



Form O: Consolidated Local Service Plan

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) submit the Consolidated Local Service Plan (CLSP) for fiscal year 2025 by **December 31, 2024** to Performance.Contracts@hhs.texas.gov and CrisisServices@hhs.texas.gov.

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.

Table of Contents

Form O: Consolidated Local Service Plan	1
Introduction.....	1
Table of Contents	2
Section I: Local Services and Needs.....	3
I.A Mental Health Services and Sites	3
I.B Mental Health Grant Program for Justice-Involved Individuals	11
I.C Community Mental Health Grant Program: Projects related to jail diversion, justice-involved individuals, and mental health deputies.....	13
I.D Community Participation in Planning Activities	13
Section II: Psychiatric Emergency Plan.....	18
II.A Developing the Plan	18
II.B Using the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process.....	20
II.C Plan for Local, Short-term Management for People Deemed Incompetent to Stand Trial Pre- and Post-arrest	29
II.D Seamless Integration of Emergent Psychiatric, Substance Use, and Physical Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics	38
II.E Communication Plans	42
II.F Gaps in the Local Crisis Response System	44
Section III: Plans and Priorities for System Development	45
III.A Jail Diversion	45
III.B Other Behavioral Health Strategic Priorities.....	58
III.C Local Priorities and Plans.....	77
IV.D System Development and Identification of New Priorities.....	84
Appendix A: Definitions	91
Appendix B: Acronyms	94

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 or respite unit, or both
- Diversion centers
- Contracted inpatient beds
- Services for co-occurring disorders
- Substance use prevention, intervention, and treatment
- Integrated healthcare: mental and physical health
- Services for people with Intellectual or Developmental Disorders (IDD)
- Services for veterans
- Other (please specify)

Table 1: Mental Health Services and Sites

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Center for Health Care Services	Restoration Center 601 N. Frio, San Antonio, TX 78207	210-261-2427	Bexar	Restoration Center	Population: Adults <ul style="list-style-type: none"> • 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 • Crisis Transitional/Residential Services • Detox • Opioid Addiction Treatment Service (OATS) • Office Based Opioid Treatment (OBOT) • MOMMIES • OSAR (Outreach, Screening, Assessment and Referral) • Substance Abuse Public Sobering • Primary Care • Opioid Drop In Center • Sobering Unit • Peer Services

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Center for Health Care Services (CHCS)	Josephine Recovery Center 711 E. Josephine St. San Antonio, TX 78208	210-261-2427	Bexar	Recovery Center	Population: Adults <ul style="list-style-type: none"> • Screening, assessment, and intake • Crisis Residential • Crisis Transitional Services (former LOC-5) • Chronic Crisis Stabilization Initiative (CCSI) & Program for Intensive Care Coordination (PICC) • Peer Services • Mobile Crisis Outreach Team (MCOT) •
Center for Health Care Services (CHCS)	Paul Elizondo Clinic 928 W. Commerce San Antonio, TX 78207	210-261-2427	Bexar	Outpatient Services	Population: Adults <ul style="list-style-type: none"> • Screening, assessment and Intake • TRR outpatient services • Services for co-occurring disorders • Integrated healthcare • Peer Services
Center for Health Care Services (CHCS)	Northwest/ Legacy Oaks 5372 Fredericksburg Rd, Building F San Antonio, TX 78229	210-261-2427	Bexar	Outpatient Services	Population: Adults <ul style="list-style-type: none"> • TRR outpatient services • Services for co-occurring disorders • Integrated healthcare • Peer Services

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Center for Health Care Services (CHCS)	2829 Babcock Rd. Ste. 217, San Antonio, TX, 78229	210-261-2427	Bexar	Outpatient Services	Population: Adults <ul style="list-style-type: none"> • TRR outpatient services • Services for co-occurring disorders • ACT and FACT • Assisted Outpatient Treatment (AOT) • Peer Services
Center for Health Care Services (CHCS)	Eastside Clinic 1954 East Houston San Antonio, TX 78202	210-261-2427	Bexar	Outpatient Services	Population: Adults <ul style="list-style-type: none"> • TRR outpatient services • Services for co-occurring disorders • Screening, assessment and Intake for PASSR services • Supported Employment • Integrated healthcare • Peer Services
Center for Health Care Services (CHCS)	Justice Programs 2711 Palo Alto Rd San Antonio, TX 78211	210-261-2427	Bexar	Outpatient Services	Population: Adults <ul style="list-style-type: none"> • Screening, assessment and intake • TRR outpatient services • Services for co-occurring disorders • ACCESS Program • TCOOMMI (Texas Correctional Office on Offenders/Medical and Mental Impairment) • Peer Services • Continuity of Care Bridge to Star Plus program

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Center for Health Care Services (CHCS)	Justice Diversion Clinic 315 N. San Saba, Ste 1003 San Antonio, TX 78207	210-261-2427	Bexar	Outpatient Services	Population: Adults <ul style="list-style-type: none"> • 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 Program 10975 Applewhite Rd. San Antonio, TX 78224	210-261-2427	Bexar	Residential Program	Population: Adults <ul style="list-style-type: none"> • TCOOMMI (Non-TRR): Screenings, Assessments, Case Management, Individual, Group, and Family Services

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Center for Health Care Services (CHCS)	Transformational Services 1 Haven for Hope Way San Antonio, TX 78207	210-261-2427	Bexar	Outpatient and Integrated Treatment	Population: Adults <ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient services • Services for co-occurring disorders • Supported Housing • Integrated Treatment Program – Dormitory for homeless adults • PATH • Integrated Healthcare • Peer Services
Center for Health Care Services (CHCS)	Long Term Care 8155 Lone Shadow Trail Converse, TX 78109	210-261-2427	Bexar	Long Term Care Services	Population: Adults and Children <ul style="list-style-type: none"> • 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	210-261-2427	Bexar	TRR Outpatient	Population: Adults and Children <ul style="list-style-type: none"> • TRR outpatient services • Crisis/Crisis Mobile Outreach Team • Primary Care • Service Re-enrollments • Nursing Services • Psychiatric Medication Management • HOPES (DFPS Prevention/Early Intervention – United Way) • Peer/Family Partner Services

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Center for Health Care Services (CHCS)	Drexel Clinic Bldg. B 227 W. Drexel San Antonio, TX 78210	210-261-2427	Bexar	Day Activity and Habilitation	Population: Adults and Children <ul style="list-style-type: none"> Day Activity and Habilitation Services
Center for Health Care Services (CHCS)	Drexel Clinic Bldg. D 227 W. Drexel San Antonio, TX 78210	210-261-2427	Bexar	Intellectual and Developmental Disability Services	Population: Adults and Children <ul style="list-style-type: none"> Calidad Individualized Skills and Socialization Program Intellectual and Developmental Disability Services
Center for Health Care Services (CHCS)	Bandera Clinic 6812 Bandera Rd. San Antonio, TX 78238	210-261-2427	Bexar	Outpatient Services	Population: Children <ul style="list-style-type: none"> Screening, assessment, and intake TRR outpatient services Crisis/Crisis Mobile Outreach Team Nursing Services Psychiatric Medication Management Peer/Family Partner Services Substance Use Disorder Services (Anticipated for FY25)
Center for Health Care Services (CHCS)	Early Childhood Intervention 5802 S. Presa San Antonio, TX 78223	210-261-2427	Bexar	Outpatient Services	Population: Children <ul style="list-style-type: none"> Early Childhood Intervention Services

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Center for Health Care Services (CHCS)	Children's Clinic 104 Story Lane San Antonio, TX 78223	210-261-2427	Bexar	Outpatient Services	Population: Children <ul style="list-style-type: none"> • TRR Outpatient Services • Non-TRR Outpatient Services • Psychiatric Medication Management • Peer/Family Partner Services
Center for Health Care Services (CHCS)	6800 Park Ten – South San Antonio, TX 78213	210-261-2427	Bexar	Outpatient Services	Population: Children <ul style="list-style-type: none"> • Youth Empowerment Services • Intensive Case management • Clinical High Risk for Psychosis program • Professional Services
Laurel Ridge Treatment Center	17720 Corporate Woods Drive, San Antonio, TX 78259	210-261-2427	Bexar	PPB Beds	Population: Unfunded Adult Psychiatric Patients <ul style="list-style-type: none"> • PPB Contract Beds
Methodist Specialty and Transplant Hospital	15727 Anthem Pkwy San Antonio, TX 78249	210-261-2427	Bexar	PPB Beds	Population: Unfunded Adult Psychiatric Patients <ul style="list-style-type: none"> • PPB Contract Beds • PES Beds
San Antonio Behavioral Health	8550 Huebner Rd San Antonio, TX 78240	210-261-2427	Bexar	PPB Beds	Population: Unfunded Psychiatric Patients <ul style="list-style-type: none"> • Adult PPB Contract Beds • Youth Contract beds • ARPA contract Beds

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Clarity Child Guidance Center	8535 Tom Slick San Antonio, TX 78229	210-261-2427	Bexar	PPB Beds	Population: Unfunded Children and Adolescent Psychiatric Patients <ul style="list-style-type: none"> Youth Contract beds
MAC	5210 Thousand Oaks, Suite 1238 San Antonio, Tx 78233	210-261-2427		Outpatient Services	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 in Chapter 531, Texas Government Code, Section 531.0993 to reduce recidivism rates, arrests, and incarceration among people with mental illness, as well as reduce the wait time for people on forensic commitments. The 2024-25 Texas General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, (Article II, HHSC, Rider 48) appropriated additional state funding to expand the grant and implement new programs. The Rural Mental Health Initiative Grant Program, authorized by Texas Government Code, Section 531.09936, awarded additional state funding to rural serving entities to address the mental health needs of rural Texas residents. These grants support community programs by providing behavioral health care services to people 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 people with mental illness involved in the criminal justice system.

In the table below, describe projects funded under the Mental Health Grant Program for Justice-Involved Individuals, Senate Bill 1677, and Rider 48. Number served per year should reflect reports for the previous fiscal year. If the project is not a facility; indicate N/A in the applicable column below. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.C.

Table 2: Mental Health Grant for Justice-Involved Individuals Projects

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
2018-2023	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	N/A	Individuals aged 18+ diagnosed with Severe Mental Illness and High Criminogenic Risk experiencing rapid psychiatric hospitalization	11,335
2018-2023	Bexar County Jail Booking Center JIAA Clinicians 24/7 screening and assessments of arrested persons booked into the Bexar County Jail and identified via Continuity of Care Query (CCQ) hit are diverted into Community Reintegration Program (CRP) through various courts associated with Bexar County Adult pre-trial services. Screening/assessment are conducted for eligibility of Mental Health outpatient diversion programming.	Bexar	County Jail	Arrested persons identified with a mental illness or co- occurring psychiatric and substance use disorder (COPSD)	320

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
2023	Complex Care: Assisted Outpatient Treatment (AOT)	Bexar	Outpatient Services	Adults with co-occurring disorders	60

I.C Community Mental Health Grant Program: Projects related to jail diversion, justice-involved individuals, and mental health deputies

Section 531.0999, Texas Government Code, requires HHSC to establish the Community Mental Health Grant Program, a grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for people 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, or recovery services, and assist with people transitioning between or remaining in mental health treatment, services and supports.

In the table below, describe Community Mental Health Grant Program projects related to jail diversion, justice-involved individuals, and mental health deputies. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.D.

Table 3: Community Mental Health Grant Program Jail Diversion Projects

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

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	People receiving services	<input checked="" type="checkbox"/>	Family members
<input checked="" type="checkbox"/>	Advocates (children and adult)	<input checked="" type="checkbox"/>	Concerned citizens or others
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <ul style="list-style-type: none"> • Baptist Health System-Chris Handley • Christus Santa Rosa Health-Alexis Arel Methodist Healthcare System-Tony LoBasso • Bexar County Hospital District (d/b/a University Health)-Dr. Sally Taylor • San Antonio Behavioral Health Hospital-Camilla McKinney • Laurel Ridge Treatment Center-Ashley Sachriste • Clarity Child Guidance Center-Jessica Knudsen • San Antonio Fire Department-Rey Casanova • Bexar Co. Sheriff’s Department-Brian Barrick 	<input checked="" type="checkbox"/>	State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none"> • Texas Health and Human Services San Antonio State Hospital – various representatives, Vincent Creazzo, Assistant Superintendent; and Jessica Ruiz, Director, Community Relations
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input checked="" type="checkbox"/>	Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/>	County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> • Bexar County Officials including, Norma Greenfield-Laborde, Judicial Services; Andrea Guajardo, Director, Behavioral Health; and Judge Oscar Kazen, Probate Court #1. 	<input type="checkbox"/>	City officials (list the city and the name and official title of participants): <ul style="list-style-type: none"> • City of San Antonio officials including Erik Walsh, City Manager, Claude Jacob, Metro Health Director, Jessie Higgins, LPC, Chief Mental Health Officer, and the Mayor and San Antonio City Council members.

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Federally Qualified Health Center and other primary care providers <ul style="list-style-type: none"> • Centro Med • Communicare 	<input checked="" type="checkbox"/>	LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i> <ul style="list-style-type: none"> • Bluebonnet Trails Community Services-Andrea Richardson • Camino Real Community Services Veronica Sanchez • Gulf Bend Center-Jeff Tunnell • Coastal Plains Community Center • Hill Country Mental Health & Developmental Disabilities Center-Tod Citron • Nueces Center for Mental Health & Intellectual Disabilities • Border Region Behavioral Health Center
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives
<input checked="" type="checkbox"/>	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): <ul style="list-style-type: none"> • All Presiding Judges in Bexar County Civil District, Criminal District, Juvenile District, and County Courts. 	<input checked="" type="checkbox"/>	Law enforcement (list the county or city and the name and official title of participants): <ul style="list-style-type: none"> • San Antonio Police Department, Bexar County Sheriff's Office, San Antonio Fire Department-all law enforcement agencies within Bexar County.
<input checked="" type="checkbox"/>	Education representatives	<input checked="" type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input checked="" type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input checked="" type="checkbox"/>	Veterans' organizations	<input checked="" type="checkbox"/>	Housing authorities
<input checked="" type="checkbox"/>	Local health departments	<input type="checkbox"/>	Other: _Southwest Texas Regional Advisory Council (STRAC) Eric Epley, Kellie Burnam

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.

Response:

- The Center for Health Care Services (LMHA) organized monthly meetings 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, 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 or that had broad support.

Response:

- **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 lack of Medicaid Expansion in the State of Texas. Continue to look for funding to address community expectations of service delivery. 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.
- **Patient Information Exchange:** Constraints and requirements related to patient information presents challenges with data collection and information sharing.
- **Housing:** Insufficient and/or limited affordable permanent housing creates additional struggles for individuals transitioning back into the community.
- **Insurance:** Lack of insurance and increased medication costs are barriers to adequate treatment.

- **Psychiatric Bed Capacity:** Loss of psychiatric beds has strained local stakeholders and resources to develop alternatives to improper hospitalization and criminal justice encounters.
- **IDD:** Local IDD providers and the IDD Authority struggle to recruit and retain Direct Care Workers in community-based settings, as these DCWs are paid \$10.60/hour, substantially short of a living wage. Additionally, Targeted Case Management rates have not been adjusted in over a decade, and many providers are choosing to close their doors as their operations become financially unsustainable. CHCS and its partners are seeking a wage increase in the upcoming 2025 legislative session and an increase in TCM provider rates.
- **Meth/Opioid:** The national opioid and methamphetamine epidemic has reached Bexar County. In an effort to confront this public health emergency head-on, CHCS and its partners at University Health, UT Health San Antonio and the South Texas Crisis Collaborative (STCC) are developing a Substance Use Emergency Response System of Care (SERS). The SERS System of Care will implement policies and protocols for methamphetamine withdrawal so that all hospitals in Bexar County will respond to and treat this epidemic. This interagency collaboration seeks to decrease the number of overdose deaths related to the use of opioids and/or methamphetamines in Bexar County.
- **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.
- **Teen suicide:** Data 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 and emergency departments;
- Judiciary, including mental health and probate courts;
- Prosecutors and public defenders;
- Other crisis service providers (to include neighboring LMHAs and LBHAs);
- People accessing crisis services and their family members; and
- 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 Developing 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;

Response:

- 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, I, 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, Close to Home, formerly the 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, Behavioral Health Committee, Substance Use Tiger Team, Homeless Huddle, 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

Response:

- 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.

Response:

- Julota is a collaborative software platform that provides for process consistency while helping identify and solve barriers to care. Julota 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. Julota’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 Julota 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.”
- Pulsara is an emergency response platform piloted by Specialized Multi-Agency Response Team (SMART), San Antonio Community Outreach Resiliency Effort (SACORE) and MEDCOM to enhance communication between emergency responders and receiving hospitals. This platform is now being extended to mental health to assist with connecting the patient to the right care at the right time.

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

1. How is the Crisis Hotline staffed?
 - a. During business hours

Response:

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

b. After business hours

Response:

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

c. Weekends and holidays

Response:

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

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

Response:

Yes, Avail Solutions

3. How is the MCOT staffed?

a. During business hours

Response:

- 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 QMHPs. There is a medical provider on-call for the MCOT team 24/7 at the Crisis Care Center, as well as a Crisis Response Services Medical Director available for case consultation and staffing. The QMHPs provide crisis response and follow up 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 QMHPs in MEDCOM 24/7 to assist in facilitating inter-facility transfer requests to the identified PES facilities. Placing a QMHP 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 condition.

b. After business hours

Response:

- 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 and a Medical Director for Crisis Response Services.

c. Weekends and holidays

Response:

- On weekends and holidays, 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 and a Medical Director for Crisis Response Services.

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

Response: N/A

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

Response:

- MCOT/CMOT is deployed for all incoming calls for Emergent, Urgent and Routine. 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 through the MEDCOM bed navigation process. 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 through a call or walk in, MCOT is deployed to provide Crisis Intervention and Crisis Outreach Services to the individual. Upon resolution of the crisis, MCOT will provide a 24-hour follow-up with the individual.
 - The role of MCOT during a crisis when crisis care is initiated through the LMHA is to determine the least restrictive environment
6. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:
- a. Emergency Rooms:
Emergency rooms: Hospital Liaisons are not in the emergency rooms. Hospital staff contact MEDCOM for contract psychiatric bed (PPB) bed assessment/recommendation.
 - b. Law Enforcement:
 - MCOT/CMOT will call Law enforcement to accompany them on 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?
- 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?
- a. During business hours:
If the individual is unfunded, they call MEDCOM 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 and Children’s PPB beds.
 - b. After business hours:
If the individual is unfunded, they call MEDCOM to determine eligibility for a private psychiatric bed. If the individual is funded, they may be taken to a hospital in the community
 - c. Weekends and holidays:
If the individual is unfunded, they call MEDCOM 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 a person cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

Response:

- 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/CMOT staff utilizes the minimum criteria to identify the nearest Emergency Department depending on direction from Crisis Response Service medical director and the nature and urgency of the medical issue.
 - We have law enforcement and MEDCOM-LEV NAV placement which occurs on community calls only.
10. Describe the community’s process if a person requires further evaluation, medical clearance, or both.

Response:

- Hospital Liaisons are trained to consider and recommend the least restrictive alternative. Hospital Liaisons consider all appropriate least restrictive alternatives while also establishing what additional, if any, medical clearance is needed. If medical clearance is needed, Hospital Liaisons 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.
- If an individual needs admission to a hospital, the individual will be transported to a hospital 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 a person needs admission to a psychiatric hospital.

Response:

- 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 a person needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

Response:

Seeking the least restrictive environment, individuals may be brought to the Extended Observation Unit (EOU) at 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 our Josephine Recovery Center location or inpatient hospitalization if needed

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.

Response:

- The first point of triage is the crisis line.
- Crisis assesses level of risk and/or danger and classifies calls as "Urgent", "Emergent", or "Routine."
- Crisis line deploys MCOT/CMOT for call disposition. MCOT/CMOT determines if officer assistance is needed on scene.
- Law enforcement is notified through the LE non-emergency line for mental health assistance.
- MCOT/CMOT respond with the officer or meet the officer at location.
- If law enforcement is not required, MCOT/CMOT responds to the scene.

14. If an inpatient bed at a psychiatric hospital is not available, where does the person wait for a bed?

Response:

- For adults, if an inpatient bed is not available and the individual continues to meet criteria for a higher level of care, then he or she is transferred to the nearest Emergency Department coordinated through Law Enforcement Navigation when the EOU is on diversion.

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

Response:

- 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 for adults?

Response:

- 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.

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

Response:

Parent or LAR of child will transport; ambulance if there is a medical necessity.

Crisis Stabilization

Use the table below to identify the alternatives the local service area has for facility-based crisis stabilization services (excluding inpatient services). Answer each element of the table below. Indicate "N/A" if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.

Table 5: Facility-based Crisis Stabilization Services

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	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

Name of facility	Josephine Recovery Center
Other relevant admission information for first responders	None
Does the facility accept emergency detentions?	No
Number of beds	16
HHSC funding allocation	We do not receive an allocation specific to JRC but we utilize \$343,798 in General Revenue

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	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
Does the facility accept emergency detentions?	Yes
Number of beds	16
HHSC funding allocation	\$6,012,659

Inpatient Care

Use the table below to identify the alternatives to the state hospital the local service area has for psychiatric inpatient care for uninsured or underinsured

people. Answer each element of the table below. Indicate “N/A” if an element does not apply to the alternative provided. Replicate the table below for each alternative.

Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured

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	N/A
Other relevant admission information for first responders	Contact the CHCS Mobile Crisis Outreach Team for potential admission recommendation
Number of beds	Private Psychiatric Beds – 22
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	YES
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs 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 – 22
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?	Private Psychiatric Beds - \$720 per day, per contracted adult psychiatric inpatient hospital bed.

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	N/A
Other relevant admission information for first responders	Contact the CHCS Mobile Crisis Outreach Team for potential admission recommendation
Number of beds	Private Psychiatric Beds – 8
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs 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 – 8
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 \$720 per day, per contracted adult psychiatric inpatient hospital bed.

Name of facility	Methodist Specialty and Transplant
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Clarity Child Guidance Center
Location (city and county)	San Antonio, Bexar County
Phone number	210-616-0300
Key admission criteria	Suicidal, homicidal, exacerbated deterioration in functioning
Service area limitations if any	N/A
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 or LBHA to purchase beds?	YES

Name of facility	Clarity Child Guidance Center
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs 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?	\$787.00 per day, per contracted child psychiatric inpatient hospital bed.

Name of facility	San Antonio Behavioral Healthcare
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	N/A
Other relevant admission information for first responders	Contact the CHCS Mobile Crisis Outreach Team for potential admission recommendation
Number of beds	Adult Private Psychiatric Beds – 11; Youth Private Psychiatric Beds – as needed
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	YES

Name of facility	San Antonio Behavioral Healthcare
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs 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 for adults – 11
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?	Private Psychiatric Beds for adults - \$720 per day, per contracted adult psychiatric inpatient hospital bed. \$787.00 per day, per contracted child psychiatric inpatient hospital bed.

II.C Plan for Local, Short-term Management for People Deemed Incompetent to Stand Trial Pre- and Post-arrest

1. Identify local inpatient or outpatient alternatives, if any, to the state hospital the local service area has for competency restoration? Indicate "N/A" if the LMHA or LBHA does not have any available alternatives.

Response:

- 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 evidence-based competency restoration education services, treatment, training and residential and community-based placement in an outpatient setting following the legal finding of incompetent to stand trial.
- Jail-based Competency Restoration Program (JBCR): Provides evidence-based competency restoration education services, treatment, training and medication education to individuals found incompetent to stand trial and awaiting inpatient placement to SMHF in a jail-based setting.

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

Response:

- 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 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 navigating access to 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.

3. 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) and title(s) of employees who operate as the jail liaison.

Response:

- The Center has two Community Enrollment Liaisons that are assigned to the Bexar County jail. 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 Bexar County Adult Detention Center Booking Center facility 24-7-365, to ensure that all consumers with screening results indicating possible SMI or COPSD and a Continuity of Care Query (CCQ) hit who are eligible for a Personal Recognizance Bond or Commercial Bonds also are assessed, rapidly identified, and quickly diverted into CHCS services.

4. 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.

Response:

- Amanda Cabello, Community Enrollment Liaison
- Betty Alejandrez, Community Enrollment Liaison

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

Response:

- 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.

6. Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (e.g., Outpatient Competency Restoration, Inpatient Competency Restoration, Jail-based Competency Restoration, FACT Team, Post Jail Programs)?

Response:

- 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%. Since the DOJ grant expired, CHCS was awarded additional funding by the Texas HHSC to continue Jail-

Based Competency Restoration. The new award allows for CHCS to treat female inmates as well as their male counterparts and individuals on the Maximum Security Unit (MSU) list.

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

Response:

- 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 are barriers to program growth.
- Additional judicial support to clear the backlog of individuals who have been restored to competency but remain incarcerated waiting for a trial date.
- Lack of defense attorney participation in hearing required for restoration proceedings.
- Attorneys not doing due diligence to ensure appropriate representation and are choosing to send for referrals to competency evaluation is another barrier experienced.

II.D Seamless Integration of Emergent Psychiatric, Substance Use, and Physical Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA or LBHA collaborate with in these efforts?

Response:

- 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?

Response:

- With Senate Bill 292 and HB 13 and Local funding, CHCS and its partners will continue to support existing resources including inpatient beds.
- 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 Adult Detention Center 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 and CCQ hits who are eligible for a Personal Recognizance Bond are promptly 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. A subset of primary care will include whole person-centered care treating the mental health and physical needs of a select patient population. This will expand access to care and reduce barriers to the delivery of care.

- PICC (Program for Intensive Care Coordination) was developed in partnership with San Antonio Fire Department EMS Mobile Integrated Healthcare (SAFD-EMS-MIH), San Antonio Police Department Mental Health Unit (SAPD-MHU), and The Center for Health Care Services (CHCS). This multidisciplinary approach was created in an effort to reduce emergency detentions and the subsequent use of emergency and inpatient services by providing ongoing engagement and wraparound care tailored specifically to each patient's unique needs. The services may consist of ongoing engagement, care coordination, medication management, transportation, and connections to other community resources. By forming a team consisting of a Mobile Integrated Healthcare Medic, a specialized Mental Health Officer, and a Qualified Mental Health Professional, various skill sets and resources are available to the patient.
- Multi-Agency Partnership for Stabilization (MAPS) is a collaborative program with the San Antonio Police Department's Southwest Texas Fusion Center and The Center aimed at engaging the consumer with the right care at the right time to evaluate and reduce the level of threat and refer to clinically appropriate treatment. 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 response team to divert individuals experiencing a mental health crisis away from jail, emergency departments and use the least restrictive treatment environment.

- San Antonio Community Outreach and Resiliency Effort (SACORE) in collaboration with STRAC, Metro Health, San Antonio Fire Department Mobile Integrated Health Unit and San Antonio Police Department Mental Health Unit 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.
- MAPS, 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?

Response:

- CHCS shares this information via its website www.chcsbc.org and through its social media platforms (Facebook, Instagram 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 partners with 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.
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?

Response:

- 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

Use the table below to identify 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. Add additional rows if needed.

Table 7: Crisis Emergency Response Service System Gaps

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
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 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. For years the Community meets monthly at the Community Behavioral Health Committee. 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. 	<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 Health Committee with regular follow up to ensure needs are 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 MAPS as named above. 	<p>Coordination is an ongoing effort with all stakeholders. Efforts are to always reduce the gaps, however it's challenging to pin down a timeline as this community effort has been ongoing for years and anticipate will be an ongoing effort as the need will always be there.</p>

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to people with mental health and substance disorders involved 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 people 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. Enter N/A if not applicable.

Table 8: Intercept 0 Community Services

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<ul style="list-style-type: none"> MCOT provides assessments, referrals, and follow-ups and engages consumers into services with stabilized treatment to improve access to care. CMOT completes crisis assessment and stabilization for children ages 3 – 17 	Bexar	<ul style="list-style-type: none"> Continue with existing programs and services with mobile crisis outreach teams.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<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 	Bexar	<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.
<ul style="list-style-type: none"> 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 	Bexar	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Hospital liaisons are available for screening for determination of eligibility for a private psychiatric bed (PPB) and SASH recommendation. 	Bexar	<ul style="list-style-type: none"> 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

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<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 	Bexar	<ul style="list-style-type: none"> • Exploring options with Bexar County Sherriff’s Office and Acadian Ambulance for expansion
<ul style="list-style-type: none"> • 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/CMOT staff utilizes the minimum criteria to identify the nearest Emergency Department depending on direction from Crisis Response Service medical director and the nature and urgency of the medical issue. 	Bexar	<ul style="list-style-type: none"> • Exploring options with STRAC to identify opportunities to utilize telehealth software (Pulsara) for communication with Crisis Services Medical Director
<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 	Bexar	<ul style="list-style-type: none"> • Working with City of San Antonio to evaluate calls for law enforcement and alternatives to deploying officers.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<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. 	Bexar	<ul style="list-style-type: none"> Exploring the option of having a CHCS mental health professional available through a dispatch system county wide who could utilize telehealth software earlier in the 911 emergency call before units are dispatched.

Table 9: Intercept 1 Law Enforcement

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 	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.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
<ul style="list-style-type: none"> • SB292 for Justice Involved Individuals. 	Bexar	<ul style="list-style-type: none"> • The Center assigned clinicians to the Central Magistrate’s jail diversion program 24-7-365. Bexar County will to ensure that all consumers with CCQ hit and 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, the individual is quickly filtered into CHCS SB 292 funded Community Reintegration Program (CRP) services. Currently, only Crisis Care Center and MCOT provide “real-time” services in the community with local Law Enforcement on the Intercept 1 level.
<ul style="list-style-type: none"> • 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 	Bexar	<ul style="list-style-type: none"> • Continue with existing programs and services; continue working with criminal justice partners

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
<ul style="list-style-type: none"> • MCOT staff provides CIT training for dispatch, first responders, Law Enforcement staff, court personnel and probation personnel 	Bexar	<ul style="list-style-type: none"> • 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. 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
<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 integrated treatment program located at Haven for Hope. 	Bexar	<ul style="list-style-type: none"> • Pursue funding to continue to provide service offerings specific to the unique needs of this population.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
<ul style="list-style-type: none"> The Crisis Transitional Services team will provide wraparound services, case management and crisis intervention for those individuals that are not hospitalized 	<p>Bexar</p>	<ul style="list-style-type: none"> Utilize Julota program to track service utilization and verify impact on consumers' arrest or incarceration, or subsequent use of crisis services. Julota is a collaboration software platform that provides for process consistency while helping identify and solve barriers to care. Julota 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.

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<p>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.</p>	<p>Bexar</p>	<ul style="list-style-type: none"> 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 and CCQ hit who are eligible for a Personal Recognizance and Commercial Bonds are assessed and consumers' needs are rapidly identified and promptly diverted into CHCS services
<p>Provide screening and assessment for referred probation, parole and pre-trial referrals in all settings as needed, including the Municipal Court</p>	<p>Bexar</p>	<ul style="list-style-type: none"> Continue to support the Magistrates Division to identify and divert individuals arrested for violations who have mental illnesses.

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<p>CHCS clinicians work at the Bexar County Jail Booking Center to identify individuals that can be diverted into the Community Reintegration Program (CRP). This program is funded by SB292. 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</p>	<p>Bexar</p>	<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 and CCQ hit who are eligible for a Personal Recognizance and Commercial Bonds are assessed, and rapidly identified and diverted into CHCS services.

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<p>Outpatient Competency Restoration (OCR) program receives referrals from the courts on 46B commitments in need of outpatient competency restoration services</p>	<p>Bexar</p>	<ul style="list-style-type: none"> 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. Continue to support the need for Outpatient Competency Restoration services for individuals on a 46B commitment
<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 criminal justice system. Criminal Justice referrals only. 	<p>Bexar</p>	<ul style="list-style-type: none"> Continue collaboration with Community Supervision Officers to advocate for behavioral health interventions for existing and potential consumers
<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. Program in place in FY24 only due to funding. 	<p>Bexar</p>	<ul style="list-style-type: none"> Continue collaboration with Community Supervision Officers to advocate for behavioral health interventions for existing and potential consumers.

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<ul style="list-style-type: none"> TCOOMMI Dual Diagnosis Residential Program (DDRP) is a structured and focused jail diversion program aimed at reducing recidivism. Criminal Justice referrals only 	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 expanding its Dual Diagnosis Residential Facility to accommodate 140 more individuals awaiting transfer to alternative facilities. This facility will also serve as an alternative to sentenced individuals with a work and restitution component 	Bexar	<p>This expansion would require additional clinical and supervisory staffing resources to address the additional capacity and continuation of service delivery in the facility.</p>

Table 12: Intercept 4 Reentry

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 work with individuals diverted 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. 	Bexar	<p>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.</p> <p>Continue to attend hearings and advocate within criminal justice system for behavioral health interventions for existing and potential consumers</p>

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
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.	Bexar	<ul style="list-style-type: none"> Continue collaboration with Community Supervision Officers to advocate for behavioral health interventions for existing and potential consumers

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mobile Crisis Outreach Team that is available 24/7/365 to routinely screen for mental illnesses and substance abuse disorders.	Bexar	<ul style="list-style-type: none"> Continue to pursue funding opportunities to sustain and grow service offerings.
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	Bexar	<ul style="list-style-type: none"> Continue to pursue funding opportunities to sustain and grow service offerings.
Multi Agency Partnership for Stabilization (MAPS): Provides quick, goal-oriented responses to threats, high-risk and high-profile cases. MAPS consists of 3 licensed Master’s level mental health professionals and 1 credentialed Behavioral Health Supervisor, 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	Bexar	<ul style="list-style-type: none"> Add an additional licensed master’s level mental health professional and expand coverage to 16 hours during business days. Continue to pursue funding opportunities to sustain and grow service offerings.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<ul style="list-style-type: none"> Specialized Multidisciplinary Alternate Response Team (SMART): Serves unincorporated Bexar County and the 26 suburban cities. The two SMART teams consist of law enforcement, paramedics, and mental health professionals who address 9-1-1 calls that indicate a mental health need in operation 16 hours a day year round 	Bexar	<ul style="list-style-type: none"> Expand to two full time 24hour teams open year-round. Continue to pursue funding opportunities to sustain and grow service offerings.
<ul style="list-style-type: none"> SA Community Outreach & Resiliency Effort (SA CORE): - Crisis response launched as a pilot in April 2022 with a multi-disciplinary team (SAPD, SAFD, CHCS) to respond to crisis calls in the 78207 zip code. SACORE expanded to three 16-hour teams in January of 2024 and again in July 2024 to three 24-hour teams open year-round. 	Bexar	<ul style="list-style-type: none"> Continue to pursue funding opportunities to sustain and grow service offerings.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<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 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. 	Bexar	<ul style="list-style-type: none"> Continue to pursue funding opportunities to sustain and grow service offerings.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<ul style="list-style-type: none"> Licensed Clinicians in MEDCOM: STRAC has also embedded QMHPs 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 QMHP 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. 	Bexar	<ul style="list-style-type: none"> Continue to pursue funding opportunities to sustain and grow service offerings.

III.B Other Behavioral Health Strategic Priorities

The Statewide Behavioral Health Coordinating Council (SBHCC) was established to ensure a strategic statewide approach to behavioral health services. In 2015, the Texas Legislature established the SBHCC to coordinate behavioral health services across state agencies. The SBHCC is comprised of representatives of state agencies or institutions of higher education that receive state general revenue for behavioral health services. Core duties of the SBHCC include developing, monitoring, and implementing a five-year statewide behavioral health strategic plan; developing annual coordinated statewide behavioral health expenditure proposals; and annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

The [Texas Statewide Behavioral Health 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: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.
- Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.
- Goal 3: Develop and support the behavioral health workforce.
- Goal 4: Manage and utilize data to measure performance and inform decisions.

Use the table below to 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.

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services (area of focus doesn't seem to match current status/plan)	<ul style="list-style-type: none"> • Gaps 1, 10, 13 • Goal 1 	<ul style="list-style-type: none"> • Limited provider capacity for prescribers and licensed clinical practitioners 	<ul style="list-style-type: none"> • Offer competitive compensation packages in line with market compensation.
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	<ul style="list-style-type: none"> • Gaps 2, 3, 4, 5, 8, 10, 12 • Goal 1,2 	<ul style="list-style-type: none"> • As the individual approaches discharge readiness, they are linked to services that will assist them in transitioning/maintaining in the community • Utilizing Family Partners to provide additional support, connect to services, and develop long-term recovery strategies 	<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 • Enhance screening and follow-up process for Non-Medical Drivers of Health • Continue building network of community partnerships to offer support for individuals receiving services
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	<ul style="list-style-type: none"> • Attends staffing and is available to the State Mental Health Facilities (SMHF) treatment teams on a routine basis 	<ul style="list-style-type: none"> • With Senate Bill 292 funding, The Center in partnership with

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> • Gap 10 • Goal 1 	<ul style="list-style-type: none"> • CHCS uses person centered TRR services where the individual plays a co-facilitative role in their treatment. The individuals preferences are incorporated into treatment planning, recovery planning, and personal needs. 	<ul style="list-style-type: none"> • Provide Wraparound and Motivational Interviewing Staff training •
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> • Gaps 2, 11 • Goal 1 	<ul style="list-style-type: none"> • Providing substance use educational groups • Utilizing Family Partners to provide additional support, connect to services, and develop long-term recovery strategies 	<ul style="list-style-type: none"> • For existing consumers, CHCS will ensure assigned Care Manager sees individual face-to-face within 7 days of discharge

<p>Identify best practices in communication and information sharing to maximize collaboration across agencies</p>	<ul style="list-style-type: none"> • Gap 3 • Goal 2 	<ul style="list-style-type: none"> • Julota is a collaborative software platform that provides for process consistency while helping identify and solve barriers to care. Julota 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. Julota’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 Julota 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.” • Pulsara is an emergency response platform piloted by Specialized Multi-Agency Response Team (SMART), San Antonio Community Outreach Resiliency Effort (SACORE) and MEDCOM to enhance communication between 	<ul style="list-style-type: none"> • Continue collaboration with local, state and federal agencies/organizations to establish standard operating procedures, implement quality outcome measures, and to support individuals in the shared service area
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>emergency responders and receiving hospitals. This platform is now being extended to mental health to assist with connecting the patient to the right care at the right time.</p>	

<p>Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems</p>	<ul style="list-style-type: none"> • Gaps 1, 3, 7 • Goal 2 	<ul style="list-style-type: none"> • The Center for Health Care Services (LMHA) organized monthly meetings 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, 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 	<ul style="list-style-type: none"> • Continue to develop a robust system of community partnerships and collaborations to enhance systemic approaches to service delivery
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>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.</p>	

<p>Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans</p>	<ul style="list-style-type: none"> • Gap 3 • Goal 2 	<ul style="list-style-type: none"> • The Center for Health Care Services (LMHA) organized monthly meetings 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, 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 	<ul style="list-style-type: none"> • Continue to develop a robust system of community partnerships and collaborations to enhance systemic approaches to service delivery
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		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.	
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> • Gaps 1, 11, 14 • Goal 2 	<ul style="list-style-type: none"> • We are providing substance use educational groups at community meetings • We reach out to community entities and offer education from various programs and divisions • We work collaboratively to refer outside of CHCS for services we don't provide and foster that collaborative work 	<ul style="list-style-type: none"> • Continue providing substance use educational groups at community meetings / expand with more outreach • Continue to reach out to community entities and offer education to them • Continue to work collaboratively to refer outside of CHCS for services we don't provide and foster that collaborative work
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	<ul style="list-style-type: none"> • Gaps 1, 5, 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 • Employ prescriber scheduling within 3 – 5 days of needed visit

<p>Develop step-down and step-up levels of care to address the range of participant needs</p>	<ul style="list-style-type: none"> • Gaps 1, 5, 6 • Goal 2 	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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 navigating access to care especially in cases where there they have 	
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		<p>no insurance coverage.</p> <ul style="list-style-type: none"> ○ 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 	
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>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</p> <ul style="list-style-type: none"> ○ 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. 	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance</p>	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 3 	<ul style="list-style-type: none"> • Utilize the Community Needs Assessment qualitative and quantitative data regarding the targeted service area to inform strategic decisions regarding workforce shortages and prioritized community needs 	<ul style="list-style-type: none"> • Completion of updated Community Needs Assessment in FY25 and distribution of findings to inform organizational staffing plans
<p>Explore opportunities to provide emotional supports to workers who serve people receiving services</p>	<ul style="list-style-type: none"> • Gap 13 • Goal 3 	<ul style="list-style-type: none"> • 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. • In addition, CHCS maintains a robust Employee Assistance Program, Wellness Platform and includes Behavioral Health as part of the it's benefit offerings. 	<ul style="list-style-type: none"> • Continue to support workers who serve people receiving services

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	<ul style="list-style-type: none"> • Gaps 13, 14 • Goal 3 	<ul style="list-style-type: none"> • Utilize the Community Needs Assessment qualitative and quantitative data regarding the targeted service area to inform strategic decisions regarding workforce shortages and prioritized community needs 	<ul style="list-style-type: none"> • Completion of updated Community Needs Assessment in FY25 and distribution of findings to inform organizational staffing plans
Implement a call to service campaign to increase the behavioral health workforce	<ul style="list-style-type: none"> • Gap 13 • Goal 3 	<ul style="list-style-type: none"> • Currently we meet at Behavioral Health Committee meeting and discuss county / city topics related to behavioral health and substance use 	<ul style="list-style-type: none"> • We will continue to meet as a community and collaborate. The committee pivots when necessary and has an open floor to discuss any topic brought forward.
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	<ul style="list-style-type: none"> • CHCS maintains updated Administrative Directives that drive the continuous monitoring of staffing patterns to ensure all programs 	<ul style="list-style-type: none"> • Completion of updated Community Needs Assessment in FY25 and distribution of findings to inform organizational staffing plans

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Assess ways to ease state contracting processes to expand the behavioral health workforce and services</p>	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	<p>In an effort to create a network and expand the behavioral health workforce and services, the Center for Health Care Services has issued Request for Applications for the following:</p> <ul style="list-style-type: none"> • Psychologist Services • Child Outpatient Counseling Services • Adult Inpatient Psychiatric Services • Child Inpatient Psychiatric Services • Youth Empowerment Services • Child Outpatient Services • Psychiatrist Services <p>These solicitations assist in reducing the risk of service disruption, increasing access to diverse talent, improving the flexibility of services and enhancing innovation and perspective along with strengthening community partnerships.</p>	<ul style="list-style-type: none"> • Continue to develop a robust system of community partnerships and collaborations to enhance systemic approaches to service delivery

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance</p>	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 4 	<ul style="list-style-type: none"> • Currently we meet at Behavioral Health Committee meeting and discuss county / city topics related to behavioral health and substance use 	<ul style="list-style-type: none"> • We will continue to meet as a community and collaborate. The committee pivots when necessary and has an open floor to discuss any topic brought forward.

<p>Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis</p>	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 4 	<ul style="list-style-type: none"> • Julota is a collaborative software platform that provides for process consistency while helping identify and solve barriers to care. Julota 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. Julota’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 Julota 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.” • Pulsara is an emergency response platform piloted by Specialized Multi-Agency Response Team (SMART), San Antonio Community Outreach Resiliency Effort (SACORE) and MEDCOM to enhance communication between emergency responders 	<ul style="list-style-type: none"> • Continue collaboration with local, state and federal agencies/organizations to establish standard operating procedures, implement quality outcome measures, and to support individuals in the shared service area
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		and receiving hospitals. This platform is now being extended to mental health to assist with connecting the patient to the right care at the right time.	
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	<ul style="list-style-type: none"> • Gaps 3, 4, 14 • Goal 4 	<ul style="list-style-type: none"> • Continue to serve eligible veterans and coordinate with other community organizations serving veterans. • Maintain active care coordination agreement with the local VA to support service members, veterans, and family members 	<ul style="list-style-type: none"> • Continue to serve veteran population • Reinstate trauma informed leadership team • Leverage coordination agreement to facilitate effective communication regarding services and supports for individuals in the shared service area
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> • Gaps 7, 14 • Goal 4 	<ul style="list-style-type: none"> • We collect system data in our community roundtable report that allows us to learn trends and the effectiveness of our work. Further, the organization collects and analyzes data to help steer decision making with evidence-based practices from data derived. • Complete reporting regarding CCBHC and 1115 waiver quality outcome measures by updating, monitoring and validating measure components 	<ul style="list-style-type: none"> • Continue to collect data and utilize that data to pivot as necessary.

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, including a relevant timeline. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.

Table 15: Local Priorities

Local Priority	Current Status	Plans
Sustainability	Early planning stages	Develop strategic sustainability plan

Local Priority	Current Status	Plans
Reduce preventable ER usage and 30-day readmissions related to behavioral health conditions	Awarded funding for SB 292	<p>With SB 292 and Local funding, CHCS and its partners will continue to support existing resources that include:</p> <ul style="list-style-type: none"> • ACT and FACT 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 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

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

Local Priority	Current Status	Plans
		<p>Additional clinical staff at the Central Magistrate (weekends, holidays) has been deployed. By assigning CHCS clinicians to the Central Magistrate’s jail diversion program 24-7-365, CHCS will provide community based jail diversion services to individuals identified with a mental illness or co-occurring psychiatric and substance use disorder (COPSD) who are eligible for a Personal Recognizance (PR) Bond through the Community Reintegration Program (CRP) services.</p>
<p>Integrated Primary and Behavioral Health Care</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.

<p>Multi-Disciplinary Response Teams (MDRT)</p>		<ul style="list-style-type: none"> Program for Intensive Care Coordination (PICC) 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. MAPS 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
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Local Priority	Current Status	Plans
		<p>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> <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 clinicians to certain 911 calls that involve mental health
		<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.

Local Priority	Current Status	Plans
Increase Behavioral Healthcare Workforce	<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 for increasing funding for recruiting and retaining a behavioral health workforce.. • 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, Sub. Abuse and Primary Care often goes untreated. • Individuals that do not have an extensive mental health history may not qualify for SSI/SSDI benefits. • Due to offender status, some might not qualify for insurance benefits, and are unable to get necessary treatment. 	<ul style="list-style-type: none"> • Look at affordable fee for service model that targeted populations can afford. • Increase CBO or insurance employee base. • Continue to assist offenders at obtaining benefits at no cost to them and educating them on the need to get and maintain benefits
	•	•
Access to quality/safe housing	<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.

IV.D System Development and Identification of New Priorities

Developing 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.

Use the table below to 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 people not restorable, outpatient commitments, and other people needing long-term care, including people who are geriatric 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 or components would be funded, including estimated quantity when applicable.
- Estimate the funding needed, listing the key components and costs (for recurring or ongoing costs, such as staffing, state the annual cost).

Table 16: Priorities for New Funding

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
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. 	\$28 million	<ul style="list-style-type: none"> Continue to develop a robust system of community partnerships and collaborations to enhance systemic approaches to service delivery
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. 	Est. \$5.2 million	Increasing parity among insurers and expanding the Primary Care network locally to include Carelink.

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
3	Staffing (medical providers & medical/clinical staff)	Increase resources (human capital) to expand access and effectively staff for all services.	\$2.4M	<ul style="list-style-type: none"> We have leveraged paid postings via Indeed to not only increase the volume of candidates, but the quality. We are also proactively working with universities to make contingent offers prior to graduation as residents typically want something ready at the time of graduation.
4	Psychiatric Beds	Expanding psychiatric bed capacity to address shortage in Bexar County for adults and adolescents, including increasing allocation of Private Psychiatric Beds (PPBs) and construction of a regional psychiatric hospital to serve forensic and civil patients.	Est. \$300 million	Collaboration with the Southwest Texas Collaborative and other community partners to identify expansion of psychiatric beds

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
5	Methadone expansion Clinic	Increase the number of methadone slots and establish an evening clinic to meet the high demand and offer availability to meet consumer needs Additional MD added to Methadone clinic expanding capability from 700 to 800 patients.	\$550,000	Efforts with community partners such as San Antonio Fire, partner hospitals, STRAC and Outpatient Clinics and service providers.

	<p>Continuation of HHSC Funding through Riders in the 88R Legislative Session</p>	<p>CHCS and its community partners received funding for a number of critical need and first-of-their-kind programs.</p> <p>Children’s Crisis Respite \$1M Roy Maas Youth Alternatives will provide crisis respite beds, providing a less restrictive, more child-friendly resource for 125 vulnerable children and adolescents annually.</p> <p>Multi-Systemic Therapy \$1.3M Clarity Child Guidance will partner with CHCS to provide MST for 120 adolescents involved in the Juvenile Justice system.</p> <p>State Hospital Step-Down Program \$3.9M</p> <ul style="list-style-type: none"> o UT Health's proposed program will address the need for step down care by providing beds at supervised living settings throughout the Bexar County community for those with frequent hospitalizations or long-term hospitalizations. <p>Construction Grant \$9.8M</p> <p>CHCS will partner with the City of San Antonio to provide permanent supportive housing for 80</p>	<p>Est \$17M</p>	<p>Continue efforts within the community to utilize Children’s Crisis Respite beds. Streamline the intake process for respite beds.</p>
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		<p>individuals at the Towne Twin Village, a dedicated resource for individuals who are 55 years of age and older and are chronically homeless.</p> <p>Jail Based Competency Restoration \$762K</p> <p>CHCS was awarded a grant by the U.S. Department of Justice (DOJ), Bureau of Justice Assistance (BJA) to provide Jail Based Competency Restoration (JBCR) services in Bexar County to increase access to treatment and competency restoration services, reduce the jail population and inpatient psychiatric bed wait list, advance due process, preserve the civil rights of the offender, and enhance jail population safety. Upon expiration of the DOJ grant, CHCS was awarded additional funding by the Texas HHSC to continue Jail-Based Competency Restoration. The new award allows CHCS to treat female inmates as well as their male counterparts, and to also expand to providing restoration</p>		
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Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
		services to inmates on the Maximum Security Unit (MSU) list.		
7	AVAIL Crisis Line (988)	The crisis line provides immediate MCOT response to individuals in the area.	Est. \$360,000	Continue funding for the 24/7 crisis line AVAIL.

Appendix A: Definitions

Admission criteria – Admission into services is determined by the person’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.

Community Based Crisis Program (CBCP) - Provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people with behavioral health crisis. CBCP projects include contracted psychiatric beds within a licensed hospital, EOUs, CSUs, s, crisis residential units and crisis respite units and are staffed by medical personnel, mental health professionals, or both that provide care 24/7. CBCPs 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 or LBHA funding.

Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs) – 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 person’s ability to function in a less restrictive setting.

Crisis hotline – 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 (CRU) – Provide community-based residential crisis treatment to people 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 units are not authorized to accept people on involuntary status.

Crisis respite units – Provide community-based residential crisis treatment for people 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 people with housing challenges or assist caretakers who need short-term housing or supervision for the person they care for to avoid mental health crisis. Crisis respite units are not authorized to accept people on involuntary status.

Crisis services – Immediate and short-term interventions provided in the community that are designed to address mental health and behavioral health crisis and reduce the need for more intensive or restrictive interventions.

Crisis stabilization unit (CSU) – The only licensed facilities on the crisis continuum and may accept people 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 people with a high to moderate risk of harm to self or others.

Diversion centers - Provide a physical location to divert people at-risk of arrest, or who would otherwise be arrested without the presence of a jail diversion center and connects them to community-based services and supports.

Extended observation unit (EOU) – Provide up to 48-hours of emergency services to people experiencing a mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept people on emergency detention.

Jail-based competency restoration (JBCR) - Competency restoration conducted in a county jail setting provided in a designated space separate from the space used for the general population of the county jail with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

Mental health deputy (MHD) - Law enforcement officers with additional specialized training in crisis intervention provided by the Texas Commission on Law Enforcement.

Mobile crisis outreach team (MCOT) – A 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 people in the community.

Outpatient competency restoration (OCR) - A community-based program with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

Appendix B: Acronyms

CBCP	Community Based Crisis Programs
CLSP	Consolidated Local Service Plan
CMHH	Community Mental Health Hospital
CPB	Contracted Psychiatric Beds
CRU	Crisis Residential Unit
CSU	Crisis Stabilization Unit
EOU	Extended Observation Units
HHSC	Health and Human Services Commission
IDD	Intellectual or Developmental Disability
JBCR	Jail Based Competency Restoration
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
MHD	Mental Health Deputy
OCR	Outpatient Competency Restoration
PESC	Psychiatric Emergency Service Center
PPB	Private Psychiatric Beds
SBHCC	Statewide Behavioral Health Coordinating Council
SIM	Sequential Intercept Model