



# Form O: Consolidated Local Service Plan

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) submit the Consolidated Local Service Plan (CLSP) for fiscal year 2025 by **December 31, 2024** to [Performance.Contracts@hhs.texas.gov](mailto:Performance.Contracts@hhs.texas.gov) and [CrisisServices@hhs.texas.gov](mailto:CrisisServices@hhs.texas.gov).

## Introduction

The Consolidated Local Service Plan (CLSP) encompasses all service planning requirements for local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs). The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

The CLSP asks for information related to community stakeholder involvement in local planning efforts. The Health and Human Services Commission (HHSC) recognizes that community engagement is an ongoing activity and input received throughout the biennium will be reflected in the local plan. LMHAs and LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed. In completing the template, please provide concise answers, using bullet points. Only use the acronyms noted in Appendix B and language that the community will understand as this document is posted to LMHAs' and LBHAs' websites. When necessary, add additional rows or replicate tables to provide space for a full response.

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# Section I: Local Services and Needs

## I.A Mental Health Services and Sites

In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes. Add additional rows as needed.

List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable).

- Screening, assessment, and intake
- Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children
- Extended observation or crisis stabilization unit
- Crisis residential or respite unit, or both
- Diversion centers
- Contracted inpatient beds
- Services for co-occurring disorders
- Substance use prevention, intervention, and treatment
- Integrated healthcare: mental and physical health
- Services for people with Intellectual or Developmental Disorders (IDD)
- Services for veterans
- Other (please specify)

**Table 1: Mental Health Services and Sites**

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Helen Farabee Centers	500 Broad St., Wichita Falls, TX 76307	940-397-3300	Wichita	LMHA	Adult/Child Screening, Assessment, Intake; Adult FLOC; Client's Rights
Helen Farabee Centers	516 Denver St., Wichita Falls, TX 76307	940-720-3559	Wichita	LMHA	Child and Adolescent FLOC, Medical Services (Adult and Child/Adolescent); Medical Records

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Helen Farabee Centers	500 Broad St., Wichita Falls, TX 76307	940-397-3391	Wichita	LMHA	Adolescent/Adult Outpatient & Intensive Outpatient Substance Use Disorder Services
The Wood Group (Helen Farabee Centers)	506 Broad St., Wichita Falls, TX 76307	940-397-3395	Wichita	LMHA	Crisis Services
Helen Farabee Centers	1515 N. HWY 81-287 Business, Decatur, TX 76234	940-627-1251	Wise	LMHA	Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	1720 4 <sup>th</sup> St., Graham, TX 76450	940-549-4896	Young	LMHA	Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	104 E. Belknap, Jacksboro, TX 76384	940-229-6132	Jack	LMHA	Adult/Child FLOC, Medical Services
Helen Farabee Centers	605 Decatur St., Bowie, TX 76230	940-827-2271	Montague	LMHA	Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	1201 N. 1 <sup>st</sup> St., Suite A, Haskell, TX 79521	940-864-3472	Haskell	LMHA	Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	301 N. Washington, Seymour, TX 76380	940-889-2277	Baylor	LMHA	Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	8150 US Hwy 287, Childress, TX 79201	940-937-3644	Childress	LMHA	Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	510 King St., Quanah, TX 79252	940-663-5366	Hardeman	LMHA	Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
Helen Farabee Centers	2500 Wilbarger, Vernon, TX 76384	940-553-4002	Wilbarger	LMHA	Adult/Child Screening, Assessment, Intake, FLOC, Medical Services
The Wood Group (Helen Farabee Centers)	1406 6 <sup>th</sup> St., Wichita Falls, TX 76307	940-397-3395	Wichita	LMHA	Extended Living Facility

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The Wood Group (Helen Farabee Centers)	1406 6 <sup>th</sup> St., Wichita Falls, TX 76307	940-397-3395	Wichita	LMHA	Crisis Respite Unit
Helen Farabee Centers (OSAR satellite office)	813 8 <sup>th</sup> Street, Suite 615 Wichita Falls, TX 76302	940-224-6200	Wichita	LMHA	Adolescent /Adult Outpatient & Intensive Outpatient Substance Use Disorder Services
Helen Farabee Centers	1515 N. HWY 81-287 Business, Decatur, TX 76234	940-627-1251	Wise	LMHA	Adolescent /Adult Outpatient & Intensive Outpatient & Aftercare Substance Use Disorder Services
Helen Farabee Centers	1720 4 <sup>th</sup> St., Graham, TX 76450	940-549-486	Young	LMHA	Adolescent /Adult Outpatient & Intensive Outpatient & Aftercare Substance Use Disorder Services
Helen Farabee Centers	605 Decatur St., Bowie, TX 76230	940-827-2271	Montague	LMHA	Adolescent /Adult Outpatient & Intensive Outpatient & Aftercare Substance Use Disorder Services
Helen Farabee Centers	1201 N. 1 <sup>st</sup> St., Suite A, Haskell, TX 79521	940-864-3472	Haskell	LMHA	Adolescent /Adult Outpatient & Intensive Outpatient & Aftercare Substance Use Disorder Services
Helen Farabee Centers	8150 US Hwy 287, Childress, TX 79201	940-937-3644	Childress	LMHA	Adolescent /Adult Outpatient & Intensive Outpatient & Aftercare Substance Use Disorder Services
Helen Farabee Centers	510 King St., Quanah, TX 79252	940-663-5366	Hardeman	LMHA	Adolescent /Adult Outpatient & Intensive Outpatient & Aftercare Substance Use Disorder Services
Helen Farabee Centers	2500 Wilbarger, Vernon, TX 76384	940-553-4002	Wilbarger	LMHA	Adolescent /Adult Outpatient & Intensive Outpatient & Aftercare Substance Use Disorder Services

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
OSAR-Outreach-Screening-Assessment-Referral for substance abuse treatment Helen Farabee Centers	1000 Brook St., Wichita Falls, TX 76301	940-397-3300	Counties served: Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, and Young	LMHA	Substance Use Counseling Services & Referral for Treatment & Recovery (all ages)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Early Childhood Intervention Service Helen Farabee Centers	1709 10th St., Wichita Falls, TX 76301	940-696-6200	Wichita	LMHA	Children birth to age 3 Assistive Technology Services Assessment/Evaluation (comprehensive for program eligibility and discipline-specific) IFSP (Individualized Family Service Plan) development, Access to services for Visually Impaired or Deaf/Hard of Hearing (Vision and Auditory Services) Specialized Skills Training Family Education/Counseling Nutrition Services Occupational Therapy Physical Therapy Speech/Language Therapy Service Coordination Social Work Services Services are typically provided in the baby/child's home or via telehealth within the 10 counties we serve (Archer, Baylor, Clay, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, and Young)

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Intellectual & Developmental Disability Services Helen Farabee Centers	1601 9 <sup>th</sup> St., Wichita Falls, TX 76301	940-397-3383	Wichita	LMHA/LIDDA	Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning



<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Intellectual & Developmental Disability Services Helen Farabee Centers	1720 4 <sup>th</sup> St., Graham, TX 76450	940-549-4896	Young	LMHA/LIDDA	Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Intellectual & Developmental Disability Services Helen Farabee Centers	2500 Wilbarger, Vernon, TX 76384	940-553-4002	Wilbarger	LMHA/LIDDA	Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Intellectual & Developmental Disability Services Helen Farabee Centers	1515 N. Hwy 81-287 Business Decatur, TX 76234	940-626-1251	Wise	LMHA/LIDDA	Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Intellectual & Developmental Disability Services Helen Farabee Centers	605 Decatur St., Bowie, TX 76230	940-696-6267	Montague	LMHA/LIDDA	Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning

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Intellectual & Developmental Disability Services Helen Farabee Centers	1201 N. 1 <sup>st</sup> St., Suite A, Haskell, TX 79521	940-864-3472	Haskell	LMHA/LIDDA	Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning

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Intellectual & Developmental Disability Services Helen Farabee Centers	301 N. Washington, Seymour, TX 76380	940-889-2277	Baylor	LMHA/LIDDA	Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Intellectual & Developmental Disability Services Helen Farabee Centers	8150 US Hwy 287, Childress, TX 79201	940-937-3644	Childress	LMHA/LIDDA	Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Intellectual & Developmental Disability Services Helen Farabee Centers	510 King St., Quanah, TX 79252	940-663-5366	Hardeman	LMHA/LIDDA	Child/Adolescent/Adult Intake & Screening, Eligibility Determination, Service Coordination, PASRR Habilitation Coordination/Enhanced Community Coordination (ECC), Continuity of Care, Intake, Psychological Testing and Determination of Eligibility, and Crisis Intervention & Crisis Therapeutic Supports, Interest lists maintenance, Transition from Schools, Participation in Community Resource & Coordination Group, Pre-Admission Screening & Resident Review (PASRR), Permanency Planning
Intellectual & Developmental Disability Services Helen Farabee Centers	1720 4 <sup>th</sup> St., Graham, TX 76450 (Administrative Office)	940-549-4896	Archer Baylor Childress Clay Cottle Dickens Foard Hardeman Haskell Jack King Knox Montague Stonewall Throckmorton Wichita Wilbarger Wise Young	LMHA/LIDDA	Home & Community Based Services (HCS) Medicaid Waiver Program Residential and Non-residential services



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Millwood Hospital	1011 N. Cooper St. Arlington, TX 76011	817-261-3121	Tarrant	Mental Health Facility	Mental health & substance abuse treatment for children, adolescents, adults, and seniors
Perimeter Hospital	7000 Highway 287 Frontage Road Arlington, TX 76001	817-662-6342	Tarrant	Mental Health Facility	Mental health treatment for children & adolescents
Colombia Medical Center of Denton, d/b/a Medical City Decatur	609 Medical Center Drive Decatur, TX 76234	940-626-0145	Wise	Mental Health Facility	Mental health treatment for adults
Red River Hospital	1505 8 <sup>th</sup> St., Wichita Falls, TX 76301	940-280-0495	Wichita	Mental Health Facility	Mental Health, Behavioral Health & Addiction Treatment Center for Adolescents, Teens, Adults, & Seniors Detox, Outpatient Military Resiliency
Northwest Texas Healthcare System - "The Pavilion"	1501 Coulter Street Amarillo, TX 79106	806-354-1810	Potter	Mental Health Facility	Mental Health, Behavioral Health treatment for children, adolescents, adults, & Veterans
Care Coordination Helen Farabee Centers	500 Broad St., Wichita Falls, TX 76307	940-397-3300	Wichita	LMHA	Care Coordination, Adults
Care Coordination Helen Farabee Centers	1515 N. HWY 81-287 Business, Decatur, TX 76234	940-626-1251	Wise	LMHA	Care Coordination, Adults
Care Coordination Helen Farabee Centers	1720 4 <sup>th</sup> St., Graham, TX 76450	940-549-4896	Young	LMHA	Care Coordination, Adults

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Care Coordination Helen Farabee Centers	104 E. Belknap, Jacksboro, TX 76384	940-229-6132	Jack	LMHA	Care Coordination, Adults
Care Coordination Helen Farabee Centers	605 Decatur St., Bowie, TX 76230	940-696-6267	Montague	LMHA	Care Coordination, Adults
Care Coordination Helen Farabee Centers	1201 N. 1 <sup>st</sup> St., Suite A, Haskell, TX 79521	940-864-3472	Haskell	LMHA	Care Coordination, Adults
Care Coordination Helen Farabee Centers	301 N. Washington, Seymour, TX 76380	940-889-2277	Baylor	LMHA	Care Coordination, Adults
Care Coordination Helen Farabee Centers	8150 US Hwy 287, Childress, TX 79201	940-937-3644	Childress	LMHA	Care Coordination, Adults
Care Coordination Helen Farabee Centers	510 King St., Quanah, TX 79252	940-663-5366	Hardeman	LMHA	Care Coordination, Adults
Care Coordination Helen Farabee Centers	2500 Wilbarger, Vernon, TX 76384	940-553-4002	Wilbarger	LMHA	Care Coordination, Adults

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Military Veteran Peer Network Helen Farabee Centers	500 Broad St., Wichita Falls, TX 76307	940-397-3300	Wichita	LMHA	Referrals provided to appropriate and vetted programs/agencies for other needed services; Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service; Works with care providers, and other professional disciplines and service agencies; Provides technical assistance and coordinating service delivery; Works remotely to coordinate the efforts of volunteers, service agencies, and care providers; Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)

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Military Veteran Peer Network Helen Farabee Centers	1515 N. HWY 81-287 Business, Decatur, TX 76234	940-626-1251	Wise	LMHA	Referrals provided to appropriate and vetted programs/agencies for other needed services; Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service; Works with care providers, and other professional disciplines and service agencies; Provides technical assistance and coordinating service delivery; Works remotely to coordinate the efforts of volunteers, service agencies, and care providers; Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Military Veteran Peer Network Helen Farabee Centers	1720 4 <sup>th</sup> St., Graham, TX 76450	940-549-4896	Young	LMHA	<p>Referrals provided to appropriate and vetted programs/agencies for other needed services;</p> <p>Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service;</p> <p>Works with care providers, and other professional disciplines and service agencies;</p> <p>Provides technical assistance and coordinating service delivery;</p> <p>Works remotely to coordinate the efforts of volunteers, service agencies, and care providers;</p> <p>Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)</p>

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Military Veteran Peer Network Helen Farabee Centers	104 E. Belknap, Jacksboro, TX 76384	940-229-6132	Jack	LMHA	Referrals provided to appropriate and vetted programs/agencies for other needed services; Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service; Works with care providers, and other professional disciplines and service agencies; Provides technical assistance and coordinating service delivery; Works remotely to coordinate the efforts of volunteers, service agencies, and care providers; Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)

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Military Veteran Peer Network Helen Farabee Centers	605 Decatur St., Bowie, TX 76230	940-696-6267	Montague	LMHA	Referrals provided to appropriate and vetted programs/agencies for other needed services; Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service; Works with care providers, and other professional disciplines and service agencies; Provides technical assistance and coordinating service delivery; Works remotely to coordinate the efforts of volunteers, service agencies, and care providers; Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)

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Military Veteran Peer Network Helen Farabee Centers	1201 N. 1 <sup>st</sup> St., Suite A, Haskell, TX 79521	940-864-3472	Haskell	LMHA	Referrals provided to appropriate and vetted programs/agencies for other needed services; Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service; Works with care providers, and other professional disciplines and service agencies; Provides technical assistance and coordinating service delivery; Works remotely to coordinate the efforts of volunteers, service agencies, and care providers; Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)



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Military Veteran Peer Network Helen Farabee Centers	301 N. Washington, Seymour, TX 76380	940-889-2277	Baylor	LMHA	Referrals provided to appropriate and vetted programs/agencies for other needed services; Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service; Works with care providers, and other professional disciplines and service agencies; Provides technical assistance and coordinating service delivery; Works remotely to coordinate the efforts of volunteers, service agencies, and care providers; Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)
Military Veteran Peer Network Helen Farabee Centers	510 King St., Quanah, TX 79252	940-663-5366	Hardeman	LMHA	2500 Wilbarger, Vernon, TX 76384

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Military Veteran Peer Network Helen Farabee Centers	8150 US Hwy 287, Childress, TX 79201	940-937-3644	Childress	LMHA	Referrals provided to appropriate and vetted programs/agencies for other needed services; Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service; Works with care providers, and other professional disciplines and service agencies; Provides technical assistance and coordinating service delivery; Works remotely to coordinate the efforts of volunteers, service agencies, and care providers; Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Military Veteran Peer Network Helen Farabee Centers	2500 Wilbarger, Vernon, TX 76384	940-553-4002	Wilbarger	LMHA	Referrals provided to appropriate and vetted programs/agencies for other needed services; Coordinate and/or supervise the provision of services provided by volunteers and monitor quality of service; Works with care providers, and other professional disciplines and service agencies; Provides technical assistance and coordinating service delivery; Works remotely to coordinate the efforts of volunteers, service agencies, and care providers; Education provided to build awareness for Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and Traumatic Brain Injury (TBI)
Benefits Eligibility Program Helen Farabee Centers	500 Broad St., Wichita Falls, TX 76307	940-397-3300	Wichita	LMHA	Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
Benefits Eligibility Program Helen Farabee Centers	1515 N. HWY 81-287 Business, Decatur, TX 76234	940-626-1251	Wise	LMHA	Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Benefits Eligibility Program Helen Farabee Centers	1720 4 <sup>th</sup> St., Graham, TX 76450	940-549-4896	Young	LMHA	Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
Benefits Eligibility Program Helen Farabee Centers	605 Decatur St., Bowie, TX 76230	940-696-6267	Montague	LMHA	Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
Benefits Eligibility Program Helen Farabee Centers	1201 N. 1 <sup>st</sup> St., Suite A, Haskell, TX 79521	940-864-3472	Haskell	LMHA	Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
Benefits Eligibility Program Helen Farabee Centers	301 N. Washington, Seymour, TX 76380	940-889-2277	Baylor	LMHA	Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
Benefits Eligibility Program Helen Farabee Centers	8150 US Hwy 287, Childress, TX 79201	940-937-3644	Childress	LMHA	Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
Benefits Eligibility Program Helen Farabee Centers	510 King St., Quanah, TX 79252	940-889-2277	Hardeman	LMHA	Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Benefits Eligibility Program Helen Farabee Centers	2500 Wilbarger, Vernon, TX 76384	940-663-5366	Wilbarger	LMHA	Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
Benefits Eligibility Program Helen Farabee Centers	104 E. Belknap, Jacksboro, TX 76384	940-229-6132	Jack	LMHA	Designed to assist individuals in applying for Medicaid benefits through Texas Health and Human Services or the Social Security Disability/SSI Program
Certified Family Partner Services Helen Farabee Centers	500 Broad St., Wichita Falls, TX 76307	940-397-3300	Wichita	LMHA	Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
Certified Family Partner Services Helen Farabee Centers	1515 N. HWY 81-287 Business, Decatur, TX 76234	940-626-1251	Wise	LMHA	Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Certified Family Partner Services Helen Farabee Centers	1720 4 <sup>th</sup> St., Graham, TX 76450	940-549-4896	Young	LMHA	Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
Certified Family Partner Services Helen Farabee Centers	605 Decatur St., Bowie, TX 76230	940-696-6267	Montague	LMHA	Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
Certified Family Partner Services Helen Farabee Centers	1201 N. 1 <sup>st</sup> St., Suite A, Haskell, TX 79521	940-864-3472	Haskell	LMHA	Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Certified Family Partner Services Helen Farabee Centers	301 N. Washington, Seymour, TX 76380	940-889-2277	Baylor	LMHA	Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
Certified Family Partner Services Helen Farabee Centers	8150 US Hwy 287, Childress, TX 79201	940-937-3644	Childress	LMHA	Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
Certified Family Partner Services Helen Farabee Centers	510 King St., Quanah, TX 79252	940-889-2277	Hardeman	LMHA	Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Certified Family Partner Services Helen Farabee Centers	2500 Wilbarger, Vernon, TX 76384	940-663-5366	Wilbarger	LMHA	Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
Certified Family Partner Services Helen Farabee Centers	104 E. Belknap, Jacksboro, TX 76384	940-229-6132	Jack	LMHA	Services offered to caregivers of children receiving mental health treatment. Certified Family Partners introduce the family to the recovery process. They model self-advocacy skills, provide non-clinical skills training, and assist in identifying natural/non-traditional and community supports.
Mental Health Peer Specialist Helen Farabee Centers	500 Broad St., Wichita Falls, TX 76307	940-397-3300	Wichita	LMHA	Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.



<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Mental Health Peer Specialist Helen Farabee Centers	1515 N. HWY 81-287 Business, Decatur, TX 76234	940-626-1251	Wise	LMHA	Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
Mental Health Peer Specialist Helen Farabee Centers	1720 4 <sup>th</sup> St., Graham, TX 76450	940-549-4896	Young	LMHA	Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
Mental Health Peer Specialist Helen Farabee Centers	605 Decatur St., Bowie, TX 76230	940-696-6267	Montague	LMHA	Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Mental Health Peer Specialist Helen Farabee Centers	1201 N. 1 <sup>st</sup> St., Suite A, Haskell, TX 79521	940-864-3472	Haskell	LMHA	Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
Mental Health Peer Specialist Helen Farabee Centers	301 N. Washington, Seymour, TX 76380	940-889-2277	Baylor	LMHA	Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
Mental Health Peer Specialist Helen Farabee Centers	8150 US Hwy 287, Childress, TX 79201	940-937-3644	Childress	LMHA	Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Mental Health Peer Specialist Helen Farabee Centers	510 King St., Quanah, TX 79252	940-889-2277	Hardeman	LMHA	Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
Mental Health Peer Specialist Helen Farabee Centers	2500 Wilbarger, Vernon, TX 76384	940-663-5366	Wilbarger	LMHA	Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.
Mental Health Peer Specialist Helen Farabee Centers	104 E. Belknap, Jacksboro, TX 76384	940-229-6132	Jack	LMHA	Services offered to support individuals with struggles pertaining to behavioral health, psychological trauma, or substance abuse. They provide services in behavioral health setting to promote mind-body recovery and resiliency.

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Supported Employment Helen Farabee Centers	1720 4 <sup>th</sup> St., Graham, TX 76450 (Administrative Office)	940-549-4896	Archer Baylor Childress Clay Cottle Dickens Foard Hardeman Haskell Jack King Knox Montague Stonewall Throckmorton Wichita Wilbarger Wise Young	LMHA	Service program that assists individuals with mental illness and/or Intellectual and Developmental Disabilities find and maintain meaningful employment in the community. Employment specialists are available to help individuals plan for a job and help success after obtaining employment. Continued supports and services are provided as needed by the individual.

## **I.B Mental Health Grant Program for Justice-Involved Individuals**

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by in Chapter 531, Texas Government Code, Section 531.0993 to reduce recidivism rates, arrests, and incarceration among people with mental illness, as well as reduce the wait time for people on forensic commitments. The 2024-25 Texas General Appropriations Act, House Bill 1, 88<sup>th</sup> Legislature, Regular Session, 2023, (Article II, HHSC, Rider 48) appropriated additional state funding to expand the grant and implement new programs. The Rural Mental Health Initiative Grant Program, authorized by Texas Government Code, Section 531.09936, awarded additional state funding to rural serving entities to address the mental health needs of rural Texas residents. These grants support community programs by providing behavioral health care services to people with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for people with mental illness involved in the criminal justice system.

In the table below, describe projects funded under the Mental Health Grant Program for Justice-Involved Individuals, Senate Bill 1677, and Rider 48. Number

served per year should reflect reports for the previous fiscal year. If the project is not a facility; indicate N/A in the applicable column below. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.C.

**Table 2: Mental Health Grant for Justice-Involved Individuals Projects**

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County(s)</b>	<b>Type of Facility</b>	<b>Population Served</b>	<b>Number Served per Year</b>
24	SB 292 – Red River Hospital Behavioral Health	Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young	Mental Health Facility	Adults & Adolescents	219
24	SB 292 – Red River Hospital Substance Use Disorder	Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young	Mental Health Facility – including detox and Substance Abuse Disorder Treatment	Adults	88
24	SB 292 Red River Hospital – Wise County Law Enforcement Jail Diversion	Wise	Mental Health Facility	Adults	13

## **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**

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County(s)</b>	<b>Population Served</b>	<b>Number Served per Year</b>
2025	Crisis Aid Response Team: A multidisciplinary response team comprised of a police officer, firefighter EMT, and LMHA Crisis Clinician. The team responds to mental health calls from police dispatch. The team’s mission includes the diversion of individuals from the legal process toward appropriate treatment.	Wichita	Individuals with mental health concerns who have frequent contact with law enforcement.	Operation began 9/3/24. YTD Total from 9/3/2024 – 11/30/2024 (unduplicated): 172

## I.D Community Participation in Planning Activities

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

**Table 4: Community Stakeholders**

	<b>Stakeholder Type</b>		<b>Stakeholder Type</b>
<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

	<b>Stakeholder Type</b>		<b>Stakeholder Type</b>
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): Red River Hospital North Texas State Hospital Medical City Decatur Behavioral Health Unit	<input checked="" type="checkbox"/>	State hospital staff (list the hospital and staff that participated): Albert Ragland, Superintendent Rick Hoban, Assistant Superintendent Mandy Darner, Director of Psychiatric Programs Willie Gutierrez, Admissions Coordinator Bethany Hughes, Medical Director Designated Units Social Workers as needed
<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): Patrick Coyle, Mental Health Coordinator, Juvenile Probation Mindy Davis, Mental Health Case Manager, Public Defender's Office Sarah Peeler, Assistant Director, Adult Probation William Rutledge, Deputy Chief, Wichita County Sheriff's Office Samantha Torrez, Special Needs Caseload Supervisor, Adult Probation Lisa Patterson, Jail Administrator, Wichita County Sheriff's Office Jim Johnson, Wichita County Judge Meredith Kennedy, 78 <sup>th</sup> District Court Judge James Hughes, Wichita County Justice of the Peace Win Graham, Young County Judge Brian Umphress, Jack County Judge Travis Babcock, Sheriff, Young County Linda Hall, Mental Health Coordinator	<input checked="" type="checkbox"/>	City officials (list the city and the name and official title of participants): Amy Fagan, Director of Health, City of Wichita Falls, Health District
<input checked="" type="checkbox"/>	Federally Qualified Health Center and other primary care providers	<input type="checkbox"/>	LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i> •
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers

	<b>Stakeholder Type</b>		<b>Stakeholder Type</b>
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives
<input checked="" type="checkbox"/>	Judges, district attorneys, public defenders (list the county and the name and official title of participants): Mindy Davis, Mental Health Case Manager, Public Defender's Office Sarah Peeler, Assistant Director, Adult Probation Patrick Coyle, Mental Health Coordinator, Juvenile Probation William Rutledge, Deputy Chief, Wichita County Sheriff's Office Samantha Torrez, Special Needs Caseload Supervisor Adult Probation Lisa Patterson, Jail Administrator, Wichita County Sheriff's Office Jim Johnson, Wichita County Judge Meredith Kennedy, 78 <sup>th</sup> District Court Judge James Hughes, Wichita County Justice of the Peace Zac Hatcher, Wichita County District Attorney's Office Win Graham, Young County Judge Brian Umphress, Jack County Judge Linda Hall, Mental Health Coordinator	<input checked="" type="checkbox"/>	Law enforcement (list the county or city and the name and official title of participants): Manuel Borrego, Chief, Wichita Falls Police Department Scott Vaughn, Deputy Chief, Wichita Falls Police Department Guy Gilmore, Deputy Chief, Wichita Falls Police Department Kevin Folmar, Captain, Wichita Falls Police Department, Jacob Vasquez, training, Wichita Falls Police Department Donald Miller, Chief, Burkburnett Police Department Brent Bullock, Chief of Police, Graham Travis Babcock, Sheriff, Young County
<input checked="" type="checkbox"/>	Education representatives	<input checked="" type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input checked="" type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input checked="" type="checkbox"/>	Veterans' organizations	<input type="checkbox"/>	Housing authorities
<input type="checkbox"/>	Local health departments	<input type="checkbox"/>	Other: _____

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

Monthly multi-agency Focus groups which consists of physical health services, social health services, Veterans services, foster care, Medicaid, domestic abuse shelter, home health/hospice, North Texas State Hospital, APS, and CPS, relevant



stakeholder lists updated weekly; Regular PNAC Meetings; Satisfaction Surveys; Board Meetings; Sponsoring Agency Meetings/Surveys; Needs Assessment

Response: Ongoing need for additional beds for MH & SUD inpatient hospitalizations. Ongoing need for transportation services in rural/distant areas. Ongoing demand for residential placements for MH & SUD individuals.

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:

Ongoing need for additional beds for MH & SUD inpatient hospitalizations. Ongoing need for transportation services in rural/distant areas. Ongoing demand for residential placements for MH and SUD individuals.

## **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: Our Psychiatric Emergency Plan is developed in collaboration with local law enforcement personnel and relevant medical providers.

- Ensuring the entire service area was represented; and

Response: Our sponsoring agencies represent communities throughout our service area. Our Board of Trustees approved our response procedures and has catchment-wide representation.

- Soliciting input.

Response: We solicit input by sending drafts to these groups and publishing CLSP drafts on the website prior to final submission.

## **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: Sub-contractor

b. After business hours

Response: Sub-contractor

c. Weekends and holidays

Response: Sub-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, Inc.

3. How is the MCOT staffed?

- a. During business hours

Response: MCOT as interpreted by this agency will respond from the individual centers in our outlying catchment during business hours. In Wichita/Archer/Clay counties, MCOT from the Wichita Falls office responds to crisis episodes during work hours. Staffing includes a primary clinician who will respond in person and works to resolve the crisis with clinically appropriate recommendations. Since COVID-19, we also offer virtual presence (tele-video or telephone) at the stakeholder's request and only when clinically appropriate. The primary clinician has access to an LPHA, RN, administration, and a psychiatrist for staffing and advisement.

- b. After business hours

Response: After business hours, weekends, and holidays, a primary clinician designated in a regional allocation, responds in person, and works to resolve the crisis with clinically appropriate recommendations. Since COVID-19, we also offer virtual presence (tele-video or telephone) at the stakeholder's request and only when clinically appropriate. The primary clinician has access to an LPHA, RN, and a psychiatrist if required to resolve the event.

- c. Weekends and holidays

Response: After business hours, weekends, and holidays, a primary clinician designated in a regional allocation, responds in person, and works to resolve the crisis with clinically appropriate recommendations. Since COVID-19, we offer virtual presence (tele-video or telephone) at the stakeholder's request and only when clinically appropriate. The primary clinician has access to an LPHA, RN, and a psychiatrist if required to resolve the event.

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: Individuals referred to HFC following a crisis receive follow up, via service package assignments, and timely follow up is required. When persons are active in a LOC, notification is via a treatment discussion between the intervening clinician and the assigned coordinator of care. Individuals referred to agency's Crisis Respite Unit or any inpatient care are followed by Crisis department staff during their course of stay and treatment. LOC 5 follow up is in the form of phone calls, face to face visits, case management services, skill training services, etc.

6. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:

- a. Emergency Rooms: Yes. Assessments and recommendations/resolution are performed for individuals in emergency rooms.
- b. Law Enforcement: Yes. Collaboration, assistance, assessments, and recommendations/resolution support law enforcement in their efforts.

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

Response: During business hours, after hours, weekends, and holidays, a clinician will respond in person and works to resolve the crisis with clinically appropriate recommendations. Since COVID-19, we also offer virtual presence (tele-video or telephone) at the state hospital's request and only when clinically appropriate. The clinician has access to an LPHA, RN, administration and a psychiatrist for staffing and advisement.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
  - a. During business hours: Individuals in crisis should be medically treated and stabilized from any physical trauma. Once stable and able to participate in a mental health assessment, our hotline can be engaged to dispatch a clinician.

- b. After business hours: Individuals in crisis should be medically treated and stabilized from any physical trauma. Once stable and able to participate in a mental health assessment, our hotline can be engaged to dispatch a clinician.
  - c. Weekends and holidays: Individuals in crisis should be medically treated and stabilized from any physical trauma. Once stable and able to participate in a mental health assessment, our hotline can be engaged to dispatch a clinician.
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: Law Enforcement is contacted, and it is law enforcement's opinion and prerogative whether the individual requires further stabilization and/or medical clearance in a hospital or other care facility. They will either transport via law enforcement vehicle or engage first responders to get the individual to a hospital safely.

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

Response: The community's process is reliant on the OAG of 2009, which stimulated the Psychiatric Emergency Flow published 2010.

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

Response: Law Enforcement is contacted, and it is law enforcement's opinion and prerogative whether the individual requires further stabilization and/or medical clearance in a hospital or other care facility. They will either transport via law enforcement vehicle or engage first responders to the individual to a hospital safely.

We voluntarily admit people for facility-based crisis stabilization to our contracted hospitals. An individual is assessed, informed of the potential placement, and subsequently voluntarily admitted.

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: We voluntarily admit people to our contracted Crisis Respite Unit (CRU) for crisis stabilization. An individual is assessed, informed of the potential placement, and subsequently voluntarily admitted.

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: Our crisis clinicians will provide in vivo assessments wherever we're dispatched. We will engage law enforcement to be present with us in an unsecure location during the assessment to enhance the safety factor for all involved in the process.

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

Response: If an individual needs a bed, they are immediately placed at one of our contracted crisis stabilization facilities or at the CRU (Crisis Respite Unit) 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 LMHA/LBHA is responsible for continued crisis intervention services.

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

Response: If emergency detentions are not involved, the individual can be transported by a family member or other responsible adult or an apprehending office to our Crisis Respite Unit, if indicated, or back to the place of apprehension. There are no other established transportation options.

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

Response: The family and/or LAR is responsible for transportation in cases not involving emergency detention for children.

## **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**

<b>Name of facility</b>	<b>Crisis Respite Unit</b>
<b>Location (city and county)</b>	Wichita Falls, TX Wichita County
<b>Phone number</b>	940-766-3877
<b>Type of facility (see Appendix A)</b>	Crisis Respite Unit, Type A Small
<b>Key admission criteria</b>	Voluntary individuals in crisis who are ambulatory and can toilet, feed, and medicate themselves.
<b>Circumstances under which medical clearance is required before admission</b>	Suspicion of intoxication or another medical condition.
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	N/A
<b>Does the facility accept emergency detentions?</b>	No, voluntary unit
<b>Number of beds</b>	16, however only utilizing 10 as the Crisis Respite Unit now serves as an extended living facility for 6 individuals.
<b>HHSC funding allocation</b>	

## 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**

<b>Name of facility</b>	<b>Red River Hospital</b>
<b>Location (city and county)</b>	Wichita Falls, TX Wichita County

<b>Name of facility</b>	<b>Red River Hospital</b>
<b>Phone number</b>	940-322-3171
<b>Key admission criteria</b>	Inpatient treatment for a variety of conditions both voluntary and court-ordered
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	N/A
<b>Number of beds</b>	96
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PESC – as needed SB 292 – as needed SB 292 jail diversion from Wise County – as needed
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A



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

**Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured**

<b>Name of facility</b>	<b>Millwood Hospital</b>
<b>Location (city and county)</b>	Arlington, TX Tarrant County
<b>Phone number</b>	817-404-2224
<b>Key admission criteria</b>	Inpatient treatment for a variety of conditions both voluntary and court-ordered
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	N/A
<b>Number of beds</b>	134
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB – as needed
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed

<b>Name of facility</b>	<b>Millwood Hospital</b>
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$730
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

**Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured**

<b>Name of facility</b>	<b>Perimeter</b>
<b>Location (city and county)</b>	Arlington, TX Tarrant County
<b>Phone number</b>	817-662-6341
<b>Key admission criteria</b>	Inpatient treatment for a variety of conditions both voluntary and court-ordered
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	N/A
<b>Number of beds</b>	60
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes

Name of facility	Perimeter
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB – as needed
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

**Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured**

<b>Name of facility</b>	<b>Northwest Texas Healthcare System - "The Pavilion"</b>
<b>Location (city and county)</b>	Amarillo, TX Potter County
<b>Phone number</b>	806-354-1233
<b>Key admission criteria</b>	Inpatient treatment for a variety of conditions both voluntary and court-ordered
<b>Service area limitations if any</b>	None

<b>Name of facility</b>	<b>Northwest Texas Healthcare System - "The Pavilion"</b>
<b>Other relevant admission information for first responders</b>	N/A
<b>Number of beds</b>	90
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB – as needed
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

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

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

Response: None

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

Response: N/A

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: We do not have a dedicated jail liaison position. However, we maintain presence within our catchment jails as requested.

4. If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

Response: The Director of Crisis Services and Continuity of Care is the primary liaison between the LMHA/LBHA and the jail.

5. What plans, if any, are being developed over the next two years to maximize access and utilization of local alternatives for competency restoration?

Response: We have continued discussions with community partners regarding competency issues. We applied for a grant as having a provider of such is cost prohibitive at this time. We are currently awaiting contract negotiations and execution to develop and establish a Jail Based Competency Restoration program housed within the Wichita County Jail.

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: We are mindful and continue to be mindful of competency alternatives, however without grant funding we are unable to provide competency services.

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

Response: Funding, Psychologist, clinical staff

## **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: Emergency psychiatric care and substance abuse services are almost an automatic integration. When someone is assessed and substances are either an issue or a precipitant, an immediate referral is made to our substance abuse department to screen and engage/refer. To further our efforts for physical healthcare, we have a memo of understanding/care coordination agreements with a local hospital and their transition clinic, emergency services, and an outpatient substance clinic. We currently have care coordination agreements pending with a local home health and hospice facility. We staff with them whenever needed, making certain holistic care is present for the individual. We have a care coordination team in place to assist with physical healthcare needs.

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

Response: For the next two years, we will continue to work on enhancing the assessment and delivery of integrated services. We will continue to collaborate with community entities on the provision of a global care perspective of body and mind. We will explore, develop, and implement agreements with physical health providers. We will continue to use our care coordination team to assist with the integration of mental health services and medical 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: Currently, information is disseminated by way of electronic mail, phone calls, and in-person conversations. We also use social media to communicate important and timely information when it occurs.

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: Hotline staff provide evidence of required trainings, adherence, and accreditation we file with the contract. Crisis providers receive necessary training prior to engaging in the resolution of crisis events. "Refresher" training is provided as needed or required.

## 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)
All Catchment	System wide, we would benefit from an increase in mid-level residential treatment. Something without rigors of a hospital, but the monitoring and support of a residential unit.	HCBS homes available in our catchment; Transition home approved for our catchment as we've waited for over 6 months for our contracted home to be finalized.	
All Catchment	Transportation to our centers and to our localized CRU is somewhat of a gap in our more frontier areas where accessible transportation is extremely limited or does not exist.	Contract with Medicaid to work with/hire public transportation, such as UBER and LYFT.	



# Section III: Plans and Priorities for System Development

## III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to people with mental health and substance disorders involved in the criminal justice system. The model is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change.

A link to the SIM can be accessed here:

<https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

In the tables below, indicate the strategies used in each intercept to divert people from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years. Enter N/A if not applicable.

**Table 8: Intercept 0 Community Services**

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Mobile crisis outreach teams and co-responders	All	Continue doing
Emergency Department diversion	Wichita	Continue doing
Police-friendly crisis services	All	Continue doing

**Table 9: Intercept 1 Law Enforcement**

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two years:</b>
Dispatcher training Training law enforcement staff Training of court personnel Training of probation personnel	All	<p>Continue offering and providing mental health training specific to the provision of crisis services to each new academy of officers in addition to what is part of their routine curriculum.</p> <p>Continue offering and providing ASIST (Applied Suicidal Intervention Skills Training) to the public defender’s office within the scope of crisis services and some clinical exposure to suicidal behaviors.</p> <p>Continue offering and providing training to special needs probation officers (those assigned a mental health caseload) in the form of evidence-based ASIST.</p>
Specialized Police Responses	All	<p>Continue offering and providing mental health training specific to the provision of crisis services to each new academy of officers in addition to what is part of their routine curriculum.</p> <p>Continue offering and providing ASIST (Applied Suicidal Intervention Skills Training) to the public defender’s office within the scope of crisis services and some clinical exposure to suicidal behaviors.</p> <p>Continue offering and providing training to special needs probation officers (those assigned a mental health caseload) in the form of evidence-based ASIST.</p>

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two years:</b>
Intervening with super-utilizers and providing follow-up after the crisis Police friendly drop-off point Service linkage and follow-up for individuals who are not hospitalized	All	Continue to encourage local and outlying law enforcement to utilize our Crisis Respite Unit (CRU) to bring people who they perceive are in crisis and without pending legal restrictions.  We offer CRU placement where indicated and provide follow-up services during their admission. We offer referrals to the center and community when indicated.

**Table 10: Intercept 2 Post Arrest**

<b>Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Screening at booking	All	Continue screening as requested by law enforcement staff
Screening once detained and in holding	All	Continue screening as requested by law enforcement staff

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

<b>Intercept 3: Jails and Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
<p>Routine screening for mental illness and diversion eligibility</p> <p>Link to comprehensive services</p> <p>Jail-based programming and health care services</p>	<p>All</p>	<p>Continue a presence at our catchment jails. We respond to jail staff who request assessments and provide interventions whenever contacted, during business hours and after hours/weekends/holidays.</p> <p>Continue offering and delivering mental health services, including medication-assisted treatment, and substance use disorder services to eligible, incarcerated individuals.</p> <p>Continue working with local sponsoring agencies to obtain grant funding for tele-video services within our catchment jails.</p> <p>Continue providing levels of care services as indicated to incarcerated persons.</p>
<p>Mental Health Court/Drug Court</p>	<p>Wichita</p>	<p>We are in constant discussions with stakeholders regarding the formation of a Behavioral Health Court in our urban setting of Wichita County. We've discussed the viability, implications, and utilization. We've melded the populations of veterans, mental health consumers, and substance use disorder individuals to meet viability, as each population standing alone is limited.</p>

<b>Intercept 3: Jails and Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Outpatient Competency Restoration	Wichita	We are in constant discussions with stakeholders regarding the formation of a Behavioral Health Court in our urban setting of Wichita County. We've discussed the viability, implications, and utilization. We've melded the populations of veterans, mental health consumers, and substance use disorder individuals to meet viability, as each population standing alone is limited.
Services for persons Not Guilty by Reason of Insanity	Wichita	We are in constant discussions with stakeholders regarding the formation of a Behavioral Health Court in our urban setting of Wichita County. We've discussed the viability, implications, and utilization. We've melded the populations of veterans, mental health consumers, and substance use disorder individuals to meet viability, as each population standing alone is limited.

**Table 12: Intercept 4 Reentry**

<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Transition planning	All	Continue providing transitional services in jails. Continue assisting persons transition back to the community and providing services if desired.
Medication and prescription access upon release from jail or prison	All	Continue ensuring continuity of care at release, developing plans for services, and coordinating continuity of care.

<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Warm hand-offs from corrections to providers	All	If we are serving an incarcerated patient, their coordinator of care arranges, as part of their care, what is to happen upon release. Note these are coordinators of care, NOT a designee.

**Table 13: Intercept 5 Community Corrections**

<b>Intercept 5: Community Corrections Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Specialized community supervision caseloads of people with mental disorders (waiting on Melissa)	Wichita Wise	We have a TCOOMMI program that includes a program director and 4 direct care providers. 1 continuity of care caseload serving both parole and probation held by the program director. 2 intensive case managers for adult parole, one being a rural caseload serving our rural counties. 1 intensive case manager for probation. 1 transitional case manager who provides less intensive services for both parole and probation. Transitional services are for those community supervised patients who might not have the high need scores for intensive services OR those who are transitioning from intensive services.
Medication-assisted treatment for substance use disorders	All	Continue routine screenings and referral for behavioral health treatment and substance use disorder treatment.

<b>Intercept 5: Community Corrections</b> <b>Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Access to recovery supports, benefits, housing, and competitive employment	All	Continue to have staff assigned to facilitate access to comprehensive services, including benefits eligibility, peer providers, counselors, etc.; specialized caseloads

### III.B Other Behavioral Health Strategic Priorities

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

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

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs of public-school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services

- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

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

**Table 14: Current Status of Texas Statewide Behavioral Health Plan**

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	<ul style="list-style-type: none"> <li>• Gaps 1, 10</li> <li>• Goal 1</li> </ul>	<p>We maintain an open access (walk-in) Intake system as well as open access for Psychiatric Evaluations.</p> <p>We have annual trainings focusing on Trauma Informed Care and cultural awareness.</p> <p>We recently completed our Needs Assessment and intend on focusing on reported SDOH.</p>	<p>We will continue walk-in access operations for intakes and for Psychiatric Evaluations</p> <p>We will continue to train staff upon hire and annually thereafter.</p> <p>We plan to determine needs and adjust policy, procedures, and service accessibility as needed to address SDOH.</p>



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>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</p>	<ul style="list-style-type: none"> <li>• Gaps 2, 3, 4, 5, 10, 12</li> <li>• Goal 1</li> </ul>	<p>We have MOU's with catchment schools to provide services in schools.</p> <p>We have a Behavioral Health Partnership Program liaison who provides education and support to school educators and administration on a variety of topics related to mental health, crisis services, and substance abuse services, etc.</p> <p>We have MOU's/care coordination agreements with various agencies to ensure continuity of care.</p> <p>We have a Veteran Peer Provider who is active in the community serving Veterans and their families.</p> <p>We currently provide transitional services in jails.</p> <p>We recently completed our Needs Assessment and intend on focusing on reported SDOH.</p> <p>We currently have designated staff to assist individuals in finding gainful employment.</p>	<p>Continue our relationships with catchment schools.</p> <p>To have our Behavioral Health Partnership Program liaison develop relationships with the state liaison to present to other LMHAs, consortiums, etc.</p> <p>Continue our partnership with various agencies to ensure continuity of care for individuals.</p> <p>Continue our Veteran Peer Provider Program.</p> <p>Continue assisting persons transition back to the community and providing services if desired.</p> <p>We plan to determine needs and adjust policy, procedures, and service accessibility as needed to address SDOH.</p> <p>Continue maintaining dedicated Supported Employment staff.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> <li>• Gaps 1, 10</li> <li>• Goal 1</li> </ul>	We constantly seek grant opportunities to assist with funding of needed services.	Continue seeking and submitting grants to assist with funding of needed services.
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> <li>• Gap 10</li> <li>• Goal 1</li> </ul>	We currently train our staff to provide individualized, person-centered care to the individuals we serve.	Continue to train staff upon hire and as needed.
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> <li>• Gaps 2, 11</li> <li>• Goal 1</li> </ul>	<p>We have an ECI department which assists children birth to age 3 with various developmental issues.</p> <p>We have MOU's with catchment schools to provide services in schools.</p> <p>We have a Behavioral Health Partnership Program liaison who provides education and support to school educators and administration on a variety of topics related to mental health, crisis services, and substance abuse services, etc.</p>	<p>Maintain our ECI department.</p> <p>Continue our relationships with catchment schools.</p> <p>To have our Behavioral Health Partnership Program liaison develop relationships with the state liaison to present to other LMHAs, consortiums, etc.</p>
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> <li>• Gap 3</li> <li>• Goal 2</li> </ul>	<p>We have MOU's/care coordination agreements with various agencies to ensure continuity of care.</p> <p>We maintain an open access (walk-in) Intake system as well as open access for Psychiatric Evaluations.</p>	<p>Continue our partnership with various agencies to ensure continuity of care for individuals.</p> <p>We will continue walk-in access operations for intakes and for Psychiatric Evaluations</p>

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"> <li>• Gaps 1, 3, 7</li> <li>• Goal 2</li> </ul>	<p>We maintain an open access (walk-in) Intake system as well as open access for Psychiatric Evaluations.</p> <p>We have MOU's/care coordination agreements with various agencies to ensure continuity of care.</p> <p>We currently use all approved state curricula/evidence-based curricula.</p>	<p>We will continue walk-in access operations for intakes and for Psychiatric Evaluations</p> <p>Continue our partnership with various agencies to ensure continuity of care for individuals.</p> <p>We will continue to use evidence-based curricula and best practice curricula and ensure staff are thoroughly trained.</p>
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> <li>• Gap 3</li> <li>• Goal 2</li> </ul>	<p>We currently have monthly multi-agency Focus groups which consists of various entities. We have regular PNAC meetings, regular Board meetings, provide satisfaction surveys, and recently completed our Needs Assessment.</p> <p>We have MOU's/care coordination agreements with various agencies to ensure continuity of care.</p> <p>We maintain an open access (walk-in) Intake system as well as open access for Psychiatric Evaluations.</p>	<p>We will continue all scheduled meetings to ensure a voice from the community.</p> <p>Continue our partnership with various agencies to ensure continuity of care for individuals.</p> <p>We will continue walk-in access operations for intakes and for Psychiatric Evaluations</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care</p>	<ul style="list-style-type: none"> <li>• Gaps 1, 11, 14</li> <li>• Goal 2</li> </ul>	<p>We have an ECI department which assists children birth to age 3 with various developmental issues.</p> <p>We have MOU's/care coordination agreements with various agencies to ensure continuity of care.</p> <p>We use social media to communicate access to services.</p> <p>We maintain an open access (walk-in) Intake system as well as open access for Psychiatric Evaluations.</p>	<p>Maintain our ECI department.</p> <p>Continue our partnership with various agencies to ensure continuity of care for individuals.</p> <p>Maintain and update all social media platforms as needed to communicate information.</p> <p>We will continue walk-in access operations for intakes and for Psychiatric Evaluations.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services</p>	<ul style="list-style-type: none"> <li>• Gaps 1, 5, 6</li> <li>• Goal 2</li> </ul>	<p>We have a Continuity of Care worker who communicates with our local SMHF daily for discharge and continuity planning.</p> <p>We have a Continuity of Care worker who communicates with our contracted private inpatient hospital daily for discharge and continuity planning.</p> <p>We utilize our crisis respite unit for transitions from SMHF and private hospitals to community.</p> <p>We have a dedicated LOC5 team that helps monitor individuals transitioning to outpatient care from a hospitalization or other crisis event.</p> <p>We have MOU's/care coordination agreements with various agencies to ensure continuity of care.</p>	<p>Continue to have dedicated continuity of care staff.</p> <p>Continue to have dedicated continuity of care staff.</p> <p>Continue to use our crisis respite unit to transition individuals from a hospital setting to the community.</p> <p>Continue to have additional staff to assist the continuity of care staff.</p> <p>Continue our partnership with various agencies to ensure continuity of care for individuals.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Develop step-down and step-up levels of care to address the range of participant needs</p>	<ul style="list-style-type: none"> <li>• Gaps 1, 5, 6</li> <li>• Goal 2</li> </ul>	<p>We have a Continuity of Care worker who communicates with our local SMHF daily for discharge and continuity planning.</p> <p>We have a Continuity of Care worker who communicates with our contracted private inpatient hospital daily for discharge and continuity planning.</p> <p>We utilize our crisis respite unit for transitions from SMHF and private hospitals to community.</p> <p>We have a dedicated LOC5 team that helps monitor individuals transitioning to outpatient care from a hospitalization or other crisis event.</p> <p>We have MOU's/care coordination agreements with various agencies to ensure continuity of care.</p> <p>All staff are trained in crisis resolution if a higher level of care is indicated.</p>	<p>Continue to have dedicated continuity of care staff.</p> <p>Continue to have dedicated continuity of care staff.</p> <p>Continue to use our crisis respite unit to transition individuals from a hospital setting to the community.</p> <p>Continue to have additional staff to assist the continuity of care staff.</p> <p>Continue our partnership with various agencies to ensure continuity of care for individuals.</p> <p>Maintain training of all staff in crisis resolution and provide refresher trainings as needed.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>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</p>	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 3</li> </ul>	<p>We have a UM/QM department who monitors service trends. We work closely with our IT department in collecting, processing, and analyzing data. We provide information to executive leadership and adjust accordingly.</p> <p>We have MOU's/care coordination agreements with various agencies to ensure continuity of care.</p> <p>We use social media to communicate access to services.</p>	<p>Continue to have a UM/QM department that understands data and trends and communicates to executive leadership.</p> <p>Continue our partnership with various agencies to ensure continuity of care for individuals.</p> <p>Maintain and update all social media platforms as needed to communicate information.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Explore opportunities to provide emotional supports to workers who serve people receiving services</p>	<ul style="list-style-type: none"> <li>• Gap 13</li> <li>• Goal 3</li> </ul>	<p>We currently have a calming website.</p> <p>We currently have EAPs for staff who need assistance.</p> <p>We have designated LPHAs to talk staff as needed.</p> <p>We have an annual Employee Appreciation Day.</p> <p>Center specific seasonal employee parties/get togethers.</p> <p>The culture of all centers is supportive and talks with one another/checks in with each other, etc.</p> <p>We provide a Trauma Informed Care tip each month that is sent globally to all employees and is posted on our social media accounts.</p> <p>Weekly staff meetings provide opportunities for staff to discuss issues and successes.</p> <p>We participate in job fairs around the catchment area.</p>	<p>Continue to maintain calming website.</p> <p>Continue to provide EAPs for staff.</p> <p>Continue to provide staff to talk to staff as needed.</p> <p>Continue annual employee appreciation events.</p> <p>Continue to encourage Center managers to have employee get togethers.</p> <p>Continue to encourage a supportive environment between staff members.</p> <p>Continue providing a monthly "TIC" tip to all staff and posting on our social media accounts.</p> <p>Continue to allow opportunities for staff to share with leadership and peers in staff meetings.</p> <p>Continue to participate in job fairs.</p>



<p>Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce</p>	<ul style="list-style-type: none"> <li>• Gaps 13, 14</li> <li>• Goal 3</li> </ul>	<p>We participate in job fairs around the catchment area.</p> <p>We have an HR department who monitors trends. HR works closely with recruiting agencies.</p> <p>We have a marketing team who updates social media with important news, happenings, etc.</p> <p>We currently have a calming website.</p> <p>We currently have EAPs for staff who need assistance.</p> <p>We have designated LPHAs to talk staff as needed.</p> <p>We have an annual Employee Appreciation Day.</p> <p>Center specific seasonal employee parties/get togethers.</p> <p>The culture of all centers is supportive and talks with one another/checks in with each other, etc.</p> <p>We provide a Trauma Informed Care tip each month that is sent globally to all employees and is posted on our social media accounts.</p> <p>Weekly staff meetings provide opportunities</p>	<p>Continue to participate in job fairs.</p> <p>Continue monitoring trends and working with recruiting agencies.</p> <p>Continue marketing team duties.</p> <p>Continue with website.</p> <p>Continue maintaining an EAP for staff.</p> <p>Continue having staff available for staff.</p> <p>Continue annual Employee Appreciation Day.</p> <p>Continue to encourage Center managers to have employee get togethers.</p> <p>Continue to encourage a supportive environment between staff members.</p> <p>Continue providing a monthly "TIC" tip to all staff and posting on our social media accounts.</p> <p>Continue to allow opportunities for staff to</p>
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>for staff to discuss issues and successes.</p> <p>We accept practicum students and interns from local colleges and all behavioral health disciplines.</p>	<p>share with leadership and peers in staff meetings.</p> <p>Continue to accept and mentor students in the practicum and internships.</p>
Implement a call to service campaign to increase the behavioral health workforce	<ul style="list-style-type: none"> <li>• Gap 13</li> <li>• Goal 3</li> </ul>	<p>We participate in job fairs around the catchment area.</p> <p>We have an HR department who monitors trends. HR works closely with recruiting agencies.</p> <p>We have a marketing team who updates social media with important news, happenings, etc.</p> <p>We accept practicum students and interns from local colleges and all behavioral health disciplines.</p>	<p>Continue to participate in job fairs.</p> <p>Continue monitoring trends and working with recruiting agencies.</p> <p>Continue marketing team duties.</p> <p>Continue to accept and mentor students in the practicum and internships</p>
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> <li>• Gaps 3, 13</li> <li>• Goal 3</li> </ul>	<p>We have an HR department who monitors trends. We update policies and procedures annually and adjust accordingly.</p> <p>We recently completed a Needs Assessment and have data to support adjustments in policies and procedures to ensure diversified workforce.</p>	<p>Continue monitoring trends and updating policies and procedures annually and adjusting accordingly.</p> <p>Adjust accordingly as needed in response to the Needs Assessment and ensure policies and procedures are reviewed and updated annually and/or as needed.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> <li>• Gaps 3, 13</li> <li>• Goal 3</li> </ul>	We currently have monthly multi-agency Focus groups which consists of various entities. We have regular PNAC meetings, regular Board meetings, provide satisfaction surveys, and recently completed our Needs Assessment.	Continue our regularly scheduled meetings and continue to participate in community activities to expand community knowledge of the presence of the LMHA and the services offered.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 4</li> </ul>	We have a UM/QM department who monitors service trends. We have an annual audit schedule to review every department. We have monthly meetings with executive leadership to share information. We have quarterly department meetings to ensure the QM plan is being implemented as designed. We adjust accordingly.	Continue to have a UM/QM department that understands data and trends and communicates to executive leadership. Continue annual auditing of departments. Continue working with department heads to build a QM plan and monitor it quarterly.
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 4</li> </ul>	We have MOU's/care coordination agreements with various agencies to ensure continuity of care and share information as needed for continuity of care.	Continue our partnership with various agencies to ensure continuity of care for individuals. Seek out additional agencies to have MOU's/care coordination agreements.
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	<ul style="list-style-type: none"> <li>• Gaps 3, 4, 14</li> <li>• Goal 4</li> </ul>	We have a Veteran Peer Provider who is active in the community serving Veterans and their families. He provides referrals and resources as needed.	Continue our Veteran Peer Provider program.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> <li>• Gaps 7, 14</li> <li>• Goal 4</li> </ul>	We have a UM/QM department who monitors service trends. We provide annual refresher trainings of each evidence-based curriculum used. We have an annual audit schedule to review every department, including fidelity of each curriculum. We provide information to executive leadership and adjust training accordingly.	Continue to have a UM/QM department that understands data and trends and communicates to executive leadership. Continue annual auditing of departments.

### 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
Establishment of a Jail Based Competency Restoration program	Awaiting contract negotiation and execution.	Equipping jail space for the program’s operation. Hiring and training of staff. Implementation, data collection, monitoring, and optimization of program operation.

Local Priority	Current Status	Plans
Crisis Aid Response Team (CART)	Currently in fourth month of operation.	Continued monitoring of program performance and efficacy. Data collection and reporting to private funding source. Securing continued funding from the county. Possible pursuit of funding additional team and expansion to additional areas.

### IV.D System Development and Identification of New Priorities

Developing the local plans should include a process to identify local priorities and needs and the resources required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This builds on the ongoing communication and collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information provides a clear picture of needs across the state and support planning at the state level.

Use the table below to identify the local service area’s priorities for use of any new funding should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for people not restorable, outpatient commitments, and other people needing long-term care, including people who are geriatric mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

Provide as much detail as practical for long-term planning and:

- Assign a priority level of 1, 2, or 3 to each item, with 1 being the highest priority.
- Identify the general need.
- Describe how the resources would be used—what items or components would be funded, including estimated quantity when applicable.

- Estimate the funding needed, listing the key components and costs (for recurring or ongoing costs, such as staffing, state the annual cost).

**Table 16: Priorities for New Funding**

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	<b>Employee Retention</b>	<ul style="list-style-type: none"> <li>• Funding to create competitive salaries for community MH/SUD/IDD staff.</li> </ul>	Unknown, but make them comparable to SMHF enhancements.	
2	<b>Updated MH facilities</b>	<ul style="list-style-type: none"> <li>• Funding to create/improve community MH facilities as many rural center locations struggle to maintain modern, inviting, ADA compliant facilities.</li> </ul>	Unknown, would be based on location of each center.	

## Appendix A: Definitions

**Admission criteria** – Admission into services is determined by the person’s level of care as determined by the TRR Assessment found [here](#) for adults or [here](#) for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

**Community Based Crisis Program (CBCP)** - Provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people with behavioral health crisis. CBCP projects include contracted psychiatric beds within a licensed hospital, EOUs, CSUs, s, crisis residential units and crisis respite units and are staffed by medical personnel, mental health professionals, or both that provide care 24/7. CBCPs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA or LBHA funding.

**Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs)** – Hospital services staffed with

medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the person's ability to function in a less restrictive setting.

**Crisis hotline** – A 24/7 telephone service that provides information, support, referrals, screening, and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT or other crisis services.

**Crisis residential units (CRU)** – Provide community-based residential crisis treatment to people with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential units are not authorized to accept people on involuntary status.

**Crisis respite units** – Provide community-based residential crisis treatment for people who have low risk of harm to self or others, and who may have some functional impairment. Services may occur over a brief period of time, such as two hours, and generally serve people with housing challenges or assist caretakers who need short-term housing or supervision for the person they care for to avoid mental health crisis. Crisis respite units are not authorized to accept people on involuntary status.

**Crisis services** – Immediate and short-term interventions provided in the community that are designed to address mental health and behavioral health crisis and reduce the need for more intensive or restrictive interventions.

**Crisis stabilization unit (CSU)** – The only licensed facilities on the crisis continuum and may accept people on emergency detention or orders of protective custody. CSUs offer the most intensive mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in people with a high to moderate risk of harm to self or others.

**Diversion centers** - Provide a physical location to divert people at-risk of arrest, or who would otherwise be arrested without the presence of a jail diversion center and connects them to community-based services and supports.

**Extended observation unit (EOU)** – Provide up to 48-hours of emergency services to people experiencing a mental health crisis who may pose a high to

moderate risk of harm to self or others. EOUs may accept people on emergency detention.

**Jail-based competency restoration (JBCR)** - Competency restoration conducted in a county jail setting provided in a designated space separate from the space used for the general population of the county jail with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

**Mental health deputy (MHD)** - Law enforcement officers with additional specialized training in crisis intervention provided by the Texas Commission on Law Enforcement.

**Mobile crisis outreach team (MCOT)** – A clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up and relapse prevention services for people in the community.

**Outpatient competency restoration (OCR)** - A community-based program with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.



## Appendix B: Acronyms

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