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
Denton County MHMR Center	2519 Scripture, Denton Texas, 76201	940-381-5000	Denton	Outpatient	Mental Health services for adults and children. Services include intake, TRR outpatient services, substance use prevention, intervention, and treatment, and crisis screening and assessment. All services are provided for both adults and children. This location also houses our integrated mental health and physical health clinic.
Denton County MHMR Center	1001 Cross Timbers, Flower Mound, Texas	214-488-0121	Denton	Outpatient	Mental Health services for adults and children. Services include intake, TRR outpatient services, substance use prevention, intervention, and treatment, and crisis screening and assessment. All services are provided for both adult and children.
Denton County MHMR Center	2509 Scripture, Denton Texas 76201	940-381-9965	Denton	Outpatient	24-hour crisis assessments for adults and children conducted at the Psychiatric triage center. MCOT services. First Episode Psychosis Program. TCOOMMI. Connections. Outpatient counseling services.
Denton County MHMR Center	3835 Morse, Denton Texas	940-891-0970	Denton	Outpatient	Provider services for individuals with IDD.

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Denton County MHMR Center	3837 Morse, Denton Texas	940-381-5000	Denton	Outpatient	Authority services and functions for individuals with IDD.

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
2025	Crisis Residential Unit- The Crisis residential program is a psychosocial rehabilitation program providing treatment for 8 individuals (4 females and 4 males) who pose a level of risk of harm to themselves, posing some functional impairment, and are unable to be stabilized in a less restrictive environment. This program provides up to 8 hours a day of skills training, process groups, and substance abuse groups. Individuals are also able to see a psychiatrist and receive nursing services.	Denton	Outpatient	Adult clients experiencing acute crisis.	In FY2024 the Center served 129 individuals at CRU.

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

Texas Health and Human Services ● hhs.texas.gov ● Revised: 09/2024

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

I.D Community Participation in Planning Activities

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

Table 4: Community Stakeholders

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

☒	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated):
	• University Behavioral Health
	  o Discharge Planner
	  o Director of Clinical Services
	  o Chief Executive Officer
	  o Unit Therapists
	• Millwood Hospital
	  o Director of Business Development
	  o Health Information Management Director
	  o Director of Clinical Services
	  o Program Manager of Social Services
	  o Director of Intake
	• Springwood
	  o Administrator
	  o Utilization Reviewer
	  o Unit Therapists
	  o Clinical Director
		☒	State hospital staff (list the hospital and staff that participated):
			• *North Texas State Hospital*
			  o *Admission Coordinator*
			  o *Program Utilization Management Specialist III*

☒	Mental health service providers	☒	Substance use treatment providers
☒	Prevention services providers	☐	Outreach, Screening, Assessment and Referral Centers

	Stakeholder Type		Stakeholder Type
☒	County officials (list the county and the name and official title of participants): • Judge David W. Jahn – Denton County Commissioner	☒	City officials (list the city and the name and official title of participants): • See attachment
☐	Federally Qualified Health Center and other primary care providers	☒	LMHA LBHA staff *List the LMHA or LBHA staff that participated:* • Helen Farabee Centers • Pecan Valley Centers • MHMR of Tarrant County • Texas Panhandle Centers • Center for Life Resources • Bluebonnet Trails Community Services
☐	Hospital emergency room personnel	☒	Emergency responders
☐	Faith-based organizations	☒	Local health and social service providers
☒	Probation department representatives	☒	Parole department representatives

	Stakeholder Type		Stakeholder Type
☒	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): • Denton County 　○ Alessia Dal Monte-Community Diversion Coordinator 　○ Judge David Jahn-Presiding Judge Probate Court No. 1 　○ Judge Edward Nolter-Associate Judge Denton County Probate Courts 　○ Judge Robin Ramsay-Associate District and County Criminal Court Judge-Denton County Magistrate Court 　○ Matthew Weibe-Assistant District Attorney 　○ Judge Stephanie Askew-Jail Magistrate 　○ Judge Kimberly McCarry-County Court at Law No. 1	☒	Law enforcement (list the county or city and the name and official title of participants): • Denton County 　○ Denton Police Department 　　▪ Sgt. Sarah Keith, Mental Health Division 　○ Flower Mound Police Department 　　▪ Detective Michelle Horridge, Mental Health Coordinator 　　▪ Officer Todd Purdy 　○ The Colony Police Department 　　▪ Officer Carlos Henderson, Mental Health Unit 　○ Lewisville Police Department 　　▪ Sergeant Steven Dickens, Community Resources Division, Co-Care Crisis Intervention Unit 　　▪ Officer Jay Alexander, Crisis Intervention/Mental Health Officer
☒	Education representatives	☐	Employers or business leaders
☒	Planning and Network Advisory Committee	☐	Local peer-led organizations
☒	Peer specialists	☒	IDD Providers
☒	Foster care or child placing agencies	☒	Community Resource Coordination Groups
☒	Veterans' organizations	☒	Housing authorities
☒	Local health departments	☒	Other: Denton Behavioral Health Leadership Team

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:

• Stakeholder meetings
• County and city meetings
• Meetings with law enforcement
• Behavioral Health Leadership advisory board meeting and work groups
• Grant and MOU collaborations with local agencies-Explorations and submissions
• Surveys
• PNAC

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:

• Homelessness
• Employment opportunities
• Jail diversion for people with severe and persistent mental illness
• ER diversion for people with severe and persistent mental illness
• Long wait list for programs like HCS and Texas home living for IDD population
• Appropriate inpatient programs for individuals with IDD
• Beds at the State Hospital
• Substance Use Disorder services
• Access to physical health care

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:

- The Center has met with key stakeholders including law enforcement, local hospitals, first responders, elected officials, and community members to educate them on our current process and to develop ways in which we can serve the needs of our county and clients more effectively and efficiently.

- Ensuring the entire service area was represented; and

Response:

- The Center invited leaders from all cities in our county to be a part and to learn about our processes. This year we hosted a Judicial and Mental Health Summit and invited local judges, court representatives, law enforcement, elected officials, and mental health agencies. The Center collaborated and served on multiple sub-committees under the auspices of the Denton County Behavioral Health Leadership Team for Denton County (a committee sponsored by the United Way). Information from the workgroups is distributed to stakeholders in the form of reports, presentation, and action

plans to address needs related to a large array of needed services and seeks to make service delivery more efficient across multiple providers in the county.

- Soliciting input.

Response:

- The Center requested feedback from the community by sending out a Community Needs Assessment survey to individuals, family, staff, residents of Denton County, and community agencies. The Center asks individuals served and their families to fill out satisfaction surveys quarterly. We receive input from our Planning and Network Advisory Committee (PNAC) and multiple other sources to assist the board of trustees and staff identify the service needs that need to be addressed in our county. The Center facilitates a Crisis Residential Unit Advisory Committee which consists of jail staff, judges, court staff, and mental health leadership to address the needs of the community regarding the Crisis Residential Unit.

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

1. How is the Crisis Hotline staffed?
   a. During business hours

   Response:

   - The Crisis Hotline is staffed by Qualified Mental Health Professionals (QMHP) and is accredited by the American Association of Suicidology.

   b. After business hours

   Response:

   - The Crisis Hotline is staffed by Qualified Mental Health Professionals (QMHP) and is accredited by the American Association of Suicidology.

c. Weekends and holidays

Response:

> • The Crisis Hotline is staffed by Qualified Mental Health Professionals (QMHP) and is accredited by the American Association of Suicidology.

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

Response:

> • Yes – With Tarrant County Hotline- ICARE

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

   Response:

   > • QMHPs and LPHAs

   b. After business hours

   Response:

   > • The Center currently has 3 two person teams. The teams consist of QMHPs, LPHAs, or RNs.

   c. Weekends and holidays

   Response:

   > • The Center currently has 3 two person teams. The teams consist of QMHPs, LPHAs, or RNs.

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

Response:

> • no

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

Response:

> • 24hr follow up appts, preferred face to face, however we make accommodations based on the individual's preferences. The Center offers additional follow up appts as clinically appropriate and recommends ongoing outpatient services which would include case management, medication management, skills training, counseling, and all crisis services.

6. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:
   a. Emergency Rooms:

> • Yes, they do. The ER contacts our crisis hotline and when appropriate an MCOT is dispatched to complete a crisis intervention. The team makes a recommendation based on the least restrictive environment and helps facilitate the outcome.

   b. Law Enforcement:

> • Yes, they do. Law enforcement will either contact the crisis hotline and request MCOT be dispatched or present to a center location and request a crisis intervention. MCOT will assess at locations other than Psych Triage Center or when Psych Triage staff are with other individuals. The team makes a recommendation based on the least restrictive environment and helps facilitate the outcome.

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

Response:

> • The Center does not present to the state hospital for screening requests because we do not have a state hospital in our catchment area.

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

> - Contact our Crisis line and an MCOT team will be dispatched.

b. After business hours:

> - Contact our Crisis line and an MCOT team will be dispatched.

c. Weekends and holidays:
> - Contact our Crisis line and an MCOT team will be dispatched.

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:

> - MCOT will facilitate a transfer to the appropriate level of care. We have contracts with multiple local psychiatric hospitals, and we run a Crisis Residential Unit.

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

Response:

> - Medical clearance would be conducted at a local ER. If a higher level of care is needed, then MCOT will facilitate a transfer to a psychiatric hospital.

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

Response:

> - MCOT will facilitate and or transport a client to one of our contract psychiatric hospitals if this level of care is needed.

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:

> - We operate a Crisis Residential program. We use this program as a level of care more restrictive than outpatient but less restrictive than inpatient care. MCOT can refer an individual to this program following assessment and help to facilitate the transfer or transition.

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:

> - MCOT responds to all locations in our county. If the area is considered non-secure, then we have law enforcement accompany us to secure the location.

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

Response:

> - The individual will remain at a safe location (Emergency Room, Police Station, Jail, etc.) until a bed is available or until they are reassessed and no longer meet the criteria for inpatient treatment.

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:

> - Crisis Staff or if necessary law enforcement may be contacted for assistance.

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

Response:

> - Staff can complete transport, but if staff are not available or it is not safe to transport, we use Uber Health or our contract ambulance service Sacred Cross. The hospitals will do the transfer if it is from hospital to hospital.

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

Response:

> - The child's LAR will be asked to transport if safe. Staff can complete transport with the LAR present, or with LAR consent, but if staff are not available or it is not safe to transport, we use Uber Health or our contract ambulance service Sacred Cross. The hospitals will do the transfer if it is from hospital to hospital.

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	Denton County MHMR- Crisis Residential
Location (city and county)	Krum, Texas – Denton County
Phone number	940 381 5000
Type of facility (see Appendix A)	Crisis Residential Unit
Key admission criteria	Individuals experiencing mental health crisis or are nearing a crisis.
Circumstances under which medical clearance is required before admission	Any untreated medical condition that needs attention or any recent overdose.

Name of facility	Denton County MHMR- Crisis Residential
Service area limitations, if any	N/A
Other relevant admission information for first responders	Referrals to CRU can come from either their provider, discharging provider at an Inpatient Psychiatric Hospital, or Crisis Team. All individuals must receive a CRU LPHA Assessment and a Nursing Assessment to determine eligibility.
Does the facility accept emergency detentions?	No
Number of beds	8
HHSC funding allocation	SB 292

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	
Name of facility	**University Behavioral Health**
Location (city and county)	Denton Texas, Denton County
Phone number	940-320-8100
Key admission criteria	Determination of need for inpatient level of care
Service area limitations if any	None
Other relevant admission information for first responders	Private Facility accepts most insurance, and we contract with them for beds.
Number of beds	N/A

Name of facility	
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Purchased as needed
If under contract, what is the bed day rate paid to the contracted facility?	735
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	**Texas Health Springwood Hospital**
Location (city and county)	Bedford, Texas, Tarrant County
Phone number	682-236-6023
Key admission criteria	Determination of need for inpatient level of care
Service area limitations, if any	None

Name of facility	
Other relevant admission information for first responders	Private Facility accepts most insurance and we contract with them for beds.
Number of Beds	N/A
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
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)?	Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Purchased as needed
If under contract, what is the bed day rate paid to the contracted facility?	735
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	**Millwood Hospital**
Location (city and county)	Arlington, TX Tarrant County

Name of facility	
Phone number	817-261-3121
Key admission criteria	Determination of need for inpatient level of care
Service area limitations, if any	None
Other relevant admission information for first responders	Private Facility accepts most insurance, and we contract with them for beds.
Number of Beds	N/A
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
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)?	Private psychiatric beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	Purchased as needed
If under contract, what is the bed day rate paid to the contracted facility?	735
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A

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

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

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

   Response:

   N/A

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

   Response:

   N/A

3. Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged? Identify the name(s) and title(s) of employees who operate as the jail liaison.

   Response:

   - The Center has 2 Jail In-Reach (FTE 1.0) positions we secured through a SAMHSA grant. These positions complete 16.22 or 17.032 assessments issued and work with the court and jail system to provide alternative solutions to ensure the individuals in jail receive appropriate care and are in the most appropriate setting. One of these positions also monitors the forensic waitlist and meets with individuals waiting for inpatient treatment for competency restoration, coordinating care between the individual and jail medical

staff. Jessica Nordon and Jorge Aviles are in these positions. The Center has 2 Qualified Mental Health Professionals, and a Peer Support Specialist (FTE 1.0) position secured through a Department of Justice Grant. These positions work with individuals while they are incarcerated to support a successful transition back into the community upon release and work with the community diversion coordinator for Denton County to determine clinically appropriate alternative solutions to incarceration when applicable.

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:

   - In the past The Center has been a key contributor in the pilot project with HHSC and Judicial Commission on Mental Health which focused on enhancing coordination between courts and mental health providers. The Center is currently participating in a Re-entry Learning Collaborative. We hope this continues as all contributors acknowledge the positive impact this project has had. A second plan is with funding and Denton County Court support to develop a jail-based competency restoration program.

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:

   - Jail-based Competency Restoration

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

Response:

> - Funding and staffing at the jail to provide the services in the jail-based competency restoration program.

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:

   > - The Center is CCBHC Certified.
   > - The Center has an integrated clinic that has both psychiatric and physical health care services.
   > - The Center has a Substance Use Disorder Program.

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

   Response:

   > - Expansion of Drug Treatment Court participants
   > - Increased Marketing Efforts
   > - Community Engagement
   > - Enhanced service offerings
   > - Insurance Paneling
   > - CQI Project to address improved physical health outcomes

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:

- The Center shares our programs and processes on our website.
- The Center uses pamphlets to share our programs and processes with the public.
- The Center hosts meetings, attends meetings, and educates stakeholders in any change in process that occurs.
- The Center has staff on community committees and coalitions that include members of our stakeholder groups. We share any changes in process or programs with these groups.
- Multiple members of senior leadership and staff participate in and attend the Denton County Behavioral Health Leadership Team and multiple workgroups of this team, including the Suicide Prevention Workgroup, Cross Care Collaborative Workgroup, and the Child and Family Systems Workgroup.
- When we have changes that are immediate and change how or when other entities might contact us, we call those entities directly and discuss the changes with them.

2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

Response:

- The Center provides extensive annual and ongoing training for those involved in our MCOT, Consumer Service Representatives, as well as for the Executive Leadership Team staff who may be involved in these processes. If there are changes, new training is provided, and information is passed on via team meetings, emails, or memos.
- The Center has monthly calls with our contracted crisis line to discuss processes.

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)
Denton	Lack of detox beds that can easily be accessed for indigent individuals.	State or locally run detox centers for indigent individuals. We have established an agreement with Advanced Dallas Hospital to provide medical detox services at a reduced rate. Additionally, we are actively pursuing grant funding to ensure the continued ability to refer indigent clients to this facility at no cost to them.	June 2025
Denton	Housing	Explore opportunities for additional funding for housing programs. Continue serving individuals in the Connections Program and the Supported Housing Program. Explore intermediate housing options that are affordable for individuals transitioning from homelessness to housed.	FY 2025-2026
Denton	County wide access to primary care for the indigent person.	Explore funding resources to expand Integrated Care Services to indigent individuals. Enhance collaborations with the local area FQHCs. Enter into more agreements with local area indigent healthcare clinics for care coordination.	FY2025-2026

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

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

Table 8: Intercept 0 Community Services

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
MCOT	Denton	We continue to work with the community to inform them of our mobile crisis outreach team. We are always looking to expand the team.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Psychiatric Triage Facility	Denton	• Our walk-in crisis service location allows law enforcement to bring individuals into a location other than the ED or Police Station to seek help. We would like to expand to a second location in the southern part of the county. • Work with the County to open an Extended Observation Unit to provide up to 48 hours of emergency services to individuals experiencing a mental health crisis who might pose a high to moderate risk of harm to themselves or others. The Denton County Judge and County Commissioners understand and recognize the need for a secure environment for individuals experiencing a mental health crisis and are working with us.

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
MH deputies/Local Law Enforcement	Denton	• The Center hopes to continue to work closely with our MH deputies and local law enforcement • Frequent meetings and communication with local law enforcement mental health teams allows the Center to assist individuals when they are experiencing a mental health crisis by intervening early, assisting with identifying treatment options, and assisting with facilitating inpatient treatment as needed.
Trainings	Denton	• The Center has received funding to provide training to law enforcement entities related to mental health and crisis services
Psychiatric Triage	Denton	• The Center hopes to collaborate with officers on the ground to streamline processes and make the transition from encounter of individual to appropriate level of care more efficient.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Crisis Prevention Liaison	Denton	To decrease the number of individuals who demonstrate high utilization of 911 and ED services by using prevention skills and reaching more individuals in the community. The Crisis Prevention Liaison works with the treatment team and local law enforcement to identify individuals who may be in need of mental health treatment so appropriate outreach and coordination of care can take place. The Crisis Prevention Liaison is also able to identify when it may be beneficial for increasing communication and collaboration amongst the treatment team.

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail Case Management	Denton	The Center continues to increase our effectiveness in working with the jail population. The Center now has 3 staff housed in the Denton County Jail, two qualified mental health professionals and a peer support specialist, who provide services to individuals while incarcerated to help with successful transition into the community and aim to decrease recidivism rates.

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mental Health court	Denton	Train additional staff as backup to serve at Mental Health Treatment Court.
Court Liaison (probate court)	Denton	The Center worked closely with the Probate Court. We now have 2 full-time court liaisons who assist with Continue continuity of care for the clients who are court ordered to inpatient treatment at the local psychiatric hospitals. We will continue to enhance continuity of care services by becoming more involved in discharge planning and treatment team meetings while clients are receiving inpatient care. We will visit with them weekly to reassess and make recommendations for outpatient treatment or continued inpatient treatment.
Veteran's court	Denton	The Center worked closely with the Veterans court and plan to see our role grow as a provider of services to this court and individuals as a CCBHC.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Liaison Services	Denton	The Center will continue to use the two Jail-in-Reach positions to work closely with individuals in jail. We have a Crisis Prevention Liaison who receives referrals from local law enforcement. We hope to provide training to staff in special needs related to offenders with a focus on engaging them to stop recidivism.
Department of Justice Grant		The Center has three staff housed in the jail working with individuals currently incarcerated to decrease recidivism and improve outcomes for individuals transitioning back into the community by connecting them to appropriate services for ongoing care. The Case Manager will collaborate with the Community Diversion Coordinator in the jail to facilitate treatment at our Crisis Residential Unit.

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCCOMMI	Denton	The Center currently has two TCCOMMI staff. We may consider adding a third member of staff if the need arises. Currently there is no waiting list. Increasing our contact and referrals with our probation departments in Denton County by continuing to establish direct communication channels and a streamlined referral process. This will include offering information to probation officers on our services and mental health treatment options and providing regular progress updates.
Contract with Denton County Juvenile Probation Department.	Denton	The Center will continue to provide Intake appointment, Psychiatric Eval, and Medication Management and YES Waiver services to juveniles in the custody of the Denton County Juvenile Probation Department. Provide Telemedicine appointments as appropriate.
Medication Assisted Treatment (MAT)	Denton	The Center will continue our partnership with Olive Branch Recovery indefinitely to provide ongoing support. We offer 9 months of MAT medication to individuals at no cost through this partnership.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Assisted Outpatient Treatment (AOT)	Denton	The Center began applying for an Assisted Outpatient Treatment grant opportunity in April 2024. We were notified of funding for this award and have begun to establish an AOT team. We plan to serve 75 individuals who are court ordered to receive outpatient treatment each grant year (4 years).
Rider 35 – Continuity of Care	Denton	The Center will continue to partner with the Texas Department of Criminal Justice to provide up to a 90-day post release supply of medication to defendants who, after having been committed to a state hospital for restoration of competency under Chapter 46B, are being returned to the committing court for trial.

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

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- 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	• Gaps 1, 10 • Goal 1	Staff are required to take Trauma Informed Care Training and Cultural Competency Training upon hire and annually thereafter. Signage and documents are provided to individuals in their primary language and at an appropriate reading level. The Center asks questions individuals about cultural needs and completes the social determinants of health needs survey at intake and regularly throughout their care. Supervisors conduct annual performance reviews which include /a section on trauma informed care. The Center DEI committee works to promote a culture of inclusion, respect, and support.	Reestablish a Trauma Informed Care Committee and include information from this committee in the Center Newsletter. The DEI committee will explore more ways to promote diversity.
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	• Gaps 2, 3, 4, 5, 10, 12 • Goal 1	The Center has a Care Coordination Team who assist individuals in service access community resources that meet their needs. We have MOUs with schools, courts, local police departments, shelters, housing agencies, DFPS, and several others.	Enter into at least 5 more agreements with local, state, and federal agencies who assist with housing, employment, transportation, and other needs that impact health outcomes.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	• Gaps 1, 10 • Goal 1	Lack of ongoing funding from county Lack of additional funding from the State of Texas to account for increasing costs such as personnel. And, the loss of Covid funding for personnel support to prevent a waitlist without a plan from the State for replacement.	Working with State legislators to address the shortfall within the legislation appropriations requests. Work with County and municipalities to increase line-item funding for future budget years. Seek federal grants opportunities to address financial shortfalls. Work with private foundations for grants
Implement services that are person- and family-centered across systems of care	• Gap 10 • Goal 1	All services at the Center are person and family centered. We offer individuals to include a treatment advocate of their choosing in their care. We provide educational information on Behavioral Health to those they choose to include. We offer Family Peer Support services. We complete a SDOH assessment at intake and ongoing to determine barriers to care so we can address them during their services.	Refer family members of Veterans to our Military Peer Veteran Network team to assist. Expand our Peer-based recovery services by hiring more peers.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Enhance prevention and early intervention services across the lifespan	• Gaps 2, 11 • Goal 1	The Center has a school liaison position through a SMART Innovation Grant that allows the Center to build positive relationships with the schools throughout Denton County, intervene early, and provide appropriate continuity of care between public school settings and the local mental health authority. The Center also has a mobile crisis outreach team that can complete risk of harm assessments in the schools when students are experiencing a mental health crisis. Through the SMART Innovation grant the Center also has an MCOT Youth Case Manager who works closely with youth and their families and when appropriate will visit with students in the school setting to provide additional support.	The Center recently received the SMART Innovation Grant, which allows for staff dedicated to the needs of youth in our community. As we have recently filled those grant positions, we plan to continue to work towards full implementation of the grant. We have recently begun the process for establishing a new memorandum of understanding with an ISD in Denton County and anticipate establishing many more MOU's as we implement the grant positions. The Center is also dedicated to providing school systems in Denton County with education and ensuring continuity of care between local ISD's and the local mental health authority. Using program presentations, liaison efforts, and community wide education we hope to intervene early and improve outcomes for the youth we serve.
Identify best practices in communication and information sharing to maximize collaboration across agencies	• Gap 3 • Goal 2	The Center has agreements with organizations such as DFPS, HHSC, and the TJJD that outline how we will share information to help individuals in our community.	The Center's goal is to secure an agreement with the local Veteran Affairs Office to collaborate on treatment for individuals.

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	• Gaps 1, 3, 7 • Goal 2	The Center serves on the Denton County Behavioral Health Leadership Team (DCBHLT).	Participate in at least 3 of the DCBHLT Workgroups over the next 2 years.
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	• Gap 3 • Goal 2	Planning and Network Advisory Committee report to the Board of Trustees. The Executive Leadership Team conducts annual strategic planning for the Center.	Members of the Denton County Behavioral Health Leadership Team will share recommendations with the Center's Executive Leadership Team quarterly.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	• Gaps 1, 11, 14 • Goal 2	The Center's liaison team and other Center leadership engage in meetings with other local agencies including local psychiatric hospitals, schools, homeless shelters, law enforcement, and Denton County Jail. We have established multiple MOUs to establish clear expectations regarding referrals and collaborative efforts. The Center focuses on referrals that are least restrictive in nature and provides education to other agencies by means of presentations regarding available services for those served in our community.	The Center will continue to establish MOUs with various community partners, such as law enforcement, schools, hospitals. The Center will continue to identify the needs of individuals served to establish target MOU's that meet those needs. The Center will continue to engage in meetings with community partners as a means of collaboration across agencies and systems to improve behavioral health services for our community. The Center engages in the Behavioral Health Leadership Team and many of the workgroups associated with this team and will continue to do so to both learn and provide education regarding the needs of our community and barriers to mental health treatment across systems.

| Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services | • Gaps 1, 5, 6
• Goal 2 | The Center has staff housed in the Denton County Jail, funded through a Department of Justice Grant. Two qualified mental health professionals (QMHP's) and a Peer Support Specialist work in the jail to help individuals work towards a successful re-entry into the community. The staff are working to improve continuity of care between the justice system and the local mental health authority.

The Center also has two jail liaisons who work with individuals in Denton County Jail, completing magistrate ordered 16.22 assessments and meeting with individuals who are currently on the forensic waitlist waiting for a bed at a state hospital for competency restoration.

The Center also has hospital liaison staff who complete aftercare appointments with individuals discharged from a local or state psychiatric hospital. | The Center will continue to engage in meetings with community partners regarding continuity of care and provide education when necessary. The Center will continue to participate in the Behavioral Health Leadership Team and workgroups associated with that team to identify gaps in services and barriers and work towards solutions and efforts to implement those solutions.

Case Managers:

• Facilitate contacts/ follow-up appointments within 24–48 hours of hospital discharge.
• Coordinate communication between inpatient and outpatient providers.
• Assist clients with barriers such as transportation or financial challenges.
• Prioritize referrals and ensure clear care plans.
• Provide ongoing support through regular check-ins to ensure continuity.

Intake Clinicians:

• Conduct thorough assessments upon admission.
• Schedule follow-up appointments during the intake process.
• Collaborate with case managers to ensure |

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
			timely referrals to community-based services. • Refer to community resources internally within the intake dept. • Address care gaps to prevent unnecessary delays and ensure smooth transitions.
Develop step-down and step-up levels of care to address the range of participant needs	• Gaps 1, 5, 6 • Goal 2	The Center utilizes the Texas Resilience and Recovery (TRR) model for general revenue-funded outpatient mental health services. We utilize the Crisis Residential Unit as both a step-up and step-down level of care based on need. We contract with local psychiatric hospitals for step-up levels of care.	Increase number of referrals to the Crisis Residential Unit by 10% from the previous Fiscal Year.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	• Gaps 3, 14 • Goal 3	The Center has a Utilization Management Committee that meets quarterly to review service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance.	Create a data subcommittee dedicated to assisting the Utilization Management Committee.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore opportunities to provide emotional supports to workers who serve people receiving services	• Gap 13 • Goal 3	Internal and external Employee Assistance Programs. Internal is for financial assistance only. External provides many resources, including three free counseling sessions. Flexible scheduling options. Wellness program, access to app to track daily life activities, including mood, steps, diet, etc. Free base medical for individuals on the employee only plan. $50 monthly incentive on medical plan for those who participate in wellness program. Give staff personal holidays at hire to use for what they see fit, whether it be a mental health day, for appointments, etc. Self-Care trainings are required for all employees after hire and on an annual basis.	Modifying Wellness Program to put a heavier emphasis on mental health. Bi-monthly wellness challenges to increase engagement and keep focus on physical and mental health. Bring health fair back, we have not had this since pre-covid.

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Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	• Gaps 13, 14 • Goal 3	The Center currently uses the Community Center Profile to gage departments that need more staff. Such as, if there is a waitlist for counseling, we plan and prepare to add another therapist to bring down the wait list if funds are available. Implemented a stipend for English/Spanish speaking staff to attract bilingual individuals to serve the Hispanic population. Bi-weekly "HR Podcast" developed by the HR department for supervisors to assist in their growth and development. Increased budgeted max for front desk staff to recruit higher quality candidates. Require all staff, not just licensed individuals, to receive monthly coaching. Ensures rapport and trust is being built among supervisors and their team.	Monthly leadership trainings will begin January of 2025. This will be required of all supervisors. Individuals identified as great candidates for succession planning will be approved to attend required trainings. Providing all direct care staff, not just those required under TAC, including consumer benefits and front desk staff with EBP trainings to increase confidence in role, reducing burnout. Potential peer support groups for staff.
Implement a call to service campaign to increase the behavioral health workforce	• Gap 13 • Goal 3	Workforce-ask HR. job fairs, internships, nursing schools, universities.	Continue

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Develop and implement policies that support a diversified workforce	• Gaps 3, 13 • Goal 3	The Center Leadership attends the Behavioral Health Leadership Team Meeting on a quarterly basis with other behavioral health and non-profit organizations.	Continue
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	• Gaps 3, 13 • Goal 3	The length of time that HHSC takes to process new amendments or review performance contracts causes issues. This allows information to be siloed at HHSC; the true responsibility and requirements under these contracts is sometimes not accurate or definitely not timely. This prevents us from starting the hiring process or the procurement of services. The lack of additional funding in these contracts to meet the demand for the services required by the state and the market demands for salary also hinder our ability to retain staff and hire additional staff. The price point we are allocated for contractual behavioral health services has decreased the number of private sector clinicians that want to contract with us.	To work with State agencies and legislators to request more funding and work on efficiencies in the communication between HHSC and the Center.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	• Gaps 3, 14 • Goal 4	The Center has a Utilization Management Committee that meets quarterly to review service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance.	The UMC will add to the quarterly agenda to review trends related to the AOT program.
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	• Gaps 3, 14 • Goal 4	The Center currently utilizes the Mental and Behavioral Health Outpatient Warehouse (MBOW) application.	Explore the use of Emergency Department Encounter Notifications (EDEN) to support more efficient transitions of care and reduce readmissions for individuals throughout the state.
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	• Gaps 3, 4, 14 • Goal 4	The Center currently contracts with Military Veteran Peer Network staff and regularly coordinates services.	Apply for grants to expand services that we can provide to Veterans. Create and utilize a referral form for Center staff to use when referring Veterans in services to the MVPN peers.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	• Gaps 7, 14 • Goal 4	The Center uses our EHR to track individuals who receive evidenced-based practices such as CBT and monitor their progress over 6 months.	Expand to reviewing other EBPs every 6 months and their effectiveness.

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
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	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.	ER/Jail Diversion	Establish a 12-15 bed Extended Observation Unit.	**Initial Start Up:** $10,000,000 **Ongoing Annual Operating Cost:** $4,600,000	Behavioral Health Leadership Team (BHLT)
2.	Crisis Stabilization/Step Down from Hospital/Jail	Crisis Residential Unit	**Ongoing Annual Operating Cost:** $ 1,046,233	Behavioral Health Leadership Team (BHLT)
3.	Detox Beds	Funding to pay for bed days at area Hospitals.	$150,000/ year	Inpatient Detox Hospitals.

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

City Official Attachment

City	Mayor
Addison	Bruce Arfsten
Allen	Blaine Brookes
Alvarado	Jacob Wheat
Alvin	Gabe Adame
Alvord	Caleb Caviness
Amarillo	Cole Stanley
Anna	Pete Cain
Anson	Richard Abila
Argyle	Rick Bradford
Arlington	Jim Ross
Ashdown	Trey Cobb
Athens	Aaron Smith
Aubrey	Chris Rich
Austin	Kirk Watson
Azle	Alan Brundrett
Balch Spring	Carrie Gordon
Bartonville	Jaclyn Carrington
Bastrop	Lyle Nelson
Bedford	Dan Cogan
Benbrook	Jason Ward
Borger	Karen Felker
Bowie	Gaylynn Burris
Boyd	Rodney Holmes
Bridgeport	Randy Singleton
Burleson	Chris Fletcher
Carrollton	Steve Babick

Cedar Hill	Stephen Mason
Celina	Ryan Tubbs
Chico	Colleen Self
Cibolo	Mark Allen
Cleburne	Scott Cain
College Station	John Nichols
Colleyville	Bobby Lindamood
Coppell	Wes Mays
Copper Canyon	Ron Robertson
Corinth	Bill Heidermann
Corsicana	Mike Fletcher
Cross Roads	Lynn Thompson Jr.
Dallas	Eric Johnson
Decatur	Mike McQuiston
Denison	Robert Crawley
Denton	Gerard Hudspeth
Dish	William Sciscoe
Double Oak	Patrick Johnson
Duncanville	Greg Contreras
El Paso	Oscar Leeser
Ennis	Kameron Raburn
Euless	Linda Martin
Everman	Ray Richardson
Fairview	Henry Lessner
Farmers Branch	Terry Lynne
Farmersville	Craig Overstreet
Flower Mound	Cheryl Moore

Forest Hill	Stephanie Boardingham
Forney	Jason Roberson
Fort Worth	Mattie Parker
Frisco	Jeff Cheney
Gainesville	Tommy Moore
Garland	Scott LeMay
Granbury	Jim Jarratt
Grand Prairie	Ron Jensen
Grapevine	William D. Tate
Greenville	Jerry Ransom
Gun Barrell City	Brian Crull
Gunter	Karen Souther
Haltom City	An Truong
Haslet	Gary Hulsey
Hawkins	Debbie Rushing
Hickory Creek	Lynn Clark
Highland Village	Charlotte Wilcox
Houston	John Whitmire
Hurst	Henry Wilson
Hutto	Mike Snyder
Irving	Rick Stopfer
Jacksonville	Randy Gorham
Justin	James Clark
Keller	Armin Mizani
Kemp	Christi Neal
Kennedale	Brad Horton
Kileen	Debbie Nash-King
Kilgore	Ronnie E. Spradlin III

Krugerville	Jeff Parrent
Krum	Rhonda Harrison
Lake Dallas	Andi Nolan
Lakewood Village	Mark Vargus
Lancaster	Clyde C. Hairston
Lavon	Vicki Sanson
Lewisville	TJ Gilmore
Liberty Hill	Crystal Mancilla
Lindale	Gavin Rasco
Little Elm	Curtis J. Cornelious
Littlefield	Eric Turpen
Longview	Kristen Ishihara
Lubbock	Mark McBrayer
Lucas	Jim Olk
Mansfield	Michael Evans
Marshall	Amy Ware
May Pearl	Chance Lynch
McAllen	Javier Villalobos
McKinney	George Fuller
Mesquite	Daniel Alemán Jr.
Mexia	Geary Smith
Midland	Lori Blong
Midlothian	Justin Coffman
Mineral Wells	Regan Johnson
Murphy	Scott Bradley
Nacogdoches	Randy Johnson
Newark	Crystal Cardwell
North Richland Hills	Jack McCarty

Northlake	David Rettig
Oak Point	Dena Meek
Odessa	Javier Joven
Palestine	Mitchell Jordan
Paradise	Amanda Black
Paris	Mihir "Mark" Pankaj
Pilot Point	Elisa Beasley
Plainview	Charles Starnes
Plano	John B. Muns
Ponder	John Bassler
Port Aransas	Wendy Moore
Princeton	Brianna Chacón
Prosper	David F. Bristol
Providence Village	Linda Inman
Quinlan	Jacky Goleman
Red Oak	Mark Stanfill
Rhome	Kenneth Crenshaw
Richardson	Bob Dubey
Roanoke	Carl E. "Scooter" Gierisch
Rockwall	Trace Johannesen
Rowlett	Blake Margolis
Royse City	Clay Ellis
Runaway Bay	Herman White
Sachse	Jeff Bickerstaff
San Antonio	Ron Nirenberg
Sanger	Thomas Muir
Savoy	Joe Petree
Seabrook	Thom Kolupski
Seymour	Mark McCord
Shady Shores	Cindy Aughinbaugh

Sherman	David Plyler
Shreveport	Tom Arceneaux
Smithville	Sharon Foerster
Snyder	Stephanie Ducheneaux
Southlake	Shawn McCaskill
Springtown	Greg Hood
Stephenville	Doug Svien
Terrell	Rick Carmona
Texarkana	Bob Bruggeman
The Colony	Richard Boyer
Tioga	Craig Jezek
Trophy Club	Jeannette Tiffany
Tyler	Don Warren
Valley View	Janson Bewley
Van Alstyne	Jim Atchison
Waco	Jim Holmes
Watauga	Arthur L. Miner
Waxahachie	Billie Wallace
Weatherford	Paul Paschall
Webster	Donna Jasso
Whitewright	Sarah Beth Owen
Wichita falls	Tim Short
Wylie	Matthew Porter