

Form O

Consolidated Local Service Plan



Local Mental Health Authority and Local Intellectual and Developmental Disabilities Authority



Fiscal Years 2020-2021

Due Date: September 30, 2020

Submissions should be sent to:
Performance.Contracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

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Introduction

Hill Country Mental Health and Developmental Disabilities Centers (Hill Country) is a non-profit entity formed September 1, 1997 through an inter-local agreement among 19 counties to provide community mental health and intellectual developmental disability services. Hill Country is designated as a Local Mental Health Authority (LMHA) and a Local Intellectual and Development Disability Authority (LIDDA) by the Texas Health and Human Services Commission (HHSC). We are governed by a Board of Trustees who are appointed by and accountable to the 19 county agents of each county who serve as our sponsoring entities.

Purpose

The Center's purpose is to help people have positive control over the life they desire and find satisfying and are recognized and valued for their contributions to their communities. Through our adult and child behavioral health, intellectual and developmental disabilities, substance abuse, crisis care, and justice involved services programs, we promote hope, independence, community integration and recovery.

Beginnings

The Center began operation in September of 1997. Prior to that date, components of six different State Facility Community Service divisions were merged to form a State Operated Community Service organization in September of 1996. As part of the initial foundation, staff met to develop the Mission, Values and Workplace Principles as a foundation for the newly formed organization, Hill Country Mental Health and Developmental Disabilities Centers (Hill Country MHDD Centers).

Today

Today, Hill Country MHDD Centers is one of 39 agencies that delivers mental health and developmental disability services in communities across Texas. Hill Country MHDD Centers serves the greater Texas Hill Country Region including 19-counties: Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde and Val Verde. With a mission of Promoting Independence, Community Integration and Recovery, Hill Country MHDD Centers has 22 locations including 14 Mental Health Clinics and 8 Developmental Disability Centers serving a population of over 665,274 within a 22,593 square mile area. Presently, Hill Country employs 481 people in all 19 counties. In fiscal year 2020, Hill Country has served 12,809 (unduplicated) people in all 19 counties. This is up from 12,060 (unduplicated) served in the previous fiscal year.

Advisory Council

The Board of Trustees and Citizens' Advisory Committee for Hill Country MHDD Centers represent population areas of the catchment region that are relatively equal. Some board members represent one county and others represent multiple counties depending on the population of the counties. The Citizens' Advisory Committee has and continues to take an active role in obtaining community input into the strategic direction of the agency.

Diversity

Hill Country MHDD Centers serves a region of Texas that cannot be narrowly defined. There are pockets of the Greater Texas Hill Country Region with high rates of population growth particularly in those counties contiguous to Travis and Bexar counties, such as Hays, Comal and Kendall counties. Some of the region is sparsely populated with few, if any, alternative resources for behavioral health and intellectual and developmental disability services. A section of the region is on or close to the border of Mexico where we face the challenge of ensuring a provider network that is culturally diverse.

Challenges

Increased pressures on the financial well-being of the local authority, particularly around the expense of medications, has led to use of cost saving opportunities such as "Patient Assistance Programs", improved access to third party pharmacy benefits and improved management of the local authority pharmacy benefit.

The overarching challenge facing Hill Country MHDD Centers is the need to be responsive and open to the needs of the hundreds of communities in the 19-county service region while ensuring an efficient and cost-effective operation with use of public funding. As the Local Mental Health Authority (LMHA) and Local Intellectual and Developmental Disability Authority (LIDDA) provider, Hill Country remains committed to evaluating the behavioral health and intellectual developmental disability needs of communities by collaborating with community partners and developing innovative programming using available local resources. The Hill Country MHDD Centers remains committed to:

- Ensuring people who need services can exercise individual choice by helping persons decide on their services, service provider and location of services.
- Ensuring the best use of public money to create a network of service providers.
- Making recommendations on the most appropriate services available to individuals who need services.
- Hill Country MHDD Centers will meet this challenge with the support of our diverse staff, the Citizens' Advisory Committee, our community providers, stakeholders, and Board of Trustees.

Shift in Care

Shifting toward a culture of evidenced-based care, corporate compliance has been the focus of Hill Country MHDD Centers' strategic efforts. As the LMHA and LIDDA provider, Hill Country MHDDC actively uses performance-based data for decision making to provide quality services that transform access to care in the local communities. By increasing access to behavioral health and substance use treatment, expanding capacities to address the opioid crisis and establishing viable stakeholder partnership with local hospitals, law enforcement, jails, prisons and schools, Hill Country MHDD Centers' qualified personnel have been able to provide individualized and compassionate care to the individuals served.

Consolidated Local Service Plan (CLSP)

The CLSP encompasses all service planning requirements for Hill Country as a LMHA and LIDDA. The LMHA has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development. The LIDDA has two sections: Local IDD Authority Services and Responsibilities and Plans and Priorities.

Local planning is a collaborative activity, and the CLSP asks for information related to community stakeholder involvement in local planning efforts. Community engagement is an ongoing activity and input received throughout the biennium is reflected in the local plan. Hill Country's LMHA and LIDDA uses a variety of methods to solicit additional stakeholder input specific to the local plan as needed.

Mental Health

Section I: Local Services and Needs

I.A: Mental Health Services and Sites

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
LMHA – Comal Clinic	358 Landa Street, New Braunfels, TX 78310 830-620-6221	Comal	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders • MCOT: 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children’s Trauma Informed Care Services • Family Partner Services
LMHA – Canyon Lake Clinic	230 Shepherd Hill Dr., Canyon Lake, TX 78133 830-387-5995	Comal	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders • MCOT: 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children’s Trauma Informed Care Services • Family Partner Services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
LMHA – Hays Clinic	1200 Bishop Street, San Marcos. TX 78666 512-392-7151	Hays Blanco	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders • MCOT: 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children’s Trauma Informed Care Services • Family Partner Services
LMHA – Kerr Clinic	955 Water St., Kerrville, TX 78028 830-896-4448	Kerr	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders • MCOT: 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children’s Trauma Informed Care Services • Family Partner Services
LMHA – Kendall/Bandera Clinic	221 Fawn Valley Drive #500, Boerne, TX 78006 830-249-9328	Kendall Bandera	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders • MCOT: 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services (MCOT in certain areas) • Hill Country Virtual Psychiatric and Clinical Guidance

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Team Children’s Trauma Informed Care Services • Family Partner Services
LMHA – Junction Clinic	110 South 10th Street Junction, TX 76849 325-446-3233	Kimble Menard Mason Edwards Schleicher Sutton	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders • 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Team Children’s Trauma Informed Care Services • Family Partner Services
LMHA – Gillespie Clinic	183 Industrial Loop, Fredericksburg, TX 78624 830-997-8023	Gillespie	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders • MCOT: 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Team Children’s Trauma Informed Care Services • Family Partner Services
LMHA – Val Verde Clinic	1927 N. Bedell, Del Rio, TX 78840 830-774-1262	Val Verde Kinney	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders • MCOT: 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Team Children’s Trauma Informed Care Services • Family Partner Services
LMHA – Llano Clinic	102 B. East Young Street, Llano, TX 78643 325-247-5895	Llano	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders • 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Team Children’s Trauma Informed Care Services • Family Partner Services
LMHA – Medina Clinic	728 18th Street, Hondo, TX. 78861 830-426-4362	Medina	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders • 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children’s Trauma Informed Care Services • Family Partner Services
LMHA – Uvalde Clinic	328 Crystal City Hwy Uvalde, TX. 78801	Uvalde Real	<ul style="list-style-type: none"> • Screening, assessment, and intake • TRR outpatient- adults and children • Services for co-occurring disorders

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
	830-278-2501		<ul style="list-style-type: none"> • 24 hour a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children’s Trauma Informed Care Services • Family Partner Services
LMHA - CSU	643 Sheppard Rees Kerrville, TX 78028 830-257-5111	Kerr	<ul style="list-style-type: none"> • Crisis Stabilization Unit (adults)
River City Advocacy	145 Landa Street, New Braunfels, TX 78130 830-6436-0200	Comal	<ul style="list-style-type: none"> • River City Advocacy & Counseling Center is a community mental health nonprofit in New Braunfels, Texas that provides affordable mental health counseling and peer support services to residents of New Braunfels and Comal County.
LMHA and LIDDA - IDD Crisis Response	1127 East Main St., Kerrville, TX 78028 830-792-3300	All 19 Counties	<ul style="list-style-type: none"> • Purpose, to meet the need of individuals dually diagnosed with mental illness and intellectual and developmental disabilities who are in a behavioral health crisis in order to provide behavioral assessment to determine cause and provide appropriate interventions, such as Cognitive Adaptation Therapy, for the individual to reduce the recurrence of the crisis in the future and avoid Emergency Department utilization or institutionalization.

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
LMHA - Mobile Clinic	1300 Dacy Lane, Suite 120-130, Kyle, TX 512-392-8953	Hays Blanco	<ul style="list-style-type: none"> Mobile Team which rotates between new clinic locations to provide comprehensive behavioral health services (including Case Management, Counseling, Pharmacological Management, Medication Training and Support, Psychiatric Rehabilitation, Skills Training, Engagement Activities, Supported Employment, Mental Health Courts, and Supported Housing) to outlying areas of Hays and Blanco counties. Our goal is to reduce emergency department (ED) utilization, inpatient utilization, and incarceration by ensuring availability of services to outlying portions of the service area.
LMHA - Integrated Primary Care:	1200 Bishop Street, San Marcos. TX 78666 512-392-7151	Hays	<ul style="list-style-type: none"> Enables individuals being treated for Severe and Persistent Mental Illness to have a Health Home at the Hays County Mental Health Center where they can receive both their psychiatric and physical health care thus avoiding potentially preventable admissions to hospitals and reduce emergency department utilization.
Children's Mental Health Crisis Respite Center:	614 N. Bishop Street, San Marcos, TX 78666 512-667-6870	All 19 Counties	<ul style="list-style-type: none"> Provides temporary emergency respite for children/youth in order to reduce psychiatric hospital utilization, emergency department utilization, or incarceration. Located within Hays County to meet the needs of children in a behavioral health crisis in order to avoid psychiatric hospitalization. The crisis center is set up similar to a group home environment with more intensive staff to consumer ratios and with staff that have additional training in Children's mental health.

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
LMHA – Veterans Support Services	819 Water Street, Suite 300, Kerrville, TX 78028 830-792-3300	Comal, Kimble, Hays, Uvalde, Del Rio	<ul style="list-style-type: none"> • Telehealth contract with Veterans Administration to provide facilities and equipment for Veterans to connect remotely with the VA Providers in San Antonio.
LMHA – Veterans Services	1200 N. Bishop San Marcos, TX 78666 830-792-3300	All 19	<ul style="list-style-type: none"> • Provides direct peer services to military trauma-affected veterans, family members and Justice involved Veterans. Aids in assessing treatment options and appropriate services.
Veteran Jail Diversion program	1200 N. Bishop San Marcos, TX 78666 830-792-3300	Hays and Comal	<ul style="list-style-type: none"> • Veteran Jail Diversion program
Texas Correctional Office on Offenders with Medical or Mental Impairments	1251 Sadler Drive, Suite 1100 San Marcos, Texas 78666 512-210-9481	Hays and Comal	<ul style="list-style-type: none"> • TCOOMMI Intensive Case Management program is available in Hays County for adult and youth and Comal County has an adult program. TCOOMMI provides pre-release screening and referral to aftercare treatment services for special needs offenders releasing from correctional settings, local jails, or other referral sources.

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
(TCOOMMI) program.			<ul style="list-style-type: none"> Rural Intensive Case Management – that covers Medina, Kerr, and Bandera Counties.
The TCOOMMI Continuity of Care (COC) program	1251 Sadler Drive, Suite 1100 San Marcos, Texas 78666 512-210-9481	All 19 Counties	<ul style="list-style-type: none"> The TCOOMMI Continuity of Care (COC) program is available in all nineteen counties.
Private Psychiatric Inpatient Bed (PPB) Days	819 Water Street, Suite 300, Kerrville, TX 78028 830-792-3300	All 19 Counties	<ul style="list-style-type: none"> Contracts with local hospitals (i.e., Cross Creek, Clarity Child Guidance Center, Laurel Ridge Treatment Center, San Antonio Behavioral Health, and Rivercrest).
Psychiatric Emergency Service Center (PESC)	1251 Sadler Drive, Suite 1100 San Marcos, Texas 78666 830-792-3300	Llano	<ul style="list-style-type: none"> Contracts with local hospitals (i.e., Laurel Ridge Treatment Center, San Antonio Behavioral Health, and Georgetown Behavioral Health Institute).

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.

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

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.

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

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers <input checked="" type="checkbox"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • See below <input checked="" type="checkbox"/> Mental health service providers <input checked="" type="checkbox"/> Prevention services providers <input checked="" type="checkbox"/> County officials <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • See Below <input checked="" type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/> Family members <input checked="" type="checkbox"/> Concerned citizens/others <input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> • See below <input checked="" type="checkbox"/> Substance abuse treatment providers <input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers <input checked="" type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> • See Below <input checked="" type="checkbox"/> Local health departments <input checked="" type="checkbox"/> LMHAs/LBHAs

Stakeholder Type

- Hospital emergency room personnel
 - See Below
- Faith-based organizations
- Probation department representatives
- Court representatives (Judges, District Attorneys, public defenders)

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

 - See Below
- Education representatives
- Planning and Network Advisory Committee or Citizen’s Advisory Committee (CAC)
- Peer Specialists
- Foster care/Child placing agencies
- Veterans’ organizations

Stakeholder Type

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

- See Below
- Emergency responders
- Community health & human service providers
- Parole department representatives
- Law enforcement

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

 - See Below
- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups
- Other: Private Foundations, Economic Development, Local Businesses

Local Psychiatric Hospital Staff

Hospital	Staff
Cross Creek	Ty Marlow, Community Liaison
Laurel Ridge Treatment Center	Dinah Covert, Director of Care Management
San Antonio Behavioral Health	Jessica Nunez

State Hospital Staff

Hospital	Staff
Austin State Hospital	Dr. Strakowski
San Antonio State Hospital	Various

County Officials

County/City	Name	Title
Comal County	Donna Eccleston	County Commissioner
Hays County	Mark Kennedy	General Counsel
Kinney County	James, T. "Tully" Shahan	County Judge
Llano County	Judge Ron Cunningham	County Judge
Llano County	Rebecca Lange	County Attorney
Llano County	Wiley B. "Sonny" McAfee	District Attorney
Llano County	Peter R. Jones	County Commissioner
Llano County	Linda Raschke	County Commissioner
Llano County	Mike Sandoval	County Commissioner
Llano County	Jerry Don Moss	County Commissioner
Val Verde County	Martin Wardlaw	County Commissioner
Val Verde County	Juan Vasquez	County Commissioner
Val Verde County	Robert Nettleton	County Commissioner
Val Verde County	Gustavo Flores	County Commissioner

City Officials

County/City	Name	Title
Camp Wood	Jesus Chavez	Mayor of Camp Wood
City of Uvalde	Don McLaughlin	Mayor of Uvalde
Junction	Russell Hammonds	Mayor of Junction
Fredericksburg	Penny McBride	Pres/CEO Fredericksburg Chamber of Commerce
Del Rio	Bruno Lozano	Mayor of Del Rio
Llano	Gail Lang	Mayor of Llano
Llano	Briley Mitchell	Executive Director, Llano Chamber of Commerce
Llano	Scott Edmonson	Llano City Manager

LMHs/LBHAs

County/City	Name	Title
Camino Rio	Emma Garcia	Camino Real Community Services Executive Director

Court Representatives

County/City	Name	Title
Blanco County	Brett Bray	County Judge
Comal County	Judge Stephens	County Judge
Edwards County	Judge Souli Asa Shanklin	County Judge
Edwards County	Judge Tommy Walker	Justice of Peace
Gillespie County	JD Hickman	Justice of Peace
Gillespie County	Katherine Kuhlman	Justice of Peace
Gillespie County	Linda Meier McCann	Justice of Peace

Gillespie County	Carl Schoesshow	Justice of Peace
Hays County	Steve Thomas	District Clerk
Hays County	Judge Beth Smith	Justice of the Peace
Hays County	Judge Andy Cable	Justice of the Peace
Hays County	Judge Scott Cary	Justice of the Peace
Hays County	Judge Joanne Prado	Justice of the Peace
Hays County	Judge John Burns	Justice of the Peace
Hays County	Lon Shell	County Commissioner
Hays County	Debbie Ingalsbe	County Commissioner
Hays County	Judge Gary Steele	District Court Representative
Hays County	Judge Tacie Zelhart	Mental Health Court
Hays County	Wes Mau	District Attorney
Kerr County	Rob Kelly	County Judge
Kimble County	Judge Delbert Roberts	County Judge
Kimble County	Tonya Ahlshweda	District Attorney
Kimble County	Luke Davis	Assistant DA
Kimble County	Judge Josh Cantrell	Justice of Peace
Kimble County	Judge Delbert R. Roberts	County Judge
Kimble County	Judge Josh Cantrell	Justice of Peace
Llano County	Judge Ron Cunningham	County Judge
Llano County	Rebecca Lange	County Attorney
Llano County	Wiley B. "Sonny" McAfee	District Attorney
Llano County	Judge Bebe Rocha	Justice of the Peace
Llano County	Judge Maureen Riggs	Justice of the Peace
Llano County	Judge Deb Edwards	Justice of the Peace

Llano County	Judge Brian Alexander	Justice of the Peace
Mason County	Judge Kirsten Cohoon	District Judge
Mason County	Judge Teri Nunley	Justice of Peace
Mason County	Judge Leon Brimhall	Justice of Peace
Mason County	Judge Debbie Hudson	Justice of Peace
Mason County	Judge Frieda Pressler	Justice of Peace
Mason County	Judge Jerry Bearden	County Judge
Mason County	Judge James Treg Hudson	Justice of Peace
Medina County	Judge Daniel J. Kinard	District Court Judge
Medina County	Darcey Hasty	Pre-trial Services
Medina County	Judge Chris Schuchart	County Judge
Medina County	Judge Glenn E. Klaus	Justice of Peace
Medina County	Judge Wm. T. Tschirhart, Jr.	Justice of Peace
Medina County	Judge Clyde "Bubba" Howse	Justice of Peace
Medina County	Judge Tomas "Tommy" Ramirez III	Justice of Peace
Medina County	Judge Mark Cashion	County Court at Law
Medina County	Mark Haby	District Attorney
Medina County	Julie Solis	Assistant DA
Medina County	Jeff Diles	Assistant DA
Medina County	Christina Busbee	Assistant DA
Medina County	Kanon Lillemon	Assistant DA
Real County	Judge Bella Rubio	County Judge
Real, Uvalde, and Medina	Judge Camile DuBose	District Judge
Schleicher County	Judge Charlie Bradley	County Judge
Schleicher County	Judge Phil Edmiston	Justice of Peace

Schleicher County	Tonya Ahlschwede	District Attorney
Sutton County	Judge Steve Smith	County Judge
Sutton County	Joseph Harris	Justice of Peace
Uvalde County	Judge William R. Mitchell	County Judge
Val Verde County	Lewis Owens	County Judge
Val Verde County	Sergio Gonzalez	County Court-at-Law
Val Verde County	Robert Cadena	63rd District Judge
Val Verde County	Enrique Fernandez	83rd District Judge
Val Verde County	Roberto Castillo	Justice of Peace
Val Verde County	Antonio "Tony" Faz III	Justice of Peace
Val Verde County	Pat Cole	Justice of Peace
Val Verde County	Hilda C. Lopez	Justice of Peace

Law Enforcement

County/City	Name	Title
Comal	Lt. Smith	Deputy
Comal	Deputy Bustos	MH Deputy
New Braunfels	Officer Coronado	Police Officer
New Braunfels	Officer Chandler	Police Office
Edwards County	Pamela Elliott	Sheriff
Hays County	Gary Cutler	Sheriff
Hays County	Steve Cunningham	Sheriff Officer
Hays County	Julie Villalpando	Corrections
San Marcos	Corporal Don Lee	San Marcos Police Department

San Marcos	Chief Bob Klett	San Marcos Police Department
San Marcos	Lt. Chase Stapp	San Marcos Police Department
Gillespie County	Buddy Mills	Sheriff
Gillespie County	Lt. John Robinson	Jail Administrator
Kendall County	Al Auxier	Sheriff
Kendall County	Lt. Green	Jail Administrator
Boerne	James Schmidt	Boerne Police Dept
Kimble County	Hilario Cantu	Sheriff
Kinney County	Brad Coe	Sheriff
Llano County	Bill Blackburn	Sheriff
Llano County	John Neff	Chief Deputy
Llano	Mike Scoggins	Llano City Chief of Police
Llano	Matt Lincoln	Llano City Lieutenant
Mason County	Joe Lancaster	Sheriff-Elect
Medina County	Randy Brown	Sheriff
Medina County	Tony Aguilar	Mental Health Deputy
Hondo	Brian Valenzuela	Police Chief
Hondo	Brandon Teer	Police Sergeant/MH
Real County	Nathan Johnson	Sheriff
Uvalde County	Charles Mendeke	Sheriff
Val Verde	Joe Frank Martinez	Sheriff
Del Rio	Frederick Knoll	Police

Hospital Emergency Room Personnel

County/City	Name	Title
Gillespie County	Christine Damewood	Manager Emergency Dept, Hill Country Memorial
Gillespie County	Jennifer Murray	Quality Manager, Hill Country Memorial
Llano	Robert Greenberg, MD	Emergency Medicine, Baylor Scott & White Llano
Llano	Jose Roberto Rosillo, MD	Emergency Medicine, Baylor Scott & White Llano
Medina County	Rhonda Cote	Director of Nursing Medina Regional Hospital
Uvalde County	Thomas J. Nordwick	Administrator of Uvalde Memorial Hospital
Uvalde County	Julia Rodriguez	Emergency Department Director for Uvalde Memorial Hospital
Uvalde County	Lee Case	Director of Social Services for Uvalde Memorial Hospital
Val Verde County	Noemi Miranda	Director of Emergency Department

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.

- 2020 Needs Assessment that was sent to contacts with Hill Country. Representative from each stakeholder group was targeted with the survey.
- Working with Disaster Behavioral Health Services (HHSC) to obtain access in school districts within our 19 counties for COVID-19 related activities. An assessment was conducted of schools Hill Country has successfully partnered with and those we struggle to gain access.
- Directors of services receive informal input from individuals and family members.
- Person Directed Plans and Person-Centered Recovery Plans
- New Satisfaction Survey
- The following table illustrates a myriad of groups that Hill Country works in partnership with to collect stakeholder input.

Group Name	Description	Member Names/Roles	Meeting Place(s)	Meeting Frequency	Contact Person
Citizens' Advisory Committee (CAC) *Seeking representation from all 19 counties*	Local Planning Network Advisory Committee. Members are people that receive services, family members, or community members. Bandera, Blanco, Comal, Gillespie, Hays, Kendall, Kerr, Llano, Medina and Val Verde Counties currently represented.	Janice Hooper, Meredith Erickson, Rick Turner, Jane Turner, Antonio Aguilar, Terry Robinson, Mary Helen Esqueda, Sandra Moreno, Brandy Cawthra, Melinda Neel Schoppe, Cole Bennett, Margaret McBride, Rosalba Calleros, Jesus Ramon	Kerrville, San Marcos, New Braunfels	Quarterly	Randy Consford

Blanco County - Community Resource Center Advisory Board	Identify potential agencies to join CRC, identify needs for CRC and advertisement to meet needs of community members	Community members and agencies	Alternate between church and will be meeting in CRC once open (in Blanco county)	Monthly	Jeanne Emerson
Blanco County - Community Resource Center Interagency	Identify needs and gaps in services for Blanco County and know resources to connect people with	Community members and agencies participating in the CRC	Community Resource Center	Monthly	Jeanne Emerson
Comal County - CARE (Community Assistance and Resources for Everyone)	A community networking group for local resources and non-profit organizations	Maureen Schein, Anthony Winn, Tricia Mathis, Juanita Billeiter, Joanne Daxon	Canyon Lake CRRC	Quarterly	Maureen Schien
Comal County - Child Fatality Review Committee	Review and address child/adolescent deaths in our county	DA, law enforcement, providers, hospitals, school districts, EMS	Child Advocacy Center	Quarterly	Chris Douglas
Comal County - Churches and Agencies	Designed to strengthen collaboration between faith communities and service providers	Churches and local non-profits	Saint Peter and Paul Catholic Church	Monthly	Kay Scott
Comal County - CRCG	Community Resource Coordination Group serving children and families in Comal County	Lynne Friese, Catherine Archer, Nicole Hughey, Christie Wozniak, Angelica Ramos, Jordan Unsworth, Suzie Seabolt, Crystal Andrews, Nora Smith, Cindi Avila, Alisha Stanley, Sabrina Estrada, Jenni Nieto, Walter Hutchison, Debbie Whitehouse, Anthony Winn, Carolyn Rich	NBISD Administration	Monthly	Lynne Friese, Catherine Archer

Comal County - Healthcare Steering Committee	Discuss emergency healthcare response in our county Local COVID numbers and how to be proactive in keeping our teams and those served safe while still ensuring quality service delivery	Hospitals, EMS, law enforcement	Public Health Building	Monthly	Cheryl Fraser
Comal County - Hill Country Hope 4 Mental Health	A group of local stakeholders in Bulverde trying to coordinate mental health awareness for the greater Bulverde/Spring Branch area	Jason Carlettini, Tamara Ramirez, Dr. John Beach, Anthony Winn, Dr. John Patterson	Riverside Community Church	Monthly	Jason Carlettini
Comal County - Hill Country Interagency Association	An interagency networking group for local resources, managed care organizations and non-profit organizations	Frank Morales, Walter Hutchinson, Any Baby Can, Joanne Daxon, Community Bible Church Bulverde, Blanca Martinez	Community Bible Church Bulverde	Monthly	Frank Morales
Comal County - Homeless Coalition	Problem solve unmet needs of homeless population in our county	Salvation Army, VIM, school districts, local churches, NBPD, CCSO, Crisis Shelter, Connections	McKenna	Monthly	Doy Cole
Comal County - Jail Committee	Identify action steps for inmates with MH needs, to include discharge planning	Jail Administrator, MCOT, Jim Strakos, DA's office	Comal County Jail	Monthly	Jazzie Hamlett
Comal County - Jail Meeting	Staffing for high need inmates with mental health concerns	Jim Strakos	Comal Jail	Monthly	Lieutenant Gregory Reece
Comal County - Local Advisory Committee	Meeting of local volunteers with an interest in mental health and supporting Comal MH	Local volunteers	McKenna	Monthly	Jennifer Nieto

Comal County - Mental Advocacy Partners (MAPNB)	Discuss MH needs of the community-specific to adolescents	Non-profit mental health service providers, local ERs, law enforcement	McKenna	Quarterly	Alice Jewell
Comal County - Mental Health Advisory Committee	Developing an advisory board for Comal County Mental Health	Jim Strakos	Comal MH	Monthly	Jenni Nieto
Comal County - Stakeholders Meeting	Discuss MH needs of the community	Judge Stevens, Commissioner Donna Eccleston, Jennifer Nieto, Anthony Winn, Veronica Drake, Resolute Health Hospital, Christus Santa Rosa Hospital, Austin Lakes Hospital, Gilbert Bustos, New Braunfels Fire/EMS, Canyon Lake Fire/EMS, Bulverde Spring Branch Fire/EMS	Comal County Courthouse	Quarterly	Donna Eccleston
Comal County - Veterans Court	Veterans' court	Jim Strakos	Comal Courthouse	Weekly	Judge Stephens
Comal -Comal County Community Coalition Partnership	SACADA to address drug addiction in Comal County	SACADA, EMS and Sheriff's Office		Monthly	Boyd Baxter
Gillespie County - Committee on Suicide Reduction		Quynh Lee	Hill Country Memorial Hospital	Quarterly	
Gillespie County - Health Board		Quynh Lee		Monthly	Kelli Olford
Gillespie County -		Quynh Lee		Quarterly	Patricia Rivera

School Health Advisory Council					
Gillespie - School Health Advisory Council	Advisory Council to educate and manage the health and welfare of FISD students	Chris Nevins, Ron Sutton, Patricia Rivera, John Willome, community partners	Fredericksburg HS	Every 2 months	Patricia Rivera
Gillespie - Reducing Suicide Risk Group	Monitor implementation/policies for suicide prevention	Mandy Schmidt, FPD, Hillcountry Memorial	Hillcountry Memorial Hosp	Quarterly	Mandy Schmitdt
Hays County - Court at Law MH Court Planning	Development of mental health court for Hays County Court at Law	Jim Strakos	Hays Justice Center	As needed	Judge Zelhart
Hays County - CRCG	Community resource coordination group	Teresa Thompson	Greater San Marcos Youth Council	As needed	Topaz Lurwick, 512-847-5729
Hays County - Criminal Justice Coordinating Committee	County Commissioners - mental health/legal reforms	Jim Strakos	Hays Justice Center	Biweekly	Lon Snell
Hays County - Interagency	Social services networking	Various community members	Center for Health Improvement	Quarterly	Beth Fisher, beth@hacc.info
Hays County - LOSS Meeting	Coordinates support for suicide survivors	Law enforcement, Victim Services Representatives, CTMC Grief Services	Scheib Mental Health	As needed	Amy Lowrie
Hays County - Mental Health Coalition	Children's mental health services	Teresa Thompson	San Marcos Activity Center	Monthly	Jessica Ramos, jramos@sanmarcostx.gov
Hays County - Mental Health Stakeholders Meeting	Discuss process issues surrounding crisis and commitments	Law enforcement, hospital staff, nursing facility staff, etc.	Wellbridge	Quarterly	Jill Giulietti, 512-353-0194

Hays County - Pre-Trial Subcommittee	County Commissioners - mental health/pre-trial services reform	Jim Strakos	Hays Justice Center	Monthly	Lisa Pacheco
Hays County - Safety Committee	For Dripping Springs school district	Teachers, parents, school board members, mental health agency, emergency services, parents	Dripping Springs ISD	Quarterly	Curt Marek
Kendall County - Children's Death Review Committee	Reviews child/adolescent deaths in order to prevent harm to other children	Judges, doctors, nurses, law enforcement, CPS, public health, EMS	Kendall Courthouse Annex	Quarterly	
Kendall County - Hope for the Homeless	Created to address the needs of Kendall County's homeless population	Community members and subcommittees to address different needs	Boerne Library	Monthly	Robin Stauber
Kendall County - Opioid Response Committee	Created to help Kendall County implement best practices to reduce mortality rates from substance use, including deaths related to opioid use	Various community members	Boerne Library	Monthly	Andrea Salazar
Kerr County - Community Health Coalition	Identifying mental health needs in the community, increasing community collaboration, and problem solving	Tracy Davis, Ashlee Miller, Sheree Hess, Ross Robinson, David Knight, Rusty Hierholzer, Sharon Keith, Eric Maloney	Peterson Regional Medical Center	Monthly	Tracy Davis
Kerr County - CRCG	Group of local partners and community members that work with parents, caregivers, youth and adults to make service plans		BCFS Hill Country Resource Center	Monthly	
Kerr County - Institute for Healthcare Improvement,	Community collaboration on how we can help each other and the community, discussion of potential grant ideas	Cindi Tate, Tracy Davis, Sherri Risner, Theresa Standage, Jason Eckols, Brenda Thompson, Krisann Muskiewicz	Schreiner University	Monthly	Cindi Tate

Open School Chapter					
Kerr County - Interagency Meeting	Marketing and sharing information and resources in the community	Multiple agencies	Light on the Hill	Monthly	Millie Goode
Kerr County - National Association for Mental Illness (NAM)	Support and share information, special programs offered to help individuals/families with mental illness	Denise LeMeilleur, Ed Renden, Bunny Bond, Pam Cann	Wells Fargo Bank at Five Points	Monthly	Bunny Bond
Kimble County - Child Protective Services	Discuss individuals in CPS custody and MHDD services	Yvette Gauna, Robin Conner, Zane Anguiano, Julee Holladay, Robert Walker, Alexander Amparano, Misty Martinez, Amy Palmer, Annie Barker	Kimble County Mental Health	Quarterly	Robert Walker
Kimble County - District Attorney Tonya Ahischwede	Discuss mental health needs/assistance for offenders with mental health concerns in Edwards, Kimble, Menard and McCulloch Counties	Jim Strakos	Kimble County Courthouse	As needed	District Attorney Tonya Ahischwede
Llano County - CRCG/Mental Health Coalition	Staffing needs of community members	Multiple partner agencies	Various	Quarterly	Elisha McPeck
Medina County - Coffee with Cops	Open community discussions	Hondo Police Department	Hondo Library	Monthly	Officer Brandon Teer
Medina County - CRCG	Discuss overall wellness with all agencies involved	Agencies involved with cases, such as CPS, APS, etc.	Kerrville	Quarterly	Invitation via e-mail

Medina County - Crisis Fatality Review Team	Review fatalities with stakeholders	Law enforcement, DA's office, CPS, APS, medical providers, etc.	Uvalde Fairplex	Annually	Invitation via e-mail
Medina County - JP Meeting	Discussion of 1622s for Medina County	Jim Strakos	Castroville Courthouse	As needed	Judge Kindred
Medina County - Judge Cashion	Discuss possible mental health court for Medina CCL	Jim Strakos	Hondo Courthouse	As needed	Judge Cashion
Medina County - Multi-Task Force	To review and discuss cases being investigated	Law enforcement and others involved with cases	Bluebonnet Children's Advocacy Center	Monthly	Invitation via e-mail or phone call
Medina County - National Night Out	Community agencies present service information and meet community members	Area law enforcement	Medina County Courthouse	Annually	Officer Brandon Teer
Medina County - Public Health Emergency Preparedness	To discuss process for disaster and how it relates to all agencies involved	EMS, health department, medical providers, law enforcement	South Texas Regional Medical Center	Annually	Invitation via e-mail
Medina County - Specialty Court	Mental health court for Medina County - felony/adult probation	Jim Strakos	Hondo Jail Courtroom	Biweekly	Judge Kinyard
Real County - Team Real	Allows groups/individuals to get access and support from community partners in Real County	Bianca Rhodes-Spies			Dana Williams
Uvalde County - CRCG	Group of local partners and community members that work with parents, caregivers, youth and adults to make service plans to help people with special needs get benefits and services	Bianca Rhodes-Spies		Monthly	Ed Gentry

Uvalde County - Specialty Court	Mental health court for Uvalde County - felony/adult probation	Jim Strakos	Uvalde Courthouse	Biweekly	Judge Dubose
Uvalde County - Specialty Court Planning Meeting	Assess mental health court, plan for improvements	Jim Strakos	Uvalde Courthouse	As needed	Judge Dubose
Uvalde County - Team Uvalde	Allows groups/individuals to get access and support from community partners in Uvalde County	Bianca Rhodes-Spies		Monthly	Lorrie Benavides
Val Verde County - CRCG	Provide assistance to individuals in need	Rachel Cedillo, Jaime Ortiz, Raquel Rodriguez, Lena Bermea	BCFS	Monthly	Jaime Ortiz
Val Verde County - Mental Health Committee	Plan mental health conference	Rachel Cedillo, Jaime Ortiz, Raquel Rodriguez, Henry Gomez, Kelly N., Mario Arreola	Heritage Program, Val Verde Regional Medical Center	Biweekly	Jaime Ortiz
Bexar - County CCCL12- Specialty Court	Specialty Court Judges in Bexar County Networking / Informational Meeting with	Jim Strakos- MHC Director	San Antonio	Once	
State - Texas Association of Specialty Courts Annual Conference	Educational updates on MH/Legal issues in Texas Collaboration with other LMHAs and Specialty Court Programs	Jim Strakos- MHC Director	Galveston	Annual	
Bexar - "Nuts and Bolts of MH Courts"	Bexar County MH Court-networking and collaboration meeting	Jim Strakos- MHC Director	San Antonio	Once	
Hays - Lead Presentation- Hays, San Marcos	Informational Presentation on multi-disciplinary teams in dealing with MH and legal high utilizers	Jim Strakos MHC Director; Jamie Lambert MHC-CC	San Marcos City Hall	Once	

Comal County: McKenna/Comal MH Advisory Committee	Formulation of an Advisory Board for Comal MH	Jim Strakos- MHC Director; Jenni Nieto- Comal MH Director	McKenna Center	Once	
Kimble County Stakeholder Meeting Junction TX	Discuss services available via MHDD / SUD-OP / TACOOMMI	Jim Strakos- MHC Director; Randy Consford; Abel Rosas; Bianca Spies	Kimble PD	As needed	
Kendall County Stakeholders	Discuss 1622 procedures; MHDD services; problem resolution of Kimble internal issues	Jim Strakos; Ross Robinson; Sheree Hess; Jennifer Calder	Kimble JP Office	once	
Boerne Police Department- Kendall County	Training for SWAT members on MH issues	Jim Strakos	Boerne Police Dept	once	
Texas Council	Peer Support Steering Committee	Randie Benno	Webinar	Monthly	Randie Benno
Texas Council	Peer Support Call	Randie Benno	Conference Call	Monthly	Randie Benno
Kerr - Kerrville Recovery Coalition Committee	Under City Council – Citywide multidisciplinary coalition	Randie Benno	Kerrville	Monthly	Randie Benno
State - Via Hope Advisory Committee	Developing Peer Development Program	Randie Benno	Austin	Quarterly	Randie Benno
National/State - National Council	Tic Toc 3.0 Infusing Trauma Informed Care throughout Texas	Marcia Freudenberg	Conference Calls and In-person conferences	Twice a month	Teresa Thompson
State - ASH Redesign Steering Committee	Redesign of Austin State Hospital and How it interfaces with surrounding communities and patients, families, etc.	Jason Johnson	Austin	Monthly	Jason Johnson

State - ASH Redesign Peer & Family Work Group	Providing input / feedback to the ASH Redesign Steering Committee	Jason Johnson	Conference Calls and in-person meetings (Austin)	Monthly	Jason Johnson
State - Ash Redesign Clinical Strategies Work Group	Focus on Hospital Programming and Continuity of Care	Jason Johnson	Austin	Monthly	Jason Johnson
State - Via Hope PSI (Peer Supervisor Learning Community)	Creating a community of peer supervisors throughout Texas while helping one another improve the quality of supervision given to our supervisees	Jason Johnson	Webinars and two in-person gatherings	Monthly	Jason Johnson
State - Via Hope Peer Professional Development Institute (PPDI) Mentor	Prepare mental health and substance use peer specialists to meet the increasingly complex challenges of behavioral health workplaces through training, mentorship and peer support	Jason Johnson	Webinars, in-person curriculum revision meetings, phone calls	Monthly	Jason Johnson
DSRIP - University Health System	Regional Healthcare Partnership 6 - Anchor	Kristie Tupling - 1115 DSRIP Director; Robert Millet - Data/Business Analyst	Webinar	Monthly	Kristie Tupling
Texas Council	Social Drivers of Health	Kristie Tupling - 1115 DSRIP Director, Landon Sturdivant - COO, Anne Taylor - Director of Behavioral Health, Teresa Thompson - Clinical Director, Clay Mitchell - UM/QM Director	Austin	Once	Landon Sturdivant

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.

Hill Country Mental Health and Developmental Disabilities Center (Center) conducted a community needs assessment survey from November 2019 to January 2020. The purpose of the survey assessment was to:

- Identify stakeholder perceptions of the Center’s needs and services by using the Person-Centered Working/Not Working skill.
- Prioritize the top three identified community needs per county and stakeholder type.
- Review the assessment with our Citizen’s Advisory Committee (CAC) and obtain their input and recommendations.

Top 3 Priorities identified for Adult Mental Health - The table is a compilation of responses to an open-ended question on priorities. The responses were compiled into a priority grouping and they are listed based on the grouping’s percentage.

Rank	Priorities	%
1	MH Services – Need to become a Certified Community Behavioral Health Clinics (CCBHC). Increase Community-based Services, Crisis Services, MCOT, Medication Management, Counseling, Therapeutic Groups, Case Management, Psychosocial Rehabilitative Services, Supported Housing, Supported Employment, Telepsych, Peer Support, Family Support, and inpatient beds.	22%
2	Increase Staff – Psychiatrists, Licensed Staff, Care Coordinators, Service Coordinators, and Support Staff are needed to decrease caseloads.	14%
3	Communication/Collaboration/Awareness/Education – Communication and Collaboration between local stakeholders (e.g., Hill Country, Law Enforcement, Courts, School Districts, Faith Based, etc.) is needed. Communication to stakeholders is needed. Support from other stakeholders in the community is needed.	9%

3	Basic Needs – limited community resources and more resources for food, shelters, and affordable housing is needed.	9%
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Top 3 Priorities identified for Children’s Mental Health - The table is a compilation of responses to an open-ended question on priorities. The responses were compiled into a priority grouping and they are listed based on the grouping’s percentage.

Rank	Priorities	%
1	MH Services – Need to become a Certified Community Behavioral Health Clinics (CCBHC). Increase Community-based Services, Crisis Services, MCOT, Medication Management, Counseling, Therapeutic Groups, Case Management, Psychosocial Rehabilitative Services, Supported Housing, Supported Employment, Telepsych, Peer Support, Family Support, and inpatient beds.	20%
2	Increase Staff – Psychiatrists, Licensed Staff, Care Coordinators, Service Coordinators, and Support Staff are needed to decrease caseloads.	14%
3	Communication/Collaboration/Awareness/Education – Communication and Collaboration between local stakeholders (e.g., Hill Country, Law Enforcement, Courts, School Districts, Faith Based, etc.) is needed. Communication to stakeholders is needed. Support from other stakeholders in the community is needed.	13%

Top 3 Priorities identified for Intellectual and Developmental Disabilities - The table is a compilation of responses to an open-ended question on priorities. The responses were compiled into a priority grouping and they are listed based on the grouping’s percentage.

Rank	Priorities	%
1	Increase Staff – Psychiatrists, Licensed Staff, Care Coordinators, Service Coordinators, and Support Staff are needed to decrease caseloads.	17%
2	Communication/Collaboration/Awareness/Education – Communication and Collaboration between local	17%

	stakeholders (e.g., Hill Country, Law Enforcement, Courts, School Districts, Faith Based, etc.) is needed. Communication to stakeholders is needed. Support from other stakeholders in the community is needed.	
3	Day Habilitation /Daily Activities – Need day activities for individuals we serve.	12%

Top 3 Priorities identified for Substance Use Disorders - The table is a compilation of responses to an open-ended question on priorities. The responses were compiled into a priority grouping and they are listed based on the grouping's percentage.

Rank	Priorities	%
1	SUD Services – Additional providers and services for prevention, outpatient treatment, and detox/ inpatient services. Need to focus on recovery and utilize peers in service delivery.	38%
2	MH Services – Need to become a Certified Community Behavioral Health Clinics (CCBHC). Increase Community-based Services, Crisis Services, MCOT, Medication Management, Counseling, Therapeutic Groups, Case Management, Psychosocial Rehabilitative Services, Supported Housing, Supported Employment, Telepsych, Peer Support, Family Support, and inpatient beds.	26%
3	Communication/Collaboration/Awareness/Education – Communication and Collaboration between local stakeholders (e.g., Hill Country, Law Enforcement, Courts, School Districts, Faith Based, etc.) is needed. Communication to stakeholders is needed. Support from other stakeholders in the community is needed.	8%
3	Basic Needs – limited community resources and more resources for food, shelters, and affordable housing is needed.	8%

Priorities for Individuals we serve - The table represents the response number and percentage from individuals we serve for all priority groupings.

#	Priorities	Number of Responses	Percentage of Responses
1.	Increase in Staff	14	17.5%
2.	MH Services	12	15%
3.	Communication/Collaboration/Awareness/Education	10	12.5%
4.	Transportation	9	11.25%
5.	Day Habilitation / Activities	8	10%
6.	Basic Needs	7	8.75%
7.	SUD Services	4	5%
8.	Jobs/Vol	4	5%
9.	Wages/Benefits	3	3.75%
10.	Efficiencies	2	2.5%
11.	Funding	2	2.5%
12.	New Facilities	2	2.5%
13.	Healthcare	1	1.25%
14.	IDD Services	1	1.25%
15.	Training	1	1.25%
	Total Respondents	80	100%

Priorities for Family Members - The table represents the response number and percentage from family members for all priority groupings.

#	Priorities	Number of Responses	Percentage of Responses
1.	Communication/Collaboration/Awareness/Education	11	20.37%
2.	Increase in Staff	6	11.11%
3.	Day Habilitation / Activities	6	11.11%
4.	Jobs/Vol	5	9.25%
5.	MH Services	4	7.41%
6.	Efficiencies	4	7.41%
7.	Basic Needs	3	5.56%
8.	Healthcare	3	5.56%
9.	SUD Services	3	5.56%
10.	Training	3	5.56%
11.	New Facilities	2	3.7%
12.	Funding	1	1.85%
13.	Transportation	1	1.85%
14.	Homeless Services	1	1.85%

15.	IDD Services	1	1.85%
	Total Respondents	54	100%

Priorities for the Community Responding - The table represents the response number and percentage from all community respondents for all priority groupings. The community responding represent the following subgroups: Advocates for Children and Adults, Local Psychiatrist, State Hospital Staff, Emergency Health Care Providers (e.g., hospital emergency room personnel), Hospital (non-emergency), Fire Department, Local public health care provider (e.g., federally qualified health centers, local health departments), Outreach, Screening, Assessment, and Referral (OSAR), Law Enforcement, Probation and Parole, Criminal Justice, Judicial Representative, Education, Social Service Providers, Local Public housing Authority, non-profit homeless service providers, non-profit and for-profit housing providers, or recovery homes, Business Leaders, Government Representatives, Concerned Citizens, and Primary Care Physician.

#	Priorities	Number of Responses	Percentage of Responses
1.	MH Services	46	32.62%
2.	SUD Services	23	16.31%
3.	Communication/Collaboration/Awareness/Education	16	11.35%
4.	Transportation	11	7.80%
5.	Efficiencies	9	6.38%
6.	Increase in Staff	8	5.67%
7.	Basic Needs	6	4.26%
8.	Funding	5	3.55%
9.	Healthcare	4	2.84%
10.	Jobs/Vol	4	2.84%
11.	New Facilities	3	2.13%
12.	Day Habilitation / Activities	2	1.42%
13.	IDD Services	2	1.42%
14.	Homeless Services	1	.71%
15.	Wages/Benefits	1	.1%
	Total Respondents	141	100%

Other identified key issues and concerns identified by stakeholders, including unmet service needs.

- The incredibly long ‘interest list’ wait to get access to HCS (Home & Community-based Services) services is the main issue shared. The current wait time is approximately 15 years.

- Lack of availability of beds available for unfunded individuals has been made easier with PPB. However, there is still a need for local & statewide private/public inpatient treatment options for children/adolescents/adults. There is still the issue of transportation to locations when there are limited deputies available.
- Peer support in emergency rooms.
- There are no extended observation units between Austin and San Antonio (IH-35 Corridor) and San Antonio to Del Rio (I-90 Corridor).
- COVID-19's impact on communities and the service delivery system.
- Need to increase efficiencies (reduce time between intake and initial psychiatrist appointment, waitlists, assessment, etc.).
- Need to increase mental health services in jails.
- Lack of mental health resources (Children/Adolescents/Adults) in I-90 Corridor. In Val Verde County there can be up to a 3-hour drive in any direction for a psychiatric private/public bed.

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;

- Hill Country actively collaborated with local stakeholders for the Psychiatric Emergency Service Plan. Hill Country works with various work groups through its catchment area. For example, Comal and Hays Counties have a quarterly stakeholders meeting with county Commissioner, county staff, local hospital and healthcare leaders, law enforcement, advocacy organizations, local providers, judges, peers, etc.

Ensuring the entire service area was represented; and

- Hill Country Executive Team Staff and Local Regional and Clinic Directors meet with various stakeholders from each county to assess needs and develop planning initiatives. For example, regular meetings with Peterson Regional Hospital address the Psychiatric Emergency Plan, meetings were held in Llano, Val Verde and Medina counties with diverse stakeholders (District Judges, County judges, County District Attorneys, Law Enforcement, Child Advocacy Centers, DFPS, Hospital Administrators, School Systems, providers, etc.), in our frontier rural areas meetings with local officials (judges and law enforcement) were held.

Soliciting input.

- Hill Country is involved in Regional Planning Conference at SASH with other LMHAs in SASHs 54 county catchment area.
- Hill Country is involved in identifying regional needs with the Southwest Texas Regional Advisory Council.

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

1. How is the Crisis Hotline staffed?

- During business hours: Avail staffs 24/7
- After business hours: Avail staffs 24/7
- Weekends/holidays: Avail staffs 24/7

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

- Yes, Avail

3. How is the MCOT staffed?

During business hours

- Hill Country delivers community-based crisis services throughout the 19 counties served. Each county has trained and credentialed crisis workers or an MCOT team to respond. All crisis workers/MCOT teams are dispatched through Hill Country's Crisis Hotline and provides prompt face-to-face crisis screening, assessment, intervention and follow-up and relapse prevention services to individuals in their communities 24 hours a day, 7 days a week. Hill Country fields four MCOT teams.
- The first MCOT team (Hays and Blanco counties) is funded through HHSC with 3 QMHPs, 1 LPHA, and access to psychiatrist and RN.
- The second MCOT team (Kerr County) is funded through the 1115 Waiver with 5 QMHPs, 1 LPHA, and access to on-call psychiatrists and RN/LVNs.
- The third MCOT team (Val Verde and Kinney counties) is funded through the 1115 Waiver with 2 QMHPs, 1 LPHA, and access to on-call psychiatrists and nurse practitioners).
- The fourth MCOT team (Comal County) is funded through the McKenna Foundation with 3.5 QMHPs, 1 LPHA, a part-time RN, a part-time psychiatrist, and part-time access to a telepsych psychiatrist.

After business hours

- 1 Crisis QMHP and 1 LPHA Clinical available, on-call psychiatrist available, 24 hours a day, 7 days a week.

Weekends/holidays

- 1 Crisis QMHP and 1 LPHA Clinical available, on-call psychiatrist available, 24 hours a day, 7 days a week.

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

- N/A

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

- MCOT provides (telephone/video/face-to-face) follow-up service within 24 hours of the crisis. During the follow-up appointment, MCOT completes a Brief CSSR-S to assess suicide risk, case management as needed, and skills training if appropriate. They also review the effectiveness of the safety plan and schedule additional appointments, if needed, with the clinic. An ANSA or CANS may also be completed during the follow-up service.

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:

- Yes, if person is medically cleared, the ER will call crisis hotline. The hotline triages the call and determines activation of MCOT.

Law Enforcement:

- Law Enforcement calls crisis hotline and the hotline will activate. We respond to law enforcement. Work collaboratively with law enforcement to determine least restrictive, transportation, emergency detention, etc. The MCOT also works closely with the mental health liaison deputies who are assigned to work with people needing services and Center staff.

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

- We have no state hospitals in our 19 counties.

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

During business hours:

- Call Crisis Hotline to request screening for hospitalization by LMHA or call private inpatient hospitals they have MOUs with for patients with insurance.

After business hours:

- Call Crisis Hotline to request screening for hospitalization by LMHA or call private inpatient hospitals they have MOUs with for patients with insurance. No OPC are signed after hours so if law enforcement refuses Ed, the hospital must secure patient until the OPC can be obtained Monday morning.

Weekends/holidays:

- Call Crisis Hotline to request screening for hospitalization by LMHA or call private inpatient hospitals they have MOUs with for patients with insurance. No OPC are signed after hours so if law enforcement refuses Ed, the hospital must secure patient until the OPC can be obtained Monday morning.

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?

- Whether the individual is in a hospital or another community setting, it is Hill Country's process for the 24-hour crisis hotline to be contacted. If medical attention/clearance is needed, peace officer or EMS transports to nearest emergency room.
- If the individual is the hospital emergency room and needs further assessment or crisis stabilization, the hospital temporarily houses the individual while receiving ongoing medical care until MCOT can arrange for transfer to a psychiatric treatment facility. Referred for immediate, appropriate medical attention.

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

- Whether the individual is in a hospital or another community setting, it is Hill Country's process for the 24-hour crisis hotline to be contacted. If medical attention/clearance is needed, peace officer or EMS transports to nearest emergency room.
- If the individual is the hospital emergency room and needs further assessment or crisis stabilization, the hospital temporarily houses the individual while receiving ongoing medical care until MCOT can arrange for transfer to a psychiatric treatment facility. Referred for immediate, appropriate medical attention.

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

- MCOT completes screening, calls inpatient hospitals to secure bed, notifies appropriate person if necessary, for need of OPC or ED to transport, and facilitates doctor-to-doctor if needed by the admitting facility.

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).

- We no longer have crisis respite for MH Adults. For patients coming from Bluebonnet we will refer to their extended observation units in Seguin or Burnet counties.

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.

- Same as other assessments. If there is an issue of safety, Police or Sheriff Department is contacted for assistance.

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

Where does the individual wait for a bed?

- ER (if not an ED).
- Jail (if appropriate).

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?

- LMHA reassess within every 24 hours while patient waits for inpatient bed. The hospital emergency room physician and treatment team, and other hospital treatment team members are responsible for providing continued crisis intervention services. Emergency Department social work staff (if available) or other staff provide services and maintain contact with MCOT. MCOT is responsible for providing continued crisis assessment services until the crisis is resolved or MCOT secures an appropriate clinical placement.

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

- Either law enforcement will transport under Emergency Detention Warrant (ED) or the hospital or facility will request OPC via DA’s office. The LMHA must secure the bed then the judge will sign the Order of Protective custody to transport to the designated hospital. You cannot stack Eds and if we know one will expire, we will go ahead and recommend the OPC process to cover the patient until the accepting hospital can schedule the probable cause hearing.

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? Replicate the table below for each alternative.

Name of Facility	Youth Crisis Respite Center
Location (city and county)	San Marcos, Hays County
Phone number	(512) 667-9868
Type of Facility (see Appendix A)	Crisis Respite

Key admission criteria (type of individual accepted)	Youth between 13-17 years of age.
Circumstances under which medical clearance is required before admission	Cannot require specialized medical care.
Service area limitations, if any	None
Other relevant admission information for first responders	Youth must enter voluntarily. Youth must be at low risk of harm to self and/or others. Youth must be able to participate in daily activities with minimal supervision or instruction. Youth must be able to self-administer medication. Youth must be able to take care of own Activities of Daily Living.
Accepts emergency detentions?	No
Number of Beds	6

Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals? Replicate the table below for each alternative.

Name of Facility	Linda Werlein Crisis Stabilization Unit
Location (city and county)	Kerrville, Kerr County
Phone number	(830) 257-5111
Key admission criteria	Admit Criteria: Danger to self, danger to others due to mental illness; meet criteria for ED or OPC; person has a mental illness; services provided in the CSU may reduce the prospective patient's acute symptoms and may prevent psychiatric hospitalization; and level of monitoring of the prospective patient in the CSU or restriction of the environment of the CSU is adequate to prevent the prospective patient from causing serious harm to self or others. Exclusionary Criteria: is under the age of 18 (we do not have separate facilities to separately

	<p>accommodate those under 18 years of age);is the subject of an order for temporary inpatient mental health services issued in accordance with THSC §574.034; is the subject of an order for extended inpatient mental health services issued in accordance with THSC §574.035;requires specialized care not available at the CSU; or</p> <p>has a physical medical condition that is unstable and could reasonably be expected to require inpatient treatment for the condition.</p>
Service area limitations, if any	None; serves 19 county Hill Country MHDD service area and accepts people from other areas as bed availability allows.
Other relevant admission information for first responders	Patient must be medically stable See admission and exclusionary criteria; must be screened by LMHA crisis worker
Number of Beds	Funded for 16 beds; Occupancy reduced to 8 bed since March 2020 to mitigate COVID-19 and allow for single occupancy rooms, social distancing.
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	No
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)?	NA. Funded under PESC but for Crisis Stabilization beds operated by HCMHDD only.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	NA. General revenue funding of \$2,369,604 for FY 20 for 16 beds serving 584 people per year. During FY 20, mitigation efforts related to COVID-19 resulted in operation of 50% beds for approximately 5 months and associated service to 370 people.

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

Name of Facility	Laurel Ridge Treatment Center
Location (city and county)	San Antonio, Bexar County
Phone number	(210) 491-9400
Key admission criteria	Danger to self, danger to others Adults only, 18 years of age and older
Service area limitations, if any	None
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.
Number of Beds	288
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization Beds (PESC) Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$600 – Rapid Crisis Stabilization Beds \$675 – Private Psychiatric Beds
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Clarity Child Guidance Center
Location (city and county)	San Antonio, Bexar County
Phone number	(210) 616-0300
Key admission criteria	Danger to self, danger to others Child, adolescent
Service area limitations, if any	None
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for individuals when no State-funded beds are available. Must be approved by Hill Country personnel.
Number of Beds	
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$675
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	San Antonio Behavioral Health
Location (city and county)	San Antonio, Bexar County
Phone number	210-541-5300
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Ages 9 through 17, and adults through older adults.
Service area limitations, if any	None

Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.
Number of Beds	198
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization Beds (PESC) Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$650 Rapid Crisis Stabilization \$675 Private Psychiatric Beds
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Rivercrest
Location (city and county)	San Angelo, Concho County
Phone number	800-777-5722
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Ages 5 through 17, and adults.
Service area limitations, if any	None
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.

Number of Beds	80
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$675 Private Psychiatric Beds
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Cross Creek
Location (city and county)	Austin, Travis County
Phone number	888-981-4177
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Adolescents, adults, geriatric.
Service area limitations, if any	None
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.

Number of Beds	
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$675 Private Psychiatric Beds
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Georgetown Behavioral Health Institute
Location (city and county)	Georgetown, Williamson County
Phone number	512-819-1154
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Adolescents and adults
Service area limitations, if any	None
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.

Number of Beds	
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$675
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

Identify and briefly describe available alternatives.

- Uvalde, Medina, Hays, and Comal Counties have a Mental Health Court. Outpatient clinic psych evaluations and medications for MH Individuals who are involved in the justice system.

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

- There are limited inpatient psychiatric hospitals offering these services. These programs are difficult to sustain due to low volume of individuals needing these services.
- Some criminal charges prohibit outpatient competency restoration.
- Local criminal court judges continue to struggle to understand the language and requirements of Chapter 46B, Incompetency to Stand Trial, of the Texas Code of Criminal Procedure, regarding the legal competency to stand trial.

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?

- Hays, Comal, Medina, and Uvalde Counties have a MH Court Case Manager. Works with justice involved individuals with MH diagnosis. Engagement at all intercept locations (pre-booking, Magistration, jail, courts, probation).

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.

- MCOT workers. Mental Health Court Case Managers- Hays, Medina Uvalde & Comal Counties.
- What plans, if any, are being developed over the next two years to maximize access and utilization of local alternatives for competency restoration?
- Establishment of Specialty Court- MH Court in Hays and Comal 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, Outpatient Competency Restoration Program, inpatient competency restoration, jail-based competency restoration and jail diversion.

- MH Court would be helpful to assist with persons who continue to get in trouble with the law but also appear to suffer from mental illness. It is possible that competency restoration could be utilized in conjunction with a program like this.

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

- Funding for court liaisons, community support for such program(s), funding for LMHA staff to coordinate with LE and courts while providing mental health services.

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?

- Recovery coaches and MCOT workers refer consumers to services needed as appropriate. Case management/care coordination is provided to refer to local agencies/programs for assistance.
- Private Dual Diagnosis hospitals are utilized when possible at the time of psychiatric hospitalizations (for insured individuals).
- Integrated health Home in San Marcos for individuals with severe and persistent Mental illness. COPSD staff are also officed at this location and the OSAR will screen and assess individuals as needed.

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

- Plan to continue to expand on these current projects.
- Long term plans involve continued discussion with members of law enforcement, jails, judges, and hospital emergency rooms to explore alternative sources of funds to support a jail-based competency restoration program.

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?
 - Hill Country's website.
 - Magnetic cards for the Crisis Hotline number.
 - Informal and formal meetings with community stakeholders and stakeholder groups.
 - Pamphlets for Local stakeholder meetings.
 - Email flyers.
 - New Braunfels MAP

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?
 - The Crisis Hotline is accredited with AAS and periodic meetings occur to update processes in the emergency plan.
 - Staff receive ongoing training to remain competent and review plan.
 - MCOT and clinic staff receive annual training and additional training as needed to remain competent to implement the plan.

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
Bandera, Blanco, Edwards, Gillespie, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde	<ul style="list-style-type: none"> • Need Mental Health Deputies in rural counties. • Distance to respond to crisis from Mental Health Clinic – need capabilities to do crisis assessments by video (e.g., jails, hospitals, local law enforcement, etc.). 	<ul style="list-style-type: none"> • Additional MHD Officers • Need to increase availability of psychiatric beds on I-35 and I-90 corridors • Expand access to behavioral health services in rural areas • Maintain 24/7 access to psychiatric services in jails throughout catchment area • Increase use of televideo services • Increase transportation services
Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde	<ul style="list-style-type: none"> • Rural travel for crisis workers Travel time in crisis situations has been a challenge and has the possibility to place staff at risk to travel rural roads late at night or early in the morning. 	<ul style="list-style-type: none"> • Need to increase availability of psychiatric beds on I-35 and I-90 corridors • Expand access to behavioral health services in rural areas • Maintain 24/7 access to psychiatric services in jails throughout catchment area • Increase use of televideo services • Increase transportation services

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
Mental Health Courts program	Hays, Comal, Blanco, Uvalde, and Medina counties.	Provide training to staff and community on The Sequential Intercept Model (SIM).
Veteran Jail Diversion programs	Hays and Comal counties	
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.		Continue to strengthen working relationships and partnerships with local jails to enhance existing referral processes. Expand Psychiatric Consultation services in the jails
The TCOOMMI Intensive Case Management programs	Hays County for adult and youth and Comal County has an adult program.	
The TCOOMMI Continuity of Care (COC) program is available in	all nineteen counties	

Mobile Crisis Outreach Team (MCOT)	Hays, Blanco, Comal, Kendall, Bandera, Del Rio	Meet regularly with local law enforcement to discuss mental health deputy needs. Apply as Certified Community Behavioral Health Clinics and expand Substance Use Prevention and Treatment supports.
Training dispatch and first responders; law enforcement staff; court personnel; probation personnel	all nineteen counties	
Psychiatric Consultation Services (equipment and Access to Psychiatrist 24/7) to assess and evaluate.	Jails in Comal, Kendall, Bandera, Mason, Menard, Blanco, Schleicher, Sutton, Edwards, Medina, Real, Kerr, and Llano Counties	

Intercept 1: Law Enforcement	County(s)	Plans for upcoming two years:
Current Programs and Initiatives:		
Mental Health Courts program	Hays, Comal, Blanco, Uvalde, and Medina counties.	Develop a comprehensive picture of how people with mental and substance use disorders flow through the criminal justice system along the six distinct intercept points. Identify gaps, resources, and opportunities at each intercept for adults with mental and substance use disorders Develop priorities for action designed to improve system and service-level responses for adults with mental and substance use disorders
Veteran Jail Diversion programs	Hays and Comal counties	
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.		
The TCOOMMI Intensive Case Management programs	Hays County for adult and youth and Comal County has an adult program.	
The TCOOMMI Continuity of Care (COC) program is available in	all nineteen counties.	

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
Mental Health Courts program	Hays, Comal, Blanco, Uvalde, and Medina counties.	<p>Continue with current programs and plan with local communities to determine if treatment courts or specialized dockets can be developed</p> <p>Evaluate feasibility to expand Jail-based programming and health care services via telehealth (especially in rural areas).</p> <p>Work on collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.</p>
Veteran Jail Diversion programs	Hays and Comal counties	
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.		
The TCOOMMI Intensive Case Management programs	Hays County for adult and youth and Comal County has an adult program.	
The TCOOMMI Continuity of Care (COC) program is available in	all nineteen counties.	

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
Mental Health Courts program	Hays, Comal, Blanco, Uvalde, and Medina counties.	<p>Develop enhanced transition planning with jails utilizing Telepsych to improve reentry outcomes by organizing services around an individual's needs in advance of release.</p> <p>Monitor medication and prescription access upon release from jail or prison.</p> <p>Work on warm hand-offs from corrections to providers.</p> <p>Target increasing engagement in services.</p>
Veteran Jail Diversion programs	Hays and Comal counties	
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.		
The TCOOMMI Intensive Case Management programs	Hays County for adult and youth and Comal County has an adult program.	
The TCOOMMI Continuity of Care (COC) program is available in	all nineteen counties.	
PAP Program (Medications)	all nineteen counties.	

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
Mental Health Courts program	Hays, Comal, Blanco, Uvalde, and Medina counties.	Evaluate feasibility of Medication-assisted treatment for substance use disorders.
Veteran Jail Diversion programs	Hays and Comal counties	
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.		Work on increasing access to recovery supports, benefits, housing, and competitive employment.
The TCOOMMI Intensive Case Management programs	Hays County for adult and youth and Comal County has an adult program.	Identify and work on reducing criminal justice-specific barriers to access.
The TCOOMMI Continuity of Care (COC) program is available in	all nineteen counties.	

III.B Other Behavioral Health Strategic Priorities

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

- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 3: Coordination across state agencies*
- *Gap 4: Veteran and military service member supports*
- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*
- *Gap 9: Behavioral health services for individuals with intellectual disabilities*
- *Gap 10: Consumer transportation and access*

- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 13: Behavioral health workforce shortage*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*
- *Gap 15: Shared and usable data*

The goals identified in the plan are:

- *Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.*
- *Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.*
- *Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.*
- *Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.*
- *Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.*

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Hospital liaison has regular contact with hospitals and the local clinics to ensure continuity of service 	<ul style="list-style-type: none"> • Continue coordination efforts with the hospital liaison • Continue continuity of service with individuals at the CSU, and other

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> Services are coordinated with CSU staff and the local clinic prior to individuals being discharged from the CSU 	<p>inpatient facilities, and the community services.</p> <ul style="list-style-type: none"> CCBHC
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> Gap 1 Goals 1,2,4 	<ul style="list-style-type: none"> Person Centered Recovery Planning, wrap-around services, YES waiver, COPSD, and trauma informed care. 	<ul style="list-style-type: none"> Meet with county officials to discuss need and collaborate resources. Offer MH first aid to responders.
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> Gap 14 Goals 1,4 	<ul style="list-style-type: none"> Visit patients frequently and work with social worker and Team at state hospital to begin discharge planning as soon as possible Monitor medication compliance, offer wrap around, PSRP, trauma informed care, COPSD, and other needed supports. 	<ul style="list-style-type: none"> Continue current strategies and ensure 7 day follow up upon discharge. Continue current strategies and provide continuity of care.
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> Gap 7 Goal 2 	<ul style="list-style-type: none"> Fidelity is monitored and audited on a regular basis. 	<ul style="list-style-type: none"> Continue to ensure fidelity with current processes.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Transition to a recovery-oriented system of care, including use of peer support services</p>	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • Peer support services are integrated into all levels of service delivery. • Center continues to evaluate peer involvement in other activities and operations. • Center provides PCRCP training to all staff with quarterly monitoring. • Family Partners for child/adolescent. • Family Partners represent the center at Via Hope state committee. • This is accomplished through person centered recovery planning. • Trauma Informed Care Learning Collaborative • Integrate trauma informed approaches into PCRCP. 	<ul style="list-style-type: none"> • Continue to transition all programs, including the 1115 waiver projects, to a recovery system of care. • Continue to train on Person Centered Recovery Planning to all staff.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • Currently employ COPSD specialist at mental health clinics funded through the 1115 project. 	<ul style="list-style-type: none"> • Continue to explore sustainability and apply for funding as available.
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • This is being accomplished with the primary care integration 1115 Waiver project. • Active conversations with stakeholders to pursue HB 13 initiatives related to integrating behavioral health and primary care services. 	<ul style="list-style-type: none"> • Continue to work on project sustainability. • Continue HB 13 integrating behavioral health with primary care services conversations focusing on Comal and Llano counties. These conversations are also investigating other opportunities.
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • video 	<ul style="list-style-type: none"> • Continue to explore feasibility to provide more services via televideo.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • Currently employ COPSD specialist at mental health clinics funded through the 1115 project. 	<ul style="list-style-type: none"> • Continue to explore sustainability and apply for funding as available.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • televideo 	<ul style="list-style-type: none"> • Continue and explore other possibilities with CCBHC.

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
Improve timeliness of access to behavioral health services	<ul style="list-style-type: none"> • Achieved—salaries were increased in FY 2020 with demonstrated success in recruiting qualified professionals • Improved—Moved to tele-video intakes due to COVID-19 and 	<ul style="list-style-type: none"> • Evaluate salaries for LPHAs to attract and retain providers • Evaluate Open Access to improve efficiencies • Recruit nurse practitioners to augment psych services

Local Priority	Current Status	Plans
Sustainability of the 1115 Waiver projects	<p>continuing to seek ways to expedite access</p> <ul style="list-style-type: none"> • Achieved—all nurse practitioner positions are filled • Ongoing—Have included waiver projects into SB 633 plan with prioritization for funding during 87th Legislative Session • Hired Director of Development to spearhead fund raising for projects such as Youth Crisis Respite Center 	<ul style="list-style-type: none"> • Continue to seek other federal and state grants as well as local resources to sustain programs
Increase staff retention for consistency in consumer care	<ul style="list-style-type: none"> • Improved—salaries in several position categories were increased which has led to influx of qualified candidates and return of former, experienced employees • All managers and staff are being certified in person-centered thinking with increased focus upon managers utilizing person-centered concepts to lead personnel • Department leaders providing more active leading and mentoring for front-line managers 	<ul style="list-style-type: none"> • Enhance training for staff and provide ongoing mentoring
Improve number and quality of interactions that service	<ul style="list-style-type: none"> • In process. Leaders are providing person-centered training and feedback to service coordinators 	<ul style="list-style-type: none"> • Ongoing training, monitoring, and feedback to service coordinators for performance improvement

Local Priority	Current Status	Plans
<p>coordinators have with persons on their caseloads</p> <p>Expand availability of telepsychiatry services</p>	<p>with focus upon individual performance</p> <ul style="list-style-type: none"> Considerably improved access due to changes brought by COVID-19 pandemic. Psychiatrists and Psychiatric Nurse Practitioners are providing services via tele-video or telephone as authorized 	<ul style="list-style-type: none"> Explore establishing a local telepsychiatry network that can serve all local hospital emergency departments, the organization's own Crisis Stabilization Unit, and local jails
<p>Transition IDD provider services from site-based day activity programs to community inclusion model</p>	<ul style="list-style-type: none"> In initial phases 	<ul style="list-style-type: none"> Hire an Assistant IDD Director of Provider Services who will oversee direct operations while Director focuses on service transition efforts Initiate person-centered conversations with service recipients and legally authorized representatives to ascertain interests and desires for increased community access
<p>Improved outcomes for individuals in services</p>	<ul style="list-style-type: none"> Ongoing - report and track status on 20 DSRIP outcome measures Ongoing - track and perform continuous review of State target measures 	<ul style="list-style-type: none"> Transition from DSRIP outcomes to CCBHC outcomes Streamline outcome tracking through the implementation of a new electronic health record (EHR) Improve outcomes through continuous quality improvement
<p>Obtain Certified Community Behavioral Health Center (CCBHC) status</p>	<ul style="list-style-type: none"> Ongoing - implementing system wide changes to policy and procedures, cultural competency, trauma informed care delivery, data collection, system governance, billing and 	<ul style="list-style-type: none"> Submission of CCBHC application early FY2021

Local Priority	Current Status	Plans
	collections, service delivery and outcome improvement <ul style="list-style-type: none"> • Ongoing - staff training and process improvement 	
Purchase new Electronic Health Record (EHR)	<ul style="list-style-type: none"> • Ongoing - implementation of new EHR • Achieved - selection of EHR vendor • Achieved - RFP submission and review 	<ul style="list-style-type: none"> • Implement system wide EHR extending to both IDD and MH records • Train all staff on utilization of EHR • Train individuals in services on the utilization of EHR client portal

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	Need to increase availability of psychiatric beds on I-35 and I-90 corridors	<ul style="list-style-type: none"> • Fund operations of a 48-bed inpatient hospital in Uvalde • Divert majority of state-funded private psychiatric bed use to I-35 corridor 	<ul style="list-style-type: none"> • \$10.5 million per annum for hospital operations • \$1.2 million for private psychiatric beds on corridor
2	Expand access to behavioral health services in rural areas	<ul style="list-style-type: none"> • Expand intake, screening, treatment, and crisis services via utilization of laptops and video phones 	<ul style="list-style-type: none"> • \$150 thousand for laptops, phones, hotspot, and licenses
3	Maintain 24/7 access to psychiatric services in jails throughout catchment area	Fund existing services that currently have no source of revenue to offset expenses	<ul style="list-style-type: none"> • \$450 thousand to offset costs
4	Maintain operations of the Youth Crisis Respite Center	Fund existing program that currently has no source of revenue to offset expenses	<ul style="list-style-type: none"> • \$400 thousand to offset costs
5	Maintain operations of the Comal County Mobile Crisis Outreach Team	Grant that originally funded program is titrating down and soon will expire with no other source of revenue to support operations	<ul style="list-style-type: none"> • \$450 thousand to support continued operations
6	Hire a client rights officer specific to IDD Authority services	Complexity of issues concerning people with IDD labels requires a professional with knowledge and skills specific to IDD	<ul style="list-style-type: none"> • \$75 thousand for salary and benefits
7	Increase access to psychiatric intake and	Requirements of Certified Community Behavioral Health Clinic (CCBHC) model	<ul style="list-style-type: none"> • \$360 thousand for three psychiatric residents

	evaluation services through expanded utilization of psychiatric residents	creates need for increased psychiatric services so that requisite access deadlines are met	and supervising psychiatrist with one Psychiatric Nurse Practitioner to support
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Local IDD Authority Services and Responsibilities

Section I.A: Local IDD Authority Services and Responsibilities

Screening

The process of gathering information to determine the need for services.

Eligibility Determination

An interview and assessment or endorsement conducted to determine if an individual has an intellectual and developmental disability or is a member of the intellectual and developmental disabilities priority population.

Consumer Benefits

Assistance with applying for and maintaining maximum state and federal benefits.

Service Coordination

Assistance in accessing medical, social, educational, and other appropriate services and supports that will help individuals served achieve a quality of life and community participation acceptable to them. Service coordination is ongoing consumer advocacy that leads to linking, coordinating, and collaborating with other agencies for the delivery of outcome-based services and supports to meet the consumer's needs. The Service Coordinator is involved in a variety of activities that can be categorized into four major service areas: prevention, monitoring, assessments and service planning and coordination. Service Coordination focuses on person-centered thinking and planning, in which the individual (or Legal Guardian if applicable) is the key decision maker requiring the services and supports the individual wishes to receive in order to reach their desired goals. Service Coordination, also known as Targeted Case Management, is performed for the following program areas:

- Continuity of Services – Service Coordination provided to:
 - Individuals residing in a state IDD facility whose movement to the community is being planned or
 - for a person who formerly resided in a state facility and is on community-placement status; or
 - an individual enrolled in the HCS or ICF/MR program to maintain the individual's placement or to develop another placement for the individual.
- HCS or TxHmL Medicaid Waiver Programs – Service Coordination for individuals enrolled in the HCS or TxHmL Program.

- LIDDA Community Services – Service coordination for individuals receiving General Revenue (GR) funded services.
- Community First Choice – Service coordination provided to an individual enrolled in the CFC program.

Preadmission Screening and Resident Review (PASRR)

- PASRR Evaluations - an evaluation of an individual in a nursing facility to determine if the individual is appropriately placed and whether they have a mental health or intellectual and developmental disability that would benefit from alternative placement or supplemental services.
- Habilitation Coordination – coordination provided to an individual identified as having an intellectual or developmental disability who has been admitted to a Nursing Facility.
- LIDDA PASRR Specialized Services – services available to an individual identified as having an intellectual or developmental disability who has been admitted to a Nursing Facility. The LIDDA is responsible for initiation and monitoring provision of these services. These services include:
 - Day Habilitation
 - Independent Living Skills Training
 - Behavioral Supports
 - Employment Assistance
 - Supported Employment

Community Living Options

A process that focuses on providing information on community services and residential options to individuals living in the institutions, such as the State Supported Living Center and Nursing Facilities.

Permanency Planning

A philosophy and planning process that focuses on achieving family support for individuals under 22 years of age by facilitating permanent living arrangements that include an enduring and nurturing parental relationship.

Program Enrollment

- Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IID) – eight to six-bed permanent living environments for persons who qualify for placement.
- Nursing Facilities – provide institutional care to Medicaid recipients whose medical condition regularly requires the skills of licensed nurses. The nursing facility must provide for the total medical, social

and psychological needs of each client, including room and board, social services, over-the-counter drugs, medical supplies and equipment, and personal needs items.

- Texas Home Living Waiver – provides selected essential services and supports to persons with intellectual and developmental disabilities that are living in family homes or their own homes.
- Home and Community-based Services (HCS) – provides individualized services and supports to persons with intellectual and developmental disabilities who are living with their family, in their own home or in other community settings, such as small group homes.

Crisis Intervention

Supports provided by Crisis Intervention Specialists, designed to provide information and collaborate with a variety of entities, including Service Coordination, Service Planning Teams, MCOT and local law enforcement agencies in order to prevent and manage crises.

Crisis Respite

Short-term respite providing therapeutic supports both in-home and out-of-home settings in order to prevent and manage crises.

Local IDD Community Services (LCS)

Authorization, coordination, and oversight of the provision of General Revenue-funded community services, including:

- Service Coordination
- Day Habilitation
- Community Supports
- Behavioral Supports
- Nursing
- Respite

Section I.B: Community Participation in Planning Activities

The Local IDD Authority (LIDDA) seeks to be actively responsive to input received from a variety of community stakeholder groups, including the Planning Network Advisory Committee (PNAC), local CRCGs, school districts, advocacy groups, ADRCs, Southwest Texas Regional Advisory Council (STRAC), provider agencies, and other members of the community. In addition, the LIDDA participated in the CLSP 2020 Needs Assessment.

Section II: Plans and Priorities

Section II.A: Cost Effectiveness and Value of Service Delivery Options

The LIDDA seeks to improve service delivery by establishing processes and methods to ensure individual choice regarding providers of LIDDA Community Services and PASRR Specialized Services. Creation of a provider network would create a competitive market resulting in increased cost efficiency and overall value.

Section II.B: Least Restrictive Environment

Through the Discovery Process, which is founded on person-centered philosophies, the LIDDA supports individuals diagnosed with IDD to determine their preferred living environment. This process includes consideration of supports needed to ensure a person remains healthy and safe.

Section II.C: Goals to Divert People from the Criminal Justice System

Through relationships established by Crisis Intervention Specialist with local law enforcement entities, and through ongoing education provided to law enforcement entities, efforts are continually made to increase collaboration and understanding of the IDD population. As relationships strengthen, the LIDDA has observed an improvement in knowledge regarding the role of the LIDDA and alternatives to criminal justice responses.

Section II.D: Communication Plans

Hill Country MHDD recognizes the need for open dialogue and communication with a variety of community partners to ensure that there is adequate and accurate information available on topics such as long-term services and supports, eligibility processes, and accessing service systems. The LIDDA plans to establish a clear, accurate

message in publications and electronic media to be made available to entities such as school districts, resource groups, advocacy groups and others.

Section II.E: Crisis Response Process and Gaps

Through the LIDDA Performance Contract, Hill Country is responsible for providing Crisis Intervention functions as well as ensuring provision of crisis respite. Consistent availability of crisis respite has been identified as a significant barrier. Contributing factors include the unpredictability of demand, variations of age and gender that limit access to certain crisis respite settings, and a dependence bed availability through external contracts. Additionally, limited state funding for comprehensive services place further demands on the Local IDD Authority to respond to crises and provide safety net supports to more individuals.

Appendix A: Levels of Crisis Care

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

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

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

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

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

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

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

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

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

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

Appendix B: Acronyms

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