

Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and
Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: September 30, 2022

Submissions should be sent to:

MHContracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

Contents

Introduction	3
Section I: Local Services and Needs.....	4
I.A Mental Health Services and Sites.....	4
I.B Mental Health Grant Program for Justice Involved Individuals.....	9
I.C Community Mental Health Grant Program	9
I.D Community Participation in Planning Activities.....	11
Section II: Psychiatric Emergency Plan.....	14
II.A Development of the Plan	15
II.B Utilization of Hotline, Role of Mobile Crisis Outreach Teams, and Crisis Response Process	15
II.C Plan for local, short-term management of pre- and post-arrest patients who are incompetent to stand trial	26
II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment	27
II.E Communication Plans	27
II.F Gaps in the Local Crisis Response System.....	28
Section III: Plans and Priorities for System Development.....	29
III.A Jail Diversion.....	29
III.B Other Behavioral Health Strategic Priorities.....	35
III.C Local Priorities and Plans.....	40
III.D System Development and Identification of New Priorities	41
Appendix A: Levels of Crisis Care	27
Appendix B: Acronyms.....	29

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.

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 and/or Respite*
 - *Contracted inpatient beds*
 - *Services for co-occurring disorders*
 - *Substance abuse prevention, intervention, or treatment*
 - *Integrated healthcare: mental and physical health*
 - *Services for individuals with Intellectual Developmental Disorders (IDD)*
 - *Services for youth*
 - *Services for veterans*
 - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Pecan Valley Centers (Cleburne Clinic)	1601 N. Anglin Cleburne, TX 76031	Johnson	<ul style="list-style-type: none"> • Screening/Assessment/ Intake: adults, adolescents, and children. • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance Abuse Prevention, Intervention or Treatment. • Services for Co-occurring disorders. • Client transportation
Pecan Valley Centers (Granbury Clinic)	104 Pirate Drive Granbury, TX 76048	Hood	<ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Substance Abuse Prevention, Intervention, or Treatment. • Services for Co-occurring disorders. • Crisis Services/MCOT: adults, adolescent, and children. • Client transportation
Pecan Valley Centers (Mineral Wells Clinic)	100 Travis Dr Mineral Wells, TX 76067	Palo Pinto	<ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance Abuse Prevention, Intervention, or Treatment. • Services for Co-occurring disorders. • Screening/Assessment/ Intake: adults, adolescents, and children. • Client transportation
Pecan Valley Centers (Stephenville Clinic)	906 Lingleville Hwy. Stephenville, TX 76401	Erath	<ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health.

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance abuse prevention, intervention, or treatment. • Services for Co-occurring disorders. • Screening/Assessment/ Intake: adults, adolescents, and children. • Client transportation
Pecan Valley Centers (Weatherford Clinic)	1715 Santa Fe Dr. Weatherford, TX 76086	Parker	<ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Integrated healthcare: mental and physical health. • Services for individuals with Intellectual Developmental Disorders (IDD) • Services for youth • Services for Veterans • Crisis Services/MCOT: adults, adolescents, and children. • Substance abuse prevention, intervention, or treatment. • Services for Co-occurring disorders. • Client transportation

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Pecan Valley Centers (Granbury Intake)	108 Pirate Dr. Granbury, TX 76048	Hood	<ul style="list-style-type: none"> • Screening/Assessment/Intake: adults, adolescents, and children. • Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, and children. • Crisis Services/MCOT: adults, adolescents, and children.
Pecan Valley Centers (Green Street Crisis Respite Unit)	532 Green Street Stephenville, TX 76401	Erath	<ul style="list-style-type: none"> • Crisis Stabilization Unit • Texas Resilience and Recovery (TRR) outpatient services: adults. • Screening/Assessment/Intake: adults, adolescents, and children. • Services for Individuals with Intellectual Developmental Disorders (IDD)
Pecan Valley Centers (Waco St.)	114 North Waco St. Weatherford, TX 76086	Parker	<ul style="list-style-type: none"> • Texas Resilience and Recovery (TRR) outpatient services: adolescents and children • Services for Youth • Crisis Services/MCOT: adolescents and children • Substance Abuse prevention, intervention, or treatment • Services for Co-occurring disorders.
Pecan Valley Centers (IDD Services Building)	910 Granbury St. Cleburne, TX 76033	Johnson	<ul style="list-style-type: none"> • Services for individuals with Intellectual Developmental Disorders (IDD) • IDD Screening/Assessment/Intake: adults, adolescents, and children.

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served

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 Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on forensic commitments. These grants support community programs by providing behavioral health care services to individuals 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 individuals with mental illness involved in the criminal justice system.

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows, if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
	N/A	•	•	•
		•	•	•
		•	•	•
		•	•	•

I.C Community Mental Health Grant Program - Projects related to Jail Diversion, Justice Involved Individuals, and Mental Health Deputies

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons 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, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
FY22	HB 13 In-patient Substance Abuse Treatment	Johnson, Parker, Hood, Palo Pinto, Erath, Somervell	SUD	17

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers <input checked="" type="checkbox"/> Advocates (children and adult) <input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • 	<input checked="" type="checkbox"/> Family members <input checked="" type="checkbox"/> Concerned citizens/others <input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> •
<input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Substance abuse treatment providers
<input type="checkbox"/> Prevention services providers	<input type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers
<input checked="" type="checkbox"/> County officials <i>*List the county and the official name and title of participants</i> <ul style="list-style-type: none"> • Parker County Sheriff Russ Authier • Hood County Sheriff Roger Deeds • Johnson County Sheriff Adam King • Erath County Sheriff Matt Coates • Somervell County Sheriff Alan West • Palo Pinto County Sheriff Brett McGuire 	<input type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> •
<input type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input type="checkbox"/> Local health departments <input type="checkbox"/> LMHAs/LBHAs

Stakeholder Type

- Hospital emergency room personnel
- Faith-based organizations
- Probation department representatives
- Court representatives (Judges, District Attorneys, public defenders)
- *List the county and the official name and title of participants:*
 -
- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies
- Veterans' organizations

Stakeholder Type

**List the LMHAs/LBHAs and the staff that participated:*

-

- Emergency responders
- Community health & human service providers
- Parole department representatives
- Law enforcement

**List the county/city and the official name and title of participants:*

- Hood/Granbury – Casey Wilken, Mental Health Deputy

- Employers/business leaders
 - Local consumer peer-led organizations
 - IDD Providers
 - Community Resource Coordination Groups
 - 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.

- | |
|--|
| • Satisfaction Surveys |
| • Planning and Network Advisory Committee (PNAC) |
| • Trainings across our 6 counties |

<ul style="list-style-type: none"> • Community Outreach
<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> •

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

<ul style="list-style-type: none"> • More counseling services across our 6 counties
<ul style="list-style-type: none"> • More psychiatric providers/prescribers
<ul style="list-style-type: none"> • Need Inpatient psychiatric beds
<ul style="list-style-type: none"> • More Inpatient Psychiatric beds closer to or within our 6 county region
<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> •

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/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members
- 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 Development of 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;

- Participated in quarterly meetings with Texas Health Resources personnel to discuss Psychiatric Emergency Plan, ways to improve communication with emergency personnel and Pecan Valley Centers crisis team, as well as to discuss and improve the referral process for psychiatric commitments.
- Attended meeting with Palo Pinto General Hospital to discuss Psychiatric Emergency Plan

Ensuring the entire service area was represented; and

- Pecan Valley Centers offered similar meetings with other counties hospitals in the service area.

Soliciting input.

- Soliciting input from users of crisis services and their family through client feedback survey.

II.B Utilization of 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

- Contract with Avail Solutions to conduct screenings of crisis calls (24 hours a day, seven days a week, 365 days a year).

After business hours

- Contract with Avail Solutions to conduct screenings of crisis calls (24 hours a day, seven days a week, 365 days a year).

Weekends/holidays

- Contract with Avail Solutions to conduct screenings of crisis calls (24 hours a day, seven days a week, 365 days a year).

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

- Avail Solutions

3. How is the MCOT staffed?

During business hours

- Pecan Valley Centers has two QMHP-CS to provide crisis coverage in each of counties throughout the service region: Erath, Hood, Johnson, Somervell, Parker, and Palo Pinto Counties.

After business hours

- After business hours, Pecan Valley Centers has two QMHP- CS on call in each of the counties of the service region. (Erath/Hood, Johnson/Somervell and Parker/Palo Pinto Counties). There is also an LPHA on call 24/7 for clinical consult if needed.

Weekends/holidays

- Weekends/holiday hours, Pecan Valley Centers has two QMHP-CS on call in each of the counties of the service region. (Erath/Hood, Johnson/Somervell, and Parker/Palo Pinto Counties). There is also an LPHA on call 24/7 for clinical consult if needed.

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

- N/A

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

- MCOT does a face to face or video follow up within 24 hours. If we are unable to locate or they have left the service area, we do the follow up via telephone or call for a welfare check. At the follow-up we determine if there is further action needed for this crisis incident or to initiate intake into services. (**Due to COVID-19 most services are provided via telephone but face to face is offered if necessary)

6. Do emergency room staff and law enforcement routinely contact the LMHA/LBHA when an individual in crisis is identified? If so, please describe MCOT's role for:

Emergency Rooms:

- Emergency rooms in our service area contact our crisis line to request an assessment. If they meet criteria MCOT QMHP-CS is deployed and is face to face within 1 hour. MCOT

QMHP-CS then complete Crisis Risk Assessment and makes a recommendation of Hospitalization, Crisis Respite Services, or safety plan. If hospitalization or Respite is required MCOT QMHP-CS facilitate (secure a bed via Xferall, obtain magistrates order, and ensure transport). If a safety plan is recommended the safety plan is also completed by the MCOT QMHP-CS, individual in crisis and any family or collateral involved in the safety plan. A hospital consultation form is provided to the ED.

Law Enforcement:

- Law enforcement routinely contact and request crisis services. MCOT response time is face to face or via video within one hour. MCOT staff respond on scene in the community with law enforcement when requested. MCOT QMHP-CS then complete Crisis Risk Assessment and makes a recommendation of Hospitalization, Crisis Respite Services, or safety plan. If hospitalization or Respite is required MCOT QMHP-CS facilitate (secure a bed via Xferall, obtain magistrates order, and ensure transport). If a safety plan is recommended the safety plan is also completed by the MCOT QMHP-CS, individual in crisis and any family or collateral involved in the safety plan.

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

- There are no state hospitals in our service area

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

During business hours:

- Contact our Crisis hotline or MCOT line directly to requests assessment for hospitalization. MCOT responds face to face or via video within one hour and completes assessment and facilitates resolution.

After business hours:

- Contact our Crisis hotline or MCOT line directly to requests assessment for hospitalization. MCOT responds face to face or via video within one hour and completes assessment and facilitates resolution.

Weekends/holidays:

- Contact our Crisis hotline or MCOT line directly to requests assessment for hospitalization. MCOT responds face to face or via video within one hour and completes assessment and facilitates resolution.

9. What is the procedure if an individual cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

- MCOT completes crisis assessment, determines appropriate resolution. If hospitalization is required, MCOT contacts inpatient psychiatric facilities through Xferall and secures a bed. MCOT then assists with the memorandum of transfer (if in an emergency room), arranges transportation by the Sheriff's department and completes required paperwork (EDO if patient is involuntary).

10. Describe the community's process if an individual requires further evaluation and/or medical clearance.

- If referred for medical clearance is necessary, MCOT then responds to the Emergency department when individual is medically cleared to facilitate crisis resolution.

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

- MCOT completes crisis assessment, determines appropriate resolution. If hospitalization is required, MCOT contacts inpatient psychiatric facilities through Xferall and secures a bed. MCOT then assists with the memorandum of transfer (if in an emergency room), arranges transportation through the Sheriff's department, and completes required paperwork (EDO if patient is involuntary).

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

- MCOT responds to location of individual, completes crisis assessment, contacts crisis respite facility, and facilitates transfer by sending assessment to facility and arranging transportation.

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.

- Upon being activated by Law Enforcement or School Personnel, MCOT completes crisis assessment, determines appropriate resolution. If hospitalization is required, MCOT contacts inpatient psychiatric facilities through Xferall and secures a bed, arranges transportation, and completes required paperwork (EDO if patient is involuntary).

14. If an inpatient bed at a psychiatric hospital is not available:

Where does the individual wait for a bed?

- Individuals assessed in emergency rooms continue to wait in emergency department until a bed can be located for availability. Individuals assessed in the community are assessed for crisis respite or taken to a private inpatient facility by law enforcement.

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

- MCOT provides face to face and telephone contacts daily or until crisis is resolved.

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

- Natural supports or ambulance services

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? *Indicate N/A if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.*

Name of Facility	Green Street Crisis Respite Unit
Location (city and county)	Stephenville, Erath County
Phone number	682-279-4019
Type of Facility (see Appendix A)	Crisis Respite Unit
Key admission criteria (type of individual accepted)	Adults assessed and identified in mental health crisis
Circumstances under which medical clearance is required before admission	When evidence is observed which suggests a medical concern. Examples include overdose, assault, confused or disoriented, evidence of injuries (ex. head injury) unable to move any parts of body, severe chest pains, abdominal pains, and shortness of breath, Substance use related issues.
Service area limitations, if any	Individuals experiencing crisis in Pecan Valley Centers' service area or are a resident within Pecan Valley Centers 6 county region.
Other relevant admission information for first responders	City Ordinance prohibits admission of a registered sex offender to Green Street Crisis Respite unit
Accepts emergency detentions?	No, Voluntary Admission only
Number of Beds	6

HHSC Funding Allocation	
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Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals?

Replicate the table below for each alternative.

Name of Facility	Red River Hospital
Location (city and county)	Wichita Falls, Wichita County
Phone number	(940) 400-0733
Key admission criteria	<ul style="list-style-type: none"> • Suicidal ideations • Homicidal ideations • Danger to self or others • In need of medical detox • Severe deterioration in level of functioning • Physical aggression
Service area limitations, if any	N/A
Other relevant admission information for first responders	N/A
Number of Beds	22 adult beds and youth beds (12-17 years old)

<p>Is the facility currently under contract with the LMHA/LBHA to purchase beds?</p>	<p>Yes</p>
<p>If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?</p>	<p>PESC and PPB</p>
<p>If under contract, are beds purchased as a guaranteed set or on an as needed basis?</p>	<p>As needed Basis</p>
<p>If under contract, what is the bed day rate paid to the contracted facility?</p>	<p>\$585</p>
<p>If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?</p>	<p>N/A</p>

If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
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II.C Plan for local, short-term management of pre- and post-arrest individuals who are deemed incompetent to stand trial

What local inpatient or outpatient alternatives to the state hospital does the local service area currently have for competency restoration? *If not applicable, enter N/A.*

Identify and briefly describe available alternatives.

- Outpatient Competency Restoration Program

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

- Type of charge, housing and capacity to participate in the program.

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)/title(s) of employees who operate as the jail liaison.

- N/A

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.

- Rhea Sullivan, LPC Associate Chief of BH Services

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

- Continued education about the OCR Program, hire staff for the OCR Program to have more regular engagement about the program with the attorneys, judges and jails.

Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (i.e., Outpatient Competency Restoration Program inpatient competency restoration, Jail-based Competency Restoration, etc.)?

- Jail-based Competency Restoration

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

- Funding to dedicate staff to this program, purchase needed curriculum etc.

II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment and the development of Certified Community Behavioral Health Clinics (CCBHCs)

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA/LBHA collaborate with in these efforts?

- Red River Hospital is utilized for emergency psychiatric and SUD inpatient services. We are also currently working on getting MOUs with local agencies.

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

- Care Coordinators are currently being hired to further coordinate mental healthcare and physical healthcare within the clinics.

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?

- Law Liaison provides ongoing education and training regarding services provided by Pecan Valley Centers.
- Pecan Valley Centers will continue collaborative meetings with emergency responders and other community stakeholders.

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?

- All QMHP staff are credentialed (including MCOT staff) as QMHP-CS' upon hire. Crisis training is provided on a yearly basis.
- Pecan Valley Centers management team will review Consolidated Local Service Plans with mid-level managers and supervisors to ensure that information about the plans are being disseminated throughout agency programs.

II.F Gaps in the Local Crisis Response System

What are 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.*

County	Service System Gaps	Recommendations to Address the Gaps
Somervell, Parker and Palo Pinto Counties	<ul style="list-style-type: none"> • Dedicated MH deputies are needed in these counties. 	<ul style="list-style-type: none"> • Speak with the departments in each county and share the success of these positions with our other counties.
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

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	•	•

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to the involvement of individuals with mental and substance use disorders 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 individuals 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. If not applicable, enter N/A.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • 24/7 Crisis Hotline 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell, and Johnson 	<ul style="list-style-type: none"> • Maintain this 24/7 crisis hotline

<ul style="list-style-type: none"> • 24/7 MCOT 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell, and Johnson 	<ul style="list-style-type: none"> • Maintain a 24/7 MCOT
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
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<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Crisis staff currently respond on scene with law enforcement 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell, and Johnson 	<ul style="list-style-type: none"> • Continued planning, training, and applications for additional resources.
<ul style="list-style-type: none"> • Pecan Valley Centers provides TCOLE class 4001 Mental Health Peace Officer Training Quarterly and free of charge to law enforcement 	<ul style="list-style-type: none"> • Parker, Hood, Erath, and Johnson 	<ul style="list-style-type: none"> • Continued planning, training, and applications for additional resources.
<ul style="list-style-type: none"> • Pecan Valley Centers provides free training and orientation to services to probation, law enforcement, and jail personnel. 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell, and Johnson 	<ul style="list-style-type: none"> • Continued planning, training, and applications for additional resources.

<ul style="list-style-type: none"> • 24-hour face to face follow up with all individuals who are not hospitalized. 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell, and Johnson 	<ul style="list-style-type: none"> • Continued planning, training, and applications for additional resources.
<ul style="list-style-type: none"> • Law Enforcement Liaison have regular meetings, assist, and educate in all areas of law enforcement on mental health/suicide awareness 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell, and Johnson 	<ul style="list-style-type: none"> • Continued planning, training and applications for additional resources.
<ul style="list-style-type: none"> • Crisis staff currently respond on scene with law enforcement 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell, and Johnson 	<ul style="list-style-type: none"> • Continued planning, training, and applications for additional resources.
<ul style="list-style-type: none"> • Pecan Valley Centers provides TCOLE class 4001 Mental Health Peace Officer Training Quarterly and free of charge to law enforcement 	<ul style="list-style-type: none"> • Parker, Hood, Erath, and Johnson 	<ul style="list-style-type: none"> • Continued planning, training, and applications for additional resources.

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Outpatient Competency Restoration 	<ul style="list-style-type: none"> • Johnson, Hood, Parker, Erath, Somervell, and Palo Pinto. 	<ul style="list-style-type: none"> • Continue to hire staff for the program and
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

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Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • MH screenings at booking on all individuals arrested 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell and Johnson 	<ul style="list-style-type: none"> • Continued planning, training and applications for additional resources.
<ul style="list-style-type: none"> • Notification when individual screens positive for mental health 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell and Johnson 	<ul style="list-style-type: none"> • Continued planning, training and applications for additional resources.
<ul style="list-style-type: none"> • Assessment to determine immediate threat or risk of harm. 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell and Johnson 	<ul style="list-style-type: none"> • Continued planning, training and applications for additional resources.
<ul style="list-style-type: none"> • Interlocal agreement for LMHA to provide services while individual is incarcerated (Initial psychiatric, Evaluation, Doctor to Doctor, Initial Diagnostic Evaluation, MH Individual Counseling) • 	<ul style="list-style-type: none"> • Hood, Palo Pinto and Somervell 	<ul style="list-style-type: none"> • Continued planning, training and applications for additional resources.
<ul style="list-style-type: none"> • Providing services to individuals released from jail or hospital on outpatient commitment 	<ul style="list-style-type: none"> • Johnson 	<ul style="list-style-type: none"> • Continued planning, training and applications for additional resources.

<ul style="list-style-type: none"> MH screenings at booking on all individuals arrested 	<ul style="list-style-type: none"> Palo Pinto, Parker, Hood, Erath, Somervell and Johnson 	<ul style="list-style-type: none"> Continued planning, training and applications for additional resources.
<ul style="list-style-type: none"> Notification when individual screens positive for mental health 	<ul style="list-style-type: none"> Palo Pinto, Parker, Hood, Erath, Somervell and Johnson 	<ul style="list-style-type: none"> Continued planning, training and applications for additional resources.

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Notification on positive CCQ Matches 	<ul style="list-style-type: none"> Palo Pinto, Parker, Hood, Erath, Somervell and Johnson 	<ul style="list-style-type: none"> Continue to review these matches
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
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Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Ongoing training for probation and parole staff in the region 	<ul style="list-style-type: none"> Palo Pinto, Parker, Hood, Erath, Somervell and Johnson 	<ul style="list-style-type: none"> Hire staff for the OCR Program to have more regular engagement about the program

		with the attorneys, judges and jails.
<ul style="list-style-type: none"> • TCOOMMI referrals are on a specialized caseload for parole-specific intensive case management 	<ul style="list-style-type: none"> • Parker, Palo Pinto, Erath and Hood 	<ul style="list-style-type: none"> • Continue to build relationships with criminal justice partners & provide services for parolees
<ul style="list-style-type: none"> • TCOOMMI Program has dedicated intake process in addition providing services for continuity of care 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell and Johnson 	<ul style="list-style-type: none"> • Continue to build relationships with criminal justice partners & provide services for probationers and parolees
<ul style="list-style-type: none"> • TCOOMMI Program director and TCOOMMI case managers work with parole and probation on a regular basis to ensure clients' needs are met 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell and Johnson 	<ul style="list-style-type: none"> • Continue to build relationships with criminal justice partners & provide services for probationers and parolees
<ul style="list-style-type: none"> • TJJD serves juveniles on probation that also have mental health needs 	<ul style="list-style-type: none"> • Parker and Hood 	<ul style="list-style-type: none"> • Continue to build relationships with criminal justice partners & provide services for juvenile probationers
<ul style="list-style-type: none"> • Ongoing training for probation and parole staff in the region 	<ul style="list-style-type: none"> • Palo Pinto, Parker, Hood, Erath, Somervell and Johnson 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • TCOOMMI referrals are on a specialized caseload for parole- 	<ul style="list-style-type: none"> • Parker, Palo Pinto, Erath and Hood 	<ul style="list-style-type: none"> • Continue to build relationships with criminal

specific intensive case management		justice partners & provide services for parolees
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III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic 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 S 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.

In the table below 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.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • All intakes are now open 5 days a week, utilizing an open access model. 	<ul style="list-style-type: none"> • Continue using open access model.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • We have a dedicated Continuity of Care Coordinator for Mental Health and for Intellectual 	<ul style="list-style-type: none"> • Expand list of contracted hospitals closer to our designated region.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		Developmental Disabilities programs. COC helps coordinates transitions from inpatient back to community.	
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • Continuity of Care Coordinator and Intake/ Crisis Staff Coordinate care in order to bring clients into most appropriate program. 	<ul style="list-style-type: none"> • Newly Developed programs are Assisted Outpatient Treatment (AOT) and First Episode Psychosis (FEP). ACT and SUD Programs will be continued as needed.
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • Fidelity is monitored by Monthly Supervision, QM Chart Audits, and UM Authorizations. 	<ul style="list-style-type: none"> • Program Supervisors to begin monitoring for fidelity within the programs.
Transition to a recovery-oriented system of care,	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • We currently employ 4 peer specialists. 	<ul style="list-style-type: none"> • We will hire 2 additional peer specialists to provide further peer services to our region.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
including use of peer support services			
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • QMHP-CS' are currently certified yearly in COPSD and use this to provide skills training to clients. 	<ul style="list-style-type: none"> • Increase referrals to our outpatient SUD program for those 13 and older.
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	1.Gap 1 <ul style="list-style-type: none"> • Goals 1,2 	We currently have a Primary Care Provider that sees our clients experiencing high blood pressure, high cholesterol, diabetes,	Continue expanding primary care services to include more physical health conditions.
Consumer transportation and access to treatment in remote areas	2.Gap 10 <ul style="list-style-type: none"> • Goal 2 	We are currently able to provide direct transportation services through a SAMHSA grant.	Continue to provide these services over the next FY while exploring potential sustainability options.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	3.Gap 14 <ul style="list-style-type: none"> • Goals 2,4 	<ul style="list-style-type: none"> • We have an IDD Crisis Intervention Specialist that is responsible for 	<ul style="list-style-type: none"> • We have plans to hire a second person to help with behavior supports

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>responding to any crisis calls within our 6 counties for those that have an IDD diagnosis.</p>	<p>as well as IDD crisis intervention.</p>
<p>Addressing the behavioral health needs of veterans</p>	<p>4. Gap 4</p> <ul style="list-style-type: none"> • Goals 2,3 	<ul style="list-style-type: none"> • We have a Veterans Service Coordinator, he is responsible for networking within our 6 counties, training veteran peer supports, as well as training staff and community on military culture. We have expanded our Veterans services with the addition of 2 grants (general assistance [GA] and mental health[VMH]) from the Texas Veterans Commission. 	<ul style="list-style-type: none"> • We plan to continue outreach and education internally and externally. Additionally, we have re-applied for the GA and VMH grants to continue assisting and serving veterans.

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. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.

Local Priority	Current Status	Plans
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • See above 	<ul style="list-style-type: none"> • See above
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> • See above 	<ul style="list-style-type: none"> • See above
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

III.D System Development and Identification of New Priorities

Development of 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.

In the table below, 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 non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with 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/components would be funded, including estimated quantity when applicable; and*
- *Estimate the funding needed, listing the key components and costs (for recurring/ongoing costs, such as staffing, state the annual cost.*

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	More robust services for those children & adolescents with Autism.	<ul style="list-style-type: none"> To provide curriculums, training, and support to staff to work with this population. Hire or contract with a BCBA to provide behavioral support interventions, ABA therapy. 	<ul style="list-style-type: none"> Curriculums for staff: approximately \$2,500 Trainings for staff: approximately \$5,000 BCBA (part-time): approximately \$88,400/year
2	Crisis diversion	<ul style="list-style-type: none"> Contract with local hospital systems to provide designated beds for individuals that may not need or be able to be immediately assessed for potential psychiatric hospitalization. 	<ul style="list-style-type: none"> Approximately \$500,000/year
3		<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
		<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

Appendix B: Acronyms

Admission criteria – Admission into services is determined by the individual’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.

Crisis Hotline – The Crisis Hotline is 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– provide community-based residential crisis treatment to individuals 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 facilities are not authorized to accept individuals on involuntary status.

Crisis Respite Units –provide community-based residential crisis treatment for individuals 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 individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons they care for to avoid mental health crisis. Crisis respite facilities are not authorized to accept individuals on involuntary status.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis and prevent utilization of more intensive services such as hospitalization. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse.

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals 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 individuals with a high to moderate risk of harm to self or others.

Extended Observation Units (EOU) – provide up to 48-hours of emergency services to individuals in mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept individuals on emergency detention.

Mobile Crisis Outreach Team (MCOT) – MCOTs are 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 individuals in the community.

Psychiatric Emergency Service Center (PESC) – PESC provide immediate access to assessment, triage, and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESC 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/LBHA funding.

Rapid Crisis Stabilization and Private Psychiatric Beds – 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 individual's ability to function in a less restrictive setting.

Appendix B: Acronyms

CSU	Crisis Stabilization Unit
EOU	Extended Observation Units
HHSC	Health and Human Services Commission
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
PESC	Psychiatric Emergency Service Center