

Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and
Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: September 30, 2022

Submissions should be sent to:

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

Contents

Introduction	3
Section I: Local Services and Needs.....	4
I.A Mental Health Services and Sites.....	4
I.B Mental Health Grant Program for Justice Involved Individuals	8
I.C Community Mental Health Grant Program	10
I.D Community Participation in Planning Activities	10
Section II: Psychiatric Emergency Plan.....	14
II.A Development of the Plan	15
II.B Utilization of Hotline, Role of Mobile Crisis Outreach Teams, and Crisis Response Process	16
II.C Plan for local, short-term management of pre- and post-arrest patients who are incompetent to stand trial	29
II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment	31
II.E Communication Plans.....	32
II.F Gaps in the Local Crisis Response System	33
Section III: Plans and Priorities for System Development	34
III.A Jail Diversion	34
III.B Other Behavioral Health Strategic Priorities	42
III.C Local Priorities and Plans	47
III.D System Development and Identification of New Priorities.....	48
Appendix A: Levels of Crisis Care.....	49
Appendix B: Acronyms.....	52

Introduction

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

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

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Emergence Health Network (EHN) – Crisis Emergency Services	1601 E. Yandell Dr. El Paso, TX 79902	El Paso County	<ul style="list-style-type: none"> • Population: Adults and children/adolescents • Screening, assessment for adults and children/adolescents
EHN – Extended Observation Unit	1601 E. Yandell Dr., Suite B El Paso, TX 79902	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Extended Observation
EHN – Central Outpatient	1551 Montana Ave. El Paso, TX 79902	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
EHN – ACT/HCBS-AMH	1600 Montana Ave. El Paso, TX 79902	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
EHN – Outpatient Competency Restoration (OCR)	1600 Montana Ave. El Paso, TX 79902	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
EHN – Homeless and Housing Programs	1600 Montana Ave. El Paso, TX 79902	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
EHN – Texas Correctional Office on Offenders with	1600 Montana Ave.	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment, and intake

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Medical or Mental Impairments (TCOOMMI)	El Paso, TX 79902		<ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services
EHN – 16.22	1600 Montana Ave. El Paso, TX 79902	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment, and intake
Justice Involved/ Jail Diversion Programs	1600 Montana Ave. El Paso, TX 79902	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Therapeutic Intervention
EHN – Westside Integrated Care Clinic	725 S. Mesa Hills Bldg. 1, Suite 1 El Paso, TX 79912	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Integrated healthcare: mental and physical health • Medication Assisted Treatment
EHN – East Valley Outpatient Mental Health Clinic	2400 Trawood Dr., Suite 301A El Paso, TX 79936	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment, and intake • Integrated healthcare: mental and physical health • Texas Resilience and Recovery (TRR) outpatient services
Coordinated Specialty Care for First Episode Psychosis	2400 Trawood Dr., Suite 301B El Paso, TX 79936	El Paso County	<ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services
EHN – Child and Adolescent Mental Health Program (ChAMHPS)	8500 Boeing Dr. El Paso, TX 79925	El Paso County	<ul style="list-style-type: none"> • Population: Children and adolescents • Screening, assessment, and intake

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services
EHN – YES Waiver (Youth Empowerment Services)	8500 Boeing Dr. El Paso, TX 79925	El Paso County	<ul style="list-style-type: none"> • Population: Children and adolescents • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) YES • Medicaid services unique to the YES Waiver, provided outside of TRR
OSAR - Substance Use Disorder Screenings	8500 Boeing Dr. El Paso, TX 79925	El Paso County	<ul style="list-style-type: none"> • Population: Adults and adolescents • Screening, assessment, and referral •
EHN – Mental Health Residential Home	9009 Dyer St. El Paso, TX 79904	El Paso County	<ul style="list-style-type: none"> • Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
			<ul style="list-style-type: none"> •
EHN – Veterans One Stop Center	9565 Diana Dr. El Paso, TX 79904	El Paso County	<ul style="list-style-type: none"> • Military Veteran Peer Network
EHN – Multi-Systemic Therapy (MST)	6314 Delta Dr. El Paso, TX 79905	El Paso County	<ul style="list-style-type: none"> • Population: Children and adolescents • Screening, assessment, and intake • Therapeutic Intervention
Homeward Bound (Trinity)	8716 Independence Dr. El Paso, TX 79907	El Paso County	<ul style="list-style-type: none"> • Crisis Residential • Crisis Respite

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
El Paso Behavioral Health System	1900 Denver Ave. El Paso, TX 79902	El Paso County	<ul style="list-style-type: none"> • Rapid Crisis Stabilization
Intellectual/Developmental Disability (IDD) Clinic	8730 Boeing Dr. El Paso, TX 79925	El Paso County	<ul style="list-style-type: none"> • Services for individuals with Intellectual Developmental Disorders (IDD)
IDD Learning Center	1477 Lomaland Dr. El Paso, TX 79935	El Paso County	<ul style="list-style-type: none"> • Services for individuals with Intellectual Developmental Disorders (IDD) • ICF Intermediate Care Facility
IDD Residential Home Casa Norton	8824 Norton St. El Paso, TX 79904	El Paso County	<ul style="list-style-type: none"> • Services for individuals with Intellectual Developmental Disorders (IDD) • ICF Intermediate Care Facility
IDD Residential Home Casa De La Promesa	5310 Blanco Ave. El Paso, TX 79905	El Paso County	<ul style="list-style-type: none"> • Services for individuals with Intellectual Developmental Disorders (IDD) • ICF Intermediate Care Facility
IDD Residential Home Su Casa	1477 Lomaland Dr. El Paso, TX 79935	El Paso County	<ul style="list-style-type: none"> • Services for individuals with Intellectual Developmental Disorders (IDD) • ICF Intermediate Care Facility

I.B Mental Health Grant Program for Justice Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and

incarceration among individuals with mental illness, as well as reduce the wait time for individuals on forensic commitments. These grants support community programs by providing behavioral health care services to individuals with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

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

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY 21	Crisis Intervention Team: Police officer and mental health professional co-respond to 911 mental health related calls—providing diversion from jails and emergency rooms.	El Paso County	Justice-involved	3,380
FY 22	Crisis Intervention Team: Police officer and mental health professional co-respond to 911 mental health related calls—providing diversion from jails and emergency rooms.	El Paso County	Justice-involved	3,464

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

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

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

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

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers	<input checked="" type="checkbox"/> Family members

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Advocates (children and adult)	<input checked="" type="checkbox"/> Concerned citizens/others
<input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • 	<input type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> •
<input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Substance abuse treatment providers
<input checked="" type="checkbox"/> Prevention services providers	<input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers
<input checked="" type="checkbox"/> County officials <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • El Paso County – David Stout, County Commissioner, Precinct #2 	<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"> • City of El Paso – Alexandra Annello, City Representative, District #2
<input checked="" type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/> Local health departments <input checked="" type="checkbox"/> LMHAs/LBHAs <i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> • EHN - Rene Hurtado, Chief of Staff • EHN - Victor S. Talavera, Chief of Crisis & Emergency Services • EHN – Tara Blunk, Crisis Clinic Manager • EHN - Anna Basler-White, Chief of Diversion

Stakeholder Type

- ☒ Hospital emergency room personnel
- ☒ Faith-based organizations
- ☒ Probation department representatives
- ☒ Court representatives (Judges, District Attorneys, public defenders)
**List the county and the official name and title of participants:*
 - El Paso County – Kelli Childress, Public Defender
 - El Paso County – Jo Anne Bernal, County Attorney
 - El Paso County – Yvonne Rosales, District Attorney
 - El Paso County – Magdalena Morales-Aina, El Paso County Community Supervision and Corrections Department Director
 - El Paso County – Judge Patricia B. Chew, Probate Court 1
 - El Paso County – Judge Eduardo Gamboa, Probate Court 2
 - El Paso County Sheriff Department – Officer Margarita Fuentes

Stakeholder Type

- EHN - Rosa P. Duran, Program Manager for Court Services
- EHN - Andrea Kerr, Community Relations Coordinator
- ☒ Emergency responders
- ☒ Community health & human service providers
- ☒ Parole department representatives
- ☒ Law enforcement
**List the county/city and the official name and title of participants:*
 - El Paso County Sherriff Department – Officer Margarita Fuentes
 - City of El Paso Police Department – Assistant Chief Peter Pacillas
 - City of El Paso Police Department – Officer Joe Lopez

Stakeholder Type

- City of El Paso Police Department – Assistant Chief Peter Pacillas
- City of El Paso Police Department – Officer Joe Lopez

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

Stakeholder Type

- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups
- Other:

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

- | |
|--|
| <ul style="list-style-type: none">• Surveys |
| <ul style="list-style-type: none">• Stakeholder Meetings |
| <ul style="list-style-type: none">• Interviews |

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.

- | |
|--|
| <ul style="list-style-type: none">• Community Education |
| <ul style="list-style-type: none">• Children’s Mental Health |
| <ul style="list-style-type: none">• Crisis Response |

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;

- Emergence Health Network continues its partnership and leadership role in the El Paso Community Behavioral Health Consortium (BHC) in El Paso County. The strategic initiatives of the BHC were informed by a behavioral health system assessment conducted in 2014. Stakeholder representation in the BHC, from inception to the present, including the recommendations are covered extensively for the intended audience of this CLSP by visiting the following site: http://www.pdnhf.org/who_we_are/initiatives/el-paso-behavioral-health-consortium
- EHN has a Memorandum of Understanding (MOU) with #211 for management of behavioral health crisis calls.

Ensuring the entire service area was represented; and

- Leadership and service delivery role in the Inmate Medical Services for the Detention Facility and Jail Annex project facilitates monthly for opportunities to drive system improvements while assessing gaps in coordination with the law enforcement, judicial and healthcare communities.
- EHN planning efforts with leadership of the City of El Paso resulted in a budget-focused assessment of how the City of El Paso might implement a Crisis Intervention Team (CIT) collaborative. To that end, a CIT model was adopted and implemented in partnership between EHN and the City of El Paso. Local law enforcement, mental health professionals,

- and criminal justice representatives meet regularly to enhance pre-arrest diversionary strategies while also identifying gaps in coordination.
- EHN authored the City of El Paso’s Behavioral Health Crisis Responses Plan (Annex O).

Soliciting input.

- Regularly scheduled meetings with appropriate staff members and leadership.

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

- Crisis Hotline has one eight-hour shift throughout at 0700 with one mid-shift staff for additional support as an 8-hour shift starting at 1000.

After business hours

- Crisis Hotline has two eight-hour shifts after hours starting at 1500 and 2300 for 24-hour coverage.

Weekends/holidays

- Weekends and holidays are staffed by one Qualified Mental Health Professional (QMHP) scheduled for a 12 hour shift (7 am to 7 pm and 7 pm to 7 am), typically one staff is scheduled per shift unless the need for additional staff has been previously identified (for example 4th of July) with one additional staff scheduled on call and PRN QMHP assistance available as needed.

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

- Emergence does not have a sub-contractor to provide Crisis Hotline services.

3. How is the MCOT staffed?

During business hours

- MCOT has staggered eight-hour shifts throughout the day starting at 0700 with a new eight-hour shift starting every one to two hours. One Qualified Mental Health Professional (QMHP) is scheduled on-call at all times for additional support as needed. Additionally, three PRN staff are available to deploy as needed.

After business hours

- After business hours, one Qualified Mental Health Professional (QMHP) is scheduled per eight-hour shift at 1500 and at 2300 with overlap from the day shifts until 2200. One QMHP is scheduled on-call at all times for additional support and three PRN staff are available to deploy as needed.

Weekends/holidays

- Weekends and holidays are staffed by one Qualified Mental Health Professional (QMHP) scheduled for a 12 hour shift (7 am to 7 pm and 7 pm to 7 am), typically one staff is scheduled per shift unless the need for additional staff has been previously identified (for example 4th of July) with one additional staff scheduled on call and PRN QMHP assistance available as needed.

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

- No

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

- MCOT provides face-to-face follow up via ongoing crisis intervention services for individuals in need of it.

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:

- MCOT responses are requested by our contracted Emergency Departments routinely. MCOTs are frequently/routinely deployed to the local County Hospital's Emergency Department as well as any other contracted Emergency Departments.

Law Enforcement:

- Law enforcement: The MCOT responds to all law enforcement requests for deployment and requests are treated as emergent crises.

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

- Request MCOT dispatch through Crisis Hotline. Crisis Hotline dispatches MCOT within one hour to complete screening at state hospital.

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

During business hours:

- Request MCOT dispatch through the Crisis Hotline.

After business hours:

- Request MCOT dispatch through the Crisis Hotline.

Weekends/holidays:

- Request MCOT dispatch through the Crisis Hotline.

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?

- For individuals needing further assessment, a referral is made to the Extended Observation Unit (EOU) for evaluation by a Licensed Professional of the Healing Arts, Registered Nurse and Psychiatrist/Psychiatric Nurse Practitioner.

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

- Any client in need of medical clearance is referred to a local emergency department of their choice. Once medical clearance is established, MCOT deploys and a recommendation is provided.

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

- MCOT initiates the communication between the holding facility (if applicable) and the receiving facility, securing a bed for the patient. Report is given to the admissions department in the receiving facility via telephone or secured/encrypted email, and

documentation required for admission is transmitted for review and placement. Once documentation is reviewed the facilities conduct doctor-to-doctor and nurse-to-nurse communication the transfer process is initiated (or report is provided to admitting doctor and/or nurse at the receiving facility if not at hospital) and client is provided transportation for admitting hospital once cleared for admission.

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

- MCOT staff respond to each individual case with a Licensed Professional of the Healing Arts (LPHA) Practitioner on call and a LPHA or Administrator on Duty to provide a recommendation for placement. If a client is determined to need facility-based crisis stabilization, a report is also given to receiving facility via telephone and pertinent documentation is transmitted to them securely. After documentation is reviewed by the facility's physician or registered nurse and the client is accepted for admission, transportation is arranged for client to ensure safe arrival.

13. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

- MCOT is requested by a community stakeholder or citizen via the Crisis Hotline. The Crisis Hotline Qualified Mental Health Professional (QMHP) gathers information on the nature of the crisis and determines if MCOT dispatch is appropriate. If determined to be appropriate MCOT is dispatched with either: two MCOT specialist, an MCOT specialist and Behavioral Health Technician or a request for El Paso Police Department to meet the MCOT specialist at the designated location. If the Crisis Hotline determines that the request requires emergency intervention due to aggression, intoxication, or medical emergency the Crisis Hotline directs the caller to notify 911 for either Crisis Intervention Team response or Emergency Medical Services response.

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

Where does the individual wait for a bed?

- A lower level of care is utilized in these situations, mainly the Extended Observation Unit, until a bed is available, to prevent overutilization of Emergency Departments. In the event a client presents with exclusionary criteria for Extended Observation Unit admission, the client is transported or remains in a safe environment (mainly local Emergency Departments) until a bed becomes available.

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

- MCOT routinely conducts re-assessments and provides ongoing crisis intervention services.

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

- MCOT provides transportation via a secure company vehicle or a local non-emergency ambulance service.

Crisis Stabilization

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

Name of Facility	Extended Observation Unit
Location (city and county)	City of El Paso, El Paso County
Phone number	(915) 599-4900
Type of Facility (see Appendix A)	Extended Observation Unit
Key admission criteria (type of individual accepted)	The EOU can accept individuals 18 years and older who are medically eligible, non-violent, and in a mental health crisis.
Circumstances under which medical clearance is required before admission	<ul style="list-style-type: none"> • Vitals and/or labs outside normal limits or abnormal • Recent sexual assault • Complaints of chest pain, numbness, or weakness • Sudden onset of severe headache, blurred vision, slurred speech and/or unsteady gait • History of stroke and difficulty swallowing • Difficulty breathing or irregular breathing pattern • Diabetes with complications present • Severe pain • Recent seizure activity • Recent overdose attempts (within 6 hours) or suspicion of overdose without medical intervention • Medical detox from drugs or alcohol <p>Onset of altered mental status in the last 24 hours</p>
Service area limitations, if any	N/A

Other relevant admission information for first responders	<p>Exclusionary criteria:</p> <ul style="list-style-type: none"> • Uncooperative, combative or violent behavior in the past 8 hours • 17 years old or younger • Nursing home patients, diagnosis of dementia or Alzheimer's • Patients requiring assistance with activities of daily living • Patients requiring ongoing medical treatment such as dialysis, chemotherapy or radiation treatment • Diagnosis of Autism or Intellectual Disabilities with low functioning • First responders can contact (915) 747-3511 to check if an individual qualifies for admission prior to initiating transport.
Accepts emergency detentions?	Yes
Number of Beds	11-bed facility
HHSC Funding Allocation	\$416,668

Name of Facility	Crisis Residential Unit	
Location (city and county)	City of El Paso, El Paso County	
Phone number	(915) 772-9111	
Type of Facility (see Appendix A)	Psychiatric Emergency Service Center/Crisis Residential Unit	
Key admission criteria (type of individual accepted)	The Crisis Residential Unit can accept individuals 18 years and older who are voluntarily seeking assistance, medically eligible, non-violent, and in a mental health crisis.	

<p>Circumstances under which medical clearance is required before admission</p>	<ul style="list-style-type: none"> • Vitals and/or labs outside normal limits or abnormal • Recent sexual assault • Complaints of chest pain, numbness, or weakness • Sudden onset of severe headache, blurred vision, slurred speech and/or unsteady gait • Difficulty breathing or irregular breathing pattern • Diabetes with complications present • Severe pain • Recent, untreated injuries or wounds • Unconsciousness • Recent seizure activity • Recent overdose attempts (within 6 hours) or suspicion of overdose without medical intervention • Medical detox from drugs or alcohol • Non-mental health related crises (i.e. substance abuse only) <p>Altered mental status or active psychotic episode</p>	
<p>Service area limitations, if any</p>	<p>N/A</p>	
<p>Other relevant admission information for first responders</p>	<p>Exclusionary criteria:</p> <ul style="list-style-type: none"> • Uncooperative, combative or violent behavior in the past 8 hours • 17 years old or younger • Nursing home patients, diagnosis of dementia or Alzheimer’s • Patients requiring ongoing medical treatment such as dialysis, chemotherapy or radiation treatment • Diagnosis of Autism or Intellectual Disabilities with low functioning • Involuntary status 	
<p>Accepts emergency detentions?</p>	<p>No</p>	
<p>Number of Beds</p>	<p>5</p>	

HHSC Funding Allocation	\$447,058	
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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	El Paso Behavioral Health Systems (subcontracted and funded by Rapid Crisis Stabilization Unit)	
Location (city and county)	City of El Paso, El Paso County	
Phone number	(915) 544-4000	
Key admission criteria	Individuals 18 years and older who are in a mental health crisis	
Service area limitations, if any	N/A	
Other relevant admission information for first responders	<p>Exclusionary criteria:</p> <ul style="list-style-type: none"> • Specialized cancer care including radiation or chemotherapy • Decubiti's, stage 3-4 • Requiring blood or blood product transfusions • Continuous oxygen or oximetry • Active tuberculosis • Anyone requiring isolation for infection control • Ongoing intravenous therapy • Subclavian lines, arterial lines, hyper alimentation/total parenteral nutrition, suctioning • Individuals requiring dialysis • Individuals requiring peritoneal or hemodialysis treatments • Wounds that require complex care or sterile equipment • Tracheotomy care • Non-ambulatory as a chronic condition 	

	<ul style="list-style-type: none"> • High-risk pregnancy • Any person whose physical infirmities are such that they would be better treated in a medical facility with support and monitoring available appropriate to their medical conditions • Primary diagnosis of substance abuse 	
Number of Beds	166- 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)?	Facility is contracted for Rapid Crisis Stabilization beds and Private Psychiatric beds.	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Beds are purchased on an as needed basis	

If under contract, what is the bed day rate paid to the contracted facility?	\$2,500 per admission	
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.

- EHN currently utilizes the Outpatient Competency Restoration Program (OCR). The Outpatient Competency Restoration Program is designed to provide restorative services in the least restrictive setting to include provision of Level of Care 3- Level of Care 4 services. These include: nursing, medication management, psychiatric evaluation, medication monitoring, TRR services and provision of the competency kit.

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

- Barriers to treatment include forensic bed availability at the local state hospital and maximum security beds at the designated facilities.

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

- EHN has a dedicated jail liaison position, which works with the judiciary, justice system, local jails and the mental health authority to facilitate the provision of services to individuals while incarcerated and their successful transition out of the county jail. Lourdes Garcia is the active Jail Liaison.

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

- N/A

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

- EHN's Outpatient Competency Restoration Program (OCR) has successfully met program targets over the last few years. EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate alternatives to incarceration where appropriate.

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.)?

- Individuals in the community currently receive inpatient competency restoration services from the El Paso Psychiatric Center and outpatient competency restoration services through EHN. With continued challenges around forensic capacity in the hospital and in the community and around the state, there is a need for jail-based competency restoration.

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

- One of the main resources that would be needed would be funding for the program as in its current iteration it is a costly service. Challenges to the implementation would be access to the necessary practitioners such as psychiatrist, Nurse Practitioners, Physician Assistants and Psychologist. El Paso County is identified as a Health Provider Shortage Area (HPSA) and thus recruitment is a challenge.

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?

EHN has undertaken the following efforts to integrate services in our region:

Funding Source: Commercial/ Private

- Children’s Mental Health System Navigator: This program supports the provision of services and treatment for children with a single diagnosis of serious emotional disturbance (SED) or a primary SED diagnosis and co-occurring diagnosis, including a substance use disorder (SUD) or intellectual development disability (IDD) by hiring and supporting a staff position that will enhance coordination across the local child-serving system. Furthermore, the program will foster enhanced partnerships with child-serving systems; to promote better collaboration between partners in the child-serving system; to develop resources that support the provision of services and treatment for children; and support efforts towards conservatorship or foster care through increased navigation support.
- Substance Use Disorder Community Health Worker: This program allows Community Health Workers and Promotoras to increase linkage and retention in substance use, mental health, and medical services for Texas residents living with substance use disorders. Furthermore, this program will address behavioral health disparities in the program service area; increase opportunities for substance users, including opioid users, to reduce harms related to substance use; increase retention in substance use and mental health services; help individuals address medical needs; and help individuals who desire change to build a foundation for their recovery.
- Texas System of Care: Texas Health and Human Services Commission was awarded the System of Care (SOC) Expansion and Sustainability Grant (SM-21-004), a four-year Substance Abuse and Mental Health Services Administration (SAMHSA), where the purpose of the funds is to advance a statewide initiative to strengthen coordination of behavioral

health services and supports among child- and youth-serving agencies at both the state and local levels and improve outcomes for children, youth, and families at home, at school, in the community, and throughout life. HHSC partnered with Local Mental Health Authorities (LMHA) – Integral Care in Travis County, Emergence Health Network in El Paso County, and Pecan Valley, which serves a six-county region in North Central Texas.

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

- EHN will continue to increase community collaborations particularly in the area of community education and training by establishing additional partnerships through Emergence Health Network’s Mental Health Learning Library.
- EHN is planning to expand programming for Transition Age Youth (TAY), which facilitates young people transition from children’s services into the adult outpatient system.

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?

- EHN maintains a close working relationship with the West Texas and Southern New Mexico Trauma Council and utilizes this group for information and training opportunities. EHN also maintains close communications with all local branches of law enforcement, all local inpatient facilities and all municipalities. EHN will use pamphlets/brochures, pocket guides, website page, mobile app, etc.

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?

- Staff competency and program knowledge are vetted through the onboarding process, via New Employee Orientation, additionally addressed on an ongoing basis through the course of employment. Resources available for training, via an online Learning Management

System, assist with maintaining required credentialing through the American Association of Suicidology (AAS) as well as annual in-person requirements.

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
El Paso	<ul style="list-style-type: none"> • Training in Behavioral Health for First Responders and support staff 	<ul style="list-style-type: none"> • In collaboration with the El Paso Police Department, the Crisis Intervention Team has been conducting behavioral health response training to law enforcement and first responders in the region and plans to continue this effort.
El Paso	<ul style="list-style-type: none"> • Ensuring crisis services for Behavioral Health are available in outlying regions in the County 	<ul style="list-style-type: none"> • Development of a Crisis Intervention Team in collaboration with the El Paso County Sheriff’s Department that is responsible for all the outlying regions in the county.
El Paso	<ul style="list-style-type: none"> • Additional resources for long term services and supports 	<ul style="list-style-type: none"> • Development of a Crisis Intervention Team which will be imbedded with the El Paso Independent School District Police Department. It is the largest school district in the region and this unit would

		be a component that delivers school based behavioral health services.
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Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Crisis Intervention Team (CIT): Police officer and mental health professional co-respond to 911 mental health related calls— providing diversion from jails and emergency rooms. 	<ul style="list-style-type: none"> El Paso 	<ul style="list-style-type: none"> Plan to continue partnership indefinitely.

<ul style="list-style-type: none"> • Outpatient Competency Restoration Program (OCR) 	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate alternatives to incarceration where appropriate.
<ul style="list-style-type: none"> • Assisted Outpatient Treatment 	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate alternatives to incarceration where appropriate.
<ul style="list-style-type: none"> • Restorative Justice Clinic 	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate alternatives to incarceration where appropriate.
<ul style="list-style-type: none"> • TCOOMMI Jail Diversion Program 	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate alternatives to incarceration where appropriate.
<ul style="list-style-type: none"> • Forensic and EHN Liaison Programming 	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • EHN will continue to work with the judiciary and the criminal justice system to

		find clinically appropriate alternatives to incarceration where appropriate.
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Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Co-mobilization with Crisis Intervention Team (CIT) 	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Co-location with CIT and/or Mental Health Deputies.
<ul style="list-style-type: none"> • Training dispatch and first responders 	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Documenting police contacts with persons with mental illness.
<ul style="list-style-type: none"> • Training law enforcement staff 	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Police-friendly drop-off point.
<ul style="list-style-type: none"> • Training of court personnel 	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Service linkage and follow-up for individuals who are not hospitalized.

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Jail Mental Health Clinic 	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Ongoing services in the current county detention facilities, to include medication management,

		<p>psychosocial education (individual and group); individual and group therapy; psychiatric evaluations; crisis management. Services will continue during the next two years, with the goal to become NCCHC accredited for Jail Health Services.</p>
<ul style="list-style-type: none"> EHN (historically Jail Liaison) Liaison Programming 	<ul style="list-style-type: none"> El Paso 	<ul style="list-style-type: none"> EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate alternatives to incarceration where available.

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Routine screening for mental illness and diversion eligibility – TCOOMMI 	<ul style="list-style-type: none"> El Paso 	<ul style="list-style-type: none"> Mental Health Court
<ul style="list-style-type: none"> Veteran’s Court 	<ul style="list-style-type: none"> El Paso 	<ul style="list-style-type: none"> Staff assigned to serve as liaison between specialty courts and service providers.

• Drug Court	• El Paso	• Current activities and operations will remain the same for the next two years.
• Outpatient Competency Restoration	• El Paso	• Current activities and operations will remain the same for the next two years.
• Providing services in jail for persons Incompetent to Stand Trial	• El Paso	• Current activities and operations will remain the same for the next two years.
• Compelled medication in jail for persons Incompetent to Stand Trial	• El Paso	• Current activities and operations will remain the same for the next two years.
• Providing services in jail for persons without outpatient commitment	• El Paso	• Current activities and operations will remain the same for the next two years.
• Link to comprehensive services	• El Paso	• Current activities and operations will remain the same for the next two years.
• Forensic and EHN Liaison Programming	• El Paso	• EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate alternatives to incarceration where appropriate.

Intercept 4: Reentry	County(s)	Plans for upcoming two years:
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Current Programs and Initiatives:		
Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release	<ul style="list-style-type: none"> • El Paso 	Providing transitional services in jails.
Structured process to coordinate discharge/transition plans and procedures	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Current activities and operations will remain the same for the next two years.
Assisted Outpatient Treatment	<ul style="list-style-type: none"> • El Paso 	EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate service provision at the time of re-entry.
Restorative Justice Clinic	<ul style="list-style-type: none"> • El Paso 	EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate service provision at the time of re-entry.
Forensic and EHN Liaison Programming	<ul style="list-style-type: none"> • El Paso 	EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate service provision at the time of re-entry.
<ul style="list-style-type: none"> •TCOOMMI Outpatient Services (Texas Correctional Office on Offenders with Medical or Mental 	<ul style="list-style-type: none"> • El Paso 	EHN will continue to work with the judiciary and the criminal justice system to find clinically

Impairments) and TCOOMMI Residential		appropriate service provision at the time of re-entry.
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Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
Routine screening for mental illness and substance use disorders	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Increase efforts associated with justice involved and high recidivism.
Training for probation or parole staff	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Mental Health First Aid efforts to continue and expand. • Work in coordination with Probation and Parole staff on Trauma Informed engagements with all clients, staff, personnel and community stakeholders.
TCOOMMI Outpatient Services and Residential	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Continue providing initial screening in order to assist with the identification of co-occurring disorders to ensure treatment addresses a broader spectrum.
Forensic ACT	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Forensic ACT will be participating in the increasing of LMHA overall

		census to provide continued services to justice involved individuals.
Assisted Outpatient Treatment	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Continuation of Assisted Outpatient Treatment (AOT) to El Paso County through Probate Courts to address individuals in need of encouraged and court ordered participation of mental health services; implementation of the “black robe effect” to encourage self-motivation and participation in treatment options, addressing both legal and mental health needs.
Restorative Justice Clinic	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Continuation of mental health services in El Paso County to address the needs of individuals with identified criminogenic factors, often influencing recidivism rates and ongoing criminal justice involvement.

<p>Staff assigned to facilitate access to comprehensive services; specialized caseloads</p>	<ul style="list-style-type: none"> • El Paso 	<ul style="list-style-type: none"> • Continue to improve Centralized Scheduling within Emergence Health Network to cover all additional programming implementations to ensure timely appointments are made for community needs. • Continued service provision of juvenile justice restoration through Chapter 55, within the Juvenile Court systems.
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III.B Other Behavioral Health Strategic Priorities

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

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs S public school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities

- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Status of wait times for 1st appointments is now less than one week on average. 	<ul style="list-style-type: none"> •
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"> • EHN continually works with law enforcement and social services partners to divert from inpatient care. 	<ul style="list-style-type: none"> • Plans include strategic partnerships to address social determinants of health such as transportation and housing.
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"> • EHN is working with PHIX to ensure timely and accurate patient information exchange. 	<ul style="list-style-type: none"> • Will expand existing Care Coordination Plans with area providers to advance the sharing of patient information and continuity of care for patient care plans.
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • EHN consistently seeks funding to fund evidence-based programming. 	<ul style="list-style-type: none"> • Continue to survey and conduct community scans to ensure programming is tailored to the needs of the community.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • EHN offers peer support services in adult, children, and veteran’s services 	<ul style="list-style-type: none"> • Increase capacity and recruit more peers. • Continue to provide recovery-oriented system of care plans for patients.
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"> • EHN outpatient clinics provide both mental health and substance use treatment in the same facility. 	<ul style="list-style-type: none"> • Grow substance use clinical programs.
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"> • EHN manages three integrated care clinics to improve access to care. 	<ul style="list-style-type: none"> • Continue to contract additional primary care providers.
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"> • Currently case works work to find transportation for clients who do not have means of transportation. 	<ul style="list-style-type: none"> • Continue to work with the city to incentivize transportation discounts for consumers. • Work with Medicaid Managed Care providers to utilize transportation

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			as a covered benefit when available.
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"> • EHN IDD clients currently have access to psychiatry and therapy services. 	<ul style="list-style-type: none"> • Expand START services to help IDD patients in a behavioral health crisis.
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • EHN has a Veterans One Stop Center offering support, therapeutic intervention, case management and linkage to community resources. 	<ul style="list-style-type: none"> • EHN's plan is the increase accessibility for mental and behavioral health services for active-duty service members and their departments.
Expanding children's school-based mental health services	<ul style="list-style-type: none"> • Gap 2 • Gap 6 • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • Expanding children's mental health services in area schools. 	<ul style="list-style-type: none"> • Continue to expand presence in campus-based mental health services. • Expand partnerships with area school districts.
Grow intercepts in justice-involved arena	<ul style="list-style-type: none"> • Gap 1 • Gap 5 • Gap 6 • Gap 10 	<ul style="list-style-type: none"> • Expanding justice-involved services. 	<ul style="list-style-type: none"> • Addition of a Clinician & Officer Remote Evaluation Program (CORE).

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
	<ul style="list-style-type: none"> • Goal 1 		<ul style="list-style-type: none"> • Working with local First Responder and Emergency Dispatch agencies to imbed mental health professionals into 911 dispatch operations.

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
Children’s Services (School-based clinics)	<ul style="list-style-type: none"> • Current agreements with 2 local Independent School Districts 	<ul style="list-style-type: none"> • Expand to additional districts within the next two years.

Local Priority	Current Status	Plans
Housing	<ul style="list-style-type: none"> • Currently has limited housing options for clients. 	<ul style="list-style-type: none"> • Working with local housing authority on new facilities specifically with persons with mental illness.
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

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	Inpatient bed capacity	<ul style="list-style-type: none"> • Funding for additional bed capacity at the El Paso Psychiatric Center to include Psychiatric emergency rooms 	•
2	Extended Observation Unit	<ul style="list-style-type: none"> • Establish a second EOU in the fast-growing east side of the city of El Paso. 	•

Appendix A: Acronyms

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

Crisis Hotline – The Crisis Hotline is a 24/7 telephone service that provides information, support, referrals, screening, and intervention. The hotline serves as the first point of contact for mental health

crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT, or other crisis services.

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

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

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

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

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

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

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

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

Appendix B: Acronyms

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