Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local Behavioral Health Authorities

Fiscal Years 2020-2021
Due Date: September 30, 2020
Submissions should be sent to:
Performance.Contracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

Health and Human Services Commission

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Tropical Texas Behavioral Health	1901 S. 24th Ave., Edinburg, TX 78539	Hidalgo	- Screening, assessment, and intake; and - Full levels of care (FLOC): adults, childrens, & adolescents - Integrated primary care - IDD and Substance Use Disorder services - Peer Drop In Center: Adults

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Tropical Texas Behavioral Health	2215 W. Business 83 Weslaco, TX 78596	Hidalgo	• Screening, assessment, and intake; and • Full levels of care (FLOC): adults, childrens, & adolescents • Integrated primary care • IDD and Substance Use Disorder services • Veterans Services: Veterans and family members
Tropical Texas Behavioral Health	103 N. Loop 499, Harlingen, TX 78550	Cameron	• Screening, assessment, and intake; and • Full levels of care (FLOC): adults, childrens, & adolescents • Integrated primary care
Tropical Texas Behavioral Health	1242 N. 77 Sunshine Strip, Harlingen, TX 78550	Cameron	• Veterans Services: Veterans and family members
Tropical Texas Behavioral Health	202 S. G St., Harlingen, TX 78550	Cameron	• Peer Drop In Center: Adults • Substance Use Disorder services
Tropical Texas Behavioral Health	861 Old Alice Rd., Brownsville, TX 78520	Cameron	• Screening, assessment, and intake; and • Full levels of care (FLOC): adults, childrens, & adolescents • Integrated primary care • IDD and Substance Use Disorder services • Peer Drop In Center: Adults
Tropical Texas Behavioral Health	245 E. Levee Street Brownsville, TX 78520	Cameron	• Veterans Services: veterans and family members
Avail Solutions, Inc	4455 S Padre Island Dr Ste 44B Corpus Christi, TX 78411	Nueces	• Crisis Hotline: adults, children & adolescents

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Doctors Hospital at Renaissance	5501 S. McColl Rd., Edinburg, TX 78539	Hidalgo	• Inpatient Crisis Stabilization: adults, children & adolescents
Renaissance Behavioral Center	5510 Raphael Dr., Edinburg, TX 78539	Hidalgo	• Inpatient Substance Use Stabilization (detoxification to adult individuals with co-occurring mental health and substance use diagnosis): adults and adolescents
South Texas Behavioral Health	2102 W. Trenton Rd, Edinburg, TX 78539	Hidalgo	• Inpatient Crisis Stabilization: adults, children & adolescents
Palms Behavioral Health	613 Victoria Ln., Harlingen, TX 78550	Cameron	• Inpatient Crisis Stabilization: adults, children & adolescents
The Wood Group	715 N. H St., Harlingen, 78550	Cameron	• Crisis Respite: adults
Palmer Drug Abuse Program	115 N. 9th St., McAllen, TX 78501	Hidalgo	• Substance Use Aftercare Services: adults and adolescents
East Texas Behavioral Healthcare	2001 S. Medford Dr., Lufkin, 75901	Angelina	• Substance Use Aftercare Services: adults and adolescents
Counsel on Alcohol & Drug Abuse aka Rio Grande Valley Council Inc.	5510 N. Cage Blvd Building A Building A Pharr, TX 78577	Hidalgo	• Substance use treatment outpatient services
A Sign Language Company	5111 N 10th St McAllen, TX 78504	Hidalgo	• Interpreter services: adult, children and adolescents
Sign Language Services	1409 Rio Grande St., San Juan, TX 78589	Hidalgo	• Interpreter Services: adult, children and adolescents
Rio Grande Mobile X-Ray	1421 Sioux Rd., Alamo, TX 78516	Hidalgo	• X-ray services

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Bright Vista-McAllen Medical Center	301 W. Expressway 83, McAllen, TX 78503	Hidalgo	• Telemedicine Physician services
Valley Baptist Lab Services	2121 Pease St., Ste. 607, Harlingen, 78550	Cameron	• Laboratory services
Moron, David M.D.	1401 Rangerville Rd., Harlingen, 78552	Cameron	• Physician services
Beyond Expectations Speech Therapy	1000 N Texas Ave, Mercedes, TX 78570	Hidalgo & Cameron	• Animal Assisted Therapy -Youth Empowerment Services (YES) Waiver Program
RGV Music Therapy and Wellness Center	309 Progress St, Mercedes, TX 78570	Hidalgo & Cameron	• Music Therapy - Youth Empowerment Services (YES) Waiver Program
PR Nutrition Consulting	711 W. Nolana Ave. Ste 207-E McAllen, TX 78504	Hidalgo & Cameron	• Home Meal Delivery – HCBS Program

I.B   Mental Health Grant Program for Justice Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on forensic commitments. These grants support community programs by providing behavioral health care services to individuals with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

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Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
2019	Mental Health Officer Taskforce Individuals in a mental health crisis within the catchment area.	Hidalgo County, Cameron County, and Willacy County	1,303,078	3,103

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

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that
provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

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

I.D   Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
☒ Consumers	☒ Family members

Stakeholder Type	Stakeholder Type
☒ Advocates (children and adult)	☒ Concerned citizens/others
☒ Local psychiatric hospital staff *List the psychiatric hospitals that participated:* • Renaissance Behavioral Center • South Texas Behavioral Health • Palms Behavioral Health	☒ State hospital staff *List the hospital and the staff that participated:* • *Bertha Guerra, ER Director* • *Cris Rivera, CEO* • *Kathleen Dassler, DON* • *Dr. David Moron, ER* • *Sonia Hernandez Keeble, Superintendent* • *Blas Ortiz Jr., Asst. Superintendent* • *Vilma Lewis, Executive Assistance*
☒ Mental health service providers	☒ Substance abuse treatment providers
☒ Prevention services providers	☒ Outreach, Screening, Assessment, and Referral Centers
☒ County officials *List the county and the official name and title of participants:* • Richard Cortez, Hidalgo County Judge • Sandra Deleon, Assistant to Hidalgo County Judge • Julia Sullivan, Hidalgo County Public Information Director • David Fuentes, Hidalgo County Commissioner	☒ City officials *List the city and the official name and title of participants:* • David Suarez, Weslaco Mayor • Chris Boswell, Harlingen Mayor • Richard Uribe, Harlingen Commissioner • Tudor G. Uhlhorn, Harlingen Commissioner • Michael Mezmar, Harlingen Commissioner

Stakeholder Type	Stakeholder Type
- Eduardo Cantu, Hidalgo County Commissioner - Joe M. Flores, Hidalgo County Commissioner - Valde Guerra, Hidalgo County Executive Officer - Eddie Trevino Jr. Cameron County Judge - Sofia Benavides, Cameron County Commissioner - Joey Lopez, Cameron County Commissioner - David A. Garza, Cameron County Commissioner - Gustavo C. Ruiz, Cameron County Commissioner - Aurelio Guerra, Willacy County Judge - Eliberto Guerra, Willacy County Commissioner - Oscar Deluna, Willacy County Commissioner - Henry De La Paz, Willacy County Commissioner - Eduardo Gonzalez, Willacy County Commissioner	- Roben De La Rosa, Harlingen Commissioner - Victor Leal, Harlingen Commissioner - Tony Martinez, Brownsville Mayor - Cesar De Leon, Brownsville Commissioner - Rose M. Z. Gowen, Brownsville Commissioner - Ricardo Longoria Jr., Brownsville Commissioner - Jessica Tetreau-Kalifa, Brownsville Commissioner - Joel Munguia, Brownsville Commissioner - Ben Neece, Brownsville Commissioner

☒ Federally Qualified Health Center and other primary care providers

☒ Local health departments
☒ LMHAs/LBHAs

Stakeholder Type	Stakeholder Type

List the LMHAs/LBHAs and the staff that participated:
- None.

☒ Hospital emergency room personnel

☒ Emergency responders

☒ Faith-based organizations

☒ Community health & human service providers

☒ Probation department representatives

☒ Parole department representatives

☒ Court representatives (Judges, District Attorneys, public defenders)

☒ Law enforcement

List the county and the official name and title of participants:
- Ricardo Rodriguez, Hidalgo County District Attorney
- Cynthia Sepulveda, DA Executive Assistant
- Gilbert Saenz, Hidalgo County JP
- Jesus Morales, Hidalgo County JP
- Robert Contreras, Hidalgo County JP
- Jaime Munoz, Hidalgo County JP
- Luis G. Garza, Hidalgo County JP
- Juan Pena, Hidalgo County JP
- Charlie Espinoza, Hidalgo County JP
- Homer Jasso, Hidalgo County JP
- Jason Pena, Hidalgo County JP
- Efrain Garcia, Parole Officer
- Arnold Patrick, Executive Director
- Dr. Marta Kang, Clinical Director
- Faustino Lopez III, Assistant Director

List the county/city and the official name and title of participants:
- J.E. Eddie Guerra, Hidalgo County Sheriff
- Rosa Salazar, Hidalgo County Sheriff Assistance
- Chief Rogelio Alaniz, Alamo PD
- Chief Jonathan Flores, Alton PD
- Mark Perez, Assistant Chief, Alton PD
- Chief Gilbert Guerrero, Donna PD
- Lieutenant Juan Manuel Garcia, Donna PD
- Chief Daniel Walden, Donna ISD PD
- Chief Javier Garza, Edcouch PD
- Chief Cesar Torres, Edinburg PD
- Chief Rick Perez, Edinburg ISD PD
- Captain Miguel Barrera, Edinburg ISD PD
- Chief Robert McGinnis, Elsa PD
- Chief Jesus Ortega, Hidalgo PD
- Chief Adolfo Arriaga, La Joya PD

Stakeholder Type	Stakeholder Type
- Roger Arredondo, Court Services Director - Hector Hernandez, Substance Use Treatment Facility Director - Luis V. Saenz, Cameron County District Attorney - Benito Ochoa, Cameron County JP - Linda Salazar, Cameron County JP - Jonathan Gracia, Cameron County JP - Mary Ester Sorola, Cameron County JP - Jesus T. Garcia Jr., Cameron County JP - David Garza, Cameron County JP - Juan Mendoza Jr., Cameron County JP - Sallie Gonzalez, Cameron County JP - Eloy Cano Jr., Cameron County JP - Annette C. Hinojosa, Willacy County District Attorney	- Chief Raul Gonzalez, La Joya ISD PD - Chief Adolfo Flores, La Villa PD - Chief Merced Rodriguez, Lyford PD - Chief Jesse Orozco, Lyford ISD PD - Chief Victor Rodriguez, McAllen PD - Chief Chris Esquivel, McAllen ISD PD - Captain Jose Silva, McAllen ISD PD - Chief Dagoberto Chavez, Mercedes PD - Chief Robert Dominquez, Mission PD - Chief Gilbert Zamora, Palmview PD - Lieutenant Arnold Sepulveda, Palmview PD - Chief Orel Bermea, Penitas PD - Chief Joe Luengo, Pharr PD - Assistant Chief Edward Chavez, Pharr PD - Assistant Chief Juan Gonzalez, Pharr PD - Chief Juan Gonzalez, San Juan PD - Captain Rey Casarez, San Juan PD - Chief Ruben Suarez, South Texas College PD - Chief Joel Rivera, Weslaco PD - Captain Jerry Oliva, Weslaco PD - Celestino Avila, Hidalgo County Constable - Martin Cantu, Hidalgo County Constable - Lazaro Gallardo, Hidalgo County Constable

Stakeholder Type	Stakeholder Type
	- Atanazio Gaitan, Hidalgo County Constable - Daniel Marichalar, Hidalgo County Constable - Omar Lucio, Cameron County Sheriff - Javier Reyna, Cameron County Captain - Carlos Garza, Cameron County Captain - Danny Huerta, Cameron County Lieutenant - Domingo Diaz, Cameron County Lieutenant - George Garcia, Cameron County Major - Fermin Leal, Cameron County Commander - Chief Felix Sauceda, Brownsville PD - Commander Gerard Serrata, Brownsville PD - Commander William Dietrich, Brownsville PD - Chief Micharl Kester, Harlingen PD - Assistant Chief Miryam Hernandez, Harlingen PD - Deputy Chief Daniel Villarreal, Harlingen PD - Chief Cesar Diaz, La Feria PD - Chief Hector Gonzalez, Los Fresnos PD - Assistance Chief Juan Rodriguez, Los Fresnos PD - Chief Robert Lopez, Port Isabel PD - Chief Fred Bell, San Benito PD

Stakeholder Type	Stakeholder Type
	- Chief Claudine O'Carroll, South Padre Island PD - Pedro Delgadillo, Cameron County Constable - Abelardo Gomez Jr., Cameron County Constable - Adrian Gonzalez, Cameron County Constable - Merced Burnias, Cameron County Constable - Eddie Solis, Cameron County Constable - Larry G. Spence, Willacy County Sheriff - Carlos Ybarra, Willacy County Constable - Joe Salazar, Willacy County Constable - Ben Vera, Willacy County Constable - Jose Alberto Garza, Willacy County Constable - Tony Trevino, Willacy County Constable

☒ Education representatives ☒ Employers/business leaders

☒ Planning and Network Advisory Committee ☒ Local consumer peer-led organizations

☒ Peer Specialists ☐ IDD Providers

☒ Foster care/Child placing agencies ☒ Community Resource Coordination Groups

☐ Veterans' organizations ☐ 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.

• TTBH employees, clients, and parents/LARs, were surveyed to solicit input into the planning process.
• TTBH meets regularly and solicits feedback from community stakeholder groups from its three-county catchment area.
• TTBH maintains contact information on agency website to facilitate potential stakeholder inquiries and input.
• TTBH reviewed prior CLSP plans to determine whether there were potential stakeholders the center could revisit for input.
• TTBH posted CLSP plan on the center's website for potential stakeholder feedback.

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

• Lack of available public transportation.
• Need for expanded mental health services.
• Need for expanded substance use services.
• Need for expanded veteran services.
• Need for expanded primary care services.
• Need for expanded mental health officer services.
• Need for expanded IDD waiver general revenue services.
• Need for expanded mobile crisis outpatient services.
• Long client wait-times for appointments.
• Availability of services for the medically uninsured.

Section II: Psychiatric Emergency Plan

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

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:
- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members
- Sub-contractors

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

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

II.A Development of the Plan

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

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

- Tropical Texas Behavioral Health (TTBH) integrates the components of its crisis services with other local crisis response systems, including police departments and hospital emergency rooms. TTBH actively collaborates with hospitals and with local law enforcement to review and discuss the on-going status of psychiatric emergency services in hidalgo, Cameron, and Willacy Counties. TTBH provides these agencies with the center's crisis hotline number, through which the TTBH Mobile Crisis Outreach team (MCOT) can be activated to respond to psychiatric emergencies. Written agreements to collaborate with other emergency healthcare agencies in the local service area are drafted as necessary.

Ensuring the entire service area was represented; and

- TTBH is part of the local mental health coalition that meets quarterly in an effort to maintain the on-going communication that is necessary to establish a shared understanding of the roles, responsibilities, and procedures of each entity.
- All major local hospitals and law enforcement agencies were included in the development of the plan.

Soliciting input.

- TTBH regularly solicits feedback from community stakeholders from its three-county catchment areas.

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

1. How is the Crisis Hotline staffed?

   During business hours

   - TTBH contracts with AVAIL Solutions, Inc, to operate a 24-hour crisis hotline (1-877-289-7199). The crisis hotline is a continuously available telephone service operated and staffed by trained Qualified Mental Health Professional-Community Services (QMHP-CS), Qualified Intellectual Disability Professional (QIDP), or higher credentials and who have American Association of Suicidology (AAS) certification that provides information, screening and intervention, support and referrals to callers 24 hours a day, 7 days a week. Crisis hotline services include confidential telephone triage to determine the nature and seriousness of the call and the need to mobilize emergency services.

   After business hours

   - TTBH contracts with AVAIL Solutions, Inc, to operate a 24-hour crisis hotline (1-877-289-7199). The crisis hotline is a continuously available telephone service operated and staffed by trained Qualified Mental Health Professional-Community Services (QMHP-CS), Qualified Intellectual Disability Professional (QIDP), or higher credentials and who have American Association of Suicidology (AAS) certification that provides information, screening and intervention, support and referrals to callers 24 hours a day, 7 days a week. Crisis hotline services include confidential telephone triage to determine the nature and seriousness of the call and the need to mobilize emergency services.

   Weekends/holidays

   - TTBH contracts with AVAIL Solutions, Inc, to operate a 24-hour crisis hotline (1-877-289-7199). The crisis hotline is a continuously available telephone service operated and staffed by trained Qualified Mental Health Professional-Community Services (QMHP-CS), Qualified Intellectual Disability Professional (QIDP), or higher credentials and who have American Association of Suicidology (AAS) certification that provides information, screening and intervention, support and referrals to callers 24 hours a day, 7 days a

week. Crisis hotline services include confidential telephone triage to determine the nature and seriousness of the call and the need to mobilize emergency services.

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

- TTBH contracts with AVAIL Solutions, Inc, to operate a 24-hour Crisis Hotline (1-877-289-7199).

3. How is the MCOT staffed?

During business hours

- TTBH has 4 Mobile Crisis Outreach Teams (MCOT) delivering community-based crisis services throughout the Rio Grande Valley. One team operating out of each of the primary outpatient clinic sites in Edinburg, Weslaco, Harlingen, and Brownville. Each MCOT provides prompt face-to-face crisis screening, assessment, intervention and follow-up, and relapse prevention services to individuals in their communities 24 hours a day, 7 days a week. Each MCOT includes credentialed and specially trained staff to deliver comprehensive community-based crisis services around the clock, and each works closely with local law enforcement and hospitals to ensure the safety of both the individuals served and TTBH staff during crisis interventions. MCOT staff are also available at each clinic to provide office-based crisis services during business hours, Monday through Friday. A Mental Health Officer Taskforce member is available to assist each MCOT team in support of community-based crisis services should the need arise.

After business hours

- TTBH has 4 Mobile Crisis Outreach Teams (MCOTs) to provide community-based crisis screenings. Services are available 24 hours a day, 7 days a week.

Weekends/holidays

- TTBH has 4 Mobile Crisis Outreach Teams (MCOTs) to provide community-based crisis screenings. Services are available 24 hours a day, 7 days a week.

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

- No.

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

- Crisis staff will provide on-going crisis services until the crisis is resolved or the individual is placed in a least restrictive clinically appropriate environment. Until crisis is resolved reassessment will occur at the following intervals: Emergent- Reassessment will occur every 8 hours. Urgent- Reassessment will occur every 24 hours.
- In the event that an individual is screened but not admitted to inpatient psychiatric services, the MCOT team will provide follow-up services up to 7 days to resolve the immediate crisis and prevent the need for more restrictive intervention. Individuals who remain in crisis after 7 days may be re-authorized for continued crisis intervention in successive 7-day increments.
- During this process, the crisis team will also determine service eligibility and establish a level of care package. Upon resolution of a crisis, MCOT will facilitate the transition into ongoing services for eligible individuals. When service capacity does not exist to transition an individual into ongoing services, or for individuals who are not eligible for ongoing services, Crisis Follow-up and Transition Services are provided to individuals who are not in imminent danger of harm to self or others within 24 hours of crisis intervention. If the individual agrees to receive LOC5 services, he/she will be authorized for up to 90 day of crisis follow-up services. Follow-up efforts are made face-to-face at the last known address, school visits, or by telephone and documented on the clients' electronic health record. These services consist of relapse prevention services which may include: safety monitoring, coordination and follow-up on referrals to other community resources, transportation, flexible funds for emergency needs, linking children and families to services aimed at reducing the risk of out-of-home placement, engagement services,

> crisis respite, crisis intervention, cognitive processing therapy, cognitive behavioral therapy, medication training and support, and psychiatric evaluation.

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

Emergency Rooms:

- When an individual in crisis is identified, emergency room staff contact the 24-hour hotline, who in turn will determine if MCOT is activated. If activated by the 24-hour crisis hotline, MCOT will be deployed to the emergency room where crisis services will be provided in collaboration with the local hospitals and law enforcement.

Law Enforcement:

- When an individual in crisis is identified, law enforcement staff contact the 24-hour crisis hotline, who in turn will determine if MCOT is activated. If activated by the 24-hour crisis hotline, MCOT will be deployed to the site requested, based on safe conditions and crisis services will be provided. Law enforcement agencies also have the option to access crisis services via walk-in Monday through Friday during business hours.

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

- When an individual in crisis is identified, state hospital staff contact the 24-hour hotline, who in turn will determine if MCOT is activated. If activated by the 24-hour crisis hotline, MCOT will be deployed to site requested where crisis services will be provided in collaboration with the hospital and law enforcement.

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

During business hours:

- Whether during business hours, after hours, or weekends/holidays, emergency rooms and law enforcement can contact the 24-hour crisis hotline, who will triage all calls to determine whether a face-to-face crisis service is needed. During business hours crisis services can be obtained on a walk-in basis as well.

After business hours:

- Whether during business hours, after hours, or weekend/holidays, emergency rooms and law enforcement can contact the 24-hour crisis hotline, who will triage all calls to determine whether a face-to-face crisis service is needed.

Weekends/holidays:

- Whether during business hours, after hours, or weekend/holidays, emergency rooms and law enforcement can contact the 24-hour crisis hotline, who will triage all calls to determine whether a face-to-face crisis service is needed.

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

- Whether the individual is in a hospital or a home setting, it is the community's process to contact the 24-hour crisis hotline or seek medical attention at their nearest emergency room if needed. If the individual is in the hospital emergency room and needs further assessment or crisis stabilization, the hospital temporarily houses the individual while receiving ongoing medical care until MCOT can arrange for transfer to a psychiatric treatment facility.

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

- Individuals should be treated and determined medically stable for any obvious physical injury/illness or attempted overdose. If the individual presents with a possible medical condition a medical professional, trained in psychiatric emergency procedures, will be

consulted. Emergency conditions identified during the assessment process will be referred for immediate, appropriate medical attention.

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

- If the crisis cannot be resolved at the site of the crisis and the individual requires inpatient emergency psychiatric care services, as determined by the QMHP-CS/QIDP assessment, admission to the most appropriate inpatient psychiatric facility will be coordinated. Individual preference will be considered in selecting the least restrictive alternative that is appropriate for the individual's assessed level of need. In the event that the individual is unwilling to voluntarily submit to necessary inpatient care, detainment at an appropriate inpatient facility will be coordinated by the screener pending preliminary examination by the facility physician in accordance with the Texas Mental Health Code (Chapter 573, Sub-chapter C, Section 573.021).
- Medical clearance- Individuals should be treated and determined medically stable for any obvious physical injury/illness or attempted overdose. If the individual presents with a possible medical condition a medical professional, trained in emergency procedures, will be consulted. Emergency conditions identified during the assessment process will be referred for immediate, appropriate medical attention.

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

- Through its contract with The Wood Group, TTBH operates a Crisis Respite Unit (CRU) providing temporary residence and close monitoring to clients during a time of crisis or transition back to the community. The CRU has nine (9) beds under contract for adult males and females, and is staffed 24 hours a day, 7 days a week. The CRU operates as a crisis service for individuals who do not meet the necessary criteria to be admitted into an in-patient facility and as a step-down for individuals transitioning back into the community following inpatient care. The facility provides a safe and monitored setting providing

guidance and structure to individuals to help them adapt and cope with stressors. Lengths of stay range from 3-14 days.

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.

- MCOT will respond in pairs and/or request assistance from the Mental Health Officer Taskforce (MHOT) when responding to clients in private homes or in public locations. Safety of clients and staff always remains the highest priority.

14. If an inpatient bed at a psychiatric hospital is not available:
    Where does the individual wait for a bed?

- If an individual is in an Emergency Room, the individual will remain there until a bed becomes available. If not, individual will remain with MCOT staff at TTBH facilities, where MHOT also provides support.

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

- MCOT, hospital emergency room physician and treatment team, are responsible for providing continued crisis intervention services.
- Crisis staff will provide on-going crisis services until the crisis is resolved or the individual is placed in a clinically appropriate environment.

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

- In the event that the individual needs transportation to another setting, MCOT will coordinate transportation with MHOT as appropriate. MHOT assists with courtesy transportation in voluntary situations where an individual is transported to a safe setting such as the individual's home, a Crisis Respite Unit, or a substance use/detox facility.
- TTBH crisis staff will only provide transportation as per applicable laws, the availability of resources, and if it is determined that doing so will not present as risk of harm to TTBH staff or the individual in need of transportation.

- For the voluntary transportation of clients in crisis, family/caregivers may provide voluntary transportation during the resolution of a crisis if the assessed risk level is low and family/caregivers are determined to be able to transport the client safely. If transportation by family/caregivers or staff is not possible due to potential risk of harm, transportation will be coordinated with an available ambulance service or law enforcement personnel, if available for voluntary transportation.

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)?   Replicate the table below for each alternative.

Name of Facility	The Wood Group
Location (city and county)	Harlingen, Cameron County
Phone number	(956) 440-7716
Type of Facility (see Appendix A)	Crisis Respite
Key admission criteria (type of individual accepted)	Voluntary
Circumstances under which medical clearance is required before admission	Individual displays symptoms indicating a possible need for significant medical attention.
Service area limitations, if any	TTBH's three-county catchment areas, Hidalgo, Cameron, and Willacy County.
Other relevant admission information for first responders	On a voluntary basis only.
Accepts emergency detentions?	No.
Number of Beds	9

Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals? Replicate the table below for each alternative.

Name of Facility	Doctor's Hospital of Renaissance
Location (city and county)	Edinburg, Hidalgo County
Phone number	(956) 362-8677
Key admission criteria	Adults, children, and adolescents' inpatient crisis stabilization.
Service area limitations, if any	TTBH's three-county catchment areas, Hidalgo, Cameron, and Willacy County.
Other relevant admission information for first responders	All admissions initiated through the 24-hour crisis hotline.
Number of Beds	PESC: 800/PPB: 5,913 (Bed count is an aggregate count for the fiscal year from 3 separate, private hospitals).
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)?	Doctor's Hospital of Renaissance is under two contracts with TTBH for rapid crisis stabilization beds (PESC & PPB).
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	On an as needed basis.

If under contract, what is the bed day rate paid to the contracted facility?	$625
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	South Texas Behavioral Health
Location (city and county)	Edinburg, Hidalgo County
Phone number	(956) 388-1300
Key admission criteria	Adults, children, and adolescents' inpatient crisis stabilization
Service area limitations, if any	TTBH's three-county catchment areas, Hidalgo, Cameron, and Willacy County.
Other relevant admission information for first responders	All admissions initiated through the 24-hour crisis hotline.
Number of Beds	PESC: 800/PPB: 5,913 (Bed count is an aggregate count for the fiscal year from 3 separate, private hospitals through).
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	South Texas Behavioral Health is under two contracts with TTBH for rapid crisis stabilization beds (PESC & PPB).

Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	On an as needed basis.
If under contract, what is the bed day rate paid to the contracted facility?	$625
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	Palms Behavioral Health
Location (city and county)	Harlingen, Cameron County
Phone number	(956) 365-2600
Key admission criteria	Adults, children, and adolescents' inpatient crisis stabilization
Service area limitations, if any	TTBH's three-county catchment areas, Hidalgo, Cameron, and Willacy County.
Other relevant admission information for first responders	All admissions initiated through the 24-hour crisis hotline.
Number of Beds	PESC: 800/PPB: 5,913 (Bed count is an aggregate count for the fiscal year from 3 separate, private hospitals through).

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)?	Palms Behavioral Health is under two contracts with TTBH for rapid crisis stabilization beds (PESC & PPB).
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	On an as needed basis.
If under contract, what is the bed day rate paid to the contracted facility?	$625
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

II.C Plan for local, short-term management of pre- and post-arrest individuals who are deemed incompetent to stand trial

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

Identify and briefly describe available alternatives.

> • TTBH does not currently provide competency restoration services.

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

> • Barriers or issues limit access or utilization to local inpatient or outpatient alternatives include but are not limited to limited transportation, limited capacity to service utilizing telehealth and telephonic technology, limited capacity to treatment, limited access to emergency rooms for medical clearances due to the COVID-19 pandemic, fear of utilizing/accessing healthcare facilities to receive treatment, socio-economic disparities, and limitation on service provisions.

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?

> • TTBH has two (2) full time dedicated jail diversion staff. TTBH's jail liaisons are engaged once an individual with a mental health issue is identified by TTBH or the local jails. These liaisons conduct mental health screenings, coordinate doctor's appointments and medication management services while in custody and once released, as well as coordinate with jail staff to complete a discharge plan for the individual.

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.

> • TTBH has dedicated jail liaisons.

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

> • N/A

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

> • A need for new alternatives for competency restoration has not been identified at this time.

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

> • N/A

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

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

> • TTBH's MCOT assesses for psychiatric, substance use, and physical healthcare needs. These identified needs are addressed through resolving the crisis via appropriate targeted services and referring to ongoing care.
> • TTBH's Substance Use Disorder serves are co-located within all four (4) TTBHs behave allowing access to individuals in need of treatment. Individuals seeking behavioral health or primary care services and who have an identified substance use disorder will undergo screening through the Outreach Screening Assessment and Referrals (OSAR) program. Depending on the outcome of this screening individuals will then be referred to the SUDs department for outpatient individual and group counseling services.
> • TTBH's Integrated Primary Care services are co-located within all four (4) TTBHs behavioral health outpatient clinics allowing access to individuals in need of preventative, chronic, and medical care who would otherwise go unserved due to barriers such as provider resource limitations, stigma, and lack of transportation. Medical clearances can also be conducted on site at the Primary Care Clinics during business hours, during psychiatric emergencies.

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

> • TTBH long term plans are to further expand and enhance COPSD services, and substance use outreach, screening, assessment, and referrals (OSAR) and outpatient services.

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?

   - Key information will be shared with emergency responders and other community stakeholders via the TTBH Website, brochures, and the TTBH Provider Manual;
   - TTBH will continue to actively collaborate with state and PESC hospitals and with local law enforcement agencies to share key information from the Psychiatric Emergency Plan; and
   - TTBH will also continue to be part of the local mental health coalition that meets quarterly where key information can be also shared.

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?

   - TTBH staff will continue to receive ongoing, in-person and virtual training.

II.F Gaps in the Local Crisis Response System

What are the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties.

County	Service System Gaps	Recommendations to Address the Gaps
Hidalgo, Cameron, Willacy	• Expand additional inpatient beds in local hospitals.	• Recommendation is to sustain these services with additional funding opportunities to secure more inpatient beds.
Hidalgo, Cameron, Willacy	• Expansion of our existing law enforcement mental health officer taskforce (MHOT).	• Continuing to collaborate with local law enforcement agencies. • Recommendation is to sustain these services with additional funding opportunities to secure more MHOT officers.

Hidalgo, Cameron, Willacy	• Expansion of medical clearance services.	• Recommendation is to sustain these services with additional funding opportunities to increase medical clearance service capacity.
Hidalgo, Cameron, Willacy	• Expansion of integrated primary care services.	• Recommendation is to sustain these services with additional funding opportunities to promote integrated primary care services.

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:
https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf

In the tables below, indicate the strategies used in each intercept to divert individuals from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:

	County(s)	
• Crisis Hotline	• Hidalgo, Cameron & Willacy County	• Continue contracting to provide this service.
• Mobile Crisis Outreach Team (MCOT)	• Hidalgo, Cameron & Willacy County	• Expansion of MCOT team and collaboration with Mental Health Officer Taskforce (MHOT).

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Co-mobilization with Mental Health Deputies	• Hidalgo, Cameron & Willacy County	• Expansion of MHOT team. • Continue collaborating with local law enforcement organizations.
• Training law enforcement staff	• Hidalgo, Cameron & Willacy County	• Continue to provide Mental Health First Aid training to local PD personnel.
• Documenting police contacts with persons with mental illness	• Hidalgo, Cameron & Willacy County	• Continue to collaborate with local law enforcement organizations and gathering data related to police contacts with persons with mental illness.
• Service linkage and follow-up for individuals who are not hospitalized	• Hidalgo, Cameron & Willacy County	• Increase the linkage numbers to try and divert more individuals into treatment settings rather than being rearrested and continuing with legal charges.
• Mental Health Officer Team (MHOT)	• Hidalgo, Cameron & Willacy County	• Continue to seek funding opportunities for MHOT positions.

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Routine screening for mental illness and diversion eligibility	• Hidalgo, Cameron & Willacy County	• Continue to collaborate with local county courts in an effort to streamline referral process.
• Veteran's court	• Hidalgo, Cameron & Willacy County	• Continue to collaborate with local county courts in an effort to streamline referral process and promote MH services for veterans.
• Providing services in jail (for persons without outpatient commitment)	• Hidalgo, Cameron & Willacy County	• Continue efforts to expand these services with additional funding opportunities including the use of psychotropic medications.
• Link to comprehensive services	• Hidalgo, Cameron & Willacy County	• Continue efforts to link consumers to external resources.

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Peer Provider Re-Entry Program	• Hidalgo, Cameron & Willacy County	• Continue efforts to expand these services with additional funding opportunities.
• Staff designated to assess needs, develop plan for services and coordinate transition to ensure continuity of care at release	• Hidalgo, Cameron & Willacy County	• Continue collaborating with partners to ensure continuity of care is provided to consumers.

• Structured process to coordinate discharge/transition plans and procedures.	• Hidalgo, Cameron & Willacy County	• Continue with current discharge/transition plans and procedures.
• Specialized case management teams to coordinate post-release services.	• Hidalgo, Cameron & Willacy County	• Continue with specialized teams to coordinate post-release services.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Training for probation or parole staff	• Hidalgo, Cameron & Willacy	• Continue to provide Mental Health First Aid training to local probation or parole personnel.
• TCOOMMI program	• Hidalgo, Cameron & Willacy	• Continue to fund two Continuity of Care staff.
• Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address non-compliance	• Hidalgo, Cameron & Willacy	• Continue to collaborate with community corrections staff.
• Assisted Outpatient Treatment (AOT)	• Hidalgo, Cameron & Willacy	• Continue efforts to provide these services with additional funding opportunities.

III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](#) identifies other significant gaps and goals in the state's behavioral health services system. The gaps identified in the plan are:
- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 3: Coordination across state agencies*
- *Gap 4: Veteran and military service member supports*
- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *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 individuals with intellectual disabilities*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 13: Behavioral health workforce shortage*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*
- *Gap 15: Shared and usable data*

The goals identified in the plan are:
- *Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.*
- *Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.*
- *Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.*

- *Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.*
- *Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.*

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• TTBH has continued its efforts to expand outpatient services at all four of its clinic locations in an effort to meet capacity needs of the community.	• TTBH plans to further expand and enhance integrated outpatient services including services provided by primary care and substance use services in order to meet the diverse needs of the community.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• TTBH currently employs continuity of care staff who throughout the duration of hospitalization in preparation for discharge, work with local hospitals to facilitate access to	• TTBH continues to develop plans for an electronic secure transmission process with inpatient hospitals to ensure seamless transmission of discharge clinical documentation. • TTBH is currently engaged in consideration of

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		appropriate services and supports in the community. • UM closely monitors admissions and discharges. • TTBH staff meet quarterly with hospital managers to discuss discharge and successful transition to outpatient services. • Center staff follow-up within seven (7) days with each person discharged from hospital psychiatric treatment. • Frequent readmission staffing and in-depth multiple disciplinary reviews are conducted on a monthly basis. • Also, MHOT diversion activities are geared to reduce hospitalizations.	partnering with a health information exchange organization to enhance the transmission of clinical documentation between providers such as inpatient facilities. • TTBH plans to continue efforts with inpatient hospitals to enhance current process. • TTBH plans to expand and enhance integrated outpatient services including services provided by primary care and substance use services in order to meet the diverse needs of the community.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• All person-centered recovery plans are individualized to fit the specific identified needs and strengths of the individual served. • TTBH services have been provided in accordance with Texas Health and Human Services Commission (HHSC) guidelines and are individualized according to the specific strengths, needs, abilities, and preferences of each client and family served; • TTBH trains staff and provides services based on evidence-based models as per HHSC Fidelity requirements; and • Currently, TTBH conducts monthly fidelity specific program reviews. In	• TTBH will continue to strengthen its commitment to mental health wellness and recovery through ongoing review of clinical practices and operational processes.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		addition, TTBH's Performance Improvement and Compliance Committee (PICC) continuously monitors for fidelity adherence.	
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• TTBH has made the commitment to move clinical services to a recovery-oriented plans for long term mental health; • TTBH currently employs peers in the MH Adults, Youth & Family, and the Veterans Programs; and • TTBH has expanded the current center peer provider services and established an integrated peer drop-in center in our Edinburg, Harlingen, and Brownsville clinic locations.	• TTBH will continue to strengthen its commitment to peer delivered services and our current drop-in centers. • Continue efforts to provide these services with additional funding opportunities.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• TTBH currently has a substance use director which oversees program development and integration. • All TTBH staff have received training on attitudes, prevalence, common signs and symptoms, detection and triage for co-occurring disorders; • Clinical staff have received advanced specialization training in integrated psychosocial or pharmacological treatment of persons with co-occurring disorders; • TTBH staff throughout the service delivery system routinely and systematically screen persons served for both substance use and	• TTBH plans to further expand and enhance integrated co-occurring substance use disorders programs.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		mental health symptoms; • The HHSC Pharmacology Drug Formulary has been reviewed and adjusted to incorporate prescription for COPSD; • TTBH administrative, clinical procedures, policies and related documentation throughout the center's service delivery system have been reviewed and adjusted to ensure effective COPSD service provision; • TTBH has implemented specialized interventions to facilitate use of peer support group; and • TTBH has expanded its existing COPSD services under the 1115 Waiver.	

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• TTBH currently provides in-house Integrated Behavioral/Primary Health Care services in all 4 locations.	• TTBH plans to continue its search for funding opportunities to expand integrated Primary Care Services.
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• TTBH currently provides transportation services for clients receiving outpatient services at all four clinic locations. • TTBH currently offers transportation services for those clients who do not have access or qualify for Medicaid funded transportation. • TTBH staff are active members of the Transit Advisory Council and attend other meetings and community events geared towards advocacy for individuals.	• TTBH plans to continue advocating for individual's needs and provide individuals with information and assistance on accessing Medicaid funded transportation and related transportation benefits throughout the service delivery system.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing, improving, and protecting the health and well-being of clients with Intellectual Disabilities	• Gap 14 • Goals 2,4	• TTBH currently provides a host of services to address the needs of clients with intellectual disabilities, however general revenue funds are limited in meeting the needs of this population. • TTBH IDD department currently has a Crisis Intervention Services (CIS) team in place.	• TTBH continues to expand use of crisis respite services offered by contracted providers, however there is a limited number of qualified/trained providers available in the area. • TTBH plans to improve outreach and education of the IDD population to facilitate provider interests in this area.
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• TTBH has expanded the current center veteran peer drop-in center to include locations which service Hidalgo and Cameron counties. • TTBH staff are active members of local veteran organizations and advocacy groups. • TTBH staff are also integrated into the local	• TTBH plans to continue and enhance veteran services offered at these locations, should funding become available.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		VA health care system and local university and colleges.	

III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.*
- *List at least one but no more than five priorities.*
- *For each priority, briefly describe current activities and achievements and summarize plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.*

Local Priority	Current Status	Plans
Medicaid 1115 Waiver programs	- TTBH has multiple programs funding by the Medicaid 1115 Waiver program including the drop-in centers and peer services.	- TTBH plans to sustain and continue current Medicaid 1115 Waiver programs in an effort to further promote these recovery-oriented services.
MHOT Program	- TTBH has a law enforcement taskforce comprised of specially trained, certified Mental Health Officers, serving	- TTBH plans to expand and enhance our existing law enforcement taskforce with additional officers.

Local Priority	Current Status	Plans
	across the TTBH catchment area of Hidalgo, Cameron and Willacy Counties.	
Integrated Primary Care Services	• TTBH has integrated primary care services at its four clinic locations.	• TTBH plans to continue and enhance integrated primary care services offered at these locations.
Certified Community Behavioral Health Center	• TTBH is certified as a CCBHC, a state priority.	• TTBH plans to continue certification as a CCBHC including expanding its service delivery array to meet the fidelity requirements of the CCBHC model.
Telepsychiatry in local Jails	• TTBH currently provides telepsychiatry in local jails in partnership with law enforcement.	• TTBH proposes expanding telepsychiatry for incarcerated individuals by providing a consultative service and pharmaceuticals for law enforcement in order to limit disruption of the individual's treatment.
Step-down facilities for individuals recently released from either a psychiatric facility or jail	• TTBH currently does not provide or have access to step down facilities.	• TTBH proposes the development of a step-down facility to promote recovery and reduce recidivism for individuals being released from a psychiatric hospital or local jails.

Local Priority	Current Status	Plans
Expansion of peer support services in the form of a peer clubhouse	• TTBH currently operates three drop-in center locations.	• TTBH expresses interest in funding in support of its current drop-in centers utilizing the club house model, which provides individuals with opportunities for friendship, employment, housing, and education services in a single caring and safe environment.

III.D System Development and Identification of New Priorities

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

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

Provide as much detail as practical for long-term planning and:
• Assign a priority level of 1, 2 or, 3 to each item, with 1 being the highest priority;
• Identify the general need;

- Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable; and
- Estimate the funding needed, listing the key components and costs (for recurring/ongoing costs, such as staffing, state the annual cost.

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	*Example: Detox Beds*	• *Establish a 6-bed detox unit at ABC Hospital.*	•
2	*Example: Nursing home care*	• *Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.* • *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.*	•
1	**CCBHC** *(Expansion of integrated care and substance use disorder services)*	• TTBH is certified as a CCBHC, a state priority. TTBH plans to continue certification as a CCBHC including expanding its service delivery array to meet the fidelity requirements of the CCBHC model. • Integrated Care: Continue funding existing integrated primary care services, in order to assist current mental health clients in need of preventative, chronic, and medical care who would otherwise go unserved due to barriers such as provider	• Integrated Care: $2,943,700 (annual cost) • Substance Use Disorder: $1,445,168 (annual cost)

		resource limitations, distance, stigma, and lack of transportation. • Substance Use Disorder Services: Continue to expand existing integrated substance use disorder services in order to address capacity needs of the community and provide holistic care.	
2	**MHOT Expansion**	• TTBH is proposing to augment the existing program with additional officers.	• $1,612,720 (annual cost)
3	**Jail Forensic Services**	• Step-down facilities for individuals recently released from either a psychiatric facility or jail: TTBH proposes the development of a step-down facility to promote recovery and reduce recidivism for individuals being released from a psychiatric hospital or local jails. • Telepsychiatry in local Jails: TTBH proposes expanding telepsychiatry for incarcerated individuals by providing a consultative service and pharmaceuticals for law enforcement in order to limit disruption of the individual's treatment.	• Step-down facility: $2,589,500 (annual cost) • Telepsychiatry in jails: $406,255 (annual cost)
4.	**Veteran Services**	• Continue to expand and enhance existing services offered within the veteran peer drop in centers in Hidalgo and Cameron Counties, to eligible veterans in an effort to assist veterans in need of individual and group counseling and support, recreational and social activities, as well as learning work and life skills.	• $1,033,007 (annual cost)

5.	**Integrated peer services and peer drop-in center**	• Continue to fund and enhance existing integrated peer services in order to assist current mental health clients in need of group support, recreational and social activities, and work and life skills training among peers. • TTBH expresses interest in funding opportunities in support of its current drop-in centers utilizing the club house model, which provides individuals with opportunities for friendship, employment, housing, and education services in a single caring and safe environment.	• $404,049 (annual cost)

Appendix A: Levels of Crisis Care

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

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

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

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

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

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive

mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

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

Mobile Crisis Outreach Team (MCOT) – MCOTs are clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community.

Psychiatric Emergency Service Center (PESC) – PESCs provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESCs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

Rapid Crisis Stabilization and Private Psychiatric Beds – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.

Appendix B: Acronyms

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