



**HEART OF TEXAS**

**Behavioral Health Network**

**Consolidated Local Service Plan**

**2022**

# Health and Human Services Commission

## **Form O**

### **Consolidated Local Service Plan**

Local Mental Health Authorities and  
Local Behavioral Health Authorities

**Fiscal Years 2022-2023**

Due Date: September 30, 2022

Submissions should be sent to:

[MHContracts@hhsc.state.tx.us](mailto:MHContracts@hhsc.state.tx.us) and [CrisisServices@hhsc.state.tx.us](mailto:CrisisServices@hhsc.state.tx.us)

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## 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.

## 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 and/or Respite*
  - *Contracted inpatient beds*
  - *Services for co-occurring disorders*
  - *Substance abuse prevention, intervention, or treatment*
  - *Integrated healthcare: mental and physical health*
  - *Services for individuals with Intellectual Developmental Disorders (IDD)*
  - *Services for youth*
  - *Services for veterans*
  - *Other (please specify)*

<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip, Phone Number</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Heart of Texas Behavioral Health Network	Projected Relocation Spring 2023: 6400 Imperial Dr. Waco, TX 76712	McLennan	<ul style="list-style-type: none"> <li>• Administration</li> <li>• Early Childhood Intervention</li> </ul>
Heart of Texas Behavioral Health Network	110 S. 12 <sup>th</sup> Street Waco, TX 76701	McLennan	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults</li> <li>• Administration</li> </ul>
Heart of Texas Behavioral Health Network	110 S. 12 <sup>th</sup> Street Waco, TX 76701	McLennan	<ul style="list-style-type: none"> <li>• Integrated Health Clinic: co-located Waco Family Medicine clinic- adults, children, any Waco Family Medicine patients</li> </ul>
Heart of Texas Behavioral Health Network	112 S. 12 <sup>th</sup> Street Waco, TX 76701	McLennan	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: ACT- adults</li> </ul>
Heart of Texas Behavioral Health Network	1105 Jefferson Street Waco, TX 76701	McLennan	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: children and adolescents</li> <li>• TCOOMMI: children and adolescents</li> <li>• Commitment Reduction Program (CRP): children and adolescents</li> <li>• YES waiver: children and adolescents</li> <li>• Screening, assessment, and intake: children and adolescents</li> <li>• TRY (YOUTH)</li> </ul>

<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip, Phone Number</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Heart of Texas Behavioral Health Network	[REDACTED]	[REDACTED]	<ul style="list-style-type: none"> <li>Chase House-Youth Crisis Respite House</li> <li>TRY (YOUTH)</li> </ul>
Heart of Texas Behavioral Health Network	2111 Austin Ave., Waco, Texas 76701	McLennan	Dobey Drop-In Center <ul style="list-style-type: none"> <li>Ages 18-24</li> <li>Housing, employment, education, social skills, and MH skills training support services</li> <li>TRY (YOUTH)</li> </ul>
Heart of Texas Behavioral Health Network	1200 Clifton Street Waco, TX 76704	McLennan	<ul style="list-style-type: none"> <li>Screening, assessment, and intake: adults</li> <li>MCOT</li> <li>IDD Crisis Services</li> <li>PATH</li> <li>Housing Navigators</li> <li>VA Grant Per Diem Program</li> <li>Peer Support</li> </ul>
Heart of Texas Behavioral Health Network	2220 Austin Avenue Waco, TX 76701	McLennan	<ul style="list-style-type: none"> <li>Substance use outpatient: adult TRA, TCO, TRF, and TRY</li> <li>Texas Resilience and Recovery (TRR) outpatient services: COPSD adults</li> </ul>
Heart of Texas Behavioral Health Network	2800 Lyle Avenue Waco, TX 76708	McLennan	<ul style="list-style-type: none"> <li>Texas Resilience and Recovery (TRR) outpatient services: geriatric</li> <li>Outpatient therapy: adult target and non-target populations</li> </ul>
Heart of Texas Behavioral Health Network		McLennan	Crisis Treatment Center (CTC) <ul style="list-style-type: none"> <li>Triage: adults</li> <li>Extended Observation Unit: adults</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
	301 Londonderry Dr. Waco, TX 76710  Projected Relocation Spring/Summer 2023: 6500 Imperial Dr. Waco, TX 76712		<ul style="list-style-type: none"> <li>• Crisis Residential Unit: adults</li> </ul>
Heart of Texas Behavioral Health Network	2010 LaSalle Ste. A Waco, TX 76701	McLennan	Veterans One Stop: <ul style="list-style-type: none"> <li>• VA System Navigation: Veterans</li> <li>• Linking to community resources: Veterans</li> <li>• Outpatient therapy: Veterans and family members</li> <li>• Substance use outpatient: adult TRA, TCO, TRF, and TRY (ADULT and YOUTH)</li> </ul>
Heart of Texas Behavioral Health Network	2010 LaSalle Ste. B Waco, TX 76701	McLennan	Behavioral Justice Programs <ul style="list-style-type: none"> <li>• TCOOMMI-adults</li> <li>• Outpatient Competency Restoration</li> <li>• Jail Diversion</li> <li>• Reintegration Roundtable</li> <li>• Pre-trial Intervention Program</li> </ul>
Heart of Texas Behavioral Health Network	3420 W. Waco Dr. Waco, TX 76710	McLennan	<ul style="list-style-type: none"> <li>• IDD Authority Services</li> <li>• HCS IDD Provider Services</li> </ul>



<b>Operator (LMHA/LBHA or Contractor Name)</b>	<b>Street Address, City, and Zip, Phone Number</b>	<b>County</b>	<b>Services &amp; Target Populations Served</b>
Heart of Texas Behavioral Health Network	312 S. 4 <sup>th</sup> Street Waco, TX 76701	McLennan	<ul style="list-style-type: none"> <li>• IDD Day Habilitation Services</li> <li>• TxHmL Provider Services</li> <li>• Early Childhood Intervention (ECI)</li> <li>• Children's Autism Program</li> </ul>
Heart of Texas Behavioral Health Network	365 Coleman Street Marlin, TX 76661	Falls	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults and children/adolescents</li> <li>• Substance use outpatient: adult TRA, TCO, TRF, and TRY (ADULT and YOUTH)</li> </ul>
Heart of Texas Behavioral Health Network	407 S. Hill Street Meridian, TX 76665  Projected Relocation Spring 2023: 110 S. Ave. D Clifton, TX 76634	Bosque	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults and children/adolescents</li> <li>• Substance use outpatient: adult TRA, TCO, TRF, and TRY (ADULT and YOUTH)</li> </ul>
Heart of Texas Behavioral Health Network	130 N. Covington Hillsboro, TX 76645	Hill	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults and children/adolescents</li> <li>• Substance use outpatient: adult TRA, TCO, TRF, and TRY (ADULT and YOUTH)</li> </ul>
Heart of Texas Behavioral Health Network	700 W. Hwy 171 Suite 706 Mexia, TX 76667	Limestone	<ul style="list-style-type: none"> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults and children/adolescents</li> </ul>

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> <li>Substance use outpatient: adult TRA, TCO, TRF, and TRY (ADULT and YOUTH)</li> </ul>
Heart of Texas Behavioral Health Network	622 W. Main Street Fairfield, TX 75840	Freestone	<ul style="list-style-type: none"> <li>Texas Resilience and Recovery (TRR) outpatient services: adults and children/adolescents</li> <li>Substance use outpatient: adult TRA, TCO, TRF, and TRY (ADULT and YOUTH)</li> </ul>

### **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 Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on forensic commitments. These grants support community programs by providing behavioral health care services to individuals 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 individuals with mental illness involved in the criminal justice system.

*In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows, if needed.*

<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>
2019, 2020, 2021, 2022	Mental Health Program for Justice-Involved Individuals: County-based community collaborative designed to reduce rates of recidivism, arrests, and incarcerations of individuals with mental illness with a goal of serving 120 per year	<ul style="list-style-type: none"> <li>Bosque, Hill, Freestone, Limestone, Falls</li> </ul>	<ul style="list-style-type: none"> <li>Regional county jail inmates with mental health issues</li> </ul>	FY2019-122  FY2020-124  FY2021-126  FY2022-155

**I.C Community Mental Health Grant Program - Projects related to Jail Diversion, Justice Involved Individuals, and Mental Health Deputies**

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons 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, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

*In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed.*

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
FY 21	To Infinity and Beyond- rural expansion of C/A, AMH, and SUD services to underserved areas of our catchment area	Limestone, Freestone, Hill, Bosque, Falls	Children and Adults	270
FY 22	To Infinity and Beyond- rural expansion of C/A, AMH, and SUD services to underserved areas of our catchment area	Limestone, Freestone, Hill, Bosque, Falls	Children and Adults	340

### I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers <input checked="" type="checkbox"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> <li>• Providence DePaul Center</li> <li>• Cedar Crest Hospital</li> <li>• Oceans Behavioral Health Hospital</li> </ul>	<input checked="" type="checkbox"/> Family members <input checked="" type="checkbox"/> Concerned citizens/others <input type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> <li>•</li> </ul>

### Stakeholder Type

- Canyon Creek Hospital
- Mental health service providers
- Prevention services providers
- County officials  
*\*List the county and the official name and title of participants:*
  - McLennan- Dustin Chapman, County Administrator (BHLT)
  - McLennan- Amy Lowrey, Director of Specialty Courts
  - McLennan-Crystal Mynar, Pre-trial Services
  - McLennan-Steve Hernandez, Veteran Service Officer
- Federally Qualified Health Center and other primary care providers

### Stakeholder Type

- Substance abuse treatment providers
- Outreach, Screening, Assessment, and Referral Centers
- City officials  
*\*List the city and the official name and title of participants:*
  - Waco- Dylan Meek, Mayor (BHLT)
  - Waco- Ryan Holt, Assistant City Manager (BHLT)
  - Waco- Galen Price, Housing Director (BHLT)
  - Waco- Vacant, Continuum of Care Administrator
- Local health departments
- LMHAs/LBHAs  
*\*List the LMHAs/LBHAs and the staff that participated:*  
All Texas Access Group:
  - Bluebonnet Trails Community Services- Andrea Richardson, Executive Director
  - MHMR Authority of Brazos Valley- Bill Kelly, Executive Director; Robert Reed, BH Director

## Stakeholder Type

- Hospital emergency room personnel
- Faith-based organizations
- Probation department representatives
- Court representatives (Judges, District Attorneys, public defenders)  
*\*List the county and the official name and title of participants:*
  - McLennan- Barry Johnson, DA; Josh Tetens effective 1/1/23 (BHLT)
  - McLennan-Judge Scott Felton – County Judge
  - McLennan- Pete Peterson – Justice of the Peace
  - McLennan- Dianne Hensley – Justice of the Peace
  - McLennan-Judge David Hodges - Mental Health Court (BHLT)
  - McLennan-Judge Virgil Bain – Associate Criminal Judge
  - McLennan-Judge Vikram “Vik” Deivanayagam –County Court at Law

## Stakeholder Type

- Texana Center- George Patterson, Executive Director
- Central Counties Services- Johnnie Wardell, Executive Director
- Center for Life Resources- Dion White, Executive Director; Joey Smith, BH Chief

- Emergency responders
- Community health & human service providers
- Parole department representatives
- Law enforcement  
*\*List the county/city and the official name and title of participants:*
  - McLennan/Waco-Sheryl Victorian, Waco PD –Chief of Police
  - McLennan/Waco-Sgt. Chet Long, Waco PD
  - McLennan/Waco-Cmdr. Jared Wallace, Waco PD
  - McLennan- Sheriff Parnell McNamara – County Sheriff
  - McLennan/Waco-Major Pam Whitlock, Jail Administrator (BHLT)
  - McLennan- Collin Coker, Chief Juvenile Probation Officer
  - Limestone- Sheriff Murray Agnew- County Sheriff

## Stakeholder Type

- McLennan-Rebeckah Lawson - Prosecutor
- McLennan-Josh Tetons - Public Defender
- McLennan-Brandon Luce -Public Defender
- McLennan-Rob Swanton - Public Defender
- Limestone- William Roy Defriend - District Attorney
- Limestone- Beth Toben - Prosecutor
- Hill- Shane Brassell -Justice of the Peace
- Hill- Mark Pratt - District Attorney
- Freestone- Brian Evans -District Attorney
- Falls- Kathryn 'Jody' Gilliam- District Attorney
- Bosque- Adam Sibley -District Attorney

- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies
- Veterans' organizations

## Stakeholder Type

- Limestone- David Turrubiarte -County Jail Captain
- Freestone- Sheriff Jeremy Shipley - County Sheriff
- Freestone- Sheena Wimberly -County Jail Administrator
- Falls- Sheriff Joe Lopez -County Sheriff
- Bosque- Sheriff Trace Hendricks -County Sheriff
- Bosque- Darren Artzt -County Jail Administrator
- Hill- Sheriff Rodney Watson - County Sheriff
- Hill- John Campbell -County Jail Captain
- Hill- Tina Lincoln, Chief Juvenile Probation Officer

- Employers/business leaders
- Local consumer peer-led organizations
- IDD Providers
- Community Resource Coordination Groups
- Other: Prosper Waco (BHLT), Rapoport Foundation (BHLT), Cooper Foundation (BHLT), Our Community Our Future (OCOF)

## Stakeholder Type

## Stakeholder Type

*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.*

- BHLT – The Behavioral Health Leadership Team (BHLT) is made up of community leaders, healthcare providers, and foundation representatives that meet quarterly to review the work and recommendations of three sub-groups that consist of local clinical staff from various agencies. These three sub-groups are Access, Jail Diversion and Child & Adolescent. These work groups identify gaps in community services and then identify best practices to fill these gaps. The BHLT then works to attempt to locate funding for the various initiatives. Examples of programs that the BHLT has endorsed are the Landlord Liaison project, reintegration services, Pre-Trial Intervention Program, Parent/Child Attachment program, psychiatric consultation program, Integrated Health Referral Initiative, EHR for local organizations, and a child respite program.
- HOTBHN worked with HHSC and stakeholders from across the catchment area to develop a comprehensive map of behavioral health services and gaps in services. The focus was on justice-involved individuals and utilizing the Sequential Intercept Model to generate a formal document for our catchment area. This will be published statewide and used to fill in gaps.
- Heart of Texas Veterans One Stop Advisory Council provides recommendations for veterans services in the Heart of Texas catchment area.
- Local System of Care committee was established and focuses on children and adolescents known as Our Community Our Future (OCOF) which involves approximately 45 child-serving community partners and stakeholders. Meets approximately every 4-5 weeks. Goal is to identify community needs and resources and to strategize about how to meet community needs for C&A population.
- Linchpin of Care- SAMHSA CCBHC Expansion Grant in partnership with Texas Institute for Excellence in Mental Health (TIEMH) conducted key stakeholder interviews of multiple community members (e.g., county and city officials, agency leaders, medical and social services) in an effort to gather information/data concerning CCBHC service gaps and goals.



- PNAC meetings on October 20, 2020; January 19, 2021; April 20, 2021; July 20, 2021; October 19, 2021; January 18, 2022; April 19, 2022; July 19, 2022, and October 18, 2022. PNAC pleased with CCBHC certification, Covid accommodations to continue services, strategic planning, sequential intercept mapping, CLSP/LPND plans, and Linchpin of Care grant-funded activities.

*List the key issues and concerns identified by stakeholders, including unmet service needs. Only include items raised by multiple stakeholders and/or had broad support.*

• Ongoing sustainability of crisis respite for children
• Professional Development – severe lack of available clinical staff from case managers to psychiatrists
• Lack of inpatient psychiatric beds
• Trauma Informed Care (community wide)
• Expansion of services for transitional age youth and young adults
• Expansion of mental health services in schools
• Reducing high poverty rates
• Furthering of human trafficking interventions
• Lack of transportation
• Lack of public awareness of services and outreach to Senior, Hispanic, and African American populations
• Lack of insurance and access to healthcare
• Chronic homelessness
• Lack of community-based substance use disorder prevention/treatment programs
• Lack of viable diversionary beds for law enforcement to take individuals rather than taking them to jail
• Lack of housing for special populations such as jail and hospital discharges

## 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/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members
- 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 Development of 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;

- Through ongoing participation in BHLT, OCOF, CRCGs, and other community collaborations stakeholder input is solicited and included in Center planning.

Ensuring the entire service area was represented; and

- The BHLT is for McLennan County, OCOF which is comprised of representatives from throughout the service area, and rural CRCGs cover regional areas. The HOTBHN Executive Director has met with each county judge and commissioners' courts to develop relationships and collaborations to identify service gaps.

Soliciting input.

- Several meetings have been facilitated by HOTBHN to discuss current crisis services available and gaps identified. There has been representation from County Judges, Local Sheriffs, local Law Enforcement, Mental Health Deputies, Hospital administrative staff, ER Department staff, juvenile justice, school districts, and CPS. We have included Veterans Representatives, Jail Captains, City and County officials. The local psychiatric hospital has provided input in the process. This agency has been involved in a local poverty reduction initiative with Prosper Waco to identify needs in the community and strategies to meet the needs. The Meadows Foundation will be working with HOTBHN and Prosper Waco to revise the diversionary efforts in the McLennan County area.

- The OCOF committee has been planning for sustaining adolescent mental health crisis respite program with the aim of reducing adolescent psychiatric hospitalizations and advancing programming to address youth homelessness.

## II.B Utilization of the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process

### 1. How is the Crisis Hotline staffed?

During business hours

- Heart of Texas contracts with I-Care to provide this service.

After business hours

- Heart of Texas contracts with I-Care to provide this service.

Weekends/holidays

- Heart of Texas contracts with I-Care to provide this service.

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

- Heart of Texas contracts with I-Care to provide this service.

### 3. How is the MCOT staffed?

During business hours

- A minimum of one MCOT staff is on duty during peak crisis hours for a minimum of 60 hours a week.

After business hours

- A minimum of one MCOT staff member is on-call 24 hours a day, 7 days per week.

Weekends/holidays

- A minimum of one MCOT staff member is on-call 24 hours a day, 7 days per week.

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

- NA

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

- An individual will receive a follow up phone call with-in 24 hours of the initial crisis call for continuity of care. There is a dedicated MCOT staff position for Continuity of Care.
- Once the immediate crisis is resolved an individual may receive follow up via phone calls or face-to-face visits for transitional services. This is when indicated based on the Adult – ANSA or Child - CANS. (LOC – 5) Transitional services are provided for up to 90 days.
- Each individual receiving transitional services has a coordinated treatment plan determined by the individual and MCOT staff member assigned. The treatment plan will address intervention, outcomes, plans for aftercare, and referrals. The treatment plan, when possible, will include education for the client and family on information related to their diagnosis and treatment. The treatment plan, when appropriate, will also incorporate the individual's response to previous treatment.

- MCOT staff work to transition individuals into routine care with an appropriate provider through meeting at least weekly with the individual or as needed.
- Eligible individuals are transitioned to a non-crisis level of care as medically necessary as part of the recovery plan.
- Weekly staffing will occur for monitoring individuals in transitional and crisis services.

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

Emergency Rooms:

- Emergency rooms: Our crisis hotline, ICARE, is contacted by the emergency rooms, and MCOT will conduct an assessment via LifeSize. Provide assessments to offer recommendations for treatment options. Recommendations may include referrals to a higher level of care, creating a safety plan and follow up, scheduling appointments for individual to engage in services, or referrals to appropriate services.

Law Enforcement:

- Law enforcement also contacts ICARE to request MCOT deployment to the site of the crisis. This happens routinely in the community. MCOT will assist law enforcement on site by providing a crisis assessment and consultation for the best possible disposition of the crisis situation.

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

- Heart of Texas does not have a state hospital in our service area.

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

During business hours:

- Contact ICARE at 1-866-752-3451 to request MCOT. MCOT will respond by phone for location, demographic information, and brief description of the situation. MCOT will then deploy to the site as requested or an individual can go to the Crisis Treatment Center voluntarily or involuntarily to be assessed for inpatient care.

After business hours:

- Contact ICARE at 1-866-752-3451 to request MCOT. MCOT will respond by phone for location, demographic information, and brief description of the situation. MCOT will then deploy to the site as requested or an individual can go to the Crisis Treatment Center voluntarily or involuntarily to be assessed for inpatient care.

Weekends/holidays:

- Contact ICARE at 1-866-752-3451 to request MCOT. MCOT will respond by phone for location, demographic information, and brief description of the situation. MCOT will then deploy to the site as requested or an individual can go to the Crisis Treatment Center voluntarily or involuntarily to be assessed for inpatient care.

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

- Based on the crisis screening, if the individual is determined to be in mental health crisis warranting a full crisis assessment, the following will occur:

- If the individual is an adult, MCOT will transport the individual to the Crisis Treatment Center. If this cannot safely occur or the individual is opposed to further evaluation, law enforcement will be contacted to assist in coordinating transportation through the emergency detention process.
- Once at the Crisis Treatment Center, the procedure will be followed for accepting client into crisis mental health services. The needs of the individual are determined and referrals and/or recommendations for additional services and supports are offered.
- If the individual is age 17 or below, MCOT will advise the family to transport the individual to the nearest Emergency Room or, if appropriate, to an inpatient psychiatric facility for further evaluation and stabilization. If this cannot safely occur or the individual is opposed to further evaluation, law enforcement will be contacted to assist in coordinating transportation through the emergency detention process.

10. Describe the community's process if an individual requires further evaluation and/or medical clearance.

- Based on the crisis screening, if the individual is determined to be in mental health crisis warranting a full crisis assessment, the following will occur:
- If the individual is an adult, MCOT will transport the individual to the Crisis Treatment Center. If this cannot safely occur or the individual is opposed to further evaluation, law enforcement will be contacted to assist in coordinating transportation through the emergency detention process.
- Once at the Crisis Treatment Center, the procedure will be followed for accepting client into crisis mental health services. The needs of the individual are determined and referrals and/or recommendations for additional services and supports are offered.
- If the individual is age 17 or below, MCOT will advise the family to transport the individual to the nearest Emergency Room or, if appropriate, to an inpatient psychiatric facility for further evaluation and stabilization. If this cannot safely occur or the individual is opposed to further evaluation, law enforcement will be contacted to assist in coordinating transportation through the emergency detention process.



- If it is determined that the individual, regardless of age, could potentially be experiencing a medical crisis, 911 will be contacted immediately. MCOT staff will call the hospital to which the individual is being transported in order to provide the screening information and offer support services if needed once the individual is medically stable.

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

- If the individual is an adult without medical concerns, the individual will be brought to the Crisis Treatment Center (CTC) for assessment by a psychiatrist and the recommendations by the psychiatrist will be followed. If there are possible medical concerns, the individual will be transported to the local emergency department.
- If the individual is 17 or below, the family is advised to seek further evaluation at the local ER, or if appropriate, to an inpatient psychiatric facility.

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

- The individual will be assessed for the current level of need, and they may be transported to crisis respite, CTC, etc.

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.

- MCOT will go to any location within HOTBHN's catchment area. If there are safety concerns, law enforcement may be contacted to go out with MCOT. The individual will be assessed for the current level of need, and they may be transported to crisis respite, CTC, etc.

14. If an inpatient bed at a psychiatric hospital is not available:

Where does the individual wait for a bed?

- If no psychiatric inpatient facility bed is available, an individual will remain in their current environment e.g. ER or jail. An individual who presents to the CTC may be accepted to the Extended Observation Unit (EOU) if deemed appropriate for and recommended by a psychiatrist. If the individual's needs exceed the capacity of the EOU to safely provide care, they may be referred to the nearest emergency department or higher level of care.

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

- The MCOT team and/or responsible staff will provide continued crisis intervention services if the individual is in the community or the local hospital. If the person is admitted to the CTC, then crisis intervention will be provided by the staff.

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

- MCOT will provide transportation if appropriate. If there is a safety concern, a contracted security officer may provide transportation.

## Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? *Indicate N/A if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.*

<b>Name of Facility</b>	Crisis Treatment Center
<b>Location (city and county)</b>	Waco – McLennan County
<b>Phone number</b>	254-867-6550
<b>Type of Facility (see Appendix A)</b>	Extended Observation Unit and Crisis Residential Unit
<b>Key admission criteria (type of individual accepted)</b>	<p>EOU Criteria</p> <ul style="list-style-type: none"> <li>• Involuntary status</li> <li>• Validated principal DSM-V diagnosis</li> </ul> <p>CRU Criteria</p> <ul style="list-style-type: none"> <li>• Validated principal DSM-V diagnosis</li> <li>• Treatment at a lower level of care has been attempted or given serious consideration</li> <li>• Capacity to make a decision to enter into voluntary treatment</li> <li>• Adults</li> </ul>
<b>Circumstances under which medical clearance is required before admission</b>	<ul style="list-style-type: none"> <li>• Overdose/suspected OD within last 6 hours</li> <li>• High, imminent risk of drug/alcohol withdrawal complications</li> <li>• Chest pain</li> <li>• Serious pain</li> <li>• Unconscious or in and out of consciousness</li> <li>• Severe bodily injury</li> </ul>

	<ul style="list-style-type: none"> <li>• Recent injury due to fight/assault or any recent untreated injury</li> <li>• Recent seizure and appears confused</li> <li>• Recently raped</li> <li>• Cough w/night sweats or severe pain when breathing or blood from nose or mouth</li> <li>• Immediate symptoms or complications of diabetes</li> <li>• History of diabetes and high blood sugar levels during episodes of acute mental illness</li> <li>• Sudden onset of altered mental status (in last 24 hours)</li> <li>• Slurred speech, especially with unsteady gait</li> <li>• At no time will nursing home residents be accepted</li> <li>• Over age 30 and exhibits psychotic symptoms with no known prior psychiatric diagnosis or treatment</li> </ul>
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Violent or aggressive individuals are not appropriate.
<b>Accepts emergency detentions?</b>	Yes-EOU only
<b>Number of Beds</b>	Extended Observation-4 chairs, Crisis Residential- 12 beds
<b>HHSC Funding Allocation</b>	Psychiatric Emergency Service Center (PESC)

<b>Name of Facility</b>	Crisis Respite
<b>Location (city and county)</b>	Waco – McLennan County
<b>Phone number</b>	254-412-2200

<b>Type of Facility (see Appendix A)</b>	Crisis Respite
<b>Key admission criteria (type of individual accepted)</b>	<ul style="list-style-type: none"> <li>• Must have a referral</li> <li>• Voluntary status</li> <li>• Validated behavioral health crisis</li> <li>• Ability to self-medicate and perform ADLs independently</li> <li>• Adults only</li> <li>• Individuals must not have a physical or medical condition that the respite facility is not equipped to manage. 24-hour nursing care is not available.</li> <li>• At no time will nursing home residents be accepted.</li> <li>• Sex offenders are accepted only if they are low risk, the victim was a child, and the individual has been approved by a supervisor.</li> </ul>
<b>Circumstances under which medical clearance is required before admission</b>	<ul style="list-style-type: none"> <li>• Overdose/suspected OD within last 6 hours</li> <li>• High, imminent risk of drug/alcohol withdrawal complications</li> <li>• Chest pain</li> <li>• Serious pain</li> <li>• Unconscious or in and out of consciousness</li> <li>• Severe bodily injury</li> <li>• Recent injury due to fight/assault or any recent untreated injury</li> <li>• Recent seizure and appears confused</li> <li>• Recently raped</li> <li>• Cough w/night sweats or severe pain when breathing or blood from nose or mouth</li> <li>• Immediate symptoms or complications of diabetes</li> <li>• History of diabetes and high blood sugar levels during episodes of acute mental illness</li> <li>• Sudden onset of altered mental status (in last 24 hours)</li> <li>• Slurred speech, especially with unsteady gait</li> </ul>

	<ul style="list-style-type: none"> <li>Over age 30 and exhibits psychotic symptoms with no known prior psychiatric diagnosis or treatment</li> </ul>
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Violent or aggressive individuals are not appropriate.
<b>Accepts emergency detentions?</b>	No
<b>Number of Beds</b>	16
<b>HHSC Funding Allocation</b>	Psychiatric Emergency Service Center (PESC)

<b>Name of Facility</b>	Youth Crisis Respite House
<b>Location (city and county)</b>	[REDACTED]
<b>Phone number</b>	[REDACTED]
<b>Type of Facility (see Appendix A)</b>	Crisis Respite
<b>Key admission criteria (type of individual accepted)</b>	<ul style="list-style-type: none"> <li>Must have a referral</li> <li>Voluntary status</li> <li>Validated behavioral health crisis</li> <li>Not experiencing suicidal or homicidal ideation</li> <li>Must not have substance use issues causing more than mild impairment</li> <li>Ability to self-medicate and perform ADLs independently</li> <li>Youth ages 13-17</li> <li>Youth under 16 must have parental consent</li> </ul>

<b>Circumstances under which medical clearance is required before admission</b>	<ul style="list-style-type: none"> <li>• Youth must have a full nursing assessment</li> <li>• Youth must not have a physical or medical condition that the respite house is not equipped to manage. 24-hour nursing care is not available.</li> </ul>
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Violent or aggressive individuals are not appropriate.
<b>Accepts emergency detentions?</b>	No
<b>Number of Beds</b>	6
<b>HHSC Funding Allocation</b>	Psychiatric Emergency Service Center (PESC)

## Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals?

*Replicate the table below for each alternative.*

<b>Name of Facility</b>	Cedar Crest Hospital (Private Psychiatric Beds-HHSC Funded)
<b>Location (city and county)</b>	Belton- Bell County
<b>Phone number</b>	254-939-2100
<b>Key admission criteria</b>	Acute psychiatric crisis such as homicidal, suicidal, psychosis, severe depression Adults/children/adolescents
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Please contact MHMR first for available bed. All admissions for contracted beds must be authorized by HOTBHN.
<b>Number of Beds</b>	There are a total of 6.2 shared bed days per month between Cedar Crest, DePaul, Oceans, and Canyon Creek.
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for rapid crisis stabilization beds</b>	PPB beds



<b>(funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	
<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>	\$625
<b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA

<b>Name of Facility</b>	Providence DePaul Center (Private Psychiatric Beds-HHSC Funded)
<b>Location (city and county)</b>	Waco- McLennan County
<b>Phone number</b>	254-776-5970
<b>Key admission criteria</b>	Acute psychiatric crisis such as homicidal, suicidal, psychosis, severe depression Adults
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Please contact MHMR first for available bed. All admissions for contracted beds must be authorized by HOTBHN.
<b>Number of Beds</b>	There are a total of 6.2 shared bed days per month between Cedar Crest, DePaul, Oceans, and Canyon Creek.
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private</b>	PPB beds

<b>psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	
<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>	\$625
<b>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA

<b>Name of Facility</b>	Oceans Behavioral Hospital Waco
<b>Location (city and county)</b>	Waco – McLennan County
<b>Phone number</b>	(254) 870-4874
<b>Key admission criteria</b>	Acute psychiatric crisis such as homicidal, suicidal, psychosis, severe depression

	Adults
<b>Service area limitations, if any</b>	None
<b>Other relevant admission information for first responders</b>	Please contact MHMR first for available bed. All admissions for contracted beds must be authorized by HOTBHN.
<b>Number of Beds</b>	There are a total of 6.2 shared bed days per day between Cedar Crest, DePaul, Oceans, and Canyon Creek.
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB Beds

<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>	\$625
<b>If not under contract, does the LMHA/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

<b>Name of Facility</b>	Canyon Creek Behavioral Health
<b>Location (city and county)</b>	Temple – Bell County
<b>Phone number</b>	(254)410-5100
<b>Key admission criteria</b>	Acute psychiatric crisis such as homicidal, suicidal, psychosis, severe depression Adults
<b>Service area limitations, if any</b>	None

<b>Other relevant admission information for first responders</b>	Please contact MHMR first for available bed. All admissions for contracted beds must be authorized by HOTBHN.
<b>Number of Beds</b>	There are a total of 6.2 shared bed days per day between Cedar Crest, DePaul, Oceans, and Canyon Creek.
<b>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	PPB Beds
<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>	\$650
<b>If not under contract, does the LMHA/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 of pre- and post-arrest individuals who are deemed incompetent to stand trial

What local inpatient or outpatient alternatives to the state hospital does the local service area currently have for competency restoration? *If not applicable, enter N/A.*

Identify and briefly describe available alternatives.

- HOTBHN has an Outpatient Competency Restoration program. The program allows the court to order the individual to participate in outpatient services to restore competency. The person will receive psychiatric services, medication management, and psychosocial rehabilitation in addition to the competency restoration.

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

- The availability of local inpatient or other services is limited if the person does not have a payment source for services. There are frequently wait times for inpatient beds.

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)/title(s) of employees who operate as the jail liaison.

- HOTBHN has 5 staff positions that work closely with the jail staff in McLennan County. The program supervisor serves as the liaison with the jail as well as with attorneys, judges, DA's office, etc. The role includes advocating for the individual, resolving obstacles for services access, and creating plans for release into the community. One additional staff position is designated to work with all rural county jails in the catchment area.

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.



- NA

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

- The stakeholders have discussed plans to increase diversionary strategies from the legal system. The OCR program will be one of the resources offered to the attorneys, judges, etc.

Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (i.e., Outpatient Competency Restoration Program inpatient competency restoration, Jail-based Competency Restoration, etc.)?

- Jail administration is interested in a jail-based competency restoration program.

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

- Funding would be needed for staffing, psychiatric services, medications, etc.

#### **II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment and the development of Certified Community Behavioral Health Clinics (CCBHCs)**

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA/LBHA collaborate with in these efforts?

- Our agency has a collaborative program with the local FQHC. We jointly operate an integrated clinic located in our main office at 110 S. 12<sup>th</sup> Street to address the physical and behavioral health needs of the clients. Our agency is also a licensed substance use provider. Our CTC works closely with the local hospitals to address health needs of individuals admitted to the units. Our agency frequently reviews cases with multiple programs

represented to discuss supports needed by various programs to meet the needs of the individual.

- The Center routinely works with Cenikor locally and other substance use providers to jointly serve individuals with substance use disorders.

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

- We are building a Crisis Hub that will house our MCOT, triage, extended observation unit, crisis residential beds, and another Waco Family Medicine Clinic.
- We will maintain CCBHC certification to holistically address the physical and behavioral health needs of our community.
- We will continue to work together as a team to maintain the integration we have achieved and determine any gaps and possible means to resolve issues.
- The local substance use provider serves on both the Behavioral Health Leadership Team and the OCOF.

## 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?

- Information is shared in community forum meetings and trainings regularly.

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?

- Regular meetings are conducted with staff to provide information on plans, changes, procedures, etc. The information is also provided in written form by emails, training materials, etc.

## II.F Gaps in the Local Crisis Response System

What are 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.*

County	Service System Gaps	Recommendations to Address the Gaps
All counties in catchment area	<ul style="list-style-type: none"> <li>• Need to increase mental health deputy program to include all regional counties</li> </ul>	<ul style="list-style-type: none"> <li>• Increase state funding to cover the cost of expansion to regional areas</li> </ul>
All counties in catchment area	<ul style="list-style-type: none"> <li>• Need to expand available space for the CTC to incorporate additional options for services</li> </ul>	<ul style="list-style-type: none"> <li>• Work with the BHLT and other community stakeholders to complete construction on community wide crisis hub. Construction is in progress.</li> </ul>
All counties in catchment area	<ul style="list-style-type: none"> <li>• Need to increase child and adolescent psychiatric provider options</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• State work with medical schools to increase number of child and adolescent psychiatrists</li> </ul>
Limestone, Freestone, Hill, Bosque, Falls	<ul style="list-style-type: none"> <li>• Crisis Respite accessibility for youth in rural areas</li> </ul>	<ul style="list-style-type: none"> <li>• Reliable rural transport services to facilitate access to respite house. Progress has been made in this area.</li> </ul>
All counties in catchment area	<ul style="list-style-type: none"> <li>• No Local child/adolescent psychiatric hospital beds</li> </ul>	<ul style="list-style-type: none"> <li>• Funding to sustain youth crisis respite house</li> <li>• The crisis hub will have adolescent bed availability.</li> </ul>
All counties in catchment area	<ul style="list-style-type: none"> <li>• No dedicated IDD crisis respite beds</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate funding for a fully staffed IDD crisis respite facility. Adequate funding</li> </ul>

		for staff that are fully trained to handle challenging behaviors.
All counties in catchment area	<ul style="list-style-type: none"> <li>• Lack of dual diagnosis services for people with IDD who have mental health diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>• Funding to support an IDD/MH dual diagnoses unit</li> </ul>
All counties in catchment area	<ul style="list-style-type: none"> <li>• No short-term residential options for families who have children with IDD or Autism and severe behavioral challenges</li> </ul>	<ul style="list-style-type: none"> <li>• Community-wide collaboration to support funding, building and operating a short-term residential treatment facility to serve all six counties.</li> </ul>

### Section III: Plans and Priorities for System Development

#### III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to the involvement of individuals with mental and substance use disorders 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 individuals 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. If not applicable, enter N/A.*

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>• MCOT responds to crisis calls</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue MCOT services</li> </ul>
<ul style="list-style-type: none"> <li>• HOTBHN operates the Crisis Treatment Center (CTC) which has triage, EOU, and CRU</li> </ul>	<ul style="list-style-type: none"> <li>• Any</li> </ul>	<ul style="list-style-type: none"> <li>• Work to obtain a larger space more conducive to these services</li> </ul>
<ul style="list-style-type: none"> <li>• Police-friendly drop-off point: CTC has a fast track for those who present with law enforcement from 6 county region</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Work to obtain a larger space more conducive to these services</li> </ul>
<ul style="list-style-type: none"> <li>• Co-mobilization with Mental Health Deputies</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to enhance this program</li> </ul>
<ul style="list-style-type: none"> <li>• Co-location with MH Deputies</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan</li> </ul>	<ul style="list-style-type: none"> <li>• Once a new crisis hub is developed, MH Deputies would be on-site</li> </ul>
<ul style="list-style-type: none"> <li>• Peer provider provides support to those in crisis</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>• Service linkage and follow-up for individuals who are not hospitalized: local hospitals and law enforcement request this service often</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Through collaboration with law enforcement, we will continue to provide training, divert individuals from jail and detention, and advocate for individuals with mental illness in the court system.</li> </ul>
<ul style="list-style-type: none"> <li>• Training law enforcement staff, court personnel, and probation personnel</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to provide training as needed</li> </ul>

<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>
<ul style="list-style-type: none"> <li>• HOTBHN Jail Diversion team completes Form 16.22 Magistrate orders in all county jails</li> </ul>	<ul style="list-style-type: none"> <li>• All</li> </ul>	<ul style="list-style-type: none"> <li>• Expand training across the region in coordination with Texas Judicial Commission on Mental Health to implement best practices</li> </ul>
<ul style="list-style-type: none"> <li>• HOTBHN meets with McLennan County pre-trial services to discuss diversion options</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan</li> </ul>	<ul style="list-style-type: none"> <li>• Expand capacity for community-based diversion options</li> </ul>

<b>Intercept 3: Jails/Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>• Staff at court to review cases for post-booking diversion and who can authorize alternative services to incarceration</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan</li> </ul>	<ul style="list-style-type: none"> <li>• Continue cross system collaboration and coordination of initiatives</li> <li>• Committees are being formed to review magistrate screening process and diversionary options prior to court involvement.</li> </ul>
<ul style="list-style-type: none"> <li>• Drug Court</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan</li> </ul>	<ul style="list-style-type: none"> <li>• Continue cross system collaboration and coordination of initiatives</li> </ul>
<ul style="list-style-type: none"> <li>• Mental Health Court</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan</li> </ul>	<ul style="list-style-type: none"> <li>• Continue cross system collaboration and coordination of initiatives</li> </ul>
<ul style="list-style-type: none"> <li>• Veterans Court</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan</li> </ul>	<ul style="list-style-type: none"> <li>• Continue cross system collaboration and coordination of initiatives. Veterans One Stop is an active participant with court.</li> </ul>
<ul style="list-style-type: none"> <li>• Staff assigned to serve as liaison between specialty courts (drug, mental health, and veterans courts) and service providers</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan</li> </ul>	<ul style="list-style-type: none"> <li>• Continue cross system collaboration and coordination of initiatives</li> </ul>

<ul style="list-style-type: none"> <li>• Jail diversion staff provide routine screening for mental illness when referrals received from jail</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue cross system collaboration and coordination of initiatives.</li> </ul>
<ul style="list-style-type: none"> <li>• Staff assigned to help defendants comply with conditions of diversion</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient Competency Restoration</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue OCR</li> </ul>
<ul style="list-style-type: none"> <li>• Services for persons Not Guilty by Reason of Insanity</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>
<ul style="list-style-type: none"> <li>• Services for persons with other Forensic Assisted Outpatient Commitments</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue</li> </ul>
<ul style="list-style-type: none"> <li>• Providing services in jail for persons Incompetent to Stand Trial</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue cross system collaboration and coordination of initiatives</li> <li>• Collaboration with jail administration to pursue jail-based competency restoration program.</li> </ul>
<ul style="list-style-type: none"> <li>• Providing services in jail (for persons without outpatient commitment)</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue cross system collaboration and coordination of initiatives</li> </ul>



<ul style="list-style-type: none"> <li>• Link to comprehensive services</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue cross system collaboration and coordination of initiatives</li> <li>• Work with regional juvenile justice providers to develop programming for juveniles on parole.</li> </ul>
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<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>• Providing transitional services in jails and detention</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Hill, Freestone, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to expand reintegration services</li> </ul>
<ul style="list-style-type: none"> <li>• Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Hill, Freestone, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to expand reintegration services</li> </ul>
<ul style="list-style-type: none"> <li>• Structured process to coordinate discharge/transition plans and procedures</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Hill, Freestone, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to expand reintegration services</li> </ul>
<ul style="list-style-type: none"> <li>• Specialized case management teams to coordinate post-release</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Hill, Freestone, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to expand reintegration services</li> </ul>

<b>Intercept 5: Community Corrections Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for upcoming two years:</b>
<ul style="list-style-type: none"> <li>• Routine screening for mental illness and substance use disorders</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to expand services in both the drug court and to offer substance use treatment services under contract for probation and parole departments</li> </ul>
<ul style="list-style-type: none"> <li>• Training for probation or parole staff</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue training</li> </ul>
<ul style="list-style-type: none"> <li>• TCOOMMI program</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue working closely with adult and juvenile probation and parole departments</li> <li>• Continue regional expansion to include Juvenile TCOOMMI</li> </ul>
<ul style="list-style-type: none"> <li>• Staff assigned to serve as liaison with community corrections</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue working with community corrections</li> </ul>
<ul style="list-style-type: none"> <li>• Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• McLennan, Limestone, Freestone, Hill, Bosque, Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Continue working with community corrections</li> </ul>

### III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic 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 for 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: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.
- Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources to effectively meet the diverse needs of people and communities.

- Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.
- Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.
- Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.

*In the table below 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.*

<b>Area of Focus</b>	<b>Related Gaps and Goals from Strategic Plan</b>	<b>Current Status</b>	<b>Plans</b>
Improving access to timely outpatient services	<ul style="list-style-type: none"> <li>• Gap 6</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Opened AMH waitlist due to lack of staff capacity</li> <li>• Open access for both adult and C&amp;A admissions</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain waitlist at zero</li> <li>• Continue open access for AMH and CMH</li> </ul>
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2,4</li> </ul>	<ul style="list-style-type: none"> <li>• Continuity of care is provided as requested for individuals discharging from inpatient care and returning to the community</li> <li>• We have made much progress in this area</li> </ul>	<ul style="list-style-type: none"> <li>• Continue providing continuity of care with medication provision and link to case management as needed</li> <li>• Continue to utilize diversionary strategies and local resources for reducing hospitalization</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Over 50% of our allocation is for forensic beds, this continues to be an issue</li> <li>• Opened youth crisis respite facility and program will help to divert some C&amp;A hospitalizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with local judicial systems to offer diversionary strategies such as OCR, Substance Use services, etc.</li> </ul>
<p>Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization</p>	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 1,4</li> </ul>	<ul style="list-style-type: none"> <li>• Staff coordinates with hospital staff for discharges to the community or to an HCBS-AMH provider</li> </ul>	<ul style="list-style-type: none"> <li>• Continue staff participation in treatment reviews, staffing and client visits to assist in the discharge and transition into the community</li> </ul>
<p>Implementing and ensuring fidelity with evidence-based practices</p>	<ul style="list-style-type: none"> <li>• Gap 7</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• ACT</li> <li>• Supported Employment</li> <li>• Supported Housing</li> <li>• Peer Support</li> <li>• CBT</li> <li>• CPT</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize peer providers for engagement activities, recovery planning, skills training, and orienting new consumers to available services.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• TF-CBT</li> <li>• PCIT</li> <li>• Wraparound Planning</li> <li>• Integrated peer providers across all service areas.</li> <li>• Quality management staff are responsible for monitoring on an ongoing basis the outcomes of adults and children who have received a TRR service package using Business Objects reports. Outcomes are monitored in accordance with the Performance Contract and current utilization guidelines.</li> <li>• Data on outcomes and performance measures are distributed monthly to management staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing oversight and monitoring of recovery plans.</li> <li>• Implementing Coordinated Specialty Care programming and CBT for psychosis</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>The UM Committee routinely reviews data.</li> </ul>	
<p>Transition to a recovery-oriented system of care including use of peer support services and Family Partner services</p>	<ul style="list-style-type: none"> <li>Gap 8</li> <li>Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>Integrated peer providers across all service areas.</li> <li>Serving transition age youth and young adults</li> <li>Training staff in recovery concepts and planning.</li> <li>Enhance youth-led focus group for C&amp;A homelessness support services</li> <li>Peer Provider for C&amp;A</li> <li>Integration of peer provider support in new youth homelessness initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing oversight and monitoring of recovery plans.</li> <li>Expand and grow both youth and family voice in all areas of C&amp;A services</li> </ul>
<p>Addressing the needs of consumers with co-</p>	<ul style="list-style-type: none"> <li>Gaps 1,14</li> <li>Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>COPSD TRR services are provided including individual, group,</li> </ul>	<ul style="list-style-type: none"> <li>Continue to provide COPSD services to individuals as needed</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
occurring substance use disorders		psychiatric intervention, and medications <ul style="list-style-type: none"> <li>• COPSD services are also provided through outpatient SUD services</li> <li>• Provide outpatient substance use services to adult and adolescent populations</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance Adolescent COPSD services</li> </ul>
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> <li>• Gap 1</li> <li>• Goals 1,2</li> </ul>	<ul style="list-style-type: none"> <li>• The Austin Avenue Clinic provides integrated services for individuals</li> <li>• Many of the new 1115 measures relate directly to integrated care</li> <li>• Employed more nursing staff across the agency to better help coordinate (DON, RN's, etc)</li> </ul>	<ul style="list-style-type: none"> <li>• Continue the collaboration with Waco Family Medicine to provide the clinic to individuals in services</li> <li>• New referral partnership with the FQHC to accept referrals directly from them</li> <li>• Entered contractual arrangement with medical provider in Hill County to begin</li> </ul>



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			behavioral/physical health services
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> <li>• Gap 10</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• C&amp;A utilizes a passenger van to provide transportation for clients and families</li> <li>• Increased use of telemedicine and telehealth services</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with transportation services to better coordinate region transportation services</li> <li>• Implement a feature-rich and user-friendly application for telemedicine and telehealth services that would eliminate the need for transportation</li> </ul>
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> <li>• Gap 14</li> <li>• Goals 2,4</li> </ul>	<ul style="list-style-type: none"> <li>• Closed a two- bed crisis respite facility due to inability to serve more challenging individuals and those not already affiliated with a specific IDD service provider.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop plan to provide in-home crisis respite when needed to supplement in-home behavior support treatment.</li> <li>• Continue to provide routine psychiatric services</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Providing routine psychiatric services.</li> </ul>	
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> <li>• Gap 4</li> <li>• Goals 2,3</li> </ul>	<ul style="list-style-type: none"> <li>• The Veterans One Stop provides veterans with VA System Navigation assistance, links to community resources, and outpatient therapy for veterans and family members.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to offer clinical services, case management, peer support, and collaborations with multiple agencies to meet the needs of veterans and their families</li> <li>• Develop sustainability plans for clinical services</li> </ul>

### 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. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.*

<b>Local Priority</b>	<b>Current Status</b>	<b>Plans</b>
School-based mental health services	<ul style="list-style-type: none"> <li>• Currently on 50 campuses across 10 school districts in our service area</li> </ul>	<ul style="list-style-type: none"> <li>• Expand to other campuses in the region.</li> <li>• Expand existing collaboration with ESC Region 12 utilizing newly funded LPHA Liaison position</li> </ul>
Child and Adolescent Crisis Respite	<ul style="list-style-type: none"> <li>• Opened a youth crisis respite facility</li> <li>• Have garnered some financial support from community</li> <li>• Now receiving some state funding</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to enlist community stakeholder support</li> <li>• Pursue further opportunities for funding</li> </ul>
Further integrate trauma-informed care into clinical services	<ul style="list-style-type: none"> <li>• All current staff have been trained in trauma-informed care and we are conducting ongoing new employee training.</li> <li>• Regularly assess TIC sensitivity across the agency and implement strategies to continually promote TIC</li> <li>• Provide biannual TIC training to all new employees</li> <li>• Provide a TIC "refresher" training</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with community partners for TIC training</li> </ul>

Local Priority	Current Status	Plans
Crisis Hub	<ul style="list-style-type: none"> <li>Plans are complete and facility is in early stages of construction.</li> </ul>	<ul style="list-style-type: none"> <li>Complete construction</li> </ul>
Eliminate AMH waitlist	<ul style="list-style-type: none"> <li>Waitlist currently open for McLennan County and regional clients due to severe staffing shortages</li> </ul>	<ul style="list-style-type: none"> <li>Identify strategies to alleviate severe staffing shortages and manage service capacity to maintain waitlist at zero</li> </ul>

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

Development of 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.

*In the table below, 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 non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with 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/components would be funded, including estimated quantity when applicable; and
- Estimate the funding needed, listing the key components and costs (for recurring/ongoing costs, such as staffing, state the annual cost.

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	School based mental health services	<ul style="list-style-type: none"> <li>• Fund mental health counseling and case management positions on school campuses throughout the districts in our service area</li> </ul>	<ul style="list-style-type: none"> <li>• \$100,000/school</li> </ul>
2	TAY Expansion	<ul style="list-style-type: none"> <li>• To fund the expansion of TAY services in McLennan County</li> </ul>	<ul style="list-style-type: none"> <li>• \$100, 000</li> </ul>
3	Stable Psychiatric Beds	<ul style="list-style-type: none"> <li>• Expansion of available hospital beds</li> </ul>	<ul style="list-style-type: none"> <li>• \$492, 000 for 2 additional beds per year</li> </ul>

## **Appendix B: Acronyms**

**Admission criteria** – Admission into services is determined by the individual’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.

**Crisis Hotline** – The Crisis Hotline is 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**– provide community-based residential crisis treatment to individuals 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 facilities are not authorized to accept individuals on involuntary status.

**Crisis Respite Units** –provide community-based residential crisis treatment for individuals 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 individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons they care for to avoid mental health crisis. Crisis respite facilities are not authorized to accept individuals on involuntary status.

**Crisis Services** – Crisis services are brief interventions provided in the community that ameliorate the crisis and prevent utilization of more intensive services such as hospitalization. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse.

**Crisis Stabilization Units (CSU)** – are the only licensed facilities on the crisis continuum and may accept individuals 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 individuals with a high to moderate risk of harm to self or others.

**Extended Observation Units (EOU)** – provide up to 48-hours of emergency services to individuals in mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept individuals on emergency detention.

**Mobile Crisis Outreach Team (MCOT)** – MCOTs are 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 individuals in the community.

**Psychiatric Emergency Service Center (PESC)** – PESC provide immediate access to assessment, triage, and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESC 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/LBHA funding.

**Rapid Crisis Stabilization and Private Psychiatric Beds** – 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 individual's ability to function in a less restrictive setting.

## Appendix B: Acronyms

<b>CSU</b>	Crisis Stabilization Unit
<b>EOU</b>	Extended Observation Units
<b>HHSC</b>	Health and Human Services Commission
<b>LMHA</b>	Local Mental Health Authority
<b>LBHA</b>	Local Behavioral Health Authority
<b>MCOT</b>	Mobile Crisis Outreach Team
<b>PESC</b>	Psychiatric Emergency Service Center