Form O: Consolidated Local Service Plan

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

Introduction

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

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

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Texas Health and Human Services ● **hhs.texas.gov** ● Revised: 09/2024

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

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

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

Table 1: Mental Health Services and Sites

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Andrews	6901 South Highway 19 Athens, TX 75751	903-675-8541	Henderson	Clinic	Screening, assessment, and intake; TRR outpatient services for adults and children; crisis respite for adults; 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.

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Andrews	575 West Highway 243 Canton, TX 75103	903-567-4197	Van Zandt	Clinic	Screening, assessment, and intake; TRR outpatient services for adults and children; crisis respite for adults; 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.

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Andrews	1174 E Lennon Dr. Emory, TX 75440	903-473-2671	Rains	Clinic	Screening, assessment, and intake; TRR outpatient services for adults and children; crisis respite for adults; 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.

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Andrews	703 W Patten St Mineola, TX 75773	903-569-5409	Wood	Clinic	Screening, assessment, and intake; TRR outpatient services for adults and children; crisis respite for adults; 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.

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Andrews	2323 W Front St Tyler, TX 75702	903-597-1351	Smith	Clinic	Screening, assessment, and intake; TRR outpatient services for adults and children; crisis respite for adults; 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.
Andrews	3109 County Rd 4167 Tyler, TX 75704	903-484-1383	Smith	Crisis respite (Hope House)	Crisis respite for adults

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Andrews	3212 W Front St, Tyler, TX 75702	903-566-1010	Smith	The Green Zone: Service Provider and Partner with Camp V, a one-stop shop for Veterans and their family members (peer support and resource center).	Veterans and their family members

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

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

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

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

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
2024	Jail-Based Competency Restoration	Smith	Jail-based program	Smith County Jail	8

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

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

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

Table 3: Community Mental Health Grant Program Jail Diversion Projects

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2025	Jail-Based Competency Restoration	Smith	adults who are deemed incompetent to stand trial (IST)	8

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2025	Crisis Tele-psych	Smith, Henderson, Van Zandt, Rains, Wood	adults and children with serious mental illness and IDD individuals with behavioral health needs	535
2025	Jail Navigation	Henderson	adults with serious mental illness who are incarcerated	We await our statement of work for confirmation on the numbers to be served.

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

	Stakeholder Type		Stakeholder Type
☒	People receiving services	☒	Family members
☒	Advocates (children and adults)	☒	Concerned citizens or others
☒	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): • UTHNE (residents and fellows)	☒	State hospital staff (list the hospital and staff that participated): • UTHNE (Dr. Ndukwe Uduma)
☒	Mental health service providers	☒	Substance use treatment providers
☒	Prevention services providers	☒	Outreach, Screening, Assessment and Referral Centers

	Stakeholder Type		Stakeholder Type
☒	County officials (list the county and the name and official title of participants): • Smith County Judge Neal Franklin • Lieutenant John Shoemaker (Smith County) • Henderson County Sheriff Botie Hillhouse • Van Zandt County Judge Andy Reese • Wood County Sheriff Kelly Cole • Smith County Commissioner Paula Davis	☒	City officials (list the city and the name and official title of participants): • Mayor Don Warren (City of Tyler) • Police Chief Jimmy Toler (City of Tyler)
☒	Federally Qualified Health Center and other primary care providers	☒	LMHA LBHA staff *List the LMHA or LBHA staff that participated:* • Tarrant County MHMR (jail diversion) • Bluebonnet Trails Community Center (Meagan Nadolvski, Ashley Ward, and Diana Trevino) • Access (Karen Pate and Joyce Caldwell)
☒	Hospital emergency room personnel	☒	Emergency responders
☒	Faith-based organizations	☒	Local health and social service providers
☒	Probation department representatives	☒	Parole department representatives
☒	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): • Smith County Court Coordinator Donna Henry	☒	Law enforcement (list the county or city and the name and official title of participants): • Smith County Sheriff Larry Smith • Henderson County Sheriff Botie Hillhouse
☒	Education representatives	☒	Employers or business leaders
☒	Planning and Network Advisory Committee	☒	Local peer-led organizations
☒	Peer specialists	☒	IDD Providers
☒	Foster care or child placing agencies	☒	Community Resource Coordination Groups

	Stakeholder Type		Stakeholder Type
☒	Veterans' organizations	☒	Housing authorities
☒	Local health departments	☐	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.

Response: Andrews has participated in CRCG meetings, quarterly interagency meetings, quarterly collective impact network collaborative forums, quarterly regional PNAC meetings, monthly recruiting meetings for local PNAC members, open Board of Trustees meetings, Sequential Intercept Mapping (SIM) meetings for Smith County, community needs assessment activities and a first annual mental health summit attended by key stakeholders.

- Ensuring the entire service area was represented and;

Response: Andrews is active in the community and partners with agencies for collective impact regarding the education of mental health, suicide prevention, substance use services, and our services in general. We work to increase awareness and foster a supportive community environment regarding mental health, substance use, and developmental issues. We provide training and educational opportunities, speak at conferences, and attend vendor functions and community meetings/coalitions to further the cause of awareness for mental wellness. Our staff speak at conferences, training, and community meetings. We also offer debriefings in case of a community crisis event, suicide, or internal crisis within our agency. Sometimes, the entities pay us for the time we spend training them. We work to write grants to assist us in carrying the message of mental wellness.

Commented [AT4]: Would board meetings/public attendance count here?

Andrews collaborates closely with our local judges, mayors, and Chambers of Commerce. We engage local stakeholders within medical and healthcare, community leaders, and patient advocacy groups. Our staff are active members of our local Behavioral Health Leadership Team, which focuses on finding ways to fill the mental health gaps in our community. Since September 1, 2024, we have been present for approximately twenty events, whether speaking, utilizing flyers, vendor tables, or training on a related topic. We work with local churches, hospitals, non-profits, colleges and universities, and like-minded organizations to help us achieve our community wellness goals and zero suicides.

On May 7, 2024, Andrews hosted our first annual mental health summit with 1,200 attendees. The following vendors participated in the summit:

- Joseph Burton (Camp V)

- Linda Oyer (Smith County Clubhouse)

- Michelle Wells (UT Tyler)

- Katelyn Watson (BCFS Health and Human Services-Tyler)

- Paula Davis (Recovery Oriented System of Care

- Christie Sowell (The Fostering Collective)

- Jacki Everhart-Thompson (Texas Workforce Solutions)

- Isabel Starkey (East Texas Crisis Center)

- Cindy Ross (Children's Defense Fund)

- Crystal Session (People Attempting to Help)

- Katie Little (Mosaic Counseling)

- Teresa Horn (East Texas Council on Alcohol and Drug Abuse)

- Michelle Heitman (Medical Behavioral Clear Lake)

- Laurel Young (Superior Health)

- Miles Morrison (Hope Haven)

- Jessica and Michael Domingos (The Evie Effect)

- Kay Pleasant (American Foundation for Suicide Prevention)

- Rebecca Smith (Alzheimer's Alliance of Smith County)

- Patrick Schmear (Medical Professionals Tyler)

- Jerid Watson (CASA for Kids of East Texas)

- Heather McLean (Tyler Area Gays)

- Sherlon Spurling (UT Tyler/medicine and hypertension)

- Jeanie Gallegly (UT Tyler/preventive healthcare)

- Christie Cofer (UT Tyler/community and rural health)

- Jackie Everhart-Thompson (Texas Workforce Solutions)

- Kimberly Shephard (Humana)

- Jim Snow (Veterans' Community Chamber of Commerce)

- Lettie Harper (Arrow Child and Family Ministries)

- Jason McLemore (The Cenikor Foundation)

- Robert Ogden (The Arc of Smith County)

- Shana Yeatts (Tyler Street Team)

- Patti Brady (Community Healthcore)

- J. Chan (Girl Scouts Northeast Texas)

- Sammantha Megaw (SocialWorx Advocacy Group)

- Brooke Terry (More Than Rehab)

- Osterline Duclona (East Texas Veteran Resource Center at Community Healthcore)

- Hector Garza (Smith County Democratic Party)

- Simone Sparks (Arrow Senior Concierge)

- Marty Kennedy (Celebrate Recovery at Green Acres Baptist Church)

- LeAnn Sewell (Sparrow Advocates for Unique Families)

- Aquilla Dorsey (Clover Educational Consultant Group)

- Tammy Wilkerson (UT Tyler)

- Gabi Foster (Dawn Health)

- Larry White (Crisis Response Ministries)

- Todd Williams (UT Tyler)

- Lisa Molkenbuhr (Cedar Crest Hospital)

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:
- limited mental health counseling resources for adults and children;
- difficulty accessing same-day psychiatric services;
- inpatient psychiatric placements for children are too far away;
- high rates of suicide within the region;
- limited preventative services.

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: Andrews has participated in CRCG meetings, quarterly interagency meetings, quarterly collective impact network collaborative forums, quarterly regional PNAC meetings, monthly recruiting meetings for local PNAC members, Sequential Intercept Mapping (SIM) meetings for Smith County, community needs assessment activities and a first annual mental health summit attended by key stakeholders.

- Ensuring the entire service area was represented and;

Response: On May 7, 2024, Andrews hosted its first annual mental health summit, which discussed psychiatric emergency planning. Approximately 1,200 people attended, and approximately fifty vendors also participated.

Soliciting input.

Response: Andrews hosts quarterly interagency meetings to bring together law enforcement officials, members of the judiciary, public health officials, and other key community stakeholders. After the first summit on May 7, we also instituted weekly forums to recruit local PNAC members. During these meetings, we solicited input on community needs, working with law enforcement and the judiciary, and how to combine our resources and make our voices heard. We have also solicited input during SIM forums for the past two years for the adult population. We have started youth SIM forums within the past two months, which has allowed us to reach out to community stakeholders within this realm as well.

From these meetings, we have found that our community is seeking a one-stop shop for behavioral health since East Texas faces a critical shortage of youth mental health services, with a large gap between the children currently receiving care and those who need it. In seeking help, parents face a complex system to navigate. Additionally, social determinants of health in our area, such as transportation, complicate access to

appropriate and timely care with the multiple child-serving agencies involved. Many of the advocated solutions involve adding positions to help navigate the system instead of making the system more navigable.

We aim to establish a comprehensive, regional center that integrates core services and other youth-serving organizations. We advocate for a "mall concept" with appropriate services and a full or partial physical presence at a "Center of Excellence." This collocation would provide easy navigation for children and families and better connect clients to the services they need. It would eliminate the hassle of multiple appointments with different agencies at various locations and times, as described by community needs assessments. Key services include clinical treatment, peer support, family programs, and community/stakeholder education.

This model seeks to address our community's pressing mental health needs by coordinating local resources, addressing family needs, and creating a holistic support system, answering the AACAP's (American Academy of Child and Adolescent Psychiatry) recent call to "Take the Village to the Child." This project is based on feedback from multiple community needs assessments and community collaborations such as the Youth SIMS initiative, follows directives from the Texas Council, and aligns with the 5-year Children's Behavioral Health Strategic Plan by the Texas Statewide Behavioral Health Coordinating Council. The overall goal is to streamline access to and communication among service providers. East Texas faces a critical shortage of youth mental health services, with a large gap between the children currently receiving care and those who need it. In seeking help, parents face a complex system to navigate. Additionally, social determinants of health in our area, such as transportation, complicate access to appropriate and timely care with the many child-serving agencies involved. Many of the advocated solutions involve adding positions to help navigate the system instead of making the system more navigable.

Our next community meeting will occur on 12/17/2024 at 10:00 AM at Breckenridge Village Event Center and will focus on "The Center of Excellence." The following stakeholders have been invited to the forum:

- Senator Bryan Hughes

- Julie Philley – University of Texas at Tyler

- Brittney Nichols – UT Health Northeast

- Senator Robert Nichols

- Josh Tomlin – community stakeholder, professional athlete

- Donald Baker – CEO of UT Health East Texas

- Paula Anthony – VP of East Texas Health Foundation and Chief Strategy Officer for UT Health East Texas

- Doug Currin – past president of the Texas Medical Association

- David Lakey – Chief Medical Officer at the UT System

- Dr. Andy Keller – Meadows Mental Health Policy Institute

- Judge Neal Franklin – Smith County Judge

- Smith County Behavioral Health Leadership Team (BHLT)

- Brian White – community stakeholder

- Representative Cole Hefner – State of Texas

- Smittee Root – East Texas Health Foundation

- Board of East Texas Health Foundation

- Dr. Brigham Willis - community stakeholder

- Dr. Sue Cox – interim dean of UT Tyler School of Medicine

- Jason Proctor – community stakeholder

- Mary Elizabeth Jackson – Christus Mother Frances Hospital

- Andrews Board of Trustees

- Greg Bonner - community stakeholder

- Trina Ita - HHSC

- Andrews Executive Leadership Team

- Jimmy Toler – Chief of Police, Tyler

- Larry Smith – Smith County Sherrif

- Terri Smith – Children's Advocacy Center

- Dawn Franks – Your Philanthropy

- Don Warren – Mayor of Tyler

- Rep. Nathaniel Morran – US congressperson

- Sen. John Cornyn – US Senator

- Kevin Eltife – UT Chairperson of the Board of Regents

- Daniel Alders – incoming Texas state representative

- Dr. Lane Schnell – UT Health East Texas

- Lee Johnson – CEO of Texas Council of Community Centers

- Scott Martinez – CEO of Tyler Economic Development Council and CEO of Tyler Area Chamber of Commerce

- Joe Cunningham – venture capitalist and advisory board member for United Healthcare and Health Services Corporation

- Christi Sowell – The Fostering Collective

- John Gaston – United Way

- Devon Smith – United Way

- Sandie Brazil-Hamilton – Hand Up Network

- Dr. Ray Scardina – community stakeholder; private provider

- John Smith – UT EMS

- Reverend Ralph Caraway – Ministerial Alliance

- George Roberts – Net Health

- David Lakey – UT Health Northeast

- Chris & Sabra Hoyle – community stakeholders

- LeAnn Sewell – community stakeholder

- Lindsay Zitko Coker – community stakeholder

- Casey McCoy – community stakeholder

- Elam Swann – community stakeholder

- Skip Womack – PNAC member

- Gary Bramlett – The Meadows Foundation

- Jeri Sue Carter – community stakeholder

- Cheryl Torres – Elijah's Retreat

- Christina Drewry – community stakeholder

- Edward Broussard – community stakeholder

- Gabrielle Aguirre - ETCADA

- Chester Amidon – community stakeholder

- Chuck Boyce – community stakeholder

- Allie Braden – community stakeholder

- Jennifer Brashear - Andrews

- Caitlyn Brown - Andrews

- Kim Butler – Lone Star Day Program

- Myranda Cannon - Andrews

- Kyla Carbert - Andrews

- Tiffany Davault – The Fostering Collective

- Ashley M. Davis - Andrews

- Paula Davis – Smith County Juvenile Services

- Timothy Fauss – community stakeholder

- Vicki Fox – community stakeholder

- Jeanie Gallegly – University of Texas at Tyler

- Keishaunna Gentry - ETCADA

- Brenda Hampton – Goodwill Industries of East Texas

- Lettie Harper – Arrow Child and Family Ministries

- Taylor Heaton – community stakeholder

- Carol Henson – UT Health Northeast

- Stevie Hight – Smith County

- Andria Horton – Champions for Children

- Dr. BethJoy Houck – Lone Star Day Program

- Tracy Johnston – Region 7 Education Service Center

- Ashlee Langley – Goodwill Industries of East Texas

- Lacey Longenbaugh -Arrow Child and Family Ministries

- Ashlei Loyd – Next Step Community Solutions

- Dawn Mantooth Richey - Smith County Juvenile Services

- Chelsee McCoy - Cenikor Youth Recovery Community

- Stephanie McGee - Goodwill Industries of East Texas

- Nickalous McGrew - Goodwill Industries of East Texas

- Laura Miller – The Fostering Collective

- Jasmine Moore – Cenikor Foundation

- Keisha Morris - Andrews

- Kashena Mosley - Andrews

- Desmond Neal - ETCADA

- Oscar Perdomo - Smith County Juvenile Services

- Crystal Ramirez – Greater East Texas Community Action Program

- Stephanie Raymer – United Way of Tyler

- Christina Sowell – The Fostering Collective

- Adam Tarrant – City of Tyler

- Anna Thomas – community stakeholder

- Tina Trussell - Andrews

- McKenna Wiggins - Andrews

- Ross Worley – Smith County

- Jessica Wortham – Smith County Assistant DA, Juvenile Division

- Jennifer Young – Arrow Child and Family Ministries

- Christina Drewry – Smith County Commissioner Precinct 1

- Jack Short – State representative Alder's office

- Shannon Arrington - Arp ISD Superintendent

- Stephanie Schminkey - Arp ISD Assistant Superintendent

- Jack Lee - Bullard ISD Superintendent

- Lamond Dean – Superintendent for Chapel Hill ISD

- Cheryl Hendrix – Assistant Superintendent for Bullard ISD

- Stan Surratt - Superintendent for Lindale ISD

- Jamie Holder – Deputy Superintendent for Lindale ISD

- Mathew Strode – Assistant Superintendent for Chapel Hill ISD

- Tammy Jones - Superintendent for Troup ISD

- Dr. Marty Crawford - Superintendent for Tyler ISD

- Lauri Anderson – Tyler ISD

- Lance Groppel – Tyler ISD

- Dr. Casey Whittle – Superintendent for Whitehouse ISD

- Barber Duane – Deputy Superintendent for Whitehouse ISD

- Damenion Miller - Superintendent for Winona ISD

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: Avail Solutions operates our crisis hotline during business hours.

   b. After business hours

   Response: Avail Solutions operates our crisis hotline after business hours.

   c. Weekends and holidays

   Response: Avail Solutions operates our crisis hotline on weekends and holidays.

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

   Response: Andrews contracts with Avail Solutions to provide all the crisis hotline services.

3. How is the MCOT staffed?
   a. During business hours

Response: MCOT has five staff members: a Program Manager (1), a Team Lead/Crisis Specialist (1), a Crisis Specialist (1), and an In-house Crisis Specialist (2).

b. After business hours

Response: Andrews contracts with Avail Solutions for crisis screenings and assessments after business hours.

c. Weekends and holidays

Response: Andrews contracts with Avail Solutions for crisis screenings and assessments after business hours.

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

Response: Avail Solutions

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

Response: MCOT provides follow-up through telephone calls, face-to-face visits, and case management.

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: EDs contact our crisis hotline when a person is in crisis; MCOT may be deployed to complete a crisis assessment.

    b. Law Enforcement: Law enforcement contacts our crisis hotline when a person is in crisis; MCOT may be deployed to complete a crisis assessment, or law enforcement may bring the person into one of our clinics.

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

   Response: MCOT may be deployed to the hospital to complete an assessment for someone who has walked in.

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

   a. During business hours, contact the crisis hotline
   b. After business hours: contact the crisis hotline
   c. Weekends and holidays: contact the crisis hotline

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: MCOT will coordinate with family members, law enforcement, or EMS to ensure safety and transportation to the nearest appropriate inpatient mental health facility or appropriate emergency mental health facility.

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

    Response: MCOT will coordinate with family members, law enforcement, or EMS to ensure safety and transportation to the nearest appropriate inpatient mental health facility or appropriate emergency mental health facility for evaluation and/or medical clearance.

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

    Response: MCOT completes an assessment and coordinates inpatient hospitalization at an appropriate facility.

11. 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: Crisis respite for adults is now available in our service area; MCOT completes the assessment and authorizes the respite placement.

12. 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: MCOT does not go into the homes; we deploy to schools, jails, or hospitals when activated.

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

    Response: The person waits for a bed in the emergency room.

14. 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: ED staff members monitor the person while waiting for a bed.

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

    Response: Family members must transport.

16. Who is responsible for transportation in cases not involving emergency detention for children?
    Response: Family members must transport.

Crisis Stabilization

Use the table below to identify the alternatives the local service area has for facility-based crisis stabilization services (excluding inpatient services). Answer each element of the table below. Indicate "N/A" if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.

Table 5: Facility-based Crisis Stabilization Services

Name of facility	
Location (city and county)	N/A
Phone number	N/A
Type of facility (see Appendix A)	N/A
Key admission criteria	N/A
Circumstances under which medical clearance is required before admission	N/A
Service area limitations if any	N/A
Other relevant admission information for first responders	N/A
Does the facility accept emergency detentions?	N/A
Number of beds	N/A
HHSC funding allocation	N/A

Inpatient Care

Use the table below to identify the alternatives to the state hospital the local service area has for psychiatric inpatient care for uninsured or underinsured people. Answer each element of the table below. Indicate "N/A" if an element does not apply to the alternative provided. Replicate the table below for each alternative.

Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured

Name of Facility	UT Health Northeast
Location (city and county)	11937 US HWY 271 Tyler, TX 75708 (Smith County)
Phone number	903-877-8946
Key admission criteria	SI, HI, or debilitating psychosis
Service area limitations if any	Smith, Henderson, Wood, Van Zandt, Rains
Other relevant admission information for first responders	N/A
Number of beds	14
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	yes

If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	We own the fourteen state-funded beds, and those are guaranteed.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Our indigent beds that are under contract are not guaranteed.
If under contract, what is the bed day rate paid to the contracted facility?	$600 per day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of facility	Cedar Crest Hospital and Residential Treatment Center
Location (city and county)	3500 I-35, Belton, TX 76513 (Bell County)
Phone number	254-613-9871

Key admission criteria	SI, HI, or debilitating psychosis
Service area limitations if any	N/A
Other relevant admission information for first responders	N/A
Number of beds	No guarantees
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Our beds are not guaranteed.
If under contract, what is the bed day rate paid to the contracted facility?	$600 per day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A

If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of facility	Carrollton Springs
Location (city and county)	2225 Parker Road Carrollton, TX 75010 (Dallas County)
Phone number	972-242-4114
Key admission criteria	SI, HI, or debilitating psychosis
Service area limitations if any	N/A
Other relevant admission information for first responders	N/A
Number of beds	No guarantees
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Our beds are not guaranteed.
If under contract, what is the bed day rate paid to the contracted facility?	$650 per day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of facility	Perimeter Behavioral Hospital of Arlington
Location (city and county)	7000 US 287 Frontage Rd, Arlington, TX 76001 (Tarrant County)
Phone number	(817) 662-6342
Key admission criteria	SI, HI, or debilitating psychosis
Service area limitations if any	N/A
Other relevant admission information for first responders	N/A
Number of beds	No guarantees
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	yes

If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Our beds are not guaranteed.
If under contract, what is the bed day rate paid to the contracted facility?	$675 per day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of facility	Perimeter Behavioral Hospital of Dallas
Location (city and county)	2696 W Walnut St, Garland, TX 75042
Phone number	972-242-4114
Key admission criteria	SI, HI, or debilitating psychosis (Dallas County)
Service area limitations if any	N/A

Other relevant admission information for first responders	N/A
Number of beds	No guarantees
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Our beds are not guaranteed.
If under contract, what is the bed day rate paid to the contracted facility?	$675 per day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Carrus Behavioral Health Hospital
Location (city and county)	1724 W US Hwy 82, Sherman, TX 75092 (Grayson County)
Phone number	903-870-1222
Key admission criteria	SI, HI, or debilitating psychosis
Service area limitations if any	N/A
Other relevant admission information for first responders	N/A
Number of beds	No guarantees
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Our beds are not guaranteed.
If under contract, what is the bed day rate paid to the contracted facility?	$700 per day

If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of facility	Perimeter Behavioral Hospital of Dallas
Location (city and county)	2696 W Walnut St, Garland, TX 75042 (Dallas County)
Phone number	972-242-4114
Key admission criteria	SI, HI, or debilitating psychosis
Service area limitations if any	N/A
Other relevant admission information for first responders	N/A
Number of beds	No guarantees
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	yes

If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Our beds are not guaranteed.
If under contract, what is the bed day rate paid to the contracted facility?	$675 per day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of facility	Cross Creek Hospital
Location (city and county)	8402 Cross Park Dr, Austin, TX 78754 (Travis County)
Phone number	512-823-0570
Key admission criteria	SI, HI, or debilitating psychosis
Service area limitations if any	N/A

Other relevant admission information for first responders	N/A
Number of beds	No guarantees
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Our beds are not guaranteed.
If under contract, what is the bed day rate paid to the contracted facility?	$700 per day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

   Response: Outpatient Competency Restoration, Jail Based Competency Restoration

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

   Response:

   - the hesitation of the court, attorneys

   - there are no beds for adolescents/teens

   - transportation is an issue for the rural counties we serve

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:

   We have Jail Navigators for Jail Continuity of Care, and their role is a diversion at pre and post-booking and navigating appointments with the LMHA at release. The Jail Navigator for Smith County is Kyla Carbert. The Jail Navigator for Henderson, Van Zandt, Rains, and Wood Counties is Kashena Mosley. Other LMHA staff members who engage with the jail are the following:

   - Competency Restoration Program Coordinator Jennifer Brashear

- OCR Office Coordinator, Janet Mitchell

- Chief SIMS Officer, Keisha Morris.

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:

- Competency Restoration Program Coordinator Jennifer Brashear

- OCR Office Coordinator, Janet Mitchell

- Chief SIMS Officer Keisha Morris

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:

- expanding JBCR program,

- implementing Jail COC program,

- support of/problem-solving with the counties to reinstate court-ordered medications,

- Reentry Learning Collaborative

- Securing Funding for a FACT Team

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: FACT

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

   Response: We need funding for FACT.

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:
   - Collaborating physicians commonly communicate progress and concerns regarding patients. All labs, medications, and documents are available through our SmartCare EHR.
   - All clients who do not currently have a PCP will be referred to Integrated Services by Care Coordination. This allows better documentation of medications and streamlines Mental Health and Primary Care Services.
   - All clients who have a substance use diagnosis are also referred to SUD services, and Care Coordination monitors the referral.

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

   Response:

   Andrews has prioritized staff recruitment and retention through rebranding, improving culture, targeted training via continuous quality improvement, and collaborating with our local medical school to provide residents and fellows opportunities in community mental health treatment. Our efforts have been remarkably successful as LMHAs are struggling with open positions. Andrews has 97% of its positions filled. In addition, this summer, we recruited and hired a double board-certified psychiatrist in Addiction and Child and Adolescent.

   We have employed a physician who will be overseeing Medication Assisted Treatment (MAT) and would like to have a Medication Assisted Treatment (MAT) Center for our community within the next two years.

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: Andrews has shared our plan with emergency responders and community stakeholders via multiple interagency meetings, PNAC recruiting events, board meetings, county commissioner meetings, and SIM mapping events.

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: Andrews conducts a daily morning meeting with MCOT and hotline staff members; they consistently train on the plan, communicate regarding problems or barriers, and improve their processes.

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)

Texas Health and Human Services ● **hhs.texas.gov** ● Revised: 09/2024

| Smith, Henderson, Van Zandt, Wood, Rains | Law enforcement electing to take MH cases straight from enforcement interaction to TSH. The consequences were
a) LMHA unable to intervene/assess
b) reduced ability to grow relationships with law enforcement/LMHA
c) TSH admissions prevented patients from being admitted from other entities (ERs, referrals, etc.)
d) throwing off the intended 'flow' of the COC process since the LMHA was not involved in the hospital placement | We have been able to do more telephone assessments and present in person for county hospital and jail screenings. Still, the big issue continues to be law enforcement taking consumers directly to the state hospital. There are a couple of reasons for this, and it becomes a snake eating its own tail issue:

• Hospitals such as UT Athens in the counties are small and do not have police presence in the building or lock down units, such as at UTHNE in Tyler.

• Their challenges with taking mental health patients are finding timely placement and transportation and stating they are not "mental health facilities"/willing to do medical clearance at times that are needed for IPH. This last part has improved in recent months; however, typically, we are challenged in getting LEOs to write POWs.

• Some counties "don't write" POWs. Without a POW, patients often leave the hospital repeatedly, and LEO is called (or behave erratically, and LEO is called). LEO tells the hospital to request an OPC from the judge. The judge is unable to write an OPC without an accepting facility. An accepting facility is unable to be found because the patient cannot be accepted because they refuse to stay in the hospital, and LEOs will not write a POW.

• So what LEOs have told me is: "Why would I take a patient to (local ER) where I have to sit and wait with them for hours, or repeatedly get called back, when I can just take them to TSH, drop them off, and come back in under two hours."

My suggestion has been to issue a POW, and MCOT and hospital staff are willing to provide documentation, "sign off," on | Within the next two years, we plan to continue our quarterly interagency meetings and annual summits to increase awareness, educate the community, and recruit partners to manage the community's psychiatric emergency plan. |

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
		this to back up and support LEOs. Hospitals must be creative when finding an appropriate patient placement for safety and monitoring, preferably in a locked unit. UT Athens has had patients in the ICU for this reason.	

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

Texas Health and Human Services ● **hhs.texas.gov** ● Revised: 09/2024

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mobil Crisis Outreach (MCOT)	Smith, Wood, Van Zandt, Rains, Henderson	1. Attend and engage in more cultural competency training. 2. Increase participation in specialized training related to de-escalation techniques, trauma-informed care, substance use disorders, and mental health conditions. 3. Incorporate peer support workers into the program makeup to provide relatable support. 4. Have ongoing improvement in follow-up and engagement 5. Incorporate MCOT-specific surveys to receive feedback on services for improvement 6. Conduct frequent and consistent debriefings with regular team members and support staff to discuss complex cases and learn from the outcomes. 7. Develop the skills to adapt to the changing needs in the community and receive education on new research and best practices in crisis intervention.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Crisis Respite (adults)	Smith, Wood, Van Zandt, Rains, Henderson	Develop the skills to adapt to the community's changing needs and receive education on new research and best practices in crisis intervention.

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Mobil Crisis Outreach (MCOT)	Smith, Wood, Van Zandt, Rains, Henderson	Increase participation in specialized training related to de-escalation techniques, trauma-informed care, substance use disorders, and mental health conditions.
Crisis Respite (adults)	Smith, Wood, Van Zandt, Rains, Henderson	1. Have ongoing improvement in follow-up and engagement 2. Incorporate MCOT-specific surveys to receive feedback on services for improvement

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail Navigator Program	Smith, Wood, Van Zandt, Rains, Henderson	Jail Navigation plan-implement jail navigation services in each of our five county jails to screen inmates for MH and SUD, link to appropriate services, and coordinate that care in the community.

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail Based Competency Restoration (JBCR)	Smith, Wood, Van Zandt, Rains, Henderson	JBCR plans to continue with the current program in Smith County and expand the numbers served to divert IST defendants from the forensic Clearinghouse and MSU lists. At our monthly county forensic team meetings, continue educating courts, prosecutors, and local defense attorneys about jail-based restorative services. Explore with jail administration to expand options for court-ordered medications to increase appropriate referrals to JBCR. Link JBCR clients to the Jail Navigation Program for coordinated release plans upon resolution of criminal cases.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)	Smith, Wood, Van Zandt, Rains, Henderson	Continue current programs. Explore adjustments to current contracts for probation and expansion of services in Van Zandt, Rains, and Wood Counties. Continue to provide offenders with the tools, support, and care necessary to navigate their reintegration into society, reduce the likelihood of reoffending, and improve the quality of life and community safety. TCOOMMI will continue to improve the delivery of care and support services to individuals with impairments, which will contribute to public safety and rehabilitation and reduce the long-term burden on the criminal justice and healthcare systems.

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)	Smith, Wood, Van Zandt, Rains, Henderson	Continue current programs. Explore adjustments to current contracts for probation and expansion of services in Van Zandt, Rains, and Wood Counties. Continue to provide offenders with the tools, support, and care necessary to navigate their reintegration into society, reduce the likelihood of reoffending, and improve the quality of life and community safety. TCOOMMI will continue to improve the delivery of care and support services to individuals with impairments, which will contribute to public safety and rehabilitation and reduce the long-term burden on the criminal justice and healthcare systems.

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	• Gaps 1, 10 • Goal 1	We have begun a new CMHG project focusing on community outreach and education, emphasizing trauma-informed care; we continue to add TIC principles to all our processes (for clients and employees). Our diversity awareness committee promotes unique events and regular meetings emphasizing cultural competency, diversity, and togetherness.	• We plan to continue to infiltrate our community with TIC events and training as well as other CMHG activities, such as teaching MHFA, ASK, ASIST, and other suicide care projects. • Internal culture focus. • School engagement.
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	• Gaps 2, 3, 4, 5, 10, 12 • Goal 1	We have been operating a supported housing project along with the Healthy Community Collaborative (HCC) program; the community has appeared leery about the concept of coordinated entry despite multiple education opportunities by the Texas Homeless Network (THN).	• We continue to engage the community in the Healthy Community Collaborative project (we have been having difficulty getting coordinated entry partners despite our offering to pay for HMIS seats). We are working to educate on coordinated entry and its purpose. • Care coordination/referral enhancement. • School engagement.

Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	• Gaps 1, 10 • Goal 1	We are collaborating with community stakeholders and other agencies in our area to build a Family and Children's Center of Excellence. The next meeting is scheduled for 12/17/2024 at 10 AM at Breckenridge Village in Tyler, Texas.	• East Texas faces a critical shortage of youth mental health services, with a large gap between the children currently receiving care and those who need it. In seeking help, parents face a complex system to navigate. Additionally, Social Determinants of Health in our area, such as transportation, complicate accessing appropriate and timely care with the often-multiple child-serving agencies involved. Many of the advocated solutions involve adding positions to help navigate the system instead of making the system more navigable. • We aim to establish a comprehensive, regional center that integrates core services and other youth-serving organizations. We advocate for a "mall concept" with appropriate services and a full or partial physical presence at a "Center of Excellence." This collocation would provide easy navigation for children and families and better connect clients to the services they need. It would eliminate the hassle of multiple appointments with different agencies at various locations and times, as described by community needs assessments. Key services include clinical treatment, peer support, family programs, and community/stakeholder education. • This model seeks to address our community's pressing mental health needs by coordinating local

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			resources, addressing family needs, and creating a holistic support system, answering the AACAP's (American Academy of Child and Adolescent Psychiatry) recent call to "Take the Village to the Child." This project is based on feedback from multiple community needs assessments and community collaborations such as the Youth SIMS initiative, follows directives from the Texas Council, and aligns with the 5-year Children's Behavioral Health Strategic Plan by the Texas Statewide Behavioral Health Coordinating Council. The overall goal is to streamline access to and communication among service providers.

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	• Gap 10 • Goal 1	Our robust training program focuses on person-centered care and recovery planning as required by CCBHC.	• Continued training and support by the clinical services delivery trainer. • Resource guides. • Community needs assessment. • Streamlined intake. • Care coordination/referral enhancement. • Internal culture focus. • Residents/fellows program. • Intern program. • Full spectrum suicide care.
Enhance prevention and early intervention services across the lifespan	• Gaps 2, 11 • Goal 1	We are collaborating with community stakeholders and other agencies in our area to build a Family and Children's Center of Excellence. The next meeting is scheduled for 12/17/2024 at 10 AM at Breckenridge Village in Tyler, Texas.	Family/Children's Center of Excellence is a one-stop shop for behavioral health services for children and their families.

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	• Gap 3 • Goal 2	Current communication forums: • CRCG meetings. • Interagency meetings. • Annual summits. • Board meetings. • PNAC recruiting events. • We are collaborating with community stakeholders and other agencies in our area to build a Family and Children's Center of Excellence.	• Family/Children's Center of Excellence is a one-stop shop for behavioral health services for children and their families. • Annual summits. • Rebranding/marketing outreach. • Zero suicide. • School engagement. • Community needs assessment. • Community participation. • Open board meetings.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	• Gaps 1, 3, 7 • Goal 2	Current communication forums: • CRCG meetings. • Interagency meetings. • Annual summits. • Board meetings. • PNAC recruiting events. • We are collaborating with community stakeholders and other agencies in our area to build a Family and Children's Center of Excellence.	• Family /Children's Center of Excellence, a one-stop shop for behavioral health services for children and their families. • PNAC activities. • School engagement. • Community outreach and engagement/training opportunities through MHFA, ASK, CALM, and ASIST).

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	• Gap 3 • Goal 2	• We are collaborating with community stakeholders and other agencies in our area to build a Family and Children's Center of Excellence. • We stay connected to the local collective impact networks, such as the Smith County Behavioral Health Leadership Team (SCBHLT) and the East Texas Human Needs Network (ETHNN).	• Family/Children's Center of Excellence, a one-stop shop for behavioral health services for children and their families. • One of our board members, Brittney Nichols, was involved in the strategic planning process at the state level, and she has shown that she would like to steer East Texas in the right direction regarding children's behavioral health.

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	• Gaps 1, 11, 14 • Goal 2	• We are collaborating with community stakeholders and other agencies in our area to build a Family and Children's Center of Excellence.	• Family/Children's Center of Excellence, a one-stop shop for behavioral health services for children and their families. • Annual summits. • Care coordination/referral enhancement. • School engagement. • Rebranding/marketing outreach. • Fundraising. • MAT Center.

Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	• Gaps 1, 5, 6 • Goal 2	We have been awarded a grant to hire a transition support liaison for COC services. The LMHA/LBHA transition support liaison provides intensive transition support and service coordination for children, adolescents, and adults with mental health needs, facilitating their transition from an inpatient to a community setting. The liaison positions must enhance coordination across local mental health serving systems, empowering individuals to successfully reside in their community of choice and improve their quality of life and functioning. The transition support liaison identifies,	• Family/Children's Center of Excellence, a one-stop shop for behavioral health services for children and their families. • Annual mental health summits. • Ongoing community needs assessments.

		provides, and coordinates support required by persons determined to be ready for discharge from a state hospital or a facility with a contracted psychiatric bed (CPB) authorized by the LMHA/LBHA. The transition support liaison assists persons transitioning to community-based services by participating in joint discharge planning with the hospital. Additionally, the transition support specialist conducts post-discharge follow-ups seven and thirty days after discharge to ensure seamless continuity of care and foster sustained engagement with long-term outpatient services.	
Develop step-down and step-up levels of care to address the	• Gaps 1, 5, 6	We have resumed crisis respite for adults.	Investigating crisis respite opportunities for children.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
range of participant needs	• Goal 2		
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	• Gaps 3, 14 • Goal 3	We currently have a UM and measures committee focusing on data, utilization, outcomes, and continuous quality improvement.	Continue with weekly measures meetings and monthly UM meetings.
Explore opportunities to provide emotional supports to workers who serve people receiving services	• Gap 13 • Goal 3	We currently have a TIC workforce with monthly TIC forums for our employees; we also provide a generous Employee Assistance Program for employees.	Continue with monthly TIC and quarterly HR forums for employees (virtual and face-to-face).
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	• Gaps 13, 14 • Goal 3	Our current strategic plan focuses on recruitment and retention of talent.	The current Board of Trustees drives our succession planning process and will continue to guide us based on the strategic plan mapping.
Implement a call to service campaign to increase the behavioral health workforce	• Gap 13 • Goal 3	Our current strategic plan focuses on recruitment and retention of talent. We have 97% of our positions filled at this time.	The current Board of Trustees is monitoring our recruitment and retention efforts as part of our strategic plan; they are advocating for counties to invest more in Andrews.
Develop and implement policies that support a diversified workforce	• Gaps 3, 13 • Goal 3	Our current strategic plan focuses on recruitment and retention of talent.	Continue to recruit through local internship programs, universities, and medical schools.

Assess ways to ease state contracting processes to expand the behavioral health workforce and services	• Gaps 3, 13 • Goal 3	Procurement shows good stewardship by demonstrating the following: • All Center purchasing, procurement, and contracting for goods and services follows our Policy BBB, which outlines our competitive bidding requirements if existing GPO contracts do not meet our needs. • Purchasing Manager maintains a list of best-value office and medical products to standardize consumable supplies across the Center. The list is re-evaluated twice yearly to update pricing and ensure items are still at their best value.	Maintain best practices in state contracting processes as per our Policy BBB.
Create a data subcommittee in the SBHCC to understand trends in	• Gaps 3, 14 • Goal 4	We currently have a UM and measures committee focusing on data, utilization,	Maintain weekly measures meetings and monthly UM meetings.

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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance		outcomes, and continuous quality improvement.	
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	• Gaps 3, 14 • Goal 4	We have participated in EDEN demonstrations.	IT leadership continues to communicate with local hospital systems; however, this community is not yet supporting a genuine health information exchange.
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	• Gaps 3, 4, 14 • Goal 4	We currently ask every person regarding their military status within our electronic health record; we also participate in a one-stop shop for veterans and their families (multiple resources and providers are available on-site). We also secured a care coordination agreement with the Veterans Integrated Services Network-17 (VISN-17) for CCBHC-related activities.	Continue participating in the Military Veteran Peer Network and The Green Zone, a collaborative project/one-stop shop for veterans and their families.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	• Gaps 7, 14 • Goal 4	We currently have a UM and measures committee focusing on data, utilization, outcomes, and continuous quality improvement.	Continue with weekly measures meetings and monthly UM meetings.

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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
Family/Children's Center of Excellence	In progress	The next community meeting is December 17, 2024, at 10 AM at Breckenridge Village in Tyler, Texas.
Intensive Outpatient Treatment (IOP); MAT Center	We have a prescriber willing to serve in MAT (in-house). Program guidelines are being researched for future implementation.	Delivering MAT in-house.
Law enforcement collaboration between MH and IDD services; Zero Suicide		Maintain training opportunities for LEO and safe responders, such as MHFA, ASK, CALM, ASIST, TIC, and others.

Local Priority	Current Status	Plans
Identify and prevent mental health crises in schools and community; annual summits.	We have been participating in more events with the ISDs; the largest ISD invited our TIC Team Leader and our Children's Behavioral Health Director to a forum in December 2024, where they sought our input and collaboration. We also have a program in one of the rural schools in which a case manager and therapist are on site, providing mental health services (Quitman ISD in Wood County).	Increase school training opportunities (using MHFA, ASK, CALM, ASIST, and TIC). Andrews' second annual behavioral health summit is scheduled for May 7, 2025, at the W.T. Brookshire Convention Center in Tyler, Texas.
Trauma-informed care within intercepts 1-5; crisis diversion centers	Grant awarded; architect obtained for program design.	The future diversion center is in Tyler, Texas.

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	*Increased salary for all staff members to attract and maintain quality employees*	• *8% salary increase for staff members.*	8% raises across the board to minimally compete with state agency increases	*We have asked the counties for more money.*
2	*Increase workforce to help with worker burnout and enhance quality over quantity of services.*	• *Funding more case management and therapy positions.*	*$200,000*	*We have asked the counties for help as well as private foundations.*

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
3	We have outgrown our current facilities due to the number of people served, and existing facilities are older and need frequent repair. We need funding to increase and improve.	New facilities	$500 million	Foundations have been helping us improve our facilities (for a playground at TLC); Rains County Business Development Committee gave us a donation for storefront improvement (we updated our signs and made the building look better); Rains County Lady of the Lake gave us a grant to improve the interior of the Emory Clinic.

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

CBCP   Community Based Crisis Programs

CLSP   Consolidated Local Service Plan

CMHH   Community Mental Health Hospital

CPB   Contracted Psychiatric Beds

CRU   Crisis Residential Unit

CSU   Crisis Stabilization Unit

EOU   Extended Observation Units

HHSC   Health and Human Services Commission

IDD   Intellectual or Developmental Disability

JBCR   Jail Based Competency Restoration

LMHA   Local Mental Health Authority

LBHA   Local Behavioral Health Authority

MCOT   Mobile Crisis Outreach Team

MHD   Mental Health Deputy

OCR   Outpatient Competency Restoration

PESC   Psychiatric Emergency Service Center

PPB   Private Psychiatric Beds

SBHCC   Statewide Behavioral Health Coordinating Council

SIM   Sequential Intercept Model