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
Betty Hardwick Center Outpatient Services	2626 S. Clack St. Abilene, Tx 79606	325-690-5100	Taylor	Outpatient Offices	• Adult MH FLOC • Child & Adolescent FLOC • Screening, Assessment and Intake for both • Crisis/MCOT for both • Consumer Benefits Services for both
Betty Hardwick Center Outpatient Services	802 Cypress St. Abilene Texas 79601	325-	Taylor	Outpatient Offices	• SUD Services • TCOOMMI Services • Community Health Worker Program
Betty Hardwick Center Outpatient Services	765 Orange Street Abilene Texas 79601	325-670-4818	Taylor	Outpatient Services	• MVPN Program • Veteran Counseling

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Betty Hardwick Center Outpatient Services	1612 W. Walker St, Breckenridge, TX 76424	254-522-3490	Stephens	Outpatient Services	• Adult MH FLOC • Child & Adolescent FLOC • Screening, Assessment and Intake for both • Crisis/MCOT for both • Consumer Benefits Services for both • MVPN Services • Community Health Workers
Wood Group	858 Formosa	1-800-758-3344	Taylor	Respite	• Respite for Adults
Avail	Corpus Christi, Tx	1-800-758-3344	Nueces	Hotline	• Hotline and Intake for all persons
Mental Health of America Abilene	PO Box 7782 Abilene, Tx 79608	325-673-2300	Taylor	Peer Services	• Consumer Operated services for Adults and Children
Oceans Hospital	4225 Woods Pl Abilene, Tx 79602	325-691-0030	Taylor	Hospital	• Contracted Inpatient Services for both Adults and Children

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Rivercrest Hospital	1636 Hunter's Glen Rd. San Angelo, TX 76901	325-949-5722	Tom Green	Hospital	• Contracted Inpatient Services for both Adults and Children
Shannon Behavioral Health	2018 Pulliam St. San Angelo, Tx. 76905	325-747-1511	Tom Green	Hospital	• Contracted Inpatient Services for both Adults and Children
Red River Hospital	1505 Eight Street Wichita Falls, Tx 76301	940-341-2464	Archer	Hospital	• Contracted Inpatient Services for both Adults and Children

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
	N/A				

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

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

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

Table 3: Community Mental Health Grant Program Jail Diversion Projects

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2024	Jail Transitions	Taylor, Jones, Callahan, Shackelford, Stephens	Justice involved	124

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): • Oceans, administrators, admissions • Rivercrest administrators, admissions • Red River administrators, admissions • Shannon administrators, admissions	☒	State hospital staff (list the hospital and staff that participated): • *Ricky White, BSSH* • *Amanda Meranto, BSSH* • *Heather Spence, BSSH*
☒	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): • Taylor County Judge Phil Crowley • Taylor County Sheriff Ricky Bishop • Elijah Anderson, Taylor County Auditor • Stephens County Judge Michael Roach • Stephens County Sheriff Kevin Roach • Shackelford County Judge John Viertel • Shackelford County Sheriff Ed Miller • Callahan County Judge Nikki Haley • Callahan County Sheriff Eric Pechacek • Jones County Judge Dale Spurgin • Jones County Sheriff Danny Jiminez	☒	City officials (list the city and the name and official title of participants): • Abilene Chief of Police Rondell Serrate • Abilene Fire Chief Cande Flores • Abilene City Council •
☒	Federally Qualified Health Center and other primary care providers	☒	LMHA LBHA staff **List the LMHA or LBHA staff that participated:* • Starla Cason • Heather Storey • Jay Williams • Jennifer Farrar • Dean Pye • Laura Taff
☒	Hospital emergency room personnel	☒	Emergency responders
☒	Faith-based organizations	☒	Local health and social service providers
☒	Probation department representatives	☒	Parole department representatives
☒	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): • Judge Propst, District Court Admin Judge • Judge April Propst, Juvenile Court • Jim Hicks, District Attorney Taylor County and DA Staff Erin Stamey, Frank Stamey • Justices of the Peace Taylor and Stephens Counties • Indigent Defense attorney group – Elizabeth Berry • Defense Attorneys – Tyler Cagle, Dax Pueschel	☒	Law enforcement (list the county or city and the name and official title of participants): For Taylor, Jones, Callahan, Shackelford and Stephens Counties • Sheriffs • Chief of Police • Jail Administrators and Lts.

	Stakeholder Type		Stakeholder Type
☒	Education representatives	☒	Employers or business leaders
☒	Planning and Network Advisory Committee	☒	Local peer-led organizations
☒	Peer specialists	☒	IDD Providers
☒	Foster care or child placing agencies	☒	Community Resource Coordination Groups
☒	Veterans' organizations	☒	Housing authorities
☒	Local health departments	☐	Other: _____

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

Response:

- *Ongoing coordination of services for individuals in jail, including a Jail Diversion Subcommittee*
- *Behavioral Advisory Team made of local leaders meets quarterly*
- *Sequential Intercept Mapping workgroups developed in July 2023*
- *Community Surveys including our own and other agencies- SUD Needs Assessment, Hendrick Medical Center CHNA, Thrive ABI workgroups,*
- *Ongoing collaboration with local DFPS Community Service Provider- 2INgage for children in foster care*
- *Ongoing meetings with IDD providers and law enforcement regarding crisis*
- *LMHA provides leadership in the CRCG groups in the region, addressing needs of children*
- *West Texas Homeless Network coalition and partners*
- *Collaboration with local SUD providers in Recovery Oriented System of Care*

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:

- *SIM workshop participants prioritized planning for a diversion or sobering center*

- *SIM workshop participants prioritized expanding local shelter and housing options*
- *SIM workshop participants recommended formalizing jail in reach and navigation activities and plan for alternatives to inpatient competency restoration.*
- *SIM workshop participants discussed exploring options for specialty court or docket*
- *Community and LMHA identifies a need to continue to expand and grow substance use services for youth and adults*
- *LMHA identifies a need to continue to expand options for integrated physical health care beyond basic screenings for clients with mental illness*
- *Local Crisis Stakeholders identify a need for expanded crisis options for clients with IDD and MH needs*

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 regular ongoing contact with crisis stakeholders through MH and IDD provider meetings, Behavioral Advisory Team which include key stakeholder leaders, the Community Response/Crisis Team's Multi-*

Disciplinary Team and regular contact with Jail Administrators, Sheriff's, District Attorney and County leaders through Jail Navigator services and the Jail Diversion subgroup of the BAT.

- The services are planned with stakeholder input and processes are revised when the group reviews incidents or practices that need improvement or have additional training or resources that support changes. Ensuring the entire service area was represented; and

Response: *The crisis workgroups review policy and practice, case review when the community/client experience is not optimal and makes adjustments to local practice, policy and collaboration via education when determined necessary.*

- Soliciting input.

Response: *Stakeholder input is solicited through quarterly rural crisis meetings with sheriffs in each county, Jail Diversion Task Force meetings that include representatives from the LMHA, law enforcement, emergency room, medical hospitals, courts, DFPS, county officials, jails county court officials and other social service agencies. Planning Network Advisory Committee that includes customers and family have input into crisis services as well. CEO/Board collect information from stakeholders regularly*.

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: *Avail operates 24/7*

    b. After business hours

    Response: *Avail operates 24/7*

    c. Weekends and holidays

    Response: *Avail operates 24/7*

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

   Response: *Avail*

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

   Response: *Several full time MCOT QMHP and two full time MCOT Members of a Community Response Team (with police and fire). Case managers provide crisis services to their assigned customers. ACT on call staff provide support and crisis services to their customers.*

   b. After business hours

   Response: *Fiver full-time MCOT QMHPs cover nights and weekends. There is a paid on-call person as well on weekends for added coverage. ACT on call staff provide support and crisis services to their customers.*

   c. Weekends and holidays

   Response: *Five full-time MCOT QMHPs cover nights and weekends. There is a paid on-call person as well on weekends for added coverage. ACT on call staff provide support and crisis services to their customers.*

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

   Response: *N/A*

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

Response: *Crisis Relapse Prevention Specialists (CRPS) contacts the person either by phone or in person within 24 hours of crisis or the next business day. If it is needed, MCOT will follow up the same day or over the weekend if clinically indicated. If CRPS or MCOT are unable to reach the person by phone, a face-to-face attempt will be made. If not successful, the person's name is given to our Law Enforcement partners and if the person is located, we are contacted. Verification*

that follow-up service was provided is through progress notes in the chart. If it is something that needs to be immediately communicated, it is done by phone or email. If it is an assessment, then the MCOT person and CSRP are added to signature lines to ensure review of the assessment.

6. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:
    a. Emergency Rooms: *MCOT are deployed to all calls from ERs that the hotline triages as emergent and urgent*

    b. Law Enforcement: *MCOT are deployed to all calls from law enforcement and jails. The CRT takes some calls that are made to law enforcement. An MCOT member is on that team*

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

Response: *We don't have a state hospital in our catchment area. The LMHA in the area does screening and coordinates with the Center if a client presents as a walk in to a SMHF in another area.*

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
    a. During business hours: *Contact the LMHA crisis hotline 800-758-3344 that a crisis assessment is needed for hospitalization*

    b. After business hours: *Contact the LMHA crisis hotline 800-758-3344 that a crisis assessment is needed for hospitalization*

    c. Weekends and holidays: *Contact the LMHA crisis hotline 800-758-3344 that a crisis assessment is needed for hospitalization*

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: *Psychiatric Emergency Services Center (PESC) beds, Private Psychiatric (PPB) beds and state hospital beds are available. PESC and PPB beds can be accessed without prior medical clearance if the crisis customer has no injuries or obvious medical issues. Medical clearance is completed later by those*

facilities within 24 hours. CRT can provide medical clearance for many persons in the field. When that is not immediately possible, local emergency rooms provide medical clearance if a crisis customer is injured, has some untreated medical issue or if a psychiatric hospital requires a clearance

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

Response: *Psychiatric Emergency Services Center (PESC) beds, Private Psychiatric (PPB) beds and state hospital beds are available. PESC and PPB beds can be accessed without prior medical clearance if the crisis customer has no injuries or obvious medical issues. Medical clearance is completed later by those facilities within 24 hours. CRT can provide medical clearance for many persons in the field. When that is not immediately possible, local emergency rooms provide medical clearance if a crisis customer is injured, has some untreated medical issue or if a psychiatric hospital requires a clearance.*

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

Response: *MCOT staff contact the PESC, PPB or state hospital providers and they can be referred voluntary or involuntary*

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

Response: *MCOT, case managers and ACT staff can access crisis respite services for their customers for crisis resolution or crisis avoidance. There is a simple referral form to access respite. LMHA staff also can use motels for temporary out of home respite*.

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: *The CRT would respond to these locations during operational hours. MCOT would meet law enforcement when CRT is not available.*

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

Response: *Emergency room patients waiting for psychiatric hospital beds remain in the emergency room until a psychiatric bed is found. Crisis respite can provide safety monitoring until a hospital bed is found.*

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: *MCOT, case managers and ACT team staff provide continued follow-up services*

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

Response: *MCOT, case managers and ACT team or family*

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

Response: *Family with case management support*

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	Betty Hardwick Respite
Location (city and county)	Abilene, Texas
Phone number	325-672-8911
Type of facility (see Appendix A)	Type A Assisted Living Home operated as crisis respite
Key admission criteria	Adult mental health

Name of facility	Betty Hardwick Respite
Circumstances under which medical clearance is required before admission	Only if customer is injured or has an active medical emergency
Service area limitations, if any	LMHA catchment area only
Other relevant admission information for first responders	NA
Does the facility accept emergency detentions?	No
Number of beds	12
HHSC funding allocation	GR Crisis Funds

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	Oceans Hospital
Location (city and county)	Abilene, Texas (Taylor County)
Phone number	325-691-0030
Key admission criteria	Adult mental health crisis on referral from LMHA staff
Service area limitations if any	None
Other relevant admission information for first responders	NA
Number of beds	We purchase PRN not a bed count.
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Oceans Hospital
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)?	PESC and PPB
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$700.00
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?	NA

Name of facility	Red River
Location (city and county)	Wichita Falls, Texas (Archer County)
Phone number	888-258-0009
Key admission criteria	Adult mental health crisis on referral from LMHA staff
Service area limitations if any	None
Other relevant admission information for first responders	NA
Number of beds	We purchase PRN not a bed count.
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Red River
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)?	PESC and PPB
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$667.00 and $50 when transport back to service area required
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?	NA

Name of facility	Shannon Behavioral
Location (city and county)	San Angelo, Texas (Tom Green County)
Phone number	800-227-5908
Key admission criteria	Adult mental health crisis on referral from LMHA staff
Service area limitations if any	None
Other relevant admission information for first responders	NA
Number of beds	We purchase PRN not a bed count.
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Shannon Behavioral
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)?	PESC and PPB
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$600.00
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?	NA

Name of facility	Rivercrest Hospital
Location (city and county)	San Angelo, Texas (Tom Green County)
Phone number	800-777-5722
Key admission criteria	Adult mental health crisis on referral from LMHA staff
Service area limitations if any	None
Other relevant admission information for first responders	NA
Number of beds	We purchase PRN not a bed count.
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Rivercrest Hospital
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)?	PESC
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	$700.00
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?	NA

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: *The Center and County use an active Jail In Reach program to serve inmates in county jails with court ordered medication and competency status checks. We have no formal outpatient or jail-based competency programs*.

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

Response: *Housing barriers make outpatient competency programs more challenging. Inpatient resources for competency restoration outside of SMHF are not available.*

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, Counties and City of Abilene collaborate for two Jail Navigator positions. They become involved at the time of booking during their working hours. The Jail Navigators assist with pre and post booking diversion as appropriate, do crisis assessments for inmates, coordinate psychiatric clinic services for inmates who remain in jail.*

The Jail Navigators are supervised by Starla Cason, Chief Clinical Officer and Brett Rowlett, Program Administrator. The Jail Navigators are Jeremiah Blalock and Olivia Bales.

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: *The Center has applied for SB 292 Funds to expand our current Jail In Reach program, but the project was not funded. We will continue to evaluate future funding opportunities.*

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: *The Community has interest in Jail based Competency options and potentially FACT Team. Additionally, education and support for specialty court*

related services would be helpful. The community expressed interest in these topics during a SIM exercise in July 2023.

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

Response: *Both programs would require funding for dedicated staff resources and some training.*

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: *PESC, PPB and state hospital provide integrated psychiatric, substance use and physical health care services. LMHA staff offer COPSD services and referrals to substance abuse programming and health care resources. The Center offers outpatient substance abuse services The Center regained Ambulatory Detox licensure in September 2024 and anticipates increasing services. We do screening for tobacco use, BMI and unhealthy alcohol and drug use and offer brief education/counseling and refer when appropriate*.

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

Response: *The Center will continue efforts to grow and expand substance use services including youth, adults and ambulatory detoxification. We have positive working relationships with FQHCs in our area, and plan to implement EDEN data sharing which will provide some improved care coordination surrounding services our clients receive in local hospitals.*

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: *Our Centers' public information efforts include active use of social media, website, local media opportunities, direct messaging to stakeholders and*

ongoing training and educational meetings to share information, discuss questions and collaborate with crisis service partners.

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: *Center staff have training on the elements of the crisis plan at time of hire and on going .*

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)
Taylor, Callahan, Stephens, Jones, Callahan	Emergency Housing Options are limited for persons with behavioral health needs	Continue to work with local agencies to build emergency shelter, affordable housing, and rental assistance programming	Ongoing effort
Taylor, Callahan, Stephens, Jones, Callahan	Limited emergency options for persons with IDD/MH conditions outside of limited SMHF beds outside of area	Advocate for capacity building in private hospitals in the region	Ongoing effort

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:
PESC, PPB and state hospital resources are available for jail diversion	Taylor, Callahan, Jones, Shackleford, Stephens	Review data/trends to identify when diversion is not an option and educate stakeholders
Jail Diversion Task Force	Taylor, Callahan, Jones, Shackleford, Stephens	Continue to meet, review Jail Navigator data, TLETS data to inform planning, inform work of Jail Navigators.
Completed SIM with stakeholders in July 2023	Taylor, Callahan, Jones, Shackleford, Stephens	Work on needs identified during SIM exercise – expand housing, diversion/sobering center, expand Jail In-Reach services/Jail based competency, specialty court/docket.

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
911/Dispatch warm transfers calls that are primary BH to Avail	Taylor	Continue warm transfers to Avail. Consider discussion with rural 911 dispatch offices.
Law enforcement access crisis staff to divert mentally ill persons from jail, iPads were deployed to field for more rapid video access to MCOT	Taylor, Callahan, Jones, Shackleford, Stephens	Continue to formulate plans to use technology in appropriate ways for consults.
Jails Navigators/MCOT pre-book divert mentally ill persons	Taylor, Callahan, Jones, Shackleford, Stephens	Review Jail Navigator data to inform pre-booking efforts

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 CARE matches to identify treatment history	Taylor, Callahan, Jones, Shackelford, Stephens	Continue collaboration meetings with judges and jail administration to reduce barriers to jail release
Jails forward CARE match information to court administrators	Taylor, Callahan, Jones, Shackelford, Stephens	Continue collaboration meetings with judges and jail administration to reduce barriers to jail release
Court Supervised Bond Process for reduced rate bond and can require mental health services	Taylor, Callahan, Jones, Shackelford, Stephens	Continue collaboration meetings with judges and jail administration to reduce barriers to jail release

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Meeting with judges and jail administration to discuss barriers to diversion	Taylor, Callahan, Jones, Shackleford, Stephens	Continue collaboration meetings with judges and jail administration to reduce barriers to jail release
Jails access crisis staff to post-book divert mentally ill persons	Taylor, Callahan, Jones, Shackleford, Stephens	Jail Navigators assist during booking and after to determine the best possible alternatives
Psychiatry provided to jail inmates pre-release	Taylor, Callahan, Jones, Shackleford, Stephens	The Center provides Jail Clinic services in all counties pre-release. Continue to practice court ordered medication.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Jail Navigators assist pre-release planning	Taylor, Callahan, Jones, Shackleford, Stephens	Continue to coordinate with jail and local re-entry coalition to assure clients have support
TRR and TCOOMMI services available as post release services	Taylor, Callahan, Jones, Shackleford, Stephens	Continue to coordinate with jail and local re-entry coalition to assure clients have support
Provide forensic aftercare	Taylor, Callahan, Jones, Shackleford, Stephens	Continue to coordinate with jail and local re-entry coalition to assure clients have support

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCOOMMI continuity of care to provider ntake and continuity of care for state jail releases	Taylor, Callahan, Jones, Shackleford, Stephens	Continue
TCOOMMI staff have regular meetings with probation and parole to identify offenders needing services and facilitate enrollments	Taylor, Callahan, Jones, Shackleford, Stephens	Continue

III.B Other Behavioral Health Strategic Priorities

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

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

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

The goals identified in the plan are:

- Goal 1: 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	The Center provides staff training on TIC, CLAS and cultural awareness, utilizes interpreter services s needed, seeks to have staff team that is representative of client and community makeup.	Continue to build upon training and work tools to improve client experience.
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 contracts with HHSC for Supported Housing and HUD for Rapid ReHousing and Permanent Supportive Housing programs.	Explore additional housing needs. Participate in transportation community groups to improve access for clients.
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	• Gaps 1, 10 • Goal 1	The Center evaluates local, state and federal grant opportunities to expand services, considers administrative and funding efficiencies that have potential to expand services.	We plan to continue to do this as a matter of routine practice.
Implement services that are person- and family-centered across systems of care	• Gap 10 • Goal 1	The Center operates programming for youth and adults and focus on being person and family centered.	Continued training on Person and Recovery Centered practices. Continued growth of Peer and Family Partner staff in our service array.

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 offers Mental Health First Aid training to improve early identification across the community.	Continue to build local partnerships to expand training availability.
Identify best practices in communication and information sharing to maximize collaboration across agencies	• Gap 3 • Goal 2	The Center uses a variety of methods – website, social media, direct emails, public meetings, stakeholder meetings, training.	Continue to solicit feedback from stakeholders about our efforts and incorporate their input into future 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 works with a Behavioral Advisory Team, Jail Diversion Team, Homeless Coalition, Crisis Service Providers, Youth Service Providers in groups that focus on these specific issues.	We will continue to actively engage with these groups to develop and improve both policy and practice.
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	• Gap 3 • Goal 2	The Center reviews and provides input to statewide plans for BH for both Adults and Youth.	The Center will seek to apply for funding and build programs that align with the goals set forth in 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 works with other providers in our community to ensure that clients with BH needs are able to access the appropriate level of care.	Continue to work with area providers to identify gaps in care – SUD and MH and educate about available services.
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	• Gaps 1, 5, 6 • Goal 2	We have awareness of where gaps in care and waiting lists exist.	Continue to advocate for service growth and improvement.
Develop step-down and step-up levels of care to address the range of participant needs	• Gaps 1, 5, 6 • Goal 2	We have Respite for both step up and step down.	Continue to work to build local provider base for HCBS AMH homes.

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 3	We do not have a data focused group external to our agency for this purpose. SIM participants did this review initially. Jail Diversion and BAT groups look at some data.	No current plan to expand this.
Explore opportunities to provide emotional supports to workers who serve people receiving services	• Gap 13 • Goal 3	The Center has staff trained in CISM and offers debriefing for staff following critical incidents. Human Resources policy and practice strives to be trauma informed and supportive.	This is ongoing work.
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	• Gaps 13, 14 • Goal 3	Our HR office procedures data for center leadership and Board to review that reflects our hiring, training, turnover and employee satisfaction. This information fuels strategic discussion and changes.	This continues to be ongoing. We continue to advocate for funding to address workforce needs.
Implement a call to service campaign to increase the behavioral health workforce	• Gap 13 • Goal 3	The Center actively serves as a training ground via internships for a variety of positions in partnership with area universities.	Continue this effort.
Develop and implement policies that support a diversified workforce	• Gaps 3, 13 • Goal 3	We have adopted policy that supports a diversified workforce and monitor data.	Continue this effort.
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	• Gaps 3, 13 • Goal 3	The Center offers feedback through Texas Council and HHSC about contracting efficiencies, staffing credentials and rules.	Continue this effort.

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	We do not have a data focused group external to our agency for this purpose. SIM participants did this review initially. Jail Diversion and BAT groups look at some data.	No current plan to expand this.
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	• Gaps 3, 14 • Goal 4	No current activity.	No current plans.
Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources	• Gaps 3, 4, 14 • Goal 4	The Center collects information about service participants including veteran status. The Center operates MVPN programming and Veteran Counseling. The Center connects clients to other Veteran service providers.	Continue this effort.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	• Gaps 7, 14 • Goal 4	We monitor outcomes for programs. MST uses a contracted database. HUD programs track outcome data.	Continue this effort and use QM practices to improve program 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
Explore Diversion Center options	Workgroup from SIM leading this effort	Conduct planning. Consider applying for funding.
Expand shelter and housing options.	Operating SH, RRH and PSH programs. Applied to expand PSH. Working with stakeholders in SIM workgroup and coalition for other housing related projects.	Continue to grow PSH capacity. Support network partners efforts to grow programs. Consider funding opportunities that arise.
Improve Jail In Reach and Competency Efforts	Current workgroup from SIM. Previous attempt to apply for SB292 funding.	Consider renewed application effort.
Improve integrated health services for MH clients	Center provides screening and refers out for medical care.	Previous application for integrated care capacity could be updated for future funding opportunity.

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	*Diversion Center*	• *Establish a location and hours* • *Hire Staff*	$800,000	*PD, Sheriff, Hospitals, DA, and BAT members*
2	*Improve Jail In Reach and Competency*	• *Hire Coordinator and Competency staff* • *Support Jail Based Medical Service for identified participants*	*$792,000*	*Jail, DA and BAT members*
3	Build integrated health care capacity	• Hire Care Coordinator and Medical staff • Establish onsite lab draw capabilities	$650,000	Local Public health district, labcorp

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