Form O: Consolidated Local Service Plan

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

Introduction

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

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

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

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

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

Table 1: Mental Health Services and Sites

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Texoma Community Center	315 W. McLain Drive, Sherman, TX 75092	903-957-4701	Grayson	Outpatient Clinic	• Adults & Children • Screening, Assessment, and Intake • Outpatient Services • Services for Co-occurring disorders • Substance Use prevention, intervention & treatment. • Psychiatric Services • Outpatient Counseling (adults) • Psychosocial Rehabilitation Services (adults) • SUD Services • Integrated Primary Medical Care (mental and physical for adults) • Pharmacy Services (contracted)
Texoma Community Center	1101 S. Mirick, Denison, TX 75020		Grayson	CRU	• Crisis Respite and Transitional Services (adults)Psychosocial Rehab (adults)
Texoma Community Center	1228 E. Sixth Street, Bonham, TX 75418	903-957-3914	Fannin	Outpatient Clinic	• Adults & Children • Screening, Assessment, & Intake • Outpatient Services • Psychiatric Services • Psychosocial Rehabilitation Services

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Texoma Community Center	301 N. Grand Avenue, Gainesville, TX 76240	940-612-1389	Cooke	Outpatient Clinic	• Adults & Children • Screening, Assessment, & Intake • Outpatient Services • Psychiatric Services • Psychosocial Rehabilitation Services • CCBHC Outpatient Counseling Services (adults)
Texoma Community Center	902 Cottonwood, Sherman, TX 75090	903-957-4820	Grayson	Outpatient Clinic and Administration	• Screening, Assessment & Intake (children) • Outpatient Services (children) • Psychosocial Rehabilitation Services (children) • Counseling (Children) • YES Waiver Services (Children) • CCBHC Outpatient Counseling Services (adults) • Skills Training Services (Children)
Texoma Community Center	800 S. Mirick, Denison, TX 75020	903-957-4862	Grayson	Outpatient Clinic	• TCOOMMI services (adults) • Forensic services (adult)
Texoma Medical Center – Behavioral Healthcare Center	2601 Cornerstone Drive, Sherman, TX 75092	903-416-3000	Grayson	Hospital	• Inpatient for Adults
Carrus Behavioral Health Hospital	1724 U.S. Hwy 82 West, Sherman, TX 75092	903-870-1222	Grayson	Hospital	• Inpatient for Children

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Red River Hospital	1505 8th St, Wichita Falls, TX 76301	940-400-0733	Wichita	Hospital	• Inpatient (adults & adolescents)
Perimeter Psychiatric Hospital		Dallas	•Dallas	Inpatient Psychiatric Hospitalization for Adults	Perimeter Psychiatric Hospital

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

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

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

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

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
22-23	Expanded Criminal Justice Collaboration	Cooke, Fannin, Grayson		People with Mental Illness and/or COPSD	51

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

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

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

Table 3: Community Mental Health Grant Program Jail Diversion Projects

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
24-25	Expanding jail diversion and access to care in rural counties	Cooke	People with Mental Illness and/or COPSD	932
24-25	Expanding jail diversion and access to care in rural counties	Fannin	People with Mental Illness and/or COPSD	566

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
☒	Local psychiatric hospital staff (list the psychiatric hospital that participated): • Texoma Medical Center BHC • Carrus Behavioral Health • Red River Hospital • Perimeter Hospital	☒	State hospital staff (list the hospital and staff that participated): • Terrell State Hospital – Kathryn Griffin – DON • NTSH – CoC Social Worker
☒	Mental health service providers	☒	Substance use treatment providers
☒	Prevention services providers	☒	Outreach, Screening, Assessment and Referral Centers
☒	County officials (list the county and the name and official title of participants): • Cooke – Sheriff Ray Sappington; County Judge John O. Roane • Fannin – Sheriff Mark Johnson; County Judge Newt Cunningham • Grayson – Sheriff Tom Watt; County Judge Bruce Dawsey	☒	City officials (list the city and the name and official title of participants): • Sherman – Jason Jeffcoat, Police Chief • Denison – Mike Gudgel, Police Chief • Bonham – Michael Evans, City Judge
☐	Federally Qualified Health Center and other primary care providers	☒	LMHA LBHA staff **List the LMHA or LBHA staff that participated:* • Denton County, Pam Gutierrez, CEO • Lakes Regional, John Delaney, CEO • Lifepath, Brent Phillips-Broadrick, CAO
☒	Hospital emergency room personnel	☒	Emergency responders
☒	Faith-based organizations	☒	Local health and social service providers
☒	Probation department representatives	☒	Parole department representatives

	Stakeholder Type		Stakeholder Type
☒	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): • Cooke – County Judge John O. Roane • Fannin – County Judge Newt Cunningham • Grayson – County Judge Bruce Dawsey	☒	Law enforcement (list the county or city and the name and official title of participants): • Sherman – Chief of Police, Jason Jeffcoat • Denison – Chief of Police, Mike Gudgel • Gainesville – Chief of Police, Kevin Phillips • Bonham – Chief of Police, Andrew Hawkes
☒	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: _____

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

Response: Participation in the Behavioral Health Leadership Team; Community Collaboration Meetings; Jail Diversion Meetings; Speaker and Participants at area wide Community Mental Health Conference.

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

Response: Coordinating resources and maximizing the limited funds available within the community.

Section II: Psychiatric Emergency Plan

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

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

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

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

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

II.A Developing the Plan

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

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

Response: TCC meets regularly with all the local hospitals in our service areas with a focus on emergency room staff. Local psychiatric hospitals are also included. TCC sponsors jail diversion meetings/Mental Health Court in Cooke

and Fannin counties and participates in Drug Court and Veteran's Court in Grayson County where issues related to jails and the legal system are discussed. We also provide training for law enforcement and judges in our area.

- Ensuring the entire service area was represented; and

Response: The meetings described above encompass all service areas in our three-county catchment area.

- Soliciting input.

Response: TCC solicits input from the various stakeholders to see where improvements can be made in our Psychiatric Emergency Plan.

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: The Crisis Hotline is available 24 hours/day

    b. After business hours

    Response: The Crisis Hotline is available 24 hours/day

    c. Weekends and holidays

    Response: The Crisis Hotline is available 24 hours/day

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

    Response: Avail Solutions, Inc.

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

Response: MCOT is available and staffed with QMHPs and LPHAs 24 hours/day

b. After business hours

Response: MCOT is available and staffed with QMHPs and LPHAs 24 hours/day

c. Weekends and holidays

Response: MCOT is available and staffed with QMHPs and LPHAs 24 hours/day

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

   Response: No

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

Response: MCOT provides phone call follow-up for every call received, and additional follow-ups including video face-to-face, case management and skills training, as necessary.

6. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:
   a. Emergency Rooms: MCOT responds to any requests from emergency rooms or hospitals to provide options for treatment and referrals for individuals in crisis. TCC also provides training to ER staff on crisis procedures to reduce recidivism and expedite processing through the emergency department.

   b. Law Enforcement: TCC provides Co-Responder Services with Sherman Police Department for a 12 hour shift each day, as we all MHFA and other training to law enforcement and Judges on crisis

procedures and appropriate crisis response. MCOT will respond to a crisis at any location requested by law enforcement if an officer is present in addition to the Co-Responder Team. This often eliminates the need to admit the individual in crisis to the emergency department.

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

   Response: There are no state hospitals that fall within our catchment area.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
   a. During business hours: Contact TCC and request a crisis assessment.

   b. After business hours: Contact our Crisis Hotline @ 877-277-2226 or 888-592-1515 and request a crisis assessment.

   c. Weekends and holidays: Contact our Crisis Hotline @ 877-277-2226 or 888-592-1515 and request a crisis assessment.

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: The individual may be admitted to the TCC CRU depending on clinical need, appropriateness, and availability.

TCC also maintains contracts with local psychiatric hospitals for individuals requiring hospitalization who do not have a funding source.

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

Response: The individual can be transported to the local emergency room by private vehicle, EMS, or law enforcement. The acuity level of the individual will determine the most appropriate form of transportation.

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

Response: TCC maintains contracts with local psychiatric hospitals for individuals requiring hospitalization who do not have a funding source. MCOT responds and makes the determination and then activates the contract with the appropriate accepting hospital. If the client has funding, MCOT may help facilitate admission to a local psychiatric hospital upon request from the emergency department, or law enforcement. If the state hospital is deemed necessary, the MCOT makes all the necessary arrangements to facilitate the admission.

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

    Response: MCOT makes the determination with supervisor approval for any admission to the CRU (Crisis Respite Unit). Length of stay and referral to other programs is determined by clinical staff after admission to the 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.

    Response: For MCOT to go to a home, law enforcement would be contacted to accompany them. For other locations, MCOT staff would deploy to the location to which they are called.

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

    Response: Individuals wait at the ER until an inpatient bed becomes available. Law enforcement in these counties transport any individuals they believe need an assessment to the ER connected to a psychiatric hospital with a "purple unit," which is specifically for mental health crisis patients. The hospital coordinates placement after MCOT's recommendation if that recommendation is hospitalization but are advised to call MCOT if further assessment or intervention is needed to facilitate inpatient care.

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

Response: TCC clinical staff (may include MCOT staff) provide follow-up and continuity of care crisis services.

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

Response: In some instances, MCOT staff may provide transportation. MCOT coordinates with local hospitals and other stakeholders to find appropriate transportation resources for the individual in crisis, ensuring safety factors are considers, which may include contacting law enforcement if warranted, even if an emergency detention is not warranted.

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

Response: If possible, the LAR's; in cases involving a safety factor, law enforcement may be involved. In some instances, MCOT staff may provide transportation. MCOT coordinates with local hospitals and other stakeholders to find appropriate transportation resources for the individual in crisis.

Crisis Stabilization

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

Table 5: Facility-based Crisis Stabilization Services

Name of facility	TCC Crisis Respite Unit
Location (city and county)	Denison, Grayson County
Phone number	903-957-4818
Type of facility (see Appendix A)	Crisis Respite
Key admission criteria	Individuals who are not an imminent danger to self or others but need a more restrictive environment than being discharged to home, and a less restrictive environment than hospitalization.

Name of facility	TCC Crisis Respite Unit
Circumstances under which medical clearance is required before admission	CRU requires medical assessments for all admissions.
Service area limitations if any	CRU is available to any client served in crisis and is determined by LPHA supervisor based on availability.
Other relevant admission information for first responders	CRU is not a drop off facility. Admission must be approved by the MCOT supervisor.
Does the facility accept emergency detentions?	CRU is not a lock-down facility. Emergency detentions are not accepted.
Number of beds	4 Crisis, 7 Transitional
HHSC funding allocation	General Revenue-no specific allocation

Inpatient Care

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

Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured

Name of facility	Texoma Medical Center Behavioral Health Center
Location (city and county)	Denison, Grayson
Phone number	903-416-3000
Key admission criteria	Will accept indigent patients if TCC agrees to pay contract amount for stay
Service area limitations if any	Determined by facility.
Other relevant admission information for first responders	TCC must approve admission and length of stay for any client who is to be considered for an inpatient stay under the current contract.
Number of beds	60

Name of facility	Texoma Medical Center Behavioral Health Center
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)?	Yes for private psychiatric beds and community mental health hospital beds.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Beds are not purchased as a guaranteed set. Beds are determined by availability on an as-needed basis.
If under contract, what is the bed day rate paid to the contracted facility?	$750/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Carrus Behavioral Health Hospital
Location (city and county)	Sherman, Grayson
Phone number	903-870-1222

Name of facility	Carrus Behavioral Health Hospital
Key admission criteria	Will accept indigent patients if TCC agrees to pay contract amount for stay
Service area limitations if any	Determined by facility.
Other relevant admission information for first responders	TCC must approve admission and length of stay for any client who is to be considered for an inpatient stay under the current contract.
Number of beds	28
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)?	Yes for private psychiatric beds and community mental health hospital beds.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Beds are not purchased as a guaranteed set. Beds are determined by availability on an as-needed basis.
If under contract, what is the bed day rate paid to the contracted facility?	$700/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A

Name of facility	Carrus Behavioral Health Hospital
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Red River Hospital
Location (city and county)	Wichita Falls, Wichita
Phone number	940-400-0733
Key admission criteria	Will accept indigent patients if TCC agrees to pay contract amount for stay
Service area limitations if any	Determined by facility.
Other relevant admission information for first responders	TCC must approve admission and length of stay for any client who is to be considered for an inpatient stay under the current contract.
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)?	Yes for private psychiatric beds and community mental health hospital beds.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Beds are not purchased as a guaranteed set. Beds are determined by availability on an as-needed basis.

Name of facility	Red River Hospital
If under contract, what is the bed day rate paid to the contracted facility?	$760/day
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

Response: TCC currently operates an OCR program for Fannin and Grayson counties and discussions are beginning to expand these services to Cooke County, but a contract needs to be facilitated, and additional staff and a physician to facilitate and testify for Court Ordered medications are needed and not yet funded.

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

Response: Funding is the primary limitation to expanding access to individuals in crisis. TCC has funded our CRU and other crisis programs without additional funding.

2. 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: Amy Ashford, Forensics Case Manager and Katie Coolidge, QMHP, provide assessments and jail-based competency psychosocial rehabilitation and court liaison services.

3. 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: N/A

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

   Response: TCC currently operates an OCR program for Fannin and Grayson counties and discussions are beginning to expand these services to Cooke County, but a contract needs to be facilitated, and additional staff and a physician to facilitate and testify for Court Ordered medications are needed and not yet funded.

5. 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: Our area would most benefit from expanding the JBCR operated by TCC.

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

   Response: JBCR program exists for both Fannin and Grayson Counties. The primary barrier to implementation in Cooke County is funding.

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: Between 2011-2013, utilizing 1115 Waiver funding, TCC implemented a substance use disorder program, an on-site integrated physical health care program with a primary provider and nursing team, and an embedded, contracted Class D pharmacy along with four psychiatric providers for immediate referrals for a medical home protocol for psychiatric, substance use and/or physical conditions and/or medications. TCC also implements a Medication Assisted Opioid Treatment Program through SUD Services as well as SUD treatment for juveniles and schools, collaborating with a second medical provider. These providers all have access to the same electronic health records and quick consultation availability. Crisis services were also expanded at the same time to include contracted availability for psychiatric intervention and hospitalization as recommended by on-call Licensed clinicians on a 24/7 basis. TCC works with the Grayson County Health Clinic, local non-profit substance use disorder services and local emergency rooms upon request. All the programs work together to meet the needs of the individuals in our area.

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

   Response: Plans for the next two years include expanding the medical providers to at least two for increased capacity, increasing psychiatric prescriber capacity at Intake for improved "same-day access," expanding crisis services capacity even more, expanding the Co-Responder MCOT services to all cities and counites in the service area, coordinated with local law enforcement, and expand the number and scope of physical health screenings to address more determinants of health across the target population in this area.
   TCC is also part of a community coordinated effort to have a drop-off center in Grayson County to facilitate further diversion from jail and rapid symptom stabilization staffed with required prescribing medical personnel. Cost of the staffing model and lack of health care providers in the area are the barriers of such a Center.

TCC provides all the required core CCBHC services and, therefore, expanding capacity will be the future focus.

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: TCC maintains a website and provides printed information to stakeholders and the community regarding the services provided and how to access programs throughout the agency

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: TCC provides regular and comprehensive training to staff at all levels on procedures and protocols, as well as services offered by the center in all three counties

II.F Gaps in the Local Crisis Response System

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

Table 7: Crisis Emergency Response Service System Gaps

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
Grayson	Jail Diversion Program (there is now a Community Collaboration Group which performs some functions of a jail diversion program), transitional housing, public transportation	TCC has implemented a forensic program to collaborate with justice involved individuals and expand jail diversion efforts. TCC has limited housing and transportation options but the demand for these needs FAR exceed the capacity.	Dependent on access to sufficient funding
Cooke	Jail Diversion services, transitional housing, and transportation	TCC has implemented a forensic program to collaborate with justice involved individuals and expand jail diversion efforts. TCC has limited housing and transportation options but the demand for these needs FAR exceed the capacity.	Dependent on access to sufficient funding
Fannin	Jail Diversion, transitional housing, and transportation	TCC has implemented a forensic program to collaborate with justice involved individuals and expand jail diversion efforts. TCC has limited housing and transportation options but the demand for these needs FAR exceed the capacity.	Dependent on access to sufficient funding

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Table 8: Intercept 0 Community Services

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
MCOT	Cooke, Fannin, Grayson	Increase Staffing
Emergency Department Diversion	Cooke, Fannin, Grayson	Develop drop-off center
Care Coordination Team	Cooke, Fannin, Grayson	Continue to expand
YES Waiver Program	Cooke, Fannin, Grayson	Continue
Target Case Management	Cooke, Fannin, Grayson	Continue to expand
Substance Use Disorder Services	Cooke, Fannin, Grayson	Continue to expand
Veteran's Peer Services	Cooke, Fannin, Grayson	Continue to expand

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Jail Diversion	Cooke, Fannin, Grayson	Enhance forensics services; OCR development
Mobile Crisis Outreach Team (MCOT)	Cooke, Fannin, Grayson	Continue
PPB	Cooke, Fannin, Grayson	Continue
Care Coordination	Cooke, Fannin, Grayson	Continue
Veteran's Peer Services	Cooke, Fannin, Grayson	Continue

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail Assessments	Cooke, Fannin, Grayson	Continue
Jail-Based Competency Restoration	Grayson, Fannin	Expand to Cooke
Jail Diversion	Cooke, Fannin, Grayson	Continue
SB 292 Program	Cooke, Fannin, Grayson	Expand to include Jail-Based Competency Restoration

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Involvement in Specialty Courts (Grayson Co. Star Recovery Court; Juvenile Specialty Court; Veteran's Court; Grayson Recovery Court)	Cooke, Fannin, Grayson	Continue and expand to include additional specialty courts.
SB 292 Program	Cooke, Fannin, Grayson	Increase staff and services

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
SB 292 Forensics	Cooke, Fannin, Grayson	Increase staff and services
TCOOMMI	Cooke, Fannin, Grayson	Continue
Care Coordination & Open Access	Cooke, Fannin, Grayson	Continue
ACT Program	Cooke, Fannin, Grayson	Continue
Substance Use Disorder Programs (OSAR, OBOT, etc.)	Cooke, Fannin, Grayson	Continue and expand
YES Waiver Wraparound Services	Cooke, Fannin, Grayson	Continue

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCOOMMI	Cooke, Fannin, Grayson	Continue
Forensics Program	Cooke, Fannin, Grayson	Increase staff and services
ACT Program	Cooke, Fannin, Grayson	Continue
Housing & Rental Assistance	Cooke, Fannin, Grayson	Continue

III.B Other Behavioral Health Strategic Priorities

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

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

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs of public-school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, veterans, and their families.
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

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

Use the table below to briefly describe the status of each area of focus as identified in the plan (key accomplishments, challenges, and current activities), and then summarize objectives and activities planned for the next two years.

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	• Gaps 1, 10 • Goal 1	Completed and ongoing	Continue
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	Partially completed and in progress	Multiple continuous, recurring meetings occur to address all these issues and will continue.
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	• Gaps 1, 10 • Goal 1	Partially completed and in progress. The internal executive team is consistently focused on new funding sources to implement, expand & improve services by talking with HHS grant and contract contacts, MCO's, federal grant sources, local grant funding agencies such as The Texoma Health Foundation and use online tools to keep up with opportunities.	Continue and expand.
Implement services that are person- and family-centered across systems of care	• Gap 10 • Goal 1	Completed and on-going. TCC implemented Person-Centered Protocols across the agency in 2013 and have continued that approach to patient care by continuing to train staff in the protocols and monitoring for compliance.	Plan is to continue the training in these protocols and improve monitoring of the person-family-centered outcomes, which are considered by quality management auditing processes.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Enhance prevention and early intervention services across the lifespan	• Gaps 2, 11 • Goal 1	Completed and on-going. TCC implemented several programs such as FEP and the Co-Responder Team, designed to intervene and stabilize early for behavioral health concerns and at all ages. Screenings, education, training, quick identification, and access are all utilized to provide early intervention.	Plan is to continue the early intervention focus and continue improvements especially by expanding LPHA's, intakes and crisis services in all counites.
Identify best practices in communication and information sharing to maximize collaboration across agencies	• Gap 3 • Goal 2	Completed and on-going. TCC executive staff explore best practices research and develop training plans designed to improve collaboration and implementation. For example, TCC leadership attends a collaborative meeting with local LMHA's to discuss best practices and learn from each other. The leadership team also participates in Conferences and Research-based trainings to this end.	Continue and expand these existing processes. Explore new processes as well.
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	Completed and on-going. TCC Leadership Team all participate in multiple collaborative meetings both online and in person, across the counties and state, and develop policies accordingly, to glean gaps, successes, problem-solve and improve strategic approaches to enhance this LMHA system.	Continue and expand these existing processes. Explore new processes as well.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	• Gap 3 • Goal 2	Exploring and implementing in an on-going manner.	TCC's leadership team will include SBHCC priorities in TCC's strategic plan.
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	• Gaps 1, 11, 14 • Goal 2	Completed and on-going. TCC utilizes multiple evidence-based assessments to identify needs, and then implement two software platforms designed to improve coordinated care especially related to meeting those identified needs, social determinants of health, and adequate level of care responses. TCC has developed MOUs with all schools, hospitals, social services agencies, etc., in the area to enhance referrals for appropriate levels of care.	Improve contacts in local services areas, which is a consistent goal and has significantly improved in the past two years, for awareness of provider networks and develop coordination efforts.
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	• Gaps 1, 5, 6 • Goal 2	Completed and on-going. TCC expanded and improved the Care Coordination Team several years ago so that waitlists are minimal and access to care is rapid. Same-day open access intakes and strategic intake staff on specific teams improve access to services. TCC solicits feedback via surveys and questions and needs assessments.	Continue the needs assessment that is conducted every three years as well as review other local needs assessments each year and solicit feedback from stakeholders for gaps and look for ways to close those gaps in rapid access to care.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Develop step-down and step-up levels of care to address the range of participant needs	• Gaps 1, 5, 6 • Goal 2	Completed and on-going. TCC has multiple levels of care available (LOC 0 to 5) and multiple assessment tools for determining the most appropriate but least restrictive level of care in all programs and across all access points.	Continue and participate in coordination of plans and interventions. For example, developing a drop off center will add a level of care and early intervention, and this is actively being planned.
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	No sub-committee participation yet but will include in the Center' Strategic Plan.	TCC's leadership team will include SBHCC priorities as a strategic goal
Explore opportunities to provide emotional supports to workers who serve people receiving services	• Gap 13 • Goal 3	Completed and on-going. TCC leadership consistently considers emotional and other support for staff, contractors, and community. In 2021 TCC implemented a 4-day work-week option to reduce worker stress, have a generous paid time off policy, have periodic day-long activities designed to improve rapport among staff, relieve stress, and have regular educational trainings on stress relief, caregiver burnout & self-care, etc.	Plan is to continue & improve these strategies as part of TCC's strategic plan.

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	Completed and on-going. TCC has both a staffing plan and succession plan as goals on the strategic plan and these are existing and on-going strategies. The leadership team is strong with tenured, well-trained staff at the helm such that any one of them can take over for another when needed. Experience and "good-fit for the job" characteristics are understood and used	Plan is to continue tweaking the strategic goals toward continuous improvement.
Implement a call to service campaign to increase the behavioral health workforce	• Gap 13 • Goal 3	Local participation in a committee already occurs with the goal to develop the licensed workforce and is an on-going concern.	TCC participates in such a local committee; this is an on-going strategy, and TCC is expanding the discussion and efforts to broader areas for solutions.
Develop and implement policies that support a diversified workforce	• Gaps 3, 13 • Goal 3	Completed and on-going	TCC has policies that support diversity in the workforce and this a continuous strategic effort.
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	• Gaps 3, 13 • Goal 3	Exploring what this looks like and utilize federal and local grant options in this manner.	Incorporating this goal as part of the TCC Strategic Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
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	Completed and on-going on a Center-wide basis through multiple Center committees and a much-improved dashboard. TCC has accomplished this by adding an inhouse programmer specifically designed to improv this data-driven knowledge base.	Exploring ways to be included in the SBHCC subcommittee for further expansion and understanding beyond the Center activities to this end.
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	• Gaps 3, 14 • Goal 4	Part of an on-going strategic plan	The state and other HIE's are being identified and explored as part of the TCC Strategic Plan and is a high priority for completion.
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	Completed and on-going. TCC has a very robust and active veterans peer program and have developed a veteran caseload with specialized protocols to enhance privacy and reduce stigma, specifically to address this need.	Continue and expand. TCC recognizes the value and importance of the Peer Veteran Program and focus on its support, continuation, and growth as part of the strategic plan.

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	Completed and on-going. TCC has been doing this since 2005 and has a qualified and experienced data analyst. TCC developed a specific Action Team committee in 2007 specifically to understand and utilize data in improving services and preserving and growing evidence-based practices. Last year TCC hired a programmer who has developed a dashboard to further enhance use of data to drive quality practices.	Continue, expand, and enhance the use of data to improve service effectiveness and quality practices. The processes are already in place.

III.C Local Priorities and Plans

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

List at least one but no more than five priorities.

For each priority, briefly describe current activities and achievements and summarize plans for the next two years, including a relevant timeline. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.

Table 15: Local Priorities

Local Priority	Current Status	Plans
Housing and Transportation	•Very Limited	Collaborate with local Stakeholders and HHS.

Local Priority	Current Status	Plans
Jail Diversion	• Occurring but needs funding and growth	Collaborating with local stakeholders for expanding Co-Responder Teams and implement a Drop-Off Center in addition to regular county-wide jail diversion meetings, Court involvement and pre- and post-release programs and protocols.

III.D System Development and Identification of New Priorities

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

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

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

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

Table 16: Priorities for New Funding

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
2	Jail Based Competency Restoration	• Expand the JBCR programs	$100,000	TCC collaborates regularly with the District Judges in Fannin and Grayson counties to implement the JBCR program which is operational in both counties now. Plan is to expand to Cooke County.
1	Prevention and early intervention	• Expand Co-Responder MCOT Model across all service areas • Expand LPHA staff in all counties for crisis intervention, rapid diagnostic services, and quick transition to services. • Expand peer network services to provide support during intake and while services are being implemented.	$300,000	TCC developed MOUs with all local schools, jails, police departments and social service agencies to enhance referrals and thus early intervention. Care Coordination Teams are actively involved in ensuring rapid access.
3	Juvenile Forensic Services	Establish a juvenile forensics program modeled after our adult program	$200,000	TCC works with Juvenile Probation and local Courts to support forensically involved youth and are actively seeking grants to establish a more formal program.

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Services Expansion	Expand current behavioral health services	TBD	TCC executive staff belong to Behavioral Health Leadership Teams in the only two counties that have them and seek grant opportunities consistently to expand services since all needs assessments identify that the need for services far exceeds current capacities. The top priority for the strategic plan is to secure funding and implement an urgent recovery clinic (drop-off center).
1	Housing	Expand available funds for emergency housing	TBD	TCC has a housing program that needs expanding since the need FAR exceeds capacity. Center staff meet regularly with housing authorities, local social service groups, and shelters to problem-solve.

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Transportation	Expand transportation services by adding drivers and vehicles	$70,000	TCC has a strong fleet and four transportation drivers but could use three times the current number to meet demand. Adding drivers and vehicles are included in all grant applications where it is allowed to enhance transportation options in this area where there is no public transportation.

Appendix A: Definitions

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

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

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

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

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

Crisis respite units – Provide community-based residential crisis treatment for people who have low risk of harm to self or others, and who may have some functional impairment. Services may occur over a brief period, 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.

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