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 2026 by **December 31, 2026,** to Performance.Contracts@hhs.texas.gov and CrisisServices@hhs.texas.gov.

Introduction

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

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

Review Document

Table of Contents

Form O: Consolidated Local Service Plan 1
Introduction 1

Table of Contents 2
Section I: Local Services and Needs 3
I.A Mental Health Services and Sites 3
I.B Mental Health Grant Program for Justice-Involved Individuals 16
I.C Community Mental Health Grant Program: Projects related to jail diversion, justice-involved individuals, and mental health deputies 17
I.D Community Participation in Planning Activities 17
Section II: Psychiatric Emergency Plan 33
II.A Developing the Plan 34
II.B Using the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process 35
II.C Plan for Local, Short-term Management for People Deemed Incompetent to Stand Trial Pre- and Post-arrest 51
II.D Seamless Integration of Emergent Psychiatric, Substance Use, and Physical Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics 52
II.E Communication Plans 53
II.F Gaps in the Local Crisis Response System 54
Section III: Plans and Priorities for System Development 55
III.A Jail Diversion 55
III.B Other Behavioral Health Strategic Priorities 59
III.C Local Priorities and Plans 64
IV.D System Development and Identification of New Priorities 68
Appendix A: Definitions 70
Appendix B: Acronyms 72

Review Document

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

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

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

Table 1: Mental Health Services and Sites

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip, Phone Number	County and Type of Facility	Services and Target Populations Served
LMHA – Blanco County Clinic	206 S. Hwy 281, Johnson City, TX 78636 830-997-8023	Blanco MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds

Review Document

			• Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages • Care Coordination • Case Management
LMHA – Comal County Clinic	358 Landa Street, Ste 300 New Braunfels, TX 78310 830-620-6221	Comal MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis

Review Document

			intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Care Coordination
LMHA – Canyon Lake Clinic	230 Shepherd Hill Dr., Canyon Lake, TX 78133 830-387-5995	Comal MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages • Care Coordination • Case Management

Review Document

LMHA – Bulverde Clinic	1781 E. Ammann Rd., Bulverde, TX 78163 830-387-5995	Comal MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages • Care Coordination • Case Management
LMHA – Hays County Clinic	1200 Bishop Street, San Marcos. TX 78666 512-392-7151	Hays MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health

Review Document

			• Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Client Transportation • Therapy at all ages • Care Coordination
LMHA – Wimberley Clinic	15951 Winters Mill Pkwy, Wimberley, TX 78676 512-392-8953	Hays MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance

Review Document

			• Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages • Care Coordination • Case Management
LMHA – Kerr County Clinic	955 Water St., Kerrville, TX 78028 830-257-6553	Kerr MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages • Care Coordination
LMHA – Kendall County Clinic	221 Fawn Valley Drive #500,	Kendall Bandera	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children

Review Document

	Boerne, TX 78006 830-249-9328	MH Out-patient Clinic	• Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages • Care Coordination
LMHA – Kimble County Clinic	110 South 10th Street Junction, TX 76849 325-446-3233	Kimble Menard Mason Edwards Schleicher Sutton MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans

Review Document

			• Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages • Care Coordination
LMHA – Gillespie County Clinic	140 Industrial Loop, Ste 200, Fredericksburg, TX 78624 830-997-8023	Gillespie MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages

Review Document

			• Care Coordination
LMHA – Val Verde County Clinic	1927 N. Bedell, Del Rio, TX 78840 830-774-8702	Val Verde Kinney MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages • Care Coordination
LMHA – Llano County Clinic	100 Legend Hills, Llano, TX 78643 325-247-5895	Llano MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment

Review Document

			• Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages • Care Coordination
LMHA – Medina County Clinic	712 18th Street, Hondo, TX. 78861 830-426-4362	Medina MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance

Review Document

			• Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Therapy at all ages • Care Coordination
LMHA – Uvalde County Clinic	328 Crystal City Hwy Uvalde, TX. 78801 830-278-2501	Uvalde Real MH Out-patient Clinic	• Screening, assessment, and intake • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children • Extended Observation or Crisis Stabilization Unit • Crisis Residential and/or Respite • Contracted inpatient beds • Services for co-occurring disorders • Substance abuse prevention, intervention, or treatment • Integrated healthcare: mental and physical health • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for veterans • Family Partner Services • MCOT: 24 hours a day, 7 day a week behavioral health crisis intervention and crisis follow up services • Hill Country Virtual Psychiatric and Clinical Guidance • Trauma Informed Care Services (TIC) • Whole Health Peer Support • Mental Health Courts • Team Children's Trauma Informed Care Services • Transportation • Therapy at all ages • Care Coordination • Additional MH/IDD funding needs in the community to provide services because of the Robb Elementary shooting on May 24, 2022

Review Document

LMHA – Crisis Stabaliza-tion Unit (CSU)	643 Sheppard Rees Ed. Kerrville, TX 78028 830-257-5111	Kerr CSU	• Crisis Stabilization Unit (adults)
River City Advocacy	145 Landa Street, New Braunfels, TX 78130 830-6436-0200	Peer	• River City Advocacy & Counseling Center is a community mental health nonprofit in New Braunfels, Texas that provides affordable mental health counseling and peer support services to residents of New Braunfels and Comal County.
LMHA and LIDDA - IDD Crisis Response	1127 East Main St., Kerrville, TX 78028 830-792-3300	All 19 Counties Crisis	• Purpose, to meet the need of individuals dually diagnosed with mental illness and intellectual and developmental disabilities who are in a behavioral health crisis to provide behavioral assessment to determine cause and provide appropriate interventions, such as Cognitive Adaptation Therapy, for the individual to reduce the recurrence of the crisis in the future and avoid Emergency Department utilization or institutionalization.
LMHA - Kyle Clinic	154 Elmhurst, Ste. A, Kyle, TX 512-392-8953	Hays MH Clinic	• Mobile Team who rotates between new clinic locations to provide comprehensive behavioral health services (including Case Management, Counseling, Pharmacological Management, Medication Training and Support, Psychiatric Rehabilitation, Skills Training, Engagement Activities, Supported Employment, Mental Health Courts, and Supported Housing) to outlying areas of Hays and Blanco counties. Our goal is to reduce emergency department (ED) utilization, inpatient utilization, and incarceration by ensuring availability of services to outlying portions of the service area.

Review Document

LMHA – Veterans Services	1200 N. Bishop San Marcos, TX 78666 830-792-3300	All 19 Veterans	• Provides direct peer services to military trauma-affected veterans, family members and Justice involved Veterans. Aids in assessing treatment options and appropriate services.
Veteran Jail Diversion program	1200 N. Bishop San Marcos, TX 78666 830-792-3300	Hays and Comal Jail Diversion	• Veteran Jail Diversion program
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.	631 Mill Street, Ste. 100, San Marcos, Texas 78666 512-210-9481	Hays and Comal TCOOMI	• TCOOMMI Intensive Case Management program is available in Hays County for adult and youth, and Comal County has an adult program. TCOOMMI provides pre-release screening and referral to aftercare treatment services for special needs offenders releasing from correctional settings, local jails, or other referral sources. • Rural Intensive Case Management – that covers Medina, Kerr, and Bandera Counties.
The TCOOMMI Continuity of Care (COC) program	631 Mill Street, Ste. 100, San Marcos, Texas 78666 512-210-9481	All 19 Counties TCOOMMI	• The TCOOMMI Continuity of Care (COC) program is available in all nineteen counties.
Private Psychiatric Inpatient Bed (PPB) Days	819 Water Street, Suite 300, Kerrville, TX 78028 830-792-3300	All 19 Counties Private Psychiatric Inpatient	• Contracts with local hospitals (i.e., Cross Creek, Laurel Ridge Treatment Center, San Antonio Behavioral Health, Shannon, Shoal Creek, Dell, and Rivercrest).

Review Document

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

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

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

Preview Document

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

Fiscal Year	Project Title (including brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
FY 2027	Jail Continuity of Care Program	Kendall, Kerr, Gillespie, Medina, and Menard	Jail	Justice Involved	100

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

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

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

Table 3: Community Mental Health Grant Program Jail Diversion Projects

Fiscal Year	Project Title (including brief description)	County(s)	Population Served	Number Served per Year
	None			

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

	Stakeholder Type		Stakeholder Type
☒	People receiving services	☒	Family members
☒	Advocates (children and adult)	☒	Concerned citizens or others

Review Document

	Stakeholder Type		Stakeholder Type
☒	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): • See below	☒	State hospital staff (list the hospital and staff that participated): • See below
☒	Mental health service providers	☒	Substance use treatment providers
☒	Prevention services providers	☒	Outreach, Screening, Assessment and Referral Centers
☒	County officials (list of the county and the name and official title of participants): • See below	☒	City officials (list the city and the name and official title of participants): • See below
☒	Federally Qualified Health Center and other primary care providers	☒	LMHA LBHA staff **List of the LMHA or LBHA staff that participated:* • See below
☒	Hospital emergency room personnel	☒	Emergency responders
☒	Faith-based organizations	☒	Local health and social service providers
☒	Probation department representatives	☒	Parole department representatives
☒	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): • See below	☒	Law enforcement (list the county or city and the name and official title of participants): • See below
☒	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
☒	Veterans' organizations	☒	Housing authorities
☒	Local health departments	☐	Other: _____

Local Psychiatric Hospital Staff

Hospital	Staff
Cross Creek	Ty Marlow, Community Liaison

Review Document

San Antonio Behavioral Health	Christi Garfield
Cedar Hills	Lisa Ellis

State Hospital Staff

Hospital	Staff
Austin State Hospital	Dr. Strakowski
San Antonio State Hospital	Various

County Officials

County	County Judge	County Sheriff	Commissioners
Bandera	Richard Evans	Joshua Teitge	Troy Konvicka, Pct. 1 Robert Harris, Pct. 2 Jack Moseley, Pct. 3 Jordan Rutherford, Pct. 4
Blanco	Brett Bray	Don Jackson	Tommy Weir, Pct. 1 Emil Ray Uecker, Pct. 2 Chris Liesmann, Pct. 3 Charles Riley, Pct. 4
Comal	Kristin Hoyt	Mark Reynolds	Doug Leecock, Pct. 1 Scott Haag, Pct. 2 Kevin Webb, Pct. 3 Jen Crownover, Pct. 4
Edwards	Souli Shanklin	J.W. Guthrie	Marty Graham, Pct. 1 Steve Smith, Pct. 2 Matt Fry, Pct. 3 Mike Grooms, Pct. 4
Gillespie	Daniel Jones	Christopher Ayala	Charles Olfers, Pct. 1 Keith Kramer, Pct. 2 Charles Jenschke, Pct. 3 Don Weinheimer, Pct. 4
Hays	Ruben Becerra	Anthony Hipolito	Debbie Ingalsbe, Pct. 1 Michelle Cohen, Pct. 2 Morgan Hammer, Pct. 3 Walt Smith, Pct. 4
Kendall	Shane Stolarczyk	Al Auxier	Jennifer McCall, Pct. 1 Andra Wisian, Pct. 2 Richard Chapman, Pct. 3 Chad Carpenter, Pct. 4
Kerr	Rob Kelly	Larry Leitha	Tom Jones, Pct. 1 Rich Paces, Pct. 2 Jeff Holt, Pct. 3

Review Document

			Don Harris, Pct. 4
Kimble	Hal Rose	Matt Suttle	Brayden Schulze, Pct. 1 Kelly Simon, Pct. 2 Dennis Dunagan, Pct. 3 Chad Gipson, Pct. 4
Kinney	John Paul Schuster	Brad Coe	Mark Frerich, Pct. 1 Joe Montalvo, Pct. 2 Dennis Dodson, Pct. 3 Tim Ward, Pct. 4
Llano	Rob Hardy	Marquis Cantu	Peter Jones, Pct. 1 Linda Raschke, Pct. 2 Brent Richards, Pct. 3 Don Moss, Pct. 4
Mason	Shannon Worrell	Joe Lancaster	Reggie Loeffler, Pct. 1 Fred Estes, Pct. 2 Buddy Schuessler, Pct. 3 Dave Underwood, Pct. 4
Medina	Keith Lutz	Randy Brown	Jessica Castiglione, Pct. 1 Larry Sittre, Pct. 2 David Lynch, Pct. 3 Danny Lawler, Pct. 4
Menard	Brandon Corbin	Burl Hagler	Frank Davis, Pct. 1 Jay Cunningham, Pct. 2 Ed Keith, Pct. 3 Tyler Wright, Pct. 4
Real	Bella Rubio	Nathan Johnson	Brad Hart, Pct. 1 Shawn Gray, Pct. 2 Ramon Ybarra, Pct. 3 Charles Hunger, Pct. 4
Schleicher	Charlie Bradley	Jason Chatham	Gary Gibson, Pct. 1 Steve Nelson, Pct. 2 Kirk Griffin, Pct. 3 Chris Meador, Pct. 4
Sutton	Joseph Harris	DuWayne Castro	Lee Bloodworth, Pct. 1 Bob Brockman, Pct.2 David Blesing, Pct. 3 Harold Martinez, Pct. 4
Uvalde	Jerry Bates	Ruben Nolasco	John Yeackle, Pct. 1 Mariano Pargas, Jr., Pct. 2 Roy Kothmann, Pct. 3 Ronald Garza, Pct. 4
Val Verde	Lewis Owens	Joe Frank Martinez	Kerr Wardlaw, Pct. 1 Juan Carlos Vazquez, Pct. 2 Fernando Garcia, Pct. 3 Gustavo Flores, Pct. 4

Review Document

City Officials

County/City	Name	Title
Camp Wood	Juan "Mafy" Gomez	Mayor of Camp Wood
City of Uvalde	Hector R. Luevaro	Mayor of Uvalde
Junction	Russell Hammonds	Mayor of Junction
Fredericksburg	Jim Mikula	Pres/CEO Fredericksburg Chamber of Commerce
Del Rio	Alvaro "Al" Arreola	Mayor of Del Rio
Llano	Laura Almond	Mayor of Llano
Llano	Briley Mitchell	Executive Director, Llano Chamber of Commerce
Llano	John Bauer	Llano City Manager

LMHAs

County/City	Name	Title
Atascosa, Dimmitt, Frio, Karnes, La Salle, Maverick, McMullen, Wilson, Zavala	Veronica Sanchez	Camino Real Community Services Executive Director

Hospital Emergency Room Personnel

County/City	Name	Title
Gillespie County	Christine Damewood	Manager Emergency Dept, Hill Country Memorial
Gillespie County	Jennifer Murray	Quality Manager, Hill Country Memorial
Llano	Robert Greenberg, MD	Emergency Medicine, Baylor Scott & White Llano
Llano	Jose Roberto Rosillo, MD	Emergency Medicine, Baylor Scott & White Llano

Review Document

Medina County	Rhonda Cote	Director of Nursing Medina Regional Hospital
Uvalde County	Thomas J. Nordwick	Administrator of Uvalde Memorial Hospital
Uvalde County	Julia Rodriguez	Emergency Department Director for Uvalde Memorial Hospital
Uvalde County	Lee Case	Director of Social Services for Uvalde Memorial Hospital
Val Verde County	Noemi Miranda	Director of Emergency Department

Community

Group Name	Description	Member Names/Roles	Meeting Place(s)	Meeting Frequency
Citizens' Advisory Committee (CAC) or Planning and Network Advisory Committee (PNAC) *Seeking representation from all 19 counties	Local Planning Network Advisory Committee. Members are people that receive services, family members, or community members.	D.J. Seeger, Robert Green, Rachel Maldonado, Lindarae Johnson, Sandy Thompson, Joshua Henthorne, Wendy Jordan, Morgan Randolph, Ann Rivas, Mary Rivera, Sabrina Van De Walle, and Jennifer Case	Kerrville, San Marcos, New Braunfels, and Remote	Monthly as of June 2026.
Blanco County - Community Resource Center Advisory Board	Identify potential agencies to join CRC, identify needs for CRC and advertisement to meet needs of community members	Community members and agencies	Alternate between church and will be meeting in CRC once open (in Blanco County)	Monthly
Blanco County - Community Resource Center Interagency	Identify needs and gaps in services for Blanco County and know resources to connect people with	Community members and agencies participating in the CRC	Community Resource Center	Monthly

Review Document

Comal County - CARE (Community Assistance and Resources for Everyone)	A community networking group for local resources and non-profit organizations	Maureen Schein, Anthony Winn, Tricia Mathis, Juanita Billeiter, Joanne Daxon	Canyon Lake CRRC	Quarterly
Comal County - Child Fatality Review Committee	Review and address child/adolescent deaths in our county	DA, law enforcement, providers, hospitals, school districts, EMS	Child Advocacy Center	Quarterly
Comal County - Churches and Agencies	Designed to strengthen collaboration between faith communities and service providers	Churches and local non-profits	Saint Peter and Paul Catholic Church	Monthly
Comal County - CRCG	Community Resource Coordination Group serving children and families in Comal County	Nora Smith, Catherine Archer, Nicole Hughey, Christie Wozniak, Angelica Ramos, Jordan Unsworth, Suzie Seabolt, Crystal Andrews, Cindi Avila, Alisha Stanley, Sabrina Estrada, Jenni Nieto, Walter Hutchison, Debbie Whitehouse, Anthony Winn, Jim Strakos	NBISD Administration	Monthly
Comal County - Healthcare Steering Committee	Discuss emergency healthcare response in our county.	Hospitals, EMS, law enforcement	Public Health Building	Monthly
Comal County - Hill Country Hope 4 Mental Health	A group of local stakeholders in Bulverde trying to coordinate mental health awareness for the greater Bulverde/Spring Branch area	Jason Carlettini, Tamara Ramirez, Dr. John Beach, Anthony Winn, Dr. John Patterson	Riverside Community Church	Monthly
Comal County - Hill Country Interagency Association	An interagency networking group for local resources, managed care organizations, and	Frank Morales, Walter Hutchinson, Any Baby Can, Joanne Daxon,	Community Bible Church Bulverde	Monthly

Review Document

	non-profit organizations	Community Bible Church Bulverde, Blanca Martinez		
Comal County - Homeless Coalition	Problem solve unmet needs of homeless population in our county	Salvation Army, VIM, school districts, local churches, NBPD, CCSO, Crisis Shelter, Connections	McKenna	Monthly
Comal County - Jail Committee	Identify action steps for inmates with MH needs, to include discharge planning	Jail Administrator, MCOT, DA's office	Comal County Jail	Monthly
Comal County - Jail Meeting	Staffing for high need inmates with mental health concerns		Comal Jail	Monthly
Comal County - Local Advisory Committee	Local volunteers with an interest in mental health and supporting Comal MH	Local volunteers	McKenna	Monthly
Comal County - Mental Advocacy Partners (MAPNB)	Discuss MH needs of the community-specific to adolescents	Non-profit mental health service providers, local ERs, law enforcement	McKenna	Quarterly
Comal County - Mental Health Advisory Committee	Developing an advisory board for Comal County Mental Health		Comal MH	Monthly
Comal County - Stakeholders Meeting	Discuss MH needs of the community	Judge Stevens, Jennifer Nieto, Anthony Winn, Veronica Drake, Resolute Health Hospital, Christus Santa Rosa Hospital, Austin Lakes Hospital, Gilbert Bustos, New Braunfels Fire/EMS, Canyon Lake Fire/EMS, Bulverde Spring Branch Fire/EMS	Comal County Courthouse	Quarterly
Comal County - Veterans Court	Veterans' court		Comal Courthouse	Weekly

Review Document

Comal -Comal County Community Coalition Partnership	SACADA to address drug addiction in Comal County	SACADA, EMS and Sheriff's Office		Monthly
Gillespie County - Committee on Suicide Reduction			Hill Country Memorial Hospital	Quarterly
Gillespie County - Health Board				Monthly
Gillespie County - School Health Advisory Council				Quarterly
Gillespie - School Health Advisory Council	Advisory Council to educate and manage the health and welfare of FISD students	Chris Nevins, Ron Sutton, Patricia Rivera, John Willome, community partners	Fredericksburg HS	Every 2 months
Gillespie - Reducing Suicide Risk Group	Monitor implementation/polices for suicide prevention	Mandy Schmidt, FPD, Hill Country Memorial	Hill Country Memorial Hosp	Quarterly
Hays County - Court at Law MH Court Planning	Development of mental health court for Hays County Court at Law		Hays Justice Center	As needed
Hays County - CRCG	Community resource coordination group		Greater San Marcos Youth Council	As needed
Hays County - Criminal Justice Coordinating Committee	County Commissioners - mental health/legal reforms		Hays Justice Center	Biweekly
Hays County - Interagency	Social services networking	Various community members	Center for Health Improvement	Quarterly
Hays County - LOSS Meeting	Coordinates support for suicide survivors	Law enforcement, Victim Services Representatives, CTMC Grief Services	Scheib Mental Health	As needed
Hays County - Mental Health Coalition	Children's mental health services		San Marcos Activity Center	Monthly
Hays County - Mental Health Stakeholders Meeting	Discuss process issues surrounding crisis and commitments	Law enforcement, hospital staff,	Wellbridge	Quarterly

Review Document

		nursing facility staff, etc.		
Hays County - Pre-Trial Subcommittee	County Commissioners - mental health/pre-trial services reform		Hays Justice Center	Monthly
Hays County - Safety Committee	For Dripping Springs school district	Teachers, parents, school board members, mental health agency, emergency services, parents	Dripping Springs ISD	Quarterly
Kendall County - Children's Death Review Committee	Reviews child/adolescent deaths to prevent harm to other children	Judges, doctors, nurses, law enforcement, CPS, public health, EMS	Kendall Courthouse Annex	Quarterly
Kendall County - Hope for the Homeless	Created to address the needs of Kendall County's homeless population	Community members and subcommittees to address unique needs	Boerne Library	Monthly
Kendall County - Opioid Response Committee	Created to help Kendall County implement best practices to reduce mortality rates from substance use, including deaths related to opioid use	Various community members	Boerne Library	Monthly
Kerr County - Community Health Coalition	Identifying mental health needs in the community, increasing community collaboration, and problem solving	Tracy Davis, Ashlee Miller, David Knight, Rusty Hierholzer, Sharon Keith, Eric Maloney	Peterson Regional Medical Center	Monthly
Kerr County - CRCG	Group of local partners and community members that collaborate with parents, caregivers, youth, and adults to make service plans		BCFS Hill Country Resource Center	Monthly
Kerr County - Institute for Healthcare Improvement, Open School Chapter	Community collaboration on how we can help each other and the community, discussion of potential grant ideas	Cindi Tate, Tracy Davis, Sherri Risner, Theresa Standage, Jason Eckols, Brenda	Schreiner University	Monthly

Review Document

		Thompson, Krisann Muskievicz		
Kerr County - Interagency Meeting	Marketing and sharing information and resources in the community	Multiple agencies	Light on the Hill	Monthly
Kerr County - National Association for Mental Illness (NAM)	Support and share information, special programs offered to help individuals/families with mental illness	Denise LeMeilleur, Ed Renden, Bunny Bond, Pam Cann	Wells Fargo Bank at Five Points	Monthly
Kimble County - Child Protective Services	Discuss individuals in CPS custody and Hill Country services	Robin Conner, Zane Anguiano, Julee Holladay, Robert Walker, Alexander Amparano, Misty Martinez, Amy Palmer, Annie Barker	Kimble County Mental Health	Quarterly
Kimble County - District Attorney Tonya Ahischwede	Discuss mental health needs/assistance for offenders with mental health concerns in Edwards, Kimble, Menard, and McCulloch Counties		Kimble County Courthouse	As needed
Llano County - CRCG/Mental Health Coalition	Staffing needs of community members	Multiple partner agencies	Various	Quarterly
Medina County - Coffee with Cops	Open community discussions	Hondo Police Department	Hondo Library	Monthly
Medina County - CRCG	Discuss overall wellness with all agencies involved	Agencies involved with cases, such as CPS, APS, etc.	Kerrville	Quarterly
Medina County - Crisis Fatality Review Team	Review of fatalities with stakeholders	Law enforcement, DA's office, CPS, APS, medical providers, etc.	Uvalde Fairplex	Annually
Medina County - JP Meeting	Discussion of 1622s for Medina County		Castroville Courthouse	As needed
Medina County - Judge Cashion	Discuss possible mental health court for Medina CCL		Hondo Courthouse	As needed

Review Document

Medina County - Multi-Task Force	To review and discuss cases being investigated	Law enforcement and others involved with cases	Bluebonnet Children's Advocacy Center	Monthly
Medina County - National Night Out	Community agencies present service information and meet community members	Area law enforcement	Medina County Courthouse	Annually
Medina County - Public Health Emergency Preparedness	To discuss process of disaster and how it relates to all agencies involved	EMS, health department, medical providers, law enforcement	South Texas Regional Medical Center	Annually
Medina County - Specialty Court	Mental health court for Medina County - felony/adult probation	Patricia Deleon	Hondo Jail Courtroom	Biweekly
Real County - Team Real	Allows groups/individuals to get access and support from community partners in Real County	Bianca Rhodes-Spies		
Uvalde County - CRCG	Group of local partners and community members that collaborate with parents, caregivers, youth, and adults to make service plans to help people with special needs get benefits and services	Bianca Rhodes-Spies		Monthly
Uvalde County - Specialty Court	Mental health court for Uvalde County - felony/adult probation	Patricia Deleon	Uvalde Courthouse	Biweekly
Uvalde County - Specialty Court Planning Meeting	Assess mental health court, plan for improvements	Patricia Deleon	Uvalde Courthouse	As needed
Uvalde County - Team Uvalde	Allows groups/individuals to get access and support from community partners in Uvalde County	Bianca Rhodes-Spies		Monthly
Val Verde County - CRCG	Aid individuals in need	Rachel Cedillo, Jaime Ortiz, Raquel Rodriguez, Lena Bermea	BCFS	Monthly

Review Document

Val Verde County - Mental Health Committee	Plan mental health conference	Rachel Cedillo, Jaime Ortiz, Raquel Rodriguez, Henry Gomez, Kelly N., Mario Arreola	Heritage Program, Val Verde Regional Medical Center	Biweekly
State - Texas Association of Specialty Courts Annual Conference	Educational updates on MH/Legal issues in Texas Collaboration with other LMHAs and Specialty Court Programs		Galveston	Annual
Kimble County Stakeholder Meeting Junction TX	Discuss services available via Hill Country / SUD-OP / TACOOMMI	Bianca Spies	Kimble PD	As needed
Texas Council	Peer Support Steering Committee	Randie Benno	Webinar	Monthly
Texas Council	Peer Support Call	Randie Benno	Conference Call	Monthly
Kerr - Kerrville Recovery Coalition Committee	Under City Council – Citywide multidisciplinary coalition	Randie Benno	Kerrville	Monthly
State - Via Hope Advisory Committee	Developing Peer Development Program	Randie Benno	Austin	Quarterly
National/State - National Council	Tic Toc 3.0 Infusing Trauma Informed Care throughout Texas	Marcia Freudenberg	Conference Calls and In-person conferences	Twice a month
State - Via Hope PSI (Peer Supervisor Learning Community)	Creating a community of peer supervisors throughout Texas while helping one another improve the quality of supervision given to our supervisees		Webinars and two in-person gatherings	Monthly
State - Via Hope Peer Professional Development Institute (PPDI) Mentor	Prepare mental health and substance use peer specialists to meet the increasingly complex challenges of behavioral health workplaces through training, mentorship, and peer support		Webinars, in-person curriculum revision meetings, phone calls	Monthly
Comal County Stakeholders meeting				

Review Document

Behavioral Advisory Team - Hays County				
Mental Health Coordinating Committee - Hays County				
Mental Health Court - Hays, Comal, Medina, Uvalde, Kerr Counties				
Assisted Outpatient Treatment - Hays County				
Threat Assessment Team - Kerr, Hays, and Uvalde Counties				
Team Uvalde				
Chapoy St. Resource Center - Val Verde County				
Suicide Prevention Council - Comal County				
Multidisciplinary Response Team - Blanco County				
Dispatch Clinician - New Braunfels				
Mental Health Unit Clinician - San Marcos				

Review Document

Uvalde CARES project (Uvalde PD Mental Health Unit)				
MH Deputy - Blanco, Kimble, and Bandera Counties				
Jail Continuity of Care - Comal, Kendall, Medina, Kerr, Kimble, Menard, and Gillespie Counties				
JBCR - Hays and Comal Counties				

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.

Over the past year, a variety of methods and activities have been employed to gather meaningful input from stakeholders, ensuring diverse perspectives and insights inform our planning process. These efforts aimed to include individuals served, family members, staff, and community representatives, strengthening our commitment to a person-centered and community-focused approach.

Key Methods and Activities:

- **Surveys and Questionnaires:** Comprehensive surveys were distributed to individuals served, family members, and community members to capture their experiences, identify unmet needs, and assess overall satisfaction with services. This quantitative data provided a broad overview of stakeholder perspectives.
- **Community Workgroups:** HCMHDDC has facilitated and participated in several community stakeholder groups allowed for in-depth discussions with

Review Document

specific stakeholder groups, such as family caregivers, individuals receiving services, staff, and community members. These sessions fostered open dialogue on service needs, barriers, and areas for improvement.

- **Planning Network Advisory Committee:** Advisory committees composed of individuals served, family members, and community partners were convened to provide regular input on local planning initiatives. This committee is instrumental in guiding the planning process and ensuring representation across all groups.

Efforts to encourage diverse stakeholder participation included initiative-taking outreach, multilingual resources, and flexible participation options (in-person, virtual, written feedback) to accommodate various preferences and accessibility needs. Through these methods, HCMHDDC ensures that all relevant voices are heard, fostering a collaborative approach to planning and decision-making.

• Planning Network Advisory Committee (PNAC) /Community Advisory Council (CAC)
• FY 2025 Needs Assessment that was sent to contacts with Hill Country. Representatives from each stakeholder group was targeted with the survey.
• Directors of services receive informal input from individuals and family members.
• Person Directed Plans and Person-Centered Recovery Plans

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.

Through comprehensive engagement with stakeholders, several key issues and concerns have been identified that reflect the broad needs of our community. These concerns encompass a variety of unmet needs and areas for improvement, as raised by multiple stakeholders, including individuals served, family members, staff, and community representatives.

Key Issues and Concerns:

- **Access to Services:** Many stakeholders expressed concern over limited access to timely and appropriate services. This includes long waiting times, particularly for specialized services (e.g., counseling), which affect individuals across all demographic groups. Need to increase efficiencies (reduce time between intake and initial psychiatrist appointment, waitlists, assessment, etc.). Lack of mental health resources (Children/Adolescents/Adults) in I-90 Corridor.

w Document

- **Workforce Shortages:** A commonly raised issue was the shortage of skilled professionals in both direct care and specialized roles, which has impacted on service delivery and quality.
- **Mental Health Crisis Support:** Broad support was observed for enhanced crisis intervention services in our clinics and opening crisis observation units. Peer support in emergency rooms. In Val Verde County there can be up to a 3-hour drive in any direction for a psychiatric private/public bed.
- **Transportation Barriers:** Many community members identified transportation as a critical barrier to accessing services, especially in rural areas, highlighting the need for expanded transportation support.
- **Comprehensive Support for Substance Use Disorders (SUD):** Stakeholders emphasized the importance of more integrated SUD treatment options, with a focus on continuity of care and recovery resources.
- **Family and Caregiver Support:** Family members and caregivers have highlighted the need for additional support services and respite care to alleviate the demands of caregiving and improve overall well-being.

These issues reflect significant areas where the community seeks further resources and support. The feedback provided by stakeholders underscores the importance of addressing these unmet needs to strengthen overall service effectiveness and accessibility.

Section II: Psychiatric Emergency Plan

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

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

- Law enforcement (police/sheriff and jails).
- Hospitals and emergency departments.
- Judiciary, including mental health and probate courts.
- Prosecutors and public defenders.

Review Document

- 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: Hill Country actively collaborated with local stakeholders for the Psychiatric Emergency Service Plan. Hill Country works with various work groups through its catchment area. For example, Comal and Hays Counties have a quarterly stakeholder meeting with county Commissioner, county staff, local hospital and healthcare leaders, law enforcement, advocacy organizations, local providers, judges, peers, etc.
- Ensuring the entire service area was represented; and
    - Response: Hill Country Executive Team Staff and Local Regional and Clinic Directors meet with various stakeholders from each county to assess needs and develop planning initiatives. For example, regular meetings with Peterson Regional Hospital address the Psychiatric Emergency Plan, meetings were held in Llano, Val Verde and Medina counties with diverse stakeholders (District Judges, County judges, County District Attorneys, Law Enforcement, Child Advocacy Centers, DFPS, Hospital Administrators, School Systems, providers, etc.), in our frontier rural areas meetings with local officials (judges and law enforcement) were held.
- Soliciting input.
    - Response: Hill Country participates in Regional Planning Conference at SASH with other LMHAs in SASHs 54 county catchment area. Hill

Review Document

Country participates in identifying regional needs with the Southwest Texas Regional Advisory Council.

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

1. How is the Crisis Hotline staffed?
    a. During business hours
    Response: During business hours: Avail staffs 24/7

    b. After business hours
    Response: After business hours: Avail staffs 24/7

    c. Weekends and holidays
    Response: Weekends/holidays: Avail staffs 24/7

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

3. How is the MCOT staffed?
    a. During business hours
    Response:
    - Hill Country delivers community-based crisis services throughout the 19 counties served. Each county has trained and credentialed crisis workers or an MCOT team to respond. All crisis workers/MCOT teams are dispatched through Hill Country's Crisis Hotline and provide prompt face-to-face crisis screening, assessment, intervention and follow-up and relapse prevention services to individuals in their communities 24 hours a day, 7 days a week. Hill Country fields four MCOT teams
    - The first MCOT team (Hays and Blanco counties) is funded through HHSC with 3 QMHPs, 1 LPHA, and access to psychiatrist and RN
    - The second MCOT team (Kerr County) is funded through the 1115 Waiver with 5 QMHPs, 1 LPHA, and access to on-call psychiatrists and RN/LVNs

Re document

- The third MCOT team (Val Verde and Kinney counties) is funded through the 1115 Waiver with 2 QMHPs, 1 LPHA, and access to on-call psychiatrists and nurse practitioners).
- The fourth MCOT team (Comal County) is funded through the McKenna Foundation with 3.5 QMHPs, 1 LPHA, a part-time RN, a part-time psychiatrist, and part-time access to a tele psych psychiatrist

b. After business hours
Response: 4 Crisis QMHP and 1 LPHA Clinical available, on-call psychiatrist available, 24 hours a day, 7 days a week

c. Weekends and holidays
Response: 4 Crisis QMHP and 1 LPHA Clinical available, on-call psychiatrist available, 24 hours a day, 7 days a week.

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

5. Provide information on the type of follow-up MCOT provides (phone calls, face-to-face visits, case management, skills training, etc.).
Response: MCOT provides (telephone/video/face-to-face) follow-up service within 24 hours of the crisis. During the follow-up appointment, MCOT completes a Brief CSSR-S to assess suicide risk, case management as needed, and skills training if appropriate. They also review the effectiveness of the safety plan and schedule additional appointments, if needed, with the clinic. An ANSA or CANS may also be completed during the follow-up service.

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:
Yes, if person is medically cleared, the ER will call crisis hotline. The hotline triages the call and determines activation of MCOT.

b. Law Enforcement:
Law Enforcement calls crisis hotline and the hotline will activate. We respond to law enforcement. Work collaboratively with law

Rev. Procurement

enforcement to determine least restrictive, transportation, emergency detention, etc. The MCOT also works closely with the mental health liaison deputies who are assigned to collaborate with people needing services and Center staff.

7. What is the process for MCOT to respond to screening requests at state hospitals, specifically for walk-ins?
   Response: We have no state hospitals in our 19 counties.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
   a. During business hours:
      Call Crisis Hotline to request screening for hospitalization by LMHA or call private inpatient hospitals they have MOUs with for patients with insurance.

   b. After business hours:
      Call Crisis Hotline to request screening for hospitalization by LMHA or call private inpatient hospitals they have MOUs with for patients with insurance. No OPC are signed after hours so if law enforcement refuses ED, the hospital must secure patient until the OPC can be obtained Monday morning.

   c. Weekends and holidays:
      Call Crisis Hotline to request screening for hospitalization by LMHA or call private inpatient hospitals they have MOUs with for patients with insurance. No OPC are signed after hours so if law enforcement refuses ED, the hospital must secure patient until the OPC can be obtained Monday morning.

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: Whether the individual is in a hospital or another community setting, it is Hill Country's process for the 24-hour crisis hotline to be contacted. If medical attention/clearance is needed, peace officer or EMS transports them to nearest emergency room. If the individual is the hospital emergency room and needs further assessment or crisis stabilization, the hospital temporarily houses the individual while receiving ongoing medical care until MCOT can arrange for transfer to a psychiatric treatment facility. Referred for immediate, appropriate medical attention.

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

    Response: Whether the individual is in a hospital or another community setting, it is Hill Country's process for the 24-hour crisis hotline to be contacted. If medical attention/clearance is needed, peace officer or EMS transports them to nearest emergency room. If the individual is the hospital emergency room and needs further assessment or crisis stabilization, the hospital temporarily houses the individual while receiving ongoing medical care until MCOT can arrange for transfer to a psychiatric treatment facility. Referred for immediate, appropriate medical attention.

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

    Response: MCOT completes screening, calls inpatient hospitals to secure bed, notifies appropriate person if necessary for need of OPC or ED to transport, and facilitates doctor-to-doctor if needed by the admitting facility.

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

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.

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

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?

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

    Response: Either law enforcement will transport under Emergency Detention Warrant (ED), or the hospital or facility will request OPC via DA's office. The LMHA must secure the bed then the judge will sign the Order of Protective custody to transport to the designated hospital. You cannot stack Eds and if we know one will expire, we will go ahead

Review Document

and recommend the OPC process to cover the patient until the accepting hospital can schedule the probable cause hearing.

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

    Response: Either law enforcement will transport under Emergency Detention Warrant (ED), or the hospital or facility will request OPC via DA's office. The LMHA must secure the bed then the judge will sign the Order of Protective custody to transport to the designated hospital. You cannot stack Eds and if we know one will expire, we will go ahead and recommend the OPC process to cover the patient until the accepting hospital can schedule the probable cause hearing.

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.

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 5: Psychiatric Inpatient Care for Uninsured or Underinsured

Name of facility	Linda Werlein Crisis Stabilization Unit
Location (city and county)	Kerrville, Kerr County
Phone number	(830) 257-5111

Review Document

Name of facility	Linda Werlein Crisis Stabilization Unit
Key admission criteria	• Admit Criteria: Danger to self, danger to others due to mental illness; meet criteria for ED or OPC; person has a mental illness; services provided in the CSU may reduce the prospective patient's acute symptoms and may prevent psychiatric hospitalization; and level of monitoring of the prospective patient in the CSU or restriction of the environment of the CSU is adequate to prevent the prospective patient from causing serious harm to self or others. • Exclusionary Criteria: is under the age of 18 (we do not have separate facilities to separately accommodate those under 18 years of age); is the subject of an order for temporary inpatient mental health services issued in accordance with THSC §574.034; is the subject of an order for extended inpatient mental health services issued in accordance with THSC §574.035; requires specialized care not available at the CSU; or has a physical medical condition that is unstable and could reasonably be expected to require inpatient treatment for the condition.
Service area limitations if any	None; serves 19 county Hill Country service area and accepts people from other areas as bed availability allows.
Other relevant admission information for first responders	Patient must be medically stable See admission and exclusionary criteria; must be screened by LMHA crisis worker
Number of beds	Funded for 16 beds
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	No

Review Document

Name of facility	Linda Werlein Crisis Stabilization Unit
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)?	N/A. Funded under PESC but for Crisis Stabilization beds operated by Hill Country only.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	N/A. Funded under PESC but for Crisis Stabilization beds operated by HILL COUNTRY only.
If under contract, what is the bed day rate paid to the contracted facility?	N/A
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	San Antonio Behavioral Health
Location (city and county)	San Antonio, Bexar County
Phone number	210-541-5300
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Ages 9 through 17, and adults through older adults.
Service area limitations if any	None

Review Document

Name of facility	San Antonio Behavioral Health
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.
Number of beds	198
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$720 Private Psychiatric Beds
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Review Draft

Name of facility	Rivercrest
Location (city and county)	San Angelo, Concho County
Phone number	800-777-5722
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Ages 5 through 17, and adults.
Service area limitations if any	None
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.
Number of beds	80
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$720 Private Psychiatric Beds

Rev

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

Name of facility	Cross Creek
Location (city and county)	Austin, Travis County
Phone number	888-981-4177
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Adolescents, adults, geriatric.
Service area limitations if any	None
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.
Number of beds	
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Review Document

Name of facility	Cross Creek
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$720 Private Psychiatric Beds
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Georgetown Behavioral Health Institute
Location (city and county)	Georgetown, Williamson County
Phone number	512-819-1154
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Adolescents and adults
Service area limitations if any	None

Preview Document

Name of facility	Georgetown Behavioral Health Institute
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.
Number of beds	
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$720
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Review Draft

Name of facility	Shannon Behavioral
Location (city and county)	San Angelo, Tom Green County
Phone number	1-325-747-4733
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Adults 18 and over
Service area limitations if any	None
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.
Number of beds	
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$720

Rev

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

Name of facility	Ascension Seton Shoal Creek
Location (city and county)	Kyle, Hays County
Phone number	
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Adults 18 and over
Service area limitations if any	None
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.
Number of beds	
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Review Document

Name of facility	Ascension Seton Shoal Creek
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$720
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Ascension Dell
Location (city and county)	Austin, Travis County
Phone number	512-324-0000
Key admission criteria	Danger to self, danger to others, at risk of decompensation. Ages 6-17

Preview Document

Name of facility	Ascension Dell
Service area limitations if any	None
Other relevant admission information for first responders	Purpose is to provide temporary psychiatric hospitalization for adult crisis patients when no State-funded beds are available. Must be approved by Hill Country personnel.
Number of beds	
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$720
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Review Document

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: Uvalde, Medina, Hays, and Comal Counties have a Mental Health Court. Outpatient clinic psych evaluations and medications for MH Individuals who participate in the justice system.

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

   Response: There are limited inpatient psychiatric hospitals offering these services. These programs are difficult to sustain due to low volume of individuals needing these services. Some criminal charges prohibit outpatient competency restoration. Local criminal court judges continue to struggle to understand the language and requirements of Chapter 46B, Incompetency to Stand Trial, of the Texas Code of Criminal Procedure, regarding the legal competency to stand trial.

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: Hill Country does not have a dedicated jail liaison position.

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: MCOT workers. Mental Health Court Case Managers- Hays, Medina Uvalde & Comal Counties.

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: Establishment of Specialty Court- MH Court in Hays and Comal Counties.

Review Document

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

   Response: Yes, Outpatient Competency Restoration Program, inpatient competency restoration, jail-based competency restoration, and jail diversion. MH Court would be helpful to assist with persons who continue to get in trouble with the law but also appear to suffer from mental illness. It is possible that competency restoration could be utilized in conjunction with a program like this.

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

   Response: Funding for court liaisons, community support for such program(s), funding for LMHA staff to coordinate with LE and courts while providing mental health services.

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:
   - Recovery coaches and MCOT workers refer consumers to services needed as appropriate. Case management/care coordination is provided to refer to local agencies/programs for assistance.
   - Private Dual Diagnosis hospitals are utilized, when possible, at the time of psychiatric hospitalizations (for insured individuals).
   - Integrated health Home in San Marcos for individuals with severe and persistent Mental illness. COPSD staff are also officed at this location and the OSAR will screen and assess individuals as needed.
   - Be Well Texas (UT Health Science Center San Antonio)
   - SACADA Kerr-Kendall Rural Communities Opioid Response Program

Review Document

- Bluebonnet Trails-OSAR (Outreach, Screening, Assessment & Referral)

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

   Response:

   - Plan to continue to expand on these current projects.
   - Long term plans involve continued discussion with members of law enforcement, jails, judges, and hospital emergency rooms to explore alternative sources of funds to support a jail-based competency restoration program.
   - Expand & Increase Services Provided:
     - Increase # of Adult Licensed Facilities
     - Initiate youth substance abuse services
     - Initiate licensing/satellite for youth services
     - Increase number of LCDC staff

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:
   - Hill Country's website.
   - Magnetic cards for the Crisis Hotline number.
   - Informal and formal meetings with community stakeholders and stakeholder groups.
   - Attending Community Fairs and distribute information
   - Pamphlets for Local stakeholder meetings.
   - Email flyers.
   - New Braunfels MAP
   - Disaster Response Plan
   - Business Continuity and Disaster Plan

Review Document

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:
   - The Crisis Hotline is accredited with AAS, and periodic meetings occur to update processes in the emergency plan.
   - Staff receive ongoing training to remain competent and review plans.
   - MCOT and clinic staff receive annual training and additional training as needed to remain competent to implement the plan.

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 6: Crisis Emergency Response Service System Gaps

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
Bandera, Blanco, Edwards, Gillespie, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde	• Need Mental Health Deputies in rural counties. • Distance to respond to crisis from Mental Health Clinic – need capabilities to do crisis assessments by video (e.g., jails, hospitals, local law enforcement, etc.).	• Additional MHD Officers • Need to increase availability of psychiatric beds on I-35 and I-90 corridors • Expanding access to behavioral health services in rural areas • Maintain 24/7 access to psychiatric services in jails throughout catchment area • Increase use of televideo services • Increase transportation services	Estimated FY25/26

Review Document

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 7: Intercept 0 Community Services

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mental Health Courts program	Hays, Comal, Blanco, Uvalde, and Medina counties.	Provide training to staff and community on The Sequential Intercept Model (SIM). Continue to strengthen working relationships and partnerships with local jails to enhance existing referral processes. Expand Psychiatric Consultation services in the jails
Veteran Jail Diversion programs	Hays and Comal counties	
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.	Hays County for adults and youth and Comal County has an adult program.	
The TCOOMMI Continuity of Care (COC) program is available in	all nineteen counties	

Review Document

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mobile Crisis Outreach Team (MCOT)	Hays, Blanco, Comal, Kendall, Bandera, Del Rio	Meet regularly with local law enforcement to discuss mental health deputy needs. Apply as Certified Community Behavioral Health Clinics and expand Substance Use Prevention and Treatment supports.
Training dispatch and first responders; law enforcement staff; court personnel; probation personnel	all nineteen counties	
Psychiatric Consultation Services (equipment and Access to Psychiatrist 24/7) to assess and evaluate.	Jails in Comal, Kendall, Bandera, Mason, Menard, Blanco, Schleicher, Sutton, Edwards, Medina, Real, Kerr, and Llano Counties	

Table 8: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Mental Health Courts program	Hays, Comal, Blanco, Uvalde, and Medina counties.	Develop a comprehensive picture of how people with mental and substance use disorders flow through the criminal justice system along the six distinct intercept points.
Veteran Jail Diversion programs	Hays and Comal counties	
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.		

Review Document

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
The TCOOMMI Intensive Case Management programs	Hays County for adults and youth and Comal County has an adult program.	Identify gaps, resources, and opportunities at each intercept for adults with mental and substance use disorders
The TCOOMMI Continuity of Care (COC) program is available in	all nineteen counties.	

Table 9: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
MH Court	Comal	No additional plans noted
MH Court	Hays	No additional plans noted
MH Court	Medina/Uvalde	No additional plans noted

Table 10: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mental Health Courts program	Hays, Comal, Blanco, Uvalde, and Medina counties.	Continuing with current programs and plans with local communities to determine if treatment courts or specialized dockets can be developed Evaluate feasibility to expand Jail-based programming and health care services via telehealth (especially in rural areas). Work on collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration
Veteran Jail Diversion programs	Hays and Comal counties	
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.		
The TCOOMMI Intensive Case Management programs	Hays County for adults and youth and Comal County has an adult program.	
The TCOOMMI Continuity of Care (COC) program is available in	all nineteen counties.	

Review Document

Table 11: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mental Health Courts program	Hays, Comal, Blanco, Uvalde, and Medina counties.	Develop enhanced transition planning with jails utilizing Tele psych to improve reentry outcomes by organizing services around an individual's needs in advance of release. Monitor medication and prescription access upon release from jail or prison. Work on warm hand-offs from corrections to providers. Target increasing engagement in services.
Veteran Jail Diversion programs	Hays and Comal counties	
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.		
The TCOOMMI Intensive Case Management programs	Hays County for adults and youth and Comal County has an adult program.	
The TCOOMMI Continuity of Care (COC) program is available in	all nineteen counties.	
PAP Program (Medications)	all nineteen counties.	

Table 12: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mental Health Courts program	Hays, Comal, Blanco, Uvalde, and Medina counties.	Evaluate feasibility of Medication-assisted treatment for substance use disorders. Work on increasing access to recovery supports, benefits, housing, and competitive employment.
Veteran Jail Diversion programs	Hays and Comal counties	
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program.		

Review Document

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
The TCOOMMI Intensive Case Management programs	Hays County for adults and youth and Comal County has an adult program.	Identify and work on reducing criminal justice-specific barriers to access.
The TCOOMMI Continuity of Care (COC) program is available in	all nineteen counties.	

III.B Other Behavioral Health Strategic Priorities

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

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

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs of public-school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities

Review Document

- 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 13: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	• Gaps 1, 10 • Goal 1	Required training on cultural humility, trauma informed care for all staff. Language preference data is being collected. All forms are made available in Spanish. Language line is available when a translator is needed.	Utilize language preference data to identify additional form translation needs.
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	• Gaps 2, 3, 4, 5, 10, 12 • Goal 1	Currently working with the Next Step program in Comal County to coordinate services for individuals who are unhoused or sheltered. This project is a mix of local and state funds.	Considering moving into a coordinated entry partnership with Southside Community Center in San Marcos.

Preview Document

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	• Gaps 1, 10 • Goal 1	Currently we have an operational grant management structure. Regularly reviewing new funding opportunities that match organizational goals.	Implementation of a project management workflow to improve efficiency and reduce administrative barriers.
Implement services that are person- and family-centered across systems of care	• Gap 10 • Goal 1	Staff are required to take Person-Centered Thinking Training. Clinical operations utilize a collaborative, person-centered planning model, and approach overall services.	Continuing to identify ways to reduce barriers to access based on feedback from individuals in services.
Enhancing prevention and early intervention services across the lifespan	• Gaps 2, 11 • Goal 1	Introduced a Coordinated Specialty Care program targeting first episode psychosis. Participating in the zero-suicide initiative.	Increase prevention efforts in line with the Zero Suicide initiative.
Identify best practices in communication and information sharing to maximize collaboration across agencies	• Gap 3 • Goal 2	Building leadership coalitions like the MHCC in Hays County to coordinate efforts among agencies.	Working to expand coalition efforts in rural counties such as Blanco and Llano.
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	• Gaps 1, 3, 7 • Goal 2	SIM mapping workshops have been completed in 7 counties and identified areas of system improvement are being addressed at an interagency level.	Embedding positions within partner organizations to solidify joint procedure and partnerships.
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	• Gap 3 • Goal 2	SBHCC strategic plans have been identified as a resource for the MHCC in Hays County to consider	Include SBHCC strategic plans as resources for additional coalitions that are in the beginning stages.

Review Draft

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	• Gaps 1, 11, 14 • Goal 2	Collaborating with community partners to educate on services provided by the LMHA as well as identifying other services available within the 19 counties has been underway. Hays County Health Department recently released a resource guide that is the product of such efforts.	Execution of formal MOUs/BAAs with a wide variety of partners.
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	• Gaps 1, 5, 6 • Goal 2	Monitoring tools and clinical pathways are being explored to track delays and troubleshoot more effectively.	Implementation of pathways and additional monitoring tools/ reports.
Develop step-down and step-up levels of care to address the range of participant needs	• Gaps 1, 5, 6 • Goal 2	HCMHDDC currently operates a Crisis Stabilization Unit and 12 outpatient mental health clinics	Addition of two Extended Observation Units/ Crisis Residential Units in Uvalde and Comal Counties to add to the continuum of care.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	• Gaps 3, 14 • Goal 3	We have created a data team consisting of staff from four separate departments within the organization to better inform our data needs and ensure coordination. This process has resulted in identified gaps within intake and CBT availability	Continue to review data and identify trends to improve provider performance continuously.
Explore opportunities to provide emotional support to workers who serve people receiving services	• Gap 13 • Goal 3	We have explored doing Wellness Recovery Action Plan workshops for staff targeting their work. We have also discussed utilizing curriculum related to building resilience within a trauma exposed workforce.	Identify next steps/ funding sources.

Document

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	• Gaps 13, 14 • Goal 3	Workforce SWOT analysis by management team has identified several successful strategies including increased wages	Participation in a National Council Echo learning community related to workforce development and retention.
Implement a call to service campaign to increase the behavioral health workforce	• Gap 13 • Goal 3	Social Media accounts for HCMHDDC are active in raising awareness of vacant positions and the rewards of working in a service profession.	Participation in a National Council Echo learning community related to workforce development and retention.
Develop and implement policies that support a diversified workforce	• Gaps 3, 13 • Goal 3	Under Development	Under Development
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	• Gaps 3, 13 • Goal 3	Under Development	Under Development
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	• Gaps 3, 14 • Goal 4	Under Development	Under Development
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	• Gaps 3, 14 • Goal 4	Exploration of Care Quality system with partners.	Identify a willing partner.
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	• Gaps 3, 4, 14 • Goal 4	Currently tracking veteran status as individuals enter services.	Tracking referrals in more detail to identify patterns and trends.

Draft Document

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	• Gaps 7, 14 • Goal 4	Currently collecting data on symptom improvement through PHQ-9, GAD-7 and BRS and ANSA.	Create a more detailed analysis related to the specific type of evidence-based practice utilized.

III.C Local Priorities and Plans

Based on identification of unmet needs, stakeholder input, and internal assessment, identifying 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.

Review Document

Table 14: Local Priorities

Local Priority	Current Status	Plans
To continually explore how we can connect to the people we serve, the people we work with, the people in our communities, and the people that fund us. Our effectiveness impacts the health of our communities, and it is important to and for us to have strong relationships. It is important to build relationships by listening and acting on what we discover.	• Created FY 2026-2030 Strategic Plan Strategic Plan with Objectives and Strategies for all priorities. • Working on implementing. • Developed Evaluation Tool and deployed. • Completed FY 2025 Needs Assessment • Specifics to priorities identified in just completed Needs Assessment will be reviewed and outlined within the next 6 months.	• Evaluate Yearly. • Adjust plans as needed.

Review Document

Local Priority	Current Status	Plans
To satisfy the people we are connected to; it is important to and for us to align our strategic initiatives or to align our services and business process to determine what we must excel. Alignment is crucial to ensure that all parts of the organization are working together effectively to achieve our goals. The best indicator for organizational alignment is results. Metrics that define the specific results desired should be established based on goals and objectives. Progress should be monitored, and improvements and corrections made when results are not as expected.	• Created FY 2026-2030 Strategic Plan Strategic Plan with Objectives and Strategies for all priorities. • Working on implementing. • Developed Evaluation Tool and deployed. • Completed FY 2025 Needs Assessment • Specifics to priorities identified in just completed Needs Assessment will be reviewed and outlined within the next 6 months.	• Evaluate Yearly. • Adjust plans as needed.

Revi

Local Priority	Current Status	Plans
To address the concerns of the people we are connected to, it is important to and for us to strive to provide the most reliable service and support. We need to ensure timely access and delivery of our services and support.	• Created FY 2026-2030 Strategic Plan Strategic Plan with Objectives and Strategies for all priorities. • Working on implementing. • Developed Evaluation Tool and deployed. • Completed FY 2025 Needs Assessment • Specifics to priorities identified in just completed Needs Assessment will be reviewed and outlined within the next 6 months.	• Evaluate Yearly. • Adjust plans as needed.
To achieve our vision, mission, and values it is important to and for us to enhance our culture of improvement. We need to listen as an organization to the people we are connected to and change as the data is provided to improve our operations.	• Created FY 2026-2030 Strategic Plan Strategic Plan with Objectives and Strategies for all priorities. • Working on implementing. • Developed Evaluation Tool and deployed. • Completed FY 2025 Needs Assessment • Specifics to priorities identified in just completed Needs Assessment will be reviewed and outlined within the next 6 months.	• Evaluate Yearly. • Adjust plans as needed.

Review Document

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 needs.
- 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 15: Priorities for New Funding

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	• Specifics to priorities identified in Needs Assessment will be reviewed and outlined within the next 6 months.			

Review Document

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 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 provide 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 severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential units are not authorized to accept people on involuntary status.

Review Document

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, such as two hours, and serve people with housing challenges or assist caretakers who need short-term housing or supervision for the person they care for to avoid mental health crisis. Crisis respite units are not authorized to accept people on involuntary status.

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

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

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

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

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

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

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

Review Document

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

Appendix B: Acronyms

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

Review Document