



Healthy Minds. Meaningful Lives.

Consolidated Local Service  
Plan (CLSP)  
FY 2025

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## 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**

Note: In addition to the Tri-County Behavioral Healthcare service location information listed below, Tri-County has toll free routine and crisis numbers that can be utilized in Montgomery, Liberty or Walker Counties, regardless of service location: Routine, 1-800-550-8408 and Crisis, 1-800-659-6994).

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Tri-County Behavioral Healthcare (TCBHC)	233 Sgt. Ed. Holcomb Blvd. Conroe, 77304	(936) 521-6100	Montgomery	Outpatient	<ul style="list-style-type: none"> <li>• Mental Health Routine Screening, Assessment, and Intake. Texas Resilience and Recovery Full Levels of Care (Adults, Children and Adolescents)</li> <li>• Supported Housing and Employment Support for Adults and Transition Age Youth (TAY)</li> <li>• Criminal Justice Services (Adults)</li> <li>• Substance Use Disorder (SUD) Screening, Assessment, Outpatient Treatment/Referral, and Treatment for Co-Occurring Psychiatric and Substance Use Disorders (COPSD) (Adults and Children)</li> <li>• Youth Empowerment Services (YES) Waiver</li> <li>• Pre-Admission Screening and Resident Review (PASRR) Assessments</li> <li>• IDD Determination of Eligibility, Intake, Service Coordination, and Crisis Intervention</li> <li>• IDD Supported Employment</li> <li>• IDD Crisis Assessment and Intervention</li> <li>• TCBHC Autism Program (Youth only)</li> <li>• Integrated Healthcare</li> <li>• Veterans Counseling, Case management, and Military Veteran Peer Network (MVPN) Mentorship Program</li> <li>• Peer and Family Partner Services</li> <li>• Continuity of Care and Care Coordination</li> </ul>

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
TCBHC	706 FM 2854 Conroe 77301	(936) 538-1102	Montgomery	Crisis Access and Inpatient Stabilization	<ul style="list-style-type: none"> <li>• Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0)</li> <li>• Crisis Stabilization Unit (CSU)</li> <li>• Mobile Crisis Outreach Team (MCOT)</li> <li>• Crisis Intervention Response Team (CIRT)</li> <li>• Continuity of Care and Care Coordination</li> <li>• Utilization Review for Private Psychiatric Beds (PPB)</li> </ul>
TCBHC	7045 Highway 75 S. Huntsville 77340	(936) 291-5800	Walker	Outpatient	<ul style="list-style-type: none"> <li>• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children)</li> <li>• Criminal Justice Services (Adults)</li> <li>• Youth Empowerment Services (YES) Waiver</li> <li>• Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0)</li> <li>• Pre-Admission Screening and Resident Review (PASRR) Assessments</li> <li>• IDD Crisis Intervention</li> <li>• Peer and Family Partner Services</li> <li>• Continuity of Care and Care Coordination</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>
TCBHC	2004 Truman Cleveland 77327  Note: A new Cleveland Facility is under construction and expected to open in Spring of 2025 at:  402 Liberty Street Cleveland 77327	(281) 432-3000	Liberty	Outpatient	<ul style="list-style-type: none"> <li>• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children)</li> <li>• Criminal Justice Services (Adults)</li> <li>• Youth Empowerment Services (YES) Waiver</li> <li>• Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0)</li> <li>• Pre-Admission Screening and Resident Review (PASRR) Assessments</li> <li>• Peer and Family Partner Services</li> <li>• Continuity of Care and Care Coordination</li> </ul>
TCBHC	2000 Panther Lane Liberty 77575	(936) 334-3299	Liberty	Outpatient	<ul style="list-style-type: none"> <li>• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children)</li> <li>• Criminal Justice Services (Adults)</li> <li>• Youth Empowerment Services (YES) Waiver</li> <li>• Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0)</li> <li>• Pre-Admission Screening and Resident Review (PASRR) Assessments</li> <li>• Peer and Family Partner Services</li> <li>• Continuity of Care and Care Coordination</li> </ul>
TCBHC	Porter – Youth only 23750 FM1314 Porter, TX 77365	(346) 966-2800	Montgomery	Outpatient	<ul style="list-style-type: none"> <li>• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adolescents and Children)</li> <li>• Youth Empowerment Services (YES) Waiver</li> <li>• Family Partner</li> <li>• Continuity of Care and Care Coordination</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>
Kingwood Pines Hospital	2001 Ladbroke Drive Kingwood 77339	(281) 404-1001	Harris	Psychiatric Inpatient	<ul style="list-style-type: none"> <li>Contract Inpatient Hospitalization: Adults and Youth ages 8 and over</li> </ul>
Cypress Creek Hospital	17750 Cali Drive Houston 77090	(281) 586-7600	Harris	Psychiatric Inpatient	<ul style="list-style-type: none"> <li>Contract Inpatient Hospitalization: Adults and Youth ages 13 and over</li> </ul>
Sun Behavioral Houston Hospital	7601 Fannin St. Houston 77054	(713) 715-4279	Harris	Psychiatric Inpatient	<ul style="list-style-type: none"> <li>Contract Inpatient Hospitalization: Youth ages 6 and over</li> </ul>
Voyages Behavioral Health of Conroe	1317 S. Loop 336 W. Conroe 77304	(936) 242-0409	Montgomery	Psychiatric Inpatient	<ul style="list-style-type: none"> <li>Contract Inpatient Hospitalization: Adults only</li> </ul>
Woodland Springs Hospital	15860 Old Conroe Rd. Conroe 77384	(936) 270-7520	Montgomery	Psychiatric Inpatient	<ul style="list-style-type: none"> <li>Contract Inpatient Hospitalization: Adults and Youth ages 13 and over</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>
FY 23 - 24	N/A	N/A	N/A	N/A	N/A

## **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>
FY 23 – FY 24	The Expanded Substance Use Disorder Engagement Program was designed to address identified critical gaps in care, including access to services focused on the treatment of Co-Occurring Psychiatric and Substance Use Disorders (COPSD) using evidence-based practices in collaboration with mental health provider services to allow for connection to treatment. Using an integrated approach to care, this program combined therapeutic interventions, case management, psychoeducation, and skills training to promote movement through the stages of change toward the attainment of individually defined recovery goals. This program ended on August 31, 2024.	Montgomery	Adult & Youth	FY 23: 55 FY 24: 40

## **I.D Community Participation in Planning Activities**

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

Note: Due to the large number of stakeholders that Tri-County Behavioral Healthcare interacts with through a variety of meetings and collaborative interactions, it is possible that additional individuals not listed below participated in planning. We value and are thankful for all of our community partners.

**Table 4: Community Stakeholders**

	<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>• Woodlands Springs – Ross Teemant</li> <li>• Kingwood Pines – Kristin Williams</li> <li>• Cypress Creek – Amanda Vail</li> <li>• Voyages – James Wilfer</li> <li>• Sun Behavioral – Thomas Rourke</li> </ul>	<input checked="" type="checkbox"/>	State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none"> <li>• <i>Kerrville State Hospital, George Vettikunnel</i></li> <li>• <i>Rusk State Hospital, Larue, James</i></li> <li>• <i>North Texas State Hospital, Melissa Sowders</i></li> <li>• <i>Austin State Hospital, Megan Byers</i></li> <li>• <i>Continuity of Services Manager for State Hospitals, Matthew Moravec-Gallagher</i></li> </ul>
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input type="checkbox"/>	Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/>	County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> <li>• Charlie Riley, Montgomery County Commissioner, Precinct 2</li> </ul>	<input checked="" type="checkbox"/>	City officials (list the city and the name and official title of participants): <ul style="list-style-type: none"> <li>• Howard Wood, Councilman, City of Conroe</li> </ul>

	Stakeholder Type		Stakeholder Type
☒	Federally Qualified Health Center and other primary care providers	☒	Local Mental/Behavioral Health Authorities LMHAs/LBHAs <i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> <li>• Access, Karen Pate, Regional Planning and Network Advisory Committee (RPNAC)</li> <li>• Andrews, Allison Treadwell, RPNAC</li> <li>• Bluebonnet Trails, Jessica Sanders, RPNAC</li> <li>• Burke, Catherine Uribe, RPNAC</li> <li>• Community Healthcore, Lee Brown, RPNAC</li> <li>• Lakes Regional, Crystal Coffey and Clara Daniels, RPNAC</li> <li>• Gulf Bend, Julia Galvan, RPNAC</li> <li>• Gulf Coast, Jamie White, RPNAC</li> <li>• Spindletop, Joseph Ingram, RPNAC</li> <li>• Tri-County Behavioral Healthcare:               <ul style="list-style-type: none"> <li>Evan Roberson, Executive Director</li> <li>Sara Bradfield, Chief Operating Officer</li> <li>Tanya Bryant, Director of QM &amp; Support</li> <li>Beth Dalman, Director of Crisis Access</li> <li>Stephanie Ward, Director of Adult Outpatient</li> <li>Melissa Zemencsik, Director of Child &amp; Youth Services</li> <li>Lisa Bradt, Administrator of Criminal Justice Services</li> <li>Jay Conley, Tri-County Jail Liaison</li> <li>Peggy Dunning, IDD Crisis Intervention Specialist</li> <li>Dana Futrell, Crisis Intervention Response Team</li> <li>Axel Vernon, Mobile Crisis Intervention Specialist</li> </ul> </li> </ul>
☒	Hospital emergency room personnel	☒	Emergency responders
☒	Faith-based organizations	☒	Local health and social service providers
☒	Probation department representatives	☒	Parole department representatives

	<b>Stakeholder Type</b>		<b>Stakeholder Type</b>
☒	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): <ul style="list-style-type: none"> <li>• Judge Kathleen Hamilton, Montgomery County</li> <li>• Judge Claudia Laird, Montgomery County</li> <li>• Judge Wayne Mack, Montgomery County</li> <li>• Judge Mark Keough, Montgomery County</li> <li>• Judge Echo Hutson, Montgomery County</li> <li>• Judge Tracy Sorenson, Walker County</li> <li>• Judge Fisher, Walker County</li> <li>• Judge Stephen Cole, Walker County</li> <li>• Judge Colt Christian, Walker County</li> <li>• Judge Jay Knight, Liberty County</li> <li>• Malori Martin, ADA, Walker County District Attorney’s Office</li> <li>• Erica Ortega, ADA, Montgomery County District Attorney’s Office</li> <li>• Mike Shirley, Chief Diversion Courts, Montgomery County District Attorney’s Office</li> <li>• Ron Chin, Assistance County Attorney – Mental Health Division, County Attorney’s Office</li> </ul>	☒	Law enforcement (list the county or city and the name and official title of participants): <ul style="list-style-type: none"> <li>• Major Tim Cannon, Montgomery County Sheriff’s Office</li> <li>• Erick Marquez, Deputy, Montgomery County Constable Precinct 1</li> <li>• Kimberly Anderson, Detention Sergeant, Montgomery County Sherriff’s Office</li> <li>• Andrew Lupnitz, Crisis Intervention Response Team (CIRT) Officer, Conroe Police Department</li> <li>• Kevin Adams, Detention Officer, Montgomery County Sherriff’s Office</li> <li>• Chance Maddox, Mental Health Investigator, Liberty County Attorney’s Office</li> <li>• Keith DeHart, Assistant Jail Admin, Walker County Sherriff’s Office</li> <li>• Elizabeth Curry, Communications Supervisor, Montgomery County Sheriff’s Office</li> <li>• Chris Buck, Lieutenant, Walker County Sheriff’s Office</li> <li>• Kimberly Davis, Detention Sergeant, Montgomery County Sheriff’s Office</li> <li>• Jennifer Hogan, Communications Officer, Conroe Police Department</li> <li>• Mike Evans, Sergeant, Montgomery County Sheriff’s Office</li> <li>• Jake-Paul Gonzales, Lieutenant, Montgomery County Sheriff’s Office</li> <li>• Scott Spencer, Lieutenant, Montgomery County Sherriff’s Office</li> <li>• Joseph Ferarro, Detective, Conroe Police Department</li> </ul>
☒	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
<input checked="" type="checkbox"/>	Veterans' organizations	<input type="checkbox"/>	Housing authorities
<input checked="" type="checkbox"/>	Local health departments	<input checked="" type="checkbox"/>	<p>Other:</p> <ul style="list-style-type: none"> <li>• Brenda Lavar, Community Relations Administrator for WellPath and President of NAMI Greater Houston</li> <li>• Laurie Frankenfield, Director, Montgomery County Community Supervision and Corrections</li> <li>• Walker County Hospital District</li> <li>• Dr. Casey Patrick, Medical Director, Montgomery County Hospital District (MCHD)</li> <li>• Kevin Crocker, Division Chief of Quality &amp; Process Improvement, MCHD</li> <li>• Sean Simmonds, Emergency Preparedness and Safety Coordinator, MCHD</li> <li>• United Way of Greater Houston</li> <li>• Morgan Lumbley, Disaster Recovery Manager, Montgomery County Office of Homeland Security and Emergency Management</li> <li>• Penny McMillen, Liberty County Indigent Healthcare Director</li> <li>• Rachel Parker, EMS Chief Communications, Walker County EMS</li> <li>• Shannon Thomas, Woodlands Church, LPC/Pastor</li> <li>• Courtney Frost-Tadlock, Director of Development, Mosaics of Mercy</li> <li>• Olivia Baze, Mental Health Coordinator, Wellpath – Montgomery County Jail</li> <li>• Toni Rogers, ER Manager, St. Lukes Health</li> <li>• Heather Ryan, Clinical Supervisor, Montgomery County Mental Health Treatment Court</li> <li>• Gayle Y. Fisher, BHSP, NAMI-GH, GettingSorted.com</li> <li>• Sheila Hugo, Deputy Director, Walker County Community Supervision and Corrections Department</li> <li>• Lori Durland, NAMI, Executive Board Member</li> <li>• Kelly Baughman, Executive Director, Project Beacon</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:

- |   |
|---|
| <ul style="list-style-type: none"><li>• Tri-County Behavioral Healthcare (TCBHC) Crisis managers participated in four monthly Mental Health Collaborative Meetings for both adults and youth in Montgomery and Walker counties. Participants included, but were not limited to, local hospital administrators, representatives from the county attorney offices, judges, law enforcement, district attorneys, jail representatives, local private psychiatric inpatient providers, Crisis Intervention Response Team (CIRT) members, school representatives, juvenile justice, child advocacy, child protection, and child placement agencies for youth.</li></ul>  |
| <ul style="list-style-type: none"><li>• TCBHC Criminal Justice management staff attended meetings with community stakeholders on a quarterly basis where jail diversion, probation and parole were discussed. Criminal Justice Staff met monthly and quarterly with the Mental Health Treatment Court Staff which often included the judge and district attorneys. Additionally, the Criminal Justice Services Manager and the Jail Services Liaison attended quarterly meetings with Jail staff to coordinate services and provide discharge planning.</li></ul>   |
| <ul style="list-style-type: none"><li>• TCBHC staff provided several trainings in the community throughout the past year on various topics of concern and aspects of mental health. Topics covered included but are not limited to, Youth Mental Health First Aid (YMHFA), general mental health overviews, Substance Use Prevention, information about TCBHC and services provided, training on military and veteran culture including trainings offered to local law enforcement as needs arise to assist them with better understanding and working with veterans in mental health crises. These trainings continue to provide opportunities for quality discussions with stakeholders about services TCBHC provides as well as continued gaps and needs of our community.</li></ul> |
| <ul style="list-style-type: none"><li>• TCBHC Management Team and management staff representing the Child and Youth Department, participated in meetings with representatives from local educational institutions to discuss the mental health needs and challenges unique to their populations and improve access to mental health services for students.</li></ul>  |
| <ul style="list-style-type: none"><li>• TCBHC held a stakeholder meeting following a funding award to implement a Multisystemic Therapy Program in order to provide information on the program and discuss feedback with community partners about gaps in our local service areas related to high risk youth as well as how this program can be utilized to impact this population.</li></ul>   |
| <ul style="list-style-type: none"><li>• TCBHC held a stakeholder meeting following a funding award for a Youth Crisis Outreach Team (YCOT+), to include but not limited to: local advocacy, child placement, and protection agencies for the purpose of providing information on program goals and referral processes. Information was provided on how to connect high risk youth (who have current or previous DFPS involvement and may be experiencing a psychiatric crisis) with immediate access to assessment and stabilization services aimed at reducing the risk of future crises. Stakeholders engaged in discussion on how this program can best intervene with these youth to promote safety and improve outcomes.</li></ul>   |

- TCBHC participates in the Montgomery County Behavioral Health and Suicide Prevention Taskforce which is a large and diverse group of community agencies, businesses, schools, hospitals, county and city officials and families that come together to collaborate on mental health needs within the community and how to continue to work toward improved awareness and availability of resources.
- TCBHC continues to coordinate quarterly Local Intellectual and Developmental Disability Authority (LIDDA) meetings with IDD providers and is able to quickly share information across the TCBHC system of care when appropriate for the purpose of streamlined referral, collaboration and coordination.
- One virtual and five (5) face to face local planning meetings were held throughout our three-county area. These meetings were advertised in local newspapers, on social media, through the PNAC members, and emailed out to our stakeholder list. An additional planning session was held with the Mental Health Planning and Network Advisory Committee (MHPNAC).
- Surveys were provided in both paper and electronic format and sent to our local stakeholder list as a part of the local planning process in order to solicit feedback about mental health care in our communities. Results from the survey have been incorporated into this plan with 44 stakeholders responding to the survey including 18 individuals served, 6 family members and/or guardians, 14 actively involved individuals, 1 Referring Professional, 1 NAMI advocate and 2 Community Partners. All three counties were represented in the response data. The Local Planning Survey focused on several key areas that were also addressed in planning meetings and interactions with the following results: 1) Most Important Services: Medication Services, Crisis Services, Counseling and Adult and Child Outpatient Mental Health Services; 2) Most Needed Services: Respondents noted continued community education, more counseling, additional service locations. 4) Significant Barriers: Several individuals cited the need for more of the available services to meet the community need/retention of mental health professionals.
- Tri-County hosted a local Sequential Intercept Model mapping event, led by HHSC, for Montgomery and Walker Counties on June 12 – 13, 2024. There were roughly 65 attendees who showed up representing various agencies in the community. Sequential Intercept Mapping breaks down the range of criminal justice services into 5 intersections, from crisis hotlines and dispatch, EMS, to law enforcement interactions, jail, court processes, to reentry programs such as parole and probation. The purpose of the SIM map is to look at every intersection where criminal justice and mental health overlap, and identify strengths in the system, gaps, and opportunities to improve or expand services that would divert people from the criminal justice system and into more appropriate behavioral health services.  
  
The team of law enforcement, court officials including 4 local judges, Montgomery and Walker County jail representatives, leaders in probation and parole divisions, and several family advocates engaged in discussion of data, processes, and participated on panels for each intercept. Both counties completed a SIM map and identified 3 key areas of opportunity to focus on:
  - Plan for a regional diversion center;
  - Expand training and specialized responses;
  - Expand and enhance jail mental health and substance use treatment services

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

Response:

• The need for transportation
• The need for affordable substance use disorder inpatient treatment and detox
• The need for more counseling
• The need for low income housing and housing for individuals with mental illness and substance use disorders (including transitional and step-down options for those coming out of inpatient treatment)
• Diversion of individuals from emergency rooms and jails, when appropriate
• Improved collaboration between law enforcement and behavioral health services and supports
• The continued need for community education and awareness including a continued focus on collaborating with schools to further develop school-based mental health programs
• Family Partner supports for adult clients and increase peer support groups and services available within communities
• Food Insecurity

## 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.

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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:

- Regular communication between Tri-County Behavioral Healthcare (TCBHC) staff and local area representatives, including contractors, is ongoing and meetings are scheduled as needed to involve additional agencies. TCBHC currently participates in numerous meetings throughout our service area and utilizes the ongoing feedback obtained during these meetings to ensure the highest quality services are provided to those we serve, while considering the needs of individuals served, the community, and contractors. Key stakeholders include but are not limited to, individuals served, family members, significantly involved individuals, peers, law enforcement, emergency department staff, hospital and contract staff, school district personnel, court representatives and many other agencies throughout our service area. In addition,

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one virtual and five face to face planning meetings were scheduled for the general public and advertised in the local papers and feedback was also sought from our Mental Health Planning and Network Advisory Committee (MHPNAC) which includes feedback from family members, community partners, advocates, peers and individuals served.

- Ensuring the entire service area was represented; and

Response:

- TCBHC maintains a stakeholder list which includes representatives from around our three-county service area. Feedback is sought from key stakeholders throughout the planning year and incorporated into the Local Planning process each biennium. Additionally, local planning meetings are held in each county of the three counties in our catchment area and surveys are tracked by county of residence to ensure feedback is representative of our service area.
- Soliciting input.

Response:

- Each planning year, information is collected from ongoing stakeholder meetings, designated local planning meetings, surveys conducted and other feedback obtained throughout the year. Feedback for this plan was solicited through a number of community meetings, one virtual and five face to face local planning meetings that were advertised in local newspapers, on social media, and through email. Additionally, feedback was solicited from the Mental Health Planning and Network Advisory Committee (MHPNAC) and through local planning surveys.

## **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?

*Note: Answers below provided from contractor: Avail Solutions*

- a. During business hours

Response:

- 
- Day Shift Mon-Fri 8:00 AM- 4:30 PM: 22 Employees  
\*Administrative staff are available for backup due to staffing issues i.e. call-ins.

b. After business hours

Response:

- Evening Shift Mon-Fri 4 PM- 12:30 AM: 10 Employees
- Night Shift Mon-Fri 12 AM- 8:30 AM: 8 Employees  
\*Administrative staff are available for backup due to staffing issues i.e. call-ins.

c. Weekends and holidays

Response:

- Day Shift 8 AM- 4:30 PM: 8 Employees
- Evening Shift 4 PM- 12:30 AM: 8 Employees
- Night Shift 12 AM- 8:30 AM: 5 Employees  
\*Administrative staff are available for backup due to staffing issues i.e. call-ins.

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

Response:

Yes, Avail Solutions

3. How is the MCOT staffed?

a. During business hours

Response:

- 
- The mobile crisis service is provided throughout the local service area 24 hours a day, seven days a week. At least one staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care.
  - Prior to this planning cycle, TCBHC applied for and was awarded a SAMHSA grant that funded additional crisis response staff to continue to support the growing needs of mobile crisis outreach team services. This funding has come to an end and we are currently funding needed positions with local ARPA funding. Currently, TCBHC has eight (8) MCOT staff available (half of which are funded through county ARPA funds) on shift schedules around the clock 7 days a week and 2 Crisis Access staff on site from 10:00 am – 10:00 pm to respond to walk ins 7 days a week. The continued success that we are having with this program is strongly tied to the current ARPA funding. In addition to current staffing patterns, crisis response staff continue to utilize allowable telehealth resources as a way of improving timely response times, as appropriate.

b. After business hours

Response:

- The mobile crisis service, which is funded using both State and local ARPA funds, is provided throughout the local service area 24 hours a day, seven days a week. At least one staff is on duty during peak crisis hours, at least 56 hours a week, to respond to crisis calls as required for rural funded systems of care. Staff are located at the Psychiatric Emergency Treatment Center (PETC) during scheduled shifts allowing for rapid deployment from this location, reducing response time. Additionally, technology has been set up at all local medical hospitals in our service area in order to facilitate after hours tele-video assessments.

c. Weekends and holidays

Response:

- The mobile crisis service, which is funded using both State and local ARPA funds, is provided throughout the local service area 24 hours a day, seven days a week, including holidays. At least one staff is on duty during peak crisis hours, at least 56 hours a week, to respond to crisis calls as required for rural funded systems of care. Staff are located at the Psychiatric Emergency Treatment Center (PETC) during scheduled shifts allowing for rapid deployment from this location, reducing response time.

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

Response:

- 
- No

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

Response:

- Following assessment, mobile crisis response staff will assist with providing appropriate solutions to the crisis situation including resolutions involving inpatient and/or outpatient treatment with additional assessment by a psychiatrist as needed. MCOT staff provide follow-up and prevention services within 24 hours of the assessment. Follow up and prevention services include making a follow-up call to the individual, or to the hospital if placement was coordinated, to ensure the safety and arrival of the individual. Additionally, MCOT staff communicates with outpatient service staff to ensure appropriate follow-up for any client currently in services who has presented with crisis symptoms and may also utilize the Crisis Intervention Response Team (CIRT) to follow-up with individuals in the community who may be at higher risk for deterioration.

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:

- Tri-County Behavioral Healthcare (TCBHC) has awake staff on site 24 hours a day, seven days a week. Mobile crisis response staff are routinely deployed to emergency rooms in our catchment area following triage according to clinical need by our crisis hotline service. TCBHC's crisis response staff are located at the Psychiatric Emergency Treatment Center (PETC) and have the capability to respond around the clock, 24 hours a day and seven days a week. This allows staff to respond more quickly to emergency rooms and other community locations, reducing the burden on other providers. Mobile crisis response staff assess an individual's mental health symptoms and determines what level of care is needed, which assists in getting the individual moved and connected with appropriate services as soon as is feasible.

b. Law Enforcement:

- 
- Local law enforcement is familiar with the crisis services provided by Tri-County Behavioral Healthcare (TCBHC). Frequently, law enforcement brings individuals that appear to be in crisis to the Psychiatric Emergency Treatment Center (PETC) for evaluation and interventions as appropriate (See Sequential Intercept 1 later in this plan). Staff are available 24 hours a day, seven days a week, on site at the PETC to assist and MCOT staff are on site during peak hours at least 56 hours a week and capable of deploying 24 hours a day, seven days a week if needed in the community. Additionally, TCBHC contracts with police officers and an officer is located at the PETC to ensure safety of individuals served. Having a contract officer on site provides relief with respect to additional law enforcement involvement and allows the community officers to return to their regular job duties more quickly.

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

Response:

- Due to the distance of Tri-County Behavioral Healthcare (TCBHC) from a State Hospital, we are almost never contacted to respond to screening requests. Should a request be made, TCBHC has staff designated to collaborate with the hospital to address this need.

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

a. During business hours:

- If an emergency room has reason to believe an individual is suicidal, homicidal or experiencing psychosis that puts them at risk to self or others, they should contact the crisis hotline at 1 (800) 659-6994. Staff will be deployed as appropriate to determine recommendations for appropriate level of care. Law enforcement can take a person suspected of needing inpatient care to the Psychiatric Emergency Treatment Center (PETC) in Conroe to be evaluated by staff. In parts of our service area that are further away from Conroe, law enforcement officers are encouraged to contact the crisis hotline. Crisis Hotline staff are trained to triage and, when needed, are able to facilitate a crisis assessment and connect with staff who are able to arrange hospitalization to avoid an unnecessary trip to Conroe. During business hours, law enforcement can take an individual to the rural county clinics (Huntsville, Cleveland or Liberty) for evaluation between the hours of 8am and 5pm.

b. After business hours:

- The same information above applies. Due to the distance of certain locations in our catchment area to the Psychiatric Emergency Treatment Center (PETC), along with communication challenges related to cellular service and broadband

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limitations, we have set up tele-video equipment at the Liberty/Dayton Hospital, Huntsville Memorial Hospital and HCA Kingwood Hospital in order to facilitate these assessments. Additionally, we have offered to provide the local Liberty Police Department with training and access to our buildings after hours so that they could access our tele-video equipment which would provide us with the ability to deliver assessment to this population after hours and avoid unnecessary travel if at all possible.

c. Weekends and holidays:

- The same information above applies.

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:

- During evaluation by our treatment providers at our Psychiatric Emergency Treatment Center (PETC), if it is determined that the individual needs further assessment or medical evaluation (to include but not limited to a physical health condition requiring further assessment or stabilization) beyond the capabilities of these programs, transportation is arranged for the individual to the appropriate setting either via law enforcement, Emergency Medical Services (EMS) or another individual identified as appropriate to transport the individual in crisis. A contract police officer is located on site at the PETC to assist in areas that may require law enforcement intervention with the purpose of allowing other officers accompanying individuals to the PETC, to return to duty more quickly.

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

Response:

- Community members needing further mental health evaluation are encouraged to call the crisis line at 1 (800) 659-6994 for immediate assistance and guidance. During evaluation, if medical clearance is determined to be needed, staff are able to refer to appropriate medical providers. If there is a need for immediate medical clearance in the community, individuals are encouraged to call 911.

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

Response:

- 
- If an individual has symptoms that are more acute than the programs that are offered at the Psychiatric Emergency Treatment Center (PETC), we coordinate hospitalization with an appropriate inpatient facility. If an individual is uninsured, we utilize one of the five hospitals that we contract with for this provision. If an individual has insurance, we explore all available options. If an individual is imminent risk and is not agreeable with hospital level of care recommendations, he or she may meet criteria for involuntary placement at a psychiatric hospital and would be transported by constables. In FY 2024, Tri-County Behavioral Healthcare spent 5.9 million dollars on civil hospitalizations to contract and private psychiatric hospital beds. This funding included State, Federal, and Local funding, with county ARPA funding accounting for roughly 2 million of this amount. There were three (3) admissions to State hospitals facilitated by our Center in the past year.

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:

- Individuals are assessed and offered services according to clinical need. If a more intensive level of care is needed to assist with stabilizing mental health symptoms, the Crisis Stabilization Unit (CSU) would be offered, as appropriate.
- For IDD clients in a mental health crisis, the TCBHC IDD Crisis Intervention Specialist works with the individual and family/significantly involved individuals to determine the level of intervention needed and has the ability to link the individual with appropriate resources such as crisis respite, as indicated.

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:

- There may be some situations where the level of risk is undetermined or known to have safety implications for staff. In these instances, staff may request law enforcement assistance with a response. The combination of law enforcement with a clinician, both trained in crisis response, has been shown to have positive outcomes in the community. In Montgomery County we have a few different options to assist with this type of response through partnerships with various Law Enforcement Agencies.
- The Crisis Intervention Response Team (CIRT), which is available through partnership with Conroe Police Department, is typically available daily from 11:00am – 11:00pm to respond within Conroe City limits.

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- The Montgomery Sherriff's Office provides officers for two Crisis Intervention Teams (CITs) that are able to respond County wide in Montgomery county between the hours of 10:00am – 10:00pm.
  - We have partnered with the Precinct 1 Mental Health Constables for an additional officer-clinician response team which is available to respond county wide 10:00am – 8:00pm Tuesday – Friday.
  - For other areas where a CIT team is unavailable, the Mobile Crisis Outreach Team (MCOT) may request the assistance of a Mental Health Peace Officer or other law enforcement personnel.
  - It should be noted that the programs above have been made possible through various state and federal funding sources, some of which may not sustainable long-term. We continue to seek funding opportunities as they become available.

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

Response:

- If an individual assessed at an emergency room is determined to need inpatient level of care and has been medically cleared, they will remain at their present location until placement has been located. If the individual is assessed at the Psychiatric Emergency Treatment Center (PETC), staff will safety monitor at their present location until an appropriate placement has been determined.

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:

- There are times when an individual may have to wait to be placed in a hospital bed. If this is the case, staff may provide (depending upon whether at the Psychiatric Emergency Treatment Center or a medical hospital) crisis intervention, ongoing safety monitoring and reassessment of the individual to determine if inpatient services are still clinically indicated or until the individual is safely transported to the appropriate level of care.

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

Response:

- 
- Whenever possible, the Psychiatric Emergency Treatment Center (PETC) will attempt to arrange transportation for the individual, either through Tri-County Behavioral Healthcare resources or through collaboration with other community partners as needed.

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

Response:

- When considered safe and appropriate to the current clinical presentation and wishes of the child/youth and their family/guardian, staff will work with the Legally Authorized Representative (LAR) of the youth to provide needed transportation. In cases where this may not be appropriate or recommended, the Psychiatric Emergency Treatment Center (PETC) will attempt to arrange transportation for the individual, either through Tri-County Behavioral Healthcare resources or through collaboration with other community partners as needed.

## 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>Location (city and county)</b>	Conroe, Montgomery County
<b>Type of facility (see Appendix A)</b>	Crisis Stabilization Unit (CSU)
<b>Circumstances under which medical clearance is required before admission</b>	The individual reports severe or persistent pain, is not coherent, has abnormal vitals or reports ingesting substances which may require medical intervention. We also defer to our Medical Exclusionary Criteria.
<b>Other relevant admission information for first responders</b>	Assistance with individuals experiencing a mental health crisis may be reached by calling the 24-hour Tri-County Behavioral Healthcare Crisis Line at 1-800-659-6994. If needing information on medical exclusionary, call 936 538-1150.
<b>Number of beds</b>	16

## 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>	
<b>Location (city and county)</b>	Kingwood; Harris
<b>Key admission criteria</b>	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
<b>Other relevant admission information for first responders</b>	None
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes

<b>Name of facility</b>	
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As Needed
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A

<b>Name of facility</b>	<b>Cypress Creek</b>
<b>Location (city and county)</b>	Houston; Harris
<b>Phone number</b>	281-586-7600

Name of facility	Cypress Creek
<b>Key admission criteria</b>	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
<b>Service area limitations if any</b>	Children 12 years of age and under, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
<b>Other relevant admission information for first responders</b>	None
<b>Number of beds</b>	128
<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>	Contracted Psychiatric Bed (CBP) and Private Psychiatric Beds.
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As Needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700/day Note: This charge is all inclusive and includes Psychiatry services.

<b>Name of facility</b>	<b>Cypress Creek</b>
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

<b>Name of facility</b>	<b>Woodland Springs</b>
<b>Location (city and county)</b>	Conroe, Montgomery
<b>Phone number</b>	936-270-7520
<b>Key admission criteria</b>	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
<b>Service area limitations if any</b>	Children 12 years of age and under, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
<b>Other relevant admission information for first responders</b>	None
<b>Number of beds</b>	96
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes

Name of facility	Woodland Springs
<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>	Contracted Psychiatric Bed (CBP) and Private Psychiatric Beds.
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As Needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700/day Note: This charge is all inclusive and includes Psychiatry services.
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

Name of facility	Sun Behavioral Health
<b>Location (city and county)</b>	Houston; Harris
<b>Phone number</b>	713-715-4297

Name of facility	Sun Behavioral Health
<b>Key admission criteria</b>	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
<b>Service area limitations if any</b>	Adults and Children five years of age and under, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual and developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations. Currently contracting for ages 6 – 17.
<b>Other relevant admission information for first responders</b>	None
<b>Number of beds</b>	148
<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>	Contracted Psychiatric Bed (CBP) and Private Psychiatric Beds.
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As Needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700/day Note: This charge is all inclusive and includes Psychiatry services.

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

Name of facility	Voyages
<b>Location (city and county)</b>	Conroe; Montgomery
<b>Phone number</b>	936-242-0409
<b>Key admission criteria</b>	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
<b>Service area limitations if any</b>	Adults only
<b>Other relevant admission information for first responders</b>	None
<b>Number of beds</b>	64
<b>Is the facility currently under contract with the LMHA or LBHA to purchase beds?</b>	Yes

Name of facility	Voyages
<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>	Contracted Psychiatric Beds (CBP) and Private Psychiatric Beds
<b>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</b>	As Needed
<b>If under contract, what is the bed day rate paid to the contracted facility?</b>	\$700/day Note: This charge is all inclusive and includes Psychiatry services.
<b>If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?</b>	N/A
<b>If not under contract, what is the bed day rate paid to the facility for single-case agreements?</b>	N/A

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## 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:

- If an individual has been deemed incompetent to stand trial under the Code of Criminal Procedure Chapter 46b and does not have a 3 G offense or an aggravated or sexual offense and are willing to participate in the Outpatient Competency Restoration Program, which includes mental health and substance use treatment services, as well as competency restoration, then they are eligible for up to 180 days under court supervision.

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

Response:

- Public safety concern related to the voluntary nature of participating in the Outpatient Competency Restoration Program.
- Difficulty getting notification form the court system that a competency evaluation was ordered.
- Individuals participating in competency restoration programs do not qualify for time served which may deter some defenders and individuals from wanting to participate in this program.
- Limited options for housing and transportation in our service area.

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:

- The LMHA has a dedicated Jail Liaison position in Montgomery County. The liaison will interview Montgomery County Jail inmates (and assist with coordinating court ordered 16.22 assessments) to determine if mental illness is a factor

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in their incarceration and to facilitate removal from the jail system when care in the Community Center System is more appropriate. The Jail Services Liaison for Montgomery County is Jay Conley.

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:

- In counties without a designated Jail Liaison, jail personnel are able to call the Avail Crisis Hotline number and they will dispatch MCOT or the Tri-County Behavioral Healthcare (TCBHC) Rural Clinic Coordinator from the local clinic as appropriate. Additionally, the Administrator of Criminal Justice Services for TCBHC is frequently in contact with representatives from the criminal justice system and available to assist with any barriers or challenges that may present. The Administrator of Criminal Justice Services for TCBHC is Lisa Bradt and the Rural Clinic Coordinators for each location are as follows: Huntsville – Tjuanwa Harrison; Cleveland – Draughn Emerson; Liberty – Adrian Akerson.

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:

- Tri-County Behavioral Healthcare (TCBHC) continues to have regular presentations and meetings with court staff in our service area, as well as other areas without a competency restoration program, to make sure all judicial entities involved are aware of the Outpatient Competency Restoration (OCR) program and who would qualify for utilization. Criminal Justice staff coordinate regularly with mental health courts and the district attorneys to encourage utilization of the OCR program when appropriate for an individual incompetent to stand trial. Additionally, TCBHC criminal justice staff coordinate with state forensic hospitals to identify those individuals who may be appropriate to step down into the OCR program as a means of offering a less restrictive environment and opening up a bed that may be needed for a more serious offender. Due to the lengthy waiting lists at the jails following the pandemic, additional efforts are being made to screen these individuals at appropriate intervals. These additional screenings are intended to determine whether an individual may be appropriate for removal from the waiting list and to ensure a new competency evaluation is completed prior to that determination.

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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:

- Tri-County Behavioral Healthcare (TCBHC) is interested in new alternatives for competency restoration as they become available such as a jail-based competency restoration program.

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

Response:

- At this time there are several barriers to a jail-based competency restoration program in our community including the facility requirements and the staffing needed to house this program. Funding and space for this program would be needed for implementation.

## **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:

- Tri-County Behavioral Healthcare (TCBHC) frequently collaborates with community partners, such as hospitals and other treatment providers to meet the needs of individuals served. TCBHC frequently staffs mutual cases as appropriate to ensure connection with needed services are made including psychiatric, physical health and substance use treatment services.
- Adult and Youth Outpatient Substance Use Disorder Treatment Services are available to individuals served with a qualifying substance use diagnosis and Center staff are trained on initial screening and referral of individuals presenting with possible substance use disorders.

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- During this past planning cycle, TCBHC provided additional services to address emergent psychiatric, substance use and routine physical healthcare treatment through SAMHSA grant funding. While some of these services were unfortunately discontinued at the end of FY 24 due to the end of the grant funding term, TCBHC continues to fund key services as allowable through a combination of state funding, ARPA and alternative payment methodologies. Current programs that are helping to provide seamless integration of psychiatric, substance use and physical healthcare include: Expanded Crisis Evaluation and Diversion, rural walk-in services, Enhanced Care Coordination, and the Integrated Healthcare Program that provides ongoing physical healthcare to individuals served who may not otherwise receive healthcare.
  - The collaborations and services listed above were created for the purpose of bridging the gap between psychiatric services, physical health, and substance use disorders that are frequently comorbid with mental illness. As a part of the ongoing and Continuous Quality Improvement (CQI) Program at TCBHC, individuals with frequent hospitalizations are reviewed to identify areas of improvement and make recommendations to program areas as indicated. Additionally, qualifying individuals who are identified as having multiple factors placing them at high risk are offered Enhanced Care Coordination to help them address gaps in the system of care.

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

Response:

- Tri-County Behavioral Healthcare (TCBHC) plans to continue the Crisis Intervention Team model, as funding allows, in Montgomery County which has TCBHC clinicians riding along with trained Officers for 10 – 12 hour shifts. TCBHC continues to seek opportunities to grow this program to other counties. This program has proven to be effective in assisting and appropriately diverting individuals with mental health and/or substance abuse crises to the necessary interventions.
- TCBHC continues to seek opportunities to further incorporate technology into the crisis response system and other areas of the system of care, as appropriate.
- TCBHC will continue to strive to maintain status as a Certified Community Behavioral Health Clinic (CCBHC) focusing on the integrated person and family centered care of those we serve working toward the goal of recovery. As a CCBHC, TCBHC will continue to focus on opportunities to enhance Care Coordination at TCBHC through engagement, community collaborations, Memorandums of understanding and relationship building in order to further strengthen the referrals and follow-ups to healthcare and substance use treatment.
- TCBHC will continue to seek opportunities to enhance data collection and make improvements in monitoring service delivery through risk stratification. These improvements will assist in assessing the quality and effectiveness of care coordination moving forward as well as identifying critical gaps in the system of care.
- Regional collaboration and solutions will continue to be sought when local resources are not available. Examples might include affordable residential substance use treatment and transitional housing options.

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## 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:

- Tri-County Behavioral Healthcare (TCBHC) continues to hold and participate in regular meetings with key stakeholders including a Jail Diversion workgroup and Montgomery County Behavioral Health and Suicide Prevention Taskforce. In addition to these stakeholder meetings, TCBHC also hosts and facilitates four Crisis Collaborative meetings occurring monthly across two counties in our service area. These crisis collaboratives, are focused on both adults and youth and seek to engage community partners and stakeholders in problem solving needs in our community related to diversion (i.e. from ERs and jails) and quality care. Our staff continue to provide several community outreach and education sessions to community members upon request and via outreach to key stakeholders. These outreach events present additional opportunities for our Center to educate stakeholders about our services, including information provided in the Psychiatric Emergency Plan. One such outreach our Center is currently providing is Youth Mental Health First Aid, which teaches adults how to recognize possible mental health symptoms in youth and connect them with professionals who can appropriately assess and address their symptoms whether it is medical, mental health, or other. Additionally, TCBHC continues to benefit from having active feedback from our Planning and Network Advisory Committee (PNAC) members. Several of the PNAC members are family members of individuals served and involved in various aspects of our community. We continue to provide them with information on the services we provide and obstacles we face as an organization and they provide us with feedback for improvement as well as assist with community awareness. TCBHC is currently collaborating with Montgomery County Law Enforcement to provide response teams for the county that include both a clinician and a police officer who are teamed up and able to respond to higher intensity situations within our community. This program has helped to improve collaboration with law enforcement and subsequently decreased the burden on hospitals and jails. In coordination with the Montgomery County Hospital District, Tri-County currently serves on the Montgomery County Critical Incident Stress Management (CISM) Team, providing the behavioral health component as needed. Lastly, the current Local Plan is posted on our agency website for review which will allow us to direct individuals wanting to gain more information on the Psychiatric Emergency Plan to this information.

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:

- 
- Upon completion, this plan will be shared with all Center Management Team members and distributed and reviewed with appropriate LMHA staff and/or contractors. In addition, key information is shared with appropriate staff during the onboarding process and the final plan will be accessible by all staff on the Center website under 'Center Plans'.

## 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)
Montgomery, Liberty, Walker	<ul style="list-style-type: none"> <li>Local inpatient psychiatric options for young children and persons with intellectual development disabilities.</li> <li>Affordable substance use inpatient treatment, residential treatment and detox options.</li> <li>Affordable transitional or step-down housing options. This often impacts follow up attempts as well if the individual does not have a stable phone number or is transient.</li> <li>Availability of State hospital beds for complex patients that are too acute for local contract hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to collaborate with local and State inpatient psychiatric hospitals to address the needs of the community and continue to expand the network of providers that are able to serve expanded age groups, dual diagnoses, and complex individuals.</li> <li>Continue to seek opportunities for funding sustainable inpatient substance use treatment and continue to build community relationships in order to address the needs as opportunities and funding become available.</li> <li>Continue to seek opportunities to develop and collaborate with community partners in order to provide transitional housing or additional step-down options for individuals in need with mental health or substance use disorders.</li> <li>Continue to participate in community planning and seek sustainable funding for a Diversion Center as outlined above on p.15.</li> </ul>	<ul style="list-style-type: none"> <li>Due to service system gaps being tied directly to needed funding, there is no current identifiable timeline.</li> </ul>

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
Walker	<ul style="list-style-type: none"> <li>Designated Mental Health Officers.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to seek opportunities for funding and expansion of Mental Health Officers in Walker County.</li> </ul>	<ul style="list-style-type: none"> <li>Due to service system gaps being tied directly to needed funding, there is no current identifiable timeline.</li> </ul>
Walker and Liberty	<ul style="list-style-type: none"> <li>Crisis Intervention Response Team (CIRT).</li> <li>Distance to the Psychiatric Emergency Treatment Center (PETC).</li> </ul>	<ul style="list-style-type: none"> <li>Continue to seek opportunities for funding and expansion of the Crisis Intervention Response Team (CIRT) as well as additional drop off points in Walker and Liberty Counties.</li> <li>Continue to educate and engage collaborating agencies on available technological solutions to address the distance to the PETC with respect to initial risk assessments.</li> </ul>	<ul style="list-style-type: none"> <li>Due to service system gaps being tied directly to needed funding, there is no current identifiable timeline.</li> <li>N/A – education and collaboration with partner agencies is ongoing.</li> </ul>

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## Section III: Plans and Priorities for System Development

### III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

**Table 8: Intercept 0 Community Services**

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
Tri-County Behavioral Healthcare (TCBHC) provides a wide array of outpatient and support services for eligible individuals with behavioral health and Intellectual and Developmental Disabilities.	Montgomery, Liberty, Walker	TCBHC recognizes the growth of our service area and continues to seek opportunities to expand services when resources allow and to adjust programs and services to better meet the population served as well as identified need.

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
<ul style="list-style-type: none"> <li>• Available community training is provided through our Youth Mental Health First Aid program as well as trainings offered through our Veterans Services Department re: military culture and PTSD. These trainings are provided free of charge to our stakeholders.</li> <li>• Additional trainings are provided or arranged when need is identified during ongoing stakeholder collaborative meetings.</li> </ul>	Montgomery, Liberty, Walker	Continue providing the current trainings and seek additional opportunities to educate the community about the services we provide and other relevant referral sources. Additionally, through Sequential Intercept Mapping held with several community partners, it was identified that there were three additional key areas the group would like to focus on to include: continued planning for a regional diversion center; expanding training and specialized responses; and expanding and enhancing jail mental health and substance use treatment services.
TCBHC maintains a contract for 24/7 Crisis Hotline services. This hotline may be accessed by any community members during a psychiatric crisis to obtain guidance and referrals appropriate to the situation.	Montgomery, Liberty, Walker	TCBHC is required to maintain a crisis hotline as a part of our contract with the Texas Health and Human Services Commission and plans to continue providing this service over the next two years.
TCBHC has a Psychiatric Emergency Treatment Center (PETC) that is open around the clock and available for community members seeking crisis services.	Located in Montgomery but available to anyone in crisis in the service area regardless of county of residence	<p>Currently, the services at the PETC are funded through a combination of State and local dollars through the end of 2025. TCBHC continues to seek funding opportunities for long term sustainability.</p> <p>In response to staffing shortages experienced around the State, TCBHC is actively working to enhance recruitment and retention efforts for key positions needed for our crisis response system.</p>

<b>Intercept 0: Community Services Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
TCBHC has developed a Crisis Care Plan that is utilized as a part of the Recovery Planning process to identify preferences (advance directives) for individuals at risk for mental health crises.	Montgomery, Liberty, Walker	Continue to incorporate the Crisis Care plan into outpatient services, during crisis situations and communicate these preferences with other treatment providers as appropriate.
TCBHC has developed a team of staff trained in Critical Incident Stress Management (CISM) response that serves as the behavioral health component of the Montgomery County CISM Team in collaboration with the Montgomery County Hospital District (MCHD) CISM Team.	Montgomery County	TCBHC is continuing to grow our disaster response team and is actively seeking training opportunities to develop this team and expand our response capabilities should the need arise.

**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>
TCBHC continues to provide clinicians for the Crisis Intervention Response Team (CIRT) and Crisis Intervention Teams (CITs) which enhances our ability to respond to crisis situations through collaboration and contract with specially trained law enforcement.	Montgomery	Tri-County Behavioral Healthcare (TCBHC) plans to continue the Crisis Intervention Team model, as funding allows, in Montgomery County which has TCBHC clinicians riding along with trained Officers for 10 – 12 hour shifts. TCBHC continues to seek opportunities to grow this program to other counties. This program has proven to be effective in assisting and appropriately diverting individuals with mental health and/or substance abuse crises to the necessary interventions.
TCBHC’s Mobile Crisis Outreach Team (MCOT) continues to respond to crisis situations in the community and local emergency departments as requested to provide crisis response and intervention services.	Montgomery, Liberty, Walker	TCBHC will continue to deploy MCOT staff into the community to address crisis situations as needed or upon request.

<b>Intercept 1: Law Enforcement Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two years:</b>
<ul style="list-style-type: none"> <li>• TCBHC’s crisis services staff provide training to law enforcement regarding drop off points as well as service linkage and follow-up processes for those individuals who are not hospitalized.</li> <li>• Jail diversion staff provide training to law enforcement related to our involvement in diverting appropriate individuals from the criminal justice system.</li> <li>• Veteran’s staff provide training to law enforcement personnel related to Veteran culture and PTSD upon request. This information is key for law enforcement personnel responding to Veterans who may be in crisis.</li> </ul>	Montgomery, Liberty, and Walker	TCBHC collaborates and builds relationships with local law enforcement agencies whenever possible and will continue to provide specialized training for law enforcement upon request or as need arises.
<ul style="list-style-type: none"> <li>• TCBHC currently has a Psychiatric Emergency Treatment Center where law enforcement can bring individuals to be assessed and evaluated for mental health needs.</li> </ul>	Located in Montgomery but available to anyone in crisis in the service area regardless of county of residence	TCBHC has recently secured ARPA funding through Montgomery County as well as one time funding through the legislature which allowed for the re-opening of the Crisis Stabilization Unit (CSU) that was temporarily closed due to staffing and funding shortages during the previous planning cycle.

**Table 10: Intercept 2 Post Arrest**

<b>Intercept 2: Post Arrest; Initial Detention and Initial Hearings</b> <b>Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
TCBHC currently has policies and procedures in place that outline Information Sharing protocols and include TCOOMMI allowances through the Health and Safety Code. TCBHC utilizes memorandums of understanding with jails and probation as needed in order to increase response time and staff are designated to monitor and follow up on any Quarry from Law Enforcement through the Texas Law Enforcement Telecommunication System (TLETS). Additionally, staff monitor reports in the HHSC’s Mental and Behavioral Health Outpatient Warehouse (MBOW) to determine if there are any continuity of care opportunities with the jails if a current active client is in jail.	Montgomery, Liberty, Walker	Continue to train staff on information sharing protocols, TLETS queries, available MBOW reports, follow-up, and collaborate with community partners to address any identified barriers.

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

<b>Intercept 3: Jails and Courts</b> <b>Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
TCBHC currently operates an Outpatient Competency Restoration program for individuals determined incompetent to stand trial under the Code of Criminal Procedure 46B.	Montgomery, Walker and Liberty	Continue providing Outpatient Competency Restoration to eligible individuals and continue to focus on educating key stakeholders on eligibility, benefits, and how to access the program as an alternative to incarceration for appropriate non-violent offenders.
TCBHC has staff who are designated to provide monthly compliance reporting for the court for those deemed Not Guilty by Reason of Insanity 46C.	Montgomery, Liberty, Walker	TCBHC will continue to provide staff and monthly reporting related to individuals deemed Not Guilty by Reason of Insanity.

<b>Intercept 3: Jails and Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
<p>Routine screening for mental illness and diversion eligibility is completed in the Jails. TCOOMMI Case Managers and other staff working with offenders with mental impairments continuously seek opportunities to connect those served to other needed resources in the community, link to comprehensive services when able, and provide continuity of care services in jails as needed.</p>	<p>Montgomery, Liberty, and Walker</p>	<ul style="list-style-type: none"> <li>• TCBHC will continue to seek opportunities to partner with the criminal justice system to divert individuals from jails to outpatient mental health treatment when the outpatient mental health treatment is deemed the more appropriate solution.</li> <li>• As a part of our diversion efforts, TCBHC case managers will continue to provide services in Jail when appropriate and link individuals served to comprehensive services as well as a wide variety of resources in the community to meet their overall needs and improve their chances of success with outpatient treatment.</li> </ul>
<p>TCBHC staff provide assessments and evaluations, in addition to ongoing supports and services, for persons identified by the court as being appropriate for assisted outpatient commitments.</p>	<p>Montgomery, Liberty, Walker</p>	<ul style="list-style-type: none"> <li>• TCBHC will continue to collaborate with the courts to provide ongoing services and supports to individuals ordered to assisted outpatient commitments.</li> </ul>
<p>TCBHC has a designated staff who coordinates with Montgomery County Mental Health Treatment Court staff in order to provide recommendations and linkage with ongoing behavioral health/substance use treatment as needed.</p>	<p>Montgomery</p>	<ul style="list-style-type: none"> <li>• TCBHC will continue to work collaboratively with specialty courts in our catchment area, such as the Montgomery County Mental Health Treatment Court, in order to connect individuals, make recommendations and link individuals with needed services to improve successful transition out of the criminal justice system.</li> </ul>

<b>Intercept 3: Jails and Courts Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
TCBHC’s Veteran Services Liaison, who coordinates the Military Veteran Peer Network for our catchment area, is involved in the Montgomery County and Liberty County Veteran’s Treatment Court and provides mentorship for individuals in the Veterans Jail Dorm in Montgomery County. The Veteran Services Liaison works closely with individuals assigned to the Veteran’s treatment court docket and ensures that they are connected to other needed veteran services within the area.	Montgomery and Liberty	<ul style="list-style-type: none"> <li>• TCBHC will continue to provide support to Veteran Treatment Courts in our catchment area, as resources allow, including peer mentorship and linkage to comprehensive services as well as continuing to assist other counties connect with peer mentors through the Military Veteran Peer Network as requested/needed.</li> </ul>
TCBHC’s designated staff meet with Mental Health Court personnel monthly to staff cases and to make recommendations on individuals appropriate to be served through Mental Health Court.	Montgomery	<ul style="list-style-type: none"> <li>• TCBHC will continue to work collaboratively with specialty courts in our catchment area, such as the Montgomery County Mental Health Court, in order to connect individuals, appropriate to be served, with the appropriate court staff. Designated staff will continue to link individuals with needed services to improve successful transition out of the criminal justice system.</li> </ul>

**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>
<ul style="list-style-type: none"> <li>• The Montgomery County Jail Services Liaison is designated to assess needs and coordinate treatment and/or transition for individuals identified as having a mental illness. In the other counties in our catchment area, Continuity of Care staff collaborate with jail and court staff to coordinate treatment and provide assistance and supports.</li> </ul>	Montgomery (Jail Liaison), Liberty, and Walker	<ul style="list-style-type: none"> <li>• TCBHC will continue to work collaboratively with jail staff to provide transitional services inside jails and in collaboration with jail staff.</li> <li>• TCBHC will continue to seek opportunities for funding to expand the Jail Liaison program to additional jails within our catchment area.</li> </ul>

<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
<ul style="list-style-type: none"> <li>• The Montgomery County Jail Services Liaison is designated to assess needs and coordinate treatment and or transition for individuals identified as having a mental illness.</li> <li>• The Veteran Services Liaison coordinates a jail mentorship program for individuals in the Veterans Jail Dorm in Montgomery County and currently has mentors that are available to mentor individuals during their time in the dorm, during their re-entry, and following their sentence to improve their access to needed resources and support with the ultimate goal of improving success rates following incarceration.</li> <li>• TCOOMMI staff have a continuity of care clinician and case manager who work with individuals upon re-entry to assist with community integration. They are able to provide assessment, medication and coordination of services upon release from TDCJ.</li> </ul>	Montgomery (Jail Liaison), Walker and Liberty	TCBHC will continue to provide staff to assess needs, develop plans for services, and coordinate transition to ensure continuity at release while funding is available and will continue to seek opportunities to expand Jail Liaison services to other jails in our catchment area.
<ul style="list-style-type: none"> <li>• The Veteran Services Liaison occasionally responds to requests from jails and prisons when a Veteran is being discharged and facing reentry into society. Our Military Veteran Peer Mentors are available to provide a one-time meeting prior to discharge, as requested by the jails and as resources permit, to ensure that the Veteran is provided with information on other Veteran and community resources to meet their needs and increase the probability of success following discharge.</li> <li>• Our Montgomery County Jail Liaison and Continuity of care staff are involved in discharge and transition planning to ensure care coordination upon discharge.</li> </ul>	Montgomery (Jail Liaison), Liberty, Walker	TCBHC continues to provide a structured process to coordinate discharge and transition planning with jails whenever feasible and will continue to seek opportunities to expand the Jail Liaison program to additional jails within our catchment area as well as to work collaboratively with the criminal justice system to share information when appropriate to better ensure successful transitions from jail to outpatient treatment.

<b>Intercept 4: Reentry Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
<ul style="list-style-type: none"> <li>• Specialized Case Management teams to coordinate post-release services:               <ol style="list-style-type: none"> <li>1) Continuity of care staff continue to monitor all State hospital discharges to ensure proper follow up care is offered.</li> <li>2) Staff communicate monthly with State forensic hospitals to identify individuals who may be appropriate to step down into the Outpatient Competency Restoration program.</li> </ol> </li> </ul>	Montgomery, Liberty and Walker	TCBHC will continue to provide continuity of care and collaborate with State Hospitals to improve the chances of success post – release and to engage in ongoing outpatient treatment whenever appropriate.

**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>
<ul style="list-style-type: none"> <li>• TCBHC provides regular screening for jail diversion through continuity of care staff and program clinicians at the jail for eligible candidates for diversion and presentation to the court.</li> </ul>	Montgomery (Jail Liaison), Liberty, Walker	<ul style="list-style-type: none"> <li>• TCBHC will continue to work closely with jail and court staff to identify individuals eligible for diversion and pre-trial services and supports through routine screening for mental illness and substance use disorders.</li> </ul>
<ul style="list-style-type: none"> <li>• TCBHC provides training for probation and parole on mental health, substance use disorder and program services and procedures related to Intercept 5 and these trainings continue to be available upon request and/or identified need.</li> </ul>	Montgomery, Liberty, Walker	<ul style="list-style-type: none"> <li>• TCBHC will continue to provide training for probation and parole staff upon request and participate in frequent collaborative meetings to determine ongoing need for training.</li> </ul>
<ul style="list-style-type: none"> <li>• Specialized intensive case managers for adult mental health offenders on felony probation and parole are available through the TCOOMMI program to provide rehabilitative services to enhance community integration and reduce recidivism.</li> </ul>	Montgomery, Liberty, Walker	<ul style="list-style-type: none"> <li>• Through the TCOOMMI Program, TCBHC will continue to provide staff assigned to specialized caseloads aimed at facilitating access to comprehensive services for offenders on felony probation and parole.</li> </ul>

<b>Intercept 5: Community Corrections Current Programs and Initiatives:</b>	<b>County(s)</b>	<b>Plans for Upcoming Two Years:</b>
<ul style="list-style-type: none"> <li>The TCOOMMI program is staffed with case managers who work jointly with community corrections officers to make recommendations to the court to reinforce positive behavior and address sanctions for non-compliance with supervision.</li> </ul>	Montgomery, Liberty, Walker	<ul style="list-style-type: none"> <li>TCBHC will continue to designate staff assigned to serve as liaison with community corrections to ensure a range of options to reinforce positive behavior and effectively address non-compliance.</li> </ul>

### 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

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- 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>	TCBHC is a Certified Community Behavioral Health Clinic (CCBHC) and as such, incorporates Trauma informed practices and mindset throughout our services. Staff receive training at the point of hire related to trauma informed care, cultural awareness (to include linguistic awareness) and these concepts are reinforced and intertwined throughout the onboarding and training process as well as throughout their tenure with the Center.	Continue to provide training and reinforce processes that support trauma informed practices both with respect to individuals served and employees.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>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</p>	<ul style="list-style-type: none"> <li>• Gaps 2, 3, 4, 5, 10, 12</li> <li>• Goal 1</li> </ul>	<p>TCBHC participates in several initiatives aimed at improving administrative and clinical efficiencies and collaborations with other agencies. Examples of these initiatives include: participation as a member of the East Texas Behavioral Health Network (ETBHN) for shared cost savings on essential services; participation in the All Texas Access, Rusk State Hospital Regional group led by HHSC in accordance with SB 454 which addresses issues of interest to rural communities such as transportation of people served by an LMHA to mental health facilities; and through collaborations with local agencies such as the Montgomery County Behavioral Health and Suicide Prevention Taskforce aimed at identifying gaps in community resources and creating goals for solutions.</p>	<p>Continue to participate in collaborations with State, Regional and local partners when opportunities arise and continue to seek funding opportunities to support these partnerships that would allow for maximization of funding to address needed social determinants of health impacting health outcomes. Additionally, TCBHC will continue to collect information on the Social Determinants of Health needs of our population served so that we can better focus our solutions around direct needs of those we serve.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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>	As opportunities present, TCBHC analyzes the potential for expanding behavioral health support services to include a risk analysis that identifies barriers and sustainability factors. When possible, changes may be made internally in order to support growth. When barriers exist that are outside of TCBHC control, this information is shared as appropriate (i.e. contractor, legislators, community partners).	Continue to seek new opportunities to expand behavioral health support services, share information on barriers identified, and when possible utilize administrative efficiencies and procedural changes.

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>	As a Certified Behavioral Health Clinic (CCBHC), TCBHC incorporates person centered and family centered care into our services to the greatest extent possible. From initial training of staff to exploration and discovery with those we serve as well as creation of processes that best capture individual preferences and outcomes, staff are able to provide support and services in a way that reflects the wants and needs of each unique individual. As a part of this process, individuals served are encouraged to involve those that are important to their recovery in a way that both supports their emotional wellbeing and respects their privacy.	<p>TCBHC will continue to incorporate person centered and family centered care through our staff training, procedures, interactions and services to the greatest extent possible.</p> <p>Continued focus on ensuring plans and consents are in place to provide the best support possible that is aligned with this model.</p> <p>Continued training provided to staff to ensure understanding of the person-centered care model, not only through services they provide, but how those intersect with other providers across systems of care.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> <li>• Gaps 2, 11</li> <li>• Goal 1</li> </ul>	TCBHC has been piloting and expanding School Based Clinics in our catchment area as funding permits for the past several years with very positive results and feedback from stakeholders. Additionally, TCBHC has recently been awarded funding for a Multisystemic Therapy (MST) Program and a Youth Crisis Outreach Plus (YCOT+) Program, both of which are aimed at addressing the needs of high risk youth and improving prognosis over time.	<p>TCBHC will continue to grow collaborations with local school districts in our catchment area and plans to participate in and expand School Based Clinics as funding permits.</p> <p>TCBHC will continue to implement and promote services benefiting our high risk youth population. As a part of this implementation, TCBHC will continue to foster collaborations with youth placement agencies, Department of Family and Protective Services and other child advocacy agencies.</p>
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>	As a Certified Behavioral Health Clinic (CCBHC), TCBHC values Care Coordination across service providers to ensure continuity of care for those we serve. Ensuring plans and consents are in place early on in treatment as well as securing Memorandums of Understanding with key community partners are focal to our goals with information sharing so that we can maximize collaboration across agencies while protecting the privacy of individuals served when legally required.	TCBHC will continue to identify processes and procedures that may be streamlined to remove barriers to communication, continues to seek opportunities for information sharing that align with current privacy laws and will continue to establish memorandums of understanding and coordinate with community partners to maximize collaboration whenever feasible.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> <li>• Gaps 1, 3, 7</li> <li>• Goal 2</li> </ul>	TCBHC participates in several community collaboratives across our service area including the Montgomery County Behavioral Health and Suicide Prevention Taskforce, Crisis Collaborative workgroups, Jail Diversion Workgroups and other stakeholder focused initiatives such as Sequential Intercept Mapping (SIM) in order to identify community needs, gaps, strengths and weaknesses and work together in a coordinated effort to improve the system of care. Additionally, TCBHC participates on State led Workgroups whenever feasible to ensure collaboration with developing policies and making improvements for those we serve.	TCBHC will continue to participate in and lead community collaborations aimed at improving the system of care for those we serve. Adjustments are made as the need arises and efforts are ongoing to ensure key stakeholders are included and involved. As opportunities present, TCBHC will ensure participation in joint efforts to improve the system of care.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> <li>• Gap 3</li> <li>• Goal 2</li> </ul>	TCBHC participates in both State led and Center system workgroups and Consortias that support discussions about State strategic goals and direction as it relates to Community Centers. Through these channels, information is shared with TCBHC staff, stakeholders and other community members in a way that helps to support and guide progress toward recommendations from the SBHCC.	TCBHC will continue participate in both State led and Center system workgroups and discussions in order to align our direction with the State Strategic plan as needed.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care</p>	<ul style="list-style-type: none"> <li>• Gaps 1, 11, 14</li> <li>• Goal 2</li> </ul>	<p>TCBHC participates in several community collaboratives across our service area including the Montgomery County Behavioral Health and Suicide Prevention Taskforce, Crisis Collaborative workgroups, Jail Diversion Workgroups and other stakeholder focused initiatives such as TCBHC's Planning and Network Advisory Committees, and frequent communication and collaboration with local schools in order to ensure accurate information is provided to community partners related to access points and services provided. Additionally, TCBHC has participated in a joint community effort to support and promote a specialty referral program in Montgomery County, through Mosaics of Mercy, that helps to connect community members needing mental health and substance use services with the appropriate services.</p>	<p>TCBHC will continue to participate in and lead community collaborations aimed at improving the awareness and education of the services provided through TCBHC as well as information on access points, specialty programs and available referral sources in the community. TCBHC will continue to reassess that appropriate community partners are included in stakeholder meetings to ensure awareness of the complete provider network.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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>	<p>TCBHC has an active Continuous Quality Improvement (CQI) program. As a part of this program, TCBHC conducts risk stratification analysis and review of individuals who re-hospitalize within 30 days. This allows for frequent review of and identification of potential gaps and needed improvements related to continuity of care procedures as well as a review of time to services.</p> <p>Additionally, TCBHC is actively seeking feedback from individuals served as a part of an FY 25 Strategic goal to gain better understanding of gaps and needs from the perspective of individuals served.</p>	<p>TCBHC has an ongoing CQI process that adjusts and changes goals based on identified community and center needs. Additionally, through the FY 24 Local Planning process and throughout FY 25, survey feedback will be utilized for quality improvement purposes, to include, but not limited to assessing access to services.</p>
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>	<p>Continuity of care staff participate in telephonic and face to face meetings and conferences pertaining to the clinical progress of individuals receiving care at a State hospital.</p>	<p>Continue the existing system and utilize care coordination team members to assist with engagement and transition as appropriate.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>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</p>	<ul style="list-style-type: none"> <li>• Gaps 3, 14</li> <li>• Goal 3</li> </ul>	<p>TCBHC participates in State workgroups when opportunities present and has several internal committees and structures to support analysis of service provision data including, but not limited to, the Junior Utilization Management Committee (JUM), the Mental Health Quality and Utilization Management Committee (MH QM/UM), the Regional Utilization Management Committee (RUM) and the Software Management Team (SMT). Additionally, TCBHC participates in a State Consortium made up of representatives from each Community Center around the State to share ideas, problem solve and assist with system improvement.</p>	<p>As the Community Center System of care receives feedback, TCBHC will continue to participate in State and System led workgroups and collaboratives aimed at better understanding trends in access to services and gaps in care with the goal of implementing changes that positively impact the effectiveness of our services to improve the quality of life for those we serve.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to provide emotional supports to workers who serve people receiving services	<ul style="list-style-type: none"> <li>• Gap 13</li> <li>• Goal 3</li> </ul>	TCBHC currently serves as the behavioral health component on the Montgomery County Critical Incident Stress Management Team (CISM) through Montgomery County Hospital District, and provides debriefings and post trauma supports to first responders, including the mental health workforce, when an identified need arises. Additionally, employee assistance programs are made available to staff to assist and support those who may be struggling beyond the capabilities of the CISM Team.	TCBHC continues to seek opportunities to expand its network of trained Critical Incident Stress Management responders and will continue to foster the relationship with community partners and provide supports to employees when needed. Additionally, employee benefits will continue to be reviewed frequently to ensure the needed employee assistance programs are meeting the needs of the workforce.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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>	TCBHC regularly reports data related to employee turnover, to include but not limited to collectable data from exit interviews. The TCBHC Management Team has been actively working on Strategic planning goals surrounding recruiting and retention and has collaborated with other Centers to identify effective approaches to removing gaps and barriers. Changes continue to be made as feasible strategies are identified. TCBHC continues to experience high levels of turnover despite continued efforts to make improvement in this area. Challenges identified include geographical location to larger metropolitan area, individuals leaving for more competitive salaries in the area, and complexity of the requirements.	TCBHC will continue to focus on identifying and removing gaps and barriers to staff retention and recruiting of quality behavioral health workforce members. Initial data has been collected through staff surveys and plans are in place to utilize this data to further improve our strategies in this area. As well, TCBHC continues to identify next level managers and will seek to identify additional approaches to retain this portion of the workforce and continues to seek opportunities as well as communicate with the State on challenges and barriers related to the behavioral health workforce.

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>	TCBHC is actively participating in Job Fairs and utilizing social media along with job search and hiring platforms in order to maximize awareness and gain attention of prospective employees. Additionally, TCBHC incorporates sales and marketing strategies to attract quality workforce members who have personal career goals that align with our mission. In this last planning cycle, TCBHC has initiated relationships with some local learning institutions in order to heighten awareness and interest in the behavioral health industry.	TCBHC will continue to participate in current strategies and has plans to increase collaborations with local educational institutions to ensure awareness and opportunities are available for those who may be interested in a career in the behavioral health field.

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>	As a Certified Community Behavioral Health Clinic (CCBHC), TCBHC completes community Needs Assessment and is regularly looking at the demographics of our community and individuals served to ensure we are addressing health disparities and meeting the needs of populations served. As a such, TCBHC has a non-discrimination policy and actively seeks a workforce that is able to meet the needs of the population served (i.e. bilingual staff; diverse backgrounds; and other factors that may need to be considered to provide a culturally competent and trauma informed workforce). Currently TCBHC has bilingual staff at multiple levels, including adult and child psychiatry and a bilingual psychologist.	TCBHC values diversity in our workforce and will continue to seek a workforce that supports the Needs of our Community and individuals served. Through continued cultural awareness trainings provided to staff and trauma informed practices that benefit both those served and the workforce, TCBHC will continue to seek opportunities for new strategies to support a diversified workforce.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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>	TCBHC seeks solutions to streamline and automate processes whenever feasible and appropriate, shares information between Local Mental Health Authorities to identify efficiencies and solutions and continues to communicate barriers and ideas for quality improvement to the State Health and Human Services Commission.	Tri-County has recently upgraded to a new Electronic Health Record, will continue to identify and develop processes that create efficiencies, information sharing with other Local Mental Health Authorities around the State, and communication with contracting agencies, with a goal of expanding the behavioral health workforce and services.
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>	TCBHC participates in several meetings and workgroups that promote analysis of service data, gaps in care and effectiveness of current procedures to include but not limited to: A Quality and Utilization Management Committee, a Junior Utilization Management Committee which is more of a working group; and a Regional Utilization Management Committee through East Texas Behavioral Health Network.	TCBHC will continue to participate in current meetings and workgroups and has recently expanded resources in Utilization Management in order to keep pace with increased focus from oversight agencies on data and outcomes. The Continuous Quality Improvement Committee (CQI) has plans to continue analyzing access to services and process and procedure improvements will continue to be made as issues are identified.

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>	TCBHC continues to participate in conversations with other Community Centers and Community Partners related to data sharing, collection and analysis. While we have been successful in setting up mechanisms for cross agency data sharing on a small scale, we have continued to hit barriers related to privacy laws and sharing of information with community partners on a larger multi-agency scale.	TCBHC will continue to actively participate in and seek opportunities for data sharing that benefit the care coordination and continuity of care for those we serve, promote data collection and analysis, while maintaining compliance with best practices and privacy laws.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>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</p>	<ul style="list-style-type: none"> <li>• Gaps 3, 4, 14</li> <li>• Goal 4</li> </ul>	<p>TCBHC currently collects voluntary information on veteran status and actively connects veterans with our Veteran Services Department whenever appropriate. Within the Veteran Services Department, there are some services where personal information is limited in order to remove the barrier of the stigma of seeking mental healthcare for those who have served our country, however, we have a network of referral sources and a Memorandum of Understanding with the Veteran’s Administration (VA) that allows us to provide referrals and connections as needed for our Veteran population.</p>	<p>TCBHC will continue to collect voluntary data on Veteran Status and connect individuals served with needed resources in the community. As new resources become available, TCBHC seeks to build relationships with other Veteran Service Providers in order to expand our referral network. As well, TCBHC is actively working to expand community awareness through improved marketing materials and strategies. Information for the Veterans Services offered at TCBHC are included in marketing materials where appropriate.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Collect data to understand the effectiveness of evidence-based practices and the quality of these services</p>	<ul style="list-style-type: none"> <li>• Gaps 7, 14</li> <li>• Goal 4</li> </ul>	<p>TCBHC actively utilizes data to analyze services and highlight areas of quality improvement. As a part of this process, data is used to better understand our high-risk population and identify the interventions that may serve as risk and protective factors in our system of care. Additionally, through data collection initiatives guided by participation in Directed Payment Methodology (DPP) and as a Certified Community Behavioral Health Clinic (CCBHC), TCBHC frequently reviews outcome information which includes evidence-based assessments, to determine effectiveness.</p>	<p>TCBHC plans to continue in the current data collection and reporting initiatives and actively seeks opportunities to better understand services provided, to include the use of evidence-based practices, and how they relate to client outcomes, through improved data collection techniques and methods for analyzing data.</p>

### 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
Transportation	During this past planning cycle TCBHC has utilized telehealth resources, when appropriate to reduce transportation and wait times for individuals needing a crisis assessment.	<ul style="list-style-type: none"> <li>TCBHC will seek opportunities to utilize technology when possible to reduce transportation and wait times and will continue to seek out new resources and opportunities to address this barrier.</li> </ul>
Transitional Housing	<ul style="list-style-type: none"> <li>TCBHC currently has minimal access to resources for step-down and transitional housing for individuals discharging from inpatient hospitalization stays following behavioral health and/or substance use crises.</li> <li>TCBHC continues to discuss this local priority with community stakeholders as a part of planning and collaboration efforts.</li> </ul>	<ul style="list-style-type: none"> <li>TCBHC will continue to seek opportunities for funding transitional and step-down housing.</li> </ul>

Local Priority	Current Status	Plans
Community Collaborations	<ul style="list-style-type: none"> <li>• TCBHC continues to participate and hold regular meetings with key stakeholders involved in crisis response, jail diversion, and behavioral health taskforces in our community.</li> <li>• TCBHC continues to build relationships with local school districts in order to collaborate and wrap around children and adolescents at high risk. Piloting of School-based clinics, participation in the Community Resource Coordination Groups (CRCG) and provision of Youth Mental Health First Aid are three such examples.</li> <li>• TCBHC continues to educate the community and stakeholders about the services we provide, the population we serve and the challenges we face as a community and Memorandums of Understanding are coordinated when identified as beneficial to the coordination and continuity of care for those we serve.</li> </ul>	<ul style="list-style-type: none"> <li>• TCBHC will continue to collaborate with hospitals, court staff, and law enforcement to reduce the burden on local law enforcement agencies and emergency departments and to provide individuals in crisis appropriate levels of care in the shortest amount of time possible.</li> <li>• TCBHC will continue to provide opportunities for collaboration and education to the community to enhance knowledge about behavioral health, how to access services, and who might be appropriate for services.</li> <li>• TCBHC will continue to seek ways to share information through appropriate channels and with valid consent, or allowances in privacy regulations, in order to continue to develop and strengthen our ability to provide quality care coordination to those we serve.</li> </ul>

<p>Diverting individuals with mental illness from ERs and Jails</p>	<ul style="list-style-type: none"> <li>• The Mobile Crisis Outreach Team (MCOT) service is capable of being provided throughout the local service area 24 hours a day, seven days a week and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care.</li> <li>• Crisis services are available at the Psychiatric Emergency Treatment Center (PETC) along with a contract officer. The presence of the contract officer onsite allows officers transporting individuals to the PETC on detention warrants to transfer the individual into the custody of the officer onsite and return to duty more quickly, aligning with Intercept 1 of the Substance Abuse and Mental Health Services Administration (SAMHSA) Sequential Intercept Model.</li> <li>• Maintaining crisis response after hours and 24/7 crisis assessment services that were previously funded through SAMHSA grant funding and now are supported through local ARPA funding.</li> <li>• TCBHC has a staff member at the Montgomery County Jail to serve as a liaison between TCBHC and the Jail and to assess individuals suspected of having a mental health diagnosis and/or needing treatment.</li> <li>• TCBHC, through partnerships with various Law Enforcement agencies, is able to provide response from a specialized Officer/Clinician paired team in Montgomery County. This team has</li> </ul>	<ul style="list-style-type: none"> <li>• In June of 2024, Tri-County hosted a local Sequential Intercept Model mapping event, led by HHSC, for Montgomery and Walker Counties. The team of law enforcement, court officials, Montgomery and Walker County jail representatives, leaders in probation and parole divisions, and several family advocates engaged in discussion of data, processes, and participated on panels for each intercept. Both counties completed a SIM map and identified 3 key areas of opportunity to focus on: <ul style="list-style-type: none"> <li>• Plan for a regional diversion center;</li> <li>• Expand training and specialized responses;</li> <li>• Expand and enhance jail mental health and substance use treatment services.</li> </ul> </li> <li>• Tri-County Behavioral Healthcare (TCBHC) will continue to monitor diversion efforts over the next planning cycle through continued collaboration with key stakeholders and by seeking new and innovative ways to review and capture data which can assist with tracking progress as well as planning to expand funding for successful diversion efforts as indicated.</li> <li>• TCBHC will continue to seek opportunities to expand Jail Liaisons and CIRT teams to additional counties.</li> <li>• TCBHC will seek opportunities to utilize technology when possible to reduce transportation and wait times.</li> </ul>
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Local Priority	Current Status	Plans
	had positive outcomes responding to situations that were not previously accessible due to safety concerns.	

## 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	Additional Child and Youth Clinic: City of Magnolia	Due to extensive and rapid growth in Montgomery County, there is a need to expand Child and Youth Services to the West side of the County in Magnolia.	\$1,000,000 per year	Discussions continue to take place with stakeholders whenever possible. These include, but are not limited to: PNAC; Local Community partners; Community Center System.
1	Diversion Center	Tri-County hosted a local Sequential Intercept Model (SIM) mapping event, led by HHSC, on June 12 - 13, 2024. During this planning session the group of over 65 stakeholders looked at intersections where criminal justice and mental health overlap, and identified an opportunity to improve or expand services that would divert people from the criminal justice system and into more appropriate behavioral health services through the opening of a Diversion/Sobering Center.	Cost TBD	A goal has been established through the 2024 SIM Mapping event for continued planning with community stakeholders to address identified goals, of which a Diversion Center is one such priority.

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Detox Beds	Stakeholders continue to identify the need for inpatient substance use disorder treatment in our area, TCBHC would like to Purchase Inpatient Detox beds from a provider in Harris County.	\$700 per day *700 bed days - \$490,000 annually	Discussions continue to take place with stakeholders whenever possible. These include, but are not limited to: PNAC; Local Community partners; Community Center System.
2	Step-Down Housing	Discussions with stakeholders including community partners and family members continue to emphasize the importance of affordable and stable housing. Recognizing the risk of homelessness to individuals with housing instability following crisis hospitalizations, TCBHC would seek to develop or contract post hospitalization residential settings to assist individuals transitioning from significant crisis events back into the community with a goal of engagement into ongoing routine outpatient services and reduction of hospital recidivism.	<ul style="list-style-type: none"> <li>• Cost per month to contract: \$1,000 – \$2,500 per month per individual. Startup costs vary greatly based on whether you are buying or renting a home. Overall cost of operations for a 4-person home would be approximately \$30,000 a month.</li> </ul>	Discussions continue to take place with stakeholders whenever possible. These include, but are not limited to: PNAC; Local Community partners; Community Center System.

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
2	Mental Health Deputy Expansion for Walker and Liberty Counties	Funding local law enforcement for the purpose of establishing additional mental health deputy programs would decrease the strain on the rest of the department and provide improved direction and decision making related to individuals who may be better served by diverting from jails and local emergency rooms directly into LMHA crisis or outpatient services. Currently there are several mental health deputies funded by Montgomery County and TCBHC would like to expand this resource in our rural counties with the addition of two more mental health deputies for each county, for a total of four. Individuals served and family members continue to express the importance of having law enforcement trained to respond to individuals who may be experiencing a mental health crisis.	\$400,000 annually	Discussions continue to take place with stakeholders whenever possible. These include, but are not limited to: PNAC; Local Community partners; Community Center System.
3	Jail Liaison Expansion	Stakeholders continue to express the importance of having someone who is trained and understands mental illness involved in continuity of care and assessment at the jails. Should funding be available, TCBHC would seek to identify two additional licensed clinicians to provide assessment, education, and transition assistance at two additional county jails within our catchment area.	\$196,000 annually	Discussions continue to take place with stakeholders whenever possible. These include, but are not limited to: PNAC; Local Community partners; Community Center System.

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## Appendix A: Definitions

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

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

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

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

**Crisis residential units (CRU)** – Provide community-based residential crisis treatment to people with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms

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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.

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**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.

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## Appendix B: Acronyms

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