Form O: Consolidated Local Service Plan

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

Introduction

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

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

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes. Add additional rows as needed.

List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable).

- Screening, assessment, and intake
- Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children
- Extended observation or crisis stabilization unit
- Crisis residential or respite unit, or both
- Diversion centers
- Contracted inpatient beds
- Services for co-occurring disorders
- Substance use prevention, intervention, and treatment
- Integrated healthcare: mental and physical health
- Services for people with Intellectual or Developmental Disorders (IDD)
- Services for veterans
- Other (please specify)

Table 1: Mental Health Services and Sites

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Emergence Health Network (EHN) – Crisis Emergency Services	1601 E. Yandell Dr. El Paso, TX 79902	915-779-1800	El Paso County	Outpatient	• Population: Adults and children/adolescents • Screening, assessment for adults and children/adolescents

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
EHN – Extended Observation Unit	1601 E. Yandell Dr., Suite B El Paso, TX 79902	915-779-1800	El Paso County	Extended observation or crisis stabilization unit	• Population: Adults • Extended Observation
EHN – Central Outpatient	1551 Montana Ave. El Paso, TX 79902	915-747-3510	El Paso County	Other (Mental Health Services)	Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
EHN – ACT/HCBS-AMH	1600 Montana Ave. El Paso, TX 79902	915-887-3416	El Paso County	Other (Mental Health Services)	• Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
EHN – Outpatient Competency Restoration (OCR)	10737 Gateway Blvd. West Suite 250, El Paso, TX 79935	915-747-3590	El Paso County	Other (Outpatient Competency Restoration)	• Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
EHN – Homeless and Housing Programs	10737 Gateway Blvd. West Suite 250, El Paso, TX 79935	915-747-3590	El Paso County	Screening, assessment, and intake	• Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
EHN – Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)	10737 Gateway Blvd. West Suite 250, El Paso, TX 79935	915-747-3590	El Paso County	Outpatient Services	• Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
EHN – 16.22	10737 Gateway Blvd. West Suite 250, El Paso, TX 79935	915-747-3590	El Paso County	Screening	• Population: Adults • Screening, assessment, and intake
Justice Involved/ Jail Diversion Programs	10737 Gateway Blvd. West Suite 250, El Paso, TX 79935	915-747-3590	El Paso County	Outpatient Services	• Population: Adults • Therapeutic Intervention
EHN – Westside Integrated Care Clinic	725 S. Mesa Hills Bldg. 1, Suite 1 El Paso, TX 79912	915-887-3414	El Paso County	Outpatient Services	• 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	915-599-6735	El Paso County	Outpatient Services	• 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	915-599-6735	El Paso County	Outpatient Services	• Texas Resilience and Recovery (TRR) outpatient services

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
EHN – Child and Adolescent Mental Health Program (ChAMHPS)	8500 Boeing Dr. El Paso, TX 79925	915-599-6600	El Paso County	Outpatient Services	• Population: Children and adolescents • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
EHN – YES Waiver (Youth Empowerment Services)	8500 Boeing Dr. El Paso, TX 79925	915-599-6600	El Paso County	Outpatient Services	• 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	915-599-6600	El Paso County	Outpatient Services	• Population: Adults and adolescents • Screening, assessment, and referral
EHN – Mental Health Residential Home	9009 Dyer St. El Paso, TX 79904	915-599-6631	El Paso County	Housing Services	• Population: Adults • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services
EHN – Veterans One Stop Center	10737 Gateway Blvd. West Suite 350, El Paso, TX 79935	915-747-3590	El Paso County	Outpatient Services	• Military Veteran Peer Network

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
EHN – Multi-Systemic Therapy (MST)	6314 Delta Dr. El Paso, TX 79905	915-238-8263	El Paso County	Outpatient Services	• Population: Children and adolescents • Screening, assessment, and intake • Therapeutic Intervention
Homeward Bound (Trinity)	8716 Independence Dr. El Paso, TX 79907	915-772-9111	El Paso County	Respite	• Crisis Residential • Crisis Respite
El Paso Behavioral Health System	1900 Denver Ave. El Paso, TX 79902	915-544-4000	El Paso County	Inpatient Services	• Rapid Crisis Stabilization
Intellectual/Developmental Disability (IDD) Clinic	8730 Boeing Dr. El Paso, TX 79925	915-599-6645	El Paso County	Outpatient Services	• Services for individuals with Intellectual Developmental Disorders (IDD)
IDD Learning Center	1477 Lomaland Dr. El Paso, TX 79935	915-599-6680	El Paso County	Outpatient Services	• Services for individuals with Intellectual Developmental Disorders (IDD) • ICF Intermediate Care Facility
IDD Residential Home Casa Norton	8824 Norton St. El Paso, TX 79904	915-747-3640	El Paso County	Residential	• Services for individuals with Intellectual Developmental Disorders (IDD) • ICF Intermediate Care Facility

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
IDD Residential Home Casa Bagdad	5713 Bagdad Way, El Paso, TX 79924	915-747-3680	El Paso County	Residential	• 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 in Chapter 531, Texas Government Code, Section 531.0993 to reduce recidivism rates, arrests, and incarceration among people with mental illness, as well as reduce the wait time for people on forensic commitments. The 2024-25 Texas General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, (Article II, HHSC, Rider 48) appropriated additional state funding to expand the grant and implement new programs. The Rural Mental Health Initiative Grant Program, authorized by Texas Government Code, Section 531.09936, awarded additional state funding to rural serving entities to address the mental health needs of rural Texas residents. These grants support community programs by providing behavioral health care services to people with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for people with mental illness involved in the criminal justice system.

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

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

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
FY 23	Crisis Intervention Team: Police officer and mental health professional correspond to 911 mental health related calls—providing diversion from jails and emergency rooms.	El Paso County		Justice-Involved	3,074
FY 24		El Paso County		Justice-Involved	2,768

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

Section 531.0999, Texas Government Code, requires HHSC to establish the Community Mental Health Grant Program, a grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for people experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, or recovery services, and assist with people transitioning between or remaining in mental health treatment, services and supports.

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

Table 3: Community Mental Health Grant Program Jail Diversion Projects

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

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

	Stakeholder Type		Stakeholder Type
☒	People receiving services	☒	Family members
☒	Advocates (children and adult)	☒	Concerned citizens or others
☒	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): • Rio Vista Hospital • El Paso Behavioral Hospital	☒	State hospital staff (list the hospital and staff that participated): • *El Paso Psychiatric Center*
☒	Mental health service providers	☒	Substance use treatment providers
☒	Prevention services providers	☒	Outreach, Screening, Assessment and Referral Centers
☒	County officials (list the county and the name and official title of participants): • Judge Anna Perez 41st Judicial District Court	☒	City officials (list the city and the name and official title of participants): • Chris Canales - City Representative, District #8
☐	Federally Qualified Health Center and other primary care providers • Poject Vida • Centro San Vicente	☒	LMHA LBHA staff *List the LMHA or LBHA staff that participated:* • EHN – Rene Hurtado, Chief of Staff • EHN – Anna Basler-White, Chief of Restorative Care • Juan Castillo – Chief of Client Experience • Rhonda M. Russ – Director of Crisis Intervention Team • Ebony Plancarte – Community Relations Coordinator • Monique Salcido – Program Manager for Court Services
☒	Hospital emergency room personnel	☒	Emergency responders
☒	Faith-based organizations	☒	Local health and social service providers
☒	Probation department representatives	☒	Parole department representatives

	Stakeholder Type		Stakeholder Type
☒	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): • El Paso County – Kelli Childress, Public Defender • El Paso County – Christina Sanchez, County 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 • City of El Paso Police Department – Chief Peter Pacillas	☒	Law enforcement (list the county or city and the name and official title of participants): • El Paso County Sherriff Department – Officer Margarita Fuentes • City of El Paso Police Department – Chief Peter Pacillas
☒	Education representatives	☒	Employers or business leaders
☒	Planning and Network Advisory Committee	☐	Local peer-led organizations
☒	Peer specialists	☒	IDD Providers
☐	Foster care or child placing agencies	☐	Community Resource Coordination Groups
☒	Veterans' organizations	☒	Housing authorities
☒	Local health departments	☐	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.

Response:

• Surveys

• Stakeholder Meetings

• Interviews

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

Response:

- Community Education
- Children's Mental Health
- 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 and emergency departments;
- Judiciary, including mental health and probate courts;
- Prosecutors and public defenders;
- Other crisis service providers (to include neighboring LMHAs and LBHAs);
- People accessing crisis services and their family members; and
- Sub-contractors.

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

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

II.A Developing the Plan

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

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

  Response:

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1. 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-pasobehavioral-health-consortium

2. EHN has a Memorandum of Understanding (MOU) with #211 for management of behavioral health crisis calls.

3. EHN Crisis Line Call Center co-located at the El Paso 911 District.

- Ensuring the entire service area was represented; and

Response:

1. 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.

2. EHN planning efforts with leadership of the City of El Paso resulted in an increase of City funded CIT teams.

- Soliciting input.

Response:

1. Regularly scheduled meetings with appropriate staff members and leadership.

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

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

Response: Crisis Hotline has 4 ten-hour staggered shifts throughout starting at 0700, 0800, 0900, & 1100. In addition, one supervisor scheduled 10 hours from 1000.

b. After business hours

Response: To ensure 24-hour coverage. Crisis Hotline has 2 10-hour shifts after hours starting at 1500 and 1700 for midday coverage. For night coverage, it has two 10-hour shifts starting at 2200 and 2300. One night supervisor is scheduled on a 10-hour shift starting at 2200.

c. Weekends and holidays

Response:
Weekends: Mornings are staffed by 3 Qualified Mental Health Professional (QMHP) scheduled for a 10-hour shifts starting at 0700, 0900, 1100. Midday staffed with 2 scheduled 10-hour shifts starting at 1500 and 1700. Night shifts by 4 scheduled 10-hour shifts starting at 2100, 2200, 2300.

Holidays: Two staff are scheduled 10-hour shifts, unless the need for additional staff has been previously identified (for example 4th of July). Shifts start at (0700,0900, 1700, 1900). AOD is on call 24/7 throughout the year.

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

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

3. How is the MCOT staffed?
    a. During business hours

Response: 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.

b. After business hours

Response: 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 always scheduled on-call for additional support and three PRN staff are available to deploy as needed.

c. Weekends and holidays

Response: 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 or LBHA have a sub-contractor to provide MCOT services? If yes, list the contractor.

   Response: No

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

   Response: 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 or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:
   a. 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.

   b. 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?

Response: 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?
    a. During business hours: Request MCOT dispatch through the Crisis Hotline.

    b. After business hours: Request MCOT dispatch through the Crisis Hotline.

    c. Weekends and holidays: Request MCOT dispatch through the Crisis Hotline.
9. What is the procedure if a person cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

Response: 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 a person requires further evaluation, medical clearance, or both.

Response: 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 a person needs admission to a psychiatric hospital.

Response: 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 20 documentations 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 a person needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

Response: 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.

Response: 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 person wait for a bed?

Response: 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 person is placed in a clinically appropriate environment at the LMHA or LBHA?

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

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

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

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

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

Crisis Stabilization

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

Table 5: Facility-based Crisis Stabilization Services

Name of facility	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	The EOU can accept individuals 18 years and older who are medically eligible, non-violent, and in a mental health crisis.

Name of facility	Extended Observation Unit
Circumstances under which medical clearance is required before admission	- 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 - Onset of altered mental status in the last 24 hours
Service area limitations, if any	N/A

Name of facility	Extended Observation Unit
Other relevant admission information for first responders	Exclusionary criteria: • 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.
Does the facility accept emergency detentions?	Yes
Number of beds	9-bed facility
HHSC funding allocation	$1,016,168.00

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	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.

Name of facility	Crisis Residential Unit
Circumstances under which medical clearance is required before admission	- 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) Altered mental status or active psychotic episode
Service area limitations, if any	N/A
Other relevant admission information for first responders	Exclusionary criteria: - 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

Name of facility	Crisis Residential Unit
Does the facility accept emergency detentions?	No
Number of beds	5
HHSC funding allocation	$447,077

Inpatient Care

Use the table below to identify the alternatives to the state hospital the local service area has for psychiatric inpatient care for uninsured or underinsured people. Answer each element of the table below. Indicate "N/A" if an element does not apply to the alternative provided. Replicate the table below for each alternative.

Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured

Name of facility	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

Name of facility	El Paso Behavioral Health Systems (subcontracted and funded by Rapid Crisis Stabilization Unit)
Other relevant admission information for first responders	Exclusionary criteria: • 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 27 • 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 or LBHA to purchase beds?	Yes

Name of facility	El Paso Behavioral Health Systems (subcontracted and funded by Rapid Crisis Stabilization Unit)
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	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?	$3,500 per admission
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

Response: 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.

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

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

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

Response: 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.

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

Response: N/A

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

Response: 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.

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

Response: 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, which is in progress of being established for FY25. EHN is also working on contracting for Inpatient Competency Restoration programming beds through local private psychiatric hospitals to help reduce the volume of those pending.

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

Response: Challenges to the implementation continue to 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. In addition, ensuring community partners who are involved in the process of Jail Based Competency Restoration have the financial means to support the programming has been a recent barrier identified. Staffing within the justice involved populations around our community has seen a significant shortage, which may cause challenges.

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

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

Response: 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 32 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?

   Response:

   - 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, through Healthy Transitions SAMHSA grant and Clubhouse partnership with Boys and Girls Club.

II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?

   Response: 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?

   Response: 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 33 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

Use the table below to identify the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties. Add additional rows if needed.

Table 7: Crisis Emergency Response Service System Gaps

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
El Paso	Training in Behavioral Health for First Responders and support staff	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	Ensuring crisis services for Behavioral Health are available in outlying regions in the County	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	Additional resources for long term services and supports	Development of a Crisis Intervention Team which will be imbedded in El Paso Independent School District, Canutillo Independent School District, Fabens Independent School District, Socorro Independent School District and Police Department.	

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Table 8: Intercept 0 Community Services

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
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.	El Paso	Plan to continue partnership indefinitely.
Outpatient Competency Restoration Program (OCR)	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 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Assisted Outpatient Treatment	El Paso	EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate alternatives to incarceration where appropriate.
Restorative Justice Clinic	El Paso	EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate alternatives to incarceration where appropriate.
TCOOMMI Jail Diversion Program	El Paso	EHN will continue to work with the judiciary and the criminal justice system to find clinically appropriate alternatives to incarceration where appropriate.
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.
Felony Mental Health Court	El Paso	EHN will work with local judiciary to divert individuals charged with a felony to appropriate treatments and support.

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Co-mobilization with Crisis Intervention Team (CIT)	El Paso	Co-location with CIT and/or Mental Health Deputies.
Training dispatch and first responders	El Paso	Documenting police contacts with persons with mental illness.
Training law enforcement staff	El Paso	Police-friendly drop-off point

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Training of court personnel	El Paso	Service linkage and follow-up for individuals who are not hospitalized.

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail Mental Health Clinic	El Paso	Ongoing services in the current county detention facilities, to include medication management, 37 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.
EHN (historically Jail Liaison) 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 available.

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail Based Competency Restoration (JBCR)	El Paso	Implementation of JBCR planned for FY25 to assist with the volume of individuals currently waiting in the jail setting for inpatient beds to regain competency. The goal is to assist with eliminating a large percentage of individuals who have been waiting extensive periods of time in the jail for a forensic inpatient bed due to their incompetent status and move them quickly through the justice system and into the community for appropriate mental health services.

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Routine screening for mental illness and diversion eligibility – TCOOMMI	El Paso	Mental Health Court
Veteran's Court	El Paso	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.

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming 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.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release	El Paso	Providing transitional services in jails.
Structured process to coordinate discharge/transition plans and procedures	El Paso	Current activities and operations will remain the same for the next two years.
Assisted Outpatient Treatment	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	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.

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming 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 service provision at the time of re-entry
TCOOMMI Outpatient Services (Texas Correctional Office on Offenders with Medical or Mental Impairments) and TCOOMMI Residential	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.
Home and Community Based Services, Adult Mental Health (HCBH-AMH)	El Paso	HCBS-AMH was implemented in September 2024 to assist with additional support and community resources for clients experiencing re-entry into the community. HCBS-AMH provides services to match each person's needs to help them live and be successful in their chosen community. Services are designed to support long-term recovery from mental illness.

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Routine screening for mental illness and substance use disorders	El Paso	Increase efforts associated with justice involved and high recidivism.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Training for probation or parole staff	El Paso	• 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	El Paso	Continue providing initial screening in order to assist with the identification of cooccurring disorders to ensure treatment addresses a broader spectrum.
Forensic ACT	El Paso	Forensic ACT will be participating in the increasing of LMHA overall census to provide continued services to justice involved individuals.
Assisted Outpatient Treatment	El Paso	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.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Restorative Justice Clinic	El Paso	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.
Staff assigned to facilitate access to comprehensive services; specialized caseloads	El Paso	• 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.

III.B Other Behavioral Health Strategic Priorities

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

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

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

The goals identified in the plan are:

- Goal 1: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.
- Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.
- Goal 3: Develop and support the behavioral health workforce.
- Goal 4: Manage and utilize data to measure performance and inform decisions.

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

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	• Gaps 1, 10 • Goal 1	EHN currently provides an array of training for staff regarding cultural awareness related to our patient population.	EHN plans to increase training opportunities in areas including knowledge of tribal population and veteran's issues.
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	• Gaps 2, 3, 4, 5, 10, 12 • Goal 1	EHN currently offers screening of the need for non-medical drivers of health for all patients. These results guide care planning for housing employment, transportation, etc.	EHN is increasing the number of care coordination agreements with social services agencies to help ensure access for clients, this includes El Paso Inspiring Hunger and Borderplex.
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	• Gaps 1, 10 • Goal 1	EHN works with partners and stakeholders to address barriers to service expansion.	During the upcoming Legislative Session, EHN plans to introduce legislation and budgetary amendments to improve access through work force development and reimbursement.
Implement services that are person- and family-centered across systems of care	• Gap 10 • Goal 1	EHN ensures all clinical services are part of our person-centered and family-centered clinical framework.	
Enhance prevention and early intervention services across the lifespan	• Gaps 2, 11 • Goal 1	EHN Mental Health Learning Library provides community-based training in the area of prevention and early intervention.	EHN is launching a mobile training unit to provide trainings in health fairs, schools and other remote seatings
Identify best practices in communication and information sharing to maximize collaboration across agencies	• Gap 3 • Goal 2	EHN works with a number of community, stakeholders and healthcare providers to maximize collaboration	EHN is collaborating with El Paso Children's Hospital to ensure access to children's crises services through mobile screening and community education.
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	• Gaps 1, 3, 7 • Goal 2	EHN works with partners serving at risk populations in developing innovative and strategic approaches to care.	EHN currently strategic plan directs staff to partner with providers serving military, IDD, and Justice-Involved populations to improve access

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	• Gap 3 • Goal 2	EHN consistently monitors SBHCC activities to ensure any opportunities are capitalized.	
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	• Gaps 1, 11, 14 • Goal 2	EHN works to provide staff training to ensure clients are referred to appropriate programs.	EHN is enhancing its current screening process and developing flow-chart guidelines to ensure knowledge and access to clinical programs.
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	• Gaps 1, 5, 6 • Goal 2	EHN has developed clinic operations protocol to help patients maintain appropriate levels of care.	EHN is working to enhance the operations of its care coordination unit to identify and address potential gaps in service.
Develop step-down and step-up levels of care to address the range of participant needs	• Gaps 1, 5, 6 • Goal 2	EHN continues to work with tis partners to ensure a full continuum of care is available to the community.	EHN would be working with its inpatient provider partners to increase availability based on community need.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	• Gaps 3, 14 • Goal 3	EHN's health information technology unit has developed an array of staff individualized and programmatic dashboards used by leadership to ensure optimal provider performance.	
Explore opportunities to provide emotional supports to workers who serve people receiving services	• Gap 13 • Goal 3	EHN's provides a comprehensive benefits package to include EAP services.	EHN continues to work with the Disney institute to design a work-based culture emphasizing wellness and support.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	• Gaps 13, 14 • Goal 3	EHN's Human Resources Department provides comprehensive reporting on recruitment efforts to EHN leadership and Board of Trustees	EHN continues to enhance its relationships with area colleges, universities, and other educational institutions to grow its workforce pipeline.
Implement a call to service campaign to increase the behavioral health workforce	• Gap 13 • Goal 3	EHN works to provide broad-based messaging to the community regarding the importance of community Mental Health Professionals.	
Develop and implement policies that support a diversified workforce	• Gaps 3, 13 • Goal 3	EHN's current Human Resources policies and procedures emphasize the importance of creating a diversify workforce reflective of the community we serve.	
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	• Gaps 3, 13 • Goal 3	EHN works to capitalize on state contracting process to enhance workforce and services despite current statewide and national trends.	
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	• Gaps 3, 14 • Goal 4	EHN's health information technology unit has developed an array of staff individualized and programmatic dashboards used by leadership to ensure optimal provider performance.	
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	• Gaps 3, 14 • Goal 4	EHN heavily utilizes PHIX, the Local Health Information Exchange.	EHN would be working to educate and advocate for the strengthening of the Local Health Information Exchanges.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	• Gaps 3, 4, 14 • Goal 4	EHN recently opened its new Veterans One Stop Center in a location more accessible to greater numbers of veterans.	EHN continues developing effective relationships with the VA and the Department of Defense to increase access for both veterans and active-duty members.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	• Gaps 7, 14 • Goal 4	EHN's clinical leadership team works to ensure the availability of evidence based and clinical programs for all who require them.	EHN is consistently exploring the viability and expansion of evidence-based treatment modalities based on an array of financial and operational factors.

III.C Local Priorities and Plans

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

List at least one but no more than five priorities.

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

Table 15: Local Priorities

Local Priority	Current Status	Plans
Children's Services (School-based clinics)	Current agreements with 3 local Independent School Districts on 12 campuses.	Expand to additional districts and campuses within the next two years.
Children's Crisis Services	Currently embedded in MCOT operations.	Launch YCOT in El Paso County.
Services for Transition Aged Youth	No coordinated services for TAY.	Launch Healthy Transitions program in collaboration with Boys and Girls Club.

Local Priority	Current Status	Plans
Remote community education	Lack of wellness and education resources in outlying areas.	Launch Mobile Mental Health Learning Library.
Crisis screening	Limited crisis screening availability.	Launch two mobile screening vans.

IV.D System Development and Identification of New Priorities

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

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

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

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

Table 16: Priorities for New Funding

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Inpatient bed capacity	Funding for expansion of El Paso Psychiatric Center to include Psychiatric emergency rooms. Funding for purchase of inpatient bed days at contracted inpatient facilities.		*Yes*
2	Diversion Center	Modify current EOU for additional Diversion Services to include Sobering Center.		*Yes*

Appendix A: Definitions

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

Community Based Crisis Program (CBCP) - Provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people with behavioral health crisis. CBCP projects include contracted psychiatric beds within a licensed hospital, EOUs, CSUs, s, crisis residential units and crisis respite units and are staffed by medical personnel, mental health professionals, or both that provide care 24/7. CBCPs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA or LBHA funding.

Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs) – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the person's ability to function in a less restrictive setting.

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

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

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

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

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

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

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

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

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

Mobile crisis outreach team (MCOT) – A clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up and relapse prevention services for people in the community.

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

Appendix B: Acronyms

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