

Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and
Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: September 30, 2022

Submissions should be sent to:

MHContracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

Contents

Introduction	3
Section I: Local Services and Needs.....	4
I.A Mental Health Services and Sites.....	4
I.B Mental Health Grant Program for Justice Involved Individuals.....	10
I.C Community Mental Health Grant Program	12
I.D Community Participation in Planning Activities.....	14
Section II: Psychiatric Emergency Plan.....	19
II.A Development of the Plan	20
II.B Utilization of Hotline, Role of Mobile Crisis Outreach Teams, and Crisis Response Process	22
II.C Plan for local, short-term management of pre- and post-arrest patients who are incompetent to stand trial	41
II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment	46
II.E Communication Plans	50
II.F Gaps in the Local Crisis Response System.....	51
Section III: Plans and Priorities for System Development.....	53
III.A Jail Diversion.....	53
III.B Other Behavioral Health Strategic Priorities.....	69
III.C Local Priorities and Plans.....	85
III.D System Development and Identification of New Priorities	93
Appendix A: Levels of Crisis Care	27
Appendix B: Acronyms.....	29

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.

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)	Restoration Center 601 N. Frio San Antonio, TX 78207	Bexar	<ul style="list-style-type: none"> • 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 • 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	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment, and intake • Crisis Residential Services • Crisis Transitional Services (former LOC-5)

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Chronic Crisis Stabilization Initiative (CCSI) & Program for Intensive Care Coordination (PICC)
Center for Health Care Services (CHCS)	Paul Elizondo Clinic 928 W. Commerce San Antonio, TX 78207	Bexar	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment and Intake • TRR outpatient services • Services for co-occurring disorders • Integrated healthcare
Center for Health Care Services (CHCS)	Northwest/Legacy Oaks 5372 Fredericksburg Rd, Building F San Antonio, TX 78229	Bexar	<ul style="list-style-type: none"> • Population: Adults • TRR outpatient services • Services for co-occurring disorders • Integrated healthcare • ACT and FACT • Assisted Outpatient Treatment (AOT)
Center for Health Care Services (CHCS)	Eastside Clinic 1954 East Houston San Antonio, TX 78202	Bexar	<ul style="list-style-type: none"> • Population: Adults • TRR outpatient services • Services for co-occurring disorders • Screening, assessment and Intake for PASSR services • Supported Employment • Early Onset Psychosis Program – POWER • Integrated healthcare
Center for Health Care Services (CHCS)	Justice Programs 2711 Palo Alto Rd San Antonio, TX 78211	Bexar	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment and intake • TRR outpatient services • Services for co-occurring disorders

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • ACCESS Program • TCOOMMI (Texas Correctional Office on Offenders/Medical and Mental Impairment)
Center for Health Care Services (CHCS)	Justice Diversion Clinic 315 N. San Saba, Ste 1003 San Antonio, TX 78207	Bexar	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment and intake • 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 • COT (Court Ordered Treatment) • Outpatient Competency Restoration (OCR) • Jail Diversion • Forensic Courts
Center for Health Care Services (CHCS)	Dual Diagnosis Residential Facility 10975 Applewhite Rd. San Antonio, TX 78224	Bexar	<ul style="list-style-type: none"> • Population: Adults • Non-TRR Services: Screenings, Assessments, Case Management, Individual, Group, and Family Services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Center for Health Care Services (CHCS)	CenterCare Health and Wellness 8122 Datapoint Drive San Antonio, TX 78229	Bexar	<ul style="list-style-type: none"> • Population: Adults • Expanded outpatient clinic – Non TRR
Center for Health Care Services (CHCS)	Transformational Services 1 Haven for Hope Way San Antonio, TX 78207	Bexar	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment, and intake • TRR outpatient services • 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	<ul style="list-style-type: none"> • Population: Adults and Children • Home and Community Based Services • Respite • Nursing and Community Living Support Services
Center for Health Care Services (CHCS)	Drexel Clinic Bldg. A 227 W. Drexel San Antonio, TX 78210	Bexar	<ul style="list-style-type: none"> • Population: Adults and Children • TRR outpatient services • Crisis/Crisis Mobile Outreach Team • Primary Care • Intellectual and Developmental Disability Services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Day Activity and Habilitation Services • Calidad Day Habilitation • HOPES (DFPS Prevention/Early Intervention – United Way)
Center for Health Care Services (CHCS)	Bandera Clinic 6812 Bandera Rd. San Antonio, TX 78238	Bexar	<ul style="list-style-type: none"> • Population: Children • Screening, assessment, and intake • TRR outpatient services • Crisis/Crisis Mobile Outreach Team
Center for Health Care Services (CHCS)	Children’s Clinic 5802 S. Presa San Antonio, TX 78223	Bexar	<ul style="list-style-type: none"> • Population: Adults and Children • 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	<ul style="list-style-type: none"> • Population: Children • TRR Outpatient Services
Center for Health Care Services (CHCS)	6800 Park Ten – South San Antonio, TX 78213	Bexar	<ul style="list-style-type: none"> • Population: Children • Youth Empowerment Services • Intensive Case management • Professional Services
Texas Vista Medical Center	7400 Barlita Blvd San Antonio, TX 78224	Bexar	<ul style="list-style-type: none"> • Population: Unfunded Psychiatric Patients • Contract Beds
Laurel Ridge Treatment Center	17720 Corporate Woods Drive,	Bexar	<ul style="list-style-type: none"> • Population: Unfunded Psychiatric Patients • PPB Contract Beds

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
	San Antonio, TX 78259		
Methodist HealthCare	15727 Anthem Pkwy San Antonio, TX 78249	Bexar	<ul style="list-style-type: none"> • Population: Unfunded Psychiatric Patients • Contract Beds
San Antonio Behavioral Healthcare Hospital	8550 Huebner Rd San Antonio, TX 78240	Bexar	<ul style="list-style-type: none"> • Population: Consumers Age 10-17 • Unfunded Psychiatric Patients • Contract Beds
Clarity Child Guidance Center	8535 Tom Slick San Antonio, TX 78229	Bexar	<ul style="list-style-type: none"> • Population: Children and Adolescents • Unfunded Psychiatric Patients • Contract Beds
Multi-Assistance Center (MAC) at Morgan's Wonderland	5210 Thousand Oaks, Suite 1238 San Antonio, Tx 78233	Bexar	<ul style="list-style-type: none"> • Population: Unfunded Psychiatric Patients with IDD diagnosis and a co-occurring mental health/behavioral health diagnosis/condition • Psychiatric medication management services

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. Number served per year should reflect reports for the previous fiscal year. Add additional rows, if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2018 - 2022	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	<ul style="list-style-type: none"> • 11,203
2018 - 2022	Bexar County Jail Booking Center JIAA Clinicians 24/7 screening and assessments of arrested persons booked into the Bexar County Jail, diverted into Community Reintegration Program (CRP). Screening/assessment are conducted for eligibility of Mental Health outpatient diversion programming.	Bexar	Arrested persons with MH, SA, IDD history	<ul style="list-style-type: none"> • 14,735

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2018 - 2022	15 Bed Crisis Stabilization Unit	Bexar	Adults experiencing suicidal and/or homicidal ideations, and exacerbated deterioration in functioning	<ul style="list-style-type: none"> • 800

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. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
N/A	N/A	N/A	N/A	N/A

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers	<input checked="" type="checkbox"/> Family members
<input checked="" type="checkbox"/> Advocates (children and adult)	<input checked="" type="checkbox"/> Concerned citizens/others
<input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • Baptist Health System • Christus Santa Rosa Health System • Methodist Healthcare System • Bexar County Hospital District (d/b/a University Health) • San Antonio Behavioral Health Hospital • Texas Vista Medical Center • Laurel Ridge Treatment Center • Clarity Child Guidance Center • Brooke Army Medical Center 	<input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> • Texas Health and Human Services San Antonio State Hospital – various representatives including Robert Arizpe, Superintendent; Dr. David Gonzales, Chief Medical Officer; Vincent Creazzo, Assistant Superintendent; and Jessica Ruiz, Director, Community Relations.

- Mental health service providers
- Prevention services providers
- 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.
- Federally Qualified Health Center and other primary care providers
- Hospital emergency room personnel

- Substance abuse treatment providers
- Outreach, Screening, Assessment, and Referral Centers
- City officials
 - *List the city and the official name and title of participants:*
 - City of San Antonio officials including Erik Walsh, City Manager; Claude Jacob, Metro Health Director, Jessie Higgins, LPC, Chief Mental Health Officer
- Local health departments
 - LMHAs/LBHAs
 - *List the LMHAs/LBHAs and the staff that participated:*
 - Bluebonnet Trails Community Services
 - 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
- Emergency responders

- Faith-based organizations
- Probation 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.
- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies
- Veterans' organizations

- Community health & human service providers
- Parole department representatives
- 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.
- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups
- Other: Southwest Texas Regional Advisory Council (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 (CAC), mental health and substance use disorder 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). In addition to these primary partners, other committed entities include UT Health San Antonio, Texas Vista Medical Center, 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, Family Service, Rise 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 unmet 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 certification has been met for 2022.
- **Personnel Workforce:** Adult and Child Psychiatrists, Advanced Practicing Nurses, Registered Nurses, Clinical Practitioners, and Therapists are needed in Bexar County as a whole.

<ul style="list-style-type: none"> • Patient Information Exchange: Constraints and requirements related to patient information presents challenges with data collection and information sharing.
<ul style="list-style-type: none"> • Housing: Insufficient and/or limited affordable permanent housing creates additional struggles for individuals transitioning back into the community.
<ul style="list-style-type: none"> • Insurance: Lack of insurance and increased medication costs are barriers to adequate treatment.
<ul style="list-style-type: none"> • Dual Diagnosis Population: Increased services for individuals with a Dual Diagnosis – both Mental Health & Intellectual Developmental Disability (IDD).
<ul style="list-style-type: none"> • Psychiatric Bed Capacity: Loss of psychiatric beds has strained local stakeholders and resources to develop alternatives to improper hospitalization and criminal justice encounters.
<ul style="list-style-type: none"> • IDD: To address the complex navigation of IDD services, our community has completed and opened 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.
<ul style="list-style-type: none"> • 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 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.
<ul style="list-style-type: none"> • Domestic violence: In response to the domestic violence crisis in our community, the Collaborative Commission on Domestic Violence has been convened to investigate possible solutions to prevent more deaths in the community. The task force continues to focus on solutions and resources that include reaching out to people before domestic violence becomes a part of their daily lives.
<ul style="list-style-type: none"> • 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.

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;

- 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.

Ensuring the entire service area was represented; and

- 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 medical command (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.

Soliciting input.

- 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 qualified mental health providers (QMHP) 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 Psychiatric Emergency Services (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.
- Working with partners in the downtown area to combat homelessness

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.
- We have law enforcement and MEDCOM-Law Enforcement Navigation (LE-NAV) placement which occurs on community calls only.

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.
- MEDCOM now incorporates all beds to include PES, PPB, Crisis Stabilization Unit (CSU), and Children's PPB beds are pending.

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.
- We have law enforcement and MEDCON-LEV NAV placement which occurs on community calls only.

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.

- If an individual needs admission to a hospital, they will be transported 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 care.

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. Through a partnership with Texas Vista Hospital a 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.

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

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? *Indicate N/A if the LMHA or LBHA does not have any facility-based crisis stabilization 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
HHSC Funding Allocation	

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
HHSC Funding Allocation	\$6,012,659

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	Texas Vista Medical Center
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	
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 – 24 PES Beds - 7
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	Rapid Crisis Stabilization Beds – 15; Private Psychiatric Beds – 24 PES Beds - 7

(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?	Guaranteed Set
If under contract, what is the bed day rate paid to the contracted facility?	Rapid Crisis Stabilization Unit -\$642 daily bed rate Private Psychiatric Beds -\$610 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	Methodist Specialty and Transplant
Location (city and county)	San Antonio, Bexar County
Phone number	210- 575-8110

Key admission criteria	Suicidal, homicidal, exacerbated deterioration in functioning
Service area limitations, if any	Private Psychiatric Beds – 10
Other relevant admission information for first responders	Contact the CHCS Mobile Crisis Outreach Team for potential admission recommendation
Number of Beds	Private Psychiatric Beds – 10
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds – 10
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?	Private Psychiatric Beds \$ 677 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?	
Name of Facility	Laurel Ridge Treatment Center
Location (city and county)	San Antonio, Bexar County
Phone number	210-491-9400
Key admission criteria	Suicidal, homicidal, exacerbated deterioration in functioning
Service area limitations, if any	
Other relevant admission information for first responders	Contact the CHCS Mobile Crisis Outreach Team for potential admission recommendation
Number of Beds	Private Psychiatric Beds – 2
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	Private Psychiatric Beds – 2

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?	Private Psychiatric Beds -\$677 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 Hospital
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	

Other relevant admission information for first responders	Contact the CHCS Mobile Crisis Outreach Team for potential admission recommendation
Number of Beds	Private Psychiatric Beds -as available
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	YES
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds -as available
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?	Private Psychiatric Beds -\$677 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	SABH
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	
Other relevant admission information for first responders	Contact the CHCS Mobile Crisis Outreach Team for potential admission recommendation
Number of Beds	Private Psychiatric Beds – as available
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	Private Psychiatric Beds – as available

<p>Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</p>	
<p>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</p>	<p>As needed</p>
<p>If under contract, what is the bed day rate paid to the contracted facility?</p>	<p>Private Psychiatric Beds -\$677 per day, per contracted adult psychiatric inpatient hospital bed.</p>
<p>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</p>	
<p>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</p>	

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): An evidenced based multidisciplinary approach that serves individuals with SMI to address psychiatric medication management, psychosocial rehabilitative services, and comprehensive support to reduce 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 outpatient competency restoration services, 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.
- In August 2021, STCC initiated a study through The Meadows to determine appropriate use of emergency psychiatric beds as well as to consider an increase in overall number of beds for the community. The study indicated bed stay times were extensive at TVMC with the PES beds. Since this study was conducted, TVMC has moved from PES beds to a

separate PES unit with chairs which has resulted in a reduction in the stay times in these beds.

- In 2021, CHCS conducted a Community Needs Assessment report in collaboration with Crescendo Consulting Group. This report provides a solid research-based foundation to guide The Center’s activities so that they will positively impact the most people, address the most urgent needs, and otherwise respond to the highest priority needs within the community. CHCS was able to prioritize the needs and establish a basis for continued community engagement – in addition to simply developing a broad, community-based list of needs.
- **Affordable (and reimbursement for) BH Services**- Affordable Behavioral Health services remains a core issue in the San Antonio area. Insurance coverage and “unfunded care” were common themes in conversations with project stakeholders and focus group participants. Many residents reported the difficulty of navigating the multiple steps required to obtain care, especially in cases where there they have no insurance coverage.
- **Staffing shortages for all Behavioral Health Providers** – Staffing shortages across the county may present an opportunity for the community to work on this critical issue. Counseling is generally understood as the first rung on the behavioral health treatment continuum of care ladder. Due to COVID-19, there is a growing sense that more of the general public, caregivers and first-line workers need some additional help.
- **Crisis Beds** - Adding additional crisis beds was a common request by providers. While CHCS operates two units of crisis beds and has the expertise to open additional beds, funding is limited. The following are representative of respondents’ consensus observations
- **Housing** – Transitional and Other – Housing was mentioned in most community interviews or focus groups, but it is often not explicitly discussed as a need at agencies like CHCS that do not have housing as a key programmatic element

- **School Programs for Youth** - Area schools are generally mentioned as a plus and that they are a critical element in early intervention and preventive care. This critical link was frequently mentioned as needing greater focus.
- **Transportation** - While most of the CHCS clinics are located proximal to the populations they predominantly serve, transportation generally was mentioned frequently as a need.
- In an effort to make progress in addressing the needs identified in the CAN, CHCS has included these needs as key focus areas in the 2022 Strategic Plan.

Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged? Identify the name(s)/title(s) of employees who operate as the jail liaison.

- The Center has two Jail Liaison positions that have yet to be filled, their title is Community Enrollment Liaison. The liaisons will be given referrals and will engage patients to determine if there is interest in services with CHCS. If so, liaisons will complete an enrollment within 30 days of release. Liaisons can also complete enrollments post release and provide short term case management for any pressing needs.
- Liaisons will complete updates with established CHCS patients who are currently in Bexar County Jail.
- 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.
- 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.)?

- CHCS was awarded a grant by the U.S. Department of Justice (DOJ), Bureau of Justice Assistance (BJA) under the funding opportunity entitled 2021 BJA FY 21 The Justice and Mental Health Collaboration Program. The federal award date is December 2021 to 2024 and funds will be utilized to pilot a Jail Based Competency Restoration (JBCR) program in Bexar County to increase access for treatment and competency restoration services, reduce the jail population and inpatient psychiatric bed wait list, advance due process and preserve the civil rights of the offender, and enhance jail population safety. The JBCR program will have an annual target of 80

individuals and a restored-to-competency and/or improved-to-have-charges-dropped rate of 55%.

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.
- Dedicated space within the jail to provide services, staff, technology resources, and stakeholder support

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. CHCS, as the designated LMHA and a certified CCBHC, directly provides and has established a robust system of care coordination expectations and operating procedures with specific regard to emergent psychiatric, substance use, and physical healthcare treatment as well as residential crisis setting services, substance use disorder treatment programs, induction services, and maintenance treatment for medication assisted treatment (MAT).

- CHCS has agreements in place with multiple community and regional stakeholders to establish the minimum standard of care coordination as well as expectations to provide safe, appropriate and effective care to those seeking services. These efforts were made in collaboration with, but not limited to, the following: San Antonio ISD & South San Antonio ISD, Education Service Center (ESC) Region 20, The Department of Family and Protective Services (DFPS), US Army Medical Center of Excellence (MEDCoE), Bexar County Juvenile Board, Texas Health and Human Services (HHSC), The Military Veteran Peer Network, University of Incarnate Word – Tigger / Medical School and Residency: Family Medicine Residence, University of Texas Health Science Center, Southwest Texas Regional Advisory Council (STRAC) – (Crisis Response/Hospital Liaisons/LE Nav), University Health, Christus Santa Rosa (Breast Cancer Screenings), San Antonio Police Department, Bexar County Sheriff’s Department (Jail Screening/Diversion), San Antonio Fire Department / Mental Health Unit (SA Fire MHU), City of San Antonio (COSA), Metro Health, San Antonio Housing Authority, Housing Authority of Bexar County, Homeless Continuum of Care, Texas Workforce Solutions, Haven for Hope, and Methodist Healthcare Ministries (MHM).

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 offers 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.

- 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 Bexar County Jail Booking Center 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.
- 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 the utilization of evidenced based practices to monitor Body Mass Index (BMI), assess and treat high blood pressure, provide tobacco screenings and cessation, monitor for depression and suicidality,

assess for unhealthy alcohol use in addition to traditional behavioral health and primary care services.

- P ICC (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.
- Specialized Multidisciplinary Alternate Response Team (SMART), Initiated in 2020 in collaboration with STRAC, Bexar County Sheriff Mental Health Unit and Acadian Ambulance. Goal is to address 9-1-1 mental health related calls with a trained multidisciplinary team to divert individuals experiencing a mental health crisis away from jail, emergency departments and use the least restrictive treatment environment
- SA CORE (multidisciplinary alternate response teams) Program in collaboration with STRAC, Metro Health, San Antonio Fire Department Mobile Integrated Health Unit and San Antonio Police

Department Mental Health Unit. This team responds to city calls to address 9-1-1 mental health related calls to divert from jail, emergency departments and use the least restrictive path.

- CCSI, SMART and SA-CORE are staffed with a CHCS Crisis Response Clinician who responds to 9-1-1 mental health-related calls, and serves as the subject matter expert in triage, assessment, de-escalation, and care navigation.
- Advance and improve communication and coordination of care for Veterans served between Center for Health Care Services (CHCS), the Local Mental Health Authority (LMHA), and South Texas Veterans Healthcare System (STVHCS) the local Veterans Administration (VA). This initiative includes the establishment of a care coordination agreement, integration of clinical mental health & Uniform Mental Health Services Handbook guidelines and the guiding principles of recovery for Veterans.

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 LinkedIn). 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 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	<ul style="list-style-type: none"> • Coordination and communication of services and responsiveness of all first responders to include police, fire and EMS first responders. Coordination has 	<ul style="list-style-type: none"> • Continue regular meetings of community partners as described. Gaps in service addressed monthly primarily through work group/Tiger teams as identified STRAC Behavioral

	<p>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 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.</p>	<p>Health Committee with regular follow up to ensure needs met. Continued support of CHCS Program for Intensive Care Coordination (PICC) program developed to reduce repeated hospital visits for non-emergent mental health conditions thereby minimizing gap in care of highest utilizers. Also added SA CORE, SMART and CCSI as named above.</p> <ul style="list-style-type: none"> • While CHCS operates crisis beds and has the expertise to open additional beds, funding is limited. CHCS continues to advocate to community stakeholders, partners and to our local and state officials for additional funding opportunities through legislative sessions.
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	<ul style="list-style-type: none"> • Short term crisis beds for Adults and Youth 	
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Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

In the tables below, indicate the strategies used in each intercept to divert individuals from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years. If not applicable, enter N/A.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Bexar 	<ul style="list-style-type: none"> • Continue with existing programs and services with mobile crisis outreach teams.

<p>stabilization for children ages 3 – 17.</p> <ul style="list-style-type: none"> • 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. • MCOT/CMOT is deployed to the hospital for screening for 		<ul style="list-style-type: none"> • 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
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<p>determination of eligibility for a private psychiatric bed (PPB) and SASH recommendation.</p> <ul style="list-style-type: none"> • 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 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 		<p>Acadian Ambulance for expansion</p> <ul style="list-style-type: none"> • Working with City of San Antonio to evaluate calls for law enforcement and alternatives to deploying officers.
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<p>about appropriateness for facility-based care, through one of Center’s crisis beds or authorization for inpatient psychiatric hospitalization.</p> <ul style="list-style-type: none">• CHCS partners with the City of San Antonio on its multidisciplinary team, SA Core (Community Outreach and Resiliency Effort) which is aimed at reducing arrests by instead connecting people to the mental health services they need during a crisis. The team consists of specially-trained police officers, paramedics and CHCS licensed crisis response clinicians to certain 911 calls that involve mental health.• CHCS also partners with Bexar County on its SMART Team (Specialized Multidisciplinary Alternate Response Team). SMART teams serve unincorporated Bexar County and the 26 suburban cities. The SMART team consists of law		
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<p>enforcement, paramedics, and CHCS mental health professionals who address 9-1-1 calls that indicate a mental health need.</p>		
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Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • 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. • 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. 	<ul style="list-style-type: none"> • Bexar 	<ul style="list-style-type: none"> • 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. Bexar County will 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,

<ul style="list-style-type: none"> • 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. 		<p>the individual 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.</p> <ul style="list-style-type: none"> • 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.
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		<ul style="list-style-type: none">• 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.
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Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Potential individuals for outpatient, sobering/detox or Haven for Hope Dormitory Housing pilot program are screened and assessed at the Bexar County Jail Booking Center 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. 	<ul style="list-style-type: none"> • Bexar 	<ul style="list-style-type: none"> • 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:
<ul style="list-style-type: none"> CRP (Community Reintegration Program) clinicians divert individuals from Bexar County Jail Booking Center and CAIP (Community Alternatives to Incarceration Program) accepts referrals from mental health courts for outpatient services; referrals are also received from Community Supervision programs, such as Pre-Trial, Probation, and Parole. 	<ul style="list-style-type: none"> Bexar 	<ul style="list-style-type: none"> Continue to monitor and support the JIAA clinicians 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 rapidly identified and diverted into CHCS services. Continue to attend hearings and advocate within criminal justice system for behavioral health interventions for existing and potential consumers. Continue collaboration with Community Supervision Officers to advocate for behavioral health

		interventions for existing and potential consumers
<ul style="list-style-type: none"> • Outpatient Competency Restoration (OCR) program receives referrals from the courts on 46B commitments in need of outpatient competency restoration services 	<ul style="list-style-type: none"> • Bexar 	<ul style="list-style-type: none"> • Continue to support the need for Outpatient Competency Restoration services for individuals on a 46B commitment • Continue to attend hearings and advocate within criminal justice system for behavioral health interventions for existing and potential consumers. • Continue collaboration with Community Supervision Officers to advocate for behavioral health interventions for existing and potential consumers
<ul style="list-style-type: none"> • TCOOMMI Genesis is an intensive outpatient program for felony probationers and parolees with serious and persistent mental illness (SPMI) and substance use challenges. This program is intended to divert individuals from the 	<ul style="list-style-type: none"> • Bexar 	<ul style="list-style-type: none"> • Continue collaboration with Community Supervision Officers to advocate for behavioral health interventions for existing and potential consumers

<p>criminal justice system. Criminal Justice referrals only.</p> <ul style="list-style-type: none"> • TCOOMMI Diversion outpatient programs for individuals with serious and persistent mental illness (SPMI) on Pre-Trial supervision. Criminal Justice referrals only 		
<ul style="list-style-type: none"> • Dual Diagnosis Residential Facility (DDRF) is a structured and focused jail diversion program aimed at reducing recidivism. Criminal Justice referrals only. 	<ul style="list-style-type: none"> • Bexar 	<ul style="list-style-type: none"> • Continue to provide residential treatment program services for adult male and female consumers diagnosed with mental health and substance use disorders via collaboration with TCOOMMI and Bexar County MH Department
<ul style="list-style-type: none"> • Expansion of Dual Diagnosis Residential Facility: Bexar County is contemplating expanding its Dual Diagnosis Residential Facility to accommodate 140 more individuals awaiting transfer to alternative facilities. This facility will also serve as an alternative 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

to sentenced individuals with a work and restitution component.		
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Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • CRP (Community Reintegration Program) clinicians divert individuals from Bexar County Jail Booking Center and CAIP (Community Alternatives to Incarceration Program) accepts referrals from mental health courts for outpatient services; referrals are also received from Community Supervision programs, such as Pre-Trial, Probation, and Parole. 	<ul style="list-style-type: none"> • Bexar 	<ul style="list-style-type: none"> • Continue to monitor and support the JIAA clinicians 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 rapidly identified and diverted into CHCS services. • Continue to attend hearings and advocate within criminal justice system for behavioral health interventions for existing and potential consumers. • Continue collaboration with Community Supervision

		Officers to advocate for behavioral health interventions for existing and potential consumers
<ul style="list-style-type: none"> • ACCESS program provides outpatient mental health services, including medication management and psychosocial rehabilitation for individuals on Parole or Probation working with community supervision officers. Criminal Justice referrals needed. 	<ul style="list-style-type: none"> • Bexar 	<ul style="list-style-type: none"> • Continue collaboration with Community Supervision Officers to advocate for behavioral health interventions for existing and potential consumers

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • 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- 	<ul style="list-style-type: none"> • Bexar 	<ul style="list-style-type: none"> • Inpatient Beds: Bexar County has appropriated \$7.4M for 8 high-acuity inpatient beds. • SAT Coalition: Over 20 community partners have formed the SAT Coalition to address individuals with mental health, substance use disorders and/or IDD. The goal is to prevent crisis situations before they occur. The Coalition is focused on reducing

<p>escalation techniques. CIT training is being provided at both Law Enforcement training academies and other first responder organizations.</p>		<p>stigma, increasing access to care and enhancing treatment, and will utilize a 'one-convenor' approach, with one entity responsible for data collection, fiscal oversight and reporting. Each entity agrees to share their performance and outcomes to better inform program successes.</p>
<ul style="list-style-type: none"> • Program for Intensive Care Coordination (PICC): Includes SAPD-MHU, SAFD-EMS-MIH and CHCS, to reduce emergency detentions and the subsequent use of emergency and inpatient services by providing ongoing engagement. 	<p>Bexar</p>	
<ul style="list-style-type: none"> • Chronic Crisis Stabilization Initiative (CCSI): Provides quick, goal-oriented responses to threats, high-risk and high-profile cases. CCSI consists of 2 licensed Master's level mental health professionals and 1 credentialed case manager, and SAPD Fusion Mental Health Officers. FMH Officers work to ensure the safety of individuals and the community by responding to referrals made primarily by SAPD patrol officers and city officials. 	<p>Bexar</p>	
<ul style="list-style-type: none"> • Specialized Multidisciplinary Alternate Response Team 	<p>Bexar</p>	

<p>(SMART): Serves unincorporated Bexar County and the 26 suburban cities. The SMART team consists of law enforcement, paramedics, and mental health professionals who address 9-1-1 calls that indicate a mental health need.</p>		
<ul style="list-style-type: none"> • SA Community Outreach & Resiliency Effort (SA CORE): - Crisis response pilot with a multi-disciplinary team (SAPD, SAFD, CHCS) to respond to crisis calls in the 78207 zip code. Launched in April 2022. 	<p>Bexar</p>	
<ul style="list-style-type: none"> • Psychiatric Emergency Services (PES) System of Care: A PES provides an alternative to the emergency department for patients in need of acute psychiatric care and can provide assessment and treatment that may stabilize a majority of the crisis mental health population at this level of care, thus dramatically alleviating the demand for inpatient psychiatric beds. Patients at the PES can stay up to 48 hours and are stabilized and discharged with a care plan and follow-up. The model not only creates the opportunity to provide 20 PES beds across 3 different facilities in Bexar County, but is intended to enhance access to outpatient services at CHCS. CHCS 	<p>Bexar</p>	

<p>has embedded Qualified Mental Health Professionals at each PES facility to provide aggressive assessment, linkage, and referrals to ensure the connection to ongoing outpatient treatment.</p>		
<ul style="list-style-type: none"> Licensed Clinicians in MEDCOM: STRAC has also embedded licensed clinicians in MEDCOM 24/7 to assist in facilitating interfacility 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 patient's conditions. 	<ul style="list-style-type: none"> Bexar 	

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
- Gap 2: Behavioral health needs of public school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

- Goal 1: 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 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 status of each area of focus as identified in the plan (key accomplishments, challenges, and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Limited provider capacity for prescribers and licensed clinical practitioners 	<ul style="list-style-type: none"> • 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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			<ul style="list-style-type: none"> • 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
<p>Improving continuity of care between inpatient care and community services and reducing hospital readmissions</p>	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Providing follow-up services to individuals who have been admitted to psychiatric hospital within 7 days of discharge • Seen by a Prescriber within 15 days of discharge from the hospital 	<ul style="list-style-type: none"> • Continue to offer current services in addition to linking individuals to a Care Manager within 2 days to complete the 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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			<p>discharge or documents that an engagement attempt was made.</p> <ul style="list-style-type: none"> • For participating Hospitals, CHCS will ensure hospital liaison sees the individual in the inpatient setting and if the patient is will a face-to-face intake will be done to ensure clinic visit within 7 days of discharge or documents that an engagement attempt was made.
<p>Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization</p>	<ul style="list-style-type: none"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • Complete Utilization Reviews on a regular basis. • As the individual approaches discharge readiness, they are linked to services that will assist them in 	<ul style="list-style-type: none"> • Continue current actions, with adjustments made as the State Hospital Allocation Methodology (SHAM) is updated. • Continue current actions, with

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>transitioning/maintaining in the community.</p> <ul style="list-style-type: none"> • 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 as the individuals needs increase/change. • Crisis Services to include MCOT/CMOT screen potential admissions to SMHF's and makes recommendations to less 	<p>adjustments made as deemed necessary.</p> <ul style="list-style-type: none"> • With Senate Bill 292 funding, The Center in partnership with Texas Vista developed a 15-bed secure Crisis Stabilization Unit (CSU). The CSU offers 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 to assess and admit consumers to the CSU,

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>restrictive alternatives as appropriate.</p> <ul style="list-style-type: none"> • 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 appropriateness for continued stay and linked to services as needed. 	<p>which is housed at Texas Vista medical Center.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • 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 HHSC performance contract metrics, GFC contract 	<ul style="list-style-type: none"> • Continue to trend data and look for operational or other reasons/rationale if fidelity becomes an issue. • Continue utilizing prescribed HHSC and TCOOMMI treatment models. • Continue to train our staff for fidelity-based practices and review for quality assurance that

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>requirements, and CAIP metrics.</p> <ul style="list-style-type: none"> • 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. 	<p>such are being implemented.</p> <ul style="list-style-type: none"> • 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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			<p>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</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			current ACT fidelity standards.
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • 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. • Utilizing Family Partners to provide additional support, connect to services, and develop long-term recovery strategies. • The outpatient clinics are working towards 	<ul style="list-style-type: none"> • 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
		<p>fully implementing the ROSC model.</p> <ul style="list-style-type: none"> • The Integrated Treatment Program 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 grantee in partnership with the City of San Antonio. 	
Addressing the needs of consumers with co-	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • Provide substance abuse based rehab services, seeking safety sessions, 	<ul style="list-style-type: none"> • Working on getting a Substance use license at

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
occurring substance use disorders		<p>and staff with LCDC credentialing.</p> <ul style="list-style-type: none"> • 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 integrated treatment 	<p>one of the mental health outpatient clinics.</p> <ul style="list-style-type: none"> • 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 Use Disorder groups.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>interventions to address dual disorders.</p> <ul style="list-style-type: none"> • 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. 	
<p>Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.</p>	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>children, which represents great progress in the journey to a full integration.</p> <ul style="list-style-type: none"> • 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. • Continue to assist individual in obtaining benefits to receive both mental health and primary care services. 	<p>source or lack of funding.</p> <ul style="list-style-type: none"> • 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.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • We address this gap by providing bus tickets, scheduling home visits, and coordinating multiple 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. 	<ul style="list-style-type: none"> • Secure Taxi vouchers to address gap in transportation. • Conduct focus groups with clients to identify needs including transportation challenges. Increase telemedicine utilization
Addressing the behavioral health needs of consumers	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • Limited provider capacity for prescribers 	<ul style="list-style-type: none"> • Continue to recruit providers with

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
with Intellectual Disabilities		<ul style="list-style-type: none"> • Limitation on mid-level providers ability to prescribe • Limited prescriber's expertise in treating IDD population 	<p>experience working with this population.</p> <ul style="list-style-type: none"> • Continue to provide services at the Multi-Assistance Center to serve as a medical home and navigation center to individuals with IDD that include behavioral health needs.
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • Continue to serve eligible veterans and coordinate with other community organizations serving veterans. 	<ul style="list-style-type: none"> • Continue to serve veteran population • Reinstate trauma informed leadership team • Establish a Care Coordination Agreement with local VA and CHCS

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	<ul style="list-style-type: none"> • Early planning stages. 	<ul style="list-style-type: none"> • Develop strategic sustainability plan.
Reduce preventable ER usage and 30-day readmissions related to behavioral health conditions	<ul style="list-style-type: none"> • Submitted and awarded funding for Senate Bill 292 	<ul style="list-style-type: none"> • With Senate Bill 292 and Local funding, CHCS and its partners will continue to support existing resources that include: • FACT and ACT Teams. CHCS established a Forensic Assertive Community Treatment (FACT) team to provide intensive, multi-disciplinary treatment and

Local Priority	Current Status	Plans
		<p>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.</p> <ul style="list-style-type: none"> • Since the establishment of CHCS's current Assertive Community Treatment (ACT)

Local Priority	Current Status	Plans
		<p>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.</p> <ul style="list-style-type: none"> • Additional clinical staff at the Central Magistrate (weekends, holidays) has been deployed. By assigning CHCS clinicians to the Central Magistrate's jail

Local Priority	Current Status	Plans
		<p>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.</p> <ul style="list-style-type: none"> • 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 in partnership with San Antonio Fire Department EMS Mobile Integrated

Local Priority	Current Status	Plans
		<p>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.</p>

Local Priority	Current Status	Plans
		<p>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.</p>

Local Priority	Current Status	Plans
		<ul style="list-style-type: none"> • 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 services and will assess and admit consumers to the CSU. 15-bed CSU was established with SB 292 funding and is located at the Texas Vista Medical Center. • CHCS partners with the City of San Antonio on its multidisciplinary team, SA CORE (Community, Outreach and Resiliency Effort) which is aimed at reducing arrests by instead connecting people to the mental health services they need during a crisis. The team consists of specially trained police officers, paramedics and CHCS licensed clinicians to certain 911 calls that involve mental health.

Local Priority	Current Status	Plans
		<ul style="list-style-type: none"> • CHCS also partners with Bexar County on its SMART Team (Specialized Multidisciplinary Alternate Response Team). SMART teams serve unincorporated Bexar County and the 26 suburban cities. The SMART team consists of law enforcement, paramedics, and CHCS mental health professionals who address 9-1-1 calls that indicate a mental health need.
Increase Staff of Medical personnel	<ul style="list-style-type: none"> • Shortage across the state and within CHCS. • Offering practicum experiences opportunities. • Utilizing Telemedicine. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Many individuals are unfunded and do not have insurance. Thus, their MH, 	<ul style="list-style-type: none"> • Look at affordable fee for service model that targeted populations can afford.

Local Priority	Current Status	Plans
	<p>Sub. Abuse and Primary Care often goes untreated.</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Not enough safe boarding homes. No real access to 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). 	<ul style="list-style-type: none"> • Need additional housing options/opportunities. • 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	<ul style="list-style-type: none"> • Loss of 1115 Waiver will impact access to needed upstream and downstream Mental Health Services. Financial uncertainty around the new Directed Payment Program and Charity Care Pool. 	<ul style="list-style-type: none"> • \$18 million

2	Primary Care Sustainability	<ul style="list-style-type: none"> • Uncertainty of payment models for integrated psychiatric, physical and substance abuse services puts the treatment at risk, as most consumers are unfunded or underinsured. 	<ul style="list-style-type: none"> • Est. \$5.2 million
3	Staffing (medical providers & medical/clinical staff)	<ul style="list-style-type: none"> • Increase resources (human capital) to expand access and effectively staff for all services. 	<ul style="list-style-type: none"> • \$2.4M
4	Psychiatric Beds	<ul style="list-style-type: none"> • Expand for psychiatric bed capacity to address shortage in Bexar County for adults and adolescents. Bexar County Commissioners have allocated approximately \$7M to expand capacity; however, the project has yet to be implemented. 	<ul style="list-style-type: none"> • Est. over \$10 million
5	Methadone expansion Clinic	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • \$550,000
7	Upstream Mental Health/Substance Use/IDD Activities	<ul style="list-style-type: none"> • More funding will be necessary to address individuals before a crisis situation occurs. The SAT Coalition has been formed to focus on stigma reduction, increased access to care and enhanced treatment services which are necessary to mitigate crisis occurrences in Bexar County. This 	<ul style="list-style-type: none"> • Est. \$15M

		coalition is seeking funding from Bexar County and the City of San Antonio.	
8	AVAIL Crisis Line (988)	<ul style="list-style-type: none"> • Continue funding for the 24/7 crisis line AVAIL. The crisis line provides immediate MCOT response to individuals in the area. 	<ul style="list-style-type: none"> • Est. \$360,000

Appendix B: Acronyms

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

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

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

Crisis Respite Units –provide community-based residential crisis treatment for individuals who have low risk of harm to self or others, and who may have some functional impairment. Services may occur

over a brief period of time, such as two hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons they care for to avoid mental health crisis. Crisis respite facilities are not authorized to accept individuals on involuntary status.

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

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

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

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

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

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

Appendix B: Acronyms

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