

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

Contents

Introduction	3
Section I: Local Services and Needs.....	4
I.A Mental Health Services and Sites.....	4
I.B Mental Health Grant Program for Justice Involved Individuals	9
I.C Community Mental Health Grant Program	11
I.D Community Participation in Planning Activities	11
Section II: Psychiatric Emergency Plan.....	14
II.A Development of the Plan	15
II.B Utilization of Hotline, Role of Mobile Crisis Outreach Teams, and Crisis Response Process	16
II.C Plan for local, short-term management of pre- and post-arrest patients who are incompetent to stand trial	23
II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment	28
II.E Communication Plans.....	28
II.F Gaps in the Local Crisis Response System	29
Section III: Plans and Priorities for System Development	30
III.A Jail Diversion	30
III.B Other Behavioral Health Strategic Priorities	31
III.C Local Priorities and Plans	36
III.D System Development and Identification of New Priorities.....	37
Appendix A: Levels of Crisis Care.....	27
Appendix B: Acronyms.....	29

Health and Human Services Commission

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.

Health and Human Services Commission

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
Border Region Behavioral Health Center	1500 Pappas Street, Laredo, 78041 (956) 794-3000	Webb	<ul style="list-style-type: none"> • Screening, assessment and intake services: adults, children or both • Texas Resilience and Recovery (TRR) outpatient services: adults, children or both • Contracted inpatient beds. Services for

Health and Human Services Commission

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Border Region Behavioral Health Center	1500 Pappas Street, Laredo, 78041 (956) 794-3000	Webb	adult, children or both <ul style="list-style-type: none"> • Services for co-occurring disorders • Integrated healthcare: mental and physical health • Other: (Telemedicine and Telehealth) • Services for adult, children or both
Border Region Behavioral Health Center	106 E. Amada, Hebbronville, 78361 (361)527-5771	Jim Hogg	<ul style="list-style-type: none"> • 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 • Services for co-occurring disorders • Integrated healthcare: mental and physical health • Other: (Telemedicine and Telehealth) Services for adult, children or both
Border Region Behavioral Health Center	101 w. 1 st Avenue, Zapata, 78076 (956) 765-9664	Zapata	<ul style="list-style-type: none"> • Screening, assessment and intake services for adult, children or both • Texas Resilience and Recovery (TRR) outpatient services: adults, children or both • Contracted inpatient bed. Services for adult, children or both • Services for co-occurring disorders • Integrated healthcare: mental and physical health

Health and Human Services Commission

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Other: (Telemedicine and Telehealth) Services for adult, children or both
Border Region Behavioral Health Center	2751 Pharmacy Road, Rio Grande City, 78582 (956) 487-3748	Starr	<ul style="list-style-type: none"> • 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
Border Region Behavioral Health Center	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> • Services for co-occurring disorders • Integrated healthcare: mental and physical health • Other: (Telemedicine and Telehealth) services for adult, children or both.
Doctors Hospital at Renaissance	5501 South Mccoll Road, Edinburg, 78539	Hidalgo	<ul style="list-style-type: none"> • Contracted inpatient beds for children, adolescent and adults
South Texas Behavioral Health Center	2102 West Trenton Road, Edinburg, 78539	Hidalgo	<ul style="list-style-type: none"> • Tele-psychiatric services for children, adolescent and adults
Jackie Rosado	2201 S. Jackson Rd. Apt#28E, Pharr, 78577	Starr	<ul style="list-style-type: none"> • Screening, assessment and intake • Population: Children • Telehealth
Laura Forno-Diaz	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> • Screening, assessment and intake • Population: Adults • Telehealth-ONLY IN WEBB COUNTY
Laura Forno-Diaz	2751 Pharmacy Road, Rio Grande	Jim Hogg	<ul style="list-style-type: none"> • Screening, assessment and intake • Population: Adults

Health and Human Services Commission

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
	City, 78582		• Telehealth – ONLY IN WEBB COUNTY
Jackson & Coker Nationwide	1500 Pappas, Laredo, 78041	Webb	• Psychiatric Services • Services for adult, children or both
Jackson & Coker Nationwide	101 W. 1 st Avenue, Zapata, 78076	Zapata	• Psychiatric Services • Services for adult, children or both
Jackson & Coker Nationwide	106 E. Amada, Hebbronville, 78361	Jim Hogg	• Psychiatric Services • Services for adult, children or both
Jackson & Coker Nationwide	2751 Pharmacy Road, Rio Grande City, 78582	Starr	• Psychiatric Services • Services for adult, children or both
Locum Tenens.com	1500 Pappas, Laredo, 78041	Webb	• Psychiatric Services • Services for adult, children or both
Locum Tenens.com	2751 Pharmacy Road, Rio Grande City, 78582	Starr	• Psychiatric Services • Services for adult, children or both
Locum Tenens.com	101 W.1 st Avenue, Zapata, 78076	Zapata	• Psychiatric Services • Services for adult, children or both
Locum Tenens.com	106 E. Amada, Hebbronville, 78361	Jim Hogg	• Psychiatric Services • Services for adult, children or both
Iris Telehealth	807 West Avenue, Austin, 78701	Webb	• Psychiatric Services • Services for adult, children or both
Iris Telehealth	807 West Avenue, Austin, 78701	Starr	• Psychiatric Services • Services for adult, children or both
Iris Telehealth	807 West Avenue, Austin, 78701	Jim Hogg	• Psychiatric Services • Services for adult, children or both
Iris Telehealth	807 West Avenue, Austin, 78701	Zapata	• Psychiatric Services • Services for adult, children or both
T-Psychiatry	110 S. Gordon St.,	Webb	• Psychiatric Services

Health and Human Services Commission

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
	Alvin, 77511		<ul style="list-style-type: none"> • Services for adult, children or both
T-Psychiatry	110 S. Gordon St., Alvin, 77511	Starr	<ul style="list-style-type: none"> • Psychiatric Services • Services for adult, children or both
T-Psychiatry	110 S. Gordon St., Alvin, 77511	Jim Hogg	<ul style="list-style-type: none"> • Psychiatric Services • Services for adult, children or both
T-Psychiatry	110 S. Gordon St., Alvin, 77511	Zapata	<ul style="list-style-type: none"> • Psychiatric Services • Services for adult, children or both
Tejas Behavioral Health	1700 S. Lamar, Austin, 78704	Travis	<ul style="list-style-type: none"> • Benefits, Eligibility Comparison Application • Services for adult, children or both
Consillium Staffing	1500 Pappas, Laredo, 78041	Webb	<ul style="list-style-type: none"> • Psychiatric Services • Services for adult, children or both
Consillium Staffing	101 W. 1 st Avenue, Zapata, 78076	Zapata	<ul style="list-style-type: none"> • Psychiatric Services • Services for adult, children or both
Consillium Staffing	106 E. Amada, Hebbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> • Psychiatric Services • Services for adult, children or both
Consillium Staffing	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> • Psychiatric Services • Services for adult, children or both
Dr. Arturo Garza-Gongora	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> • Integrative healthcare: Mental and physical health • Services for adult, children or both
Family Health Center	2768 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> • Integrative healthcare: Mental and physical health • Services for adult, children or both
Gateway Community	473 TX-285 Hebbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> • Integrative healthcare: Mental and physical health

Health and Human Services Commission

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Health Center			<ul style="list-style-type: none"> • Services for adult, children or both
Zapata Primary Care	Zapata, 78076	Zapata	<ul style="list-style-type: none"> • Integrative healthcare: Mental and physical health • Services for adult, children or both
AVAIL Solutions Inc.	1500 Pappas, Laredo, 78041	Webb	<ul style="list-style-type: none"> • Crisis Hotline • Services for adult, children or both
AVAIL Solutions Inc.	101 W. 1 st Avenue, Zapata, 78076	Zapata	<ul style="list-style-type: none"> • Crisis Hotline • Services for adult, children or both
AVAIL Solutions Inc.	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> • Crisis Hotline • Services for adult, children or both
AVAIL Solutions Inc.	106 E. Amada, Hebbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> • Crisis Hotline • Services for adult, children or both

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.

Health and Human Services Commission

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

DRAFT

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			

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers	<input checked="" type="checkbox"/> Family members
<input checked="" type="checkbox"/> Advocates (children and adult)	<input checked="" type="checkbox"/> Concerned citizens/others
<input type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • 	<input type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> •
<input type="checkbox"/> Mental health service providers	<input type="checkbox"/> Substance abuse treatment providers
<input type="checkbox"/> Prevention services providers	<input type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers
<input type="checkbox"/> County officials <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • 	<input type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> •
<input type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/> Local health departments <input type="checkbox"/> LMHAs/LBHAs <i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> •
<input checked="" type="checkbox"/> Hospital emergency room personnel	<input checked="" type="checkbox"/> Emergency responders
<input type="checkbox"/> Faith-based organizations	<input checked="" type="checkbox"/> Community health & human service providers
<input checked="" type="checkbox"/> Probation department representatives	<input checked="" type="checkbox"/> Parole department representatives
<input type="checkbox"/> Court representatives (Judges, District	<input checked="" type="checkbox"/> Law enforcement

Stakeholder Type

Attorneys, public defenders)
**List the county and the official name and title of participants:*
•

- Education representatives
- Planning and Network Advisory Committee
- Peer Specialists
- Foster care/Child placing agencies
- Veterans' organizations

Stakeholder Type

**List the county/city and the official name and title of participants:*
• City of Laredo Police Department – Chief Claudio Trevino

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

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

- | |
|---|
| <ul style="list-style-type: none"> • Meeting with local law enforcement agencies within Webb County and Starr County to discuss educational opportunities, crisis response, transportation and emergency psychiatric plan among Hospital Emergency Departments, Law Enforcement Agencies (Police/Sheriffs and Jails), Judiciary, including mental health and probate courts, other crisis services |
| |

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

- | |
|---|
| • |
| • |

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;

- Meeting with local law enforcement agencies within 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

- N/A

Soliciting input.

- N/A

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

- Through AVAIL Solutions

After business hours

- Through AVAIL Solutions

Weekends/holidays

- Through AVAIL Solutions

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

- AVAIL is a Crisis Call Center.

3. How is the MCOT staffed?

During business hours

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

After business hours

- An MCOT worker is on duty at each county on a rotational basis.

Weekends/holidays

- 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/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.).

- 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. The type of follow-ups include: prior to COVID-19 services were provided face to face visits, case management, and skills; as of March 2020, services are provided through phone calls.

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

Emergency Rooms:

- Emergency rooms: Emergency rooms contacts AVAIL and then the MCOT team deploys to emergency room.
- Law enforcement: Law enforcement contacts MCOT team and they respond to the site.

Law Enforcement:

- Emergency rooms: Assess, intervene and coordinate.
- Law enforcement: Assess, intervene and coordinate.

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

- Process currently has not started as we are ready to open our Crisis Stabilization Unit on October 1, 2020.

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

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. Mondays through Fridays.

After business hours:

- They will contact the AVAIL Solutions and a screening will be initiated.

Weekends/holidays:

- They will contact AVAIL Solutions and a screening will be initiated.

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?

- Law enforcement will be asked to initiate an emergency detention and transport to the ER, 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 an individual requires further evaluation and/or medical clearance.

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

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

- 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 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).

- After an individual is screened for crisis services, other services may be provided based on the need, the individual may be referred to be seen by a psychiatrist, or may be referred to our crisis respite or CSU if appropriate.

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.

- Prior to COVID, our MCoT staff was able to coordinate home or other alternative locations assessments, either having a two member team approach or by having law enforcement present during the crisis assessment. Currently we are doing most of the assessments through a phone screening, or other video application.

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

- If a psychiatric bed is not available, the individual will remain at one of our local ERs.

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 will monitor all individuals that are awaiting at the ERs daily until a bed is available or the crisis situation changes.

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

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

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	Camino Real Crisis Residential Unit
Location (city and county)	Lytle, Atascosa, Eagle Pass and Maverick County
Phone number	210-357-0300
Type of Facility (see Appendix A)	Crisis Residential Unit
Key admission criteria (type of individual accepted)	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 our catchment area
Other relevant admission information for first responders	N/A
Accepts emergency detentions?	Yes
Number of Beds	16
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
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)?	
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?	
If not under contract, does the LMHA/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?	

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	Southwest General Hospital
Location (city and county)	San Antonio and Bexar County
Phone number	210-921-2000
Key admission criteria	Imminent risk to self or others
Service area limitations, if any	Within Catchment area

Other relevant admission information for first responders	Medical Condition
Number of Beds	N/A
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
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)?	
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?	
If not under contract, does the LMHA/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	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	Within Catchment area
Other relevant admission information for first responders	Medical Condition
Number of Beds	N/A
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
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)?	
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?	
If not under contract, does the LMHA/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	Tropical Texas Behavioral Health Center
Location (city and county)	Edinburg and Hidalgo County
Phone number	956-289-7000
Key admission criteria	Imminent risk to self or others
Service area limitations, if any	Within Catchment area
Other relevant admission information for first responders	Medical Condition
Number of Beds	N/A
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
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)?	
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)?	
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?	
If not under contract, does the LMHA/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	Casa Amistad
Location (city and county)	Webb County
Phone number	956-794-3000
Key admission criteria	Imminent risk to self or others
Service area limitations, if any	Within Catchment area
Other relevant admission information for first responders	Medical Condition
Number of Beds	16
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	
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)?	
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)?	
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?	
If not under contract, does the LMHA/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?

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.

- N/A

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

- N/A

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?

- Yes, one designated worker is responsible to monitor the jail match admissions, and screen those individuals for services. They also work to coordinate the 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 jail diversion staff; one for adolescents and one for adults.

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.

- N/A

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

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

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.)?

- N/A

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?

- 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?

- Expand 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?

- Monthly meetings with Community Coalitions
- Pamphlets and brochures
- CRCGs
- Local School District

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?

- Crisis Plan training and refreshers provided to all staff.

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
Webb	<ul style="list-style-type: none"> • Inpatient psychiatric hospitals • Psychiatrists • Licensed staff • Inpatient substance abuse • Detox Center 	•
Jim Hogg	<ul style="list-style-type: none"> • Inpatient psychiatric hospitals • Psychiatrists • Licensed staff • Inpatient substance abuse • Detox Center 	•
Starr County	<ul style="list-style-type: none"> • Inpatient psychiatric hospitals • Psychiatrists • Licensed staff • Inpatient substance abuse • Detox Center 	•
Zapata County	<ul style="list-style-type: none"> • Inpatient psychiatric hospitals • Psychiatrists • Licensed staff • Inpatient substance abuse • Detox Center 	•

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:
•	•	•
•	•	•
•	•	•

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

Intercept 3: Jails/Courts	County(s)	Plans for upcoming two years:
Current Programs and Initiatives:		
•	•	•
•	•	•
•	•	•

Intercept 4: Reentry	County(s)	Plans for upcoming two years:
Current Programs and Initiatives:		
•	•	•
•	•	•
•	•	•

Intercept 5: Community Corrections	County(s)	Plans for upcoming two years:
Current Programs and Initiatives:		
•	•	•
•	•	•
•	•	•
•	•	•

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	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Attend staffing's at psychiatric hospitals • Discharge planning 	<ul style="list-style-type: none"> • Focus on reducing the long term in-patient stay • Transition clients to the community
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Utilization management activities • Discharge planning 	<ul style="list-style-type: none"> • Transition clients to the community • All clients transitioning will be provided with an appointment for intake and follow-up by the psychiatrist.
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • Periodic reassessment of consumer • Utilization management will review individuals placed in the high utilization report for State hospital 	<ul style="list-style-type: none"> • Place individuals in most appropriate community settings. • When client is ready to function in the community, the plans is to place the individual in the most appropriate level of care.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • Cognitive behavior therapy • ACT • Wraparound Services • Skills streaming • IMR-Psychosocial rehab • Supported housing • Supported employment • Coordinated Specialty Care for First Episode of Psychosis (FEP) 	<ul style="list-style-type: none"> • Procuring a percentage of CBT services allowing for a greater choice and ensure that all licensed staff get CBT certified. • Credentialing all staff to provide evidenced-based services.
<p>Transition to a recovery-oriented system of care, including use of peer support services</p> <p>Transition to a recovery-oriented system of care, including use of peer support services</p>	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • Adult: 2 Peer Specialists • Children: 3 Family Support Providers • Ongoing Family Support Group Meetings • Ongoing peer family meetings • Involvement with VIA Hope Transitional 	<ul style="list-style-type: none"> • Adult: Get all Peer Specialist certified • Children: Continuing education to maintain certification

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		Recovery System	
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • Community Health workers Substance Use Disorder Program 	<ul style="list-style-type: none"> • Program will begin providing services October 1, 2020 • Continue with medication education and training •
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • Integrated healthcare services in all four counties 	<ul style="list-style-type: none"> • Continue and increase the number of clients served. • Reduce the clients with co-morbid disorders which will reduce hospitalizations.
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • House Bill 13 Transportation Team 	<ul style="list-style-type: none"> • To continue providing the service
Addressing the behavioral health needs of consumers with Intellectual	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • Currently providing psychiatric and crisis services for IDD 	<ul style="list-style-type: none"> • To continue providing the service.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Disabilities			
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • Through the Veteran Peer Coordinator, individuals that are veterans are being provided with referrals for behavioral health services • Services may also be referred to the VA clinic 	<ul style="list-style-type: none"> • To continue providing the service if they chose to be served through LMHA.

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
To have crisis beds	<ul style="list-style-type: none"> • There are no psychiatric beds 	<ul style="list-style-type: none"> • Market community needs to

Local Priority	Current Status	Plans
available in the community	within our community for children and adolescents. <ul style="list-style-type: none"> • Currently we are working on opening a Crisis Stabilization Unit on October 1, 2020. 	private hospitals <ul style="list-style-type: none"> • To open Crisis Stabilization Unit to serve individuals within our catchment area.
Retain Employees	<ul style="list-style-type: none"> • High turnover 	<ul style="list-style-type: none"> • Standardized training for service enhancement.
Infrastructure	<ul style="list-style-type: none"> • Limited space 	<ul style="list-style-type: none"> • Expansion
Licensed Staff: Psychiatrist, Nurses, LPHAS, etc.	<ul style="list-style-type: none"> • Locum tenens; telemedicine; telehealth, contracted licensed staff 	<ul style="list-style-type: none"> • Hire and retain full time licensed staff • Competitive pay • Hire full MCOT Team (ex. RN, LPHA, and Psychiatrist)

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	<i>Example: Detox Beds</i>	<ul style="list-style-type: none"> • <i>Establish a 6-bed detox unit at ABC Hospital.</i> 	•
2	<i>Example: Nursing home care</i>	<ul style="list-style-type: none"> • <i>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.</i> • <i>Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.</i> 	•
1.	Child Psychiatrist	<ul style="list-style-type: none"> • Provide psychiatric services on a face-to-face basis; bilingual 	• \$300,000
2.	Detox Center	<ul style="list-style-type: none"> • Individuals will receive medical detox before accepted in a rehab center 	• \$1,000,000
3.	Crisis Triage	<ul style="list-style-type: none"> • Immediate access to crisis services 	• \$1,500,000
4.	Health and	<ul style="list-style-type: none"> • Reduce burnout 	• \$50,000

	Wellness Program	<ul style="list-style-type: none">• Increase staff retention• Reduce insurance claims• Improve employee wellness	
--	------------------	--	--

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

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

Appendix B: Acronyms

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