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
Border Region Behavioral Health Center	1500 Pappas Laredo, 78041	(956) 794-3000	Webb	LMHA	1. Contracted inpatient beds; services for adults, children or both 2. Services for co-occurring disorders 3. Adult Outpatient Treatment Services for Substance Use 4. Adult Substance Use Intervention Program 5. Integrated healthcare: mental and physical health 6. Telemedicine and Telehealth 7. Services for adult, children or both, veterans and IDD clients

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Border Region Behavioral Health Center	106 E. Amada, Hebbronville, 78361	(361) 527-5771	Jim Hogg	LMHA	Screening, assessment and intake services for adult, children or both Texas Resilience and Recovery (TRR) outpatient services: adults, children or both Contracted inpatient beds, Services for adult, children or both, veterans and IDD clients. Services for co-occurring disorders Adult Outpatient Treatment Services for Substance Use Adult Substance Use Intervention Program Integrated healthcare: mental and physical Telehealth and telemedicine services for adult and children or both

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Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Border Region Behavioral Health Center	101 W. 1st Avenue Zapata, 78076	(956) 765-9664	Zapata	LMHA	Screening, assessment and intake services for adult, children or both Texas Resilience Recovery (TRR) outpatient services: adult, children or both Contracted inpatient beds. Services for adult, children or both Services for co-occurring disorders Adult Outpatient Treatment Services for Substance Use Adult Substance Use Intervention Program Integrated healthcare: mental and physical health Telemedicine and telehealth services for adult, children or both, veterans and IDD Clients

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Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Border Region Behavioral Health Center	2751 Pharmacy Road, Rio Grande City, 78582	(956) 487-3748	Starr	LMHA	Screening, assessment and intake services for adult, children or both Texas Resilience Recovery (TRR) outpatient services: adult, children or both Contracted inpatient beds. Services for adult, children or both Services for co-occurring disorders Adult Outpatient Treatment Services for Substance Use Adult Substance Use Intervention Program Integrated healthcare: mental and physical health Telemedicine and telehealth services for adult, children or both, veterans and IDD Clients
Doctors Hospital at Renaissance	5501 South McColl Road, Edinburg, 78539	(956) 362-8677	Hidalgo	Psychiatric Hospital	Contracted inpatient beds for children, adolescent and adults
South Texas Behavioral Health Center	2102 West Trenton Road, Edinburg, 78539	(956) 388-1300	Hidalgo	Psychiatric Hospital	Telepsychiatry services for children, adolescents and adults

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Jackie Rosado	2201 S. Jackson Rd. Apt#28E Pharr, 78577		Starr		Screening, assessment and intake Population: Children Telehealth
Laura Forno-Diaz	2751 Pharmacy Road Rio Grande, 78582		Starr & Jim Hogg		Screening, assessment and intake Population: Adults Telehealth – Only in Webb County
Jackson & Coker	2655 Northwinds Pkwy Atlanta, 30009	(800) 272-2707	Webb, Zapata, Jim Hogg, Starr	Psychiatric Services	Psychiatric Services, Services for adults, children or both
Locum Tenens.com	2575 Northwinds Pkwy Alpharetta, 30009	(800) 930-0748	Webb, Zapata, Jim Hogg, Starr		Psychiatric Services for services for adult, children or both
Iris Telehealth	114 W. 7th Street Austin, 78701	(888) 285-2269	Webb, Starr, Jim Hogg, Zapata		Psychiatric services for adult, children or both
Alina Telehealth	4810 Riverstone Blvd. Suite 100, Missouri City, 77459	(877) 744-6483	Webb, Starr, Jim Hogg, Zapata		Psychiatric Services for adults, children or both
Tejas Health Management	1700 S. Lamar, Austin, 78704	(800) 852-7691	Webb, Starr, Zapata, Jim Hogg		Benefits, eligibility comparison application services for adult, children or both
Consillium Staffing	6363 State Hwy 161 Suite 800, Irving, 75038	(877) 536-4696	Webb, Zapata, Starr, Jim Hogg		Psychiatric Services for adults, children or both

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Dr, Arturo Garza-Gongora	1500 Pappas Laredo, 78041	(956) 794-3000	Webb		Integrative healthcare: mental and physical health Services for adults
Family Health Center	2768 Pharmacy Road, Rio Grande City, 78582	(956) 487-5621	Starr		Integrative healthcare: mental and physical health Services are for adults
Gateway Community Health Center	473 TX-285 Hebbronville, 78361	(361) 527-4053	Jim Hogg		Integrative healthcare: mental and physical health Services for adults
Ahora Y Siempre Inc.	1412 Main Street Suite 2500 Dallas, 75202	(214) 741-6359	Webb		Services for individuals with IDD for both children and adults Community integration, day habilitation, nursing, dental, host/residential living, etc.
Coastal Area Support Alternatives, Inc.	5812 South Staples, Corpus Christi, 78413		Starr		Services for individuals with Intellectual Developmental Disabilities (IDD) for both children and adults; Community Integration, Day Habilitation, Nursing, Dental, Host/Residential living, etc.

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Happy Families	220 W. Hillside Road, Laredo, 78041	(956) 722-3797	Webb		Services for individuals with developmental disabilities for both children and adults
J C E & Associates LLC	802 E. Expressway Suite C Pharr TX 78577	(956) 787-4707	Webb		Services for individuals with IDD for children and adults; community integration, day habilitation, nursing, dental, host/residential living, etc.
Life Choices Unlimited, Inc.	608 S. Jackson Road, Edinburg, TX 78539	(956) 316-4506	Webb		Services for individuals with IDD for both Children and Adults; Community integration, day hab, nursing, dental, host/residential living, etc.
Paso A Paso, Inc.	7005 Pastor Bailey Dr. Ste. 102B, Dallas 75237	(972) 572-3455	Webb		Services for individuals with IDD for both Children and Adults Community Integration, Day Hab, Nursing, dental, host/residential living, etc.

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Roma Health Care LLC	720 E. Edinburg Ave., Suite 1008, Elsa, 78543-2338	(956) 376-0450	Roma		Services for individuals with IDD for both children and adults; community integration, day hab, nursing, dental, host/residential living, etc.
AVAIL Solutions Inc.	3310 E. 5th St. Tyler, 75701	(800) 510-7730	Webb, Zapata, Starr and Jim Hogg		Crisis hotline, Services for adults, children or both
FCS, Inc.	1823 McIntosh St., Ste. 110 Bowling Green 42104	(800) 783-9152	Webb		LPHA Staffing Services

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	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
N/A	N/A	N/A	N/A	N/A

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

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): •	☐	State hospital staff (list the hospital and staff that participated): •
☒ Mental health service providers	☒	Substance use treatment providers
☒ Prevention services providers	☒	Outreach, Screening, Assessment and Referral Centers
☐ County officials (list the county and the name and official title of participants): •	☐	City officials (list the city and the name and official title of participants): •
☐ Federally Qualified Health Center and other primary care providers	☒	LMHA LBHA staff *List the LMHA or LBHA staff that participated:* • Executive Director • Adult Behavioral Health Director • Director of Ancillary Services • Interim Director of IDD • Director of Children Adolescent and Parent Services • Human Resources Director
☐ Hospital emergency room personnel	☐	Emergency responders
☐ Faith-based organizations	☐	Local health and social service providers
☐ Probation department representatives	☐	Parole department representatives

Stakeholder Type		Stakeholder Type	
☐	Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants): •	☐	Law enforcement (list the county or city and the name and official title of participants): •
☐	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: Sent to members of the Planning, Network Advisory Committee

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: N/A

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: Meeting with local law enforcement agencies with Webb and Starr counties to discuss educational opportunities, crisis response, transportation response and psychiatric plan. Hospitals/Emergency Departments, Law

Enforcement, Police/Sheriff and Jails; Judiciary including mental health and probate courts; other crisis services; users of crisis services and their family members

- Ensuring the entire service area was represented; and

Response: Border Region Behavioral Health Center collaborates continually with the local stakeholders from law enforcement officials, and hospital administration. We usually meet with the stakeholders with face-to-face meetings or over the telephone.

- Soliciting input.

Response: Border Region Behavioral Health Center solicits input from various stakeholders entities through meetings. The stakeholders are usually groups such as the PNAC, CRCG, and consumers. Other meetings are also held with judges, and the Sheriff Department Mental Health Unit team along with our police departments in all service areas.

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: Border Region Behavioral Health Center contracts with AVAIL Solutions to provide crisis hotline services during business hours at 1-800-643-1102. Contact 24 hours, 7 days a week.

   b. After business hours

   Response: AVAIL Solutions is available after hours at 1-800-643-1102, 24 hours a day, 7 days a week.

   c. Weekends and holidays

   Response: AVAIL Solutions is available during holidays and weekends, 24 hours a day, 7 days a week at 1-800-643-1102.

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

   Response: Yes, our LMHA utilizes AVAIL Solutions, Inc. which is accessible 24 hours a day 7 days out of the week, to even include holidays. It is a crisis hotline services center.

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

   Response: MCOT staff is designated to respond to crisis calls during business hours. Mobile Crisis Outreach Team (MCOT) employees receive calls for crisis calls.

   b. After business hours

   Response: An MCOT staff member is on duty at each county on a rotational basis.

   c. Weekends and holidays

   Response: A rotation of designated QMHP-CS workers are assigned to respond to crisis calls after hours and on weekends and holidays.

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

   Response: No.

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

   Response: MCOT workers are assigned to complete the next day follow-ups for all those individuals that were seen by the on-call workers and that were not hospitalized.

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: Emergency rooms contact AVAIL crisis hotline (800) 643-1102 and then the MCOT team deploys to the emergency room, where they provide crisis assessments, crisis intervention, and coordination of services.

    b. Law Enforcement: Law enforcement contacts the MCOT team, who respond to the site and provide crisis assessments, crisis intervention and coordination of services.

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

    Response: N/A

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
    a. During business hours: For the emergency rooms, they will contact our crisis hotline and a screening will be initiated by a QMHP-CS, for law enforcement, they can contact the local MCOT crisis line between 7:30 a.m. and 6:00 p.m. Monday -Friday.

    b. After business hours: They will contact AVAIL Solutions crisis hotline (800) 643-1102 crisis hotline and a screening will be initiated.

    c. Weekends and holidays: They will contact AVIAL Solutions crisis hotline and a screening will be initiated.

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: Law enforcement will be asked to initiate an emergency detention and transport to the emergency room or psychiatric hospital or crisis stabilization unit. Ambulance Services is also being used to transport individuals for crisis stabilization.

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

Response: After a screening, the individual will be referred to the nearest ER for medical clearance.

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

    Response: After medical clearance if needed, the MCOT staff will coordinate a bed at the state hospital, private hospitals depending on resources and bed availability. The individual will be transported to the nearest psychiatric hospital or crisis stabilization unit.

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: After medical clearance if needed, the MCOT staff will coordinate a bed at the state hospital, private hospitals depending on resources and bed availability. The individual will be transported to the nearest psychiatric hospital or crisis stabilization unit.

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: Our MCOT staff is able to coordinate home or other alternative location assessments, either having a two member team approach or by having law enforcement present during the crisis assessment.

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

    Response: If a psychiatric bed is not available, the individual will remain at one of our local emergency rooms.

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 will monitor all individuals that are waiting at the emergency rooms daily until a bed is available or the crisis situation changes.

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

Response: The Sheriff Department and/or a law enforcement entity has assigned a Mental Health Transportation Unit that is responsible for transporting all individuals that are being sent to a psychiatric hospital

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

Response: Many of the children are transported by ambulance as they have to travel more than 150 miles to the nearest psychiatric hospital.

Crisis Stabilization

Use the table below to identify the alternatives the local service area has for facility-based crisis stabilization services (excluding inpatient services). Answer each element of the table below. Indicate "N/A" if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.

Table 5: Facility-based Crisis Stabilization Services

Name of facility	
Location (city and county)	Camino Real Crisis Residential Unit
Phone number	210-357-0300
Type of facility (see Appendix A)	Crisis Residential Unit
Key admission criteria	Crisis Stabilization
Circumstances under which medical clearance is required before admission	Substance Abuse or an unstable medical condition
Service area limitations, if any	Outside of the catchment area
Other relevant admission information for first responders	N/A

Name of facility	
Does the facility accept emergency detentions?	Yes
Number of beds	16; BRBHC contracts with Camino Real for respite beds.
HHSC funding allocation	Yes, Beds are available as needed
Name of facility	
Location (city and county)	Casa Amistad
Phone number	956-794-3000
Type of facility (see Appendix A)	Crisis Stabilization Unit
Key admission criteria	Crisis Stabilization
Circumstances under which medical clearance is required before admission	Substance Abuse or an unstable medical condition
Service area limitations, if any	Within our catchment area
Other relevant admission information for first responders	N/A
Does the facility accept emergency detentions?	Yes
Number of beds	16; number of beds are based upon availability
HHSC funding allocation	Yes

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	
Location (city and county)	Southwest General Hospital San Antonio and Bexar County

Name of facility	
Phone number	210-921-2000
Key admission criteria	Within Catchment Area
Service area limitations if any	Medical Condition
Other relevant admission information for first responders	N/A
Number of beds	N/A
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	N/A
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)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	
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?	

Name of facility	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of facility	Doctors Hospital at Renaissance
Location (city and county)	Edinburg and Hidalgo County
Phone number	956-362-8677
Key admission criteria	Imminent risk to self or others
Service area limitations if any	Medical Condition
Other relevant admission information for first responders	N/A
Number of beds	N/A
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	N/A
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)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
If under contract, what is the bed day rate paid to the contracted facility?	$700.00

Name of facility	
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	
Name of facility	Palms Behavioral Health
Location (city and county)	Harlingen and Cameron
Phone number	956-365-2600
Key admission criteria	Medical condition
Service area limitations if any	Within Catchment Area
Other relevant admission information for first responders	N/A
Number of beds	N/A
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	No
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	

Name of facility	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed basis
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?	As needed basis
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	

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

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

   Response: N/A

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

   Response: N/A

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

   Response: One designated worker is responsible to monitor the jail match

admissions, and screen those individuals for services. They also work to coordinate hospitalization process for clients, who are in crisis, and work to link them to our psychiatrist or works on jail diversion for those appropriate individuals. We have two diversion staff; one for adolescents and one for the adult population.

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 number of individuals that were in need of this service was not enough to justify this service in our community.

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: N/A

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

   Response: N/A

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: LMHA has implemented integrated healthcare into the delivery of crisis mental health services to include laboratory screening for substance use and medication adherence.

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

Response: Expand the integrated healthcare services through patient engagement, continue with patient education and integrate nutritional counseling. LMHA and integrated healthcare will work with self-sufficiency.

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: Monthly meetings with Community Coalitions, Pamphlets and brochures, CRCGs, Local School District, Presentations.

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: Crisis plan training and refreshers provided to all staff.

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)
Webb	o Inpatient psychiatric hospitals o Psychiatrists o Licensed staff o Inpatient substance abuse o Detox Center	Further expansion of substance use services will be implemented through CCBHC. We will continue to work with Outreach, Screening, Assessment, and Referral (OSAR) to provide additional substance use services	
Jim Hogg	o Inpatient psychiatric hospitals o Psychiatrists o Licensed staff o Inpatient substance abuse o Detox Center	Further expansion of substance use services will be implemented through CCBHC. We will continue to work with Outreach, Screening, Assessment, and Referral (OSAR) to provide additional substance use services	
Starr County	o Inpatient psychiatric hospitals o Psychiatrists o Licensed staff o Inpatient substance abuse Detox Center	Further expansion of substance use services will be implemented through CCBHC. We will continue to work with Outreach, Screening, Assessment, and Referral (OSAR) to provide additional substance use services	
Zapata County	o Inpatient psychiatric hospitals o Psychiatrists o Licensed staff o Inpatient substance abuse o Detox Center	Further expansion of substance use services will be implemented through CCBHC. We will continue to work with Outreach, Screening, Assessment, and Referral (OSAR) to provide additional substance use services	

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:
Border Region Behavioral Health Center has Qualified Mental Health Professionals (QMHPs) who can respond to individuals experiencing a behavioral health crisis or correspond to a police encounter.	Webb, Starr, Jim Hogg and Zapata counties	Continue to provide and improve trainings and resources to BRBHC staff in order to effectively respond to behavioral health crisis.
Police officers can bring individuals in crisis to BRBHC's local clinics for walk-in service	Webb, Starr, Jim Hogg and Zapata counties	Continue to strengthen communication with local law enforcement officials and assist with police friendly crisis services.

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
BRBHC provides training to local law enforcement staff on the improvement of the Center's psychiatric emergency plan, crisis flow chart and Mental Health First Aid.	Webb, Starr, Jim Hogg and Zapata counties	Continue to work with law enforcement to provide more training on mental health services, (current and new programs), and refine our referral process.
Individuals who are assessed for crisis services are provided referrals to our Center, if appropriate and other community resources based on need.	Webb, Starr, Jim Hogg and Zapata counties	Continue to provide the appropriate follow up and referrals needed for individuals to remain stable in the community.

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:

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Border Region Behavioral Health Center participates in drug, mental health and family court for known clients and offer Mental Health services in lieu of incarceration.	Webb, Starr, Jim Hogg and Zapata counties	Actively review Jail CARE Match data continue to work with the local jails to intervene with individuals who have a history of mental illness.
Screening for mental illness and diversion eligibility when activated by crisis hotline	Webb, Starr, Jim Hogg and Zapata counties	We plan to continue our relationship with county jails and complete screenings upon request.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Structured process to coordinate discharge or transition plans and procedures	Webb, Zapata, Starr and Jim Hogg counties	Expand the TCOMMI program and develop the full array of services to provide Intensive Case management to offenders returning to our service area.

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Access medication and prescriptions	Webb, Zapata, Jim Hogg and Starr Counties	Continue current process.

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Routine screening for mental illness and substance use disorders. Telehealth equipment in (Webb County only) jails to facilitate face-to-face assessment and crisis intervention	All other counties (Zapata, Starr and Jim Hogg) coordinate that inmates are being assessed at one of our facilities for service.	Visit with correctional facilities regarding contracting to needed services.
TCOOMMI program	Webb, Zapata, Jim Hogg and Starr County	Working with community corrections to ensure a range of options to reinforce positive behavior and effective address noncompliance.
Staff assigned to serve as liaison with community corrections	Webb, Zapata, Jim Hogg and Starr County	Training for probation and parole staff.

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		
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		
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	• Gaps 1, 10 • Goal 1		
Implement services that are person- and family-centered across systems of care	• Gap 10 • Goal 1		
Enhance prevention and early intervention services across the lifespan	• Gaps 2, 11 • Goal 1		
Identify best practices in communication and information sharing to maximize collaboration across agencies	• Gap 3 • Goal 2		
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		

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	• Gap 3 • Goal 2		
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	• Gaps 1, 11, 14 • Goal 2		
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	• Gaps 1, 5, 6 • Goal 2		
Develop step-down and step-up levels of care to address the range of participant needs	• Gaps 1, 5, 6 • Goal 2		
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		
Explore opportunities to provide emotional supports to workers who serve people receiving services	• Gap 13 • Goal 3		
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	• Gaps 13, 14 • Goal 3		

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement a call to service campaign to increase the behavioral health workforce	• Gap 13 • Goal 3		
Develop and implement policies that support a diversified workforce	• Gaps 3, 13 • Goal 3		
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	• Gaps 3, 13 • Goal 3		
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		
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	• Gaps 3, 14 • Goal 4		
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		
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	• Gaps 7, 14 • Goal 4		

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
To have crisis beds available in the community	There are no psychiatric beds within our community for children and adolescents	Market community needs to private hospitals.
Retain employees	High turnover	Standardized training for service enhancements.
Infrastructure	Limited Space	Expansion
Licensed staff; Psychiatrist; Nurses; LPHAs, etc.	Locum tenens; telemedicine; telehealth, contracted licensed staff	Hire and retain full-time licensed staff Competitive pay Hire full MCOT Team (Example: RN, LPHA, Psychiatrist)

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	*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.*		

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders

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.

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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