

# Health and Human Services Commission

## **Form O**

### **Consolidated Local Service Plan**

Local Mental Health Authorities and  
Local Behavioral Health Authorities

**Fiscal Years 2022-2023**

Due Date: September 30, 2022

Submissions should be sent to:

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

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## Introduction

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

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

## **Section I: Local Services and Needs**

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

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

<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip, Phone Number</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Gulf Coast Center	4700 Broadway, Galveston, 77551	Galveston	<ul style="list-style-type: none"> <li>• MH adult outpatient clinic; TRR adult outpatient services; intake; screening and assessment; Care Coordination, TCOOMMI case management</li> <li>• Adult substance abuse outpatient treatment; Outreach, Screening and Referral (OSAR); Recovery Peer Support; Co-occurring Psychiatric and Substance Use Disorder (COPSD) services.</li> <li>• Integrated Healthcare Mental &amp; Physical Health</li> <li>• PATH and permanent supported housing</li> </ul>
Gulf Coast Center	7510 FM 1765, Texas City, 77591	Galveston	<ul style="list-style-type: none"> <li>• MH adult outpatient clinic; TRR adult outpatient services; adult outpatient intake; screening and assessment; Care Coordination, TCOOMMI continuity of care intake; TCOOMMI case management; MCOT; OSAR; Peer Support;</li> <li>• Co-located full-service pharmacy</li> <li>• Adult substance abuse outpatient treatment</li> <li>• Co-occurring Psychiatric and Substance Use Disorder (COPSD) services.</li> </ul>
Gulf Coast Center	3201 FM 2004, Texas City, 77591	Galveston	<ul style="list-style-type: none"> <li>• MH Youth Behavioral Health Services outpatient clinic; TRR Youth services; Youth outpatient intake; screening and assessment; YES waiver; Care Coordination.</li> <li>• Youth outpatient Substance use services, OSAR.</li> </ul>
Gulf Coast Center	4352 FM 1764, Texas City, 77591	Galveston	<ul style="list-style-type: none"> <li>• Contracted 10 bed crisis respite services for adults</li> </ul>
Gulf Coast Center	101 Brennen, Alvin, 77511	Brazoria	<ul style="list-style-type: none"> <li>• MH adult outpatient clinic; TRR adult outpatient services; adult outpatient intake; screening and assessment; Care Coordination, TCOOMMI</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<p>continuity of care intake; TCOOMMI case management</p> <ul style="list-style-type: none"> <li>• Adult substance abuse outpatient treatment; Outreach, Screening and Referral (OSAR); Recovery Peer Support; Co-occurring Psychiatric and Substance Use Disorder (COPSD) services.</li> <li>• PATH and permanent supported housing</li> <li>• Victim of Crime Counseling Team (VOCA)</li> </ul>
Gulf Coast Center	101 Tigner, Angleton, 77515	Brazoria	<ul style="list-style-type: none"> <li>• MH adult outpatient clinic; TRR adult outpatient services; adult outpatient intake; screening and assessment; Care Coordination, TCOOMMI case management; MCOT</li> <li>• Adult substance abuse outpatient treatment; Outreach, Screening and Referral (OSAR); Recovery Peer Support; Co-occurring Psychiatric and Substance Use Disorder (COPSD) services.</li> </ul>
Gulf Coast Center	2352 E. Mulberry, Angleton, 77515	Brazoria	<ul style="list-style-type: none"> <li>• MH Youth Behavioral Health Services outpatient clinic; TRR Youth services; Youth outpatient intake, screening and assessment; YES waiver; Care Coordination.</li> </ul>
Gulf Coast Center	10000 Emmett F Lowry Texas City, 77591	Galveston	<ul style="list-style-type: none"> <li>• Individuals with Developmental Disabilities (IDD)</li> </ul>
St. Joseph Medical Center	1401 St. Joseph Parkway, Houston, 77002	Harris	<ul style="list-style-type: none"> <li>• Inpatient psychiatric services</li> <li>• 19-Bed Community Mental Health Hospital (CMHH); Private Psychiatric Beds as needed</li> <li>• Adult population</li> </ul>
SUN Behavioral Hospital	7601 Fannin St. Houston, TX. 77052	Harris	<ul style="list-style-type: none"> <li>• Inpatient psychiatric services</li> <li>• Private Psychiatric Beds as needed</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>• Children/adolescents</li> </ul>

**I.B Mental Health Grant Program for Justice Involved Individuals**

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

*In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows, if needed.*

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County(s)</b>	<b>Population Served</b>	<b>Number Served per Year</b>
2023	Senate Bill 292 ACT Criminal Justice Project- LMHA and Galveston County criminal justice collaborative were awarded SB 292 funding to expand the ACT team to serve the 10 highest recidivism cases for the Galveston County jail.	Galveston	20	20

**I.C Community Mental Health Grant Program - Projects related to Jail Diversion, Justice Involved Individuals, and Mental Health Deputies**

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

*In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed.*



Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
NA				

### I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input type="checkbox"/> Consumers	<input type="checkbox"/> Family members
<input checked="" type="checkbox"/> Advocates (children and adult)	<input checked="" type="checkbox"/> Concerned citizens/others
<input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> •	<input type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> • CMHH Hospital & physician
<input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Substance abuse treatment providers
<input type="checkbox"/> Prevention services providers	<input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers
<input checked="" type="checkbox"/> County officials	<input checked="" type="checkbox"/> City officials

## Stakeholder Type

*\*List the county and the official name and title of participants:*

- Brazoria Co Sheriff Bo Stallman
- Brazoria CO CSCD Dir Dr. Greg Dillon
- Galveston Co Criminal Justice Coordinating Council
- Galveston Co Commissioner Stephen Holmes
- Galveston Co CSCD Director Willie Lacy

Federally Qualified Health Center and other primary care providers

Hospital emergency room personnel

Faith-based organizations

Probation department representatives

Court representatives (Judges, District Attorneys, public defenders)

*\*List the county and the official name and title of participants:*

- Galveston Co Criminal Justice Coordinating Council
- Galveston Co Commissioner Stephen Holmes

## Stakeholder Type

*\*List the city and the official name and title of participants:*

- CMHH Hospital & physicians

Local health departments

LMHAs/LBHAs

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

- Gulf Coast Center

Emergency responders

Community health & human service providers

Parole department representatives

Law enforcement

*\*List the county/city and the official name and title of participants:*

- Galveston Co Criminal Justice Coordinating Council
- Galveston Co Sheriff Henry Trochessett
- Brazoria Co Sheriff Bo Stallman
- Galveston Police Chief Doug Balli

### Stakeholder Type

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

### Stakeholder Type

- Texas City Police Chief Joe Stanton
- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups
- Other: \_\_\_Emergency Management Offices

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

<ul style="list-style-type: none"> <li>• Regional Patient Network Advisory Committee meetings quarterly for input to Local Network Development and Consolidated Local Service Delivery plans.</li> </ul>
<ul style="list-style-type: none"> <li>• Brazoria county district attorney has an established advisory meeting including the district attorney, CSCD and the LMHA for considering mental health matters and jail diversion services.</li> </ul>
<ul style="list-style-type: none"> <li>• Galveston County has a long standing Galveston County Criminal Justice Advisory Council that that includes the county judge, district attorney, sheriff, defense bar, court coordinators to address mental health matters, jail legislation, jail diversion systems and needed systems to address justice system involved mental health</li> </ul>
<ul style="list-style-type: none"> <li>• Routine meetings/presentations with stakeholders including law enforcement, district attorney offices, courts, county jails, local hospitals, NAMI, public schools and local colleges, health districts, and emergency management.</li> </ul>
<ul style="list-style-type: none"> <li>• Networking meetings and ongoing communication with contracted behavioral health stakeholders to problem solve, identify areas of improvement and ensure smooth care transition from inpatient setting to outpatient/community. Participants include Gulf Coast leadership, Gulf Coast continuity of care inpatient team, inpatient physicians, hospital leadership, and mental health deputies.</li> </ul>
<ul style="list-style-type: none"> <li>• Monthly meetings and regular communication with FQHC co-located partner, ensuring the delivery of high-quality physical healthcare services at GCC Galveston Island service site. FQHC trained &amp; credentialed IHC Nurse Manager. Participants include Gulf Coast CNO, IHC Nurse Manager &amp; FQHC leadership.</li> </ul>

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

• Substance Use Disorder Inpatient Treatment
• Local Psychiatric Hospital Beds (expand resources for youth)
• Psychiatric Hospital Beds for IDD Crisis
• Treatment Alternatives for Justice Involved Mentally Ill
•
•

## **Section II: Psychiatric Emergency Plan**

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community’s emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members

- Sub-contractors

Most LMHAs and LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations.

Given the size and diversity of many local service areas, some aspects of the plan may not be uniform across the entire service area. *If applicable, include separate answers for different geographic areas to ensure all parts of the local service area are covered.*

## II.A Development of the Plan

*Describe the process implemented to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including, but not limited to, the following:*

Ensuring all key stakeholders were involved or represented, to include contractors where applicable;

- Regional Patient Network Advisory Committee meetings quarterly for input to Local Network Development and Consolidated Local Service Delivery plans
- Galveston County Criminal Justice Coordinating Council bi-monthly meetings

Ensuring the entire service area was represented; and

- Routine meetings/presentations with stakeholders including law enforcement, district attorney offices, courts, county jails, local hospitals, NAMI, public schools and local colleges, health districts, and emergency management
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Soliciting input.

- Posting of the LPND and CLSP on website, Facebook and other sites for community stakeholder comment

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

### 1. How is the Crisis Hotline staffed?

During business hours

- We have crisis hotline services available 24 hours a day 365 days a year

After business hours

- We have crisis hotline services available 24 hours a day

Weekends/holidays

- Crisis hotline services that are 365 days a year including holidays

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

- Crisis hotline services are sub-contracted to The Harris Center

### 3. How is the MCOT staffed?

#### During business hours

- MCOT is now in shifts around the clock 365 days a year for both counties. There are staggered and overlapping MCOT shifts for there to be capacity for team crisis response 116 hours a week. Each weekday, there are 2 MCOT workers that come on duty from 8:00 am. to 5:00 p.m., 2 MCOT workers on duty from 10:00 a.m. to 7:00 p.m., 1 MCOT worker that comes on duty from 5:00 p.m. to 2:00 a.m. and 1 MCOT worker that comes on duty from 7:00 p.m. to 8:00 a.m. That creates capacity for team response 18 hours a day each weekday

#### After business hours

- The staggered and overlapping MCOT work shifts has 3 MCOT workers on shift from 5:00 p.m. to 7:00 p.m., 2 MCOT on shift from 7:00 p.m. to 2:00 a.m. and then 1 MCOT worker on shift from 2:00 a.m. to 8:00 a.m. on weeknights.

#### Weekends/holidays

- The staggered and overlapping MCOT shifts has 1 MCOT worker on shift from 8:00 a.m. to noon, 2 MCOT workers on shift from noon to 1:00 a.m and then 1 worker on shift from 1:00 a.m. to 8:00 a.m. each weekend.

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

- No

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

- Crisis patients seen by MCOT that are hospitalized receive follow up by phone within 24 hours and then they go on a track for follow up after they are released to be contacted weekly until they are successfully linked to long term care. Crisis patients seen by MCOT that are not hospitalized receive follow up within 24 and 48 hours and then weekly until they are linked successfully to long term care providers. Emergency room crisis patients also receive care coordination for successful care transitions.

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

Emergency Rooms:

- The local emergency rooms call our crisis hotline when an individual presents in crisis. Once the individual has been medically cleared the local emergency room will call and request a MCOT screener and staff are dispatched to that location to complete the crisis assessment and coordinate care with physicians and nursing staff. We have the telehealth links for MCOT services. MCOT staff complete crisis screening/assessment and attempt to offer least restrictive alternatives and to facilitate an inpatient bed at our local community mental health hospital (CMHH) when necessary. Crisis patients seen in emergency rooms by MCOT that are hospitalized receive follow up within 24 and then weekly until they are linked successfully to aftercare with long term care providers. Crisis patients seen in emergency rooms by MCOT that are not hospitalized receive follow up within 24 and 48 hours and then weekly until they are linked successfully to long term care providers. If Center outpatient services are recommended, MCOT staff will arrange for a telemedicine appointment as soon as possible, usually within 48 hours, for the individual to have a full diagnostic evaluation completed. Emergency room crisis patients also receive care coordination for successful care transitions.

Law Enforcement:



- MCOT works closely with the Mental Health Division of the Sheriff's Departments both in Brazoria and Galveston Counties. Typically, the Crisis Services Director is contacted and then MCOT staff is dispatched accordingly. We have telehealth links for MCOT services. MCOT staff complete crisis screening/ assessment and attempt to offer least restrictive alternatives and facilitate an inpatient bed at our local community hospital when necessary. Crisis patients seen by MCOT on referral from law enforcement that are hospitalized receive follow up within 24 and then weekly until they are linked successfully to aftercare with long term care providers. Crisis patients seen by MCOT on referral from law enforcement that are not hospitalized receive follow up within 24 and 48 hours and then weekly until they are linked successfully to long term care providers. If outpatient services are recommended, MCOT staff will arrange for a telemedicine appointment as soon as possible for the individual to have a full diagnostic evaluation completed. These crisis patients also receive care coordination for successful care transitions.
- City of Galveston Multi-Disciplinary Response Team pairing a GCC crisis worker, Galveston Police Officer and paramedic for co-response to crisis in the City of Galveston

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

- We do not have a state hospital in our catchment area
- 

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

During business hours:

- Local police departments contact the county mental health deputy programs when they want an individual referred for inpatient treatment. The mental health deputy programs have direct access to the Center's CMHH psychiatric inpatient beds. MCOT staff are contacted by emergency rooms when they need a state funded psychiatric hospital bed. MCOT will work to secure a bed at the state funded hospital or private psychiatric hospitals.

After business hours:

- The process is the same for after business hours
- 

Weekends/holidays:

- The process is the same for weekends and holidays
- 

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

- The mental health deputy programs have direct access to the Center's CMHH psychiatric inpatient beds. Crisis individuals are taken to local emergency rooms if medical clearance is needed and when the psychiatric beds are full. MCOT staff can respond to community calls and help the callers to access inpatient care. MCOT staff are contacted by emergency rooms when they need a state funded psychiatric hospital bed. MCOT will work to secure a bed at the state funded hospital or private psychiatric hospitals.
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10. Describe the community's process if an individual requires further evaluation and/or medical clearance.

- Crisis individuals that have no medical clearance needs can direct admit to the state funded hospital unit or the private hospitals when bed space is available. Crisis individuals are taken to local emergency rooms if medical clearance is needed and when the psychiatric beds are full. MCOT staff will work with hospital staff (if at a local ER) to secure an inpatient bed.
- Planning for an Extended Observation Unit with Galveston County.

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

- The mental health deputy programs have direct access to the Center's CMHH psychiatric inpatient beds. Crisis individuals are taken to local emergency rooms if medical clearance is needed and when the

psychiatric beds are full. MCOT staff are contacted by emergency rooms when they need a state funded psychiatric hospital bed. MCOT will work to secure a bed at the state funded hospital or private psychiatric hospitals.

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12. Describe the process if an individual needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

- MCOT staff will call our local Crisis Respite Unit to inquire about bed availability, then complete the Crisis Respite Referral Form and arrange for transportation to facility. Follow-up services will begin as soon as possible. We have enhanced crisis respite with a full-time crisis respite professional for added support. We do not have crisis residential, extended observation or crisis stabilization unit
- Planning for an Extended Observation Unit with Galveston County.

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.

- MCOT staff can respond to any community location that is safe. This includes any safe location including schools, offices, on the streets. MCOT staff may ask police to secure the scene for safety.
- Telehealth crisis response is available
- Mental Health Deputies co-respond with MCOT

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

Where does the individual wait for a bed?

- When the Center's CMHH beds are at capacity, in some instances, individuals may remain in the local emergency department during which time LMHA & emergency department staff work to facilitate an inpatient admission to a hospital in the greater Houston area. If the individual awaiting a bed is in the

community, the LMHA staff work with local law enforcement to secure inpatient bed in the greater Houston area and subsequent transport of individual via mental health deputy to the identified hospital. MCOT staff work with the emergency rooms to secure an inpatient bed as soon as possible.

- Planning for an Extended Observation Unit with Galveston County.

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

- MCOT crisis workers provide crisis intervention services as long as necessary. If the individual is in a local emergency department, MCOT staff will communicate any safety concerns and often times a hospital employed “sitter” is assigned to that person while they are waiting for a bed, or security is contacted if the individual poses a threat to themselves or others. Crisis patients seen MCOT that do not need inpatient referral receive MCOT follow up within 24 and 48 hours and then weekly until they are linked successfully to long term care providers. Crisis patients also receive care coordination for successful care transitions.
- 

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

- If in the community, law enforcement provides transportation. If the individual is in a local emergency department, then an ambulance will provide transportation. If someone is at a clinic setting there is a possibility that EMS will be dispatched, and an ambulance will transport the individual to a local emergency department.
-

## Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? *Indicate N/A if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.*

<b>Name of Facility</b>	Harbor House Crisis Respite- Adults
<b>Location (city and county)</b>	5825 E.F. Lowry Expressway, Texas City, Galveston County
<b>Phone number</b>	409-935-4629
<b>Type of Facility (see Appendix A)</b>	Crisis Respite for Adults. Voluntary Crisis Respite program, providing stabilization of individuals experiencing or recently experienced mental health crisis; step-down program following inpatient psychiatric admission Voluntary program. Geared for individuals experiencing behavioral health crises and in need of continued crisis stabilization. Must have ability to understand admission process and adhere to house rules.
<b>Key admission criteria (type of individual accepted)</b>	On-site medical support not readily available, thus individuals with co-occurring medical condition who lack self-care ability shall be referred to medical provider as appropriate.
<b>Circumstances under which medical clearance is required before admission</b>	Injury or untreated medical disorder
<b>Service area limitations, if any</b>	Primarily available to Galveston and Brazoria County residents
<b>Other relevant admission information for first responders</b>	Voluntary program for ages 18 and older. Exclusionary criteria includes individuals under the influence of drugs/alcohol, current risk of harm to self/others, convicted of sexual or violent offense or in need of Skilled nursing services

<b>Accepts emergency detentions?</b>	No
<b>Number of Beds</b>	10
<b>HHSC Funding Allocation</b>	Yes

### Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals?

*Replicate the table below for each alternative.*

<b>Name of Facility</b>	St. Joseph Behavioral Health Hospital- Community Mental Health Hospital (CMHH)
<b>Location (city and county)</b>	1401 St. Joseph Parkway, Houston Texas, Harris County
<b>Phone number</b>	(713) 757-7512 (Intake Line)
<b>Key admission criteria</b>	18 yrs. or older with imminent risk of harm to self/others; lesser levels of care have failed to resolve significant behavioral health symptoms
<b>Service area limitations, if any</b>	Primarily intended for Galveston/Brazoria County residents, though admissions excepted from other neighboring LMHA's and/or State Hospitals as a part of inpatient capacity management program
<b>Other relevant admission information for first responders</b>	Exclusionary criteria include individuals with primary diagnosis of IDD
<b>Number of Beds</b>	20 CMHH

<p><b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b></p>	<p>Yes</p>
<p><b>If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b></p>	<ul style="list-style-type: none"> <li>• Community Mental Health Hospital (CMHH) Beds</li> <li>• Private Psychiatric Beds</li> </ul>
<p><b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b></p>	<ul style="list-style-type: none"> <li>• 19- bed Community Mental Health Hospital – guaranteed</li> <li>• Private Psychiatric Beds - as needed</li> </ul>
<p><b>If under contract, what is the bed day rate paid to the contracted facility?</b></p>	<ul style="list-style-type: none"> <li>• 19-bed Community Mental Health Hospital - \$465 (\$400 to facility &amp; \$65 to physician services)</li> <li>• Private Psychiatric Beds - \$675 (\$600 to facility &amp; \$75 to physician services)</li> </ul>
<p><b>If not under contract, does the LMHA/LBHA use facility</b></p>	<p>N/A</p>

<b>for single-case agreements for as needed beds?</b>	
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

<b>Name of Facility</b>	SUN Behavioral Hospital
<b>Location (city and county)</b>	7601 Fannin Street Houston TX, 77052 Harris County
<b>Phone number</b>	(713) 796-2273
<b>Key admission criteria</b>	Youth/Adolescent: Age 12 -17; active Center client or is contract eligible with a diagnosis or suspected diagnosis of mental illness who exhibits serious emotional, behavior, or mental disorders; significant impairment of daily functioning
<b>Service area limitations, if any</b>	Resident of Galveston or Brazoria County
<b>Other relevant admission information for first responders</b>	Alternative treatment (at a lower, less restrictive level of care) has been tried and been unsuccessful or determined unsafe. Exclusionary criteria includes medical instability or medical need beyond resources of the unit
<b>Number of Beds</b>	As needed
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes on an as needed basis



<p><b>If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b></p>	<p>Private Psychiatric Beds</p>
<p><b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b></p>	<p>As Needed</p>
<p><b>If under contract, what is the bed day rate paid to the contracted facility?</b></p>	<p>\$656 (rate is inclusive of bed day, physician services, all ancillary treatments, and medications)</p>
<p><b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b></p>	<p>No</p>
<p><b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b></p>	<p>N/A</p>

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

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

Identify and briefly describe available alternatives.

- The catchment area has only state hospital inpatient competency restoration services. There are not yet any outpatient or jail based competency restoration services at this time . Galveston County has a steering committee discussing jail-based competency restoration to make a recommendation to the county commissioners about starting that service in the jail.
- LMHA participates in the HHSC Jail In Reach Collaborative for both county jails. LMHA jail-based staff follow the best practices in the Texas Eliminate the Wait Toolkit for reducing the wait for competency restoration services in both counties.

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

- There are no state funded local inpatient, jail based or outpatient competency restoration services at this time.
- No state funding to start local outpatient or jail-based competency restoration services at this time

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

- Yes, both counties partner with the Center and fund jail liaisons in both county jails to complete Article 16.22 mental health and IDD written reports including recommendations for competency restoration.

Galveston County has an CCP 17.032 process for mental health bond hearings and bond supervision. Galveston County jail liaisons also complete connections to treatment for defendants that are releasing from the county jail so that eligible releases have psychiatry appointments at release.

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If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

- N/A

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

- Galveston County has a steering committee creating a county funded jail-based competency restoration program. The steering committee works on issues including reducing the time for competency hospital aftercare to get on the docket for disposition of cases. Additional local alternatives are not available at this time.
- LMHA participates in the HHSC Jail In Reach Collaborative for both county jails. LMHA jail-based staff follow the best practices in the Texas Eliminate the Wait Toolkit for reducing the wait for competency restoration services in both counties.
- 

Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (i.e., Outpatient Competency Restoration Program inpatient competency restoration, Jail-based Competency Restoration, etc.)?

- Yes, we have a need for outpatient and jail-based competency restoration in both the Galveston County and Brazoria County jails.

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

- The Galveston County jail-based competency restoration program will start county funded but need state funding to ensure sustainability. Brazoria Co is considering a steering committee for jail-based competency restoration services and the main barrier to implementation will be a lack of funding for program oversight and a key jail based competency restoration roles for the jail to implement jail based competency restoration program.

## **II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment and the development of Certified Community Behavioral Health Clinics (CCBHCs)**

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

- As a result of becoming a Certified Behavioral Health Clinic (CCBHC) our Center has been able to provide essential crisis response, substance use, and physical healthcare services in addition to existing services provided in our outpatient mental health clinics. Integrated health care services are available in the Galveston Island Community Mental Health clinic provided by an FQHC Community. The Center has a COPSD program that includes outpatient counseling, case management and psychiatry services for our COPSD individuals. OSAR services are co-located with MCOT services. SUD Outpatient Counseling services are co-located with mental health clinics. Center MCOT and OSAR staff provide integrated crisis response for individuals in crisis with co-occurring psychiatric and substance use disorders. Customers with co-occurring disorders have access to a network of state funded residential and detox providers.

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

- Continue to development community collaborations with key partners, increase care coordination efforts and expand service provision.

## 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?

- Presentations to the Regional Patient Network Advisory Committee. Presentations by Crisis Staff/ Center website/Brochures/Crisis Cards/Regular Scheduled Meetings. Crisis Director completed trainings with law enforcement departments and police academies. The crisis director liaisons with advisory councils for both counties on mental health matters.
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2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

- MCOT staff have trainings throughout the year. Other LMHA staff have information regarding the psychiatric emergency plan during their New Employee Trainings as well as additional trainings throughout the year by the Crisis Director as well as other Supervisory Staff.
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## II.F Gaps in the Local Crisis Response System

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

County	Service System Gaps	Recommendations to Address the Gaps
Galveston & Brazoria	<ul style="list-style-type: none"> <li>• No local state funded inpatient beds</li> </ul>	<ul style="list-style-type: none"> <li>• LMHA applies for state funded beds as they are made available by competitive application</li> </ul>

Galveston & Brazoria	<ul style="list-style-type: none"> <li>No local state funded 24 hour medically staffed observation beds for police drop off</li> </ul>	<ul style="list-style-type: none"> <li>County collaborative exploring options</li> <li>Law enforcement currently use ERs</li> </ul>
Galveston & Brazoria	<ul style="list-style-type: none"> <li>No housing first shelter options</li> </ul>	<ul style="list-style-type: none"> <li>Homeless coalitions explore funding opportunities</li> </ul>
Galveston & Brazoria	<ul style="list-style-type: none"> <li>Counties lack an adequate number of community providers to meet the need for physical healthcare, mental health, and counseling services.</li> </ul>	<ul style="list-style-type: none"> <li>SB 11 Community Psychiatry Workforce Expansion. Dedicated to enhancing the state's ability to address mental health care needs of children and adolescents through collaboration with UTMB Department of Psychiatry and Behavioral Sciences</li> <li>Full-time psychiatrist serving as academic medical director at GCC YBH program as well as new resident rotation at GCC YBH program</li> </ul>
Brazoria	<ul style="list-style-type: none"> <li>Brazoria County has rural areas do not have bus routes or public transportation, which impacts access to the services in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Brazoria county has recently joined a bi-county transit district that may address this issue</li> </ul>

### **Section III: Plans and Priorities for System Development**

#### **III.A Jail Diversion**

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

A link to the SIM can be accessed here:

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

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

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>• MCOT Crisis Services respond to law enforcement calls for jail diversion</li> <li>• Galveston City Multi-Disciplinary Response Team</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Expand telehealth links with law enforcement to improve access and response time.</li> </ul>
<ul style="list-style-type: none"> <li>• Co-mobilization MCOT and IDD CIS with Law Enforcement &amp; MH Deputies</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Expand telehealth links with law enforcement to improve access and response time.</li> </ul>
<ul style="list-style-type: none"> <li>• RYSE grant Youth MCOT worker imbedded at Santa Fe ISD for ready access for youth in crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston</li> </ul>	<ul style="list-style-type: none"> <li>• Implementing grant in FY21</li> </ul>
<ul style="list-style-type: none"> <li>• IDD Crisis Services available in person or telehealth</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Expand telehealth links with law enforcement to improve access and response time.</li> </ul>
<ul style="list-style-type: none"> <li>• Police drop off site for QMHP crisis assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current efforts and improve awareness</li> </ul>
<ul style="list-style-type: none"> <li>• OSAR Screenings on referral from law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Expand telehealth links with law enforcement to improve access and response time.</li> </ul>
<ul style="list-style-type: none"> <li>• MH Deputy Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• CMHH Inpatient Psychiatric Beds</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current efforts</li> </ul>

<ul style="list-style-type: none"> <li>• Crisis Respite for law enforcement referrals for Adult MH &amp; IDD crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Crisis on demand psychiatry for law enforcement referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Training EMS first responders</li> </ul>	<ul style="list-style-type: none"> <li>• Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships</li> </ul>
<ul style="list-style-type: none"> <li>• Training law enforcement staff</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Brazoria County criminal justice collaboration meetings with District Attorney, MH Deputy and Judges</li> </ul>	<ul style="list-style-type: none"> <li>• Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and jail diversion collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Galveston County criminal justice coordinating council to address jail diversion needs</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis director liaisons with the coordinating council</li> </ul>
<ul style="list-style-type: none"> <li>• Meadow Mental Health Policy Institute Jail Diversion Systems Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis director liaisons with the MMHPI and participates in work groups for diversion</li> </ul>

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>• MCOT Crisis Services respond to law enforcement calls for jail diversion</li> <li>• Galveston City Multi-Disciplinary Response Team</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Expand telehealth links with law enforcement to improve access and response time.</li> </ul>
<ul style="list-style-type: none"> <li>• Co-mobilization MCOT and IDD CIS with Law Enforcement &amp; MH Deputies</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Expand telehealth links with law enforcement to improve access and response time.</li> </ul>
<ul style="list-style-type: none"> <li>• IDD Crisis Services available in person or telehealth</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Expand telehealth links with law enforcement to improve access and response time.</li> </ul>
<ul style="list-style-type: none"> <li>• Police drop off site for QMHP crisis assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current efforts and improve awareness</li> </ul>



<ul style="list-style-type: none"> <li>• RYSE grant Youth Care Navigator to assist Santa Fe ISD youth transitioning from juvenile detention</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston</li> </ul>	<ul style="list-style-type: none"> <li>• Implementing grant in FY21</li> </ul>
<ul style="list-style-type: none"> <li>• OSAR Screenings on referral from law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Expand telehealth links with law enforcement to improve access and response time.</li> </ul>
<ul style="list-style-type: none"> <li>• MH Deputy Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• CMHH Inpatient Psychiatric Beds</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Crisis Respite for law enforcement referrals for Adult MH &amp; IDD crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Crisis on demand psychiatry for law enforcement referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Training law enforcement staff</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Brazoria County criminal justice collaboration meetings with District Attorney, MH Deputy and Judges</li> </ul>	<ul style="list-style-type: none"> <li>• Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Galveston County criminal justice coordinating council to address jail diversion needs</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis director liaisons with the coordinating council</li> </ul>
<ul style="list-style-type: none"> <li>• Meadow Mental Health Policy Institute Jail Diversion Systems Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis director liaisons with the MMHPI and participates in work groups for diversion</li> </ul>

<b>Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>LMHA jail imbedded staff complete Article 16.22 Reports to Magistrates</li> </ul>	<ul style="list-style-type: none"> <li>Galveston and Brazoria County jails</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Galveston County Mental Health Docket</li> </ul>	<ul style="list-style-type: none"> <li>Galveston County jail</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Galveston County Misdemeanor Mental Health Public Defender</li> </ul>	<ul style="list-style-type: none"> <li>Galveston County jail</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>LMHA mental health targeted plan for the Galveston Co jail for early identification and diversion</li> </ul>	<ul style="list-style-type: none"> <li>Galveston County jail</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Galveston Co Jail CCP 17.032 Mental Health Bond Program</li> </ul>	<ul style="list-style-type: none"> <li>Galveston County jail</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

<b>Intercept 3: Jails/Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>LMHA liaisons imbedded in the county jails complete Article 16.22 written reports for magistrates to consider diversion, bond and competency</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>SMHF Competency Restoration beds</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> <li>Galveston County Criminal Justice Advisory team is studying the feasibility of jail-based competency restoration</li> </ul>
<ul style="list-style-type: none"> <li>LMHA Court Clinician assesses defendants for eligibility for CCP 17.032 MH bonds</li> </ul>	<ul style="list-style-type: none"> <li>Galveston</li> </ul>	<ul style="list-style-type: none"> <li>Personal bond office to bring on MH personal bond officers</li> </ul>
<ul style="list-style-type: none"> <li>IDD CIS worker responds to CARE/Jail matches in the jail when alerted by MBOW</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> <li></li> </ul>
<ul style="list-style-type: none"> <li>LMHA jail imbedded staff complete Article 16.22 Reports to Magistrates</li> </ul>	<ul style="list-style-type: none"> <li>Galveston and Brazoria County jails</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Galveston County Mental Health Docket</li> </ul>	<ul style="list-style-type: none"> <li>Galveston County jail</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Galveston County Misdemeanor Mental Health Public Defender</li> </ul>	<ul style="list-style-type: none"> <li>Galveston County jail</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Galveston County Mental Health Specialty Court</li> </ul>	<ul style="list-style-type: none"> <li>Galveston</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Brazoria County Mental Health Specialty Court</li> </ul>	<ul style="list-style-type: none"> <li>Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>

<ul style="list-style-type: none"> <li>• Drug Courts have LMHA OSAR counselors for eligibility assessments, treatment monitoring and reports to court</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Veteran Courts are assisted by LMHA jail liaisons providing defendants court applications</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Veteran Courts teams include LMHA MVPN peers</li> </ul>	<ul style="list-style-type: none"> <li>• Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• MVPN Veteran Volunteer coordinator works with Veteran’s Court for Brazoria County to assign peer mentors to court participants.</li> </ul>	<ul style="list-style-type: none"> <li>• Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Training of court personnel</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Training for Jail Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Brazoria County criminal justice collaboration meetings with District Attorney, MH Deputy and Judges</li> </ul>	<ul style="list-style-type: none"> <li>• Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Galveston County criminal justice coordinating council to address jail diversion needs and consider Jail Based Competency Restoration</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis director liaisons with the coordinating council and JBCR workgroups</li> </ul>
<ul style="list-style-type: none"> <li>• Meadow Mental Health Policy Institute Jail Diversion Systems Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Galveston</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis director liaisons with the MMHPI and participates in work groups for diversion</li> </ul>

<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>LMHA Court Clinician assists CCP 17.032 MH bonded defendants with continuity of care plans &amp; connection to treatment</li> </ul>	<ul style="list-style-type: none"> <li>Galveston</li> </ul>	<ul style="list-style-type: none"> <li>Personal bond office to bring on MH personal bond officers</li> </ul>
<ul style="list-style-type: none"> <li>LMHA jail liaisons assist the district attorney and jail with regular bonded defendants continuity of care</li> </ul>	<ul style="list-style-type: none"> <li>Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Defendants seen in Galveston Co jail by liaisons for Article 16.22 and CCP 17.032 are assisted with LMHA intake &amp; connection to treatment pre-release</li> </ul>	<ul style="list-style-type: none"> <li>Galveston</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> <li>Galveston Co Coordinating council considering FAC and AOT</li> </ul>
<ul style="list-style-type: none"> <li>Defendants seen in jail by LMHA liaisons for Article 16.22 are assisted with instructions on how to connect to treatment at release</li> </ul>	<ul style="list-style-type: none"> <li>Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>IDD CIS worker responds to CARE/ Jail matches in the jail when alerted by MBOW</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Galveston County Mental Health Court new participants from the jail are assisted by the LMHA court clinician with connections to treatment pre-release.</li> </ul>	<ul style="list-style-type: none"> <li>Galveston</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>LMHA OSAR offer screening &amp; connection to treatment pre-release</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Defendants released to Veteran's Court are assisted with connections to treatment and MVPN peer mentoring</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<p>LMHA and Galveston County collaborative were awarded SB 292 funding to expand ACT team to serve 20</p>	<ul style="list-style-type: none"> <li>Galveston</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> <li></li> </ul>

highest recidivism cases for Galveston County jail.		
<ul style="list-style-type: none"> <li>Services for persons Not Guilty by Reason of Insanity</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> <li></li> </ul>

<b>Intercept 5: Community Corrections Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>TCOOMMI COC intakes for parole and probation releases from state jail/SAFP</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	Continue current partnerships and collaborative efforts
<ul style="list-style-type: none"> <li>TCOOMMI parole intensive case management</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>TCOOMMI probation intensive case management</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Drug Courts with OSAR &amp; peer provider on teams. Participants attend LMHA SUD outpatient counseling</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>DWI Court with OSAR &amp; peer providers on team. Participants attend LMHA SUD outpatient counseling</li> </ul>	<ul style="list-style-type: none"> <li>Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Veteran Court Programs have MVPN lead on their team &amp; their participants are assisted by MVPN peers</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>
<ul style="list-style-type: none"> <li>Training of community supervision personnel</li> </ul>	<ul style="list-style-type: none"> <li>Galveston &amp; Brazoria</li> </ul>	<ul style="list-style-type: none"> <li>Continue current partnerships and collaborative efforts</li> </ul>

### III.B Other Behavioral Health Strategic Priorities

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

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs of public school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

- Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.

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

<b>Area of Focus</b>	<b>Related Gaps and Goals from Strategic Plan</b>	<b>Current Status</b>	<b>Plans</b>
Improving access to timely outpatient services	<ul style="list-style-type: none"> <li>• Gap 6</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid Access system for walk in intakes</li> </ul>	<ul style="list-style-type: none"> <li>• Continue efforts to reduce wait for psychiatry to 10 days or less as required for CCBHC re-certification.</li> </ul>
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2,4</li> </ul>	<ul style="list-style-type: none"> <li>• Gulf Coast has a contracted Community Mental Health Hospital consisting of 19-bed psychiatric unit with ability to expand capacity as needed with use of private psychiatric beds; currently staffed with 1 full-time COC lead liaison, 2 full-time COC liaisons, 1 full-time transporter/support staff, and prn transporter</li> <li>• Long-standing relationship with UTMB physicians familiar with LMHA service delivery system, responsible for inpatient treatment/care.</li> <li>• UTMB contracted inpatient physicians regularly attend Gulf Coast Center quarterly</li> </ul>	<ul style="list-style-type: none"> <li>• Continue robust wrap-around service &amp; care coordination activity to ensure smooth transition from inpatient to outpatient care</li> <li>• Continue to utilize tele-psychiatry services (MD's/ mid-level providers) available via telemedicine within 7 days post discharge with subsequent referral/transition to appropriate MH adult outpatient clinic for pharmacological management &amp; other TRR service provision.</li> <li>• Plan for MCOT/ Level of Care 5 Staff to engage inpatient customers with history of non-adherence with aftercare pre-discharge.</li> <li>• Continue efforts by ACT Team with LOC4 hospitalized individuals</li> </ul>



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>behavioral health medical services meeting</p> <ul style="list-style-type: none"> <li>• Gulf Coast continuity of care liaisons embedded on inpatient psychiatric unit &amp; actively participate in patient discharge/aftercare planning, linking patients to appropriate outpatient services, crisis respite or other services external to LMHA as appropriate. In-person engagement by ACT team with LOC-4 hospitalized individuals, to include participation with admission/discharge planning; conducted virtually during public health emergency.</li> <li>• COC liaisons participate in daily clinical team &amp; inpatient leadership meetings at contracted hospital, including nursing, social workers &amp; utilization review; team monitors length of stay, discharge planning &amp; care coordination for transition back to community post discharge. Where applicable, ACT team participates in commitment hearings conducted on</li> </ul>	<p>to include participation with admission/discharge planning; conducted virtually during public health emergency.</p> <ul style="list-style-type: none"> <li>• Continue efforts by ACT Team in commitment hearings conducted on inpatient unit for LOC-4 authorized individuals</li> <li>• Continue use of the EHR for improved continuity of care information.</li> <li>• RYSE Care Navigator to assist for Santa Fe ISD students transitioning back to school after psychiatric inpatient stays.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>inpatient unit for LOC-4 authorized individuals</p> <ul style="list-style-type: none"> <li>• Goal is to see patient in outpatient setting within 7 days post inpatient discharge.</li> </ul>	
<p>Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization</p>	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 1,4</li> </ul>	<ul style="list-style-type: none"> <li>• Utilizing the Long Term Stay Report to identify long-term SMHF individuals with potential for integration to the community with expansive supports.</li> <li>• GCC designated HCBS-AMH Inquiry Line. Appointed an ACT team staff to be responsible for HCBS Inquiry Line. Developed HCSB-AMH pre-engagement desk procedures for staff assigned to the Inquiry Line.</li> <li>• In collaboration with SMHFs, conducting IDT telephonic meeting in preparation for patient discharge including COC liaisons, ACT manager, Crisis Respite lead and SMHF treatment team; applies to individuals on civil or forensic commitment or NGRI identified individuals to ensure seamless transition back to community.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to review Long Term Stay reports for identification of individuals eligible for discharge from SMHF. Continue to participate on recurring webinars, TA calls.</li> <li>• Continue to consider intensive ACT services/supports &amp; HCBS for long-term care individuals integrated back to the community.</li> <li>• Continue collaborative efforts with SMHFs; participate in discharge planning for all individuals transitioning from long-term inpatient back to the community.</li> <li>• In collaboration with SMHFs, will continue to conduct IDT telephonic meeting in preparation for patient discharge including COC liaisons, ACT manager, Crisis Respite lead and SMHF treatment team; applies to individuals on civil or forensic commitment or NGRI identified individuals to ensure seamless transition back to community.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> <li>• Gap 7</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• GCC established Zero Suicide leadership team with representation from all Center programs.</li> <li>• ANSA/CANS Super User completed/ maintaining required training in accordance with Praed Foundation.</li> <li>• ANSA/CANS Super User completed quality assurance training with certified ANSA/CANS users.</li> <li>• Ongoing online IMR training for new/existing employees with modification to training material in accordance with HHSC directives. Continued use of IMR worksheets/curriculum by case workers. Participating on recurring IMR webinars, TA calls.</li> <li>• Continued clinical supervision and QA activities to ensure Urban ACT services provided according to fidelity tool.</li> <li>• ACT Team Lead implemented shift manager concept as per guidance received through HHSC training.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue efforts and focus on best practices for Zero Suicide.</li> <li>• Continue required quality assurance activity provided by ANSA/CANS Super User.</li> <li>• Continue regular online IMR training for new/existing staff. Continue participation on HHSC IMR recurring TA calls.</li> <li>• Fill vacant full-time RN for the Urban ACT program. .</li> <li>• Ongoing discussions with Texas Workforce Commission &amp; continuing to establish rapport with employers in the community.</li> <li>• Continue development of Intern program to assist with licensed staff shortage</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Hired Identified peer specialist to add to the ACT team</li> <li>• Continued collaboration with GCC SUD program for consultation purposes until which time the ACT team's integrated services approach is attained &amp; SUD specialist is a member of the team.</li> <li>• Supported Employment identified service providers utilize the Individual Placement &amp; Support model. Staff trained upon hire with ongoing SE training thereafter.</li> <li>• Regular participation on recurring Supported Employment, Supported Housing &amp; ACT webinars/TA calls &amp; ongoing support by SE team lead.</li> <li>• All QMHP's participate in Person Centered Recovery Planning (PCRP) upon new hire.</li> <li>• LPHA's meet CBT Competency requirements.</li> <li>• START training for YBHS QMHP's upon new hire.</li> </ul>	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• YBHS Intensive Case Managers participate in Wraparound coaching and fidelity practices.</li> </ul>	
<p>Transition to a recovery-oriented system of care, including use of peer support services</p>	<ul style="list-style-type: none"> <li>• Gap 8</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• Gulf Coast employs Peer Specialists inclusive of MH, Recovery, Family Partner, and Veteran.</li> <li>• Peer Support groups for adults available at each of the 4 MH adult outpatient clinics &amp; Crisis Respite facilities.</li> <li>• In partnership with Hogg Foundation &amp; East Texas Behavioral Health Network, continued training for Peer Support staff to include WHAM, Focus for life, Respect Institute, Intentional Peer Support &amp; Peer Support Network face-to-face meetings.</li> <li>• Wellness Recovery Action Planning (WRAP) trainings ended.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue group services as scheduled, possibly increasing COPSD groups as the need/availability arises.</li> <li>• Expand individual peer support service teaching WHAM &amp; WRAP.</li> <li>• Further efforts of partnering with Recovery peer coaches to create collaboration between Recovery services &amp; MH Adult services.</li> </ul>
<p>Addressing the needs of consumers with co-occurring substance use disorders</p>	<ul style="list-style-type: none"> <li>• Gaps 1,14</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Operate COPSD program, to include referral/admission process through treatment and subsequent discharge.</li> <li>• Utilize COPSD referral process to include online referral functionality with development of email</li> </ul>	<ul style="list-style-type: none"> <li>• Continue use of online COPSD referral system with plans to enhance process to promote integration of recovery &amp; mental health services.</li> <li>• Continue on-site drug screening for adult population.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>distribution group; trained/educated program staff furthering integration of mental health &amp; recovery services.</p> <ul style="list-style-type: none"> <li>• Continue contract with addition psychiatrist ½ day twice weekly to assess individuals for SUD treatment; physician embedded in MH adult outpatient clinic</li> <li>• Identified COPSD addiction psychiatrist to participate in quarterly provider meetings.</li> <li>• Recovery program co-located with MH clinics.</li> <li>• Received grant funding to support COPSD physician service for Galveston Island residents</li> <li>• Developed linking process for individuals transitioning out of COPSD service to the MH adult clinic or referral to community resource.</li> <li>• Continued use referral system, linking MH adults to Gulf Coast Recovery services.</li> <li>• On-site drug screening upon admission &amp; yearly thereafter for adults.</li> </ul>	<ul style="list-style-type: none"> <li>• Substance Use Recovery staff to continue attendance at quarterly MH adult physicians' meetings.</li> <li>• Continued integration of mental health services and recovery outpatient services at our adult outpatient treatment sites.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Substance Use Recovery staff attending quarterly MH adult physicians' meetings.</li> <li>• Short-term bed day utilization at MH adult Crisis Respite program while awaiting admittance to intensive outpatient treatment.</li> <li>• Completion of required on-line COPSD training by QMHP adult workers and ongoing participation in recurring HHSC COPSD TA webinar series.</li> <li>• COPSD program provides counseling services, case management and psychiatry/ offers wraparound services appropriate to persons with co-occurring diagnosis of chemical dependency &amp; mental illness.</li> </ul>	
<p>Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.</p>	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• Through contractual agreement with FQHC, physical health services available at 1 mental health adult outpatient clinic located in Galveston. A referral process to local FQHC office is available for adults served at one of</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to educate GCC staff to this wellness resource.</li> <li>• Sustainability plans include increased billing by FQHC so as to support all expenses associated with IHC service delivery (part time mid-level practitioner, medical assistant, lab costs, medication costs, etc).</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>the other 3 behavioral health clinics.</p> <ul style="list-style-type: none"> <li>• Embedded mid-level practitioner on-site providing physical healthcare to identified behavioral health adults without assigned medical home.</li> <li>• Physical health visits to include emphasis on controlling blood pressure, diabetes and other chronic health conditions.</li> <li>• Women’s health to include well-woman exams available at Galveston Island service site. sites</li> <li>• EKG testing available.</li> <li>• Revised integrated healthcare electronic referral process.</li> <li>• FQHC responsible for claims submission following IHC service delivery.</li> </ul> <p>Conducting monthly meeting with FQHC partner.</p>	<ul style="list-style-type: none"> <li>• In partnership with FQHC and Center’s MIS team, looking into possibility of shared medical record.</li> <li>• Continue to conduct monthly meetings with FQHC partner.</li> <li>• Co-locate Galveston Behavioral Health Clinic with new FQHC – transition physical healthcare to new FQHC partner; opportunity to expand delivery of physical healthcare 5 days/week</li> <li>• Continue to conduct monthly meetings with FQHC partners</li> </ul>
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> <li>• Gap 10</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• GCC working with Transit District for client transportation needs</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• LMHA will continue to work with the new Transit District to increase service to remote areas of Brazoria Co and Galveston county client needs.</li> </ul>



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 2,4</li> </ul>	<ul style="list-style-type: none"> <li>• IDD persons are eligible to see the LMHA psychiatrists</li> <li>• MCOT crisis workers assist IDD crisis patients at risk to themselves and others with inpatient referrals</li> <li>• MCOT staff attended START IDD crisis training</li> <li>• On Demand Crisis doctors treat IDD referrals for crisis stabilization</li> <li>• IDD CIS intervention specialist</li> <li>• IDD Crisis Respite</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to expand on current efforts</li> </ul>
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> <li>• Gap 4</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans are eligible to see the LMHA psychiatrists</li> <li>• MCOT crisis workers assist veterans in crisis at risk to themselves and others with inpatient referrals</li> <li>• Center managers required to take BASIC training to learn veteran care needs.</li> <li>• On Demand Crisis doctors treat veteran referrals for crisis stabilization</li> <li>• MVPN peer mentors engage Veteran community and support and link to mental</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to expand on current efforts.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>health and other community resources</p> <ul style="list-style-type: none"> <li>• Training provided to community and law enforcement such as MHFA, CALM, and ASK to support interactions with Veterans</li> <li>• Participate in events targeting Justice-involved Veterans</li> </ul>	

### III.C Local Priorities and Plans

*Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.*

*List at least one but no more than five priorities.*

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

Local Priority	Current Status	Plans
Treatment alternatives for justice involved mentally ill	The Galveston County Justice System Assessment completed by the Council of State Governments Justice Center in	<ul style="list-style-type: none"> <li>• The Center will continue to work Galveston county officials and the</li> </ul>

Local Priority	Current Status	Plans
	<p>June 2017 notes the need for more inpatient and/or outpatient alternatives for the justice involved mentally ill in Galveston County.</p> <ul style="list-style-type: none"> <li>• Brazoria county is also lacking in jail diversion alternatives.</li> </ul>	<p>Galveston County Criminal Justice-Mental Health collaborative to identify opportunities for future grant funding to address local needs. The Center will continue to look for new funding opportunities for jail diversion resources.</p>

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

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

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

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

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	Treatment alternatives for justice involved mentally ill	<ul style="list-style-type: none"> <li>• New funding would be used to create a treatment alternative for law enforcement to divert mentally ill offenders to treatment in lieu of jail</li> </ul>	<ul style="list-style-type: none"> <li>• The Center would need new funding for strategic planning to determine the best jail diversion treatment alternatives and funding to create the treatment alternatives</li> </ul>

## **Appendix B: Acronyms**

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

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

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

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

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

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

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

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

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

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

## **Appendix B: Acronyms**

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