



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
I CARE Call Center	129 Harmon Rd. Hurst, TX 76053	800-866-2465	Tarrant		Screening, Crisis, Hotline, Info & Referral (Adult & Youth)
Access To Care	3800 Hulen St. Ste. #150 Ft. Worth, TX 76107	817-335-3022	Tarrant		Assessment & Intake (Adult & Youth)
East Center	601 W. Sanford St. Ste.#100 Arlington, TX 76104	817-569-4900	Tarrant		TRR/Full Level of Care for Adult/Youth
Central Child & Family Center	1527 Hemphill St. Ft. Worth, TX	817-569-5900	Tarrant	Outpatient	TRR Full Level of Care for Children/Youth/COPSD/Juvenile Justice Involved/Youth in Foster Care/YES Waiver/Family Recovery Project (Work w/ children of parents attending drug court programs to maintain sobriety and ensure guardianship of their children)
Access to Care	1527 Hemphill, Ft. Worth TX 76104	817-569-5900	Tarrant		Assessment & Intake for Children/Youth
REACH	1527 Hemphill, Ft. Worth TX 76104	817-569-5900	Tarrant		Cognitive Behavior Therapy Services for youth in the juvenile justice system
Project RAPP	1319 Summit Ft. Worth, TX 76102	817-335-3022	Tarrant		TRR full level of care for TCOOMMI Adult Parolees/Probationers
Assertive Community Treatment	1200 Circle Drive, Ft. Worth, TX 76119	817-335-3022	Tarrant	Outpatient	TRR/SPMI Full-Level of care for Adults
Western Hills Clinic	8808 W Camp Bowie, Ft. Worth. TX	817-335-3022	Tarrant	Outpatient	TRR Full level of care for Adults
Child & Family West Center	6777 Camp Bowie Blvd, Ft. Worth, TX 76116 Ste#500	817-335-3022	Tarrant	Outpatient	TRR Full level of care for Adolescents 13-17

Circle Drive Clinic	1200 Circle Dr. Ft. Worth TX 76119	817-569-4750	Tarrant	Outpatient	Integrated TRR Full level of care for Adults and physical healthcare
Penn Square Clinic	300 Pennsylvania Ave. Ft. Worth, TX 76104	817-569-4555	Tarrant	Outpatient	Integrated TRR Full level of care for Adults and physical healthcare
Mid-Cities Clinic	4525 City Point Dr. North Richland Hills, TX 76180	817-569-5800	Tarrant	Outpatient	TRR Full level of care for Adults
Northwest Clinic	2400 NW 24 th St., Ft. Worth, TX 76106	817-569-5000	Tarrant	Outpatient	TRR Full level of care for Adults
OP Competency Restoration	200 Circle Dr. Ft. Worth, TX 76102	817-335-3022	Tarrant		TRR LOC 3 for adults waiting for competency hearing
Forensic Assertive Community Treatment (FACT)	1200 Circle Dr., Ft. Worth, TX 76102	817-335-3022	Tarrant		TRR Full level of care for justice-involved adults
Mobile Crisis Outreach Team/Youth Crisis Outreach Team	1319 Summit Ave. Ft. Worth, TX 76102	1-800-866-2465	Tarrant		24/7 mobile crisis response for adults and youth
Crisis Respite/Residential (Men's)	812 W. Morphy St., 2 nd floor Ft. Worth, TX 76104	1-800-866-2465	Tarrant		Adult Men's short-term residential treatment in a community-based setting for those in crisis
Crisis Respite/Residential (Women's)	815 Jennings Ft. Worth, TX 76104	1-800-866-2465	Tarrant		Adult Women's short-term residential treatment in a community-based setting for those in crisis
CARE House	3840 Wichita Street Ft. Worth, TX 76119	817-569-5143	Tarrant		Youth Short-term residential treatment in a community-based setting for those in crisis
Law Liaison	1200 Circle Drive Ft. Worth, TX 76119	817-569-4300	Tarrant		Community interventions and consultation of mental health experts to law enforcement; both adults & adolescents served
Forensics/Jail	100 N. Lamar Ft. Worth, TX 76102	817-569-4300	Tarrant		Assessment and psych stabilization of incarcerated adults with mental illness
Assisted Outpatient Treatment (AOT)	1200 Circle Dr., Ft. Worth, TX 76102	817-569-4750	Tarrant		Outpatient treatment under civil court order to adults with SMI.
Jail-Based Competency Restoration	100 N. Lamar, Ft. Worth, TX 76102	817-335-3022	Tarrant		Competency restoration services for incarcerated adults
Navigator Program	100 N. Lamar, Ft. Worth, TX 76102	817-335-3022	Tarrant		Competency restoration services for incarcerated adults

JPS Psych ER Liaison	1500 S. Main, Ft. Worth, TX 7610	817-335-3022	Tarrant		MHMR staff providing continuity of care with hospital staff in a psych ER setting. Includes adolescents. The PEC can evaluate all ages but they can only admit inpatient 13 and up. 12 and under would have to be evaluated and transferred to Cooks or a hospital that can accommodate that age.
Depression Connection	6080 S. Hulen Ste.#360 Ft. Worth, TX 76132	817-642-7264	Tarrant	Consumer-Operated Service Provider	Consumer Operated Services Provider. SelfHelp support groups throughout Tarrant County
MH Peer Services of Greater Ft. Worth	5709 Wedgewood Dr. Ft. Worth, TX 76133	817-500-8660	Tarrant	Consumer - Operated Service Provider	Consumer Operated Services Provider. SelfHelp support groups throughout Tarrant County
Milwood Excel	1220 W. Presidio St. Ft. Worth, TX 76102	817-242-9993	Tarrant		Youth Summer Camp
Mesa Springs Innovations	5560 Mesa Springs Dr. Ft. Worth, TX 76123	817-292-4600	Tarrant		Youth Intensive Outpatient, Partial Hospitalization, Youth Summer Camp
ACH Child & Family Center	3712 Wichita St. Ft. Worth, TX 76119	817-335-4673	Tarrant		Youth Foster Care, In-Home Respite, Crisis Respite
Community Center	505 S. Jennings Ave. Ft. Worth, TX 76104	817-332-5868	Tarrant		Adult Member Operated Consumer Drop-In Activity Center
John Peter Smith Hospital	1500 S. Main St. Ft. Worth, TX 76104	817-702-3431	Tarrant	Hospital	Contract Adult Inpatient Psychiatric Services
Pine St. Intensive Residential	1501 E. El Paso St. Ft. Worth, TX 76102	817-569-4600	Tarrant		COPSD Services (Adults)
Integrated Outreach Services	1518 E. Lancaster Ave. Ft. Worth, TX 76102	817-335-3022	Tarrant		Homeless Outreach
Healthy Community Collaborative	3800 Hulen St. Ft. Worth, TX	817-569-4300	Tarrant		Transitional Housing and Case Management for Homeless
Liberty House	1513 E. Presidio Ft. Worth, TX 76102	817-569-4650	Tarrant		Transitional Housing, Case Management and COPSD services for homeless male veterans
Military Veteran's Peer Network	4525 City Point Dr. North Richland Hills, TX 76180	817-569-5800	Tarrant		Veteran Peer Support Services
Preadmission Screening and Resident Review	1300 Circle Dr., Ft. Worth, TX 76119	817-569-4300	Tarrant		MI and IDD Screening Services for those seeking admission to medical certified nursing facilities

Mental Health Jail Diversion Center	812 W. Morphy St., Ft. Worth, TX 76104	817-569-4300	Tarrant	Diversion Center	Divert individuals who are arrested for minor charges away from jail, and assist with their mental healthcare needs
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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
FY '24	Enhanced Mental Health Services- TRR LOC 3 program providing services for justice involved adults	Tarrant	N/A	Adults	101
FY '24	Forensic Assertive Community Treatment (FACT)- TRR LOC 4 program providing wraparound services for justice-involved adults	Tarrant	N/A	Adults	78

FY '24	The Navigator Program- MHMR staff providing resources and referrals to services for incarcerated adults	Tarrant	N/A	Adults	1911
FY '24	Jail-Based Competency Restoration-Program providing competency restoration services to incarcerated adults	Tarrant	N/A	Adults	178
FY '24	HHSC Law Liaison-Program providing community interventions and consultations of Mental Health experts to law enforcement	Tarrant	N/A	Adults	12141
FY '24	TCOOMMI Youth- TRR/Full level of care clinic for juvenile justice youth	Tarrant	N/A	Youth	158
FY '24	Family Recovery Project-Work with the children of parents attending drug program to maintain sobriety and ensure guardianship of their children	Tarrant	N/A	Youth	36 (specifically served through Youth Services, 8yo+)
FY '24	REACH-Cognitive Behavior Therapy Services for youth in the juvenile justice system	Tarrant	N/A	Youth	40

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
FY '24	TCOOMMI Adult (Project RAPP)TRR/Full level of care for TCOOMMI Adult Parolees/Probationers	Tarrant	Adults	2,464
FY '24	Forensics/Jail-Assessment and psych stabilization of incarcerated adults with mental illness	Tarrant	Adults	18,153
FY '24	Law Liaison-Community interventions and consultation of MH experts to law enforcement	Tarrant	Adults	12,141
FY '24	Mental Health Jail Diversion Center- Recovery-oriented, shortterm stay alternative to incarceration for non-violent, justice-involved persons with mental health needs	Tarrant	Adults	(Facility opened 1/2022)

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
<input checked="" type="checkbox"/>	People receiving services	<input checked="" type="checkbox"/>	Family members
<input checked="" type="checkbox"/>	Advocates (children and adult)	<input checked="" type="checkbox"/>	Concerned citizens or others
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): • John Peter Smith Hospital	<input checked="" type="checkbox"/>	State hospital staff (list the hospital and staff that participated): • Dr. Nekesha Oliphant, Chair, JPS
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers

<input checked="" type="checkbox"/>	Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/>	County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> • Tarrant County Judge: T. O'Hare • Tarrant County Commissioners: • R. Brooks, A. Simmons, M. Ramirez and G. Fickes 	<input type="checkbox"/>	City officials (list the city and the name and official title of participants):
<input checked="" type="checkbox"/>	Federally Qualified Health Center and other primary care providers	<input type="checkbox"/>	LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i> <ul style="list-style-type: none"> •
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives
<input checked="" type="checkbox"/>	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): <ul style="list-style-type: none"> • Judges: D. Hagerman, D. Nekhom, D. Cook, A. Hernandez, R. Webb, V. Allen, C. Ponder, Q. McGown, and L. Kelly • Criminal DA- P. Sorrells • DA First Assistant- R. Catalano • DA Chief of MH- N. Cacciotti 	<input checked="" type="checkbox"/>	Law enforcement (list the county or city and the name and official title of participants): <ul style="list-style-type: none"> • B. Waybourn- Tarrant County Sheriff • Chief G. Pilkington- Tarrant County Jail • C. Merritt- Tarrant County Administrator
	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Education representatives	<input type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input checked="" type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input checked="" type="checkbox"/>	Veterans' organizations	<input checked="" type="checkbox"/>	Housing authorities
<input checked="" type="checkbox"/>	Local health departments	<input type="checkbox"/>	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:

• Community Advisory Committees – Youth, Adult, Substance Abuse and Homeless
• Crisis Stakeholder meeting
• Criminal Justice Coalition
• Mental Health Connection meetings and participation in MHC subgroups
• Steering Committee for Ending Homelessness in Early Childhood
• Early Childhood Wellness Council
• Tarrant Cares Website Governance Committee
• Participation in Neighborhood association meetings
• Participation in Tarrant County Child Sex Trafficking Care Coordination Development

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

Response:

• Access to Services
• Amount of meds prescribed at discharge from local and State Hospitals/TX. / Dept. of Criminal Justice
• Lack of funding for Behavioral Health Services
• Better linkage between mental health and substance abuse services at state level
• Increase in the amount of permanent supportive housing
• Shortage of behavioral health medical providers in the community
• Ineffective Outpatient Commitment law
• Increase number of available hospital beds
• Increase funding for crisis text services
• Services for transition aged youth
• Local commitment options for young children
• Lack of spectrum disorder services

Section II: Psychiatric Emergency Plan

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

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

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

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

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

II.A Developing the Plan

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

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

- Throughout the year we hold several meetings with outside stakeholders including, but not limited to: District Attorney's Office, Local Judges (Criminal and Civil), John Peter Smith Hospital, local private hospitals, State Hospitals, Law Enforcement and MedStar.

- Ensuring the entire service area was represented; and

Response:

- Identifying stakeholders across the service area, including healthcare providers, law enforcement and local government officials .
- Soliciting input.

Response:

- Scheduling regular meetings and maintaining open lines of communication, via collaborative platforms, with stakeholders to discuss updates, challenges and suggestions. This ensures continuous engagement, and that input is effectively incorporated into the 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?

- During business hours

Response:

- The crisis hotline is staffed by QMHPs, non-QMHPs (988 only), and an LPHA. To ensure 24/7 coverage, staff work staggered shifts. During business hours, we schedule 10-12 staff members.

- After business hours

Response:

- During non-peak hours, we schedule a minimum of 2-3 staff per shift, while peak times require 4-5 staff per shift. After hours, we estimate staffing levels to be 4-6 staff members.

- Weekends and holidays

Response:

- Our staffing plan is not divided into business hours, after-hours, and weekends since we operate around the clock. However, if an exact count is needed, we can estimate staffing levels as follows: 10-12 staff throughout each 24-hour weekend day.

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

Response:

- N/A

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

Response:

- MCOT Clinic Hours-8a-5p, M-F
- Dispatch during business hours-8a-8p, M-F with staggered shifts (consists of QMHPs)
- Shifts: 8a-5p, 9a-6p, 10a-7p and 11a-8p

- After business hours

Response:

- MCOT works staggered shifts from 8a-8p, with two QMHPs and one LPHA on-call after 8p and on weekends

- Weekends and holidays

Response:

- MCOT works staggered shifts from 8a-8p, with two QMHPs and one LPHA on-call after 8p and on weekends

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 staff provide phone calls, face to face visits, telehealth/telemedicine services, case management, skills training, crisis intervention, transportation, medication management/psychiatric assessment, information and referral services, education, support, and reassurance.

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:

- Emergency Rooms:

- Emergency room staff do not routinely contact LMHA/LBHA when a person in crisis is identified, but there is more involvement with the law enforcement.

- YCOT services are also available to the community for crisis services including emergency rooms and law enforcement.

- Individuals in the hospital/emergency room are under the care of the hospital staff and will be admitted to hospital psychiatric inpatient services if deemed unsafe for a step-down unit like CRU or back into the community on their own.

- Law Enforcement:

- Local law enforcement works closely with the LMHA and there is a Law Liaison team that does active ride-along daily with law enforcement for support for mental health crisis situations.

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

Response:

- N/A. Staff do not complete this service

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

During business hours:

- All patients are referred to the public hospital, JPS hospital, which is this LMHA's contracted PPB facility. Screenings for PPB are completed at JPS hospital, as needed. MHMR Tarrant's Continuity of Care staff is the gatekeeper in screening and authorization for admission into PPB.

- Emergency room and law enforcement are encouraged to contact MHMR Tarrant's YCOT and law liaison to assist, to ensure appropriate evaluation for inpatient level of care is conducted.
- Law liaison also has a 24-hour LEO hotline to provide consultation and referrals for individuals in crisis needing additional follow-up post hospitalization.
- MHMR is also available, based on patient preferences, to assist with continuity of care including outpatient services after hospitalizations. This also includes managing the inpatient care waitlist (ICW) after appropriate and available community resources are exhausted as well utilizing the Community Resource Coordination Group to assist families.

- After business hours:

- All patients are referred to the public hospital, JPS hospital, which is this LMHA's contracted PPB facility. Screenings for PPB are completed at JPS hospital, as needed. MHMR Tarrant's Continuity of Care staff is the gatekeeper in screening and authorization for admission into PPB.
- Emergency room and law enforcement are encouraged to contact MHMR Tarrant's YCOT and law liaison to assist, to ensure appropriate evaluation for inpatient level of care is conducted.
- Law liaison also has a 24-hour LEO hotline to provide consultation and referrals for individuals in crisis needing additional follow-up post hospitalization.
- MHMR is also available, based on patient preferences, to assist with continuity of care including outpatient services after hospitalizations. This also includes managing the inpatient care waitlist (ICW) after appropriate and available community resources are exhausted as well utilizing the Community Resource Coordination Group to assist families.

- Weekends and holidays:

- All patients are referred to the public hospital, JPS hospital, which is this LMHA's contracted PPB facility. Screenings for PPB are completed at JPS hospital, as needed. MHMR Tarrant's Continuity of Care staff is the gatekeeper in screening and authorization for admission into PPB.

- Emergency room and law enforcement are encouraged to contact MHMR Tarrant’s YCOT and law liaison to assist, to ensure appropriate evaluation for inpatient level of care is conducted.
- Law liaison also has a 24-hour LEO hotline to provide consultation and referrals for individuals in crisis needing additional follow-up post hospitalization.
- MHMR is also available, based on patient preferences, to assist with continuity of care including outpatient services after hospitalizations. This also includes managing the inpatient care waitlist (ICW) after appropriate and available community resources are exhausted as well utilizing the Community Resource Coordination Group to assist families.

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:

- Patients are referred to a more intensive level of care facility appropriate to their level of need, such as the crisis/residential unit.
- Process:
 If an individual can’t be stabilized at the site of the crisis, they are referred to a more intensive level of care facility that matches their specific needs.
 This may include crisis residential units or other specialized settings equipped to provide the necessary assessment and stabilization services. The referral process involves coordination with the facility to ensure timely admission and continuity of care.

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

Response:

- We utilize on-call doctors to assist and/or emergency services.

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

Response:

- Patients are referred to JPS; care and transportation is coordinated. YCOT, MCOT and law liaison may be contacted for assistance, as needed.

Screening and approvals are facilitated by the psychiatric hospital's medical provider.

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:

- Patients are referred to one of our crisis/residential units based on need. We have a facility for men, women, and youth (both boys and girls aged 13+)

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:

- Each referral receives an immediate call back by MCOT staff (within 3 minutes of the referral). Staff confirm meeting locations and coordinate whatever location is most appropriate while remaining flexible enough to dispatch anywhere in the community that can be reasonably accommodated.

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

Response:

- Beds are coordinated by JPS to be available for these situations. Evaluations to one of our crisis respite units is completed. Transfers to adjacent counties, can be coordinated by JPS, law enforcement and LMHA, if needed.

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:

- Any LBHA staff can provide ongoing crisis intervention services under any of the Levels of Care. However, usually these services fall primarily under the responsibility of the staff in the crisis services department.

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

Response:

- This can vary, but transportation is usually coordinated through law enforcement or emergency services if being routed to inpatient care. Otherwise, case managers assist with coordinating transportation through available resources (Medicaid rides, ride share services, public transit, bus passes, etc.), agency vehicles and personal vehicles.

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

Response:

- This can vary, but transportation is usually coordinated through law enforcement or emergency services if being routed to inpatient care. Otherwise, case managers assist with coordinating transportation through available resources (Medicaid rides, ride share services, public transit, bus passes, etc.), agency vehicles and personal vehicles.

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	Men's Crisis/Residential Unit (MCRU)
Location (city and county)	Fort Worth, Tarrant County

Phone number	817-569-5436
Type of facility (see Appendix A)	Crisis Respite and Residential Unit
Key admission criteria	Male individuals in acute crisis who are medically stable and voluntarily seeking inpatient care up to 30 days.
Circumstances under which medical clearance is required before admission	Subject to evaluation by medical staff to certify that patient's medical needs can be accommodated and that medications are available for all diagnosed conditions. Also includes verification of stable vital signs, etc.
Service area limitations, if any	Patient must be located in Tarrant County or transported to Tarrant County.
Other relevant admission information for first responders	Must be at least 18 years of age and clinically appropriate for the unit. Services are at low/no-cost to the individual for care provided at this program.
Does the facility accept emergency detentions?	No
Number of beds	16
HHSC funding allocation	1,629,705
Name of facility	Women's Crisis Respite/Residential Unit (WCRU)
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-569-5505
Name of facility	Men's Crisis/Residential Unit (MCRU)
Type of facility (see Appendix A)	Female individuals in acute crisis who are medically stable and voluntarily seeking inpatient care up to 30 days.
Key admission criteria	Patients must be located in Tarrant County or transported to Tarrant County.
Circumstances under which medical clearance is required before admission	Subject to evaluation by medical staff to certify that patient's medical needs can be accommodated and that medications are available for all diagnosed conditions. Also includes verification of stable vital signs, etc.
Service area limitations, if any	Patient must be located in Tarrant County or transported to Tarrant County.

Other relevant admission information for first responders	Must be at least 18 years of age and clinically appropriate for the unit. Services are at low/no-cost to the individual for care provided at this program.
Does the facility accept emergency detentions?	No
Number of beds	16
HHSC funding allocation	1,769,146

Name of facility	Adolescent Crisis Respite Unit (ACRU: CARE House)
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-569-4300
Type of facility (see Appendix A)	Crisis Residential Unit
Key admission criteria	Male/Female youth aged 13-17 in acute crisis who are medically stable and voluntarily seeking inpatient care up to 30 days with approval and active involvement of the Legally Authorized Representative
Circumstances under which medical clearance is required before admission	Subject to evaluation by medical staff to certify that patient's medical needs can be accommodated and that medications are available for all diagnosed conditions. Also includes verification of stable vital signs, etc.
Service area limitations, if any	Patient must be located in Tarrant County or transported to Tarrant County
Name of facility	Adolescent Crisis Respite Unit (ACRU: CARE House)
Other relevant admission information for first responders	Offers short-term residential treatment to youth 13-17 in a mental health crisis.
Does the facility accept emergency detentions?	No
Number of beds	12
HHSC funding allocation	1,599,686

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	John Peter Smith Hospital; Psychiatric Emergency Center
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-702-3431
Key admission criteria	Experiencing acute psychiatric crisis
Service area limitations if any	Tarrant County
Other relevant admission information for first responders	The Psychiatric Emergency Center is a state-of-the-art facility located on the 10th floor of John Peter Smith’s Main Building. A team of physicians, nurses, social workers, and support personnel provide services 24 hours a day, seven days a week for both voluntary and involuntary patients in mental health crisis. This center provides triage, evaluation, and admission services.
Number of beds	Based on fire marshal code
Name of Facility	John Peter Smith Hospital; Psychiatric Emergency Center
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	No

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
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	N/A
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?	No
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	John Peter Smith; Local Commitment Alternative Unit
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-927-3636
Key admission criteria	Imminent Risk of Harm to Self or Others and Committed Through the Probate Courts
Service area limitations if any	Tarrant County

Other relevant admission information for first responders	N/A
Number of beds	49
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-PPB
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Guaranteed Set
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
Name of facility	John Peter Smith; Local Commitment Alternative Unit
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	John Peter Smith Hospital; Trinity Springs Pavilion
Location (city and county)	Fort Worth, Tarrant County
Phone number	817-927-3636
Key admission criteria	Imminent Risk of Harm to Self or Others
Service area limitations if any	Tarrant County
Other relevant admission information for first responders	First Responders transport individuals to the 10 th floor of John Peter Smith Hospital
Number of beds	100
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	NO
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
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	N/A
Name of facility	John Peter Smith Hospital; Trinity Springs Pavilion
If under contract, what is the bed day rate paid to the contracted facility?	N/A

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

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:

- MHMR Tarrant has both an Outpatient Competency Restoration program and a Jail-Based Competency Restoration program that work with the Tarrant County Criminal Courts to provide competency restoration services to individuals.

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

Response:

- Housing and limited substance abuse treatment are significant barriers.

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:

- MHMR Tarrant has a contract to provide all mental health services in Tarrant County Jail. Staff are available 24 hours a day/7 days a week. We also have the Navigator Program, comprised of five staff who work with the courts to divert individuals from the criminal justice system post-arrest.

Jail Liaisons

Denise Scott, Diversion Navigator
Jennifer Driskill, Diversion Navigator
Jordan Weaver, Diversion Navigator
Vacant, Diversion Navigator
Kimberly Spangler, Diversion Team Lead
Deborah Day, Continuity of Care Case Manager
Patricia Streffling, Program Manager

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: N/A

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:

- MHMR has a Navigator Program, Forensic ACT Team, Peer Re-Entry Programs for both mental health and opioids, and an Enhanced Mental Health Services Program available to provide additional supports to individuals receiving competency restoration services. We will continue to maximize the coordination amongst programs to meet the needs of individuals receiving services.

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:

- MHMR Tarrant has both an Outpatient Competency Restoration Program and a Jail-Based Competency Restoration Program, as well as a FACT Team and post jail programs. Currently, inpatient competency restoration is being discussed as an option that may be available soon.

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

Response:

- The Outpatient Competency Restoration Program continues to have a need for additional funding to address individual housing needs and inpatient substance abuse treatment.

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:

- MHMR provides integrated care services to coordinated screening, diagnosis, and ongoing treatment for people with co-occurring physical and mental health needs as well as substance use disorders. This is a collaborative effort with John Peter Smith Hospital.
- Collaboration between the MHMR Tarrant and other local providers (FQHC, Cook Children’s Hospital, John Peter Smith Hospital, Dental Health Arlington, University of North Texas Health Science Center, as well as other providers based on patient’s choice, such as Veteran’s Affairs and Texas Native Health Services.)
- The MDT is led by a Registered Nurse who ensures that efficient communication and information-sharing takes place across the team and with the patient.

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

Response:

- For the next two years MHMR plans to increase involvement of the patient in decisions about care.

<ul style="list-style-type: none"> • Rapid access to specialist expertise across the agency, including urgent care in a crisis and at transitions of care (e.g., hospital discharge).
<ul style="list-style-type: none"> • Add dedicated case managers taking responsibility for patient’s needs.
<ul style="list-style-type: none"> • MHMR also plans to enhance the coordination of integrated care services that are safe, effective, patient-centered, timely, efficient, and equitable.
<ul style="list-style-type: none"> • MHMR has established positions to work collaboratively to improve overall and increase opportunities with community partners, to continue to address primary care and substance use needs. With the goal to enhance our system of care with a holistic approach.

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:

<ul style="list-style-type: none"> • One of our crisis staff attends the monthly Medstar Ambulance Services continuity of care meeting.
<ul style="list-style-type: none"> • Staff attends monthly Mental Health Connection meetings where all community stakeholders come together for collaboration.
<ul style="list-style-type: none"> • Quarterly Crisis Stakeholder meetings.
<ul style="list-style-type: none"> • We provide pamphlets/brochures to stakeholders and have information on our website, Facebook page and Twitter account.
<ul style="list-style-type: none"> • We provide information on the TarrantCares.org website, which contains information from all community stakeholders.
<ul style="list-style-type: none"> • We have a High Utilizer Group that meets on a regular basis and includes members from MHMR, JPS, MedStar and the HOPE Team

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:

<ul style="list-style-type: none"> • All LMHA staff receive initial and ongoing training via Relias and face to face training Crisis Services trainings
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<ul style="list-style-type: none"> • Crisis Services staff receive additional in-depth training
<ul style="list-style-type: none"> • All BH staff are trained in ASIST (Applied Suicide Intervention Skills Training)
<ul style="list-style-type: none"> • All LMHA staff are required to receive annual Trauma Informed Training.

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)
Tarrant	Lack of PPB Beds	Exploring opportunities to increase PPB Beds	Within 1-2 years
Tarrant	Delayed answering of crisis calls	Increased qualified staff for call center	6 months to 1 year
Tarrant	Caring for medically acute individuals requiring crisis inpatient care	Funding for nursing medical services within respite/residential units.	Within 1- 2 years

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-BrochureRedesign0824.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:
Tarrant County Jail Diversion Center	Tarrant	Continue to provide training to law enforcement agencies to ensure that they are aware of the facility and services provided. Also, continue to build community relationships and resources to assist individuals.
Mobile Crisis Outreach Team	Tarrant	Clinical development remains a top priority for leadership within the MCOT Team. We are actively exploring strategies to expand our services to reach broader demographics, specifically focusing on individuals with Intellectual and Developmental Disability (IDD) and youth populations. This expansion may involve growing our team and/or establishing specialized teams to address these unique needs as demand rises statewide. Additionally, we are prioritizing the integration of peer involvement within our team and are committed to enhancing support from licensed clinicians.

Table 9: Intercept 1 Law Enforcement Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Tarrant County Jail Diversion Center	Tarrant	Continue to provide training to law enforcement agencies to ensure that they are aware of the facility and services provided. Also, continue to build community relationships and resources to assist individuals.
Mobile Crisis Outreach Team	Tarrant	Clinical development remains a top priority for leadership within the MCOT Team. We are actively exploring strategies to expand our services to reach broader demographics, specifically focusing on individuals with Intellectual and Developmental Disability (IDD) and youth populations. This expansion may involve growing our team and/or establishing specialized teams to address these unique needs as demand rises statewide. Additionally, we are prioritizing the integration of peer involvement within our team and are committed to enhancing support from licensed clinicians.
Law Liaison	Tarrant	Continue to partner with local law enforcement agencies to divert those suffering mental illness to most appropriate treatment facility versus jail. Provide ongoing training to law enforcement agencies in order to expand their knowledge regarding signs and symptoms of mental illness.

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:
Navigator Program	Tarrant	Continue to coordinate services and increase knowledge of available resources and programs for individuals to participate in.
Enhanced Mental Health Services (EMHS)	Tarrant	Work with court staff to increase the number of participants receiving services, as well as continue to identify and address reentry barriers.

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
MHMR Jail Program	Tarrant	Continuous collaboration with County staff to identify and provide services to mentally ill inmates in a timely manner.
Jail-Based Competency Restoration Program (JBCR)	Tarrant	Continue to provide competency training and coordinate with County staff to decrease state hospital waitlists.
Enhanced Mental Health Services (EMHS)	Tarrant	Work with court staff to increase the number of participants receiving services, as well as continue to identify and address reentry barriers.
Forensics ACT Team (FACT)	Tarrant	Continue to provide wraparound services and work with participants to identify and address reentry barriers. Also, continue to collaborate with court staff, community supervision, and other service agencies to increase referrals.

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
MHMR Tarrant Co Assertive Treatment (TCAT)	Tarrant	Continue to coordinate with County court programs to provide services to individuals who qualify.
Peer Re-entry		Continue jail in-reach services to develop rapport and establish a plan with participants prior to release, as well as assist in transition to the community with continued reentry services.
Outpatient Competency Restoration (OCR)	Tarrant	Continue to provide competency training and work with court staff to increase number of program participants.
Direct to Recovery Drug Court	Tarrant	Continue to coordinate and collaborate with community supervision staff to increase the number of program participants.
Navigator Program	Tarrant	Continue to coordinate services and increase knowledge of available resources and programs for individuals to participate in.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Forensic ACT Team	Tarrant	Continue to provide wraparound services and work with participants to identify and address reentry barriers. Also, continue to collaborate with court staff, community supervision, and other service agencies to increase referrals.

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Navigator Program	Tarrant	Continue to coordinate services and increase knowledge of available resources and programs for individuals to participate in.
Outpatient Competency Restoration (OCR)	Tarrant	Continue to provide competency training and work with court staff to increase number of program participants.
Project RAPP	Tarrant	Continue to coordinate with probation and parole and provide services to individuals referred to the program.
MHMR Tarrant Co-Assertive Treatment (TCAT)	Tarrant	Continue to coordinate with County court programs to provide services to individuals who qualify.
Peer Re-Entry	Tarrant	Continue jail in-reach services to develop rapport and establish a plan with participants prior to release, as well as assist in transition to the community with continued reentry services.
DIRECT to Recovery Drug Court	Tarrant	Continue to coordinate and collaborate with community supervision staff to increase the number of program participants.

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Project RAPP	Tarrant	Continue to coordinate with probation and parole and provide services to individuals referred to the program.

MHMR Tarrant Co-Assertive Treatment (TCAT)	Tarrant	Continue to coordinate with County court programs to provide services to individuals who qualify.
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III.B Other Behavioral Health Strategic Priorities

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

The [Texas Statewide Behavioral Health Plan](#) identifies other significant gaps and goals in the state’s behavioral health services system. The gaps identified in the plan are:

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

The goals identified in the plan are:

- Goal 1: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.
- Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.
- Goal 3: Develop and support the behavioral health workforce.
- Goal 4: Manage and utilize data to measure performance and inform decisions.

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

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma informed Care, linguistic, and cultural awareness training and build this knowledge into services	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	<ul style="list-style-type: none"> • Increased Agency-wide Trauma-Wise Trainings and teaming • Expansion of Help Me Grow/Help Me Thrive services and initiatives. • We continue to utilize language line services providing healthcare trained interpreter services for over 130 languages including ASL. • Our contracted pharmacy services can provide prescription labels printed on medications in over 130 languages. • We have a written care coordination agreement with Texas Native Health Services to facilitate and coordinate services addressing societal awareness and needs for American Indians/Native Alaskans within our service area. 	<ul style="list-style-type: none"> • Continue building resilient and competent staff through utilizing standard management processes that are trauma-informed • Continue to ensure access to services in a timely, accessible, trauma-informed eligibility process. • Will continue to expand Help Me Grow/Help Me Thrive services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes</p>	<ul style="list-style-type: none"> • Gaps 2, 3, 4, 5, 10, 12 <p>Goal 1</p>	<ul style="list-style-type: none"> • Increased care coordination services/activities • Incorporation of Social Determinants of Health Screening to drive services and improve outcomes 	<ul style="list-style-type: none"> • Continue honoring the receipt of grant funding through planful application, strategic implementation & transparent reporting. • Utilize outcome data to improve access to services through increased care coordination, navigation, and collaborative care opportunities.

<p>Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services</p>	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	<ul style="list-style-type: none"> • <p>Hold collaborative meetings with staff from Accounting, the Office of Transformation Outcomes, Program Network/Operations, and the Grant Development Team to identify and address barriers.</p> <p>Leadership collaborative meetings to discuss MCO and alternative payment methodology.</p> <p>We've entered into a care coordination agreement with an area dental clinic to coordinate oral health for low-income families served by MHMR Tarrant.</p>	<ul style="list-style-type: none"> • Continued efforts to design and implement short and longterm strategies for financial sustainability and community growth to ensure quality care. • Create blended and braided funding streams that prevent lapses in funding and leads to financial stability.
<p>Area of Focus</p>	<p>Related Gaps and Goals from Strategic Plan</p>	<p>Current Status</p>	<p>Plans</p>

<p>Implement services that are person- and family-centered across systems of care</p>	<ul style="list-style-type: none"> • Gap 10 • Goal 1 	<ul style="list-style-type: none"> • An array of person and family centered training and mentorship opportunities are available for staff from our Provider Support and Training team. • Transformation Outcomes and Research Teams actively engage in focus groups, interviews, and surveys to gather feedback, leveraging needs assessment data to inform their efforts 	<ul style="list-style-type: none"> • Expand comprehensive person/family centered training. Training is reviewed and updated regularly to ensure staff are well-equipped to meet the needs of our patients. • Enhance Feedback mechanisms: clients, families and other stakeholders. Ensuring we are responsive to the needs of those we serve. • Increase access to a full array of services through multidisciplinary teaming that is person-centered and familydriven with primary provider.
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> • Gaps 2, 11 • Goal 1 	<ul style="list-style-type: none"> • Providing routine, age-appropriate behavioral health screenings in schools, and in our program services. • We have expanded our care coordination agreements with ISDs and other school/educational providers to include coordinating with schools to provide navigation services as well as connecting families with MHMR certified family partners. 	<ul style="list-style-type: none"> • Continue to ensure complete continuum of services available across lifespan. • Continued efforts to support community-based initiatives that provide education, resources and support, addressing social determinants of health and breaking down barriers to care.
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> • Gap 3 • Goal 2 	<ul style="list-style-type: none"> • Our agency maintains active collaboration and communication, ensuring representation across various statewide platforms, groups, and committees 	<ul style="list-style-type: none"> • Strengthen partnerships across state agencies by fostering a culture of collaboration, to improve information sharing

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> Gaps 1, 3, 7 Goal 2 	<ul style="list-style-type: none"> Building internal healthcare systems of care coordination to optimize performance and awareness of internal services with organizational transformation and development of “Thriving Together” or improved care coordination and navigation processes. 	<ul style="list-style-type: none"> Strengthen interagency coordination by fostering stronger partnerships and improving communication and collaboration. Continued implementation of evidence based practices.
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> Gap 3 Goal 2 	<ul style="list-style-type: none"> Review recommendations and strategize ways to integration and implementation. 	<ul style="list-style-type: none"> Utilize outcome data to improve access to services through increased care coordination, navigation and collaborative care opportunities.
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> Gaps 1, 11, 14 Goal 2 	<ul style="list-style-type: none"> Actively engage patients and/or families in community supports Enhancing awareness of resource navigation 	<ul style="list-style-type: none"> Utilizing the teaming process to share expertise, coaching opportunities, and closed-loop referrals for families.
Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans

<p>Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services</p>	<ul style="list-style-type: none"> • Gaps 1, 5, 6 • Goal 2 	<ul style="list-style-type: none"> • Addressing and improving workflows to decrease waitlists and handle volume and capacity. • Identifying gaps by timely service and delivery and efficient utilization management of resources • Developing system to provide patient hospitalization notifications to staff to address care coordination and patient needs as they arise (EDEN). 	<ul style="list-style-type: none"> • Improve communication and protocols to enhance care coordination services for justice-involved individuals. • To utilize outcome data to improve access to services through increased care coordination, navigation, and collaborative care opportunities.
<p>Develop step-down and step-up levels of care to address the range of participant needs</p>	<ul style="list-style-type: none"> • Gaps 1, 5, 6 • Goal 2 	<ul style="list-style-type: none"> • Consistent completion of patient assessments to address level of care and provide services according to individual need. • Multi-disciplinary teaming to complete case consultations for individuals to address level of need 	<ul style="list-style-type: none"> • Continue ensuring complete continuum of services available across lifespan. • To provide access to a full array of services through multidisciplinary teaming that is person-centered and familydriven with primary provider.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance</p>	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 3 	<ul style="list-style-type: none"> • We hold monthly “Measures Meetings” with Directors and upper management to review performance on CCBHC and DPP quality measures, and to set priorities for improvement projects. • Conducting change projects, using the NIATx framework, to improve performance and address operational needs. • Active participants in HHSC’s “T-CCBHC Data and Quality Learning Community.” 	<ul style="list-style-type: none"> • Continue to conduct Measures Meetings, ensuring all relevant program personnel see the results. • Increase use of interactive dashboards for reviewing trends and reducing “data lag.”
<p>Explore opportunities to provide emotional supports to workers who serve people receiving services</p>	<ul style="list-style-type: none"> • Gap 13 • Goal 3 	<ul style="list-style-type: none"> • Agency offers a variety of resources for all staff. (Care.com, Talkspace, National Council for Mental Wellbeing, Mentoring Circle, The Supportive Living Network , etc.) • MyStrength • Code Purple • Extended LEAVE opportunities 	<p>Expand available resources to</p> <ul style="list-style-type: none"> • help staff cope with the emotional demands of their jobs. • Continue building resilient and competent staff through utilizing standard management processes that are trauma informed.

<p>Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce</p>	<ul style="list-style-type: none"> • Gaps 13, 14 • Goal 3 	<ul style="list-style-type: none"> • <p>Agency reviews data from various sources to identify barriers, gaps, and opportunities for recruiting, retention, and succession planning of current workforce.</p> <p>Specific external platforms are sought when needing to recruit for targeted positions. These include Texas Psychological Association, Texas Counseling, IhireAccountants.com, Nurse Recruiter, Indeed, Triad, ExcuNet, Disability Scoop, FWHR, Monster, Barefoot Student, Handshake, National Health Service Corps, Bureau of Health Workforce, and specific trade schools websites.</p> <p>Agency retention efforts include numerous benefit options for both full and part time employees and employee engagement opportunities for current employees. This includes, but is not limited to: Family Zoo Day, Employee Luncheon, holiday celebrations, experience raffles, company swag, longevity pay, opportunities to apply for multiple student</p>	<ul style="list-style-type: none"> • Continue to review data to identify barriers, gaps and opportunities for recruiting, retention, and succession planning of current workforce and future forecasting needs. • Continue to identify specific external platforms when needing to recruit for targeted positions. • Continue to explore agency retention efforts for employee engagement opportunities and/or additional benefits. • Continue to explore and identify succession planning and growth opportunities for current and potential leaders.
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>loan forgiveness programs, and the agency Kindness campaign.</p> <ul style="list-style-type: none"> Agency succession planning includes career and growth development opportunities for current and potential leaders. This includes, but is not limited to: Boss to Coach sessions, Gallup, Coaching APP, and Texas Risk Council Trainings. 	

<p>Implement a call to service campaign to increase the behavioral health workforce</p>	<ul style="list-style-type: none"> • Gap 13 • Goal 3 	<ul style="list-style-type: none"> • Agency has participated in various campaigns with a professional marketing firm on various platforms: radio, internet, college/university websites, local billboards, social media, etc. Commercial spots featured open career opportunities. • Agency has partnered with various local colleges/universities to promote internship and career opportunities. Employees connect with students at planned events. • Agency is working with Texas Workforce Commission to promote vacant job opportunities. • Agency promoted events for interested and qualified candidates guaranteeing them three interviews after hearing presentations from the programs about various positions available. 	<ul style="list-style-type: none"> • Continue exploring market campaign options. • Continue to partner with additional local colleges and universities to promote internship and career opportunities. • Continuing to work with Texas Workforce Commission to promote vacant positions. • Continue to coordinate hiring events for interested and qualified candidates to fill vacant positions.
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Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	<ul style="list-style-type: none"> • Agency has OPs related to this subject matter such as Equal Employment 	<ul style="list-style-type: none"> • Continue to review and update various operational
Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans

		<p>Opportunity OP, Hiring Process OP, as well as Prohibition of Harassment, Discrimination, or Retaliation OP.</p> <ul style="list-style-type: none"> Agency has been focused on enhancing and growing the MHMR's Culture and Belonging model, the mission of which is commitment to a diverse and inclusive environment that represents the community. MHMR's Culture and Belonging model is a framework in development that has an impact on aspects of recruitment, hiring, retention, and agency culture. Agency has initiated affiliations with HBCU's by visiting campuses and connecting with Career Services staff. Agency is currently sourcing candidates from the following external platforms to post vacant positions on known sites that appeal to diverse candidates: Nemnet, Workforce Diversity Network, Handshake, Fort Worth Hispanic Chamber of Commerce and Diversity.com 	<ul style="list-style-type: none"> procedures when necessary to include language supporting a diversified workforce. <p>Continue to enhance and grow the MHMR Culture and</p> <ul style="list-style-type: none"> Belonging model which impacts aspects of recruitment, hiring, retention, and agency culture. Continue to increase the agency affiliations with HBCU educational institutions. <p>Continue to identify additional external platforms for posting vacant positions on known sites that appeal to diverse candidates.</p>
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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	<ul style="list-style-type: none"> • Provide a centralized system of recruitment and training of interns to ensure quality learning experiences, promoting retention of current staff and recruitment for future employment. • Provide clinical supervision for qualified staff seeking various clinical licensures within the agency. 	
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 4 	<ul style="list-style-type: none"> • We hold monthly “Measures Meetings” with Directors and upper management to review performance on CCBHC and DPP quality measures, and to set priorities for improvement projects. • Conducting change projects, using the NIATx framework, to improve performance and address operational needs. • Active participants in HHSC’s “T-CCBHC Data and Quality Learning Community.” 	<ul style="list-style-type: none"> • Continue to conduct Measures Meetings, ensuring all relevant program personnel see the results. • Increase use of interactive dashboards for reviewing trends and reducing “data lag.”

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 4 	<ul style="list-style-type: none"> • We have internally implemented Power BI Dashboards in the last couple years to replace the need for the reporting site and provide staff and management with better data insights for informed decision making and operational management. • MHMR Tarrant has an internal data warehouse. We currently experience challenges extracting data from state systems. We have tried importing data from spreadsheets, but it is labor intensive. We also batch data to the state from our EHR (CARE, Encounter, CMBHS, etc). • MBOW is a state system used by multiple agencies that we have access to, but we are only able to access reports about our performance and compare to other centers. 	<ul style="list-style-type: none"> • Our goals would be to implement a plan that allows us to collect data in our system of record (EHR) and automate any needed integrations with the state or other healthcare entities for coordination of care. We have initiated the implementation of EDEN to provide hospital admission alerts. Any areas where the state could eliminate the requirement to enter data manually would be a huge improvement. We prefer to use our HER and share the summary data.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	<ul style="list-style-type: none"> • Gaps 3, 4, 14 • Goal 4 	<ul style="list-style-type: none"> • Established communication with regional VA North Texas Healthcare System leadership. Developing care coordination agreement and protocols. • Provided additional training to staff regarding societal awareness terminology with military veterans including at initial point of contact. 	<ul style="list-style-type: none"> • Continue developing military peer network services with certified peers in collaboration with Texas Veterans Commission.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> • Gaps 7, 14 • Goal 4 	<ul style="list-style-type: none"> • We track use of evidence-based approach identifies EBP content in sessions, regardless of service or billing codes. • Monitoring and reviews of EBP services by clinically trained staff, checking fidelity appropriateness. • Multiple projects evaluate effectiveness of EBP. 	<ul style="list-style-type: none"> • To utilize outcome data to improve access to services through increased care coordination, navigation, and collaborative care opportunities. • Expand use of dashboards for EBP tracking and monitoring. • Broaden the scale of EBP outcome evaluations.

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
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	See Above	See Above
Increase behavioral health workforce	See Above	See Above

IV.D System Development and Identification of New Priorities

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

Use the table below to identify the local service area’s priorities for use of any new funding should it become available in the future. Do not include planned services

and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for people not restorable, outpatient commitments, and other people needing long-term care, including people who are geriatric mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

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

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

Table 16: Priorities for New Funding

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Supportive Housing	<ul style="list-style-type: none"> • Develop housing units for individuals transitioning from inpatient psychiatric care, crisis care, or at risk of homelessness; with appropriate staffing 	\$5,000,000	Increased collaboration with local housing authorities, homeless shelters, and other social service agencies
Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders

2	Funding for integrated services to include LMHA, FQHC, and 340B for patient care.	<ul style="list-style-type: none"> To hire appropriate medical staff, purchase medical equipment to provide medical care for those also receiving psychiatric care, in both inpatient and outpatient settings. 	\$15,000,000	Collaboration with local hospitals, emergency services and enhanced pharmacy benefits
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Appendix A: Definitions

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

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

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

Crisis hotline – A 24/7 telephone service that provides information, support, referrals, screening, and intervention. The hotline serves as the first point of

contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT or other crisis services.

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

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

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

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

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

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

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

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

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

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

Appendix B: Acronyms

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