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
Community Healthcore	105 & 107 Woodbine Pl, Longview 75601	(903) 758-2471	Gregg	Office	• Other, Administrative Complex • Care Coordination and Peer Support • Supportive Housing Services for persons with Mental Health or other disabilities – rental assistance, Rapid Rehousing, TBRA; Coordinated Entry • Aging and Disability Resource Center
Community Healthcore	1300 N. Sixth Street, Longview 75601	(903) 297-1852	Gregg	Outpatient Clinic	• Screening, assessment and intake • Texas Resilience and Recovery (TRR) outpatient services: adult • Integrated healthcare: mental and physical health

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Community Healthcore	950 N. Fourth Street, Longview 75601	(903) 758-0596	Gregg	Outpatient Clinic	• Screening, assessment, and intake • Substance Abuse prevention, intervention, and treatment
Community Healthcore	3110 HG Mosley, Suite 104, Longview 75605	(903) 234-9200	Gregg	Outpatient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: children Substance Use prevention, intervention, and treatment for adolescents • Early Childhood Intervention (ECI) • Family and Youth Success (FAYS) • Parents As Teachers (PAT)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Community Healthcore	101 Madison, Gilmer 75644	(903) 843-5518	Upshur	Outpatient Clinic	• Screening, assessment, and intake Texas Resilience and Recovery (TRR) outpatient services: both Integrated health: mental and physical health
Community Healthcore	106 North MLK Drive, Clarksville 75426	(903) 427-2226	Red River	Outpatient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both Integrated health: mental and physical health

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Community Healthcore	2435 College Dr., Texarkana 75501	(903) 831-7585	Bowie	Outpatient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults • Integrated healthcare: mental and physical health • Substance Abuse prevention, intervention, and treatment • East Texas Veterans Resource Center – rental assistance, mental health, peer services; Coordinated Entry • Integrated health: mental and physical health

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Community Healthcore	1911 Galleria Oaks, Texarkana 75501	(903)792-0007	Bowie	Outpatient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: child • Substance Use prevention, intervention, and treatment for adolescents • Integrated healthcare: mental and physical health
Community Healthcore	209 N. Main, Henderson 75653	(903) 657-7526	Rusk	Outpatient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both Substance Use prevention, intervention, and treatment for adolescents

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Community Healthcore	1500 W. Grand Ave., Marshall 75670	(903) 938-7721	Harrison	Outpatient Clinic	• Screening, assessment, and intake Texas Resilience and Recovery (TRR) outpatient services: children, youth and adults
Community Healthcore	114 Jordan Plaza Blvd, Tyler 75703	(903) 581-9472	Out of catchment Smith	Office	• Substance Abuse prevention, intervention, and treatment - Adult
Contractor Glen Oaks Hospital	301 East Division Street Greenville, Texas 75401	(903) 453-3302	Out of Catchment	Inpatient Psychiatric	• Contracted inpatient beds
Contractor Perimeter Behavioral Health of Garland	2696 W. Walnut Street Garland, Texas 75042	(972) 370-5517	Out of catchment	Inpatient Psychiatric	• Contracted inpatient beds

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Community Healthcore	501 Pine Tree Road, Longview, TX 75604	(903) 291-1155	Gregg	Office	• East Texas Veterans Resource Center – rental assistance, mental health, peer services; Coordinated Entry • First Episode Psychosis
Community Healthcore	801 Pegues Place, Longview, TX 75601	(903) 234-1900	Gregg	Residential	• HUD Section 811 PRAC housing – women with mental health or other disabilities
Community Healthcore	1512 Indian Springs Rd., Marshall, TX 75670	(903) 938-4597	Harrison	Multi Residential Units	• HUD Section 8 Project Based housing – individuals with mental health or other disabilities
Community Healthcore	4603 Troup Hwy, Tyler, Tx 75703	(903) 757-8194	Smith	Office	• Early Childhood Intervention (ECI)
Community Healthcore	4609 Troup Hwy, Tyler, Tx 75703	(903) 237-2398	Smith	Office	• Parents As Teachers (PAT)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Community Healthcore	307 N Louise St. #B, Atlanta, Tx 75551	(903) 796-4403	Cass	Outpatient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: children, youth and adults
Community Healthcore	1007 Williams St, Atlanta Tx 75551	(903) 796-1278	Cass	Crisis Unit imbedded in Hospital	• Crisis Residential & Extended Observation Unit

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
NA	NA	NA	NA	NA	NA

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
NA	NA	NA	NA	NA

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

	Stakeholder Type		Stakeholder Type
☒	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): • Bowie County, Judge Bobby Howell, County Judge • Bowie County, Jennifer Stinson, Admin Assistant	☒	City officials (list the city and the name and official title of participants): • City of Marshall, Anna Lane, Director Community & Neighborhood Services
☒	Federally Qualified Health Center and other primary care providers	☒	LMHA LBHA staff **List the LMHA or LBHA staff that participated:* • Steve Archer • Kimberly Reagan • Amy Hill
☒	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): •	☒	Law enforcement (list the county or city and the name and official title of participants): • Bowie County, Robby McCarver, Sheriff's Office • Marshall TX, Joe Fox, Marshall PD • Texarkana TX, Aaron Brower, Texarkana PD • Henderson TX, Chad Taylor, Chief of Police • Panola County, Scott Jones, Sheriff's Office • Longview TX, Chris Byrdsong, Longview PD • Upshur County, Larry Webb, County Sheriff • Jefferson TX, Chief Perez, Jefferson PD • Bowie County, Cody Harris, Mental Health Officer
☒	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: Council of Governments/Area Agency on Aging

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: Focus Groups as part of the Needs Assessment. The LMHA also hosts or participates in area collaborative workgroups.

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:

1. Identify Transportation Services and Promote Awareness.
2. Examine if virtual visits for In-Home Adult Mental Health services are feasible.
3. Determine if there is a need for additional psychiatric services in the system.
4. Continued education of the public and community partners regarding the depth of the services Community Healthcore provides.
5. Expand working with schools and use of social media to increase awareness regarding suicide prevention

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:

The Center engages stakeholders throughout the year. It has meetings with hospitals, law enforcement, county officials, and other stakeholders. These occur at the Bowie County Mental Health Meeting (Texarkana, monthly), Greater Longview Optimum Wellness (Longview, monthly), and the Cass County Collaborative (Atlanta, quarterly) as well other meetings and trainings throughout the year.

In addition to the above meetings Community Healthcore conducted a Needs Assessment that included:

- Mail-outs to 343 Community Partners; 70 responses for a 20.4% return rate.
- Four Focus Groups with a cross section of Community Partners – 29 participated.
- One of the Focus Groups was made up of 9 Law Enforcement officers from across the 9-county service area.

Ensuring the entire service area was represented; and

Response:

- The Needs Assessment encompassed the whole nine county region.

Soliciting input.

Response:

- Needs Assessment including surveys and focus groups
- Informal solicitation through those groups listed in I.D.

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: All calls from the community come through AVAIL Solutions. Avail is staffed with QMHPs who receive and vet the calls to determine call level as emergent, urgent, or routine.

    b. After business hours

        Response: Avail Solutions, contractor

    c. Weekends and holidays

        Response: Avail Solutions, contractor

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

    Response: Avail Solutions, Contractor

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

        Response: Longview – 4 QMHPs, 2 RNs on 12-hour shifts on alternating days, 1 QMHP/LCDC 8a-5p, 1 QMHP 8a-5p at outpatient clinic
        Texarkana – 2 QMHPs on 12-hour shifts on alternating days, 1 RN 8a-5p, 1 QMHP at jail M, Tr, F 8a-5p

b. After business hours

   Response: Longview – 2 QMHPs, 1 on 12-hour shifts on alternating nights
   Texarkana – 1 QMHP on M-Tr 12-hour shifts, 3 QMHPs alternating 12-hour shifts F-Sun

c. Weekends and holidays

   Response: The schedule remains the same through weekends and holidays with current staffing of screeners on 12 hour shifts

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: The MCOT can refer a client to the Crisis Clinic for LOC5 services which can include physician services, service coordination, skills training, and counseling. This service is available for up to 90 days. The client will be continuously assessed for needs. After the 90-day period, the client can be referred to a full level of care or into the community for ongoing services.

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:

   Emergency Rooms:

   - Calls go through AVAIL and then to the MCOT worker
   - Crisis assessment of the identified individual, collaboration with staff on planning to help the individual, facilitating placement of individual, education of staff on MH issues and community resources.

Law Enforcement:

- Calls go through AVAIL and then to the MCOT worker unless other specific arrangements have been made.
- Crisis assessment of the identified individual, collaboration with staff on planning to help the individual, facilitating placement of individual, education of staff on MH issues and community resources.

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

   Response: There is not a state hospital within the MCOT screening area.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
   a. During business hours: Call Crisis Line - 1.800.832.1009

      Crisis Office Longview – 903.757.1106

      Crisis Office Texarkana – 903.831.7585

   b. After business hours: Call Crisis Line – 1.800.832.1009

   c. Weekends and holidays: Call Crisis Line – 1.800.832.1009

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 the individual needs further services, MCOT can coordinate with local law enforcement or EMS to transport the individual to the nearest Emergency Department for medical clearance.

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

    Response: If the individual needs further services, MCOT can coordinate with local law enforcement or EMS to transport the client to the nearest Emergency Department for medical clearance.

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

    Response: If it is determined that the individual needs a higher level of care, the MCOT will call to obtain a bed at one of many psychiatric facilities in and around the area. If the crisis assessment occurs in the community, the MCOT will pursue the EDW for local law enforcement to take custody of the individual and transport them to the nearest ER for medical clearance. If the crisis assessment is taking place within an ER or jail, the staff of that facility will complete the necessary paperwork for transport by law enforcement (EDW or OPC).

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: Individual is assessed by crisis workers and / or RN triage Nurse. If individual meets criteria for admission, the individual is transported by law enforcement or transportation staff for evaluation by the Psychiatrist for continued 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: MCOT completing assessments in the home or alternate locations are encouraged to access the individual in pairs, such as with another MCOT worker or triage nurse. MCOT can also request a law enforcement escort.

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

    Response: If not currently at an ER, the individual should remain in the community with a well-crafted safety plan. An individual should not go to an ER simply to wait for a bed. Placement will be established before sending an individual for any medical clearance. However, if the individual is in the ER at the time of the assessment, the individual will remain there until a bed becomes available.

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

    Response: The Mobile Crisis Outreach Team

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

    Response: MCOT may transport as they feel comfortable. Also, minimal funds are available to assist the individual with a ride in a taxi depending on their location, distant of travel and time of day.

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

    Response: MCOT may transport as they feel comfortable. Also, minimal funds are available to assist the individual with a ride in a taxi depending on their location, distant of travel and time of day.

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	Community Healthcore Rapid Crisis Stabilization Unit
Location (city and county)	Atlanta - Cass County
Phone number	903-796-1278
Type of facility (see Appendix A)	CRU/EUO
Key admission criteria	Short-term, inpatient stabilization services for those who are at risk of being a harm to themselves or others, who cannot be stabilized less restrictive environment.
Circumstances under which medical clearance is required before admission	Always, unless individual has been previously within 72 hours. Exceptions can be provided by medical director.
Service area limitations, if any	Serves nine counties: Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur
Other relevant admission information for first responders	All units are nonsmoking, no e-cigarettes, chewing tobacco, snuff, etc.; No cell phones allowed; Noninvasive body searches for contraband on admission.
Does the facility accept emergency detentions?	Yes
Number of beds	14
HHSC funding allocation	$4,164,017

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	Glen Oaks
Location (city and county)	Greenville – Hunt County

Name of facility	Glen Oaks
Phone number	903.454.6000
Key admission criteria	Short-term, inpatient stabilization services for those who are at risk for suicide
Service area limitations if any	NA
Other relevant admission information for first responders	For individuals outside of Hunt County, all admissions require an OPC
Number of beds	54
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)?	Community mental health hospital beds and Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	On an as needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$720
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	NA

Name of facility	Glen Oaks
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	NA

Name of facility	**Perimeter Behavioral Health of Garland**
Location (city and county)	2696 W. Walnut Street, Garland, Texas 75042
Phone number	(972) 370-5517
Key admission criteria	Short-term, inpatient stabilization services for those who are at risk for suicide
Service area limitations if any	NA
Other relevant admission information for first responders	For individuals outside of Hunt County, all admissions require an OPC
Number of beds	100
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Perimeter Behavioral Health of Garland
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)?	Community mental health hospital beds and Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	On an as needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$720
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	NA
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	

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: Transitional Care through Outpatient Competency Restoration to divert consumers from state inpatient forensic beds into the community setting for restoration.

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

   Response:

   - Local inpatient care is sometimes not appropriate as individuals do not meet criteria of being a danger to themselves or others.
   - Due to the high utilization of state beds, counties are becoming more amenable to the idea of Outpatient Competency Restoration, but many counties are still hesitant to treat justice involved individuals on an outpatient basis.
   - Lack of education regarding Outpatient Competency Restoration makes the justice system hesitant to utilize the program. Larger counties that have seen successful restoration are more likely to use the program.

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:

- Yes. There are jail liaisons at both Gregg and Bowie County. They assist in screening individuals that have been deemed a potential risk to themselves and others and also help identify current individuals served so that we can provide records and coordinate care. Several counties provide CCQ matches to CHC which helps CHC identify individuals in the jails that have been involved with MH/SUD treatment in the past. Yes, the jail liaison intercepts calls and messages from courts and jail staff for the LMHA. The jail liaisons are QMHPs, supervised by the Adult Program Manager. In addition to two of our counties having in house QMHPs, the Adult Program Manager as well as the Crisis Manager work together to coordinate care in our county jails, facilitate hospitalization if needed, and link individuals to outpatient services.

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:

   - Bowie County is Kelsey Mays (QMHP)
   - Gregg County are Caitlyn Smith (QMHP) and Amber Cadenas (QMHP)

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: With the increase in state hospitalization utilization, many counties are starting to see the benefit of Outpatient Competency Restoration. Community Healthcore has partnered with three counties for mental health dockets and will continue to use those partnerships to increase awareness of the Outpatient Competency Restoration Program. The push towards mental health access from the state level has enable the Center to advocate for outpatient treatment and have had several people successfully complete the program. The success rate increases the legitimacy of the program and thus enables us to provide the courts with data that encourages program use.

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

   Response: Jail-based competency restoration is needed in several counties. The current wait for a state hospital bed sometimes exceeds the maximum sentence of the alleged crime and often the individual served is left without treatment in the jail.

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

   Response:

- To implement jail-based competency restoration, we would need a procedure that is agreed upon by the state, as currently no TRR services are allowed to be implemented in the jail setting.
- Funding would be needed for staff to provide curriculum in the jail, as well as funding for the psychiatric provider.
- The ability to access a psychologist/psychiatrist when curriculum is finished is needed to declare restoration.
- Funding for psychotropic medication would be helpful as well.

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: At this time Community Healthcore is collocated at one of our Outpatient Mental Health Clinics with our primary care clinic. The site meets the SAMHSA's Level 5 – Full Collaboration in a transformed/merged integrated practice. Services are in the same place, in the same facility sharing the same EMR. These services achieved a full collaboration level 5 as a result of a four-year SAMHSA integration grant period.

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

   Response:

   - Continue to build on the relationships with our FQHC partners and also to develop the capacity to provide whole care approaches (wellness approaches with behavioral health populations) as part of our comprehensive service delivery.

   - Recently notified by the Texas Council and HHS to be a part of a select group of centers to receive consultation and technical assistance to obtain a state certification as a Certified Community Behavioral Health Center (CCBHC).

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:
   - Information will be posted on our website
   - Community Healthcore pamphlets and brochures will list the website address

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: The information contained in the plan is information already provided to AVAIL (Crisis Line), MCOT, and staff receiving incoming calls.

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)
Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk and Upshur	Ability to care for physically aggressive individuals requiring local hospital emergency departments to continue to hold until a state psychiatric bed is available. Many private psychiatric hospitals will not take physically aggressive individuals.	More availability through the State Hospital system to admit persons with physical aggression.	
Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk and Upshur	• Psychiatric Inpatient Facilities exclude the following conditions making resources scarce for these populations: ○ Late Stage Pregnancy ○ Individuals with IDD Individuals with pending criminal charges	None at this time	
Bowie, Cass, Gregg and Harrison	Divert person with MH Needs only to an alternate site.	Continue Triage when possible, at program sites.	

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:
GLOW Longview	Gregg	Identify high utilizers of emergent services and serve their needs prior to becoming justice involved

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Cass County Collaborative	• Cass	Ensure coordination of care and improvement of services between first responder organization such as law enforcement, hospital, social services, and behavioral health crisis services. Approximately twenty people representing the County Judge, first responders, hospitals, and various departments of Community Healthcore meet quarterly to discuss current needs and concerns.

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
CCQ Match Communication	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk and Upshur	Monitor and identify individuals served or with a history of services when they get booked into jail.

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:
In house screeners at the jail; screen both CCQ matches and high suicide risk.	Gregg, Bowie	Continue to screen high risk individuals in jail as well as those with MH and SUD to divert back to services.

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mental Health Court	Gregg, Harrison, Bowie	Continue accepting and diverting individuals with mental health disorders from the jail by engaging them in the program.
Outpatient Competency Restoration	Bowie, Cass, Gregg, Upshur, Harrison, Panola, Red River, Rusk, Marion	Continue to identify high county jail utilizers and treat their MH/SUD

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
• TCOOMMI COC Program	All 9 counties	• Continue to treat offenders on probation and parole to assist reentry into the community after incarceration.

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
•TCOOMMI TCM/ICM Program	All 9 counties	• Continue to treat offenders on probation and parole for a longer term in order to prevent recidivism and increase community involvement
•NGRI (Not Guilty by Reason of Insanity)	All 9 counties	• Continue to assist the state in identifying and treating individuals that have been found not guilty by reason of insanity; continue to coordinate with court of origin to monitor individuals served.

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.

NOTE: The Table 14 below was completed as part of the Summer 2024 planning and updating of the Consolidated Local Service Plan in preparation for a September 30, 2024, submission.

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	Community Healthcore has become a CCBHC which will allow for expanded services and ability to access assessments in a timely manner.	Plans to expand our hours of operation to meet the needs of our community and improve timely access to medical services which was informed by the needs assessment.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	Community Healthcore has reconfigured its Continuity of Care team, so the designated staff are tracking residents from our nine counties from admission to discharge. Caseloads are assigned based upon which hospital (state and private) the resident was admitted into. By this tracking staff are then able to support a more seamless transition from hospital discharge to community services.	Continue to monitor continuity of care and meet all HHSC metrics for 7/30 day follow up on a quarterly basis.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• Center will work with any area provider serving as a HCBS-AMH. Currently no providers actively service persons in our catchment area. • Center periodically reviews cases of long-term state hospital patients to determine if they no longer need inpatient level of care.	• We currently work with the state hospitals to identify options for our long-term patients needing transition to the community. When HCBS becomes an option for our area we will work with the entities involved to assist the patient to meet their needs.
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• Community Healthcore works on specific projects to quantify improvement. Projects include tracking key performance objectives, SAMHSA measures, and the triple aim.	• Continue to ensure fidelity and improvement using continuous quality improvement processes.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• Community Healthcore uses peers in our Care Coordination, MCOT, Job Development, and Veteran programs.	• Expanding recovery within Community Healthcore evidenced based practices such as Seeking Safety, Wellness Recovery Action Plan, and social skills development. • Development of a Consumer Operated Service Program, a peer run services program that has opportunities for members to participate in the administration of the project.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• Community Healthcore works simultaneously in the provision of mental health services and addiction recovery services out of our hub in Longview as a part of the Co-Occurring Psychiatric & Substance Disorder (COPSD) program and dual treatment program. • Program in conjunction with MCOT staff, other mental health professionals, addiction recovery services and referrals to multiple community resources as needed and available in the community. • Provides the mental health component of other regional COPSD programs as needed within our nine-county catchment area.	• There are no plans beyond continued operations and coordination of services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• Currently providing integrated services at 5 locations in Longview, Texarkana, Gilmer and Clarksville Texas through Core Health Systems/Community Healthcore	• Continue to learn from the integrated sites and pair physical medicine with behavioral health as often as we can. • Seeking FQHC – LA status for integrated clinic program. • Seeking full FQHC status through New Access Point grant.
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	Currently work with clients to access transportation and to utilize telehealth services where transportation is not an option	• Will increase telehealth capabilities and services in rural communities as well as work with local resources to increase transportation options.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	Currently our IDD programs are working with MH programs to address behavioral health needs for IDD individuals. Our staff share resources and information as it relates to our community and internal programs. We are receiving TLETS notification where we can identify IDD individuals in the jail with behavioral needs in order to provide continuity of care. We continually work to improve our communication both internally and externally.	• We are currently working on expanding our services through a SAMHSA grant which may allow for better access to prescribers for our dually diagnosed individuals. We will be evaluating our ability to serve these individuals through some primary care services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• Current recipient of a Texas Veterans Commission grant with the focus on Mental Health; currently implementing TXHHSC funded Military Veteran Peer Network (MVPN) program; providing peer services using a Veteran Peer Navigator	• Continually seeking out funding sources to best meet the mental health needs of the veteran population; continue collaborations with the VA Medical Center – Overton Brooks; continue collaboration with local veteran organizations. Adding a Veteran Peer to the care coordination team to increase integration between behavioral and physical health integration.
Improving access to timely outpatient services	• Gap 6 • Goal 2	• Community Healthcore has become a CCBHC which will allow for expanded services and ability to access assessments in a timely manner.	Plans to expand our hours of operation to meet the needs of our community and improve timely access to medical services which was informed by the needs assessment.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• Community Healthcore has reconfigured its Continuity of Care team so the designated staff are tracking residents from our nine counties from admission to discharge. Caseloads are assigned based upon which hospital (state and private) the resident was admitted into. By this tracking staff are then able to support a more seamless transition from hospital discharge to community services.	Continue to monitor continuity of care and meet all HHSC metrics for 7/30 day follow up on a quarterly basis.
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• Center will work with any area provider serving as a HCBS-AMH. Currently no providers actively service persons in our catchment area. • Center periodically reviews cases of long-term state hospital patients to determine if they no longer need inpatient level of care.	• We currently work with the state hospitals to identify options for our long-term patients needing transition to the community. When HCBS becomes an option for our area we will work with the entities involved to assist the patient to meet their needs.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	Community Healthcore works on specific projects to quantify improvement. Projects include tracking key performance objectives, SAMHSA measures, and the triple aim.	• Continue to ensure fidelity and improvement using continuous quality improvement processes.
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	Community Healthcore uses peers in our Care Coordination, MCOT, Job Development, and Veteran programs.	• Expanding recovery within Community Healthcore evidenced based practices such as Seeking Safety, Wellness Recovery Action Plan, and social skills development. • Development of a Consumer Operated Service Program, a peer run services program that has opportunities for members to participate in the administration of the project.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1, 2	• Community Healthcore works simultaneously in the provision of mental health services and addiction recovery services out of our hub in Longview as a part of the Co-Occurring Psychiatric & Substance Disorder (COPSD) program and dual treatment program. • Program in conjunction with MCOT staff, other mental health professionals, addiction recovery services and referrals to multiple community resources as needed and available in the community. • Provides the mental health component of other regional COPSD programs as needed within our nine-county catchment area.	• There are no plans beyond continued operations and coordination of services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1, 2	• Currently providing integrated services at 5 locations in Longview, Texarkana, Gilmer and Clarksville Texas through Core Health Systems/Community Healthcore	• Continue to learn from the integrated sites and pair physical medicine with behavioral health as often as we can. • Seeking FQHC – LA status for integrated clinic program. • Seeking full FQHC status through New Access Point grant.
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	Currently work with clients to access transportation and to utilize telehealth services where transportation is not an option	• Will increase telehealth capabilities and services in rural communities as well as work with local resources to increase transportation options.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2, 4	Currently our IDD programs are working with MH programs to address behavioral health needs for IDD individuals. Our staff share resources and information as it relates to our community and internal programs. We are receiving TLETS notification where we can identify IDD individuals in the jail with behavioral needs in order to provide continuity of care. We continually work to improve our communication both internally and externally.	• We are currently working on expanding our services through a SAMHSA grant which may allow for better access to prescribers for our dually diagnosed individuals. We will be evaluating our ability to serve these individuals through some primary care services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2, 3	• Current recipient of a Texas Veterans Commission grant with the focus on Mental Health; currently implementing TXHHSC funded Military Veteran Peer Network (MVPN) program; providing peer services using a Veteran Peer Navigator	• Continually seeking out funding sources to best meet the mental health needs of the veteran population; continue collaborations with the VA Medical Center – Overton Brooks; continue collaboration with local veteran organizations. • Adding a Veteran Peer to the care coordination team to increase integration between behavioral and physical health integration.
Improving access to timely outpatient services	• Gap 6 • Goal 2	Community Healthcore has become a CCBHC which will allow for expanded services and ability to access assessments in a timely manner.	Plans to expand our hours of operation to meet the needs of our community and improve timely access to medical services which was informed by the needs assessment.

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
Improve coordination of information between Law Enforcement, Hospitals and Center Staff	There are regular meetings ongoing. However, feedback from the Law Enforcement work group demonstrated that some law enforcement representatives not included.	Center will seek to include more area members law enforcement in meetings.
Local County Jail to provide jail screening for suicide threats	• Actively provide eight hours, M-F coverage at the Gregg County jail with Community Healthcore crisis staff.	• Exploring expansion into other counties with a high volume of crisis calls.
Accountable Community of Health	• Have developed an active collaborative of local Law Enforcement, Hospitals, FQHCs, Emergency First Responders, and local city government. Group is targeting high risk and need individuals and better coordination of care. • Received a grant from the Episcopal Health Foundation to support the effort.	• Exploring effective ways to share personal health information across partners after having proper consent with the individual. • Expand membership to include UT Health Science Center for research, best practices for collaborative care and create a social return on investment model; this will demonstrate to stakeholders the benefits of collaborative care. • Construct within the collaborative the ability to apply and receive Federal, State, and Local Grants as a Lead Agency. The collaborative would be a place to share about new services.

Local Priority	Current Status	Plans
Certified Community Behavioral Health Clinic (CCBHC)		• Will work with state representatives and other Centers to transform processes and services to the standards of a CCBHC. • Expand lessons learned from the SAMHSA Integrated Health project for application within the CCBHC project.

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	Workforce shortages	• There is a need for licensed professional counselors and licensed clinical social workers. They would perform intake assessments, provide diagnoses, and counseling services. • Funding for job placement organizations to locate and place therapists into the CHC service area.	Dependent on the number of therapist identified.	

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
2	Transportation	• Work with local, regional, and state transportation authorities to better meet the needs of persons served. • Develop a transportation collaborative to work with the Regional Eastex Connect. • Work with the business community to assist with sponsoring and funding for individualized transport.	• $800 annually for staff to participate in the Regional Texas Transportation Group. • $9,000 annually for Center to facilitate and execute a local Transportation collaborative. • Achieved. Have a contract with Local Hospital for Center to provide individualized transportation to psychiatric facilities. Annualized experience is for $189,000 a year for individualized transport.	

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
3	Collaborative model expanded to other geographic areas	• Identify Foundations and other entities that can help support resources and funding for identified gaps in services. • Provide leadership and training for collaborative partners. • Develop and implement Releases, Processes, MOUs and agreements to allow the appropriate sharing of Personal Health Information. • Develop a system of care to minimize the duplication of services and improve the wellbeing of citizens. • Construct within the collaborative the ability to apply and receive Federal, State, and Local Grants as a Lead Agency.	• Time and commitment of collaborative partners. • Cost to be determined by each 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