



## Form O: Consolidated Local Service Plan

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

### Introduction

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

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

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# Section I: Local Services and Needs

## I.A Mental Health Services and Sites

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

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

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

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

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Howard County MHC	1501 W 11 <sup>th</sup> Place Big Spring TX 79720	432- 263- 0027	Howard	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> <li>o Veteran's Outpost</li> </ul>
Scurry County MHC	1300 26 <sup>th</sup> Suite 100 Snyder TX 79549	325- 573- 4947	Scurry	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Nolan County MHC	304W New Mexico Ave Sweetwater TX 79556	325- 236- 6619	Nolan	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>
Mitchell County MHC	505 Chestnut St Colorado City TX 79512	325-728- 3611	Mitchell	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Runnels County MHC	126 State St Winters TX 79567	325-754-5591	Runnels	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>
Andrews County MHC	215 N W 1 <sup>st</sup> Street Andrews TX 79714	432-523-7340	Andrews	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Gaines County MHC	700 Hobbs Hwy Seminole TX 79360	432-955- 1028	Gaines	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>
Yoakum County MHC	104 W 2 <sup>nd</sup> St Denver City TX 79323	806-592- 8226	Yoakum	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Terry County MHC	502 W Broadway St Brownfield TX79316	806-637- 3206	Terry	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>
Garza County MHC	1104 N Ave S Post TX 79356	806-495- 2813	Garza	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>



Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Dawson County MHC	211 N Main Ave Lamesa TX 79331	806-872-3790	Dawson	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>
Winkler County MHC	814 Myer Lane Kermit TX 79745	432-586-2016	Winkler	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>

Operator (LMHA, LBHA, contractor or sub- contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Ward County MHC	1200 N Main Ave Monahans TX 79756	432-943- 2875	Ward	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>
Reeves County MHC	700 Daggett Street #4 Pecos TX 79772	432-447- 2628	Reeves	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite</li> <li>o Respite</li> <li>o Mental Health Deputy Program</li> <li>o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP)</li> <li>o Consumer Benefits</li> </ul>

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Upton County MHC	103 N Burleson Ave McCamey TX 79752	432-652-8973	Upton	Mental Health Clinic	<ul style="list-style-type: none"> <li>o Screening, Assessment and Intake</li> <li>o Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both</li> <li>o Contracted inpatient beds</li> <li>o Services for co-occurring disorders</li> <li>o IDD Crisis Intervention Specialist Services</li> <li>o Crisis Respite o Respite</li> <li>o Mental Health Deputy Program o Jail Based Case Worker</li> <li>o First Episode Psychosis Program (STEP) o Consumer Benefits</li> </ul>

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

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

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

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

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

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

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

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

**Table 3: Community Mental Health Grant Program Jail Diversion Projects**

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2024	Jail Caseworker- Liaison and provide continuity of care between jail and LMHA	Nolan, Terry, Reeves	Persons in Jail with MH Diagnosis	173
2024	Mental Health Deputy- Provide Jail Diversion Services for the community	Nolan, Terry	People with Serious Mental Illness diverted from Jail	410

## 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"> <li>Scenic Mountain Behavioral Health Unit- Melonye Huber, Sally Mendoza, Malik Chowder</li> </ul>	<input type="checkbox"/> State hospital staff (list the hospital and staff that participated):
<input checked="" type="checkbox"/> Mental health service providers	<input type="checkbox"/> Substance use treatment providers
<input checked="" type="checkbox"/> Prevention services providers	<input type="checkbox"/> Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/> County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> <li>Whitley May- Nolan- Nolan County Judge</li> <li>Stan Parker- Howard- Howard County Sheriff</li> <li>Patrick Toombs- Mitchell- Mitchell County Sheriff</li> <li>Michael Ybarra- Yoakum- Yoakum County Judge</li> </ul>	<input type="checkbox"/> City officials (list the city and the name and official title of participants):

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input type="checkbox"/> LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i> •
<input checked="" type="checkbox"/> Hospital emergency room personnel	<input checked="" type="checkbox"/> Emergency responders
<input checked="" type="checkbox"/> Faith-based organizations	<input type="checkbox"/> Local health and social service providers
<input checked="" type="checkbox"/> Probation department representatives	<input checked="" type="checkbox"/> Parole department representatives
<input checked="" type="checkbox"/> Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): <ul style="list-style-type: none"> <li>Whitley May- Nolan- Nolan County Judge</li> <li>Michael Ybarra- Yoakum- Yoakum County Judge</li> <li></li> </ul>	<input checked="" type="checkbox"/> Law enforcement (list the county or city and the name and official title of participants): <ul style="list-style-type: none"> <li>Stan Parker- Howard- Howard County Sheriff</li> <li>Patrick Toombs- Mitchell- Mitchell County Sheriff</li> <li>Big Spring- Chad Williams, Chief of Police</li> <li>Brownfield- Tony Serbantez, Chief of Police</li> </ul>
<input checked="" type="checkbox"/> Education representatives	<input checked="" type="checkbox"/> Employers or business leaders
<input checked="" type="checkbox"/> Planning and Network Advisory Committee	<input checked="" type="checkbox"/> Local peer-led organizations
<input checked="" type="checkbox"/> Peer specialists	<input checked="" type="checkbox"/> IDD Providers
<input type="checkbox"/> Foster care or child placing agencies	<input checked="" type="checkbox"/> Community Resource Coordination Groups
<input checked="" type="checkbox"/> Veterans' organizations	<input type="checkbox"/> Housing authorities
<input type="checkbox"/> Local health departments	<input checked="" type="checkbox"/> Other: __Mental Health Frst Aide, Mental Health Deputy Program_____

Commented [TS1]: @Doug Carson List Appropriate Staff

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: Consumer Satisfaction Surveys, Quarterly Local Planning & Network Advisory Committee, Board Meetings, Quarterly Jail Diversion/Crisis Oversight Committees (Howard, Nolan, terry, Reeves)

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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: Lack of Substance Use Transitional Housing, Lack of Affordable Housing, Inadequate inpatient substance abuse treatment options, lack of community resources for youth and children.

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## 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;



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Response: West Texas Centers has collaborated with stakeholders to develop the Psychiatric Emergency Plan in the form of the following key stakeholders' groups:

Jail Diversion/Crisis Oversight Committee

Planning and Network Advisory Committee

West Texas Centers Board of Directors

County Sheriff's Offices

Local Police Departments

County Judges

County Commissioners

Mental Health Deputies

- Ensuring the entire service area was represented; and

Response: Utilizing community committee meetings with all stakeholders participating

- Soliciting input.

Response: Input from stakeholders on the West Texas Centers webpage and during community meetings.

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

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

Response: West Texas Centers contracts with Avail Solutions LLC to provide hotline services. Services are staffed 24 hours a day 7 days a week 365 days a year. The West Texas Centers service area has been broken into 5 call groups to ensure adequate staffing and crisis response within the local services area.

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b. After business hours

Response: West Texas Centers contracts with Avail Solutions LLC to provide hotline services. Services are staffed 24 hours a day 7 days a week 365 days a year.

c. Weekends and holidays

Response: West Texas Centers contracts with Avail Solutions LLC to provide hotline services. Services are staffed 24 hours a day 7 days a week 365 days a year.

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

Response: Avail Solutions, LLC

3. How is the MCOT staffed?

a. During business hours

Response: West Texas Centers MCOT services are staffed 24 hours a day 7 days a week 365 days a year. The West Texas Centers service area has been broken into 5 call groups to ensure adequate staffing and crisis response within the local services area. 8 dedicated staff members strategically located within our 25,000 square mile service area respond to daytime crisis, 2 based in each of our 4 regions.

b. After business hours

Response: West Texas Centers MCOT services are staffed 24 hours a day 7 days a week 365 days a year. Utilizing 5 on-call groups within our service area, with 1 primary worker on call in each group, Central & East has a primary and secondary as it is our largest populated area.

c. Weekends and holidays

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Response: West Texas Centers MCOT services are staffed 24 hours a day 7 days a week 365 days a year. Utilizing 5 on-call groups within our service area, with 1 primary worker on call in each group, Central & East has a primary and secondary as it is our largest populated area.

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

Response: Avail Solutions LLC

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

Response: • Face to face crisis assessments • Case management and skills rehabilitation training, Crisis respite • Provide follow-up and aftercare services for people transitioning from psychiatric hospital to community.

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

- a. Emergency Rooms: When appropriate, yes. The MCOT is routinely deployed when contacted by the Emergency Room to complete Crisis Assessment, Crisis Intervention Rehab, Crisis Safety Monitoring, Continuity of Services.
- b. Law Enforcement: When appropriate, yes. The MCOT is routinely deployed when contacted by the Law enforcement to complete Crisis Assessment, Crisis Intervention Rehab, Crisis Safety Monitoring, Continuity of Services.

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

Response: The state hospital calls the Hotline, who always activates an MCOT to complete an assessment within an hour

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

- 
- a. During business hours: Contact the hotline to activate an MCOT for Assessment
  - b. After business hours: Contact the hotline to activate an MCOT for Assessment
  - c. Weekends and holidays: Contact the hotline to activate an MCOT for Assessment

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

Response: Law enforcement transports to an ER or psychiatric hospital.

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

Response: Family member, law enforcement or EMS transport to the local ED for evaluation and medical clearance

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

Response: MCOT completes an assessment and facilitates the completion of the Emergency Detention Order (EDO) for transportation to a psychiatric facility.

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

Response: MCOT completes assessment. If needed stabilization at an ED law enforcement or EMS transport. If stabilization is needed at crisis respite, MCOT transports.

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

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Response: Law enforcement is activated to ensure the scene is secure, then law enforcement notifies MCOT who completes assessment

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

Response: If appropriate for admission to a medical hospital, they are admitted. Sometimes crisis respite is utilized. Sometimes they wait in the community with natural support who will monitor the person.

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 on-call MCOT for the call group.

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

Response: Family, or other natural support.

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

Response: Family, or other natural support.

## 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	The Wood Group
Location (city and county)	Big Spring, Howard County
Phone number	432-263-2559

Name of facility	The Wood Group
Type of facility (see Appendix A)	Crisis Respite
Key admission criteria	Adults not imminently suicidal, homicidal, or acutely intoxicated. Individuals are screened and referred by West Texas Centers crisis staff.
Circumstances under which medical clearance is required before admission	If there is a known medical emergency, call 911 or the individual is taken to the emergency room for evaluation
Service area limitations, if any	
Other relevant admission information for first responders	Law enforcement is accompanied by a Qualified Mental Health Provider when the individual is presented for admission
Does the facility accept emergency detentions?	No
Number of beds	16
HHSC funding allocation	789,247

## 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	Shannon
Location (city and county)	San Angelo, Tom Green County
Phone number	1-800-777-5722
Key admission criteria	Adults and Children who are imminently suicidal, homicidal, or acutely psychotic. Accepts private insurance. For contracted beds, individual is screened and referred by West Texas Centers crisis staff

Name of facility	Shannon
Service area limitations if any	
Other relevant admission information for first responders	
Number of beds	80
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)?	Yes
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?	680
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

<b>Name of facility</b>	<b>Shannon</b>
<b>Name of facility</b>	<b>Oceans Behavioral Hospital- Midland</b>
<b>Location (city and county)</b>	Midland, Midland County
<b>Phone number</b>	432-561-5915
<b>Key admission criteria</b>	Adults and Children who are imminently suicidal, homicidal, or acutely psychotic. Accepts private insurance. For contracted beds, individual is screened and referred by West Texas Centers crisis staff
<b>Service area limitations if any</b>	
<b>Other relevant admission information for first responders</b>	
<b>Number of beds</b>	64
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	Yes
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	680



<b>Name of facility</b>	<b>Shannon</b>
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A
<b>Name of facility</b>	<b>Oceans Behavioral Hospital- Abilene</b>
<b>Location (city and county)</b>	Abilene, Taylor County
<b>Phone number</b>	325-691-0030
<b>Key admission criteria</b>	Adults and Children who are imminently suicidal, homicidal, or acutely psychotic. Accepts private insurance. For contracted beds, individual is screened and referred by West Texas Centers crisis staff
<b>Service area limitations if any</b>	
<b>Other relevant admission information for first responders</b>	
<b>Number of beds</b>	92
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes

Name of facility	Shannon
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)?	Yes
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?	680
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of facility	Oceans Behavioral Hospital- Lubbock
Location (city and county)	Lubbock, Lubbock County
Phone number	806-516-1190
Key admission criteria	Adults who are imminently suicidal, homicidal, or acutely psychotic. Accepts private insurance. For contracted beds, individual is screened and referred by West Texas Centers crisis staff
Service area limitations if any	

Name of facility	Shannon
Other relevant admission information for first responders	
Number of beds	32
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)?	Yes
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?	680
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

<b>Name of facility</b>	<b>Scenic Mountain Behavioral Health Unit</b>
<b>Location (city and county)</b>	Big Spring, Howard County
<b>Phone number</b>	432-263-1211
<b>Key admission criteria</b>	Adults who are imminently suicidal, homicidal, or acutely psychotic. Accepts private insurance. For contracted beds, individual is screened and referred by West Texas Centers crisis staff
<b>Service area limitations if any</b>	
<b>Other relevant admission information for first responders</b>	
<b>Number of beds</b>	20
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes
<b>If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</b>	Yes
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	680

Name of facility	Scenic Mountain Behavioral Health Unit
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

Response: Jail based caseworkers in Howard, Nolan, Terry, and Reeves will identify people who need competency restoration and link them to the jail contract for psychiatric services in jail. All other jails will utilize jail contract services when authorized by local jail.

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

Response: Our resources are limited to the State Hospital to provide competency restoration

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: West Texas Centers currently has four jail case workers to act as a liaison between the LMHA and the County Jails. This jail caseworker engages with individuals with MH and/or SUD at the point of arrest, during incarceration, and in the community for continuity of care. Activities include monitoring, linkage, coordination, advocacy, and release planning. West

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Texas Centers receives positive jail screenings from all 19 jails in the catchment area. We have a dedicated staff member who receives these screenings and will recommend services to the jail based on the jail contract while the individual is in custody.

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

Response: The jails that do not have a jail-based case worker will request services from LMHA and the UM Reviewer will provide information to the Regional Program Manager.

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

Response: Continue with jail contracts to provide psychiatric services.

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

Response: Yes, Outpatient competency restoration and jail-based competency restoration curriculum.

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

Response: Lack of county funding opportunities to provide competency restoration programs and curriculum. Additionally, the expansion of the jail caseworker program to provide services in more jails in the 23 county catchment area.

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## **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: With CCBHC certification we have developed a Care coordination program and an Outpatient SUD Program. Collaboration is with FQHCs, Substance abuse treatment providers, local hospitals, and specialty clinics.

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

Response: West Texas Centers will continue to explore other alternatives for expanding primary healthcare integration into the local community.

## **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: West Texas Centers will share the Psychiatric Emergency Plan with the Jail Diversion & Planning and Network Advisory Committees. Communication with the local law enforcement agencies and jails. The Plan will also be posted on the WTC Website.

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

Response: West Texas Centers staff are trained upon hire, during in-services, and annual updates.

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## 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)
23 County Service Area	Distance of travel for MCOT to arrive at a crisis. Lack of inpatient psychiatric facilities within our service areas.	<ul style="list-style-type: none"><li>• Utilization of telehealth services</li><li>• Hiring caseworkers that live in the local counties</li></ul>	Currently addressing.



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## Section III: Plans and Priorities for System Development

### III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

**Table 8: Intercept 0 Community Services**

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Crisis Hotline	All Counties	Continue Services
MCOT Response	All Counties	Continue Services
Crisis Respite Stabilization Center	Howard but all counties can utilize	Continue Services
Veterans Services (MVPN)	All Counties	Continue Services
Peer Support	All Counties	Continue Services
IMPACT Network	Howard & Nolan	Continue to participate in IMPACT

**Table 9: Intercept 1 Law Enforcement**

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two years:</b>
Mental Health Deputy Program	Howard, Nolan, Terry	Apply for extension of current grant funding to continue
Jail Diversion Committee	Howard, Nolan, Terry, Reeves	Continue quarterly meetings

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:

**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:

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

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail Based Case Worker	Howard, Nolan, Terry & Reeves	Apply for an extension of current grant funding to continue program.

**Table 12: Intercept 4 Reentry**

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail Based Case Worker	Nolan, Howard, Terry & Reeves	Apply for an extension of current grant funding to continue program.
TCOOMMI	Continuity of care in all counties and intensive case management in Howard and Nolan	Continue contract with TDCJ TCOOMMI

**Table 13: Intercept 5 Community Corrections**

<b>Intercept 5: Community Corrections Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Apply for an extension of current grant funding to continue program.	23 County service area	West Texas Centers continues to explore strategies to enhance community support programs
Urban Institute Network with focus on Probation and partnering with Howard County Probation	Howard	Continue to participate in the Urban Institute Probation Network.
Offer Mental Health First Aid, Applied Suicide Intervention Skills training for local probation/parole officers, jail staff and local law enforcement.	23 County service area	West Texas Centers continues to explore strategies to enhance community support programs
Training for probation or parole staff	23 County service area	West Texas Centers continues to explore strategies to enhance community support programs

### III.B Other Behavioral Health Strategic Priorities

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

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

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs of public-school students
- Gap 3: Coordination across state agencies

- Gap 4: Supports for Service Members, veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	<ul style="list-style-type: none"> <li>• Gaps 1, 10</li> <li>• Goal 1</li> </ul>	WTC requires all staff that work within the Mental Health Division to complete training on each of these.	WTC will continue to review current literature in the field and will make appropriate adjustments as new guidance and research appears.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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"> <li>Gaps 2, 3, 4, 5, 10, 12</li> <li>Goal 1</li> </ul>	We seek MOUs with local agencies to coordinate services and make referrals as appropriate.	Continue to expand MOUs with Local, State and Federal entities to comprehensively address the needs within the service area.
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> <li>Gaps 1, 10</li> <li>Goal 1</li> </ul>	WTC continually reviews contracted behavioral health facilities to ensure services are adequate to address the needs in the service area. If a need arises WTC contacts behavioral health facilities to discuss needs and how to address.	WTC will continue to consult with behavioral health facilities to ensure services of individuals within the service area are continually met.
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> <li>Gap 10</li> <li>Goal 1</li> </ul>	WTC offers an array of services that includes in person and telehealth services.	WTC will continue to review current research and recommendations to ensure that quality services are continually offered and implemented.
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> <li>Gaps 2, 11</li> <li>Goal 1</li> </ul>	WTC offers an array of services that includes Children's services all the way through geriatric services. This also includes our Coordinated Specialty Care program for early onset psychosis.	WTC will continue to assess its array of services that ensures that it is meeting the needs of WTCs service area.
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> <li>Gap 3</li> <li>Goal 2</li> </ul>	WTC has developed multiple collaboration groups for its current programming that includes its jail diversion committees, Community Response Coordination Groups, Veterans, Probation, Courts, School Safety Committees and crisis redesign committee.	WTC will continue to expand its community groups by expanding its general marketing to include agencies that are not already involved in collaboration groups.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> <li>Gaps 1, 3, 7</li> <li>Goal 2</li> </ul>	WTC has developed multiple collaboration groups for its current programming and policy development that includes its jail diversion committees, Community Response Coordination Groups, Veterans, Probation, Courts, School Safety Committees and crisis redesign committee.	WTC will continue to expand its community groups by expanding its general marketing to include agencies that are not already involved in collaboration groups.
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> <li>Gap 3</li> <li>Goal 2</li> </ul>	We seek MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.	We will continue to seek and expand MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> <li>Gaps 1, 11, 14</li> <li>Goal 2</li> </ul>	We seek MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.	We will continue to seek and expand MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	<ul style="list-style-type: none"> <li>Gaps 1, 5, 6</li> <li>Goal 2</li> </ul>	We seek MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.	We will continue to seek and expand MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Develop step-down and step-up levels of care to address the range of participant needs	<ul style="list-style-type: none"> <li>Gaps 1, 5, 6</li> <li>Goal 2</li> </ul>	We seek MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.	We will continue to seek and expand MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> <li>Gaps 3, 14</li> <li>Goal 3</li> </ul>	We seek MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met through reviewing data and current trends.	We will continue to seek and expand MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.
Explore opportunities to provide emotional supports to workers who serve people receiving services	<ul style="list-style-type: none"> <li>Gap 13</li> <li>Goal 3</li> </ul>	WTC offers an employee assistance program at no cost to all employees.	WTC will continue to review and expand the programming to ensure needs are continually met.
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"> <li>Gaps 13, 14</li> <li>Goal 3</li> </ul>	WTC reviews current employment retention and data trends that includes employee satisfaction surveys, tenure in role and turnover rates. This data is reviewed in the executive committee and by the board of trustees and trends, barriers and plans to overcome the barriers are discussed.	WTC will continue to review current employment retention and data trends that include employee satisfaction surveys, tenure in role and turnover rates. This data is reviewed in the executive committee and by the board of trustees and trends, barriers and plans to overcome the barriers are discussed.

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"> <li>Gap 13</li> <li>Goal 3</li> </ul>	WTC collaborates with community stakeholders to determine local needs. Additionally, WTC reviews its openings and determines the best way to advertise the position to recruit highly qualified staff.	WTC will continue to collaborate with community stakeholders to determine local needs. Additionally, WTC reviews its openings and determines the best way to advertise the position to recruit highly qualified staff.
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> <li>Gaps 3, 13</li> <li>Goal 3</li> </ul>	WTC collaborates with community stakeholders to determine local needs.	WTC will continue to collaborate with community stakeholders to determine local needs.
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> <li>Gaps 3, 13</li> <li>Goal 3</li> </ul>	Advocate for the need to reevaluate the QMHP requirements that limit the ability to recruit staff that would otherwise be a highly qualified applicant.	Continue to advocate for the need to reevaluate the QMHP requirements that limit the ability to recruit staff that would otherwise be a highly qualified applicant.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> <li>Gaps 3, 14</li> <li>Goal 4</li> </ul>	We seek MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met through reviewing data and current trends.	We will continue to seek and expand MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> <li>Gaps 3, 14</li> <li>Goal 4</li> </ul>	We seek MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met through reviewing data and current trends.	We will continue to seek and expand MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	<ul style="list-style-type: none"> <li>Gaps 3, 4, 14</li> <li>Goal 4</li> </ul>	We seek MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met through reviewing data and current trends.	We will continue to seek and expand MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> <li>Gaps 7, 14</li> <li>Goal 4</li> </ul>	We seek MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met through reviewing data and current trends.	We will continue to seek and expand MOUs with Local, State and Federal agencies and collaboration committees to ensure the needs of individuals in the service area are met.

### 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
Increasing accessibility to services	<ul style="list-style-type: none"> <li>• Instituted a walk-in model</li> <li>• Expanded physician availability</li> </ul>	<ul style="list-style-type: none"> <li>• Decreasing wait time for intake evaluation</li> <li>• Explore alternative funding streams to expand services available</li> </ul>
Enhance Mental Health Deputy Program	<ul style="list-style-type: none"> <li>• Expanded the MH deputy program to two additional counties</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to look for additional funding to expand the MH deputy programs to other counties</li> <li>• Implement and grow Jail Diversion Committees in other counties regardless of current grant opportunities</li> </ul>
Enhance jail, local emergency room and state facility diversionary activities	<ul style="list-style-type: none"> <li>• Added an additional contract for psychiatric hospital</li> <li>• Expanded our jail contracted services to all jails in our catchment area</li> <li>• Operating a 16-bed crisis respite program</li> <li>• Utilizing limited crisis stabilization beds</li> <li>• Mental Health Deputy Program</li> </ul>	<ul style="list-style-type: none"> <li>• Have received funding and in the planning stages for a Jail Diversion Center</li> <li>• Continue Rapid crisis stabilization bed utilization</li> <li>• Continue private psychiatric hospital utilization</li> <li>• Continue utilization of mobile crisis outreach teams</li> <li>• Continue provision of psychiatric services in local jails</li> <li>• Expand crisis prevention services</li> <li>• Continue to use and Expand Mental Health Deputy</li> </ul>
COPSD	<ul style="list-style-type: none"> <li>• Added an outpatient SUD program that focuses on COPSD services</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to look for additional funding to expand the outpatient SUD program to all counties</li> </ul>

## 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 that are not restorable, outpatient commitments, and other people needing long-term care, including people who are geriatric mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

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

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

**Table 16: Priorities for New Funding**

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	<b>Increase in General Funding to support higher wages for Mental Health workers</b>	<i>An increase in this funding would allow WTC to be more competitive with surrounding entities which would increase service delivery and employee retention.</i>	2,000,000	<i>County Officials, Local community partners and state officials.</i>
2	<b>Supported Housing</b>	<i>An increase in supported housing funds will help WTC assist more clients to aid in permanent housing options.</i>	500,000	<i>County Officials, Local community partners and state officials.</i>

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
3	Transportation	An increase in transportation will allow WTC to offer a wider array of services and overcome barriers to services.	500,000	County Officials, Local community partners and state officials.

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## Appendix A: Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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**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.

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## Appendix B: Acronyms

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