

Health and Human Services Commission



Burke

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local
Behavioral Health Authorities

Health and Human Services Commission

Fiscal Years 2020-2021

Due Date: September 30, 2020

Submissions should be sent to:

Performance.Contracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

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Introduction

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

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

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Burke Mental Health Clinic	1522 West Frank Ave. Lufkin, Tx 75904	Angelina	<ul style="list-style-type: none"> • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both adults and children • Services for co-occurring disorders • Substance use disorders treatment • Integrated healthcare: mental and physical health • Services for At Risk Youth • First Episode of Psychosis • Mobile Crisis Outreach Team • Consumer Benefits • Care Navigation and Care Coordination • Juvenile Justice Services
Burke Mental Health Clinic	1401 W. Austin Crockett, Tx 75835	Houston	<ul style="list-style-type: none"> • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both adults and children • Services for co-occurring disorders • Substance use disorders treatment • Integrated healthcare: mental and physical health • Services for At Risk Youth • First Episode of Psychosis • Mobile Crisis Outreach Team

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Consumer Benefits • Care Navigation and Care Coordination • Juvenile Justice Services
Burke Mental Health Clinic	1250 Marvin Hancock Dr. Jasper, Tx 75951	Jasper	<ul style="list-style-type: none"> • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both adults and children • Services for co-occurring disorders • Substance use disorders treatment • Integrated healthcare: mental and physical health • Services for At Risk Youth • First Episode of Psychosis • Mobile Crisis Outreach Team • Consumer Benefits • Care Navigation and Care Coordination • Juvenile Justice Services
Burke Mental Health Clinic	3824 N. University Drive Nacogdoches, Tx 75965	Nacogdoches	<ul style="list-style-type: none"> • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both adults and children • Services for co-occurring disorders • Substance use disorders treatment • Integrated healthcare: mental and physical health • Services for At Risk Youth • First Episode of Psychosis

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Mobile Crisis Outreach Team • Consumer Benefits • Care Navigation and Care Coordination • Juvenile Justice Services
Burke Mental Health Clinic	1100 Ogletree Drive Livingston, Tx 77351	Polk	<ul style="list-style-type: none"> • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both adults and children • Services for co-occurring disorders • Substance use disorders treatment • Integrated healthcare: mental and physical health • Services for At Risk Youth • First Episode of Psychosis • Mobile Crisis Outreach Team • Consumer Benefits • Care Navigation and Care Coordination • Juvenile Justice Services
Burke Mental Health Clinic	583 El Camino Crossing San Augustine, Tx 75972	San Augustine	<ul style="list-style-type: none"> • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both adults and children • Services for co-occurring disorder • Substance use disorders treatment • Integrated healthcare: mental and physical health • Services for At Risk Youth

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • First Episode of Psychosis • Mobile Crisis Outreach Team • Consumer Benefits • Care Navigation and Care Coordination • Juvenile Justice Services
Burke Mental Health Clinic	1100 West Bluff Woodville, Tx 75979	Tyler	<ul style="list-style-type: none"> • Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: both adults and children • Services for co-occurring disorders • Substance use disorders treatment • Integrated healthcare: mental and physical health • Services for At Risk Youth • First Episode of Psychosis • Mobile Crisis Outreach Team • Consumer Benefits • Care Navigation and Care Coordination • Juvenile Justice Services
Mental Health Emergency Center (MHEC)	105 Mayo Place Lufkin, Tx 75904	Angelina	<ul style="list-style-type: none"> • Extended Observation Unit • Crisis Residential Unit • Substance use disorders treatment
MVPN Veterans Service Center	3003 N. Medford Dr. Lufkin, TX 75901	Angelina	<ul style="list-style-type: none"> • Peer to peer support • Counseling

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Aspire Behavioral Health of Conroe	2006 S. Loop 336 W, Ste 500 Conroe, TX 77304	Montgomery	<ul style="list-style-type: none"> Contracted inpatient beds
Sun Behavioral Hospital	7601 Fannin St Houston, Tx 77054	Harris	<ul style="list-style-type: none"> Contracted inpatient beds
West Park Springs	6902 S Peek Road Richmond, TX 77407	Fort Bend	<ul style="list-style-type: none"> Contracted inpatient beds
Palestine Regional Medical Center	2900 South Loop 256 Palestine, TX 75801	Anderson	<ul style="list-style-type: none"> Contracted inpatient beds
Kingwood Pines Hospital	2001 Ladbroke Kingwood, Tx 77339	Montgomery	<ul style="list-style-type: none"> Contracted inpatient beds
Woodland Springs	15860 Old Conroe Road Conroe, Texas 77384	Montgomery	<ul style="list-style-type: none"> Contracted inpatient beds

I.B Mental Health Grant Program for Justice Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on forensic commitments. These grants support community programs by providing behavioral health care services to individuals with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
	N/A			

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

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
FY18 to present	Care Navigation: The Care Navigation Program is a specialized Treatment Team integrated with Burke Mental Health Clinics and serves adult clients with severe, persistent mental illness, that have co-occurring medical needs. The program provides services of a RN Care Coordinator, team nurse, social worker and transporter, working together to develop relationships with community providers, that will facilitate a reduction in cost, reduce hospital re- admits and arrests and improve client health outcomes.	All 12 counties in the Burke service area	Adults age 18 and above	230

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers <input checked="" type="checkbox"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • See attached 	<input checked="" type="checkbox"/> Family members <input checked="" type="checkbox"/> Concerned citizens/others <input type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> • See attached

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Substance abuse treatment providers
<input checked="" type="checkbox"/> Prevention services providers	<input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers
<input checked="" type="checkbox"/> County officials <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • See attached 	<input checked="" type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> • See attached
<input checked="" type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/> Local health departments <input type="checkbox"/> LMHAs/LBHAs <i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> • See attached
<input checked="" type="checkbox"/> Hospital emergency room personnel	<input checked="" type="checkbox"/> Emergency responders
<input type="checkbox"/> Faith-based organizations	<input type="checkbox"/> Community health & human service providers
<input checked="" type="checkbox"/> Probation department representatives	<input type="checkbox"/> Parole department representatives
<input checked="" type="checkbox"/> Court representatives (Judges, District Attorneys, public defenders) <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • See attached 	<input checked="" type="checkbox"/> Law enforcement <i>*List the county/city and the official name and title of participants:</i> <ul style="list-style-type: none"> • See attached
<input checked="" type="checkbox"/> Education representatives	<input type="checkbox"/> Employers/business leaders
<input checked="" type="checkbox"/> Planning and Network Advisory Committee	<input type="checkbox"/> Local consumer peer-led organizations

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Peer Specialists	<input checked="" type="checkbox"/> IDD Providers
<input checked="" type="checkbox"/> Foster care/Child placing agencies	<input checked="" type="checkbox"/> Community Resource Coordination Groups
<input checked="" type="checkbox"/> Veterans' organizations	<input type="checkbox"/> Other: _____

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

• Rural East Texas Health Network meetings
• CRCG and RPNAC meetings
• System of Care Governance Board
• Outreach by the Crisis Coordinator
• Outreach by the Community Liaison Director

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

• Transportation of consumers, particularly those seeing voluntary hospitalization or crisis residential services
• Lack of psychiatric hospital beds
• Respite services for families of children and adolescents with mental health disorders
• Need for MH group homes
• Public transportation

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members
- Sub-contractors

Most LMHAs and LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations.

Given the size and diversity of many local service areas, some aspects of the plan may not be uniform across the entire service area. *If applicable, include separate answers for different geographic areas to ensure all parts of the local service area are covered.*

II.A Development of the Plan

Describe the process implemented to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including, but not limited to, the following:

Ensuring all key stakeholders were involved or represented, to include contractors where applicable;

- The Rural East Texas Health Network (RETHN) was formed in 2006 through a federal grant in response to the tremendous need within our rural communities for a strategic plan/infrastructure to handle mental health crisis situations in an efficient and effective manner.

Ensuring the entire service area was represented; and

The RETHN is a collaborative effort of twelve counties within our region. Local advisory boards were formed for the counties of Angelina, Nacogdoches, Houston, Jasper, Newton, Polk, San Augustine, San Jacinto, Shelby, Sabine, Tyler, and Trinity. These local boards include police chiefs/officers, sheriffs/deputies, hospital administrators, emergency room/trauma directors, judges, magistrates, mental health workers, physicians, city managers, NAMI representatives, as well as other interested community members. A representative from each of these local boards serves on the RETHN Regional Board of Directors. Each local advisory board and the Board of Directors meets quarterly.

Soliciting input.

- Each local advisory board and the Board of Directors meets quarterly. Additionally, the Crisis Coordinators contacts local law enforcement monthly.

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

1. How is the Crisis Hotline staffed?

During business hours

- Through contract with The Harris Center.

After business hours

- Through contract with The Harris Center.

Weekends/holidays

- Through contract with The Harris Center.

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

- The Harris Center

3. How is the MCOT staffed?

During business hours

- 7 program staff are available for assessment and intervention services. Additionally, psychiatric services are available on demand via telemedicine through contractual arrangement.

After business hours

- 20 program staff are available for dispatch for assessment and intervention services.

Weekends/holidays

- 20 program staff are available for dispatch for assessment and intervention services.

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

- NA

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

- Provides follow up calls for up to 10 days, assessing needs and addressing safety plans.
- Provided F2F reassessment for those waiting for placement

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

Emergency Rooms:

- MCOT staff provide assessment, linking with other resources, follow up monitoring and facilitating placement into the next needed level of care, whether hospitalization or outpatient services.

Law Enforcement:

- MCOT staff provide assessment, linking with other resources, follow up monitoring and facilitating placement into the next needed level of care, whether hospitalization or outpatient services.

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

- MCOT will provide assessments for those needing state hospital placement when requested.
- MCOT can determine if placement is needed in a contract bed and clients needs placed on the waiting list for a state bed.

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

During business hours:

- Contact the MHEC to initiate services

After business hours:

- Contact the MHEC to initiate services

Weekends/holidays:

- Contact the MHEC to initiate services

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

- MHEC or MCOT will secure a higher level of care and locate a placement facility.

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

- Medical clearance, when necessary, is obtained through our integrated care clinic or a local emergency room. Further assessment of mental health status, when necessary, is obtained through the use of our contracted on-demand psychiatric services or the Mental Health Emergency Center (MHEC).

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

- In many cases, stabilization can be achieved through services at the MHEC. If not, hospitalization for those without payor source or those requiring involuntary commitment is coordinated through Burke Emergency services. Individuals who are voluntarily seeking placement and who have a payor source may obtain these services through the MHEC, Burke Emergency Services, or transfer from a local general hospital. In the case of the latter, Burke Emergency Services offers assistance is needed, and facilitates transportation if needed.

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

- Law enforcement, emergency rooms, Burke staff and other providers contact the MHEC. A brief phone screening is done to assess for appropriateness to the facility and the client is either accepted for on site evaluation or a higher level of care facilitated.

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.

- When approaching an unfamiliar, potentially unsafe location, a Mental Health Deputy or other available Law Enforcement personnel are enlisted to assist. Additional safe practices (such as sending out a pair of MCOT employees) are used when there is any concern for the safety of the staff.

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

Where does the individual wait for a bed?

- Options include the MHEC, home with a safety plan and MCOT monitoring, or remain where they were when crisis services were initiated.

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

- MHEC and MCOT

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

Clients are encouraged to use resources readily available to them (Medicaid Transportation, family, friends, public transportation). Burke does assist with transportation when appropriate.

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? Replicate the table below for each alternative.

Name of Facility	Mental Health Emergency Center	
Location (city and county)	Lufkin; Angelina County	
Phone number	936/674-3500	
Type of Facility (see Appendix A)	EOU and Crisis Residential	
Key admission criteria (type of individual accepted)	Adults in mental health crisis or in need of detox	
Circumstances under which medical clearance is required before admission	Medical clearance is not required. It is requested when the individual is currently exhibiting any symptoms or behaviors that might indicate an acute or chronic medical problem that cannot be safely treated and managed at the facility.	
Service area limitations, if any	All counties in our 12 county service area are included	
Other relevant admission information for first responders	The MHEC requires phone contact for a preliminary screening prior to face to face evaluation.	
Accepts emergency detentions?	Individuals who otherwise meet admission criteria may be admitted involuntarily for a Preliminary Examination under a Mental Health Warrant or a Peace Officer's Emergency Detention form.	
Number of Beds		

Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals? Replicate the table below for each alternative.

Name of Facility	PALESTINE REGIONAL MEDICAL CENTER
Location (city and county)	4000 LOOP 256 PALESTINE TX 75801
Phone number	(903)731-5182/5186

Key admission criteria	ADULTS/SENIORS ONLY; Has a chemical dependency unit
Service area limitations, if any	None
Other relevant admission information for first responders	ACCEPTS TRADITIONAL MCD, MCD MCOS, MCR, AND PRIVATE INS; accepts commitments; they do not accept pregnant women.
Number of Beds	22 ADULT BED UNIT
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes under Private psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$400 per day plus physician charges (average \$48 per day for 4 days)
If not under contract, does the LMHA/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?	

Name of Facility	ASPIRE BEHAVIORAL HOSPITAL
Location (city and county)	2006 S LOOP 336 WEST CONROE TEXAS
Phone number	936-647-3500 FAX 936-756-1937
Key admission criteria	ADULTS/SENIORS ONLY; Their ASAP (Aspire Screen Assess & Placement) team assesses 24/7
Service area limitations, if any	None
Other relevant admission information for first responders	ACCEPTS PREGNANT WOMEN; Accepts MCD, MCR AND PRIVATE INS.
Number of Beds	30 BED / 6 MED PSYCH BEDS
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes under Private psychiatric 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?	\$440 per day plus physician charges (average \$48 per day for 4 days)

If not under contract, does the LMHA/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	WOODLAND SPRINGS
Location (city and county)	15860 OLD CONROE ROAD CONROE TEXAS 77384
Phone number	936-270-7520 FAX 936-230-5539
Key admission criteria	Children/Adolescents (12+) and Adults/Seniors
Service area limitations, if any	MCD, MCR, PRIVATE INS
Other relevant admission information for first responders	ACCEPTS PREGNANT WOMEN ON CASE BY CASE BASIS
Number of Beds	96 BED UNIT
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes under Private psychiatric Beds

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$550 per day plus physician charges (average \$48 per day for 4 days)
If not under contract, does the LMHA/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	SUN BEHAVIORAL
Location (city and county)	7601 FANNIN HOUSTON TEXAS 77054
Phone number	713-796-2273 FAX 832-323-1030
Key admission criteria	Children (6+)/Adolescents and Adults -_has a Psychiatric Intensive Care Unit (PICU) and a dual diagnosis chemical dependency program
Service area limitations, if any	None
Other relevant admission information for first responders	Accepts Traditional Medicaid, all Medicaid MCOs except Cigna Health Springs, Medicare, and private insurance.
Number of Beds	62 Beds
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency	Yes under Private psychiatric Beds

Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$600 per day
If not under contract, does the LMHA/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	WEST PARK SPRINGS
Location (city and county)	6902 SOUTH PEEK RD, RICHMOND TX 77407
Phone number	713-778-5250 FAX 713-995-1743
Key admission criteria	Adolescents and Adults/Seniors; psychiatric and chemical dependency inpatient services
Service area limitations, if any	None
Other relevant admission information for first responders	Also have partial hospitalization and intensive outpatient program
Number of Beds	72 BED

Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes under Private psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$550 per day plus physician charges (average \$48 per day for 4 days)
If not under contract, does the LMHA/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	Kingwood Pines Hospital
Location (city and county)	2001 Ladbroke Kingwood, TX 77339
Phone number	281-404-1034

Key admission criteria	Children/Adolescents and Adults/Geriatrics; has a Psychiatric Intensive Care Unit (PICU) and a chemical dependency program
Service area limitations, if any	None
Other relevant admission information for first responders	Accept Medicare, most private insurances and Medicaid for patients under 21.
Number of Beds	72 BED
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes under Private psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	\$565 per day plus physician charges (average \$48 per day for 4 days)
If not under contract, does the LMHA/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
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II.C Plan for local, short-term management of pre- and post-arrest individuals who are deemed incompetent to stand trial

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

Identify and briefly describe available alternatives.

No local alternatives for competency restoration are available.

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

- N/A

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?

- No

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.

- Clinical Coordinators and Continuity of Care Workers

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

- N/A

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

No; we have a very low frequency of request for this service

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

- N/A

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

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA/LBHA collaborate with in these efforts?
 - Collaboration with the Alcohol and Drug Abuse Counsel has placed substance abuse staff in some locations and Burke is providing Substance Abuse services at the outpatient mental health clinics and the MHEC. Additionally, the integrated care clinic at the Mental Health Clinic in Angelina County is operational.
2. What are the plans for the next two years to further coordinate and integrate these services?
 - Broaden the function of the integrated care clinic at the Nacogdoches Outpatient Mental Health Clinic.
 - A SAMHSA grant was obtained to specifically address these factors.
 - Strengthen processes related to CCBHC certification.
 - Educate and support therapists in implementing a holistic approach.

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?
 - The protocol for access to these services is communicated verbally at regional stakeholder meetings, as well as by a laminated guide. Protocols, forms, training materials and resources for law enforcement and other first responders and medical providers are available on the Burke website. We have a Crisis Coordinator who was hired to exchange information with stakeholders and to judge satisfaction.

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?

- All relevant staff receives training on the process at hire and when changes to processes are enacted.

II.F Gaps in the Local Crisis Response System

What are the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties.

County	Service System Gaps	Recommendations to Address the Gaps
All	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Seek additional funding to pay for courtesy transport by off duty law enforcement and other.
All	<ul style="list-style-type: none"> • Access to psychiatric hospital beds 	<ul style="list-style-type: none"> • Seek additional PPB funding.

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

In the tables below, indicate the strategies used in each intercept to divert individuals from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• TCOOMMI	• Nacogdoches, Jasper, Angelina	• Potential to expand to other counties
• Care Navigation	• All in our service area	• Maintain funding for this service
• MHEC	• All in our service area	• Maintain funding for this service
• Crisis Line	• All in our service area	•
•	•	•
•	•	•
•	•	•

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Service Linkage and follow-up for individuals who are not hospitalized	• All in our service area	• Improve tracking and follow up
• Training law enforcement staff	• All in our service area	•
• Training court personnel	• All in our service area	•
• Mental Health Deputy	• Jasper	• Advocate for funding for MH Deputies in other jurisdictions
• Implementation of the Sandra Bland Act	• All in our service area	•
• MHEC	• All in our service area	•
• MCOT	• All in our service area	•

Intercept 3: Jails/Courts	County(s)	Plans for upcoming two years:
Current Programs and Initiatives:		
• Mental Health Court	• Angelina, Nacogdoches	• Dedicate staff
•	•	• Advocate for additional MH courts
•	•	•
•	•	•
•	•	•
•	•	•

Intercept 4: Reentry	County(s)	Plans for upcoming two years:
Current Programs and Initiatives:		
•TCOOMMI COC	• All in our service area	Maintain funding for this service
• Clinic COC	• All in our service area	• Maintain funding for this service
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

Intercept 5: Community Corrections	County(s)	Plans for upcoming two years:
Current Programs and Initiatives:		
•TCOOMMI	• All in our service area	• Maintain funding for this service
•Medication Assisted Therapy for substance use disorders	• All in our service area	• Broaden use
• Consumer Benefits	• All in our service area	• Maintain funding for this service

• Supported Housing	• All in our service area	• Maintain funding for this service
• TBRA	• All in our service area	• Maintain funding for this service
• Supported Employment	• All in our service area	• Strengthen service in targeted populations

III.B Other Behavioral Health Strategic Priorities

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

- Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)
- Gap 2: Behavioral health needs of public school students
- Gap 3: Coordination across state agencies
- Gap 4: Veteran and military service member supports
- Gap 5: Continuity of care for individuals exiting county and local jails
- 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 individuals with intellectual disabilities
- Gap 10: Consumer transportation and access
- Gap 11: Prevention and early intervention services
- Gap 12: Access to housing
- Gap 13: Behavioral health workforce shortage
- Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)
- Gap 15: Shared and usable data

The goals identified in the plan are:

- *Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.*
- *Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.*
- *Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.*
- *Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.*
- *Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.*

In the table below briefly describe the current 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.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Burke has established sites in 10 of our 12 counties where individuals can meet with staff. • Same day access for MH intake. 	<ul style="list-style-type: none"> • Improve ability to use telemed and telehealth
Improving continuity of care between inpatient care and community services	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Four continuity of care staff have been funded by HHSC grant. 	<ul style="list-style-type: none"> • Improve the efficacy of these services. • Refine PPB tracking

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
and reducing hospital readmissions		<ul style="list-style-type: none"> Care Navigation and Care Coordination teams implemented 	
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> Gap 14 Goals 1,4 	<ul style="list-style-type: none"> The Crisis Discharge Specialist works with hospital staff in identifying those long term clients eligible for discharge and identifies viable community settings for transfer 	<ul style="list-style-type: none"> Explore viability of developing HCBS-AMH opportunities in our service area
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> Gap 7 Goal 2 	<ul style="list-style-type: none"> Regular fidelity reviews of evidence based practices. 	<ul style="list-style-type: none"> Fully implement provisions of SAMHSA grant Implement Columbia Suicide Risk Rating Scale and SAFE-T
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> Gap 8 Goals 2,3 	<ul style="list-style-type: none"> Youth peer hired Trauma informed care initiatives implemented 	<ul style="list-style-type: none"> Expand peer network Further implementation trauma informed care
Addressing the needs of consumers with co-occurring	<ul style="list-style-type: none"> Gaps 1,14 Goals 1,2 	<ul style="list-style-type: none"> With SAMHSA funding, licensed chemical dependency counselors were hired as well as a 	<ul style="list-style-type: none"> Fully implement SUD program

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
substance use disorders		trainer to be used with all staff	
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • A second Integrated Care Clinic was opened in a Burke building through a partnership with local FQHC. 	<ul style="list-style-type: none"> • Improve screening for HIV and Hepatitis.
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • MA transportation is used by consumers when available and appropriate. • Staff provide transportation in some cases for high-needed individuals 	<ul style="list-style-type: none"> • A Care Navigation grant will allow implementation of care coordination for high risk clients, and transportation services were written into the grant.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • IDD services has its own crisis team and behavioral specialist. • Burke IDD Crisis Team partners with MCOT. 	<ul style="list-style-type: none"> • Continue processes.
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • The VA has an outpatient clinic in our service areas. • Burke operates a Veterans Outreach Service and a Veterans Counseling Program. 	<ul style="list-style-type: none"> • Continue processes.

III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.*
- *List at least one but no more than five priorities.*
- *For each priority, briefly describe current activities and achievements and summarize plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.*

Local Priority	Current Status	Plans
Availability of psychiatric hospital beds	<ul style="list-style-type: none"> • State hospital beds are rarely available to civil commitments. Burke contracts with private facilitates at considerable expense. 	<ul style="list-style-type: none"> • Increase efficiency in implementation of PPB. • Advocate for additional funding.
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

III.D System Development and Identification of New Priorities

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

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

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

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	Additional funding for psychiatric hospitalization	<ul style="list-style-type: none"> • Additional monies to address local need 	<ul style="list-style-type: none"> • \$200,000
1	Crisis transportation	<ul style="list-style-type: none"> • Contract transportation to reduce burden on law enforcement 	<ul style="list-style-type: none"> • \$350,000
1	MH Deputy	<ul style="list-style-type: none"> • Hire two more deputies to expand area covered 	<ul style="list-style-type: none"> • \$150,000

Appendix A: Levels of Crisis Care

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

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

Crisis Residential Units– provide community-based residential crisis treatment to individuals with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential facilities are not authorized to accept individuals on involuntary status.

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

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

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive

mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

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

Mobile Crisis Outreach Team (MCOT) – MCOTs are clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community.

Psychiatric Emergency Service Center (PESC) – PESC provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESC may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

Rapid Crisis Stabilization and Private Psychiatric Beds – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.

Appendix B: Acronyms

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

CLSP Stakeholder participation

Angelina County:

Don Lymbery – County Judge

Greg Sanchez – Sheriff

Roy Owens – SO Chief Deputy

Alton Lenderman – SO Captain

Dan Thomas – Lufkin Police Chief

David (Buddy) Cross – Lufkin Asst. Police Chief

Gerald Williamson - Lufkin Assistant City Manager/Administration/Public Safety- Board Chairman

Houston County:

Jim Lovell – County Judge

Randy Hargrove – Sheriff

Roger Dickey – SO Chief Deputy

Ronnie Jordan – Justice of the Peace – Board Chairman

Clyde Black – Justice of the Peace

Sarah Clark – County Court at Law Judge

Tom Streetman – Juvenile Probation Chief

Clayton Smith – Crockett Police Chief

Jasper County:

Mark Allen – County Judge – Board Chairman

Chris Shea – Sheriff Office Mental Health Deputy

Edeska Barnes – Juvenile Probation Chief for Jasper and Newton

Barbara Bienvenue – Jasper Police Department Mental Health Deputy

Newton County:

Kenneth Weeks – County Judge

Bobbie Smith – Newton SO Jail Administrator

Nacogdoches County:

Greg Sowell – County Judge

Deputy Roy Mobley - SO

Jerri Jones – District Director for Rep. Travis Clardy

Jim Sevey – Nacogdoches Police Chief – Board Chairman

Polk County:

Sydney Murphy – County Judge

Delfina Woods – Assistant to the County Judge

Darrell Longino – Justice of the Peace – Board Chairman

Helen (Liz) Sheffield – SO Jail Nurse

Larry Dawson – SO Captain

Matt Parrish - Livingston Police Department Chief Deputy

Sabine County:

Daryl Melton – County Judge

George Griffith – SO Chief Deputy

San Augustine County:

Jeff Boyd – County Judge

Robert Cartwright – Sheriff

Shannon Brazeal – San Augustine Police Chief

San Jacinto County:

Fritz Faulkner – County Judge

Robert Trapp – District Attorney

Harris (Red) Blanchette – Justice of the Peace – Board Chairman

Greg Magee – Justice of the Peace

Christine Magee – Justice of the Peace

Greg Capers – Sheriff

Rosa Bass – SO Jail Administrator

Alvin Wyatt – Constable

Roy Rogers – Constable

Shelby County:

Allison Harbison – County Judge – Board Chairman

Kevin Windham – New Sheriff

Veronica Berry – Juvenile Probation Chief

Jeremy Bittick – Center Police Department Chief Deputy

Tyler County:

Terry Allen – Juvenile Probation Chief

Mike McCulley – Woodville Police Chief

Jathan Borel – Woodville Police Chief Deputy

Judith Haney – Woodville Municipal County Judge – Board Chairman

Psychiatric Hospitals

Oceans Behavioral Health – Alanna Culpepper

Rusk State Hospital – Teresa Wittenberg