



Form O: Consolidated Local Service Plan

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

Introduction

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

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

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

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

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

Table 1: Mental Health Services and Sites

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Texana Center	535 FM 359 South, Brookshire, 77423	281-375-5300	Austin and Waller	Outpatient Services	<ul style="list-style-type: none"> • Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders • Substance abuse prevention, intervention or treatment
Texana Center	1460 Walnut, Columbus, 78934	979-732-6204	Colorado	Outpatient Services	<ul style="list-style-type: none"> • Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders
Texana Center	400 Avenue F, Bay City, 77414	979-245-9231	Matagorda	Outpatient Services	<ul style="list-style-type: none"> • Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders
Texana Center	3007 N. Richmond Rd, Wharton, 77488	979-532-6100	Wharton	Outpatient Services	<ul style="list-style-type: none"> • Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders
Texana Center	4910 Airport Ave, Bldg A, Rosenberg, 77471	281-239-1325	Fort Bend	Outpatient Services	<ul style="list-style-type: none"> • Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Texana Center	2535 Cordes Dr, Sugar Land, 77479	281-276-4400	Fort Bend	Outpatient Services	<ul style="list-style-type: none"> • Screening, assessment and intake • TRR outpatient services for adults and children • Services for co-occurring disorders
Texana Center	5311 Avenue N, Rosenberg, 77471	281-239-6701	Fort Bend	Crisis Center	<ul style="list-style-type: none"> • Extended Observation Unit-Adults only • Crisis Residential Unit-Adults only • Services for co-occurring disorders
Voyages of Sugar Land	11931 S. Texas 6 Sugar Land, 77479	346-651-7121	Fort Bend	Hospital	<ul style="list-style-type: none"> • Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth
West Park Springs	6902 S. Peek Road Richmond, 77407	832-302-9796	Harris	Hospital	<ul style="list-style-type: none"> • Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth
Behavioral Hospital of Bellaire	5314 Dashwood Houston, 77081	713-600-9521	Harris	Hospital	<ul style="list-style-type: none"> • Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth
Sun Behavioral Hospital	7601 Fannin St Houston, 77081	713-795-8802	Harris	Hospital	<ul style="list-style-type: none"> • Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Houston Behavioral Healthcare Hospital	2801 Gessner Rd Houston, 77080	832-834-7720	Harris	Hospital	<ul style="list-style-type: none"> Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth
Harris County Psychiatric Center and John S. Dunn Behavioral Sciences Center UT Health Houston	2800 South MacGregor Way Houston, 77021	713-741-3883	Harris	Hospital	<ul style="list-style-type: none"> Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth
West Oaks Hospital	6500 Hornwood Houston, 77071	713-778-5250	Harris	Hospital	<ul style="list-style-type: none"> Contracted for Rapid Crisis Stabilization Beds and PPB Beds for adults and youth

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

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

criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for people with mental illness involved in the criminal justice system.

In the table below, describe projects funded under the Mental Health Grant Program for Justice-Involved Individuals, Senate Bill 1677, and Rider 48. Number served per year should reflect reports for the previous fiscal year. If the project is not a facility; indicate N/A in the applicable column below. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.C.

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

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
FY24	SB292 Project (Expansion of ACT Team for criminal justice involved individuals in Fort Bend County to reduce recidivism using evidence-based services)	Fort Bend	Outpatient	50	50

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

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

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

Table 3: Community Mental Health Grant Program Jail Diversion Projects

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY24	Texana Center was denied adequate funding for Community Mental Health Grant Programs for Jail Diversion Projects such as JBCR, MH Deputies, and Jail Diversion at Crisis Center	Fort Bend, Austin, Waller, Colorado, Wharton and Matagorda	N/A	N/A

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	People receiving services	<input checked="" type="checkbox"/>	Family members
<input checked="" type="checkbox"/>	Advocates (children and adult)	<input type="checkbox"/>	Concerned citizens or others
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <ul style="list-style-type: none"> Voyages of Sugar Land Behavioral Health, Tobey Bogardus Westpark Springs, Marrie Marrow 	<input type="checkbox"/>	State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none">

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input checked="" type="checkbox"/>	Prevention services providers	<input type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/>	County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> Fort Bend County, Judge KP George Colorado County, Judge Ty Prause Wharton County, Judge Phillip Spenrath Austin County, Judge Tim Lapham Waller County, Judge Trey Duhon Matagorda County, Judge Nate McDonald 	<input type="checkbox"/>	City officials (list the city and the name and official title of participants): <ul style="list-style-type: none"> Rosenberg Mayor, William Benton Columbus Mayor, Lori Ann Gobert Wharton Mayor, Tim Barker Sealy Mayor, Carolyn Bilski Brookshire Mayor, Branch Darrell Bay City Mayor, Nelson Robert
<input checked="" type="checkbox"/>	Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/>	LMHA LBHA staff *List the LMHA or LBHA staff that participated: <ul style="list-style-type: none"> Plan sent to all BH staff at Texana Center
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders
<input type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives
<input checked="" type="checkbox"/>	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): <ul style="list-style-type: none"> Fort Bend County, Donna Mahmoudi, Asst. District Attorney Colorado County, Jay Johanes, DA Wharton County, Trey Maffett, County Attorney Austin County, Travis J. Koehn, DA Waller County, Elton Mathis, County Attorney Matagorda County, Steven Reis, DA 	<input checked="" type="checkbox"/>	Law enforcement (list the county or city and the name and official title of participants): <ul style="list-style-type: none"> Fort Bend County, Sheriff Eric Fagan Colorado County, Sheriff R.H. Weid Wharton County, Sheriff Shannon Srubar Austin County, Sheriff Jack W. Brandes Waller County, Sheriff Troy Guidry Matagorda County, Sheriff Skipper Osborne
<input checked="" type="checkbox"/>	Education representatives	<input type="checkbox"/>	Employers or business leaders

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups Fort Bend, Wharton, Colorado, Waller
<input checked="" type="checkbox"/>	Veterans' organizations	<input type="checkbox"/>	Housing authorities
<input checked="" type="checkbox"/>	Local health departments <ul style="list-style-type: none"> Fort Bend – Dr. Gale-Lowe, Director, Public Health Department 	<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.

Response:

- Various meetings throughout the year with various stakeholders in the list above.
- Colorado County Wellness Council
- Email to broad distribution lists

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:

- Sustainability of the Crisis Center Emergency Observation Unit (EOU) which is currently pending HHSC contract amendment since November 2023.
- Lack of transportation for crisis services when a higher level of care is needed. Fort Bend County is not able to provide timely service and has created processes for what they call "Warrant Transfer Orders" which

require obtaining prior to transporting. However, there are no magistrates available to obtain these orders therefore the patient does not receive timely treatment and in some cases no treatment at all. This process in Fort Bend County has been set up by the County Attorney's office with no way to implement effectively. Not only does Texana have problems with this but all the local general hospitals with emergency rooms do as well. We have not been able to successfully navigate a solution.

- Lack of low income, affordable housing for individuals living on social security disability income is a major barrier for individuals in all six counties. There is no supportive housing (combination of housing and services). The services exist but not the physical housing. There is also a need for temporary housing for those affected by disasters and homelessness for other reasons.
- Need for inpatient detoxification and residential substance abuse treatment. Waits for existing beds out of our catchment are too long.

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: Information was gathered at various meetings the last two years. In addition, this draft plan was emailed to a broad stakeholder audience including representation from those identified above.

- Ensuring the entire service area was represented; and

Response: Information was gathered at various meetings the last two years. In addition, this draft plan was emailed to a broad stakeholder audience including representation from those identified above.

- Soliciting input.

Response: Information was gathered at various meetings the last two years. In addition, this draft plan was emailed to a broad stakeholder audience including representation from those identified above.

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: The hotline is staffed 24 hours a day, 365 days of the year by AAS credentialed staff.

- b. After business hours

Response: The hotline is staffed 24 hours a day, 365 days of the year by AAS credentialed staff.

c. Weekends and holidays

Response: The hotline is staffed 24 hours a day, 365 days of the year by AAS credentialed staff.

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 is staffed with a staggered schedule 7:00 am through 10:00 pm with one worker overnight in Fort Bend County on Monday – Friday. In the rural areas, H133 funding expanded MCOT coverage to the rural areas for the same time frame.

b. After business hours

Response: After 10:00 pm, after hours screeners are positioned throughout the local service area in the various counties available and all hours when the MCOT is not available.

c. Weekends and holidays

Response: After hours screeners are available during weekends and holidays.

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

Response: No

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

Response: Phone calls, face to face visits, case management, care coordination, skills training and referrals

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, MCOT provides screening and assessment and locating appropriate level of care (Crisis Center or Inpatient Psychiatric bed if needed)
- b. Law Enforcement: Yes, Screening and assessment, locating appropriate level of care (Crisis Center or Inpatient Psychiatric bed, if needed), completion of the Notification of Emergency Detention Order for the officer to sign if requested

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

Response: There are no state hospitals located in our service area.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?

- a. During business hours: Contact the Texana Center Mental Health Crisis Hotline: 1-800-633-5686
- b. After business hours: Contact the Texana Center Mental Health Crisis Hotline: 1-800-633-5686
- c. Weekends and holidays: Contact the Texana Center Mental Health Crisis Hotline: 1-800-633-5686

-
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:

- In the five rural counties, law enforcement is contacted and after Texana Center MCOT has determined a higher level of care is appropriate, law enforcement, typically the Sheriff's Office, completes the transportation to either Texana Crisis Center or the psychiatric hospital.
- In Fort Bend County, if the individual needs to go to a higher level of care, it is a problem. Based on the County Attorney's interpretation of Health and Safety Code, the hospital or Texana must locate a magistrate and get a "Warrant Transfer Order" for law enforcement to transport. With no magistrates available or "on-call," this is an impossible task with the patient left to suffer.

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

Response: Law enforcement takes the individual to the nearest emergency room for a Notification of Emergency Detention Order. If the individual needs to go to a psychiatric hospital, we must obtain the "Warrant Transfer Order" described above in Fort Bend County.

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

Response: The MCOT worker determines the need for further evaluation at a psychiatric hospital. This is confirmed by contacting an on-call psychiatrist. Depending on whether or not the individual is being held on a Notification of Emergency Detention Order determines the next steps. If an Emergency Detention Order (which is the case almost 100% of the time), the process described above is followed.

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: The process is the same as the process if an individual needs admission to a psychiatric hospital.

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: The Crisis Hotline assists in determining if it is a safe location to go into alone. If not, law enforcement is deployed as well. Otherwise, MCOT responds without law enforcement. If transportation is needed, law enforcement must be contacted.

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

Response: The patient will wait in the hospital emergency room or at home with a safety plan in place.

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: This depends on where the individual is located. If the emergency room, it is the emergency room staff. If at home, it would be support from the family with follow up from the MCOT.

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

Response: There is no one entity responsible and that is a HUGE problem in our entire catchment area. The SO's and the PD's do not want to transport as it takes officers off the street. The LMHA or hospital frequently gets stuck in the middle and the patient suffers having to wait very long hours for transportation. Almost 100% of those in crisis are involuntarily admitted. For those that are voluntary, the individual's family transports or other arrangements are made.

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

Response: The family is responsible for transporting the youth in these cases. If the family does not have their own vehicle, Texana has funded an Uber for youth and their guardian. On some occasions, during the day, the school resource officer may provide transportation, but this depends on the School Districts' resources.

Crisis Stabilization

Use the table below to identify the alternatives the local service area has for facility-based crisis stabilization services (excluding inpatient services). Answer each element of the table below. Indicate "N/A" if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.

Table 5: Facility-based Crisis Stabilization Services

Name of facility	Texana Crisis Center
Location (city and county)	Rosenberg, Fort Bend County
Phone number	1-800-633-5686 (to access services); 281-238-6708
Type of facility (see Appendix A)	Extended Observation Unit and Crisis Residential Unit
Key admission criteria	Adults aged 18 and up with Medicaid or Low Income, Uninsured
Circumstances under which medical clearance is required before admission	Suspected major medical issues: substance use intoxication
Service area limitations, if any	Six county Texana Center service area
Other relevant admission information for first responders	The Crisis Center is not open to the public and is not a drop-off center. It is only accessed by contacting the crisis hotline and requesting a mobile crisis outreach screening to determine eligibility and appropriateness of admission. Does not accept violent individuals.
Does the facility accept emergency detentions?	Yes
Number of beds	9 – Extended Observation and 13 – Crisis Residential Unit

Name of facility	Texana Crisis Center
HHSC funding allocation	Yes for the CRU; No for the EOU.

Inpatient Care

Use the table below to identify the alternatives to the state hospital the local service area has for psychiatric inpatient care for uninsured or underinsured people. Answer each element of the table below. Indicate "N/A" if an element does not apply to the alternative provided. Replicate the table below for each alternative.

Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured

Name of facility	Voyages of Sugar Land
Location (city and county)	Sugar Land, Fort Bend County
Phone number	346-651-7121
Key admission criteria	Based on the individual; will not accept individuals with IDD. Adults 18+ only. Medically complex senior care.
Service area limitations if any	None
Other relevant admission information for first responders	Must be screened by Texana and medically cleared, if indicated per individual
Number of beds	60
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	One contract, all funds available through RCSB, PPB, and SB292 are utilized
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of Facility	West Park Springs
Location (city and county)	Richmond, Fort Bend County
Phone number	713-778-5250

Key admission criteria	Based on the individual; 13+, adult psych, DETOX, SUD, Mild IDD. Will not accept individuals with chronic medical conditions including pregnancy. Does not have a PICU.
Service area limitations if any	None
Other relevant admission information for first responders	Must be screened by Texana and medically cleared, if indicated per individual
Number of beds	72
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	One contract, all funds available through RCSB, PPB, and SB292 are utilized
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	

If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of facility	Behavioral Hospital of Bellaire
Location (city and county)	Houston, Harris County
Phone number	713-600-9521
Key admission criteria	Based on the individual; Has a PICU. DETOX for adults; 12+ female and 18+ adult female and male. Pregnant women up to 20 weeks.
Service area limitations if any	None
Other relevant admission information for first responders	Must be screened by Texana and medically cleared, if indicated per individual
Number of beds	122
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	One contract, all funds available through RCSB, PPB, and SB292 are utilized.

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of facility	Sun Behavioral Hospital
Location (city and county)	Houston, Harris County
Phone number	713-796-2273
Key admission criteria	Based on the individual; Youth 6+, Adults 18+. Detox available. May take pregnant women. No dementia, IDD or Alzheimer's patients.
Service area limitations if any	None
Other relevant admission information for first responders	Must be screened by Texana and medically cleared, if indicated per individual
Number of beds	148
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	One contract, all funds available through RCSB, PPB, and SB292 are utilized.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of facility	Houston Behavioral Healthcare Hospital
Location (city and county)	Houston, Harris County
Phone number	713-820-7720
Key admission criteria	Based on the individual; 13+ male and female psych and detox. Pregnant women in 2 nd trimester only. No SUD rehab and no geriatric patients.

Service area limitations if any	None
Other relevant admission information for first responders	Must be screened by Texana and medically cleared, if indicated per individual
Number of beds	165
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	One contract, all funds will be available through RCSB, PPB, and SB292 are utilized.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	

Name of Facility	UT Harris County Psychiatric Center-John S. Dunn Behavioral Sciences Center
Location (city and county)	Houston, Harris County
Phone number	713-741-3883
Key admission criteria	Based on the individual; Adult/child psych; DETOX available; has a PICU
Service area limitations if any	None
Other relevant admission information for first responders	Must be screened by Texana and medically cleared, if indicated per individual
Number of beds	160
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	One contract, all funds available through RCSB, PPB, and SB292 are utilized.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed

If under contract, what is the bed day rate paid to the contracted facility?	\$700/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of facility	West Oaks Hospital
Location (city and county)	Houston, Harris County
Phone number	713-778-5250
Key admission criteria	Based on the individual; ages 5-65, excluding autism; mild IDD; has a PICU; DETOX available.
Service area limitations if any	None
Other relevant admission information for first responders	Must be screened by Texana and medically cleared, if indicated per individual
Number of beds	160
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	One contract, all funds available through RCSB, PPB, and SB292 are utilized.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	

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: No

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: TCOOMMI Program Manager, ACT Team Leader, Jail Diversion Liaison with SB292 Program, Director of Behavioral Healthcare Services for the rural areas.

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: Texana Center submitted NCAs through the Community Mental Health Grant Program for Jail Based Competency Restoration (JBCR) in Waller County, Mental Health Deputies in Waller and Colorado Counties, JBCR in Fort Bend County, and Crisis Center expansion for jail diversion providing a mental health drop off diversion center. Funding for these programs would have allowed us to partner with rural law enforcement to expedite crisis intervention services and reduce the burden on local emergency departments and county resources. It would also provide JBCR to our rural counties as well as Fort Bend County. HHSC denied all the NCAs submitted by Texana Center with the exception of the Fort Bend County JBCR Program. However, the funding offered was only half of the amount requested, which severely limits the quality of services the program could offer, and we are not moving forward with Fort Bend JBCR at this time.

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

Response: Yes, jail-based competency restoration

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

Response: Funding to support the program and collaboration with the jails.

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: Texana Center added a primary care integration project as part of the Medicaid 1115 Waiver for adults who are low income and uninsured. This clinic was integrated into the Texana Rosenberg Outpatient Clinic. Transportation was added to serve individuals for all six counties. Texana continues to collaborate with Fort Bend Regional through our SB292 project.

Texana Center provides SUD services out of our Brookshire Clinic and provides COPSD services and substance use referrals at all clinics and the Crisis Center.

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

Response: Texana will continue current plan as noted above.

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: Concerns and issues have been addressed repeatedly with Fort Bend County concerning the current process for the psychiatric emergency plan and the parts that are not working. Emergency responders, hospitals and Texana are all frustrated with the current process that has no effective, practical implementation. Texana is working with legislators to file a bill to clarify Health and Safety Code in the hopes of the Fort Bend County attorney will comply.

This plan is emailed to all stakeholders and shared on the Texana Center website.

2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

Response: All staff are trained upon hire and annually and provided a copy of this plan.

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)
Fort Bend Matagorda Wharton Colorado Austin	<ul style="list-style-type: none">Lack of law enforcement/safe transportation to provide transportation for involuntary individuals is a huge need.	<ul style="list-style-type: none">Texas legislature to appropriate funds to handle this transportation with law enforcement officers for all six counties. Texana is willing to coordinate this effort with funding available to do so.Clarification in Health and Safety Code regarding who is responsible for the cost of this transportation.	As soon as funding is identified
Fort Bend Matagorda Wharton Colorado Austin	<ul style="list-style-type: none">Low income affordable housing and homeless shelters; temporary housing for those displaced by disasters.	<ul style="list-style-type: none">Work with local officials to identify and address.	As soon as funding is identified

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Table 8: Intercept 0 Community Services

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
No current programs or initiatives	All six Texana counties	No plans at this time

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
MCOT Ride-Along Program with CIT	Fort Bend County	Will continue our working relationship with FBCSO-CIT and MCOT Ride-Along program.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
MCOT Ride-Along Program with CIT	Waller County	Will continue our working relationship with WCSO Ride-Along program.

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
No current programs or initiatives	All six Texana counties	No plans at this time

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
No current programs or initiatives	All six Texana counties	No plans at this time

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCOOMMI Adult Project	Fort Bend, Colorado, Waller	Continue project
TCOOMMI Juvenile Project	Fort Bend	Continue project
SB292 Project	Fort Bend	Continue project

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
No current programs or initiatives	All six Texana counties	No plans at this time

III.B Other Behavioral Health Strategic Priorities

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

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

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

- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

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

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	<ul style="list-style-type: none"> • Texana Center is a Certified Community Behavioral Health Clinic (CCBHC) and provides integrated services through Care Coordination activities to underserved individuals. • Texana Center implements the NMDOH assessment into the regular battery of data collection and addresses identified NMDOH on client recovery plans. 	<ul style="list-style-type: none"> • As a Certified Community Behavioral Health Clinic (CCBHC), Texana Center has a continued commitment to person-centered, trauma-informed, and recovery-oriented care. • Continue to provide standardized assessments to identify and plan for the needs of clients and coordination care between social service organizations.

Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	<ul style="list-style-type: none"> • Gaps 2, 3, 4, 5, 10, 12 • Goal 1 	<ul style="list-style-type: none"> • As a Certified Community Behavioral Health Clinic (CCBHC) model of Care Coordination, Texana works with community partners to facilitate wellness and recovery for individuals in our community, including mental health and substance use care, social services, housing, educational systems and employment opportunities, but gaps still exist. • Our communities lack affordable housing with high demand but limited availability of affordable units, rising housing costs for low-income families, and waiting lists for subsidized housing programs that are long or often closed. • We have limited public transportation and inadequate coverage in rural areas. Routes are limited and schedules restrict access to essential services such as healthcare or employment. Transportation often falls on Texana peers and care coordinators to help clients get to local social service agencies. • There are insufficient resources to support 	<ul style="list-style-type: none"> • Texana Center will continue to coordinate across local agencies, but funding shortfalls limit the scope and impact of critical community programs.
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		comprehensive solutions for housing and transportation.	
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> Gaps 1, 10 Goal 1 	<ul style="list-style-type: none"> Texana did not receive funding from the Community Mental Health Grant Program to expand its jail diversion center to a drop off facility for individuals with SMI and co-occurring substance use. Lack of funding increases pressure on local law enforcement and emergency departments. Although Texana secured funding for the JBCR in Fort Bend County, it was only awarded half the necessary amount to deliver quality services, and additional support from the county was not provided. 	<ul style="list-style-type: none"> No plans at this time
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> Gap 10 Goal 1 	<ul style="list-style-type: none"> Texana understands the profound impact of social determinants of health (SDOH) on overall well-being. 	<ul style="list-style-type: none"> Continue current plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> Gaps 2, 11 Goal 1 	<ul style="list-style-type: none"> Texana offers early intervention services, including Coordinated Specialty Care, to support prevention and promote early intervention. Texana provides Mental Health First Aid training to local school districts and various community entities. 	<ul style="list-style-type: none"> Continue current plan
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> Gap 3 Goal 2 	<ul style="list-style-type: none"> Texana participates in statewide health information exchange (HIE) to increase communication and coordination of care; however provider utilization of the system remains limited. 	<ul style="list-style-type: none"> Continue current plan
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> Gaps 1, 3, 7 Goal 2 	<ul style="list-style-type: none"> Texana provides, directly or through a DCO or formal partner, evidence-based services. 	<ul style="list-style-type: none"> Continue current plan
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> Gap 3 Goal 2 	<ul style="list-style-type: none"> No plans at this time 	<ul style="list-style-type: none"> No plans at this time

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> Gaps 1, 11, 14 Goal 2 	<ul style="list-style-type: none"> No plans at this time 	<ul style="list-style-type: none"> No plans at this time
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	<ul style="list-style-type: none"> Gaps 1, 5, 6 Goal 2 	<ul style="list-style-type: none"> Texana has established procedures to ensure aftercare appointments are scheduled within 7 days, facilitates warm handoffs from Crisis Services to outpatient treatment, and effectively manage the referral process, including monitoring the inpatient care waitlist within the state hospital system. 	<ul style="list-style-type: none"> Continue current plan
Develop step-down and step-up levels of care to address the range of participant needs	<ul style="list-style-type: none"> Gaps 1, 5, 6 Goal 2 	<ul style="list-style-type: none"> Texana has TCOOMMI Adult Project in 3 of our 6 counties and TCOOMMI juvenile Project in Fort Bend County. Texana also has the SB292 Project in Fort Bend County. There is a gap for these services to expand to all counties in our service area. 	<ul style="list-style-type: none"> Continue current plan
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> Gaps 3, 14 Goal 3 	<ul style="list-style-type: none"> No plans at this time. 	<ul style="list-style-type: none"> No plans at this time

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to provide emotional supports to workers who serve people receiving services	<ul style="list-style-type: none"> Gap 13 Goal 3 	<ul style="list-style-type: none"> Texana is using reserve funds to implement ongoing leadership training for all staff. Workforce expansion funds from COVID relief will be ending and we will need additional funding to support programs. 	<ul style="list-style-type: none"> Continue supports for employees as long as funding is available
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	<ul style="list-style-type: none"> Gaps 13, 14 Goal 3 	<ul style="list-style-type: none"> Texana completes an annual staff survey and monitors data reporting staff turnover rates. 	<ul style="list-style-type: none"> Continue current plan
Implement a call to service campaign to increase the behavioral health workforce	<ul style="list-style-type: none"> Gap 13 Goal 3 	<ul style="list-style-type: none"> No plans at this time 	<ul style="list-style-type: none"> No plans at this time
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> Gaps 3, 13 Goal 3 	<ul style="list-style-type: none"> Texana has procedures to provide equal employment opportunity for all employees and applicants. The center is committed to diversity in the workplace. 	<ul style="list-style-type: none"> Continue current plan
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> Gaps 3, 13 Goal 3 	<ul style="list-style-type: none"> This is not possible without ongoing funding. 	<ul style="list-style-type: none"> No plans at this time
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> Gaps 3, 14 Goal 4 	<ul style="list-style-type: none"> No plans at this time 	<ul style="list-style-type: none"> No plans at this time

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> Gaps 3, 14 Goal 4 	<ul style="list-style-type: none"> Texana participates in statewide health information exchange (HIE) to increase communication and coordination of care; however provider utilization of the system remains limited. 	<ul style="list-style-type: none"> Continue current plan
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	<ul style="list-style-type: none"> Gaps 3, 4, 14 Goal 4 	<ul style="list-style-type: none"> Texana does not receive state-funding for veteran services. Texana will be funding a Veteran Peer Service Coordinator utilizing reserve funds unless funds are awarded from TVC or HHSC. 	<ul style="list-style-type: none"> Continue current plan Submitted RFA to Texas Veteran's Commission to fund the position
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> Gaps 7, 14 Goal 4 	<ul style="list-style-type: none"> Texana currently implements the evidence-based practices included in the state's TRR model of service delivery to the highest fidelity possible. 	<ul style="list-style-type: none"> Continue current plan

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
Sustainability of the Texana Crisis Center Emergency Observation Unit	<ul style="list-style-type: none"> Pending contract amendment from HHS 	<ul style="list-style-type: none"> Work with the state to secure additional funds to sustain the Crisis Center EOU.
Expand jail diversion center	<ul style="list-style-type: none"> While funding was denied, will continue to educate law enforcement and the community about our jail diversion center 	<ul style="list-style-type: none"> Work on state or county funding to expand the jail diversion center to a drop off facility.
Additional low income, affordable housing, temporary housing or homeless shelter.	<ul style="list-style-type: none"> Working with stakeholders to support the need for and importance of housing in the recovery process. 	<ul style="list-style-type: none"> Continue to look for available funding for these priorities
Funding Rural MCOT coverage to extend before and after regular business hours.	<ul style="list-style-type: none"> We are currently using HR133 funds to support MCOT services in our Rural Counties. This funding ends August 2025. 	<ul style="list-style-type: none"> Continue to look for available funding to support workforce expansion.
Jail-Based Competency Restoration	<ul style="list-style-type: none"> This is not possible without adequate funding and collaboration with county governments. 	<ul style="list-style-type: none"> Continue to look for available funding for these priorities

IV.D System Development and Identification of New Priorities

Developing the local plans should include a process to identify local priorities and needs and the resources required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This builds on the ongoing communication and

collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information provides a clear picture of needs across the state and support planning at the state level.

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

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

- Assign a priority level of 1, 2, or 3 to each item, with 1 being the highest priority.
- Identify the general need.
- Describe how the resources would be used—what items or components would be funded, including estimated quantity when applicable.
- Estimate the funding needed, listing the key components and costs (for recurring or ongoing costs, such as staffing, state the annual cost).

Table 16: Priorities for New Funding

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Example: Detox Beds	<ul style="list-style-type: none"> • Establish a 6-bed detox unit at ABC Hospital. 		

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
2	Example: Nursing home care	<ul style="list-style-type: none"> • Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness. • Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation. 		
1	Funding and sustainability for the Crisis Center	<ul style="list-style-type: none"> • Funding would support our EOU that has 600 admission per year. 	<ul style="list-style-type: none"> • \$1,500,000 per year 	<ul style="list-style-type: none"> • HHSC
2	Expansion of Crisis Center for Jail Diversion Center	<ul style="list-style-type: none"> • Funding would support a drop-off location at the Crisis Center to provide a safe space where an individual can meet with a nurse, peer, and care coordinator to work on next step. Services would be evidenced based and designed to engage and connect individuals with services that will reduce number of arrests or returns to jail for persons with mental illness. 	<ul style="list-style-type: none"> • \$2,000,000 per year 	<ul style="list-style-type: none"> • County Officials in Fort Bend, Austin, Waller, Wharton and Colorado Counties
3	Local Transportation to higher level of care	<ul style="list-style-type: none"> • Funding would be used to create a means of transportation within the 48 hours EDO from one facility to another without the need for the "Warrant Transfer Order." 	<ul style="list-style-type: none"> • TBD after effective process is identified. 	<ul style="list-style-type: none"> • Fort Bend County

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
4	Supported Housing within local service area	<ul style="list-style-type: none"> Funding would be used for infrastructure and supportive services for low income or homeless population with SMI and substance use needs to help them find and maintain employment or other supports. 	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> Community partners and county officials
5	Jail-Based Competency Restoration	Funding would be used along with the state provided competency restoration guide to deliver competency education services to best meet the needs of the individual. Program would work in partnership with County and jail staff to address mental health needs of those that have been declared incompetent to stand trial. Desired outcomes include an increase in competency restoration, reduction of jail utilization and a reduction of jail recidivism and an increase in mental health services.	<ul style="list-style-type: none"> \$750,000 per year 	<ul style="list-style-type: none"> County Officials in Fort Bend, Austin, Waller, Wharton and Colorado Counties

Appendix A: Definitions

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

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

Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs) – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the person’s ability to function in a less restrictive setting.

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

Crisis residential units (CRU) – Provide community-based residential crisis treatment to people with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose

symptoms cannot be stabilized in a less intensive setting. Crisis residential units are not authorized to accept people on involuntary status.

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

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

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

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

Extended observation unit (EOU) – Provide up to 48-hours of emergency services to people experiencing a mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept people on emergency detention.

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

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

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

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

Appendix B: Acronyms

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