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
Center for Life Resources	408 Mulberry, Brownwood, TX 76801	325-646-9574	Brown	Clinic	TRR Outpatient Services: Adults and Children, Screening, Assessment and Intake, COPSD Services, Substance Abuse Intervention and

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					Treatment, Telemed Site, Crisis Intervention
Center for Life Resources	1200 3rd Street Brownwood, TX 76801	325-646-6952	Brown	Crisis Respite Facility	Crisis Respite Services for all Counties in the CFLR catchment area
Center for Life Resources	201-209 South Bridge, Brady, TX 76825	325-646-9574	McCulloch	Clinic	TRR Outpatient Service: Adults and Children, COPSD Services, Telemed Site, Crisis Intervention
Center for Life Resources	1009 South Austin Comanche, TX 76442	325-646-9574	Comanche	Clinic	TRR Outpatient Service: Adults and Children, COPSD Services, Telemed Site, Crisis Intervention
Center for Life Resources	111 North Cherokee San Saba, TX 76877	325-646-9574	San Saba	Clinic	TRR Outpatient Services: Adults and Children, Telemed Site, Crisis Intervention
Center for Life Resources	100 East Live Oak, Coleman, TX 76834	325-646-9574	Coleman	Clinic	TRR Outpatient Services, Adults and Children, COPSD Services, Substance Abuse Intervention & Treatment, Telemed Site, Crisis Intervention
Center for Life Resources	1207 Reynolds St Room# 54, Goldthwaite, TX 76844	325-646-9574	Mills	Clinic	TRR Outpatient Service: Adults and Children, COPSD Services, Telemed Site, Crisis Intervention
Center for Life Resources	301 Pogue Avenue,	325-646-	Eastland	Clinic	TRR Outpatient Service: Adults and

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
	Eastland, TX 76448	9574			Children, COPSD Services, Telemed Site, Crisis Intervention

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 2025	CONNECT: Comprehensive Navigation and Crisis Response Team (SB 292)	Brown, Coleman, Comanche,	N/A	Serious Mental Illness or	400

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
		Eastland, McCulloch, Mills and San Saba		Co-Occurring Issues	
FY 2025	CORE: Co-Response and Engagement Team (Rider 48)	Brown, Coleman, Eastland and Mills	N/A	Serious Mental Illness or Co-Occurring Issues	576

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				

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

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): •	☐	State hospital staff (list the hospital and staff that participated): •
☐	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): •	☐	City officials (list the city and the name and official title of participants): •
☐	Federally Qualified Health Center and other primary care providers	☐	LMHA LBHA staff **List the LMHA or LBHA staff that participated:* •
☒	Hospital emergency room personnel	☐	Emergency responders
☒	Faith-based organizations	☒	Local health and social service providers
☒	Probation department representatives	☐	Parole department representatives
☒	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): • Mike Smith, 35th District Judge of	☒	Law enforcement (list the county or city and the name and official title of participants): • Vance Hill, Brown County

	Stakeholder Type		Stakeholder Type
	Brown and Mills Counties • Stephanie Davis – County Judge of Comanche County • Judge Frank Trull – County Judge of McCulloch County • Judge Jody Fauley – County Judge of San Saba County • Judge Shaun Carpenter – 220th District Judge of Comanche County • Judge Steven Herod – 91st District Judge of Eastland County • Judge David Hullum – County Judge of Eastland County		Sheriff • Les Karnes, Brown County Jail Administrator • Ed Kading, Brown County Police Chief • Jayson Weger, Eastland County Sheriff • Lynn Brownlee, Eastland County Jail Administrator • Chris Pounds, Comanche County Sheriff • Matt Andrews, McCulloch County Sheriff • David Jenkins, San-Saba County Sheriff • James Purcell – Mills County Mental Health Deputy • Rickey Henson – Coleman County Mental Health Deputy
☒	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: Contact and input from stakeholders has been most effective through face to face contact. We have held a few local meetings with commissioner courts and law enforcement, as well as two other stakeholder meetings with the community as a requirement of one of our federal mental health deputy grants.

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: One of the largest concerns brought up was the need for a local crisis drop off location or diversion center that could be used by law enforcement. We have done a good job in developing a front-line approach to behavioral health crisis through our Mobile Crisis Outreach Team and Mental Health Deputies, but local law enforcement has requested to have a location where they can bring individuals for either local crisis assessment or temporary stabilization and linkage.

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: Center for Life Resources MCOT staff and our CEO visit with local judges, law enforcement, jail staff, hospital staff, and courthouse staff from all seven counties on a regular basis to create rapport, and as needed for any issues that may arise.

- Ensuring the entire service area was represented; and

Response: Center for Life Resources MCOT staff and our CEO visit with local judges, law enforcement, jail staff, hospital staff, and courthouse staff from all seven counties on a regular basis to create rapport, and as needed for any issues that may arise.

- Soliciting input.

Response: Additionally, our counties are well represented at our PNAC meetings, where comments and opinions are solicited from our stakeholders. Center for Life Resources staff also attend CRCG meeting on a regular basis. Finally Center for Life Resources also provides free training to our local stakeholders in the areas of suicide awareness, jail diversion strategies, and crisis response. These events are always well attended.

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: One Licensed Professional Counselor oversees our MCOT, with two bachelors' level Qualified Mental Health Professional (QMHP) and one Masters QMHP. Additionally, there are one to two QMHP's in each of our other six counties available to cover an eminent crisis until a member from out MCOT can be deployed to that county.

    b. After business hours

    Response: Two QMHP's are on call to respond to crisis.

    c. Weekends and holidays

Response: Two QMHP's are on call to respond to crisis.

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

   Response: Yes, Avail Solutions Inc.

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

   Response: Monday through Friday MCOT is staffed as a team of 4 available MCOT staff, 2 staff must be working at minimum.

   b. After business hours

   Response: Monday through Friday MCOT is staffed as a team of 4 available MCOT staff, 2 staff must be working at minimum.

   c. Weekends and holidays

   Response: The on-call MCOT consists of 4 MCOT staff members. Two available MCOT staff members remain on duty at all times during after business hours and weekend/holidays. The full team of 8 MCOT staff (including day time and night time) maintains an assigned rotating schedule for after hours and weekends/holidays in order to ensure coverage.

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

   Response: N/A

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 Active, scheduled follow-up activities beginning not later than twenty-four (24) hours and continuing until the individual is linked to services or assessed no longer at risk. Contacts both by telephone and face-to-face

beginning within twenty-four (24) hours of discharge or presentation at risk for suicide. The contacts must provide post-intervention care, assessment, continued safety of the individual, and linkage to resource serviced and treatment modalities.

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 is deployed when the individuals is medically stable.

    b. Law Enforcement: MCOT is deployed when the individual is medically stable.

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

Response: Our two State hospitals do not contact for requests, should they call we will contact the LMHA closest to the Hospital.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
    a. During business hours: Call our Crisis Line at 1-800-458-7788

    b. After business hours: Call our Crisis Line at 1-800-458-7788

    c. Weekends and holidays: Call our Crisis Line at 1-800-458-7788

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: MCOT evaluates the individual using an internal assessment form and Best Practice Suicide Questionnaire if they are at risk of eminent harm. MCOT contracts a psychiatric hospital admissions representative, secures an emergency detention order, and coordinates transport through law enforcement, family, or emergency medical services.

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

Response: MCOT facilitates transport by utilizing emergency medical services, family or law enforcement, to the nearest emergency room, where MCOT waits for individual to be medically cleared before further assessment.

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

Response: MCOT evaluates the individual using an internal assessment form and Best Practice Suicide Questionnaire if they are at risk of eminent harm. MCOT contracts a psychiatric hospital admissions representative, secures an emergency detention order, and coordinates transport through law enforcement, family, or emergency medical services.

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 and individual, along with family or other supportive individuals, develop a Safety Plan, with MCOT coordinating transportation and admission to our Crisis Respite Facility.

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 arranges an assessment utilizing law enforcement for on-site safety, as well as present family or supportive individuals as available.

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

Response: Our Crisis Respite facility or a local medical hospital.

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, Respite staff and assigned Case Manager if the persons already in Center for Life resources regular services.

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

Response: MCOT, Respite staff and assigned Case Manager if the persons already in Center for Life resources regular services.

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

Response: MCOT, Respite staff and assigned Case Manager if the persons already in Center for Life resources regular services.

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	Center for Life Resources Crisis Respite Facility
Location (city and county)	Brownwood, Brown County
Phone number	325-646-9574
Type of facility (see Appendix A)	Crisis Respite
Key admission criteria	Individuals who are at a low risk of harm to self or others. Crisis Respite does not accept individuals that are intoxicated, have a history of sever violence, registered sex offender or those that are actively suicidal or homicidal.
Circumstances under which medical clearance is required before admission	Known medical issues, acute substance abuse, or other presentation deemed necessary by clinical staff providing the assessment.
Service area limitations, if any	Limited to residents of CFLR catchment area.

Name of facility	Center for Life Resources Crisis Respite Facility
Other relevant admission information for first responders	Individual must be screened and admitted by Center for Life Resources MCOT.
Does the facility accept emergency detentions?	No.
Number of beds	10
HHSC funding allocation	$214,252.00

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	HMIH Cedar Crest Hospital
Location (city and county)	Belton, Bell County
Phone number	877-220-8379
Key admission criteria	Eminent danger to self or others, or in danger of further decompensation.
Service area limitations if any	CFLR will pay for inpatient treatment for residence of our seven county catchment areas.
Other relevant admission information for first responders	Center for Life Resources MCOT staff must screen and approve an individual needing inpatient hospitalization as payment is made through CFLR contract dollars.
Number of beds	As needed basis
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	HMIH Cedar Crest Hospital
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)?	No
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$600 per bed day
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

Name of facility	Rivercrest Hospital
Location (city and county)	San Angelo, Concho County
Phone number	800-777-5722

Name of facility	Rivercrest Hospital
Key admission criteria	Eminent danger to self or others, or in danger of further decompensation.
Service area limitations if any	CFLR will pay for inpatient treatment for residence of our seven county catchment areas.
Other relevant admission information for first responders	Center for Life Resources MCOT staff must screen and approve an individual needing inpatient hospitalization as payment is made through CFLR contract dollars.
Number of beds	As needed basis
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
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)?	No
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$600 per bed day
If not under contract, does the LMHA or LBHA	N/A

Name of facility	Rivercrest Hospital
use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Red River Hospital
Location (city and county)	Wichita Falls, Wichita County
Phone number	855-810-7040
Key admission criteria	Eminent danger to self or others, or in danger of further decompensation.
Service area limitations if any	CFLR will pay for inpatient treatment for residence of our seven county catchment areas.
Other relevant admission information for first responders	Center for Life Resources MCOT staff must screen and approve an individual needing inpatient hospitalization as payment is made through CFLR contract dollars.
Number of beds	As needed basis
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
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	No

Name of facility	Red River Hospital
psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$650 per bed day
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

Name of facility	Cross Creek Hospital
Location (city and county)	Austin, Travis County
Phone number	512-549-8021
Key admission criteria	Eminent danger to self or others, or in danger of further decompensation.
Service area limitations if any	CFLR will pay for inpatient treatment for residence of our seven county catchment areas.
Other relevant admission information for first responders	Center for Life Resources MCOT staff must screen and approve an individual needing inpatient hospitalization as payment is made through CFLR

Name of facility	Cross Creek Hospital
	contract dollars.
Number of beds	As needed basis
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
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)?	No
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$650 per bed day
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

Name of facility	Oceans Behavioral Health Hospital
Location (city and county)	Abilene, Taylor County
Phone number	325-691-0030
Key admission criteria	Eminent danger to self or others, or in danger of further decompensation.
Service area limitations if any	CFLR will pay for inpatient treatment for residence of our seven county catchment areas.
Other relevant admission information for first responders	Center for Life Resources MCOT staff must screen and approve an individual needing inpatient hospitalization as payment is made through CFLR contract dollars.
Number of beds	As needed basis
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
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)?	No
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid	$625 per bed day

Name of facility	Oceans Behavioral Health Hospital
to the contracted facility?	
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

Name of facility	Shannon Behavioral Health Hospital
Location (city and county)	San Angelo, Concho County
Phone number	1-800-227-5908
Key admission criteria	Eminent danger to self or others, or in danger of further decompensation.
Service area limitations if any	CFLR will pay for inpatient treatment for residence of our seven county catchment areas.
Other relevant admission information for first responders	Center for Life Resources MCOT staff must screen and approve an individual needing inpatient hospitalization as payment is made through CFLR contract dollars.
Number of beds	As needed basis
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the	No

Name of facility	Shannon Behavioral Health Hospital
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)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$600 per bed day
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: Currently, our agency provides Outpatient Competency Restoration services that are available in all seven counties we serve. We also operate a Jail-Based Competency Restoration program.

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

Response: The largest barrier identified in this area is limited ability to house individuals that want to participate in the outpatient program or transition from incarceration to community setting. There also limited inpatient resources, as we have no inpatient mental health treatment options in our catchment area.

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: Currently a Jail Liaison or Navigator does exist in the Brown County Jail. She operates as part of our Mental Health Grant for Justice Involved Individuals (SB 292), and will transition soon into the newly funded Jail Continuity of Care Liaison Program that was awarded in December of this year. Services include not only crisis intervention and suicide assessment, but identification of those on with behavioral health needs that are jail matched at booking, and response to mental health requests by inmates in the jail. Further services also include assistance with pre-trial diversion services when requested.

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: We are having discussions in regards to having inmates be housed in one local jail under contract to maximize the numbers that can be served at one time.

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: Yes, discussion regarding FACT Team services has been had with local officials in the past so that specialized services can be provided post program.

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

Response: Funding and providers.

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: Center for Life Resources Mobile Crisis Outreach Team (MCOT), Recovery Support Services, and Psychiatric Clinic Services continuously strive to develop working relationships with community collaborators. Due to our relatively small organizational size we are able to bridge gateways to care quickly with all groups being aware of what the others provide. Currently we are able to provide outpatient services for many unwanted psychiatric experiences through an integrated process. We still rely on our community partners to facilitate inpatient substance recovery services, substance use detox, court ordered psychiatric treatment, and physical healthcare. Our partners for recovery services include Abilene Regional Council on Alcohol and Drug Abuse and Accel Health. Our 10-bed Respite facility is the first line option for non-inpatient treatment of behavioral health needs. For inpatient treatment we currently partner with River Crest Hospital, Oceans Behavioral Hospital, Cedar Crest Hospital & Residential Treatment Center, and Cross Creek Hospital. The Center addresses the individual's physical health needs through collaboration with Accel Health and numerous community providers throughout our catchment area.

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

Response:

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: Center for Life Resources website, brochures, PNAC meetings, CRCG meetings and monthly Community Inner Agency meetings.

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: Monthly trainings and oversight by supervisors and monthly clinical supervision.

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)
Brown	No active crisis drop-off location or crisis diversion center	Voiced desire for a crisis drop-off location or crisis diversion center that can be utilized by local law enforcement	No timetable currently due to limited funding option

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:
Avail Solutions Inc. (Crisis Line)	Brown, Coleman, Comanche, Eastland, McCulloch, Mills and San Saba Counties	Maintain use of AVAIL Solutions, as well as explore other alternate crisis line service providers for comparison
Mobile Crisis Outreach Team	Brown, Coleman, Comanche, Eastland, McCulloch, Mills and San	Remain available for dispatch into community crisis situations

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
	Saba Counties	

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
CORE: Co-Response and Engagement Team (Mental Health Deputies)	Brown, Coleman, Comanche, Eastland, McCulloch, Mills and San Saba Counties	Continue working to build and integrate the program into all counties, as three counties are funded through a federal grant and the others from HHS Block Grant

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 Continuity of Care Liaison Program	Brown	Continue to grow and establish the new Jail Continuity program to effectively serve those releasing to community settings
CONNECT: Comprehensive Navigation and Crisis Response Team (SB 292)	Eastland	Continue to provide services within the Eastland County Jail that can meet the needs of those with behavioral health issues
CORE: Co-Response and Engagement Team	Comanche	Continue to provide services within the Eastland County Jail that can meet the

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
(Mental Health Deputies)		needs of those with behavioral health issues

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Outpatient Competency Restoration	Brown, Coleman, Comanche, Eastland, McCulloch, Mills and San Saba Counties	Continue to establish relationships with local courts to screen for those that can receive competency services outside the jail
Jail-Based Competency Restoration	Brown, Coleman, Comanche, Eastland, McCulloch, Mills and San Saba Counties	Continue to establish relationships with local courts to screen for those that can receive competency services inside the jail
Jail Continuity of Care Liaison Program	Brown	Continue to grow and establish the new Jail Continuity program to effectively serve those releasing to community settings

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail Continuity of Care Liaison Program	Brown	Continue to grow and establish the new Jail

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
		Continuity program to effectively serve those releasing to community settings
CONNECT: Comprehensive Navigation and Crisis Response Team (SB 292)	Brown, Coleman, Comanche, Eastland, McCulloch, Mills and San Saba Counties	Establish a staff that is dedicated to serve those on probation or conditional release to ensure connection with LMHA services while avoiding re-arrest

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCOOMMI	Brown, Coleman, Comanche, Eastland, McCulloch, Mills and San Saba Counties	Continue building relationships with local parole and ensuring that individuals that are referred are connected with intake services for ongoing care

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	We have fully adopted a CCBHC model that provides additional oversight through care coordination and substance use detoxification services, as well as annual training in trauma informed care and cultural awareness. Continuous engagement and maintenance of high standards of care to improve outcomes, reduce recidivism, and provide access to evidence based practices.	
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	We currently utilize partnerships with local public transportation organization such as City and Rural Rides, The HOP, and Concho Valley Transit District. We obtain MOUs with local agencies and community partners to increase access to housing,	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		employment, and transportation.	
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	• Gaps 1, 10 • Goal 1	We have sought local, state, and federal grants to support behavioral health services and expand crisis services. Public-private partnerships and streamlined administrative processes are also being implemented to improve efficiency. These efforts are ongoing	
Implement services that are person- and family-centered across systems of care	• Gap 10 • Goal 1	We offer person- and family-centered services by addressing food insecurities through local partnerships, housing support via SHRAP and HUD, and clothing assistance through community programs. Transportation is provided through local partners such as City and Rural Rides and other rural ride-share services to ensure access to care. Workforce development, including training for culturally competent care, is ongoing to enhance service delivery and meet community needs.	
Enhance prevention and early intervention	• Gaps 2, 11	We enhance prevention and early	We plan to host another 5k run during the next

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
services across the lifespan	• Goal 1	intervention services by improving service access through partnerships with schools, community organizations, and healthcare providers to provide screenings and early support across all age groups. Public awareness efforts include targeted campaigns, such as a 5k run during Mental Health Awareness Month, and engagement with local school leadership to promote behavioral health resources. These initiatives aim to connect individuals to care early while ensuring services are accessible to those in need.	two years to further our efforts in enhancing awareness, improving access, and reducing stigma.
Identify best practices in communication and information sharing to maximize collaboration across agencies	• Gap 3 • Goal 2	We recently purchased and implemented a new EHR system that enhances our ability to share information securely and efficiently across agency departments. All staff complete mandatory data protection and security measures to ensure the	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		confidentiality and integrity of shared information. These improvements support our commitment to maximizing departmental collaboration and improving service delivery.	
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	We currently collaborate across agency departments and, when appropriate, with partner organizations to develop behavioral health policies and implement services that create a coordinated, person-centered environment. Our strategic approach focuses on meeting consumer needs efficiently and minimizing delays in service delivery. Each agency department actively works to enhance systems and align efforts to provide seamless and effective care.	
Identify and strategize opportunities to support and implement	• Gap 3 • Goal 2	We actively identify and strategize opportunities to support and implement	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
recommendations from SBHCC member advisory committees and SBHCC member strategic plans		recommendations from SBHCC member advisory committees and strategic plans. As an example, we most recently collaborated with Dr. Harvey on promoting the Children's Mental Health Strategic Plan. These efforts ensure alignment with statewide priorities and foster a coordinated approach to enhancing behavioral health systems. We utilized the Texas Statewide Behavioral Plan to narrow our attention.	
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	• Gaps 1, 11, 14 • Goal 2	We work to increase awareness of provider networks, services, and programs to ensure individuals are referred to the appropriate level of care. Our leadership actively engages with other community organizations of all levels and disciplines to provide service awareness in community meetings, Community Justice Plan meetings, and through organizing a	We plan to have at least one 1.5 day event completing a SIM mapping with numerous community partners.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		two-day Sequential Intercept Model mapping session. These efforts aim to improve service access, reduce delays in care, and ensure people receive the support they need.	
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	• Gaps 1, 5, 6 • Goal 2	We work to identify gaps in continuity of care procedures to reduce delays in care and waitlists for services. We have focused our continuity of care process on addressing needs in areas such as psychiatric hospital continuity and discharge, access to crisis follow-up, LPHA assessments, medication support, and community referral and linkage. These efforts aim to streamline services and ensure individuals receive timely and appropriate care.	
Develop step-down and step-up levels of care to address the range of participant needs	• Gaps 1, 5, 6 • Goal 2	We work to develop step-down and step-up levels of care to address the full range of needs for both MH and IDD individuals. This includes leveraging	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		respite services for short-term stabilization and support, as well as collaborating with private hospitals to ensure timely access to higher levels of care when necessary. These efforts create a seamless continuum of care, reducing delays and optimizing outcomes across all levels of 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	Behavioral Health leadership meets bi-monthly to address program needs, including CCBHC program requirements, HHSC performance targets, MCO standards, performance contract requirements, and local service and community needs. These meetings also focus on data analysis to identify trends in service enrollment, waitlists, and gaps in levels of care, ensuring we are capturing and addressing these needs effectively. We also utilize the Statewide Behavioral Health Plan to guide	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		our efforts in determining and prioritizing needs. This collaborative approach supports the goals of the SBHCC data subcommittee by enhancing policy assessment and provider performance.	
Explore opportunities to provide emotional supports to workers who serve people receiving services	• Gap 13 • Goal 3	We actively explore opportunities to provide emotional support to workers serving people receiving services. Efforts include offering flexible schedules, easily usable PTO, and a convenient on-site daycare for staff to bring their children. Additionally, we organize wellness initiatives such as walking and weight loss challenges, as well as the use of an online forum to promote team engagement. These initiatives aim to improve staff well-being, reduce burnout, and enhance the quality of care delivered	
Use data to identify gaps, barriers and opportunities for	• Gaps 13, 14 • Goal 3	We use data to identify gaps, barriers, and	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
recruiting, retention, and succession planning of the behavioral health workforce		opportunities for recruiting, retention, and succession planning within the behavioral health workforce. As a rural service area, we face significant challenges in attracting and retaining professionals, which requires innovative and persistent efforts. To address these challenges, we offer flexible schedules, easily accessible PTO, and a convenient on-site daycare for staff. Additionally, we mentor staff and support those seeking advanced licensure by providing guidance and resources to help them grow in their careers. While these efforts have made some progress, workforce development remains an ongoing and complex issue in our region.	
Implement a call to service campaign to increase the behavioral health workforce	• Gap 13 • Goal 3		We will consider implementing a call-to-service campaign over the next two years by reviewing successful campaigns and identifying elements

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			that are appropriate for our service area. This initiative would aim to increase awareness of behavioral health careers and attract individuals to join the workforce in our rural community. By tailoring the campaign to local needs, we hope to address workforce shortages and strengthen behavioral health services.
Develop and implement policies that support a diversified workforce	• Gaps 3, 13 • Goal 3		
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	• Gaps 3, 13 • Goal 3	We are exploring ways to simplify state contracting processes to help expand the behavioral health workforce and services. This includes reviewing contract requirements to identify barriers and finding ways to streamline reporting and compliance. Making these processes easier can encourage more providers to participate in state programs and improve access to care in our community.	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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		This is an area with significant promise and we hope to assess its viability in the next two years.
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	• Gaps 3, 14 • Goal 4		This is an area with significant promise and we hope to assess its viability in the next two years.
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	The MVPN Service Coordinator links veterans with behavior needs with local mental health providers who utilize evidence-based practices. CFLR currently provides Cognitive Processing Therapy for treatment of PTSD There is currently a shortage of qualified behavioral health providers, especially psychiatrics. Some veterans have expressed a need for behavioral health support groups specifically, for veterans. Mental health services are offered	The MVPN Service Coordinator is coordinating with local providers to provide individual and group therapy for veterans. Plans for training in other modalities such as EMDR for therapists are in the making.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		to all the communities in our services area.	
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	• Gaps 7, 14 • Goal 4		This is an area with significant promise and we hope to assess its viability in the next two years.

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
Expand Mental Health Deputies to Comanche and Sana Saba Counties	Obtained an MOU and grand funding to acquire a Qualified Mental Health Professional to work with the local police agency to increase mental health establishment with local law	Continue to seek funding sources

Local Priority	Current Status	Plans
	enforcement.	
Local inpatient psychiatric beds	Gathering stakeholders input	Seek funding sources
Respite expansion	Our respite facility is very old and needs to be larger to accommodate more clients	Seek funding sources

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	*Expansion of Mental Health Deputies to full service area*	• *Employ through contract additional mental health deputies to provide care in the areas that don't have access to one at this time*	*$180,000*	
2	*Expansion of Jail QMHPs for In-Reach Services*	• *Hire and place QMHPs to work in the local jail system for intervention, linkage and referral to community services, and follow up to avoid re-arrest or recidivism*	*$250,000*	
3	*Outpatient Competency Restoration Program*	• *Engagement with local courts to avoid placement on state hospital waiting lists for competency restoration; hiring of LPC or associated program staff to provide care in the local community; assist with patient release and stabilization in*	*$200,000*	

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
		community		

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