



**Fiscal Year 2025**

## **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](mailto:Performance.Contracts@hhs.texas.gov) and [CrisisServices@hhs.texas.gov](mailto: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**

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
LMHA	304 South 22 <sup>nd</sup> Street, Temple, TX. 76501	254-298-7000	Bell	Out Patient	Screening, assessment, and intake; TRR outpatient services (Adult & Children's); Services for co-occurring disorders

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
LMHA	100 East Avenue, Killeen, TX. 76541	254-526-4146	Bell	Out Patient	Screening, assessments, and intake; TRR outpatient services (adult, children); Services for co-occurring disorders
LMHA	2420 South 37 <sup>th</sup> Street, Temple, TX. 76501	254-721-0754	Bell	Out Patient	Psychosocial Rehabilitation Services (Adult Day Program)
LMHA	806 Avenue D, Suite E, Copperas Cove, 76522	254-518-1660	Coryell	Out Patient	Screening, assessments, and intake; TRR outpatient services (adult, children)
LMHA	615 E Main St, Gatesville, TX. 76528	254-865-5844	Coryell	Out Patient	TRR outpatient services (adult, children); Screening, assessment, and intake
LMHA	101 Park Hill, Hamilton, TX. 76531	254-386-8179	Hamilton	Out Patient	TRR outpatient services (adult, children); Screening, assessment, and intake; Services for co-occurring disorders
LMHA	1305 South Key Avenue, Suite 203, Lampasas, TX. 76550	512-556-6962	Lampasas	Out Patient	Screening, assessments, and intake; TRR outpatient services (adult, children); Services for co-occurring disorders
LMHA	708 N. Crockett Avenue, Cameron, TX 76520	254-697-6631	Milam	Out Patient	Screening, assessments, and intake; TRR outpatient services (adult, children)

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
LMHA	313 N Main St #1, Rockdale, TX 76567	512-446-3210	Milam	Out Patient	Screening, assessments, and intake; TRR outpatient services (adult, children)
LMHA	2400 Piazza Dr. Belton TX 76513	254-899-3090	Bell	CRU / Diversion Center	Screening, assessments, and intake; TRR CRU services for adults

## **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, 88<sup>th</sup> 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**

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County(s)</b>	<b>Type of Facility</b>	<b>Population Served</b>	<b>Number Served per Year</b>
2024	Temple Day Program (Rehabilitative Services)	Bell	Out Patient	Adult Mental Health	49
2024	Forensic Assertive Community Treatment Team (All Level of Care Services)	Bell	Out Patient	Adult Mental Health/Justice Involved Individuals	75
2024	Outpatient Competency Restoration	Bell	Out Patient	Justice Involved Individuals	0 – OCR program has not Started
2025	Bell County Diversion Center	Bell	Diversion Center / CRU	Adult Mental Health/Justice Involved Individuals	0 served in 2024. New project opens in Nov 2024

**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
2024	NA			

## I.D Community Participation in Planning Activities

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

**Table 4: Community Stakeholders**

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	People receiving services	<input checked="" type="checkbox"/>	Family members
<input checked="" type="checkbox"/>	Advocates (children and adult)	<input checked="" type="checkbox"/>	Concerned citizens or others
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <ul style="list-style-type: none"> <li>• Cedar Crest Hospital and Residential Treatment Center</li> <li>• Canyon Creek Behavioral Health</li> <li>• Advent Health Central Texas</li> <li>• Oceans Behavioral Health</li> </ul>	<input type="checkbox"/>	State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none"> <li>•</li> </ul>
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input checked="" type="checkbox"/>	Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/>	County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> <li>• Bell County- Judge David Blackburn</li> <li>• Bell County Commissioner - Russell Schneider</li> <li>• Milam County- Judge Bill Whitmire</li> <li>• Bell County Auditor – Tina Entrop</li> </ul>	<input checked="" type="checkbox"/>	City officials (list the city and the name and official title of participants): <ul style="list-style-type: none"> <li>• Temple City Manager – Brynn Myers</li> <li>• City of Temple – Nancy Glover</li> </ul>
<input type="checkbox"/>	Federally Qualified Health Center and other primary care providers	<input type="checkbox"/>	LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i>
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers

	<b>Stakeholder Type</b>		<b>Stakeholder Type</b>
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives
<input checked="" type="checkbox"/>	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): <ul style="list-style-type: none"> <li>• Bell County- Judge Rebeca DePew</li> <li>• Lampasas County- Judge Misty Wakeman</li> <li>• Lampasas County Judge - Randy Hoyer</li> <li>• Coryell County- Judge John Guinn</li> <li>• Coryell County- Brandon Belt- County Attorney</li> <li>• Coryell County Judge – Rodger Miller</li> <li>• Milam County Judge – Bill Whitmire</li> </ul>	<input checked="" type="checkbox"/>	Law enforcement (list the county or city and the name and official title of participants): <ul style="list-style-type: none"> <li>• Temple PD (Bell County)- Shawn Reynolds- Chief</li> <li>• Hamilton Co Sheriff- Brad Boulton</li> <li>• Milam County Sheriff – Mike Clore</li> <li>• Lampasas PD- Charles Montgomery- Patrol Lieutenant</li> <li>• Lampasas Sheriff’s Office- Jesse Ramos- Sherriff</li> <li>• Harker Heights PD- Randy Stefek- Patrol Division Commander</li> <li>• Rockdale PD- Chief Jerry Medders</li> <li>• Milam SO- Sam Ferguson- MH Deputy</li> <li>• Bell County-Chris Ellis- MH Deputy</li> </ul>
<input checked="" type="checkbox"/>	Education representatives	<input checked="" type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input type="checkbox"/>	Veterans’ organizations	<input type="checkbox"/>	Housing authorities
<input type="checkbox"/>	Local health departments	<input checked="" type="checkbox"/>	Other: Central Texas Healthcare Collation (Disaster Behavioral Health), Bell County Mental Health Court, Mental Health Taskforce, Feed my Sheep.

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

Response:

- The PNAC met four times over the past fiscal year with opportunities to provide input on key issues and concerns to include unmet service needs.



They reviewed the key issues and concerns to include unmet service needs identified in the 2025 CLSP and concurred many are still valid.

- Executive and mental health leadership were involved in a number of meetings with stakeholders over the past year to obtain input on consumer needs and collaborate in developing services.
- A local task force with representatives from local hospitals, law enforcement, parole/probation, Bell County Health District, etc. meets periodically to identify and address unmet needs and gaps in services
- SIM Mapping event was completed in March 2022 to help identify gaps in services to reduce MH population ER and Jail settings
- Executive Team has met several times over the past year developing plans to open a diversion center, which is scheduled to open in Nov 2024.
- Partnered with the Cities of Temple & Killeen on a homelessness study conducted by Dr. Marbut.

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:

- Homelessness and lack of local resources
- Transportation for individuals for both urgent and routine services. The Hill Country Transit District (District) is unable to meet the needs of the population we serve especially in the rural and frontier counties.
- Increased substance use/abuse services in the area
- Jail diversion for juvenile offenders.
- Lack of community resources/providers
- Lack of funding for Waiver programs (e.g., YES, AMH-HCS).
- Dental Services(no resources available even for those with insurance: Medicaid/Medicare)
- Not enough low-income housing (e.g., Section 8 Housing) available. Individuals with fixed incomes have difficult time finding affordable housing in rural areas)
- Lack of crisis beds and state hospital beds
- Lack of shelters
- Lack of medical insurance
- Lack of sustained funding for assistance to pay utilities, rent, etc.
- Lack of sufficient local substance abuse services
- Lack of Mental Health Funding to provide residential services for individuals with a mental illness to include those that are homeless.

## 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: Key stakeholders identified in Section I. D were involved in the development of the plan.

- Ensuring the entire service area was represented; and

Response: Included representatives from the local hospitals, health districts, law enforcement, courts, parole/probation, etc.

- Soliciting input.

Response: Addressing unmet mental health needs specifically crisis/psychiatric emergencies.

## **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: The Center contracts with Avail Solutions to provide Crisis Hotline Services for seven days a week and 24 hours a day.

- b. After business hours

Response: The Center contracts with Avail Solutions to provide Crisis Hotline Services for seven days a week and 24 hours a day.

- c. Weekends and holidays

Response: The Center contracts with Avail Solutions to provide Crisis Hotline Services for seven days a week and 24 hours a day.

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

Response: Avail Solutions

3. How is the MCOT staffed?

- a. During business hours

Response: Business hours are covered by two staggered shifts (8am-5 pm and 11am-8 pm) encompassing our local service area. Daily there are three MCOT workers on both the shifts to complete on-call and walk-in crisis assessments, SMHF discharge follow-ups, and other client-based services. The Crisis Hotline is also available 24-hours a day, 7 days a week.

b. After business hours

Response: After business hours, the second MCOT shift continues to complete crisis assessments until 8 pm. The night shift coverage then begins from 8 pm to 8 am the next morning for the local service area. The Crisis Hotline is also available 24-hours a day, 7 days a week.

c. Weekends and holidays

Response: There are two shifts on weekends, a day shift (8am-8pm) and a night shift (8pm-8am) so that MCOT is available to complete crisis assessments on weekends and on holidays. The Crisis Hotline is also available 24-hours a day, 7 days a week.

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 follow up services by phone calls, face to face visits in the community or clinic. MCOT will complete an ANSA to see if the individual is eligible for on-going full level of care services and coordinates the transition into on-going services. MCOT will provide case management and psycho-social rehabilitative services based on the needs of the individual.

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: Yes. MCOT staff deploys whenever the emergency rooms contact MCOT to conduct a crisis assessment to determine if psychiatric hospitalization is needed, assist the hospital social work staff in placing an individual into a SMHF/local psychiatric hospital). MCOT will assist with coordination of outpatient services and provide follow-up, as needed/requested.
  - b. Law Enforcement: Yes. MCOT staff deploys whenever law enforcement contact MCOT to conduct a crisis assessment to determine if psychiatric hospitalization is needed, EMS and/or law enforcement would transport the individual to the nearest emergency room to receive medical clearance. Once clearance is obtained, MCOT would assist the emergency room as stated above.
7. What is the process for MCOT to respond to screening requests at state hospitals, specifically for walk-ins?

Response: We do not have a SMHF in our local service area where we would be asked to conduct a crisis assessment.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
- a. During business hours: Contact the Crisis hotline to request MCOT staff deployment, who will then conduct crisis assessment and place individual on SMHF waiting list as needed/indicated or access a bed at Cedar Crest/Advent Health/Canyon Creek/Oceans Behavioral Health. Monitoring of individuals on the inpatient care waitlist is conducted as needed.
  - b. After business hours: Contact the Crisis hotline to request MCOT staff deployment, who will then conduct crisis assessment and place individual on SMHF waiting list as needed/indicated or access a bed at Cedar Crest/Advent Health/Canyon Creek/Oceans Behavioral Health. Monitoring of individuals on the inpatient care waitlist is conducted as needed.
  - c. Weekends and holidays: Contact the Crisis hotline to request MCOT staff deployment, who will then conduct crisis assessment and place individual on SMHF waiting list as needed/indicated or access a bed at Cedar Crest/Advent Health/Canyon Creek/Oceans Behavioral Health. Monitoring of individuals on the inpatient care waitlist is conducted as needed.

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: An individual is transported to the nearest appropriate emergency room by EMS and/or law enforcement to receive medical clearance. Once clearance is obtained, MCOT is called/deployed and completes a crisis assessment and makes a determination for the need to hospitalize the individual.

10. Describe the community's process if a person requires further evaluation, medical clearance, or both.

Response: An individual is transported to the nearest appropriate emergency room by EMS and/or law enforcement to receive medical clearance. Once clearance is obtained, MCOT is called/deployed and completes a crisis assessment and makes a determination for the need to hospitalize the individual.

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

Response: MCOT assists the local hospital's social work staff as needed, to include placing individuals meeting criteria on the SMHF waiting list or seeks a bed at Canyon Creek, Cedar Crest, Oceans Behavioral Health or Advent Health.

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 assists the local hospital's social work staff as needed to assist in crisis respite or other placements. There is no facility-based crisis stabilization facility in the local service area.

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 goes into the community to conduct crisis assessments and will contact law enforcement for assistance before entering a potential unsafe environment (person’s home, under a bridge, parking lot, etc.)

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

Response: The individual is maintained in the emergency room or jail where they were assessed. MCOT continues to provide crisis follow-up and assessment services if the individual is placed on a SMHF waitlist or cannot access a bed at Cedar Crest or Advent Health.

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: The individual is maintained in the emergency room or jail where they were assessed. MCOT continues to provide crisis follow-up and assessment services.

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

Response: Mental Health Deputies, family members, private ambulance services, and local ambulance services are available to transport individuals.

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

Response: Mental Health Deputies, family members, private ambulance services, and local ambulance services are available to transport individuals.

## **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	N/A
Location (city and county)	
Phone number	
Type of facility (see Appendix A)	
Key admission criteria	
Circumstances under which medical clearance is required before admission	
Service area limitations, if any	
Other relevant admission information for first responders	
Does the facility accept emergency detentions?	
Number of beds	
HHSC funding allocation	

## 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	Cedar Crest Hospital
Location (city and county)	Belton, Texas (Bell County)
Phone number	(254) 613-9871
Key admission criteria	Danger to self or others due to psychosis.
Service area limitations if any	None



<b>Name of facility</b>	Cedar Crest Hospital
<b>Other relevant admission information for first responders</b>	Mental Health Deputies and law enforcement coordinate with MCOT for admission.
<b>Number of beds</b>	68
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>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)?</b>	Private Psychiatric Beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

<b>Name of facility</b>	Advent Health Hospital
<b>Location (city and county)</b>	Killeen, Texas (Bell County)
<b>Phone number</b>	(254) 526-7523
<b>Key admission criteria</b>	Danger to self or others due to psychosis.
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	Mental Health Deputies and law enforcement coordinate with MCOT for admission.
<b>Number of beds</b>	29
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>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)?</b>	Private Psychiatric Beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A

<b>Name of facility</b>	Advent Health Hospital
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

<b>Name of facility</b>	Canyon Creek Behavioral Health
<b>Location (city and county)</b>	Temple, Texas (Bell County)
<b>Phone number</b>	(254) 410-5100
<b>Key admission criteria</b>	Danger to self or others due to psychosis.
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	Mental Health Deputies and law enforcement coordinate with MCOT for admission.
<b>Number of beds</b>	102
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>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)?</b>	Private Psychiatric Beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis

<b>Name of facility</b>	Canyon Creek Behavioral Health
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

<b>Name of facility</b>	Oceans Behavioral Health
<b>Location (city and county)</b>	Waco, Texas (McLennan County)
<b>Phone number</b>	(254) 870-4870
<b>Key admission criteria</b>	Danger to self or others due to psychosis.
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	Mental Health Deputies and law enforcement coordinate with MCOT for admission.
<b>Number of beds</b>	48
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes

Name of facility	Oceans Behavioral Health
<b>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)?</b>	Private Psychiatric Beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	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: N/A

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

Response: Transportation and Housing for individuals upon release

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

Response: The Center has a dedicated jail liaison position that coordinates with the jails and Mental Health Bell County Court to assist in providing interventions to decrease mental health admissions and readmissions to criminal justice settings such as jails or prisons. The jail liaison supervises a Forensic Assertive Community Treatment Team and a Day Rehabilitation Program to help individuals at risk of admission into jails. The Center has a contract with Bell County to provide navigation services (e.g., screening, booking, discharge, etc.) as part of the Sandra Bland Act requirements. The jail liaison supervises the two jail navigators housed at Bell County jail.

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: None, program exists. The Center plans to continue to educate county officials about the program and collaborate with the courts in the decision-making process to streamline the OCR admission process.

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: Jail-based Competency Restoration

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

Response: Award of funds from HHSC grant application. Need space in the jail for competency restoration (e.g., crisis respite).

## **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: Central Counties Services has care coordination protocols/agreements in place with emergency psychiatric, substance use, and physical healthcare providers. Limited integrated physical conditions are monitored at our behavioral health clinic sites by APRN's employed or contracted with Central Counties Services (CCS). CCS provides medical screening and education to our behavioral health consumers with high blood pressure, diabetes, obesity, abnormal BMI, and/or tobacco use. Care or treatment required outside the scope of the program or practitioner is referred to an outside community-based clinic, organization, and/or hospital. When key health indicators and/or health risks are identified, the prescriber will coordinate with the appropriate CCS staff person (nursing, counselors, SUD staff, and case manager) to make the referral.

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

Response: Contract with local free clinic to expand availability to healthy lifestyle services.

Medical director will evaluate the potential of current medical staff assisting with some physical health medications.

## 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: The Center shares information with the Bell County Health Task Force, Bell County Mental Health Deputy meetings, Coryell County Mental Health Deputies, and with other emergency responders through similar consolidated community provider meetings.

Participate in the Central Texas Mental Health coalition through the Central Texas RACK (regional advisory committee)

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: Key LMHA staff will receive information and training on how to implement the plan.



## 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**

<b>County</b>	<b>Service System Gaps</b>	<b>Recommendations to Address the Gaps</b>	<b>Timeline to Address Gaps (if applicable)</b>
Hamilton, Lampasas, Milam	Few to no certified mental health deputies in law enforcement.	Seek additional funds to provide training. CCS law enforcement liaison advocating the need and benefit of having designated MH Deputies for their counties.	
Bell, Coryell, Hamilton, Lampasas, Milam	No crisis stabilization units outside of emergency rooms or inpatient psychiatric hospitals. No extended observation units and crisis respite/residential services	Collaboration with Bell County to open a crisis residential facility. Seek additional funds to provide services	
Hamilton, Milam, Coryell and Lampasas	County Hospitals in these areas do not provide behavioral health services.	Seek additional funds to coordinate the provision of behavioral health services within these hospitals. Referrals for outpatient services for CCS services at rural clinic locations.	

# 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**

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Mental Health Deputies	Bell, Coryell, and Milam	Collaborate with Bell, Coryell, and Milam Counties to explore funding options to maintain and expand Mental Health Deputy Programs.
Crisis hotline and MCOT	All counties served by CCS	Continue providing crisis response services. Crisis hotline and MCOT provide linkage to LMHA services for those who meet diagnostic and need-based requirements.
IDD Crisis	All counties served by CCS	Continue offering services for families and individuals who have an IDD diagnosis that are in crisis.

**Table 9: Intercept 1 Law Enforcement**

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two years:</b>
Co-mobilization with MH Deputies and MCOT staff as requested/needed.	Bell, Coryell, and Milam	Will continue to work with MH Deputies as requested/needed.
Behavioral Health, crisis response and de-escalation training with Bell County Deputies, LE, and Academy cadets by MCOT team.	Bell	Will continue to offer training as requested.
Training on how to verbalize decompensation and other mental health concerns to support the Emergency Detention Orders.	Bell, Coryell, Milam, Hamilton, Lampasas	Continue offering training to Bell County LE as requested. Collaborate with rural counties LE to offer the support and training for EODs.
When MH Deputies come into contact and divert an individual, they will notify Center MCOT for further follow-up services and possible assessment for intake into Center outpatient care.	Bell	Continue
Rural Crisis Response and Diversion- Crisis response by MCOT via telehealth for individuals in the rural counties that are in need of assessment and mental health services. "Real-time" recommendations for diversion are made. Law enforcement liaison provides MH training to LE in rural counties and one-on-one support, if needed, when responding to crisis calls.	Hamilton, Lampasas, Coryell, and Milam	Continue
Co-responder model with Temple Police Department. A trained QMHP responds to MH and crisis calls along PD. Co-responder offers risk assessment and crisis stabilization services. Co-responder also assists in linking individuals to CCS services.	Bell	Continue

**Table 10: Intercept 2 Post Arrest**

<b>Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Jail Navigators complete 16.22 for Bell County	Bell	Continue

<b>Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
MCOT completes 16.22 for Coryell and Milam County	Coryell, Milam	Continue

**Table 11: Intercept 3 Jails and Courts**

<b>Intercept 3: Jails and Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Active participation with the Bell County MH court to assist with jail diversions.	Bell	Continue
“Fast-track” intake procedure completed by Forensic Assertive Community Treatment (FACT) staff and resource referrals for individuals referred by the courts.	Bell	Continue
Bell and Coryell Mental Health Deputies are called into their respective jails in order to assess inmates with diversion eligible charges for evidence of mental illness.	Bell, Coryell	Continue
FACT staff will attend the specialty docket twice a month to screen and refer eligible individuals on pre-trial stage to the FACT program.	Bell	Continue
FACT team services are available to facilitate comprehensive services.	Bell	Continue
The jail navigators will continue to conduct mental health screenings during the booking process and provide individuals information about resources and services in the community.	Bell	Continue
Navigator Services	Bell	The navigators continue to work with Well Path (healthcare contractor with Bell County Jail) to identify if inmates have a medication regimen with LMHA, so it can be continued while incarcerated.

<b>Intercept 3: Jails and Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Lampasas County Jail Screens Inmates for Mental Health History, those who screen positive are referred to the Lampasas AMH office for Medication Related Services at a Fee for Service rate. Medications are provided by the Jail	Lampasas	Continue

**Table 12: Intercept 4 Reentry**

<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
TCOOMMI- Center currently screens and links individuals to LMHA services after being referred by TDCJ or Probation/Parole Departments. TCOOMMI offers Continuity of Care (COC) and Intensive Case Management (ICM) services according to individuals’ needs. Some offenders are admitted into routine MH services, but most of them are served by TCOOMMI COC or ICM programs.	All counties served by CCS	CCS will continue working with TCOOMMI to serve justice-involved individuals with mental illness re-entering the community.

**Table 13: Intercept 5 Community Corrections**

<b>Intercept 5: Community Corrections Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
TCOOMMI staff maintain communication with Parole and Probation Departments in the local service area on a regular basis regarding individuals under supervision that receive services with the LMHA.	All counties in the local service area.	Continue

<b>Intercept 5: Community Corrections</b> <b>Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Probation and Parole Department reach out to TCOOMMI staff to conduct screenings of individuals that might be eligible or in need of mental health services. These departments complete referrals to TCOOMMI on an ongoing basis.	All counties in the local service area	Continue

### 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	<ul style="list-style-type: none"> <li>• Gaps 1, 10</li> <li>• Goal 1</li> </ul>	CCS currently has Trauma informed care, cultural awareness trainings built into every training plan for staff. Additionally CCS has developed a DEI committee providing training opportunities on a continual basis	Continue
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	<ul style="list-style-type: none"> <li>• Gaps 2, 3, 4, 5, 10, 12</li> <li>• Goal 1</li> </ul>	CCS participates in multiple local groups, coordinates with local and state agencies to identify opportunities to maximize the use of available funds and work together to provide a bigger impact to the people served	Continue

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> <li>• Gaps 1, 10</li> <li>• Goal 1</li> </ul>	CCS continually seeks out grant and contract opportunities to increase services. Most recent opportunities have allowed for the development of: a diversion center for justice involved individuals, building a transitional supportive housing complex, and expanding current service arrays.	Continue to seek out grant and contract opportunities.
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> <li>• Gap 10</li> <li>• Goal 1</li> </ul>	CCS focuses all care and treatment in a person / family centered manner. Providing every opportunity available for the individual to the ability to guide their treatment.	Continue
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> <li>• Gaps 2, 11</li> <li>• Goal 1</li> </ul>	Utilizing our First episode psychosis program to help provide early interventions to those with Psychosis.	Continue
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> <li>• Gap 3</li> <li>• Goal 2</li> </ul>	Networking with other agencies and having continual conversations about maximizing collaboration	Continue
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> <li>• Gaps 1, 3, 7</li> <li>• Goal 2</li> </ul>	Currently we coordinate with sister centers through continual discussions and use of Consortia's.	Continue



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	<ul style="list-style-type: none"> <li>• Gap 3</li> <li>• Goal 2</li> </ul>	Utilizing the CQI committee to identify opportunities and implement recommendations.	Continue
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> <li>• Gaps 1, 11, 14</li> <li>• Goal 2</li> </ul>	Over the past few years we have been actively developing provider, stakeholder and referral networks in an effort to reduce some of the gaps in services available to the individuals	Continue
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	<ul style="list-style-type: none"> <li>• Gaps 1, 5, 6</li> <li>• Goal 2</li> </ul>	Staff provide care coordination services and are continually looking to identify opportunities to improve care and reduce delays	Continue
Develop step-down and step-up levels of care to address the range of participant needs	<ul style="list-style-type: none"> <li>• Gaps 1, 5, 6</li> <li>• Goal 2</li> </ul>	Utilizing the TRR to provide the best care for the people served	Continue
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	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 3</li> </ul>	Nothing at this time	No plans at this time
Explore opportunities to provide emotional supports to workers who serve people receiving services	<ul style="list-style-type: none"> <li>• Gap 13</li> <li>• Goal 3</li> </ul>	Utilizing the EAP network, being very mindful of the emotional wellbeing of the staff and providing opportunities for self care	Continue

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	<ul style="list-style-type: none"> <li>• Gaps 13, 14</li> <li>• Goal 3</li> </ul>	Continually analyzing data and working with employment agencies to find opportunities for successful recruiting	Continue
Implement a call to service campaign to increase the behavioral health workforce	<ul style="list-style-type: none"> <li>• Gap 13</li> <li>• Goal 3</li> </ul>	Advertising job opportunities on various employment platforms	Continue
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> <li>• Gaps 3, 13</li> <li>• Goal 3</li> </ul>	Review policies on a regular basis to ensure they properly support the workforce	Continue
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> <li>• Gaps 3, 13</li> <li>• Goal 3</li> </ul>	Taking every chance we have to educate people on the difficulties and struggles with state contracting processes we face.	Continue
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	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 4</li> </ul>	Nothing at this time	No plans at this time
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 4</li> </ul>	Coordinating with local agencies and stakeholders to develop a network of shared data using the CCD protocols	Continue developing the network and ensure accurate and timely data transmission.
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	<ul style="list-style-type: none"> <li>• Gaps 3, 4, 14</li> <li>• Goal 4</li> </ul>	Currently collecting data during encounters and coordinating with local veteran organization	Continue

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> <li>Gaps 7, 14</li> <li>Goal 4</li> </ul>	Collecting data points during encounters	Continue to collect data and develop reports to assist in the analysis of the data

### 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
provide a pre-arrest/pre-charge alternative to incarceration for individuals with mental illness who have committed non-violent, low-level offenses	Coordinated recourses with Bell County, Baylor Scott & White health, and other local agencies to develop and open a Diversion Center for those individuals identified to have mental illness. Opened in Nov 2024	Continue to explore opportunities and funding streams to expand services provided through the diversion center and establish sustainability.

### 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	<b>Example:</b> <i>Detox Beds</i>	<ul style="list-style-type: none"> <li>• <i>Establish a 6-bed detox unit at ABC Hospital.</i></li> </ul>		
1	Transitional Housing	Establish 12 housing units for 3-6 months of transitional housing supplemented with intensive case management services	\$150,000	Housing Consortium, local hospitals, County/City Governments

<b>Priority</b>	<b>Need</b>	<b>Brief description of how resources would be used</b>	<b>Estimated cost</b>	<b>Collaboration with community stakeholders</b>
2	Transitional Sober Housing	Establish collaborative service with Centex Alcoholic Rehabilitation Center to provide 2 sober transitional housing beds with SUD and MH services for copsd population exiting the jail diversion center	\$168,000	Centex, Bell County, City of Temple, City of Killeen
3	Physical Health Services	Establish collaborative service and referral between physical health services at Temple Community Health Clinic and other service providers in the catchment area and Central Counties services to increase accessibility of holistic care for individuals with behavioral health challenges	\$265,000	Temple Community Clinic, local municipalities, local county governments, unknown providers
4	ER access to BH Services for Children	Establish co-located positions within the children's hospital and emergency room to increase accessibility and connection to out-patient behavioral health systems	\$130,000	McLane's children's hospital

## 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

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