



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
Pecan Valley Centers (Cleburne Clinic)	1601 N. Anglin Street, Cleburne, Texas 76031	(817)579- 4400	Johnson	Outpatient Clinic	<ul style="list-style-type: none"> • Screening/Assessment/ Intake: adults, adolescents, and children. • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance Abuse Prevention, Intervention or Treatment. • Services for Co-occurring disorders. • Client transportation
Pecan Valley Centers (Granbury Clinic)	104 Pirate Drive, Granbury, Texas 76048	(817)579- 4400	Hood	Outpatient Clinic	<ul style="list-style-type: none"> • Screening/Assessment/ Intake: adults, adolescents, and children. • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance Abuse Prevention, Intervention or Treatment. • Services for Co-occurring disorders. • Client transportation

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Pecan Valley Centers (Mineral Wells Clinic)	100 Travis Drive, Mineral Wells, Texas 76067	(817)579- 4400	Palo Pinto	Outpatient Clinic	<ul style="list-style-type: none"> • Screening/Assessment/ Intake: adults, adolescents, and children. • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance Abuse Prevention, Intervention or Treatment. • Services for Co-occurring disorders. Client transportation

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Pecan Valley Centers (Stephenville Clinic)	906 Lingleville Road, Stephenville, Texas 76401	(817)579- 4400	Erath	Outpatient Clinic	<ul style="list-style-type: none"> • Screening/Assessment/ Intake: adults, adolescents, and children. • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance Abuse Prevention, Intervention or Treatment. • Services for Co-occurring disorders. • Client transportation
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					•
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Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Pecan Valley Centers (Weatherford Clinic)	1715 Santa Fe Drive, Weatherford, Texas 76086	(817)579- 4400	Parker	Outpatient Clinic	<ul style="list-style-type: none"> • Screening/Assessment/ Intake: adults, adolescents, and children. • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance Abuse Prevention, Intervention or Treatment. • Services for Co-occurring disorders. • Client transportation

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Pecan Valley Centers (Granbury Intake)	108 Pirate Drive, Granbury, Texas 76048	(817)579- 4400	Hood	Outpatient	<ul style="list-style-type: none"> • Screening/Assessment/ Intake: adults, adolescents, and children. • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance Abuse Prevention, Intervention or Treatment. • Services for Co-occurring disorders. • Client transportation

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Pecan Valley Centers Green Street Crisis Respite Unit	532 West Green Street, Stephenville, Texas 76401	(817)579- 4400	Erath	Respite	<ul style="list-style-type: none"> • Screening/Assessment/ Intake: adults. • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance Abuse Prevention, Intervention or Treatment. • Services for Co-occurring disorders. • Client transportation

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Pecan Valley Centers Youth Crisis Respite Unit	114 Wendy Lane, Weatherford, Texas 76086	(817)579- 4400	Parker	Respite	<ul style="list-style-type: none"> • Screening/Assessment/ Intake: adolescents, and children. • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance Abuse Prevention, Intervention or Treatment. • Services for Co-occurring disorders. • Client transportation
Pecan Valley Centers Youth (Waco Street)	114 North Waco Street, Weatherford, Texas 76086	(817)579- 4400	Parker	Outpatient Clinic	<ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adolescents and children • Services for Youth • Crisis Services/MCOT: adolescents and children • Substance Abuse prevention, intervention, or treatment • Services for Co-occurring disorders.

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Pecan Valley Centers IDD Building	910 Granbury Street, Cleburne, Texas 76033	(817)579-4400	Johnson	Outpatient	<ul style="list-style-type: none"> Services for individuals with Intellectual Developmental Disorders (IDD) IDD Screening/Assessment/Intake: adults, adolescents, and children.

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
N/A	N/A	N/A	N/A	N/A	N/A

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

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

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

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

Table 3: Community Mental Health Grant Program Jail Diversion Projects

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

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	People receiving services	<input checked="" type="checkbox"/>	Family members
<input checked="" type="checkbox"/>	Advocates (children and adult)	<input checked="" type="checkbox"/>	Concerned citizens or others
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <ul style="list-style-type: none"> Red River Hospital: Krisit McCasland, 	<input type="checkbox"/>	State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none">
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input checked="" type="checkbox"/>	Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/>	County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> Parker County: Sheriff Russ Authier Hood County: Sherrif Roger Deeds Johnson County: Sherrif Adam King Erath County: Sheriff Matt Coates Somervell County: Sherrif Alan West Palo Pinto County: Sheriff Brett McGuire 	<input checked="" type="checkbox"/>	City officials (list the city and the name and official title of participants): <ul style="list-style-type: none"> Granbury: Chris Coffman, City Manager
<input checked="" type="checkbox"/>	Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/>	LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i> <ul style="list-style-type: none"> Denton County MHMR Helen Farabee Centers Central Plains MHMR Gulf Coast Centers StarCare Lubbock
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): •	<input checked="" type="checkbox"/>	Law enforcement (list the county or city and the name and official title of participants): • Hood County: Mental Health Deputy Casey Wilken • Somervell County: Sheriff Alan West • Erath County: Lt. David Southerland • Johnson County: Sheriff Adam King • Parker County: Sheriff Russ Authier • Palo Pinto County: Sheriff Brett McGuire
<input checked="" type="checkbox"/>	Education representatives	<input type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input checked="" type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input checked="" type="checkbox"/>	Veterans' organizations	<input checked="" type="checkbox"/>	Housing authorities
<input checked="" type="checkbox"/>	Local health departments	<input checked="" type="checkbox"/>	Other: SOC Weatherford ISD, Springtown ISD, Millsap ISD, Poolville ISD _____

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:

- Satisfaction Surveys
- Planning and Network Advisory Committee (PNAC)
- Trainings across our six-county region
- Community Outreach
- Community meetings with key community leaders, court officials, and law enforcement.

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:

- More inpatient psychiatric beds are needed closer to our six-county region.
- More psychiatric providers within the community as a referral source.
- More community counseling services are needed within our region.

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:

Pecan Valley Centers participated in quarterly meetings with Texas Health

Resources personnel to discuss Psychiatric Emergency Plan, ways to improve communication with emergency personnel and Pecan Valley Centers crisis team, as well as to discuss and improve the referral process for individuals presenting to the Emergency Room for psychiatric emergencies and attended meetings with Palo Pinto General Hospital to discuss Psychiatric Emergency Plan.

- Ensuring the entire service area was represented; and

Response:

Pecan Valley Centers offered similar meetings with other counties hospitals in the service area.

- Soliciting input.

Response:

Soliciting input from consumers of crisis services and their family through client feedback and satisfaction surveys.

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:

Pecan Valley Centers contracts with Avail Solutions, Inc. to conduct screenings of crisis calls (24 hours a day, 7 days a week, 365 days a year)

- b. After business hours

Response:

Pecan Valley Centers contracts with Avail Solutions, Inc. to conduct screenings of crisis calls (24 hours a day, 7 days a week, 365 days a year)

- c. Weekends and holidays

Response:

Pecan Valley Centers contracts with Avail Solutions, Inc. to conduct screenings of crisis calls (24 hours a day, 7 days a week, 365 days a year)

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

Response:

Avail Solutions, Inc.

3. How is the MCOT staffed?

- a. During business hours

Response:

Pecan Valley Centers has twelve QMHP-CS positions (currently nine filled) to provide crisis coverage throughout the service region. (Erath, Hood, Johnson, Parker, Palo Pinto and Somervell Counties)

- b. After business hours

Response:

Pecan Valley Centers has four QMHP-CS's on-call to provide crisis coverage throughout the service region and an LPHA is on-call 24/7 to provide clinical consultation if needed. (Erath, Hood, Johnson, Parker, Palo Pinto and Somervell Counties)

- c. Weekends and holidays

Response:

Pecan Valley Centers has four QMHP-CS's on-call to provide crisis coverage throughout the service region and an LPHA is on-call 24/7 to provide clinical consultation if needed. (Erath, Hood, Johnson, Parker, Palo Pinto and Somervell Counties)

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

Response:

N/A

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

Response:

Pecan Valley Centers MCOT does a face-to-face or video conference follow-up within 24 hours. If MCOT is unable to locate the individual or the individual has left the service area, a follow-up is completed via telephone, or a welfare check is completed. During the follow-up, MCOT initiates intake services for the individual or determines if further action is needed for this crisis.

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: Emergency rooms in our service area contact our crisis line to request an assessment. If they meet criteria, an MCOT QMHP-CS is deployed and is face to face within 1 hour. The MCOT QMHP-CS then completes Crisis Risk Assessment and makes a recommendation of Hospitalization, Crisis Respite Services, or safety plan. If hospitalization or Respite is required MCOT QMHP-CS facilitate (secure a bed via Xferall, obtain magistrates order, and ensure transport). If a safety plan is recommended, the plan is completed by the MCOT QMHP-CS, individual in crisis and any family or collateral involved in the crisis. A hospital consultation form is provided to the staff in the Emergency Department.
- b. Law Enforcement: Law enforcement routinely contact and request crisis services. MCOT response time is face to face or via video within one hour. MCOT staff respond on scene in the community with law enforcement when requested. MCOT QMHP-CS then completes Crisis Risk Assessment and makes a recommendation of Hospitalization, Crisis Respite Services, or safety plan. If hospitalization or Respite is required MCOT QMHP-CS facilitate (secure a bed via Xferall, obtain magistrates order, and ensure transport). If a safety plan is recommended, the plan is completed by the MCOT QMHP-CS, individual in crisis and any family or collateral involved in the crisis.

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

Response:

There are no state hospitals within our service area.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
- a. During business hours: Emergency rooms and law enforcement should contact our crisis hotline or MCOT line directly to request a crisis risk assessment. MCOT responds face-to-face or via video conference within one hour, completes an assessment and facilitates a resolution.
 - b. After business hours: Emergency rooms and law enforcement should contact our crisis hotline or MCOT line directly to request a crisis risk assessment. MCOT responds face-to-face or via video conference within one hour, completes an assessment and facilitates a resolution.
 - c. Weekends and holidays: Emergency rooms and law enforcement should contact our crisis hotline or MCOT line directly to request a crisis risk assessment. MCOT responds face-to-face or via video conference within one hour, completes an assessment and facilitates a resolution.

9. What is the procedure if a person cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

Response:

MCOT completes a crisis risk assessment and determines the appropriate resolution. If hospitalization is required, MCOT contacts inpatient psychiatric facilities through Xferall and secures a bed. MCOT then assists with the memorandum of transfer (if in an emergency room), arranges transportation by the Sheriff's department and completes required paperwork (EDO if patient is involuntary).

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

Response:

If referred for medical clearance is necessary, MCOT then responds to the Emergency Department when individual is medically cleared to facilitate crisis resolution.

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

Response:

MCOT completes crisis assessment and determines the appropriate resolution. If hospitalization is required, MCOT contacts inpatient psychiatric facilities through Xferall and secures a bed. MCOT then assists with the memorandum of transfer (if in an emergency room), arranges transportation through the Sheriff's department, and completes required paperwork (EDO if patient is involuntary).

12. Describe the process if a person needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

Response:

MCOT responds to location of the individual, completes crisis assessment, contacts crisis respite facility, and facilitates the transfer by sending assessment to facility and arranging transportation.

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:

Upon being activated by Law Enforcement or School Personnel, MCOT completes crisis assessment and determines the appropriate resolution. If hospitalization is required, MCOT contacts inpatient psychiatric facilities through Xferall and secures a bed, arranges transportation, and completes required paperwork (EDO if patient is involuntary).

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

Response:

Individuals assessed in emergency rooms continue to wait in the emergency department until a bed can be located for availability. Individuals assessed in the community are assessed for crisis respite or taken to a private inpatient facility by law enforcement.

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

Response:

MCOT provides face to face and telephone contacts daily or until crisis is resolved.

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

Response:

Natural supports or ambulance services.

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

Response:

Natural supports.

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	Red River Hospital
Location (city and county)	Wichita Falls, Wichita County
Phone number	940-400-0733
Key admission criteria	Suicidal ideations Homicidal ideations Danger to self or others In need of medical detox Severe deterioration in level of functioning Physical aggression
Service area limitations if any	N/A

Name of facility	Red River Hospital
Other relevant admission information for first responders	N/A
Number of beds	22 adult and youth (12-17 years of age) beds
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)?	PESC and PPB
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	FY2024: \$660 per day FY2025 \$720 per day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

Response:

Jail-Based Competency Restoration Program

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

Response:

Court-ordered medications.

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:

N/A

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:

Kathy Bynum, LMSW, Jail-Based Competency Restoration Program Manager

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:

Pecan Valley Centers plan is to continue getting counties involved with JBCR through MOUs and implement the program in counties where MOUs are already in place.

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:

FACT Team

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

Response:

The appropriate funding to dedicate staff to this program and to purchase the needed curriculum.

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:

Pecan Valley Centers has MOUs with MHMR of Tarrant County for the OSAR services and Texas Health Resources for crisis requiring emergent situations. Red River Hospital is utilized for emergency inpatient psychiatric beds and SUD detox and residential services.

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

Response:

Pecan Valley Centers plan is to contract with other hospitals for inpatient psychiatric beds and get agreements in place for substance use disorder services.

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:

- Law Liaison provides ongoing education and training regarding services provided by Pecan Valley Centers.
- Pecan Valley Centers will continue collaborative meetings with emergency responders and other community stakeholders.

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:

- All QMHP staff are credentialed (including MCOT staff) as QMHP-CS' upon hire. Crisis training is provided on a yearly basis.
- Pecan Valley Centers Executive Management Team will review Consolidated Local Service Plans with mid-level managers and supervisors to ensure that information about the plans are being disseminated throughout agency programs.

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)
Somervell	A dedicated mental health deputy is needed.	Speak with the department in this county and share the success of having a mental health deputy in our other counties.	February 2025
Parker	A dedicated mental health deputy is needed.	Speak with the department in this county and share the success of having a mental health deputy in our other counties.	February 2025
Palo Pinto	A dedicated mental health deputy is needed.	Speak with the department in this county and share the success of having a mental health deputy in our other counties.	February 2025
Johnson	A dedicated mental health deputy is needed.	Speak with the department in this county and share the success of having a mental health deputy in our other counties.	February 2025

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:
24/7 Crisis Hotline	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Maintain the 24/7 crisis hotline
24/7 MCOT	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Maintain our 24/7 MCOT

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Crisis staff currently respond on scene with no law enforcement.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continued planning, training and applications for additional resources.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Pecan Valley Centers provides TCOLE class 4001 Mental Health Peace Officer Training Quarterly and free of charge to law enforcement.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continued planning, training and applications for additional resources.
Pecan Valley Centers provides free training and orientation to services to probation, law enforcement, and jail personnel.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continued planning, training and applications for additional resources.
24-hour face-to-face follow ups with all individuals who are not hospitalized.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continued planning, training and applications for additional resources.
Law Enforcement Liaison have regular meetings, assist and educate in all areas of law enforcement on mental health and suicide awareness.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continued planning, training and applications for additional resources.

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail-Based Competency Restoration	Erath, Parker, Johnson and Somervell	Continue to hire staff for this program and implement JBCR throughout our entire region.

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 screenings at booking on all individuals arrested.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continued planning, training and applications for additional resources.
Notification when an individual screens to be positive for mental health.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continued planning, training and applications for additional resources.
Assessment to determine immediate threat or risk of harm.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continued planning, training and applications for additional resources.

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Interlocal agreement for LMHA to provide services while individual is incarcerated (Initial psychiatric, Evaluation, Doctor to Doctor, Initial Diagnostic Evaluation, MH Individual Counseling)	Hood, Palo Pinto and Somervell	Continued planning, training and applications for additional resources.
Providing services to individuals released from jail or hospitals on an outpatient commitment.	Erath, Parker, Johnson and Somervell	Continued planning, training and applications for additional resources.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Notification on positive CCQ matches.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continue to review these matches.

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Ongoing training for probation and parole staff in our region.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Hire staff for the JBCR Program to have more engagement in the program with the attorneys, judges and jails.
TCOOMMI referrals are on a specialized caseload for parole-specific intensive case management	Erath, Hood, Parker and Palo Pinto	Continue to build relationships with criminal justice partners & provide services for parolees.
TCOOMMI Program has dedicated intake process in addition providing services for continuity of care.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continue to build relationships with criminal justice partners & provide services for probationers and parolees.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCOOMMI Program director and TCOOMMI case managers work with parole and probation on a regular basis to ensure clients' needs are met.	Erath, Hood, Parker, Palo Pinto, Johnson and Somervell	Continue to build relationships with criminal justice partners & provide services for probationers and parolees.
TJJD serves juveniles on probation that also have mental health needs.	Hood and Parker	Continue to build relationships with criminal justice partners & provide services for juvenile probationers.

III.B Other Behavioral Health Strategic Priorities

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

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

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs of public-school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services

- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

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

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	<ul style="list-style-type: none"> Gaps 1, 10 Goal 1 	<ul style="list-style-type: none"> Staff complete Trauma-Informed Care and cultural competency training annually Contract with Language Line for any language barriers when providing services to individuals. Gather satisfaction surveys from individuals and their families. 	<ul style="list-style-type: none"> Continue Trauma-Informed Care training for all QMHP-CS's annually. Continue to contract with Language Line for any language barriers. Continue to collect satisfaction surveys from individuals and their families.
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	<ul style="list-style-type: none"> Gaps 2, 3, 4, 5, 10, 12 Goal 1 	Pecan Valley Centers has Care Coordinators to help connect individuals to resources such as housing, employment and transportation.	Coordinate with entities on getting agreements in place for housing, employment opportunities, transportation and other resources for individuals receiving Pecan Valley Centers services.
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> Gaps 1, 10 Goal 1 	Pecan Valley Centers hired a project management company and an architect company to design the new outpatient clinic.	Build a new outpatient clinic within the next two years.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> Gap 10 Goal 1 	<ul style="list-style-type: none"> QMHP-CS's provide person-centered treatment by utilizing Texas Recovery and Resiliency (TRR) and Person-Centered Recovery Planning to identify the needs and strengths of the individual. QMHP-CS's complete SDOH screening with individuals every six months to assess their needs and connect them to resources within the community. 	QMHP-CS's will continue providing person-centered treatment through TRR, Recovery Planning and completing a SDOH screening every six months.
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> Gaps 2, 11 Goal 1 	<ul style="list-style-type: none"> Pecan Valley Centers utilizes an open-access model for intake services 24/7 Crisis hotline 	Pecan Valley Centers will continue to utilize the open access model and 24/7 crisis hotline.
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> Gap 3 Goal 2 	Pecan Valley Centers hosts meetings with local stakeholders.	Pecan Valley Centers will continue to host local stakeholder meetings.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> Gaps 1, 3, 7 Goal 2 	Pecan Valley Centers has completed a community needs assessment to identify the needs of individuals within our service area and has agreements in place with local entities to refer individuals to needed resources.	Pecan Valley Centers will get more agreements in place with local entities to provide individuals with more resources.
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> Gap 3 Goal 2 	Pecan Valley Centers receives feedback from the community and local stakeholders.	Pecan Valley Centers will collaborate with SBHCC committee members and review strategic plans to focus on key areas.
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> Gaps 1, 11, 14 Goal 2 	<ul style="list-style-type: none"> Pecan Valley Centers has agreements and MOUs in place with local stakeholders. Pecan Valley Centers participates in community outreach. Pecan Valley Centers has Care Coordinators to help individuals with referrals and resources within the community. 	<ul style="list-style-type: none"> Pecan Valley Centers will continue to employ Care Coordinators and participate in community outreach events. Pecan Valley Centers will get more agreements in place with entities within our region to refer individuals to.
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	<ul style="list-style-type: none"> Gaps 1, 5, 6 Goal 2 	Pecan Valley Centers monitors the waitlists and delays in care through client feedback, data collection, and auditing.	Pecan Valley Centers will continue to monitor the waitlists and delays in care through client feedback, data collection, and auditing.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Develop step-down and step-up levels of care to address the range of participant needs	<ul style="list-style-type: none"> Gaps 1, 5, 6 Goal 2 	Pecan Valley Centers utilizes step-down and step-up levels of care by monitoring the progress of individuals and their engagement in services. Individuals are deviated as appropriate.	Pecan Valley Centers will continue to utilize step-down and step-up levels of care by monitoring the progress of individuals and their engagement in services.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> Gaps 3, 14 Goal 3 	Pecan Valley Centers Utilization Manager gathers and monitors data on enrollments, waitlists and levels of care. This information is presented at the UMQM Committee meetings.	Pecan Valley Centers Utilization Management Department will continue to gather and monitor data and present the information at the UMQM Committee meetings.
Explore opportunities to provide emotional supports to workers who serve people receiving services	<ul style="list-style-type: none"> Gap 13 Goal 3 	Pecan Valley Centers currently has an Employee Assistance Program in place for employees.	Pecan Valley Centers will continue the Employee Assistance Program for employees and flexible work schedules as needed for employees.
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	<ul style="list-style-type: none"> Gaps 13, 14 Goal 3 	Pecan Valley Centers has an Employee Advisory Committee.	<ul style="list-style-type: none"> Pecan Valley Centers will continue the Employee Advisory Committee. Implement stay interviews with employees Gain partnerships with high schools.
Implement a call to service campaign to increase the behavioral health workforce	<ul style="list-style-type: none"> Gap 13 Goal 3 	<ul style="list-style-type: none"> Pecan Valley Centers HR Team attends job fairs. Social media posts to increase awareness of job opportunities. 	Pecan Valley Centers HR team will continue attending job fairs and posting on social media to increase awareness of job opportunities.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	Pecan Valley Centers created an Employee Advisory Committee to raise awareness of diversity within the workplace.	Continue the Employee Advisory Committee.
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	Pecan Valley Centers Contract Management Department reviews and monitors contracts.	Pecan Valley Centers Contract Management Department will continue to review and monitor contracts.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 4 	Pecan Valley Centers Utilization Manager collects data to monitor service enrollments, waitlists, and gaps in level of care.	Pecan Valley Centers Utilization Manager will continue to collect data to monitor service enrollments, waitlists, and gaps in level of care.
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 4 	<ul style="list-style-type: none"> • Pecan Valley Centers uses SmartCare to store information. • Data collection reports are uploaded into Teams so employees have access to data. 	Pecan Valley Centers will continue to utilize SmartCare and Teams to gather and monitor data collection.

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	<ul style="list-style-type: none"> Gaps 3, 4, 14 Goal 4 	<ul style="list-style-type: none"> Pecan Valley Centers Veterans Department has a peer and QMHP-CS's to provide services, complete community outreach and education, and connect individuals to the appropriate resources. Pecan Valley Centers has the Veteran's General Assistance grant and Veteran's Mental Health grant. Pecan Valley Centers has an MOU in place with the Granbury VA. 	Pecan Valley Centers Veterans Department will continue to provide services, complete community outreach and education, and connect individuals to the appropriate resources.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> Gaps 7, 14 Goal 4 	Client satisfaction surveys are gathered, and the Quality Management Department conducts audits to monitor the quality of services provided and client engagement.	Client satisfaction surveys are gathered and the Quality Management Department conducts audits to monitor the quality of services provided and client engagement will continue.

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
Addressing the needs of individuals with co-occurring substance use disorders.	See above.	See above.
Integrating behavioral health and primary care services to meet physical health care needs of individuals.	See above.	See above.

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 Funding to keep pace with cost of living.	Provide employees with the appropriate salaries to maintain the cost of living.	\$2 million	
2	Primary Care Services	Provide services to individuals who are experiencing high blood pressure, high cholesterol, diabetes and other physical health care conditions.	\$300,000	
3	Expansion of ACT Team	Employee more individuals for our ACT Team and provide intensive services to individuals within our region.	\$300,000	

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
4	Crisis Diversion Center	Contract with local hospital systems to provide designated beds for individuals that may not need or be able to be immediately assessed for potential psychiatric hospitalization.	\$1 million/year	
5	Crisis Intervention Team (CIT) with Law Enforcement	Connect with our local law enforcement to provide crisis intervention services to individuals within our region.	\$500,000	

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