



HEART OF TEXAS

Behavioral Health Network

**Consolidated Local Service Plan
2025**



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 |
|--|--|---------------------|---------------|-------------------------|---|
| Heart of Texas Behavioral Health Network | 6400 Imperial Drive Waco, TX 76712 | 254-752-3451 | McLennan | | • Administration |
| Heart of Texas Behavioral Health Network | 6400 Imperial Drive Waco, TX 76712 | 254-297-7089 | McLennan | | • Klaras Center for Children/Early Childhood Intervention (ECI) |

| Operator (LMHA, LBHA, contractor or sub-contractor) | Street Address, City, and Zip | Phone Number | County | Type of Facility | Services and Target Populations Served |
|--|--|---------------------|---------------|-------------------------|--|
| Heart of Texas Behavioral Health Network | 110 S. 12 th Street Waco, TX 76701 | 254-752-3451 | McLennan | | <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adults • PASRR-MI |
| Heart of Texas Behavioral Health Network | 110 S. 12 th Street Waco, TX 76701 | 254-752-7889 | McLennan | | <ul style="list-style-type: none"> • CMH- Counseling, CSC, Family Partner, Administration, TRY (Youth SUD) |
| Heart of Texas Behavioral Health Network | 114 S. 12th Street Waco, TX 76701 | 254-752-3451 | McLennan | | <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: ACT- adults |
| Heart of Texas Behavioral Health Network | 3420 W. Waco Drive Waco, TX 76710 | 254-752-7889 | McLennan | | <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: children and adolescents • TCOOMMI: children and adolescents • Commitment Reduction Program (CRP): children and adolescents • YES waiver: children and adolescents • Screening, assessment, and intake: children and adolescents • TRY (Youth SUD) |
| Heart of Texas Behavioral Health Network | 3420 W. Waco Drive Waco, TX 76710 | 254-757-3933 | McLennan | | <ul style="list-style-type: none"> • IDD Authority Services – adults, children/ adolescents |

| Operator (LMHA, LBHA, contractor or sub-contractor) | Street Address, City, and Zip | Phone Number | County | Type of Facility | Services and Target Populations Served |
|--|--------------------------------------|---------------------|---------------|-------------------------|---|
| Heart of Texas Behavioral Health Network | *undisclosed* | 254-752-7889 | McLennan | | <ul style="list-style-type: none"> • Chase House-Youth Crisis Respite House • YCOT • Runaway Homeless Youth (RHY) • HOPE-Emergency Shelter for Trafficked Youth |
| Heart of Texas Behavioral Health Network | 2111 Austin Avenue Waco, TX 76701 | 254-297-8980 | McLennan | | Dobey Drop-In Center <ul style="list-style-type: none"> • Ages 18-24 • Housing, employment, education, social skills, and MH skills training support services • PATH • Housing Navigators • Peer Support |
| Heart of Texas Behavioral Health Network | 1200 Clifton Street Waco, TX 76704 | 254-297-7749 | McLennan | CBCP | <ul style="list-style-type: none"> • Screening, assessment, and intake: adults • IDD Crisis Services • VA Grant Per Diem Program • Crisis Respite-adults • Gifts in Kindness-Food Program |
| Heart of Texas Behavioral Health Network | 2220 Austin Avenue Waco, TX 76701 | 254-297-8999 | McLennan | | <ul style="list-style-type: none"> • Substance use outpatient: adult TRA, TCO, TRF <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: COPSD adults |

| Operator (LMHA, LBHA, contractor or sub-contractor) | Street Address, City, and Zip | Phone Number | County | Type of Facility | Services and Target Populations Served |
|--|---------------------------------------|---------------------|---------------|-------------------------|--|
| Heart of Texas Behavioral Health Network | 2800 Lyle Avenue Waco, TX 76708 | 254-297-7100 | McLennan | | <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: geriatric • Outpatient therapy: adult target and non-target populations |
| Heart of Texas Behavioral Health Network | 6500 Imperial Drive Waco, TX 76712 | 254-867-6550 | McLennan | CBCP | Crisis Diversion Center <ul style="list-style-type: none"> • Triage: adults, children 13+ • Extended Observation Unit: adults • Crisis Residential Unit: adults • MCOT/YCOT |
| Heart of Texas Behavioral Health Network | 2010 LaSalle Ste. A Waco, TX 76701 | 254-297-7171 | McLennan | | Veterans One Stop <ul style="list-style-type: none"> • Counseling for veterans and family members • Peer to Peer Services through Military Veterans Peer Network (MVPN) • Benefit Assistance • Job Placement • Legal Assistance • Basic Needs Assistance • VA Claims Assistance |

| Operator (LMHA, LBHA, contractor or sub-contractor) | Street Address, City, and Zip | Phone Number | County | Type of Facility | Services and Target Populations Served |
|--|--|---------------------|---------------|-------------------------|---|
| Heart of Texas Behavioral Health Network | 2010 LaSalle Ste. B Waco, TX 76701 | 254-757-2207 | McLennan | | Behavioral Justice Programs <ul style="list-style-type: none"> • TCOOMMI-adults • Outpatient Competency Restoration • Jail Diversion • Reintegration Roundtable • Pre-trial Intervention Program • Specialized Criminal Justice Case Management |
| Heart of Texas Behavioral Health Network | 365 Coleman Street Marlin, TX 76661 | 254-803-5971 | Falls | | <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adults and children/adolescents • Substance use outpatient: adult TRA, TCO, TRF |
| Heart of Texas Behavioral Health Network | 110 S. Ave. D Clifton, TX 76634 | 254-435-2211 | Bosque | | <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adults and children/adolescents • Substance use outpatient: adult TRA, TCO, TRF |
| Heart of Texas Behavioral Health Network | 130 N. Covington Hillsboro, TX 76645 | 254-582-3444 | Hill | | <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adults and children/adolescents • Substance use outpatient: adult TRA, TCO, TRF |

| Operator (LMHA, LBHA, contractor or sub-contractor) | Street Address, City, and Zip | Phone Number | County | Type of Facility | Services and Target Populations Served |
|--|--|---------------------|---------------|-------------------------|---|
| Heart of Texas Behavioral Health Network | 700 W. Hwy 171 Suite 706 Mexia, TX 76667 | 254-562-0171 | Limestone | | <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adults and children/adolescents • Substance use outpatient: adult TRA, TCO, TRF |
| Heart of Texas Behavioral Health Network | 622 W. Main Street Fairfield, TX 75840 | 903-389-4521 | Freestone | | <ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adults and children/adolescents • Substance use outpatient: adult TRA, TCO, TRF |

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 |
|--------------------|---|---|-------------------------|---|-------------------------------|
| FY 23 FY 24 | 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 | Bosque, Hill, Falls, Limestone, Freestone | | Regional county jail inmates and justice-involved individuals with mental health issues | FY2023-122 FY2024-196 |

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 |
|-------------|---|---|---------------------|------------------------|
| FY 23 | 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 24 | To Infinity and Beyond- rural expansion of C/A, AMH, and SUD services to underserved areas of our catchment area (FY25 adds individuals with IDD) | Limestone, Freestone, Hill, Bosque, Falls | Children and Adults | 340 507 |

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

| | Stakeholder Type | | Stakeholder Type |
|-------------------------------------|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | People receiving services | <input checked="" type="checkbox"/> | Family members |
| <input checked="" type="checkbox"/> | Advocates (children and adult) | <input checked="" type="checkbox"/> | Concerned citizens or others |
| <input checked="" type="checkbox"/> | Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <ul style="list-style-type: none"> • Cedar Crest Hospital & RTC • Oceans Behavioral Health Hospital • Canyon Creek Hospital | <input type="checkbox"/> | State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none"> • |
| <input checked="" type="checkbox"/> | Mental health service providers | <input checked="" type="checkbox"/> | Substance use treatment providers |
| <input type="checkbox"/> | Prevention services providers | <input checked="" type="checkbox"/> | Outreach, Screening, Assessment and Referral Centers |

| | Stakeholder Type | | Stakeholder Type |
|-------------------------------------|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> • 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 | <input checked="" type="checkbox"/> | City officials (list the city and the name and official title of participants): <ul style="list-style-type: none"> • Waco- Jim Holmes, Mayor (BHLT) • Waco- Ryan Holt, Assistant City Manager (BHLT) • Waco- Galen Price, Housing Director (BHLT) • Waco- Vacant, Continuum of Care Administrator |
| <input checked="" type="checkbox"/> | Federally Qualified Health Center and other primary care providers | <input checked="" type="checkbox"/> | LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i> All Texas Access Group: <ul style="list-style-type: none"> • Bluebonnet Trails Community Services- Mike Maples, Executive Director • MHMR Authority of Brazos Valley- Bill Kelly, Executive Director; Robert Reed, BH Director • Texana Center- Shena Ureste, Executive Director • Central Counties Services- Johnnie Wardell, Executive Director • Center for Life Resources- Dion White, Executive Director; Joey Smith, BH Chief |
| <input checked="" type="checkbox"/> | Hospital emergency room personnel | <input checked="" type="checkbox"/> | Emergency responders |
| <input checked="" type="checkbox"/> | Faith-based organizations | <input checked="" type="checkbox"/> | Local health and social service providers |
| <input checked="" type="checkbox"/> | Probation department representatives | <input checked="" type="checkbox"/> | Parole department representatives |

| | Stakeholder Type | | Stakeholder Type |
|-------------------------------------|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <p>Court representatives (Judges, District Attorneys, public defenders)</p> <p><i>*List the county and the official name and title of participants:</i></p> <ul style="list-style-type: none"> • McLennan- Josh Tetens, DA (BHLT) • McLennan-Judge Scott Felton – County Judge • McLennan- Pete Peterson – Justice of the Peace • McLennan- Dianne Hensley – Justice of the Peace • McLennan-Judge Rob Swanton - Mental Health Court (BHLT) • McLennan-Judge Virgil Bain –Associate Criminal Judge • McLennan-Judge Vikram “Vik” Deivanayagam –County Court at Law • McLennan-Rebeckah Lawson - Prosecutor <ul style="list-style-type: none"> • McLennan-Josh Tetens – District Attorney • McLennan- Jennifer Stone–Public Defender • McLennan- Tami Parsons–Public Defender • McLennan-Rob Swanton – General Associate Judge • Limestone- William Roy Defriend – District Attorney • Limestone- Beth Toben – Assistant County Attorney • 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 | <input checked="" type="checkbox"/> | <p>Law enforcement (list the county or city and the name and official title of participants):</p> <ul style="list-style-type: none"> • McLennan/Waco-Sheryl Victorian, Waco PD –Chief of Police • McLennan/Waco-Sgt. Chet Long, Waco PD • McLennan/Waco-Asst. Chief Jared Wallace, Waco PD • McLennan- Sheriff Parnell McNamara –County Sheriff • McLennan/Waco-Captain David Ives, Jail Administrator (BHLT) • McLennan- Collin Coker, Chief Juvenile Probation Officer • Limestone- Sheriff Murray Agnew- County Sheriff • Limestone- David Turrubiarte – County Jail Captain • Freestone- Sheriff Jeremy Shipley –County Sheriff • Falls- Sheriff Jason Campbell – County Sheriff • Bosque- Sheriff Trace Hendricks – County Sheriff • Bosque- Darren Artzt –County Jail Administrator • Hill- Sheriff Hunter Barnes – County Sheriff • Hill- Vacant –County Jail Captain • Hill- Tina Lincoln, Chief Juvenile Probation Officer |
| <input checked="" type="checkbox"/> | Education representatives | <input type="checkbox"/> | Employers or business leaders |
| <input checked="" type="checkbox"/> | Planning and Network Advisory Committee | <input checked="" type="checkbox"/> | Local peer-led organizations |
| <input checked="" type="checkbox"/> | Peer specialists | <input checked="" type="checkbox"/> | IDD Providers |
| <input checked="" type="checkbox"/> | Foster care or child placing agencies | <input checked="" type="checkbox"/> | Community Resource Coordination Groups |
| <input checked="" type="checkbox"/> | Veterans’ organizations | <input checked="" type="checkbox"/> | Housing authorities |

| | Stakeholder Type | | Stakeholder Type |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Local health departments | <input checked="" type="checkbox"/> | Other: Prosper Waco (BHLT), Rapoport Foundation (BHLT), Cooper Foundations (BHLT), Our Community Our Future (OCOF), Waco Foundation |

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:

- 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. 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.
 - Partnering with Meadows Foundation at the state level to roll out Youth Crisis Outreach Team (YCOT)
 - HOTBHN Community Needs Assessment process- process is ongoing for multiple projects including CCBHC certification to analyze needs of the community, information is gathered via focus groups, coalitions, strategic plans, and ongoing data collection of programmatic reviews to inform the needs assessment
- PNAC meetings on January 17, 2023; April 4, 2023; July 18, 2023; October 17, 2023; January 16, 2024; April 16, 2024; July 16, 2024, and October 15,

2024. PNAC pleased with Continuous Quality Improvement projects, Coordinated Specialty Care services, planning activities, legislative education efforts, CLSP/LPND plans, and Linchpin of Care grant-funded activities. PNAC was very concerned about the future of IDD Provider Services.

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:

| |
|---|
| <ul style="list-style-type: none"> • Ongoing sustainability of crisis respite for children |
| <ul style="list-style-type: none"> • Professional Development – severe lack of available clinical staff particularly psychiatrists |
| <ul style="list-style-type: none"> • Lack of inpatient psychiatric beds |
| <ul style="list-style-type: none"> • Trauma Informed Care (community wide) |
| <ul style="list-style-type: none"> • Expansion of services for transitional age youth and young adults |
| <ul style="list-style-type: none"> • Expansion of mental health services in schools |
| <ul style="list-style-type: none"> • Reducing high poverty rates |
| <ul style="list-style-type: none"> • Furthering of human trafficking interventions |
| <ul style="list-style-type: none"> • Lack of transportation |
| <ul style="list-style-type: none"> • Lack of public awareness of services and outreach to Senior, Hispanic, and African American populations |
| <ul style="list-style-type: none"> • A recent community-sourced Needs Assessment demonstrates that there are opportunities for increasing community engagement, providing health literacy education, growing collaborations to support continuity in care, and increasing access to cultural-responsive care. Many agencies in the community do not provide services and resources in Spanish, and few services are directed to meet the culturally-specific needs of HOTBHN’s diverse community |
| <ul style="list-style-type: none"> • Lack of insurance and access to healthcare |
| <ul style="list-style-type: none"> • Chronic homelessness |
| <ul style="list-style-type: none"> • Lack of affordable housing |
| <ul style="list-style-type: none"> • Lack of community-based substance use disorder prevention/treatment programs |
| <ul style="list-style-type: none"> • Lack of viable diversionary beds for law enforcement to take individuals rather than taking them to jail |
| <ul style="list-style-type: none"> • Lack of housing for special populations such as jail and hospital discharges |
| <ul style="list-style-type: none"> • Increased parental support |
| <ul style="list-style-type: none"> • Increased mentoring |

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: 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

Response: 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/CEO has met with each county judge and commissioners' courts to develop relationships and collaborations to identify service gaps.

- Soliciting input.

Response:

- 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 Using the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT/YCOT), and the Crisis Response Process

1. How is the Crisis Hotline staffed?
 - a. During business hours

Response: Heart of Texas contracts with ICARE to provide this service.

b. After business hours

Response: Heart of Texas contracts with ICARE to provide this service.

c. Weekends and holidays

Response: Heart of Texas contracts with ICARE to provide this service.

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

Response: Heart of Texas contracts with ICARE to provide this service.

3. How is the MCOT/YCOT/YCOT staffed?

a. During business hours

Response: A minimum of one MCOT/YCOT/YCOT staff is on duty during peak crisis hours for a minimum of 60 hours a week. An LPHA supervisor is available during these hours.

b. After business hours

Response: A minimum of one MCOT/YCOT/YCOT staff member and one LPHA supervisor is on-call 24 hours a day, 7 days per week.

c. Weekends and holidays

Response: A minimum of one MCOT/YCOT/YCOT staff member and one LPHA supervisor is on-call 24 hours a day, 7 days per week.

4. Does the LMHA or LBHA have a subcontractor to provide MCOT/YCOT/YCOT services? If yes, list the contractor.

Response: NA

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

Response:

- An individual will receive a follow up phone call within 24 hours of the initial crisis call for continuity of care. There is a dedicated MCOT/YCOT/YCOT 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/YCOT/YCOT 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/YCOT/YCOT 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 or LBHA when a person in crisis is identified? If so, please describe MCOT/YCOT’s/YCOT’s role for:
- a. Emergency Rooms: Our crisis hotline, ICARE, is contacted by the emergency rooms, and MCOT/YCOT/YCOT will conduct an assessment via DoxyMe. 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.
 - b. Law Enforcement: Law enforcement also contacts ICARE to request MCOT/YCOT/YCOT deployment to the site of the crisis. This happens routinely in the community. MCOT/YCOT/YCOT will assist law enforcement and DFPS on site by providing a crisis assessment and consultation for the best possible disposition of the crisis. MCOT/YCOT/YCOT will assist TJJD with assessments for state hospitalization.
7. What is the process for MCOT/YCOT/YCOT to respond to screening requests at state hospitals, specifically for walk-ins?

Response:

- 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?
- a. During business hours:
Contact ICARE at 1-866-752-3451 to request MCOT/ YCOT. MCOT/ YCOT will respond by phone for location, demographic information, and brief description of the situation. MCOT/YCOT will then deploy to the site as requested or an individual can go to the Crisis Diversion Center voluntarily or involuntarily to be assessed for inpatient care.
 - b. After business hours:
Contact ICARE at 1-866-752-3451 to request MCOT/YCOT. MCOT/YCOT will respond by phone for location, demographic information, and brief description of the situation. MCOT/YCOT will then deploy to the site as requested or an individual 13 or older can go to the Crisis Diversion Center voluntarily or involuntarily to be assessed for inpatient care.
 - c. Weekends and holidays:
Contact ICARE at 1-866-752-3451 to request MCOT/YCOT. MCOT/YCOT will respond by phone for location, demographic information, and brief description of the situation. MCOT/YCOT will then deploy to the site as requested or an individual 13 or older can go to the Crisis Diversion Center voluntarily or involuntarily to be assessed for inpatient care.

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:

- 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 resolve the crisis in the field or transport the individual to the Crisis Diversion Center or the Emergency Department. 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 the individual is under the age of 18, YCOT will do an assessment and facilitate finding placement in the community as needed or transport the individual to the Crisis Diversion Center or the Emergency Department. 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 Diversion 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.

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

Response:

- 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 Diversion 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 Diversion 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/YCOT 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/YCOT 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 a person needs admission to a psychiatric hospital.

Response:

- If the individual is an adult without medical concerns, the individual will be brought to the Crisis Diversion 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 under the age of 18, YCOT will do an assessment and facilitate finding hospital placement in the community as needed or transport the individual (13-17 years old) to the Crisis Diversion Center or the Emergency Department. 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.

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 individual will be assessed for the current level of need, and they may be transported to crisis respite (children and adults), Crisis Diversion Center (adults), etc.

13. Describe the process for crisis assessments requiring MCOT/YCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

Response:

- MCOT/YCOT 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/YCOT. The individual will be assessed for the current level of need, and they may be transported to crisis respite, Crisis Diversion Center, etc.

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

Response:

- 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 Crisis Diversion Center 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 person is placed in a clinically appropriate environment at the LMHA or LBHA?

Response:

- The MCOT/YCOT 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 Crisis Diversion Center, then crisis intervention will be provided by the staff.

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

Response:

- MCOT/YCOT will provide transportation if appropriate. If there is a safety concern, a contracted security officer may provide transportation.
- If a person is on an emergency detention order (EDO), transportation is provided by appropriate LE (for adults).

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

Response:

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

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 | Crisis Diversion Center |
| Location (city and county) | Waco – McLennan County |
| Phone number | 254-867-6550 |
| Type of facility (see Appendix A) | Extended Observation Unit and Crisis Residential Unit |

| | |
|---|--|
| Name of facility | Crisis Diversion Center |
| Key admission criteria | <p>EOU Criteria</p> <ul style="list-style-type: none"> • Involuntary status • Validated principal DSM-V diagnosis <p>CRU Criteria</p> <ul style="list-style-type: none"> • Validated principal DSM-V diagnosis • Treatment at a lower level of care has been attempted or given serious consideration • Capacity to make a decision to enter into voluntary treatment • Adults |
| Circumstances under which medical clearance is required before admission | <ul style="list-style-type: none"> • Overdose/suspected OD within last 6 hours • High, imminent risk of drug/alcohol withdrawal complications • Chest pain • Serious pain • Unconscious or in and out of consciousness • Severe bodily injury • Recent injury due to fight/assault or any recent untreated injury • Recent seizure and appears confused • Recently raped • Cough w/night sweats or severe pain when breathing or blood from nose or mouth • Immediate symptoms or complications of diabetes • History of diabetes and high blood sugar levels during episodes of acute mental illness • Sudden onset of altered mental status (in last 24 hours) • Slurred speech, especially with unsteady gait • At no time will nursing home residents be accepted • Over age 30 and exhibits psychotic symptoms with no known prior psychiatric diagnosis or treatment |
| Service area limitations, if any | None |
| Other relevant admission information for first responders | Violent or aggressive individuals are not appropriate. |
| Does the facility accept emergency detentions? | Yes - EOU only |
| Number of beds | Extended Observation-4 beds, Crisis Residential- 12 beds |
| HHSC funding allocation | Psychiatric Emergency Service Center (PESC) |

| | |
|---|--|
| Name of facility | Crisis Respite-Adult |
| Location (city and county) | Waco – McLennan County |
| Phone number | 254-412-2200 |
| Type of facility (see Appendix A) | Crisis Respite |
| Key admission criteria | <ul style="list-style-type: none"> • Must have referral • Voluntary status • Validated behavioral health crisis • Ability to self-medicate and perform ADLs independently • Adults only • Individuals must not have a physical or medical condition that the respite facility is not equipped to manage. 24-hour nursing is not available • At no time will nursing home residents be accepted. • Sex offenders are accepted only if they are low risk, the victim was a child, and the individual has been approved by a supervisor. |
| Circumstances under which medical clearance is required before admission | <ul style="list-style-type: none"> • Overdose/suspected OD within last 6 hours • High, imminent risk of drug/alcohol withdrawal complications • Chest pain • Serious pain • Unconscious or in and out of consciousness • Severe bodily injury • Recent injury due to fight/assault or any recent untreated injury • Recent seizure and appears confused • Recently raped • Cough w/night sweats or severe pain when breathing or blood from nose or mouth • Immediate symptoms or complications of diabetes • History of diabetes and high blood sugar levels during episodes of acute mental illness • Sudden onset of altered mental status (in last 24 hours) • Slurred speech, especially with unsteady gait • At no time will nursing home residents be accepted • Over age 30 and exhibits psychotic symptoms with no known prior psychiatric diagnosis or treatment |
| Service area limitations, if any | None |

| | |
|--|--|
| Name of facility | Crisis Respite-Adult |
| Other relevant admission information for first responders | Violent or aggressive individuals are not appropriate. |
| Does the facility accept emergency detentions? | No |
| Number of beds | 16 |
| HHSC funding allocation | Psychiatric Emergency Service Center (PESC) |

| | |
|---|---|
| Name of facility | Youth Crisis Respite House |
| Location (city and county) | Waco – McLennan County |
| Phone number | (254) 752-7889 |
| Type of facility (see Appendix A) | Crisis Respite |
| Key admission criteria | <ul style="list-style-type: none"> • Must have a referral • Voluntary status • Validated behavioral health crisis • Not experiencing suicidal or homicidal ideation • Must not have substance use issues causing more than mild impairment • Ability to self-medicate and perform ADLs independently • Youth ages 13-17 • Youth under 16 must have parental consent |
| Circumstances under which medical clearance is required before admission | <ul style="list-style-type: none"> • Youth must have a full nursing assessment • 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. |
| Service area limitations, if any | None |
| Other relevant admission information for first responders | Violent or aggressive individuals are not appropriate. |
| Does the facility accept emergency detentions? | No |
| Number of beds | 9-12 |
| HHSC funding allocation | Psychiatric Emergency Service Center (PESC) |

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 | Cedar Crest Hospital (Private Psychiatric Beds-HHSC Funded) |
| Location (city and county) | Belton - Bell County |
| Phone number | 254-399-2100 |
| Key admission criteria | Acute psychiatric crisis such as homicidal, suicidal, psychosis, severe depression Adults/children/adolescents |
| Service area limitations if any | None |
| Other relevant admission information for first responders | Please contact HOTBHN first for available bed. All admissions for contracted beds must be authorized by HOTBHN. |
| Number of beds | There are a total of 8.6 shared bed days per month between Cedar Crest, Oceans, and Canyon Creek. |
| 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)? | PPB Beds |

| | |
|---|---|
| Name of facility | Cedar Crest Hospital (Private Psychiatric Beds-HHSC Funded) |
| 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? | \$625 |
| If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds? | NA |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements? | NA |

| | |
|---|---|
| Name of facility | Oceans Behavioral Hospital Waco |
| Location (city and county) | Waco – McLennan County |
| Phone number | 254-870-4874 |
| Key admission criteria | Acute psychiatric crisis such as homicidal, suicidal, psychosis, severe depression Adults |
| Service area limitations if any | None |
| Other relevant admission information for first responders | Please contact HOTBHN first for available bed. All admissions for contracted beds must be authorized by HOTBHN. |
| Number of beds | There are a total of 8.6 shared bed days per month between Cedar Crest, Oceans, and Canyon Creek. |
| Is the facility currently under contract with the LMHA or LBHA to purchase beds? | Yes |

| | |
|--|---------------------------------|
| Name of facility | Oceans Behavioral Hospital Waco |
| 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)? | PPB Beds |
| 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? | \$625 |
| If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds? | NA |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements? | NA |

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

| | |
|--|---|
| Name of facility | Canyon Creek Behavioral Health |
| Other relevant admission information for first responders | Please contact HOTBHN first for available bed. All admissions for contracted beds must be authorized by HOTBHN. |
| Number of beds | There are a total of 8.6 shared bed days per month between Cedar Crest, Oceans, and Canyon Creek. |
| 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)? | PPB Beds |
| 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? | \$650 |
| If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds? | NA |
| If not under contract, what is the bed day rate paid to the facility for single-case agreements? | NA |

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:

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.

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

Response:

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.

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:

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. Four full-time and one part-time staff positions are designated to work with all rural county jails in the catchment area as part of regional jail diversion expansion.

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: NA

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:

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.

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

Response:

Jail-based competency restoration program is being examined in the six count catchment area for benefit.

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

Response:

Funding and stakeholder participation for implementation would be needed for staffing, psychiatric services, medications, etc.

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:

- Our agency has a collaborative program with the local FQHC. Waco Family Medicine, the local FQHC, has a clinic at the HOTBHN Diversion Center that provides medical clearance and treatment. HOTBHN is also a licensed substance use provider. Our Crisis Diversion Center 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?

Response:

- Our Crisis Diversion Center houses our MCOT, triage, extended observation unit, crisis residential beds, and a 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.
- We are expanding Integrated Care into our Regional/rural counties with partnerships in Hill, Freestone and Falls (Limestone is in progress).
- 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?

Response:

- Information is regularly shared in community forum meetings and trainings.
2. How will the LMHA or LBHA ensure staff (including MCOT/YCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

Response:

- 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

Use the table below to identify the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties. Add additional rows if needed.

Table 7: Crisis Emergency Response Service System Gaps

| County | Service System Gaps | Recommendations to Address the Gaps | Timeline to Address Gaps (if applicable) |
|--------------------------------|--|--|---|
| All counties in catchment area | <ul style="list-style-type: none"> • Need to increase mental health deputy program to include all regional counties | <ul style="list-style-type: none"> • Increase state funding to cover the cost of expansion to regional areas | |
| All counties in catchment area | <ul style="list-style-type: none"> • Lack of parental support | <ul style="list-style-type: none"> • Implementing a Warm Line in an attempt to prevent escalation to crisis levels | April 2025 and full implementation by FY2026 |
| All counties in catchment area | <ul style="list-style-type: none"> • Need to increase child and adolescent psychiatric provider options | <ul style="list-style-type: none"> • State work with medical schools to increase number of child and adolescent psychiatrists | |
| All counties in catchment area | <ul style="list-style-type: none"> • No Local child/adolescent psychiatric hospital beds | <ul style="list-style-type: none"> • Funding to sustain Youth crisis respite house | |
| All counties in catchment area | <ul style="list-style-type: none"> • No dedicated IDD crisis respite beds | <ul style="list-style-type: none"> • Adequate funding for a fully staffed IDD crisis respite facility. Adequate funding for staff that are fully trained to handle challenging behaviors. | |
| All counties in catchment area | <ul style="list-style-type: none"> • Lack of dual diagnosis services for people with IDD who have mental health diagnoses | <ul style="list-style-type: none"> • Funding to support an IDD/MH dual diagnoses unit | |

| County | Service System Gaps | Recommendations to Address the Gaps | Timeline to Address Gaps (if applicable) |
|--------------------------------|--|---|--|
| All counties in catchment area | <ul style="list-style-type: none"> No short-term or long-term residential options for families who have children with IDD or children/adults with Autism and severe behavioral challenges | <ul style="list-style-type: none"> Community-wide collaboration to support funding, building and operating a short-term residential treatment facility to serve all six counties. Funding to support residential options for children/adults with Autism and severe behavioral challenges | |

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: |
|---|---|--|
| <ul style="list-style-type: none"> • MCOT responds to crisis calls | <ul style="list-style-type: none"> • McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> • Continue MCOT services |
| <ul style="list-style-type: none"> • HOTBHN operates the Crisis Diversion Center which has triage, EOU, and CRU | <ul style="list-style-type: none"> • Any | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • Police-friendly drop-off point: Diversion Center has a fast track for those who present with law enforcement from 6 county region | <ul style="list-style-type: none"> • McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • WaCo program- embedded mental health response staff at 911 call center | <ul style="list-style-type: none"> • McLennan | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • Co-mobilization with Mental Health Deputies | <ul style="list-style-type: none"> • McLennan | <ul style="list-style-type: none"> • Continue to enhance this program |
| <ul style="list-style-type: none"> • In the process of creating a substation for Waco PD within the Crisis Diversion Center | <ul style="list-style-type: none"> • McLennan | <ul style="list-style-type: none"> • Waco PD officers would be on site. |

YOUTH SIM MAP

| Intercept 0: School and Community-Based Services Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|--|---|---|
| <ul style="list-style-type: none"> • HOTBHN operates warmline/resource line for child/adolescent families | <ul style="list-style-type: none"> • McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> • Continue operations |

| Intercept 0: School and Community-Based Services Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|--|---|--|
| <ul style="list-style-type: none"> • MCOT/YCOT responds to crisis calls | <ul style="list-style-type: none"> • McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> • Continue MCOT/YCOT services |
| <ul style="list-style-type: none"> • HOTBHN operates the Crisis Diversion Center which has triage for C/A population | <ul style="list-style-type: none"> • Any | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • Youth Crisis Respite Center-Chase House | <ul style="list-style-type: none"> • McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> • Continue to enhance this program |
| <ul style="list-style-type: none"> • HOTBHN operates a Coordinated Specialty Care program for First Episode of Psychosis | <ul style="list-style-type: none"> • McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • Peer/family support services- Family Partner (YCOT) provide support to those in crisis, Youth Homelessness Demonstration Program for housing support and peer support services | <ul style="list-style-type: none"> • McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • Wraparound Services- HOTBHN operates YES Waiver and Transition Age Youth (TAY) programs | <ul style="list-style-type: none"> • McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> • Continue |

Table 9: Intercept 1 Law Enforcement

| Intercept 1: Law Enforcement Current Programs and Initiatives: | County(s) | Plans for Upcoming Two years: |
|--|---|---|
| <ul style="list-style-type: none"> • Service linkage and follow-up for individuals who are not hospitalized: local hospitals and law enforcement request this service often | <ul style="list-style-type: none"> • McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> • 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. |
| <ul style="list-style-type: none"> • Training law enforcement staff, court personnel, and probation personnel | <ul style="list-style-type: none"> • McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> • Continue to provide training as needed |

YOUTH SIM MAP

| Intercept 1: Law Enforcement, SROs & Children’s Emergency Services Current Programs and Initiatives: | County(s) | Plans for Upcoming Two years: |
|---|---|--|
| <ul style="list-style-type: none"> • WaCo program- embedded mental health response staff at 911 call center | <ul style="list-style-type: none"> • McLennan | <ul style="list-style-type: none"> • Continue |
| <ul style="list-style-type: none"> • HOTBHN school-based services | <ul style="list-style-type: none"> • McLennan, Limestone, Bosque | <ul style="list-style-type: none"> • Continue |

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: |
|---|---|---|
| <ul style="list-style-type: none"> • HOTBHN Jail Diversion team completes Form 16.22 Magistrate orders in all county jails | <ul style="list-style-type: none"> • All | <ul style="list-style-type: none"> • Expand training across the region in coordination with Texas Judicial Commission on Mental Health to implement best practices |

| Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|---|--|---|
| <ul style="list-style-type: none"> HOTBHN meets with McLennan County pre-trial services to discuss diversion options | <ul style="list-style-type: none"> McLennan | <ul style="list-style-type: none"> Expand capacity for community-based diversion options |

YOUTH SIM MAP

| Intercept 2: (Pre-adjudication) Initial Referral to Juvenile Justice, Intake, and Detention Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|--|---|---|
| <ul style="list-style-type: none"> HOTBHN school-based services | <ul style="list-style-type: none"> McLennan, Bosque, Limestone | <ul style="list-style-type: none"> Continue to expand school-based tandems in school districts in the 6-county region. |
| <ul style="list-style-type: none"> HOTBHN organizes Gang Awareness, Prevention, and Safety Program (GAPS) events/activities | <ul style="list-style-type: none"> McLennan | <ul style="list-style-type: none"> Continue to provide GAPS events to the community and expand to the regions. |

Table 11: Intercept 3 Jails and Courts

| Intercept 3: Jails and Courts Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|---|--|--|
| <ul style="list-style-type: none"> Staff at court to review cases for post-booking diversion and who can authorize alternative services to incarceration | <ul style="list-style-type: none"> McLennan | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives Committees are being formed to review magistrate screening process and diversionary options prior to court involvement. |
| <ul style="list-style-type: none"> Drug Court | <ul style="list-style-type: none"> McLennan | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives |
| <ul style="list-style-type: none"> Mental Health Court | <ul style="list-style-type: none"> McLennan | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives |

| Intercept 3: Jails and Courts Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|--|---|--|
| <ul style="list-style-type: none"> Veterans Court | <ul style="list-style-type: none"> McLennan | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives. Veterans One Stop is an active participant with court. |
| <ul style="list-style-type: none"> Staff assigned to serve as liaison between specialty courts (drug, mental health, and veterans courts) and service providers | <ul style="list-style-type: none"> McLennan | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives |
| <ul style="list-style-type: none"> Jail diversion staff provide routine screening for mental illness when referrals received from jail | <ul style="list-style-type: none"> McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives. |
| <ul style="list-style-type: none"> Staff assigned to help defendants comply with conditions of diversion | <ul style="list-style-type: none"> McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> Continue |
| <ul style="list-style-type: none"> Outpatient Competency Restoration | <ul style="list-style-type: none"> McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> Continue OCR |
| <ul style="list-style-type: none"> Services for persons Not Guilty by Reason of Insanity | <ul style="list-style-type: none"> McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> Continue |

| Intercept 3: Jails and Courts Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|--|---|--|
| <ul style="list-style-type: none"> Services for persons with other Forensic Assisted Outpatient Commitments | <ul style="list-style-type: none"> McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> Continue |
| <ul style="list-style-type: none"> Providing services in jail for persons Incompetent to Stand Trial | <ul style="list-style-type: none"> McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives Collaboration with jail administration to pursue jail-based competency restoration program. |
| <ul style="list-style-type: none"> Providing services in jail (for persons without outpatient commitment) | <ul style="list-style-type: none"> McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives |
| <ul style="list-style-type: none"> Link to comprehensive services | <ul style="list-style-type: none"> McLennan, Limestone, Freestone, Hill, Bosque, Falls | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives Work with regional juvenile justice providers to develop programming for juveniles on parole. |

YOUTH SIM MAP

| Intercept 3: Judicial Processing (Secure Placement, Probation Supervision) Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|---|--|---|
| <ul style="list-style-type: none"> Staff at courts to review cases for post-booking diversion and who can authorize alternative services to incarceration | <ul style="list-style-type: none"> McLennan | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives |
| <ul style="list-style-type: none"> HOTBHN operates the Commitment Reduction Program (CRP)- wraparound services, collaboration with McLennan County Juvenile Probation (MJPD) | <ul style="list-style-type: none"> McLennan | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives |
| <ul style="list-style-type: none"> HOTBHN operates the Encircle Project- partnership with MJPD, supports youth placed in alternative education programs by providing skills training and intensive case management | <ul style="list-style-type: none"> McLennan | <ul style="list-style-type: none"> Continue cross system collaboration and coordination of initiatives |

Table 12: Intercept 4 Reentry

| Intercept 4: Reentry Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|--|---|---|
| <ul style="list-style-type: none"> Providing transitional services in jails and detention | <ul style="list-style-type: none"> McLennan, Limestone, Hill, Freestone, Bosque, Falls | <ul style="list-style-type: none"> Continue to expand reintegration services |
| <ul style="list-style-type: none"> Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release | <ul style="list-style-type: none"> McLennan, Limestone, Hill, Freestone, Bosque, Falls | <ul style="list-style-type: none"> Continue to expand reintegration services |

| Intercept 4: Reentry Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|--|---|---|
| <ul style="list-style-type: none"> Structured process to coordinate discharge/transition plans and procedures | <ul style="list-style-type: none"> McLennan, Limestone, Hill, Freestone, Bosque, Falls | <ul style="list-style-type: none"> Continue to expand reintegration services |
| <ul style="list-style-type: none"> Specialized case management teams to coordinate post-release | <ul style="list-style-type: none"> McLennan, Limestone, Hill, Freestone, Bosque, Falls | <ul style="list-style-type: none"> Continue to expand reintegration services |

YOUTH SIM MAP

| Intercept 4: Reentry Current Programs and Initiatives: | County(s) | Plans for Upcoming Two Years: |
|--|---|---|
| <ul style="list-style-type: none"> HOTBHN operates a juvenile TCOOMMI special needs diversionary program- intensive wraparound behavioral health service for 4-6 months for youth on probation or 90 days of continuity of care services | <ul style="list-style-type: none"> McLennan, Limestone, Hill, Freestone, Bosque, Falls | <ul style="list-style-type: none"> Continue to expand services |
| <ul style="list-style-type: none"> HOTBHN operates a Juvenile Justice Transition Team (TJJT) to provide intensive mental health services to high-risk youth transitioning from TCOOMMI, CRP, Encircle, or TJJD into less intensive ongoing services | <ul style="list-style-type: none"> McLennan, Limestone, Hill, Freestone, Bosque, Falls | <ul style="list-style-type: none"> Continue to expand services |

Table 13: Intercept 5 Community Corrections

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

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 | Integrated this work across our programs through EBPs and integrating SDOH in care coordination and integrated health | Continue integrating into all aspects of services with the goal of improving behavioral health and quality of life outcomes |
| 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 | Center actively pursues and implements state and federal grant-funded projects to address housing inequality, homeless issues, employment opportunities via supported employment and supported education services | Center proactively seeks out funds to support programs to address housing and employment issues and will continue this work. |
| 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 | Shortages in federal and state funding makes creating and sustaining new projects challenging and non-HHSC grants can be helpful, they are typically short term. | Center will continue to seek any and all funding to expand and sustain outpatient behavioral health services. |
| Implement services that are person- and family-centered across systems of care | <ul style="list-style-type: none"> • Gap 10 • Goal 1 | HOTBHN has long practiced person/family-centered planning and trauma-informed care across the spectrum of services. | Center will continue to implement person and family centered services as well as continue training for staff around person and family centered planning. |

| 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 | Developing. | Rolling out SMART grant an early intervention, State-funded program, to catch at-risk children and youth “upstream” in an effort to provide needed emotional and behavioral health support and deter hospital emergency department and detention admissions, as well as foster care placements. Also, infant and early childhood mental health unit has been established to better serve this age range and address clinical gaps in care between ECI and Child and Adolescent Behavioral Health programs. |
| Identify best practices in communication and information sharing to maximize collaboration across agencies | <ul style="list-style-type: none"> • Gap 3 • Goal 2 | Developing. | Work is ongoing with the Behavioral Health Leadership Team, OCOF, the local system of care, youth and adult SIM mapping groups and other collaboratives to decrease barriers and improve communication sharing. |
| 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 | Developing. | Care Coordination processes are implemented and are being enhanced to improve and tighten both internal and external agency operations. Ongoing workgroups in the community are identifying braided solutions and supports to develop and sustain programming to close identified community needs assessment gaps. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|--|---|--|
| 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 | Ongoing. | The agency’s strategy office routinely reviews developing best practices and technical assistance from state and other experts to inform strategic planning and procedural development, and these discussions occur routinely in executive management and will continue. |
| 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 | In addition to involvement in numerous community stakeholder groups, HOTBHN regularly sets up booths at community events to inform the public about services. | Continue |
| 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 | Ongoing. | Care Coordination is working with crisis services and admission departments to reduce service delays and address waiting lists. |
| 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 | Ongoing. | In addition to some existing agency programs, like Juvenile Justice Transition Team, that by their nature represent graduated service provision, the agency actively seeks to develop individualized recovery plans that reflect the frequency and intensity of service support preferred by the client. |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|---|---|------------------------|
| 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"> • Data on outcomes, performance measures, service population, and service volume are distributed monthly to management staff. • The QM/UM Committee routinely reviews data. | Continue. |
| 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"> •Wellness Committee •Employee Assistance Program •Trauma-informed care team offers debriefing after incidents with clients or suicides •Self-care and compassion fatigue discussed in staff meetings | Continue these efforts |
| 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"> •HOTBHN has an electronic personnel system to aid in personnel data analysis and managing the workforce. •HOTBHN has developed relationships with universities to increase the supply of student interns. •HOTBHN has increased salaries to attract a stable supply of applicants. •HOTBHN offers free clinical supervision to licensure candidates. | Continue |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|--|--|--|
| 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"> •HOTBHN has developed relationships with universities to increase the supply of student interns. •HOTBHN has increased salaries to attract a stable supply of applicants particularly for case management positions. •HOTBHN offers free clinical supervision to licensure candidates. | Continue |
| Develop and implement policies that support a diversified workforce | <ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 | Ongoing. | The agency has a specialized workgroup to identify cultural awareness and opportunities throughout all policies and procedures, and the agency prioritizes hiring and training a diverse workforce. |
| 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 | Ongoing | HOTBHN maintains contracts with providers of telemedicine services; pharmacy services; FQHC, and local emergency departments. Agreements with higher education institutions for interns that can be developed into HOTBHN staff. |
| 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 | Ongoing. | We have one and continue to expand its role and reach. We also are expanding it to include community partner organizations like OCOF, the Cove, etc. |

| 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 | Ongoing. | The agency is actively involved in partner discussions about the viability of a formal health information exchange in the community, even as participating in other information exchange activities. |
| 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 | The Veterans One Stop provides veterans with VA System Navigation assistance, links to community resources, and outpatient therapy for veterans and family members. | Continue to offer clinical services, case management, peer support, and collaborations with multiple agencies to meet the needs of veterans and their families |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|--|---|--|
| Collect data to understand the effectiveness of evidence-based practices and the quality of these services | <ul style="list-style-type: none"> • Gaps 7, 14 • Goal 4 | <ul style="list-style-type: none"> • ACT • Supported Employment • Supported Housing • Peer Support • CBT • CPT • TF-CBT • PCIT • Wraparound Planning • Integrated peer providers across all service areas. • 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. • Data on outcomes and performance measures are distributed monthly to management staff. • The QM/UM Committee routinely reviews data. | Continue to provide evidence-based services. Expand EBPs where we can identify allowed low-cost EBPs appropriate for both licensed and unlicensed staff. |

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 |
|---|--|---|
| Expand school-based mental health services | Currently in contract with 7 School Districts in 3 counties. Currently providing on campus psychiatric telehealth, counseling, skills training, and case management. | Continue to explore tandem options with school districts in the region. |
| Expand Integrated health | Developing. | Utilizing grant funding to develop partnerships with established rural medical providers to support behavioral health needs in underserved areas. |
| Identify funding to expand Public Safety Answering Point (PSAP) integration | Currently HOTBHN has three staff embedded in the 911 Call Center to assist with mental health-related calls to 911. | Continue to develop the program as funding allows. |
| Expand Infant and Early Childhood Mental Health Services | One Clinician hired and being trained in several modalities. Infant and Early Childhood Mental Health consultation group in conjunction with C&A Behavioral Health clinicians and ECI clinicians. | Future expansion to include consultations and trainings with Head Start programs and day cares. |

| Local Priority | Current Status | Plans |
|--|------------------------|--|
| Opportunity Youth and the TAY population | Developing and ongoing | Build upon exciting community success regarding opportunity youth/transition age youth programs to expand capacity and increase partnerships with the goal of developing successful adults in the community. |
| Juvenile Gang Involvement | Beginning | Partner with McLennan County Juvenile Justice to create GRIP (Gang Reduction Intervention Program) |

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 | Expand PSAP | <ul style="list-style-type: none"> • Expand PSAP Teams to cover 24/7 coverage | 1.3 Million | Yes |
| 2 | Opportunity Youth and the TAY population | <ul style="list-style-type: none"> • Developing and ongoing | 400,000 | Yes |
| 3 | Workforce Sustainability | Significant need to fund cost of ongoing service and supports provision | 3 Million | No |
| 4 | IDD Rate Increases | Funding to support both IDD Authority and Provider Functions | 2.5 Million | No |
| | | | | |

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/YCOT 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/YCOT) – 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/YCOT | 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 |