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
Lakes Regional Community Center	655 Airport Road Sulphur Springs, TX 75482	903-438-3270	Hopkins	Mental Health & Substance Abuse	Texas Resilience and Recovery (TRR) outpatient services for Adults and Children; screening, assessment, and intake for both Adults and Children; Counseling services for Adults and Children; Outpatient crisis services for Adults and Children; Skills Training and Psychosocial Rehab services for Adults Substance Use Disorder outpatient treatment for Adults
Lakes Regional Community Center	1300 W. 16th Street Mt. Pleasant, TX 75455	903-572-8783	Titus	Mental Health & Substance Abuse	Texas Resilience and Recovery (TRR) outpatient services for Adults and Children; screening, assessment, and intake for both Adults and Children; Counseling services for Adults and Children; Outpatient crisis services for Adults and Children; Skills Training and Psychosocial Rehab services for Adults Substance Use Disorder outpatient treatment for Adults

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Lakes Regional Community Center	395 N. Main Paris, TX 75460	903-737-2475	Lamar	Mental Health	Texas Resilience and Recovery (TRR) outpatient services for Adults and Children; screening, assessment, and intake for both Adults and Children; Counseling services for Adults and Children; Outpatient crisis services for Adults and Children; Skills Training and Psychosocial Rehab services for Adults
Lakes Regional Community Center	637 Clarksville Street Paris, TX 75460	903-737-2482	Lamar	TCOOMMI & Substance Use Disorder	TCOOMMI and Substance Use Disorder outpatient treatment 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, 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
FY24	N/A				

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
FY24	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 • Franklin County Rural Health Clinic	☒	LMHA LBHA staff **List the LMHA or LBHA staff that participated:* • Behavioral Health Director • Center Directors • Director of Substance Use Services • Director of TCOOMMI Services
☒	Hospital emergency room personnel	☐	Emergency responders
☒	Faith-based organizations	☒	Local health and social service providers
☒	Probation department representatives	☒	Parole department representatives

	Stakeholder Type		Stakeholder Type
☒	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): • Lamar County Judge Brandon Bell • Hopkins County Judge BJ Teer and Judge Brad Cummings • Titus County Judge Kent Cooper • Titus County JP Steve Agan and Irma Dunn • Camp County JP Richard Penn • Camp County Judge AJ Mason • Camp County Attorney James W. Wallace III • Camp County District Attorney David Colley • Morris County Judge Doug Reeder • Morris County JP Nikita Fidia • Morris County JP Jennifer Easley • Morris County District Attorney Rickey Shelton • Daingerfield Public Defender Gary Stovall	☒	Law enforcement (list the county or city and the name and official title of participants): • Lamar County Sheriff Scott Cass • Delta County Sherriff Marshall Lynch • Paris Police Chief Richard Salters • Sulphur Springs Police Chief Jason Ricketson • Hopkins County Jail Administrator Kenneth Dean • Mt. Pleasant Police Chief Mark Buhman • Titus County Sheriff Tim Ingram • Titus County Corrections Lieutenant Assistant Jail Admin. Mike Garcia • Camp County Sheriff John Cortelyou • Pittsburg Police Chief Matthew Lemarr • Camp County Jail Administrator Tracie Yount • Franklin County Sheriff Rickey Jones • Franklin County Jail Nurse Whitney McCall • Daingerfield Police Chief Tracey Climer • Lone Star Police Chief Ernest Hastings • Morris County Sheriff Jack Martin • Morris County Jail Administrator Flow Haskins
☒	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

	Stakeholder Type		Stakeholder Type
☒	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: Completed Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis. During the SWOT Analysis, Gaps and Barriers are also identified. We send our community stakeholders a Stakeholder Needs Assessment. In addition, we send individuals and families in our services an Individuals and Family Needs Assessment.

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: Transportation, Alternatives to Hospitalization for children and adults

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: Behavioral Health Management team, including the local clinic directors, identify the key community stakeholders for each county we serve.

- Ensuring the entire service area was represented; and

  Response: To ensure representation a needs assessment was distributed in several different ways: e-mailed with QR code, hand delivered with QR code, posted QR code in MH clinics, posted needs assessment on our website

- Soliciting input.

  Response: Along with gathering information through the Needs Assessment, Behavioral Health Management team had face-to face meetings, with local law enforcement, Judges, schools, emergency rooms, Justice of the Peace

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: Contracted with Avail for 24 hours/7 days a week

b. After business hours

Response: Contracted with Avail for 24 hours/7 days a week

c. Weekends and holidays

Response: Avail is staffed on all holidays 24 hours/7 days a week

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: Lakes Regional is staffed with a Mobile Crisis Outreach Team of seven (7) QMHP's during business hours. They are able to respond individually or as a 2-person team. Other QMHP's are also available for crisis, as needed.

   b. After business hours

      Response: One staff on call, one back up staff, and one administrator on call.

   c. Weekends and holidays

      Response: One staff on call, one back up staff, and one administrator on call.

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 to all crisis. Follows up occurs via phone calls, face to face, and audio-visual. Individuals that have experienced a crisis are offered LOC 5 transitional services or other LMHA services for which they meet eligibility criteria.

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: Local emergency rooms routinely contact the LMHA when an individual is in crisis and MCOT is deployed.

   b. Law Enforcement: City and county jails routinely contact the LMHA when an individual is in crisis and MCOT is deployed.

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

   Response: N/A

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
   a. During business hours: Emergency rooms or law enforcement can contact the local LMHA or Avail, when inpatient level of care is needed. MCOT is deployed.

   b. After business hours: After hours, emergency rooms or law enforcement should contact Avail.

   c. Weekends and holidays: Emergency rooms or law enforcement should contact Avail.

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: If an individual in crisis cannot be stabilized at the site of the crisis they are taken to the local ER for medical clearance.

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

    Response: If an individual in crisis cannot be stabilized at the site of the crisis they are taken to the local ER for medical clearance.

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

    Response: If an individual in crisis is determined to need admission to a hospital, a completed crisis assessment informs the recommendation for the least restrictive environment. Staff identify the payer source to determine the appropriate treatment facility for the individual. Treatment options include private psychiatric hospitals, a state hospital, or a state-funded private hospital bed. After reviewing the crisis assessment, the Utilization Management Department authorizes bed days to a state hospital or Private Psychiatric Bed (PPB).

    If recommending hospitalization, consider suitability for state-funded PPB. Staff completing crisis assessment and seeking admission to PPB contact the Utilization Management Department to check the availability of the PPB option and await a return call.

    If recommended for State Hospital and on diversion, the individual will be placed on the in-patient care waitlist until a bed is available. The individual will remain in the ER until a bed is available or it is determined that the individual no longer requires hospitalization.

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: Crisis respite is available for dually diagnosed individuals (MH & IDD). The IDD Crisis Intervention Specialist would facilitate these services.

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: If the request is to go to a private location, MCOT will staff with MCOT team lead to determine the need for a 2-person deployment.

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

    Response: The individual waits in the local emergency room or jail.

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: Emergency room staff will monitor individual, and MCOT staff will follow-up daily until a bed is obtained.

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

    Response: Local law enforcement is responsible for transportation.

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

    Response: Local law enforcement is responsible for transportation.

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	

Name of facility	N/A
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	UT Health Science Center
Location (city and county)	Tyler, Smith County
Phone number	903-877-7000
Key admission criteria	PPB contractor serving indigent clients in our GR counties admission is through Lakes Utilization Management Department approval only.
Service area limitations if any	N/A
Other relevant admission information for first responders	Contact Lakes Utilization Management Department

Name of facility	UT Health Science Center
Number of beds	20
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)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$600
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	Texoma Medical Center
Location (city and county)	Sherman, Grayson County
Phone number	903-416-3000

Name of facility	Texoma Medical Center
Key admission criteria	PPB contractor serving indigent clients in our GR counties admission is through Lakes Utilization Management Department approval only.
Service area limitations if any	N/A
Other relevant admission information for first responders	Contact Lakes Utilization Management Department
Number of beds	60
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)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$750
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A

Name of facility	Texoma Medical Center
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Perimeter Behavioral Hospital Dallas
Location (city and county)	Garland, Dallas County
Phone number	972-370-5517
Key admission criteria	PPB contractor serving indigent clients in our GR counties admission is through Lakes Utilization Management Department approval only.
Service area limitations if any	N/A
Other relevant admission information for first responders	Contact Lakes Utilization Management Department
Number of beds	100
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)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed

Name of facility	Perimeter Behavioral Hospital Dallas
If under contract, what is the bed day rate paid to the contracted facility?	$650
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	Glen Oaks Hospital
Location (city and county)	Greenville, Hunt County
Phone number	903-454-8882
Key admission criteria	PPB contractor serving indigent clients in our GR counties admission is through Lakes Utilization Management Department approval only.
Service area limitations if any	N/A
Other relevant admission information for first responders	Contact Lakes Utilization Management Department
Number of beds	54
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Glen Oaks 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)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$700
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: N/A

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

   Response: Funding

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: Lakes does not have a full-time jail liaison position. MCOT staff fill the role as needed.

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: MCOT Team Lead

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

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: No need at this time

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

   Response: N/A

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: Lakes collaborates with the Federally Qualified Health and Rural Health Clinics in each service area. Lakes Regional and Franklin County Rural Health Clinic have formalized their collaboration through a care coordination agreement. Psychiatric emergency responses are conducted with local emergency departments, and Lakes Regional is contacted if a state-funded bed is needed. Lakes Regional is exploring the use of EDEN to keep our agency informed and involved in the treatment of those that present to local emergency departments for psychiatric or substance use related care.

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

   Response: Lakes Regional will continue to pursue care coordination agreements with local emergency departments, and work closely with ED staff to seek community resources to benefit individuals through care coordination.

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 MCOT protocols for psychiatric response have been shared with all ERs and law enforcement personnel.

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: New and current employees: Competency training, protocol reviews, quarterly meetings, peer reviews, 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)
Hopkins, Delta, Lamar, Camp, Franklin, Morris, Titus	State Hospital Beds	More civil bed capacity	N/A
Hopkins, Delta, Lamar, Camp, Franklin, Morris, Titus	Law Enforcement Training	Should funding become available Lakes is interested in obtaining an MH Deputy	N/A
Hopkins, Delta, Lamar, Camp, Franklin, Morris, Titus	Alternative to hospitalization	Should funding become available Lakes is interested in obtaining Crisis Stabilization beds	N/A

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:
MCOT Screening Services	Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	Continue audio-visual and in person crisis screenings in jails

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Crisis screenings available in the jail and other locations with law enforcement present	Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	Continue audio-visual crisis screenings in jails Update MOUs with jails as needed

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Law enforcement backup for welfare checks	Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	Should funding become available Lakes is interested in obtaining an MH Deputy

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:
MCOT screenings as requested	Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	Continue audio-visual crisis screenings in jails

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Drug Court	Hopkins County	Continue contracting with Hopkins County Drug Court

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCOOMMI Contract	Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	Update MOUs as needed Continued education and outreach to probation and parole

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCOOMMI Contract	Hopkins, Delta, Lamar, Camp, Morris, Franklin, Titus	Update MOUs as needed Continued education and outreach to probation and parole

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 provide ongoing trauma informed care and cultural awareness training to all staff. We administer the PRAPARE SDOH assessment to all individuals once a year.	Will continue this process
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	Funds are available for housing needs. We offer supported housing and supported employment to adults in services. As part of case management and care coordination individuals are linked to internal and external resources.	Will continue this process

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	• Gaps 1, 10 • Goal 1	Using PRAPARE data we will explore additional community referral resources, grant opportunities, and ways to address identified needs within our existing care framework.	We will utilize EHR dashboards as soon as it's available to analyze data from the PRAPARE assessment to target identified needs and apply appropriate resources.
Implement services that are person- and family-centered across systems of care	• Gap 10 • Goal 1	All of our treatment modalities utilize a person and family centered approach.	We will continue this process
Enhance prevention and early intervention services across the lifespan	• Gaps 2, 11 • Goal 1	We currently offer the following early intervention services: CSC - First Episode Psychosis Mobile Response and Stabilization Services We are utilizing CCBHC IA grant funding to provide primary healthcare services to uninsured 18-30 year olds.	We will continue to utilize these services and seek additional grant funding for other early intervention services.
Identify best practices in communication and information sharing to maximize collaboration across agencies	• Gap 3 • Goal 2	We actively participate in the following collaborative efforts: Texas Council of Community Centers, East Texas Behavioral Health Network, and CCBHC learning collaboratives.	We will continue to actively participate in these collaborations.
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 actively participate with Texas Council of Community Centers and Texas CCBHC.	We will continue to actively participate with Texas Council of Community Centers and Texas CCBHC.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	• Gap 3 • Goal 2	We were awarded the opportunity to participate in SIM mapping in Titus County.	SIM mapping will begin in March 2025.
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 are a part of CRCG, ETBHN, Texas Council.	We will continue this process.
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	• Gaps 1, 5, 6 • Goal 2	We utilize our MCOT and Care Coordinators to close gaps and reduce delays in services. We do not have a waitlist. We were awarded the opportunity to participate in SIM mapping in Titus County.	We will continue this process. SIM mapping will begin in March 2025.
Develop step-down and step-up levels of care to address the range of participant needs	• Gaps 1, 5, 6 • Goal 2	Currently we offer ACT for adults and we offer YES Waiver and Wraparound services for children.	If funding becomes available we are open to exploring contracting beds in an existing facility should they become available.
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	We utilize our Utilization Management staff to analyze trends and gaps in service delivery.	We will continue this process.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to provide emotional supports to workers who serve people receiving services	• Gap 13 • Goal 3	We offer an Employee Assistance Program (EAP) to all staff and counseling services through our health insurance offerings. We also have staff appreciation activities at all locations.	We will continue this process.
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	• Gaps 13, 14 • Goal 3	We utilize longevity compensation grids to aid in retention. We utilize various features of recruiting websites to maximize our recruiting efforts and results.	We are developing a leadership development program to retain and grow our internal talent pool.
Implement a call to service campaign to increase the behavioral health workforce	• Gap 13 • Goal 3	Human Resources staff provides outreach to the community at job fairs other community events to promote job opportunities.	We will continue this process.
Develop and implement policies that support a diversified workforce	• Gaps 3, 13 • Goal 3	We have an Equal Opportunity Employer procedure.	We will continue this process.
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	• Gaps 3, 13 • Goal 3	Continue to advertise open positions through various sources.	We will expand services and hire more staff as funding becomes available.
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	We utilize our Utilization Management staff to analyze trends and gaps in service delivery.	We will continue this process.
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	• Gaps 3, 14 • Goal 4	We receive data from CommonWell in our EHR.	We are in the contracting process with Xferall and exploring EDEN contracting options.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	• Gaps 3, 4, 14 • Goal 4	We identify veterans during our intake process and document their status in the EHR.	We will continue this process.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	• Gaps 7, 14 • Goal 4	We analyze performance measures, CCBHC, and DPP measures to determine quality of services and identify areas for quality improvement in addition to various other quality improvement activities.	We will continue this process.

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
SIM Mapping in Titus County	We were awarded the opportunity to participate in SIM mapping in Titus County.	The first meeting will be held in March 2025 to determine needs and ways to meet identified needs.

Local Priority	Current Status	Plans
Expand Peer Services	Awarded an HHSC grant to fund a Coffee House in Titus County. Identified a location for the Coffee House.	Hire and train additional peers to facilitate programming at the Coffee House.

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	***Example:*** *Detox Beds*	• *Establish a 6-bed detox unit at ABC Hospital.*		
2	***Example:*** *Nursing home care*	• *Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.* • *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.*		
1	Transportation	Funding will be used to purchase transportation vouchers for individuals in remote areas. The vouchers would be for indigent individuals that do not qualify for Medicaid transportation or other sources.	$8,000	If funding became available the UM Department will contact Trax to negotiate possible drop off locations at our Centers in addition to reduced rates for our indigent population.
2	Alternatives to Hospitalizations	Contract beds in an existing facility to offer crisis stabilization or a step-down program.	$500,000	SIM Mapping with community stakeholders

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
3	Assisted Outpatient Treatment (AOT) Program	Funding would include court costs, designated staff time, and transportation.	$283,000	Judges have signed letters of intent and we will collaborate with them if funding becomes available.

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