



## 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**

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Burke Mental Health Clinic	1522 West Frank Ave. Lufkin, TX 75904	(936)639-2384	Angelina	Mental Health Outpatient	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: both adults and children</li> <li>• Services for co-occurring disorders</li> <li>• Substance use disorders treatment</li> <li>• Integrated Healthcare: mental and physical health</li> <li>• Services for At Risk Youth</li> <li>• First Episode of Psychosis</li> <li>• Mobile Crisis Outreach Team</li> <li>• Youth Crisis Outreach Team</li> <li>• Consumer Benefits</li> <li>• Texas Correctional Office on Offenders with medical or Mental Impairments (TCOOMMI) services</li> <li>• Juvenile Justice</li> </ul>
Burke Mental Health Clinic	1401 W. Austin Crockett, Tx 75835	(936)554-8627	Houston	Mental Health Outpatient	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: both adults and children</li> <li>• Services for co-occurring disorders</li> <li>• Substance use disorders treatment</li> <li>• Services for At Risk Youth</li> <li>• First Episode of Psychosis</li> <li>• Mobile Crisis Outreach Team</li> <li>• Youth Crisis Outreach Team</li> <li>• Consumer Benefits</li> <li>• Juvenile Justice</li> </ul>

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Burke Mental Health Clinic	802 N Rusk St. Newton, Tx 75966		Newton	Mental Health Outpatient	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: both adults and children</li> <li>• Services for co-occurring disorders</li> <li>• Substance use disorders treatment</li> <li>• Services for At Risk Youth</li> <li>• First Episode of Psychosis</li> <li>• Mobile Crisis Outreach Team</li> <li>• Youth Crisis Outreach Team</li> <li>• Consumer Benefits</li> <li>• Juvenile Justice</li> </ul>
Burke Mental Health Clinic	3824 N. University Drive Nacogdoches, TX 75965	(936)558-6200	Nacogdoches	Mental Health Outpatient	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: both adults and children</li> <li>• Services for co-occurring disorders</li> <li>• Substance use disorders treatment</li> <li>• Integrated Healthcare: mental and physical health</li> <li>• Services for At Risk Youth</li> <li>• First Episode of Psychosis</li> <li>• Mobile Crisis Outreach Team</li> <li>• Youth Crisis Outreach Team</li> <li>• Consumer Benefits</li> <li>• Texas Correctional Office on Offenders with medical or Mental Impairments (TCOOMMI) services</li> <li>• Juvenile Justice</li> </ul>

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Burke Mental Health Clinic	1100 Ogletree Drive Livingston, TX 77351	(936)327-3786	Polk	Mental Health Outpatient	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: both adults and children</li> <li>• Services for co-occurring disorders</li> <li>• Substance use disorders treatment</li> <li>• Services for At Risk Youth</li> <li>• First Episode of Psychosis</li> <li>• Mobile Crisis Outreach Team</li> <li>• Youth Crisis Outreach Team</li> <li>• Consumer Benefits</li> <li>• Juvenile Justice</li> </ul>
Burke Mental Health Clinic	583 El Camino Crossing San Augustine, TX 75972	(936)275-9645	San Augustine	Mental Health Outpatient	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: both adults and children</li> <li>• Services for co-occurring disorders</li> <li>• Substance use disorders treatment</li> <li>• Services for At Risk Youth</li> <li>• First Episode of Psychosis</li> <li>• Mobile Crisis Outreach Team</li> <li>• Youth Crisis Outreach Team</li> <li>• Consumer Benefits</li> <li>• Juvenile Justice</li> </ul>

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Burke Mental Health Clinic	1100 West Bluff Woodville, TX 75979	(409)283-8141 Ext 6439	Tyler	Mental Health Outpatient	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: both adults and children</li> <li>• Services for co-occurring disorders</li> <li>• Substance use disorders treatment</li> <li>• Services for At Risk Youth</li> <li>• First Episode of Psychosis</li> <li>• Mobile Crisis Outreach Team</li> <li>• Youth Crisis Outreach Team</li> <li>• Consumer Benefits</li> <li>• Juvenile Justice</li> </ul>
Mental Health Emergency Center (MHEC)	105 Mayo Place Lufkin, TX 75904	(936)674-3500	Angelina	Crisis Residential Facility	<ul style="list-style-type: none"> <li>• Extended Observation Unit</li> <li>• Crisis Residential Unit</li> <li>• Substance Use Disorders Treatment</li> <li>• Diversion Team</li> </ul>
Military Veterans Peer Network (MVPN) Veterans Service Center	3003 N. Medford Drive Lufkin, TX 75901	(936)639-1141	Angelina	Veterans Services	<ul style="list-style-type: none"> <li>• Peer to peer support</li> <li>• Counseling</li> </ul>
Aspire Behavioral Health of Conroe	2006 S. Loop 336 W, Ste 500, Conroe, TX 77304	(936) 647-3500	Montgomery	Behavioral Health Inpatient	<ul style="list-style-type: none"> <li>• Contracted Inpatient Beds</li> </ul>

<b>Operator (LMHA, LBHA, contractor or sub-contractor)</b>	<b>Street Address, City, and Zip</b>	<b>Phone Number</b>	<b>County</b>	<b>Type of Facility</b>	<b>Services and Target Populations Served</b>
Baptist Beaumont Behavioral Health	3250 Fannin St. Beaumont, TX 77701	(409)212-7000	Jefferson	Behavioral Health Inpatient	<ul style="list-style-type: none"> <li>Contracted Inpatient Beds</li> </ul>
Kingwood Pines Hospital	2001 Ladbroke Kingwood, TX 77339	(281) 404-1001	Mongomery	Behavioral Health Inpatient	<ul style="list-style-type: none"> <li>Contracted Inpatient Beds</li> </ul>
Palestine Regional Medical Center	2900 South Loop 256 Palestine, TX 75801	(903)731-1000	Anderson	Behavioral Health Inpatient	<ul style="list-style-type: none"> <li>Contracted Inpatient Beds</li> </ul>
Sun Behavioral Houston	7601 Fannin St. Houston, TX 77054	(713)715-4297	Harris	Behavioral Health Inpatient	<ul style="list-style-type: none"> <li>Contracted Inpatient Beds</li> </ul>
Voyages Behavioral Health of Conroe	1317 S. Loop 336 W. Conroe, TX 77304	(936)242-0409	Montgomery	Behavioral Health Inpatient	<ul style="list-style-type: none"> <li>Contracted Inpatient Beds</li> </ul>
Voyages Behavioral Health of Sugar Land	11931 S. Texas 6 Sugar Land, TX 77498	(281)896-0112	Fort Bend	Behavioral Health Inpatient	<ul style="list-style-type: none"> <li>Contracted Inpatient Beds</li> </ul>
Westpark Springs	6902 S. Peek Road Richmond, TX 77407	(832)535-2770	Fort Bend	Behavioral Health Inpatient	<ul style="list-style-type: none"> <li>Contracted Inpatient Beds</li> </ul>
Woodland Springs	15860 Old Conroe Road Conroe, TX 77384	(936)270-7520	Montgomery	Behavioral Health Inpatient	<ul style="list-style-type: none"> <li>Contracted Inpatient Beds</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**

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County(s)</b>	<b>Type of Facility</b>	<b>Population Served</b>	<b>Number Served per Year</b>
FY25-pending final contract from state	Mental Health Deputy Grant	Angelina Nacogdoches Polk Sabine Shelby	NA	Individuals experiencing behavioral health emergencies	NA

## 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**

<b>Fiscal Year</b>	<b>Project Title (include brief description)</b>	<b>County(s)</b>	<b>Population Served</b>	<b>Number Served per Year</b>
NA				

## I.D Community Participation in Planning Activities

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

**Table 4: Community Stakeholders**

Burke would like to note that the following list may not be comprehensive, and additional participants may have been involved in local service planning activities.

	<b>Stakeholder Type</b>		<b>Stakeholder Type</b>
<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>• Alana Culpepper-Oceans Behavioral Hospital</li> <li>• Shelby Willmon- Oceans Behavioral Hospital</li> </ul>	<input type="checkbox"/>	State hospital staff (list the hospital and staff that participated):
<input checked="" type="checkbox"/>	Mental health service providers <ul style="list-style-type: none"> <li>• Shawna Munson- Serenity House Counseling-Polk</li> </ul>	<input checked="" type="checkbox"/>	Substance use treatment providers: <ul style="list-style-type: none"> <li>• Paige Bentley-ADAC</li> <li>• Kim Bartel- ADAC</li> </ul>
<input checked="" type="checkbox"/>	Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers

<p>☒ County officials (list the county and the name and official title of participants):</p> <ul style="list-style-type: none"> <li>• Nick Gardner-SO/Jail Warden-Angelina</li> <li>• Scott Riddley- SO/Assistant Jail Warden- Angelina</li> <li>• Lt. Stephen Netherton- SO-Angelina</li> <li>• Jennifer Page- SO Mental Health Deputy- Angelina</li> <li>• Alton Lenderman- SO Captain- Angelina</li> <li>• Randy Hargrove-Sheriff- Houston</li> <li>• Roger Dickey- SO Chief Deputy-Angelina</li> <li>• Ronnie Jordan- Justice of the Peace-Houston</li> <li>• Robert Burby- Sheriff- Newton</li> <li>• Tim Monzingo- SH Community Outreach- Nacogdoches</li> <li>• Angela Shaw- Jail Administrator- Nacogdoches</li> <li>• Aurora Orosco- SO Jail Nurse- Polk</li> <li>• Jessica Padgett- SO Jail Nurse- Polk</li> <li>• Larry Dawson- SO Jail Captain- Polk</li> <li>• Matt Brown- SO Asst. Jail Warden- Polk</li> <li>• Sarah Raspberry- Justice of the Peace-Polk</li> <li>• Jamie Richardson- Justice of the Peace- Polk</li> <li>• Terri Mayer- Justice of the Peace- Polk</li> <li>• George Griffith- SO Chief Deputy- Sabine</li> <li>• Leon Miller- Sheriff's Office- Sabine</li> <li>• Roger Gay- Justice of the Peace- Sabine</li> <li>• Henry Alvarado- Justice of the Peace- Sabine</li> <li>• Tammy Fountain- SO Chief Deputy-San Augustine</li> <li>• Harris Blanchette- Justice of the Peace- San Jacinto</li> <li>• Kim Webb- Justice of the Peace- San Jacinto</li> <li>• Christine Magee- Justice of the Peace- San Jacinto</li> <li>• Greg Capers- Sheriff- San Jacinto</li> <li>• Jim Ed Matthews- SO MH Deputy- Shelby</li> <li>• Chad Hooper- SO Chief Deputy- Shelby</li> <li>• Tina Self- Justice of the Peace- Tyler</li> </ul>	<p>☒ City officials (list the city and the name and official title of participants):</p> <ul style="list-style-type: none"> <li>• David Roach- Emergency Management Coordinator- Sabine</li> <li>• Mike Mills- Emergency management- Sabine</li> </ul>
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<input checked="" type="checkbox"/>	<p>Federally Qualified Health Center and other primary care providers:</p> <ul style="list-style-type: none"> <li>Roxann Langston- Midcoast Health Systems- Houston</li> </ul>	<input checked="" type="checkbox"/>	<p>LMHA LBHA staff</p> <p><i>*List the LMHA or LBHA staff that participated:</i></p> <ul style="list-style-type: none"> <li>Melanie Taylor- Burke</li> <li>James Smith- Burke</li> <li>Mike Cunyus- Burke</li> <li>Melissa Simmons- Burke</li> <li>Kim Dunkin- Burke</li> <li>Danielle Lewis- Burke</li> <li>Roshunda Powe- Burke</li> <li>Candy Avant- Burke</li> <li>Amber Watson- Burke</li> <li>Sherene Bell- Burke</li> <li>Megan Cole- Burke</li> <li>DJ Martinez- Burke</li> <li>Donna Moore- Burke (RPNAC)</li> <li>Catherine Uribe- Burke (RPNAC)</li> <li>Karen Pate- Access (RPNAC)</li> <li>Carla Self- Andrews (RPNAC)</li> <li>Maria Kapadia- Bluebonnet (RPNAC)</li> <li>Jessica Sanders- Bluebonnet (RPNAC)</li> <li>Lee Brown- Community Healthcore (RPNAC)</li> <li>Deanna David- Gulf Coast (RPNAC)</li> <li>Julia Galvan- Gulf Bend (RPNAC)</li> <li>Kasie Mundine- Gulf Bend (RPNAC)</li> <li>Crystal Coffey- Lakes Regional (RPNAC)</li> <li>Dannie Wagner- Spindletop (RPNAC)</li> <li>Marsi Patronella- Spindletop (RPNAC)</li> <li>Tanya Bryant- Tri County (RPNAC)</li> <li>Michael Browning- Tri County (RPNAC)</li> </ul>
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<input checked="" type="checkbox"/>	<p>Hospital emergency room personnel:</p> <ul style="list-style-type: none"> <li>• Stephen Bennett- Woodland Heights- Angelina</li> <li>• Kelle Harrison- CHI Lufkin- Angelina</li> <li>• Misti Dantin- Christus Jasper Hospital- Newton</li> <li>• Josh Ponder- Memorial Hospital- Nacogdoches</li> <li>• Mark Burgess- Medical Center- Nacogdoches</li> <li>• Monica Smith- CHI Livingston- Polk</li> <li>• Brian Corley- Sabine County Hospital</li> <li>• Kaylee McDaniel- Sabine County Hospital</li> <li>• Ashley London- CHI San Augustine</li> <li>• Connie Sturrock- Tyler County Hospital</li> </ul>	<input type="checkbox"/>	<p>Emergency responders:</p> <ul style="list-style-type: none"> <li>• Brittany Hughes- San Augustine EMS</li> <li>• Bethaney Butler- San Augustine EMS</li> </ul>
<input type="checkbox"/>	<p>Faith-based organizations</p>	<input type="checkbox"/>	<p>Local health and social service providers</p>
<input checked="" type="checkbox"/>	<p>Probation department representatives:</p> <ul style="list-style-type: none"> <li>• Tom Streetman- Juvenile Probation Chief- Houston</li> <li>• Edeska Barnes- Juvenile Probation Chief- Newton</li> <li>• Teresa Milner- Adult Probation Director- Polk</li> <li>• Veronica Berry- Juvenile Probation Chief- Shelby</li> <li>• Terry Allen- Juvenile Probation- Tyler</li> <li>• Destiny Moffett- Juvenile Probation- Tyler</li> <li>• Natasha Luna- Adult Probation- San Jacinto</li> <li>• Teresa Milner- Adult Probation- San Jacinto</li> </ul>	<input type="checkbox"/>	<p>Parole department representatives</p>

<input checked="" type="checkbox"/>	<p>Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants):</p> <ul style="list-style-type: none"> <li>• Keith Wright- County Judge- Angelina</li> <li>• Todd Dillon-District Attorney-San Jacinto</li> <li>• Jim Lovell-County Judge- Houston</li> <li>• Sarah Clark-County Court Judge- Houston</li> <li>• Sarah Clark- County Court Judge- Houston</li> <li>• Ronnie Cochran- County Judge- Newton</li> <li>• Jose Castenada- County Attorney’s Office- Nacogdoches</li> <li>• Keith Bradford- County Attorney’s Office- Nacogdoches</li> <li>• Sydney Murphy- County Judge- Polk</li> <li>• Jennifer Thompson- Assistant to the County Judge- Polk</li> <li>• Daryl Melton- County Judge- Sabine</li> <li>• Jeff Boyd- County Judge- San Augustine</li> <li>• Fritz Faulkner- County Judge- San Jacinto</li> <li>• Allison Harbison- County Judge- Shelby</li> </ul>	<input checked="" type="checkbox"/>	<p>Law enforcement (list the county or city and the name and official title of participants):</p> <ul style="list-style-type: none"> <li>• David Cross- Asst. Police Chief-Angelina</li> <li>• Lt. Nick Malone-Police- Angelina</li> <li>• Clayton Smith-Crockett Police Chief</li> <li>• Will Jackson- Police Chief- Newton</li> <li>• Bill Kennedy- Asst. Police Chief- Nacogdoches</li> <li>• Brent Handy- Police- Nacogdoches</li> <li>• Whitney Mask- SFASU Police- Nacogdoches</li> <li>• Amanda Kennedy- SFASU Police- Nacogdoches</li> <li>• Jordi LaBeouf- Mental Health Deputy-Polk</li> <li>• Byron Dunaway- Onalaska Police Chief-Polk</li> <li>• Kenny Isaacks- Pineland Police Chief-</li> <li>• Johnathan Sowell- San Augustine Police Chief</li> <li>• Donna Ruppert- Center Police Department</li> <li>• Mike McCulley- Woodville Police Chief</li> <li>• Jathan Borel- Woodville Police Chief Deputy</li> <li>• Clint Headley- Shepherd Police Chief</li> </ul>
<input checked="" type="checkbox"/>	<p>Education representatives</p>	<input type="checkbox"/>	<p>Employers or business leaders</p>
<input checked="" type="checkbox"/>	<p>Planning and Network Advisory Committee</p>	<input type="checkbox"/>	<p>Local peer-led organizations</p>
<input checked="" type="checkbox"/>	<p>Peer specialists</p>	<input checked="" type="checkbox"/>	<p>IDD Providers</p>
<input checked="" type="checkbox"/>	<p>Foster care or child placing agencies</p>	<input checked="" type="checkbox"/>	<p>Community Resource Coordination Groups</p>
<input checked="" type="checkbox"/>	<p>Veterans’ organizations</p>	<input type="checkbox"/>	<p>Housing authorities</p>

<input checked="" type="checkbox"/>	Local health departments	<input type="checkbox"/>	Other: <ul style="list-style-type: none"> <li>• Anita Humphries- East Texas Community Health Center</li> <li>• Whitney Burran- Family Crisis Center</li> <li>• Michael Ferrigno-MH Advocate</li> <li>• Sheila Rains- Maximus/Texas Health Steps/Star- Angelina</li> <li>• Tobie Giustiniano- Maximus/Texas Health Steps/Star- Newton</li> <li>• Tim Allen- Texas Child Welfare Board- Houston</li> <li>• Jerri Jones- District Director for Rep. Travis Clardy</li> <li>• Crystal Finegan- Childrenz Haven-Polk</li> <li>• Toni Wood- Maximus/Texas Health Steps/Star- Polk</li> </ul>
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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:

- Rural East Texas Health Network meetings-meets quarterly; focus is on crisis and community needs.
- CRCG meetings- meets as needed; focus is on at-risk youth.
- System of Care Governance Board- meets quarterly; focus is on prevention.
- Outreach by the Crisis Coordinator
- Outreach by the Community Liaison Director
- RPNAC meetings-meets quarterly, focus is on network development.



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:

- Mental Health Deputies
- Rural Transportation
- Prompt access to psychiatric hospitalization.
- Coordination between psychiatric hospitals and law enforcement on EPOWs
- Lack of psychiatric resources for uninsured IDD individuals

## Section II: Psychiatric Emergency Plan

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

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

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

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

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

### II.A Developing the Plan

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

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

Response: 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 and identify community needs in an efficient and effective manner.

- Ensuring the entire service area was represented; and

Response: RETHN is a collaborative effort of twelve counties within our region. Local advisory boards were formed for the counties of Angelina, Nacogdoches, Houston, 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 meets quarterly. The Board of Directors meets annually.

- Soliciting input.

Response: Each local advisory board meets quarterly. Additionally, the Crisis Coordinator contacts local law enforcement as needed.

## **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: Through contract with The Harris Center

- b. After business hours

Response: Through Contract with The Harris Center

c. Weekends and holidays

Response: Through contract with The Harris Center

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

Response: The Harris Center

3. How is the MCOT staffed?

a. During business hours

Response:

- During business hours MCOT has a team of 5 assessors and an LPHA located in the Angelina, Nacogdoches, and Livingston clinic from 8-5 with extended hours until 7 pm. We also have a YCOT team available during business hours that consists of QMHPs and an LPHA. Additionally, a Diversion team that has QMPHs and an RN for Angelina County.

b. After business hours

Response:

- After business hours Burke staffs, a QMHP that works until 7 pm and another that covers from 7 pm to 1 am. Additionally, Burke operates a team of MCOT Extenders available until 8 am.

c. Weekends and holidays

Response:

- Burke operates a team of MCOT Extenders that work weekends and holidays.

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

Response: NA

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

Response:

- Provides follow-up calls for up to 7 days, assessing needs, linking to services, and addressing safety plans.
- Provides face-to-face, Telehealth, and phone assessments for those waiting for placement.

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: 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.
- b. 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?

Response:

- MCOT will provide assessments for those needing state hospital placement when requested.
- MCOT can determine if placement is needed in a contract bed and client needs to be 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 and holidays:
  - Contact the MHEC to initiate services.

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

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

Response:

- 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 Mental Health Emergency Center (MHEC).

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

Response:

- 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 offer assistance as needed and facilitates transportation if needed.

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:

- 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 an 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.

Response:

- When approaching an unfamiliar, potentially unsafe location, 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 person wait for a bed?

Response:

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

Response:

- MHEC and MCOT

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

Response:

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

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

Response:

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



## 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**

<b>Name of facility</b>	<b>Mental Health Emergency Center</b>
<b>Location (city and county)</b>	Lufkin; Angelina County
<b>Phone number</b>	936/674-3500
<b>Type of facility (see Appendix A)</b>	EOU and Crisis Residential
<b>Key admission criteria</b>	Adults in mental health crisis
<b>Circumstances under which medical clearance is required before admission</b>	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.
<b>Service area limitations, if any</b>	All counties in our 11-county service area are included
<b>Other relevant admission information for first responders</b>	The MHEC requires phone contact for preliminary screening prior to face-to-face evaluation.
<b>Does the facility accept emergency detentions?</b>	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.
<b>Number of beds</b>	24

## 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**

<b>Name of facility</b>	Aspire Behavioral Hospital
<b>Location (city and county)</b>	2006 S Loop 336 West Conroe, Texas
<b>Phone number</b>	936-647-3500
<b>Key admission criteria</b>	Adults/Seniors Only
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	Accepts Pregnant Women
<b>Number of beds</b>	30 beds/ 6 med-psych beds
<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>	Private psychiatric beds

<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$630 per day plus physician charges
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA
<b>Name of facility</b>	Baptist Beaumont Behavioral Health
<b>Location (city and county)</b>	3250 Fannin St. Beaumont, Texas
<b>Phone number</b>	409/212-7000
<b>Key admission criteria</b>	Adults only
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	Accepts Pregnant Women
<b>Number of beds</b>	60 beds
<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>	Private psychiatric beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$630 per day plus physician charges
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA
<b>Name of facility</b>	Kingwood Pines Hospital
<b>Location (city and county)</b>	2001 Ladbroke Kingwood, Texas
<b>Phone number</b>	281/404-1034
<b>Key admission criteria</b>	Children/Adolescents and Adults/Geriatrics; has a Psychiatric Intensive Care Unit (PICU) and a chemical dependency program
<b>Service area limitations if any</b>	None

<b>Other relevant admission information for first responders</b>	_____
<b>Number of beds</b>	72 beds
<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>	Private psychiatric beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700 per day plus physician charges
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA
<b>Name of facility</b>	Palestine Regional Medical Center

<b>Location (city and county)</b>	4000 Loop 256 Palestine, Texas
<b>Phone number</b>	903/731-5182/5186
<b>Key admission criteria</b>	Adults/Seniors only; has a chemical dependency program
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	_____
<b>Number of beds</b>	22 beds
<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>	Private psychiatric beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$675 per day
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA

<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA
<b>Name of facility</b>	Sun Behavioral
<b>Location (city and county)</b>	7601 Fannin Houston, Texas
<b>Phone number</b>	713/796/2273
<b>Key admission criteria</b>	Children (6+)/Adolescents and Adults; has a Psychiatric Intensive Care Unit (PICU) and a dual diagnosis chemical dependency program
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	_____
<b>Number of beds</b>	62 beds
<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>	Private psychiatric beds

<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$675 per day
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA
<b>Name of facility</b>	Voyages Behavioral Health of Conroe
<b>Location (city and county)</b>	1317 S Loop 336 W. Conroe, Texas
<b>Phone number</b>	936/242-0409
<b>Key admission criteria</b>	Adults/Seniors only; has a chemical dependency program
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	Specialize in medical complexities
<b>Number of beds</b>	64 Beds
<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>	Private psychiatric beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700 per day
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA
<b>Name of facility</b>	Voyages Behavioral Health of Sugarland
<b>Location (city and county)</b>	11931 S Texas 6, Sugarland, Texas
<b>Phone number</b>	281/896-0112
<b>Key admission criteria</b>	Adults/Seniors only; has a chemical dependency program
<b>Service area limitations if any</b>	None

<b>Other relevant admission information for first responders</b>	Specialize in medical complexities
<b>Number of beds</b>	60 beds
<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>	Private psychiatric beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700 per day
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA
<b>Name of facility</b>	Westpark Springs

<b>Location (city and county)</b>	6902 S Peek Rd, Richmond, Texas
<b>Phone number</b>	832/535-2770
<b>Key admission criteria</b>	Adolescents and Adults/Seniors; psychiatric and chemical dependency inpatient services
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	_____
<b>Number of beds</b>	72 beds
<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>	Private psychiatric beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$550 per day plus physician charges
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA

<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA
<b>Name of facility</b>	Woodland Springs
<b>Location (city and county)</b>	15860 Old Conroe Rd. Conroe, Texas
<b>Phone number</b>	936/270-7520
<b>Key admission criteria</b>	Children/Adolescents (12+) and Adults/Seniors
<b>Service area limitations if any</b>	None
<b>Other relevant admission information for first responders</b>	Accepts pregnant women
<b>Number of beds</b>	96 beds
<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>	Private psychiatric beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As needed basis

<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$550 per day plus physician charges
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	NA
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	NA

## 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: NA

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

Response: NA

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: NA

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

Response: NA

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

Response: NA

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: NA

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

Response: NA

## **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:

- Burke is providing Substance Abuse services at the outpatient mental health clinics and the MHEC.
- Burke subcontracts with ADAC for OSAR services.
- The integrated care clinics at Angelina and Nacogdoches Mental Health are operational.

- Care Coordination services monitor needs and referrals for psychiatric, substance use and physical health care services.
  - Burke’s CCBHC IA grant strengthens and enhances the services provided by its integrated care clinic.
2. What are the plans for the next two years to further coordinate and integrate these services?

Response:

- Pursue additional support to strengthen SUD services.

## 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:

- The protocol for access to these services is communicated verbally at regional stakeholder meetings, as well as by 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 to exchange information with stakeholders and to judge satisfaction.
  - Information relating to this plan is shared at quarterly RETHN meetings.
2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

Response:

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

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

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

**Table 7: Crisis Emergency Response Service System Gaps**

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
All	Transportation	Continue to seek additional funding to improve transportation resources?	
All	Access to psychiatric hospital beds	Continue to seek additional PPB Funding	
All	Staff retention	Seek additional funding to support staff wage increases. Increase retention by offering career advancement opportunities and employee leadership development program.	



## 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>
TCOOMMI (adults)	Nacogdoches/Angelina	Maintain funding for this service.
MHEC	All in our service area	Pursue funding to redesign the current facility to better meet local needs.
Crisis Line	All in our service area	Continue
Juvenile Justice specialist workers	All in our service area	Continue
Mental Health Deputy Project	Angelina Nacogdoches Polk Sabine Shelby	Pending contract execution, fully implement program within participating counties.

**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>
Diversion grant	Angelina	Apply lessons learned as funding phases out.
Train law enforcement staff on all MH needs including Sandra Bland Act, accessing services, etc.	All Counties in our service area	Pursue additional funding to support training and development initiatives for law enforcement personnel.
MHEC	All counties	Evaluate broadening use of facilities and staff to better meet local needs.
MCOT/YCOT	All counties	Continue the development of both programs to ensure ongoing growth and improvement.

**Table 10: Intercept 2 Post Arrest**

<b>Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Conduct screenings when necessary to assist with linking clients to forensic state admissions.	All	Continue process

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

<b>Intercept 3: Jails and Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Drug Court	Angelina	Continue
Mental Health Court	Angelina	Continue
Outpatient Commitments	All	Continue as ordered
Medication lists provided to jails	All	Continue
COC services within the jail	All	Continue

**Table 12: Intercept 4 Reentry**

<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
TCOOMMI COC	All in our services area	Maintain funding for this service.
Clinic COC	All in our services area	Maintain funding for this service.
Service Linkage and follow-up for incarcerated individuals who are not hospitalized.	All in our service area	Continue

**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>
TCOOMMI	All in our service area	Maintain funding for this service.
Substance Use Disorder	All in our service area	Retain a Licensed Chemical Dependency Counselor
Consumer Benefits	All in our service area	Maintain funding for this service.
Supported Housing	All in our service area	Maintain funding for this service.
Supported Employment	All in our service area	Maintain funding for this service.
Community Based services	All	Continue

### 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>	<ul style="list-style-type: none"> <li>• Cultural Diversity Orientation Training and Trauma informed Care training is provided for all new employees at time of hire.</li> <li>• Burke operates a Child trauma grant program which allows focused training on providing trauma informed care and treatment to children, adolescents, and their families affected by traumatic events.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to provide refresher trainings in focused fields.</li> <li>• Update annual trainings to ensure they remain relevant and effective in addressing the needs of our diverse populations.</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Stakeholder concerns are communicated within quarterly RETHN meetings and passed to legislature.</li> <li>• Regular meetings with the state and other LMHAs to discuss community needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue processes</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Burke is exploring additional funding opportunities to replace state funding for our Diversion program to ensure its continued success and sustainability.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue identifying funding needs and exploring new funding opportunities.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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>	<ul style="list-style-type: none"> <li>• Burke utilizes person centered treatment and supports family involvement.</li> <li>• Burke offers Family Partner services to support family involvement.</li> <li>• WRAP services are available for eligible clients to encourage full family participation.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to embrace and promote a person-centered approach in the delivery of services.</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Burke currently operates several programs which focus on crisis prevention and early intervention in treatment:               <ul style="list-style-type: none"> <li>○ Youth and adult mobile crisis units</li> <li>○ Early childhood intervention services for ages 0-3</li> <li>○ Early onset psychosis program (STEP)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Maintain funding for these services.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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>	<ul style="list-style-type: none"> <li>• Burke utilizes contracts, BAAs, and MOUs to improve communication and collaboration across agencies.</li> <li>• Burke participates in RETHN meetings on a quarterly basis for each county served, fostering open communication and information sharing between local and state agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue processes.</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Burke utilizes feedback from Stakeholders (CRCG, RETHN, ISDs, etc.) to improve our crisis and community systems.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to offer education and training to community stakeholders</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Burke utilizes SBHCCS strategic plan to evaluate current processes and guide necessary planning for future improvements.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize SBHCC strategic plans to assist with internal strategic planning efforts.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> <li>• Gaps 1, 11, 14</li> <li>• Goal 2</li> </ul>	<ul style="list-style-type: none"> <li>• Burke offers opportunities to contract or collaborate with our Center for the provision of services through its two-year LPND.</li> <li>• Utilize XFERALL to match client needs to available and appropriate care.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue looking for and adding new network providers and resources.</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Regular monitoring and auditing of COC processes are conducted to identify and address gaps or delays in care.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue processes</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Burke utilizes TRR-recommended levels of care which serve as transitional levels of care based on assessed need.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue processes</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Burke employs a small team of data analysts to assist with data collection and analysis amongst programs.</li> <li>• Burkes team currently utilizes Power BI dashboards within its Mental Health programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand dashboards to all service areas and develop usage protocols.</li> </ul>



Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to provide emotional support to workers who serve people receiving services	<ul style="list-style-type: none"> <li>• Gap 13</li> <li>• Goal 3</li> </ul>	<ul style="list-style-type: none"> <li>• Burke provides mental health days, distinct from sick leave or vacation time, to all full-time employees, which can be used at their discretion.</li> <li>• Benefits include an Employee Assistance Program (EAP) that provides professional, confidential, and immediate support 24/7.</li> <li>• Burke offers trainings focused on self-care.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue processes.</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Burke utilizes employee feedback surveys and off-boarding processes to identify needs and barriers within its workforce.</li> <li>• Hard to fill and critical positions are identified and prioritized within Burke’s succession planning processes.</li> <li>• On an annual basis, Burke examines the status of the present work force and reviews statistical data relative to personnel action for the fiscal year end.</li> </ul>	<ul style="list-style-type: none"> <li>• Work on strategic plans to increase retention and develop employee leadership programs.</li> </ul>

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>	<ul style="list-style-type: none"> <li>• Utilizing social media platforms (Our website, Facebook, Instagram, and LinkedIn).</li> <li>• Conducting digital marketing campaigns with Town Square Media.</li> <li>• Posting job openings on various job boards, including JobTarget, Indeed, Career MD, and Glassdoor.</li> <li>• Participating in local community job fairs.</li> <li>• Attending university job fairs.</li> <li>• Posting job opportunities on Handshake, a professional network connecting 15 million students and alumni.</li> <li>• Partnering with local Texas Workforce offices to post job openings and make referrals within the communities we serve.</li> <li>• Recent partnership is with Accel Health to recruit providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop strategies to incorporate and highlight our existing employees in the recruitment process.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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>	<ul style="list-style-type: none"> <li>• Burke has existing policies on Equal Opportunity Employment which are reaffirmed each year and approved by Burke Board of Trustees.</li> <li>• On an annual basis, Burke examines the status of the present work force and reviews statistical data relative to personnel action for the fiscal year end</li> </ul>	<ul style="list-style-type: none"> <li>• Continue processes</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Monitor communications regarding changes to state contracts.</li> <li>• Participate in feedback opportunities when public comments are requested.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to express concerns regarding state contracts.</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Burke employs a small team of data analysts to assist with data collection and analysis amongst programs.</li> <li>• Burkes team currently utilizes Power BI dashboards within its Mental Health programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and implement automated dashboards for data accessibility across all programs.</li> <li>• Use data to continuously improve consumer care and service delivery models.</li> </ul>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 4</li> </ul>	<ul style="list-style-type: none"> <li>• Burke utilizes Power BI dashboards and internal data reporting to track and monitor trends in service delivery and inform quality improvement needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and implement automated dashboards for data accessibility across all programs.</li> <li>• Use data to continuously improve consumer care and service delivery models.</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Intake and Emergency Assessment questions related to military service.</li> <li>• Developed and implemented MOU for open communication with the VA.</li> <li>• Offers veterans peer services</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain current infrastructure.</li> </ul>
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>	<ul style="list-style-type: none"> <li>• Regular fidelity reviews on all EBPs and the quality of services being provided.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue current processes.</li> </ul>

### III.C Local Priorities and Plans

Based on identification of unmet needs, stakeholder input and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.

List at least one but no more than five priorities.

For each priority, briefly describe current activities and achievements and summarize plans for the next two years, 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
Availability of psychiatric hospital beds	Previous legislation has provided some additional funding to help cover psychiatric bed costs.	<ul style="list-style-type: none"> <li>• Advocate for additional funding.</li> <li>• Continue to pursue contracts with psychiatric hospitals.</li> </ul>
Increase funding for IDD attended care	The current rate is \$10.80.	<ul style="list-style-type: none"> <li>• Request an increase in rates to 19.80.</li> </ul>
Increase funding for psychiatric emergency centers to meet local needs	Available MHEC beds include:	<ul style="list-style-type: none"> <li>• Request additional funding</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 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>MHEC</b>	<ul style="list-style-type: none"> <li>• <i>Modify structure of psychiatric emergency centers to meet local needs.</i></li> </ul>	\$2 Million	

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
2	<b>IDD Attendant Care Rate</b>	<ul style="list-style-type: none"> <li>• Increase contracted rates to improve retention of attended care staff.</li> <li>• The current reimbursement rate for these services is \$10.80 per hour.</li> <li>• The State has increased wages to an average hourly rate of \$19.00 to the State Supported Living Center. Burke currently pays an average hourly rate of \$15.56 an hour, making it increasingly difficult to compete with SSLC rates in the recruitment and retention of Direct Support Professionals.</li> <li>• Due to this variance between the reimbursement rate of \$10.80 and the rate of \$15.56 Burke is currently paying to recruit and retain staff: we anticipate a loss of over \$500,000 this fiscal year.</li> <li>• Burke has already closed five of our residential homes and will likely discontinue providing IDD waiver services altogether if there is no increase in rates.</li> </ul>	Additional \$400,000 annually compared to current reimbursements rates	

## Appendix A: Definitions

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

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

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

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

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



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

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

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

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

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

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

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

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

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

## Appendix B: Acronyms

<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