LMHA and the hospital provider to coordinate the case.

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).

- Seeking the least restrictive environment, individuals may be brought to the Crisis Care Center and admitted for up to 48-hour crisis observation. Additionally, The Center provides for

additional residential services (7-10 days) after stabilization at the EOU or inpatient hospitalization at our Josephine Recovery Center location.

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 first point of triage is the crisis line.
- Crisis assesses level of risk and/or danger.
- Law enforcement is notified, and law enforcement & crisis line notify MCOT/CMOT personnel.
- MCOT/CMOT respond with the officer or meet the officer at location.
- If law enforcement is not required, and there is a sense of unknowns and/or risk, 2 MCOT workers will field the location.
- If it is routine and there are no known risks, one MCOT worker will tend the call; this is minimal.

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

- For adults, if an inpatient bed is not available and the individual does not meet the criteria for The Center's Crisis Residential program, he or she is taken to the nearest Emergency Department. Beginning in June 2018, the Center through a partnership with Nix Health opened a new 15 Bed Crisis Stabilization Unit offers short-term residential treatment for adults, including medical and nursing services, designed to reduce acute symptoms of mental illness and prevent admission to an inpatient mental health facility, including the state hospital. CHCS's Crisis Care Center assesses and authorizes consumers to the CSU. While the CSU was established, it is currently on hold due to Nix Health closure.

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?

- Crisis Transitional Services (CTS) will provide a 90-day authorization for crisis intervention services and case management. The individual will then be referred to outpatient services where appropriate.

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

- The referring entity is typically responsible for the transportation of individuals who are voluntary and not on an emergency detention. For example, the emergency department may elect to place the person in a taxicab, contract with local law enforcement for off-duty officers to transport, or contract with local ambulance services to provide transport to the psychiatric hospital for admission.

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	Josephine Recovery Center
Location (city and county)	San Antonio, Bexar County
Phone number	210-261-3800
Type of Facility (see Appendix A)	Crisis Residential/Respite Unit
Key admission criteria (type of individual accepted)	All patients must be referred from an inpatient facility to the Josephine Recovery Center for approval and scheduled admission. Admission to the Residential Unit is determined upon medical clearance and no need for higher level of care.
Circumstances under which medical clearance is required before admission	Open wound, infectious diseases, uncontrolled hypertension, diabetes, intractable pain
Service area limitations, if any	Individuals who display violent behaviors cannot be served
Other relevant admission information for first responders	None
Accepts emergency detentions?	No
Number of Beds	16

Name of Facility	Crisis Care Center

Location (city and county)	San Antonio, Bexar County
Phone number	210-225-5481
Type of Facility (see Appendix A)	Extended Observation Unit (EOU)
Key admission criteria (type of individual accepted)	All patients that present to the Crisis Care Center are screened and assessed. Admission to the Observation Unit is determined upon medical clearance and no need for higher level of care.
Circumstances under which medical clearance is required before admission	Open wound, infectious diseases, uncontrolled hypertension, diabetes, intractable pain
Service area limitations, if any	Individuals who display violent behaviors cannot be served
Other relevant admission information for first responders	None
Accepts emergency detentions?	Yes
Number of Beds	16

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	Southwest General Hospital
Location (city and county)	San Antonio, Bexar County
Phone number	210-921-2000
Key admission criteria	Suicidal, homicidal, exacerbated deterioration in functioning
Service area limitations, if any	Rapid Crisis Stabilization Beds – 15; Private Psychiatric Beds – 20
Other relevant admission information for first responders	Contact the CHCS Mobile Crisis Outreach Team for potential admission recommendation
Number of Beds	Rapid Crisis Stabilization Beds – 15; Private Psychiatric Beds – 20

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 – 15; Private Psychiatric Beds – 20
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Guaranteed Set.
If under contract, what is the bed day rate paid to the contracted facility?	Rapid Crisis Stabilization Unit -$642.00 daily bed rate Private Psychiatric Beds -$610.00 per day, per contracted adult psychiatric inpatient hospital bed.
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	

Name of Facility	Clarity Child Guidance Center
Location (city and county)	San Antonio, Bexar County
Phone number	210-616-0300
Key admission criteria	Suicidal, homicidal, exacerbated deterioration in functioning

Service area limitations, if any	Children ages 3-11 or when the State Hospital is at capacity
Other relevant admission information for first responders	
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)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed.
If under contract, what is the bed day rate paid to the contracted facility?	$700.00
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	As needed.
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	

Name of Facility	San Antonio Behavioral Healthcare Hospital
Location (city and county)	San Antonio, Bexar County
Phone number	(210) 541-5300
Key admission criteria	Suicidal, homicidal, exacerbated deterioration in functioning
Service area limitations, if any	Children ages 3-11
Other relevant admission information for first responders	Contact the Children's Mobile Crisis Outreach Team for potential admission recommendation
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)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed.
If under contract, what is the bed day rate paid to the contracted facility?	$700.00
If not under contract, does the LMHA/LBHA use facility for	As needed.

single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	

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.

- Assertive Community Treatment (ACT): Psychiatric medication management, psychosocial rehabilitative services, and comprehensive support for individuals with frequent psychiatric hospitalizations.
- Assisted Outpatient Treatment (AOT): Civil court ordered program designed for individuals who are chronically non-compliant with psychiatric treatment and would otherwise require inpatient hospitalization.
- Senate Bill 292 Funding – Helped to establish a Forensic Assertive Community Treatment (FACT) team to provide intensive, multi-disciplinary treatment and services to consumers with SMI and frequent jail bookings, history of incarceration or repeated criminal justice involvement. The FACT team provides core, fidelity-defined services of the Tool for Measurement of Assertive Community Treatment (TMACT). The FACT team has been trained on the Risk-Need-Responsivity (RNR) principles, thereby implementing the most state-of-the-art clinical models of care for this population. By including an RNR component, the FACT team has the capability to assess and reduce various aspects of criminogenic risk, e.g., criminal thinking, substance use, and associating with bad influences.
- Outpatient Competency Restoration Program (OCR): Provides supervision, treatment, training and residential and community-based placement following the legal finding of incompetent to stand trial.

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

- In 2015, Methodist Healthcare Ministries of South Texas engaged the Meadows Mental Health Policy Institute (MMHPI) to review the performance of Bexar County behavioral health systems. A primary consideration was verifying the adequacy of the existing system of care for consumers with severe needs. According to the MMHPI study, the gap between need and resources widens in direct proportion to the intensity of consumer needs. Although CHCS serves a relatively higher proportion of consumers with complex needs than other LMHAs, systemic capacity across providers is insufficient. The absence of adequate and appropriate care was found to escalate disease progression and tax the public health and justice systems.
- A second study funded by Methodist Healthcare Ministries in 2016, and conducted by Capital Healthcare Planning, sought to verify the service utilization patterns of highest need consumers, particularly the *3,354 adults* classified as both *high utilizers of tertiary care and frequently detained by law enforcement.* Key findings about this population subset follow: 54% have COPSD; most all have one or more chronic physical health conditions; 57% are covered by Medicaid; most live in poverty or are very low income; and, 40% seek care across multiple systems and clinical settings each year. While these consumers represent 10% of the local safety net population, they account for 41% of total care encounters, averaging 38.8 encounters per consumer per year, at a cost of $201M to public and private health and legal systems.

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

- The Center does not have dedicated jail liaison position; however, we do have available Care Managers that coordinate services as needed. The jail social workers distribute a weekly list of individuals currently receiving their services and we review that list to determine if any of the individuals have been served by CHCS in the past year. In addition, we are able to determine if any of the individuals are being transferred from a state mental health facility (SMHF). If any individuals are identified on the weekly list, the Care Managers will visit the jail to provide information, complete assessments, and will attend court on their behalf if requested.
- In addition, if any court ordered defendant was arrested, we are available to assist with medications and educate the individual about competency disposition before a trial date is set.

- CHCS clinicians are assigned to the Central Magistrate facility 24-7-365, to ensure that all consumers with screening results indicating possible SMI or COPSD who are eligible for a Personal Recognizance Bond or Commercial Bonds also are assessed, rapidly identified, and quickly filtered into CHCS services.

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.

- The Center has one Care Manager and two Senior Care Managers.

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

- CHCS seeks to increase the mental illness and competency awareness, education, and to avoid the revolving door phenomenon and minimizing mentally ill individuals from acquiring new criminal charges due to lack of treatment.
- With the funding of Senate Bill 292, CHCS will continue to explore options with community stakeholders to re-open the 15 bed CSU to offer short-term residential treatment, including medical and nursing services, designed to reduce acute symptoms of mental illness and prevent admission to an inpatient mental health facility, including the state hospital.
- Both ACT (treatment coordinated by a multidisciplinary team with high staff-to-client ratios that assumes 24/7 responsibility for clients' case management and treatment needs) and FACT, an ACT-like program adapted for consumers involved in the criminal justice system and focused on preventing arrest and incarceration.

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.)?

- Existing Outpatient Competency Restoration programs are strong alternatives for keeping Incompetent to Stand Trial defendants incarcerated if they are deemed a good candidate based on assessments. An Inpatient Competency Restoration Program would be a more suitable venue for severe offenders. CHCS does not currently operate a jail-based competency restoration program.

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

- Closer supervision to incarcerated individual is needed to detect early sign of mental illness and quick referral for competency evaluation and treatment. One of the barriers is refusal of dismissing TBI/ABI, dementia, Alzheimer disorder/cases with 2nd or 3rd degree felonies. Defendants who suffer from these neurocognitive or chronic disorders are warehoused and will never be restored to competency.

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?

- The Restoration Center provides emergency psychiatric, substance use, and physical healthcare services all in one centralized location at 601 N. Frio in San Antonio, Texas.
- Collaboration with the South Texas Regional Advisory Committee (STRAC) and its members has resulted in the development of MEDCOM and Law Enforcement Navigation. Patients who are placed into emergency detention by law enforcement for their acute psychiatric needs and are medically stable are navigated to the appropriate psychiatric facility versus area emergency departments. This system change has decompressed local emergency departments, where psychiatric patients were often boarded for hours awaiting a more appropriate facility. All behavioral health facilities with inpatient beds are reporting their diversion status, and MEDCOM, a 24/7 dispatch center currently routing all trauma patients in the region, is now routing medically stable individuals to the appropriate facility.
- Signify is a collaboration software platform that provides for process consistency while helping identify and solve barriers to care. Signify links social, financial, and community resources with physicians and care professionals across systems to ensure consumers make successful transitions to recovery and wellness. Service providers also are able to access a custom network of local resources and support services to help remove barriers and improve care. Signify's cloud-based platform will first be connected via BAA agreements to the health providers, and eventually through an Organized Health Care Arrangement (OHCA). Data collected and distributed by Signify

will enable impact comparisons at the provider and Collaborative levels, and quarterly reports will help the Collaborative members use the data to identify and fill gaps and expand "what works".

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

- With Senate Bill 292 and HB 13 and Local funding, CHCS and its partners will continue to support existing resources including the below:
- A 15-bed secure Crisis Stabilization Unit (CSU). The new CSU offered short-term residential treatment, including medical and nursing services, designed to reduce acute symptoms of mental illness and prevent admission to an inpatient mental health facility, including the state hospital. CHCS's Crisis Care Center assesses and admits consumers to the CSU. The 15 bed CSU was established with SB 292 funding was closed in September 2019 with the closing of Nix Health.
- FACT and ACT Teams. CHCS established a Forensic Assertive Community Treatment (FACT) team to provide intensive, multi-disciplinary treatment and services to consumers with SMI and frequent jail bookings. The FACT team provides core, fidelity-defined services of the Tool for Measurement of Assertive Community Treatment (TMACT) and utilize Risk-Need-Responsivity (RNR) principles, thereby implementing the most state-of-the-art clinical models of care for this population. By including an RNR component, the FACT Team has the capability to assess and, therefore, reduce, various aspects of criminogenic risk, e.g., criminal thinking, substance use, and associating with bad influences. Model implementation also will reduce recidivism by matching interventions to each person's specific risk factors.
- Since the establishment of CHCS's current Assertive Community Treatment (ACT) team, fidelity standards have evolved. The Center has secured the training and preparation necessary for these teams to meet the HHS-endorsed TMACT fidelity model while also incorporating the RNR framework. With RNR proficiency, ACT staff will be able to distinguish between consumers who have low to moderate criminogenic risk (and are therefore appropriate for ACT) and those with high criminogenic risk (and are therefore appropriate for FACT). Intensive training and technical assistance will be provided to new and existing staff to develop an evidence-based FACT team and to build the capacity of existing ACT Team members to meet current ACT fidelity standards.
- Additional clinical staff at Central Magistration during weekends and holidays. By assigning CHCS clinicians to the Central Magistrate's jail diversion program 24-7-365, Bexar County will ensure

that all consumers with screening results indicating possible SMI or COPSD who are eligible for a Personal Recognizance Bond are assessed.

- With House Bill 13 funding, supplemented by local match, CHCS and its partners propose to expand existing resources. New investment including the below:
- The Recovery Connections program and intensive case management resources to improve connections to and delivery of continuity care to a high need target population, especially those who have been recently discharged from the hospital. The Recovery Connection model applies a multi-disciplinary, team-based approach to ensure rapid access to ongoing treatment for funded and unfunded consumers with SMI who are unable to obtain timely appointments in the immediate post-discharge period.
- CHCS has expanded its Primary Care services to five locations including four outpatient clinics for adults and most recently one clinic for children locations serving over 600 consumers, which represents great progress in the journey to a full integration. Integrated care services involve monitoring Body Mass Index (BMI), controlling high blood pressure and tobacco screenings and cessation in addition to traditional behavioral health care services.
- PICC (Program for Intensive Care Coordination) was developed in partnership with San Antonio Fire Department EMS Mobile Integrated Healthcare (SAFD-EMS-MIH), San Antonio Police Department Mental Health Unit (SAPD-MHU), and The Center for Health Care Services (CHCS). This multidisciplinary approach was created in an effort to reduce emergency detentions and the subsequent use of emergency and inpatient services by providing ongoing engagement and wraparound care tailored specifically to each patient's unique needs. The services may consist of ongoing engagement, care coordination, medication management, transportation, and connections to other community resources. By forming a team consisting of a Mobile Integrated Healthcare Medic, a specialized Mental Health Officer, and a Qualified Mental Health Professional, various skill sets and resources are available to the patient.
- Chronic Crisis Stabilization Initiative (CCSI) is a collaborative program with the San Antonio Police Department and The Center aimed at reducing the over-utilization of 911 and emergency services by consumers with persistent mental health needs. CHCS will provide clinical personnel and its resources to provide care coordination and mental health services to the targeted population. The services may consist of ongoing engagement, care coordination, medication management, transportation, and connections to other community resources. The target population will be based

off referrals from the San Antonio Police Department (SAPD), SAPD Mental Health Unit, and SAPD Fusion Threat Assessment Team.

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?

- CHCS will share this information via its website www.chcsbc.org and through its social media platforms (Facebook and Twitter). Additionally, the Center publishes and distributes over 30 different brochures and flyers listing crisis facilities, locations, and hotline numbers for mental health and substance use disorders.
- The Center is a member of the Southwest Texas Advisory Council (STRAC). STRAC serves a 22-county area in south central Texas that includes Bexar County. All hospitals, first responders including law enforcement, fire departments, EMS and private behavioral health provider organizations meet monthly at a STRAC Behavioral Committee meeting. This is another forum to share the Psychiatric Emergency Plan.
- Patients who are placed into emergency detention by law enforcement for their acute psychiatric needs and are medically stable are navigated to the appropriate psychiatric facility versus area emergency departments. This system change has decompressed local emergency departments, where psychiatric patients were often boarded for hours awaiting a more appropriate facility. All behavioral health facilities with inpatient beds are reporting their diversion status, and MEDCOM, a 24/7 dispatch center currently routing all trauma patients in the region, is now routing medically stable psychiatric patients to an appropriate medical facility.

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?

- MCOT and LMHA staff participates in staffing and informational meetings where they participate in education on the plan and the goals of CHCS in assisting individuals with mental illness in the community. CHCS uses Relias Training Software to ensure all staff complete and maintain a record of all trainings. Crisis Intervention, Mental Health First Aid

and other psychiatric emergency training are provided to all staff annually. Trainings are offered monthly for courses like SAMA, etc.

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
Bexar	• Coordination and communication of services and responsiveness of all first responders to include police, fire and EMS first responders. Coordination has begun with a project for all first responders and the LMHA to meet monthly to identify barriers and develop solutions. The STRAC Behavioral Health Committee meets monthly to address any gaps in service delivery. The Community Roundtables (CRT) has been meeting monthly for the past eighteen years. The CRT members includes local hospitals and other community healthcare organizations, political leadership, law enforcement leadership, the Bexar County MH Department, Universities and other educational organizations, NAMI, STRAC, and	• Continue regular meeting of community partners as described. Gaps in service addressed monthly primarily through work group/Tiger teams as identified STRAC Behavioral Health Committee with regular follow up to ensure needs met. Continued support of CHCS Program for Intense Care Coordination (PICC) program developed to reduce repeated hospital visits for non-emergent mental health conditions thereby minimizing gap in care of highest utilizers.

	many other community stakeholders. The CRT monthly meeting continuously examines gaps in services and develops workgroups or uses existing workgroups to address needs and gaps in services.	

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:

• MCOT provides active case management to reduce 911 calls and engage consumer into services with stabilized treatment. Child Mobile Outreach Team (CMOT) completes crisis assessment and stabilization for children ages 3 – 17. • Combining the efforts of the PES System of Care and Law Enforcement Navigation, STRAC has also embedded licensed clinicians in MEDCOM 24/7 to assist in facilitating inter-facility transfer requests to the identified PES facilities. Placing a licensed professional in the middle of the transfer process allows multiple treatment options to be considered. Utilizing tele-screening, the clinician can assist in determining whether the patient would benefit from PES, inpatient treatment, or potentially avoid admission all together and be connected back to an assigned treatment team for follow up. • Law Enforcement Navigation is addressing the mental health	• Bexar	• Continue with existing programs and services with mobile crisis outreach teams. • Continue working with community stakeholders, hospital emergency departments, and criminal justice partners to build partnerships and support community members in crisis. • Continue to educate existing programs and services, our criminal justice partners, the community, other medical providers, and those we serve about competency, mental illness, and access to treatment. • Incorporate the mental health crisis response needs of the Local Service Area (Bexar County) with existing coordination efforts such as the Southwest Texas Regional Advisory Committee (STRAC), which coordinates the County response to physical health care emergencies. • Exploring options with Bexar County Sherriff's Office and

crisis at the scene and the PES System of Care is addressing the mental health crisis occurring in a hospital/emergency department who may not have the service line that would best treat the consumer's conditions. • MCOT/CMOT is deployed to the hospital for screening for determination of eligibility for a private psychiatric bed (PPB) and SASH recommendation. • Law enforcement will call MCOT/CMOT workers to accompany them on a community call to assist in crisis intervention and to determine the appropriate level of care or least restrictive environment for the individual. • MCOT/CMOT is trained to consider and recommend the least restrictive alternative. MCOT/CMOT teams consider all appropriate least restrictive alternatives while also establishing what additional, if any, medical clearance is needed. If medical clearance is needed, MCOT staff utilizes the		Acadian Ambulance for a CAHOOTs program. • Working with City of San Antonio to evaluate calls for law enforcement and alternatives to deploying officers.

Crisis Care Center or nearest Emergency Department depending on direction from Center medical staff and the nature and urgency of the medical issue. CMOT refers to local ERs for medical clearance for children with this need. MCOT /CMOT teams also staff cases with the Center's UM department about appropriateness for facility-based care, through one of Center's crisis beds or authorization for inpatient psychiatric hospitalization.		

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Law enforcement, CIT, and MHD will meet at location but staff does not travel together. • If and when law enforcement transports an individual to our crisis facility or a local hospital, staff travels behind to ensure safe arrival and then provide service linkage to resources depending on disposition.	• Bexar	• Through the support of the DASH grant, The Center built partitioned access to individual information to increase collaboration with Law Enforcement and expedite access to care with the entire team. • With Senate Bill 292 funding The Center assigned clinicians to the Central Magistrate's jail diversion program 24-7-365,

• Provides Law Enforcement with an easily accessible drop off point for individuals being transferred to the Crisis Care Center. All staff encounters with law enforcement, on behalf of the individuals, are documented. • MCOT staff provides CIT training for dispatch, first responders, Law Enforcement staff, court personnel, and probation personnel. • Co-location of Clinicians at the Bexar County Central Magistrate Dept. to screen, assess, and divert to outpatient mental health Jail Diversion program, sobering or detox unit or Haven for Hope Dormitory Housing pilot program. • The Crisis Transitional Services team will provide wraparound services, case management and crisis intervention for those individuals that are not hospitalized.		Bexar County to ensure that all consumers with screening results indicating possible SMI or COPSD who are eligible for a Personal Recognizance Bond and Commercial Bonds also are assessed and consumers' needs are rapidly identified and he or she is quickly filtered into CHCS services. At this time, only Crisis Care Center and MCOT provide "real-time" services in the community with local Law Enforcement on the Intercept 1 level. • Continue with existing programs and services; continue working with criminal justice partners. • Continue educating about competency & mental illness. Encourage lawyer to research the psychiatric background of their individual to direct to the right source and avoid long time incarceration and neglect with exacerbation of mental illness symptoms. • Incorporate the mental health crisis response needs of the Local Service Area (Bexar

		County) with existing coordination efforts such as the Southwest Texas Regional Advisory Committee (STRAC), which coordinates the County response to physical health care emergencies. • Continue to participate in Signify to track service utilization and verify impact on consumers' arrest or incarceration, or subsequent use of crisis services. Signify is a collaboration software platform that provides for process consistency while helping identify and solve barriers to care. Signify will link social, financial, and community resources with physicians and care professionals across systems to ensure consumers make successful transitions to recovery and wellness. Service providers also will be able to access a custom network of local resources and support services to help remove barriers and improve care.

		• Continue to educate existing programs and services, our criminal justice partners, the community, other medical providers, and those we serve about competency, mental illness, and access to treatment.

Intercept 2: Post Arrest Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Potential individuals for outpatient, sobering/detox or Haven for Hope Dormitory Housing pilot program are screened and assessed at the Bexar County Magistrate Dept. by CHCS clinicians for jail/magistrate diversion into mental health services or other diversions. • Provide screening and assessment for referred probation, parole and pre-trial referrals in all settings as needed, including the Municipal Court.	• Bexar	• With Senate Bill 292 funding The Center has assigned clinicians to the JIAA jail diversion program 24-7-365, Bexar County will ensure that all consumers with screening results indicating possible SMI or COPSD who are eligible for a Personal Recognizance and Commercial Bonds are assessed and consumers' needs are rapidly identified and he or she is quickly filtered into CHCS services. • Continue to support the Magistrates Division to identify and divert individuals arrested for violations who have mental illnesses.

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Attend hearings and advocate within criminal justice system for behavioral health interventions for existing and potential individuals. • Currently CRP (Community Reintegration Program) and CAIP (Community Alternatives to Incarceration Program) can accept individual referrals from diversion at Central Magistration level when individuals are first brought in for arrest or tickets; or in outpatient based upon referrals from Community Supervision programs, such as Pre-Trial, Probation, and Parole. • Individuals screened by specialty Pre-trial officer co-located in the Bexar County Adult Detention Center (local jail) that can request a conditional bond release to outpatient Jail Diversion program from presiding judge in either the district or county courts within the first 5-7 days or admission to local jail.	• Bexar	• Exploring implementation of a jail based competency restoration program with SASH. • County personnel (judges, district attorneys, administrators, etc.) require further education to decrease stigma of mental illness being treated in the community and increase their knowledge on the array of outpatient mental health services available to individuals being served. • With Senate Bill 292 funding, The Center has established a Forensic Assertive Community Treatment (FACT) team to provide intensive, multi-disciplinary treatment and services to consumers with SMI and frequent jail bookings. The FACT team provides core, fidelity-defined services of the Tool for Measurement of Assertive Community Treatment (TMACT) and utilize Risk-

• CRP and CAIP can typically provide an intake/screening appt. within 3-4 business days and provide access to prescriber services within 7-10 business days. • Ensures defendant is evaluated for competency if needed. Take a close look to the competency evaluation report; advocate for Outpatient Competency restoration services as first choice to avoid incarceration or inpatient referrals.		Need-Responsivity (RNR) principles, thereby implementing the most state-of-the-art clinical models of care for this population. By including an RNR component, the FACT Team has the capability to assess and, therefore, reduce, various aspects of criminogenic risk, e.g., criminal thinking, substance use, and associating with bad influences. Model implementation also will reduce recidivism by matching interventions to each person's specific risk factors. • Since the establishment of The Center's current Assertive Community Treatment (ACT) team, fidelity standards have evolved. The Center secured the training and preparation necessary for these teams to meet the HHS-endorsed TMACT fidelity model while also incorporating the RNR framework. With RNR proficiency, ACT staff is able to distinguish between

		consumers who have low to moderate criminogenic risk (and are therefore appropriate for ACT) and those with high criminogenic risk (and are therefore appropriate for FACT).

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Provide advocacy and services in the jail throughout incarceration to ensure individual has coordination during transition back into the community. • Provide intensive case management that coordinate wraparound services to ensure needs are met following release. • Currently CRP (Community Reintegration Program) and CAIP (Community Alternatives to Incarceration Program) can accept individual referrals from jails and prisons. • CHCS works with Bexar County MH Dept.,	• Bexar	• With Senate Bill 292 funding, The Center established a Forensic Assertive Community Treatment (FACT) team to provide intensive, multi-disciplinary treatment and services to consumers with SMI and frequent jail bookings. The FACT team provides core, fidelity-defined services of the Tool for Measurement of Assertive Community Treatment (TMACT) and Risk-Need-Responsivity (RNR) principles, thereby implementing the most state-of-the-art clinical models of care for this population. By including an RNR component, the FACT Team has the

Judicial Services (and associated programs), Adult Probation and State Parole Depts. to provide timely access for screening & intake into jail diversion and probation programs typically within 5 - 7 business days of referral received and provides access to prescriber services within 7-10 business days. CHCS can provide services to individuals that are re-entering the community from both jail and prison settings. • Provide continuity of care to offenders releasing from prison/jail to be linking in to needed treatment programs. • LMHA operates an Assertive Community Treatment Team to provide post release services to people with mental illnesses who have been released from jails.		capability to assess and, therefore, reduce, various aspects of criminogenic risk, e.g., criminal thinking, substance use, and associating with bad influences. Model implementation also will reduce recidivism by matching interventions to each person's specific risk factors. • Since the establishment of The Center's current Assertive Community Treatment (ACT) team, fidelity standards have evolved. The Center has secured the training and preparation necessary for these teams to meet the HHS-endorsed TMACT fidelity model while also incorporating the RNR framework. With RNR proficiency, ACT staff is able to distinguish between consumers who have low to moderate criminogenic risk (and are therefore appropriate for ACT) and

		those with high criminogenic risk (and are therefore appropriate for FACT). Intensive training and technical assistance will be provided to new and existing staff to develop an evidence-based FACT team and to build the capacity of existing ACT Team members to meet current ACT fidelity standards.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Individuals are referred to CHCS by individual probation/parole officers or specialized county or district units in the community once it is determined that individual needs or could benefit from MH treatment. Individuals referred by their POs or specialized units for screening and assessment into CAIP or Specialty Court Programs (CRP or CC-12) will usually receive a screening and intake appt. within 5-7 business days of referral received. Different	• Bexar	• The Recovery Connections program and intensive case management resources to improve connections to and delivery of continuity care to a high need target population, especially those who have been recently discharged from the hospital. The Recovery Connection model applies a multi-disciplinary, team-based approach to ensure rapid access to ongoing treatment for funded and unfunded consumers with SMI who are

counties and district courts of Bexar County can also transfer individuals into Specialty Courts. • Provide screening and assessment for referred probation, parole and pre- trial referrals. • Work directly with Parole and Probation officers. • Work in co-located facilities with criminal justice staff. • Educate lawyers about mental illness, its effects, and available treatment. • LMHA operates a Mobile Crisis Outreach Team that is available 24/7/365 to routinely screen for mental illnesses and substance abuse disorders. The MCOT team assists various community organizations in training SAPD officers and Bexar County Sheriff's Deputies in Crisis Intervention Training (CIT). CIT is 40-hour weeklong training in crisis intervention and de-escalation techniques. CIT training is being provided at both Law Enforcement training		unable to obtain timely appointments in the immediate post-discharge period. • PICC (Program for Intensive Care Coordination) was developed in partnership with San Antonio Fire Department EMS Mobile Integrated Healthcare (SAFD-EMS-MIH), San Antonio Police Department Mental Health Unit (SAPD-MHU), and The Center for Health Care Services (CHCS). This multidisciplinary approach was created in an effort to reduce emergency detentions and the subsequent use of emergency and inpatient services by providing ongoing engagement and wraparound care tailored specifically to each patient's unique needs. The services may consist of ongoing engagement, care coordination, medication management, transportation, and connections to other community resources. By forming a team consisting of a

academies and other first responder organizations.		Mobile Integrated Healthcare Medic, a specialized Mental Health Officer, and a Qualified Mental Health Professional, various skill sets and resources are available to the patient. • Chronic Crisis Stabilization Initiative (CCSI) is a collaborative program with the San Antonio Police Department (SAPD) and The Center for Health Care Services (CHCS) aimed at reducing the over utilization of 911 and emergency services by consumers with persistent mental health needs. CHCS will provide clinical personnel and its resources to provide care coordination and mental health services to the targeted population. The services may consist of ongoing engagement, care coordination, medication management, transportation, and connections to other community resources. The target population will be based off referrals from the

		San Antonio Police Department, SAPD Mental Health Unit and SAPD Fusion Threat Assessment Team.

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	• Gap 6 • Goal 2	• Limited provider capacity for prescribers and licensed clinical practitioners	• Continue to increase telemedicine utilization • Improve efficiency with enrollment to services • Offer competitive compensation packages in line with market compensation • Follow standard caseloads that account for acuity • Follow productivity standards • Employ prescriber scheduling within 3 – 5 days of needed visit • Address no-show rate through changes to service agreement and utilization of walk-in status
Improving continuity of care between inpatient care and	• Gap 1 • Goals 1,2,4	• Providing follow-up services to individuals who have been admitted to psychiatric hospital	• Continue to offer current services in addition to linking individuals to a Care Manager within 2 days to complete the

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
community services and reducing hospital readmissions		within 7 days of discharge • Seen by a Prescriber within 15 days of discharge from the hospital	first face-to-face meeting 7 days after discharging from the hospital and engaging individual. • For existing consumers, CHCS will ensure assigned Care Manager sees individual face-to-face within 7 days of discharge or documents that an engagement attempt was made. • With House Bill 13 funding, The Center has invested to increase intensive case management resources to improve connections to and delivery of continuity care to a high need target population, especially those who have been recently discharged from the hospital. The Recovery Connection model applies a multidisciplinary, team-based approach to ensure rapid access to ongoing treatment for funded and unfunded consumers with SMI who are unable to obtain timely

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			appointments in the immediate post-discharge period.
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• Complete Utilization Reviews on a regular basis. • As the individual approaches discharge readiness, they are linked to services that will assist them in transitioning/maintaining in the community. • Attends staffing and is available to the State Mental Health Facilities (SMHF) treatment teams on a routine basis. • Forensically committed individuals are linked to the Forensic Court Services Unit as needed. ABH/CBH serves individuals per the LOCA, with re-assessments completed	• Continue current actions, with adjustments made as the State Hospital Allocation Methodology (SHAM) is updated. • Continue current actions, with adjustments made as deemed necessary. • With House Bill 13 funding, The Center has invested to increase intensive case management resources to improve connections to and delivery of continuity care to a high need target population, especially those who have been recently discharged from the hospital. The Recovery Connection model applies a multidisciplinary, team-based approach to ensure rapid access to ongoing treatment for funded and unfunded consumers with SMI who are unable to obtain timely

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		as the individuals needs increase/change. • Crisis Services to include MCOT/CMOT screen potential admissions to SMHF's and makes recommendations to less restrictive alternatives as appropriate. • Individuals in Bexar County jail who are known/thought to be experiencing mental health issues are screened and diverted to civil commitments whenever possible to prevent potentially lengthy 46B commitments. • UM department reviews and authorizes any civil SMHF admissions. Those admitted to SMHF are reviewed by Continuity of Care (CoC) for	appointments in the immediate post-discharge period. • With Senate Bill 292 funding, The Center in partnership with Nix Health developed a 15-bed secure Crisis Stabilization Unit (CSU). The CSU offered short-term residential treatment, including medical and nursing services, designed to reduce acute symptoms of mental illness and prevent admission to an inpatient mental health facility, including the state hospital. CHCS's Crisis Care Center is the front door for services and assess and admit consumers to the CSU. Developed, for 18 months—currently on hold due to Nix Health closure.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		appropriateness for continued stay and linked to services as needed. • UM agreement is followed to include final authorization date and appeal process. Every effort is made to enroll individuals in CHCS on the date of discharge from a SMHF or Private Psychiatric Bed (PPB).	
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• Complete CBT, CPT, DBT certification training and supervision ensuring competency. • Care Managers are trained on fidelity-based practices. • All programs are aligned with therapeutic intervention protocols to ensure fidelity and adhere to DSHS performance contract	• Working with SAMHSA and the PBHCI Grant in ensuring EBP's. • Continue to trend data and look for operational or other reasons/rationale if fidelity becomes an issue. • Continue utilizing prescribed DSHS and TCOOMMI treatment models. • Continue to train our staff for fidelity-based practices and

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		metrics, GFC contract requirements, and CAIP 1115 Waiver metrics. • All clinicians receive ongoing coaching and feedback to ensure fidelity. • Utilize a Clinical Consultant to provide CBT individual and group supervision, as well as one-on-one coaching. • Provider individual supervision for QMHP's and LPHA's. • Conduct quality assurance reviews and clinical observations. • Developed Core Competencies for Clinical Staff.	review for quality assurance that such are being implemented. • Continue providing coaching and feedback. • Establish process to provide additional training needed to enhance Clinical Core Competencies. • Implement Core Competencies evaluation, observation, and follow-up processes. • Since the establishment of The Center's current Assertive Community Treatment (ACT) team, fidelity standards have evolved. The Center secured the training and preparation necessary for these teams to meet the HHS-endorsed TMACT fidelity model while also incorporating the RNR framework. With RNR proficiency, ACT staff is able to distinguish between consumers who have low to moderate

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			criminogenic risk (and are therefore appropriate for ACT) and those with high criminogenic risk (and are therefore appropriate for FACT). Intensive training and technical assistance will be provided to new and existing staff to develop an evidence-based FACT team and to build the capacity of existing ACT Team members to meet current ACT fidelity standards.
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• Peer integration. • Use of trauma informed therapeutic modalities. • Recovery model based treatment. • Implemented customer satisfaction surveys. • Positions for Peer Support specialists are posted, and interviews are scheduled with qualified candidates.	• Working to increase our Peer Support Services and employees. • Improve outreach to community partners to increase links for potential candidates for Peer Support specialists' positions. • Continue to train and incorporate ROSC strategies. • Provide Wraparound and Motivational Interviewing Staff training.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		• Utilizing Family Partners to provide additional support, connect to services, and develop long-term recovery strategies. • The outpatient clinics are working towards fully implementing the ROSC model. • IHWWP has implemented the ROSC model. • CHCS uses person centered TRR services where the individual plays a co-facilitative role in their treatment. The individual is involved in treatment planning, recovery planning, and personal needs. • Secured a SAMHSA System of Care grate in	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		partnership with the City of San Antonio.	
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• Provide substance abuse based rehab services, seeking safety sessions, and staff with LCDC credentialing. • Care Managers are assessing needs for individuals with co-occurring substance use disorders and providing intervention as appropriate or referring to care. • The Integrated Clinician team works in conjunction with our internal Substance Abuse Programs and applies MI interventions to meet the needs of dual-diagnosed individuals. • Integrated Treatment Program utilized EBPs	• Working on getting a Substance abuse license at one of the mental health outpatient clinics. • Continue to address needs as related to co-occurring mental health and substance abuse disorders. • Continue to grow services for individuals with this need to include development of groups once facilities are approved. • Evaluate the efficacy and utilization of the Substance Abuse groups.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		integrated treatment interventions to address dual disorders. • There are currently several programs for individuals with co-occurring disorders to participate in including: Opioid Addiction, Co-Occurring SA Disorders, Drug Court, IOP, and ITP. • Providing substance abuse educational groups.	
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• Both ACT and FACT ICT are located in an integrated, multidisciplinary clinic. • CHCS has expanded its Primary Care services to five locations including four outpatient clinics for adults and most recently one clinic for children,	• Continue to develop true integration model that will meet both the Behavioral Health needs as well as Primary Care. • CHCS needs to have larger/overarching access to primary care/integrated regardless of funding source or lack of funding.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		which represents great progress in the journey to a full integration. Integrated care services involve monitoring Body Mass Index (BMI), control high blood pressure and tobacco screen and cessation in addition to traditional behavioral health care services. Referring individuals to PCP for primary care services. • Participating on the Primary Behavioral Health Care Integration (PBHCI) Planning and Coordination Committee • CHCS has achieved CCBHC certification	• Continue to assist individual in obtaining benefits to receive both mental health and primary care services. • Continuous quality improvement of services. • Establish a process for utilization of this service. • Evolve our services and prescriber panel to include PCP's on site. • Explore possibility to partner with UTHSC at San Antonio Community Medicine Department to place Family Practice Residents.
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• We address this gap by providing bus tickets, scheduling home visits, and coordinating multiple	• Secure Taxi vouchers to address gap in transportation. • Conduct focus groups with clients to identify needs

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		provider appointments for same-day to reduce client travel to clinics. • Coordinate medical transportation, but limitations include inability to transport other family members. • We provide choice of geographic location for client convenience. • Assist with securing authorization for VIA trans.	including transportation challenges. • Increase telemedicine utilization.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• Limited provider capacity for prescribers • Limitation on mid-level providers ability to prescribe • Limited prescriber's expertise in treating IDD population.	• Continue to recruit providers with experience working with this population. • Continue to participate in a community initiative for a planned Multi-Assistance Center to serve as a medical home and navigation center to individuals with IDD that include behavioral health needs.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• Continue to serve eligible veterans and coordinate with other community organizations serving veterans.	• Continue to serve veteran population • Reinstate trauma informed leadership team

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
Sustainability	• Early planning stages.	• Develop strategic sustainability plan.
Reduce preventable ER usage and 30-day readmissions related to behavioral health conditions	• Submitted and awarded funding for Senate Bill 292 and House Bill 13	• With Senate Bill 292 and HB 13 and Local funding, CHCS and its partners will continue to support existing resources that include: • FACT and ACT Teams. CHCS established a Forensic Assertive

Local Priority	Current Status	Plans
		Community Treatment (FACT) team to provide intensive, multi-disciplinary treatment and services to consumers with SMI and frequent jail bookings. The FACT team provides core, fidelity-defined services of the Tool for Measurement of Assertive Community Treatment (TMACT) and will implement Risk-Need-Responsivity (RNR) principles, thereby implementing the most state of the art clinical models of care for this population. By including an RNR component, the FACT Team has the capability to assess and, therefore, reduce, various aspects of criminogenic risk, e.g., criminal thinking, substance use, and associating with bad influences. Model implementation also will reduce recidivism by matching interventions to each person's specific risk factors. • Since the establishment of CHCS's current Assertive Community Treatment (ACT) team, fidelity standards have evolved. The Center has secured the training and preparation necessary for these teams to meet the HHS-endorsed

Local Priority	Current Status	Plans
		TMACT fidelity model while also incorporating the RNR framework. With RNR proficiency, ACT staff will be able to distinguish between consumers who have low to moderate criminogenic risk (and are therefore appropriate for ACT) and those with high criminogenic risk (and are therefore appropriate for FACT). Intensive training and technical assistance will be provided to new and existing staff to develop an evidence-based FACT team and to build the capacity of existing ACT Team members to meet current ACT fidelity standards. • Additional clinical staff at the Central Magistrate (weekends, holidays). By assigning CHCS clinicians to the Central Magistrate's jail diversion program 24-7-365, Bexar County will ensure that all consumers with screening results indicating possible SMI or COPSD who are eligible for a Personal Recognizance Bond also are assessed. With House Bill 13 funding, supplemented by local match, CHCS and its partners propose to expand existing resources.

Local Priority	Current Status	Plans
		• The Recovery Connections program and intensive case management resources to improve connections to and delivery of continuity care to a high need target population, especially those who have been recently discharged from the hospital. The Recovery Connection model applies a multi-disciplinary, team-based approach to ensure rapid access to ongoing treatment for funded and unfunded consumers with SMI who are unable to obtain timely appointments in the immediate post-discharge period. • CHCS has expanded its Primary Care services to five locations including four outpatient clinics for adults and most recently one clinic for children locations serving over 600 consumers, which represents great progress in the journey to a full integration. Integrated care services involve monitoring Body Mass Index (BMI), control high blood pressure and tobacco screen and cessation in addition to traditional behavioral health care services. • Program for Intensive Care Coordination (PICC) was developed

Local Priority	Current Status	Plans
		in partnership with San Antonio Fire Department EMS Mobile Integrated Healthcare (SAFD-EMS-MIH), San Antonio Police Department Mental Health Unit (SAPD-MHU), and The Center for Health Care Services (CHCS). This multidisciplinary approach was created in an effort to reduce emergency detentions and the subsequent use of emergency and inpatient services by providing ongoing engagement and wraparound care tailored specifically to each patient's unique needs. The services may consist of ongoing engagement, care coordination, medication management, transportation, and connections to other community resources. By forming a team consisting of a Mobile Integrated Healthcare Medic, a specialized Mental Health Officer, and a Qualified Mental Health Professional, various skill sets and resources are available to the patient. • Chronic Crisis Stabilization Initiative (CCSI) is a collaborative program with the San Antonio Police

Local Priority	Current Status	Plans
		Department (SAPD) and The Center for Health Care Services (CHCS) aimed at reducing the over utilization of 911 and emergency services by consumers with persistent mental health needs. CHCS will provide clinical personnel and its resources to provide care coordination and mental health services to the targeted population. The services may consist of ongoing engagement, care coordination, medication management, transportation, and connections to other community resources. The target population will be based off referrals from the San Antonio Police Department, SAPD Mental Health Unit and SAPD Fusion Threat Assessment Team. • A 15-bed secure Crisis Stabilization Unit (CSU). The new CSU will offer short-term residential treatment, including medical and nursing services, designed to reduce acute symptoms of mental illness and prevent admission to an inpatient mental health facility, including the state hospital. CHCS's Crisis Care Center will be the front door for

Local Priority	Current Status	Plans
		services and will assess and admit consumers to the CSU. 15-bed CSU was established with SB 292 funding that was closed in September 2019 with the closure of Nix Hospital.
Increase Staff of Medical personnel	• Shortage across the state and within CHCS. • Offering practicum experiences opportunities. • Utilizing Telemedicine.	• Increase marketing to Medical Professionals and advocate increasing funding for hire. • Establish partnerships with UTSA, OLLU, and other Accredited Universities to provide opportunities for graduate students' involvement. • Increase utilization of Telemedicine.
Individuals need insurance/benefits	• Many individuals are unfunded and do not have insurance. Thus, their MH, Sub. Abuse and Primary Care often goes untreated. • Individuals that do not have an extensive mental health history may not qualify for SSI/SSDI benefits. • Due to offender status, some might not qualify for insurance benefits, and are unable to get necessary treatment.	• Look at affordable fee for service model that targeted populations can afford. • Increase CBO or insurance employee base. • Continue to assist offenders at obtaining benefits at no cost to them and educating them on the need to get and maintain benefits.
Access to quality/safe housing	• Not enough safe boarding homes. No real access to	• Need additional housing options/opportunities.

Local Priority	Current Status	Plans
	licensed boarding homes, as they charge quite a bit more than the unlicensed homes. • Difficulty placing sex-offenders at most facilities (to include JRC, H4H, and boarding homes).	• Need a "halfway house" or residential facility for these populations. Seek a grant for these resources. Without such resources, there cannot be full integration into the community.

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	Mental Health Access and Services Sustainability	• Loss of 1115 Waiver will impact access to needed upstream and downstream Mental Health Services.	• $16.5 million
2	Primary Care Sustainability	• Uncertainty of payment models for integrated psychiatric, physical and substance abuse services puts at risk the treatment, as most consumers are unfunded or underinsured.	• Est. $5.2 million
3	Staffing (medical providers & medical/clinical staff)	• Increase resources (human capital) to expand access and effectively staff for all crisis related	• $1.2M
4	Psychiatric Beds	• Expand for psychiatric bed capacity to address shortage in Bexar County.	• Est. over $10 million
5	Methadone expansion Clinic	• Increase the number of methadone slots and establish an evening clinic to meet the high demand and offer availability to meet consumer needs Additional MD added to Methadone clinic expanding capability from 700 to 800 patients.	• $550,000
6	Crisis Warm Line	• Establish a Warm Line where 100% State Bed Authorization calls and community informational calls are directed to	• Est. $650,000

		minimize the volume of calls received to the Crisis hotline that are not related to crisis episodes and freeing up resources to address true crisis events. Currently 80-90% of calls for state bed authorization are routed through Warm Line.	

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

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

Appendix B: Acronyms

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