



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
Tropical Texas Behavioral Health	1901 S. 24 th Ave Edinburg, TX 78539	(956) 289-7000	Hidalgo	Outpatient Clinic	<p><u>Adult Mental Health Services</u></p> <ul style="list-style-type: none"> • Intake and Eligibility • Benefits Eligibility Assessment • Care Coordination • Case Management • Counseling Services • Crisis Intervention • Safety Planning • Mental Health Officer Team (MHOT) • Continuity of Care (COC) • Medication Management • Medication Training and Support • Pharmacy • Patient Assistant Program (PAP) • Peer Support • Psychosocial Rehabilitation • Behavioral Skills Training • Supportive Employment • Supportive Housing/Flexible Funds • Assertive Community Treatment (ACT) • Project Assistance Transition from Homelessness (PATH) • Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) • Jail Diversion • Peer Re-Entry • Preadmission Screening and Resident Review (PASRR) • Peer Drop-In Centers • Early Onset Treatment (EOT)/First Episode Psychosis (FEP) • Co-Occurring Psychiatric and Substance Use Disorder (COSPD) • Flexible Community Supports • Primary Care • Collaborative Assessment & Management of Suicidality (CAMS) • Screening, Brief Intervention and Referral to Treatment (SBIRT)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Community Crisis Response Partnerships (CCRP) • Suicide Safe Care Pathway <p><u>Children Mental Health</u></p> <ul style="list-style-type: none"> • Intake and Assessment • Benefits Eligibility Assessment • Care Coordination • Intensive and Routine Case Management • Counseling Services • Crisis Intervention • Safety Planning • Mental Health Officer Team (MHOT) • Continuity of Care (COC) • Medication Management • Medication Training and Support • Pharmacy • Patient Assistant Program (PAP) • Behavioral Skills Training • Parenting Skills Training • Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) • Jail Diversion • Co-Occurring Psychiatric and Substance Use Disorder (COPSD) • Flexible Community Supports • Youth Empowerment Services (YES) Waiver • Early Onset Treatment (EOT)/First Episode Psychosis (FEP) • Family Partner Services • Family Support Group • Primary Care • Transitional Age Youth (TAY) • Collaborative Assessment & Management of Suicidality (CAMS) • Screening, Brief Intervention and Referral to Treatment (SBIRT) • Multisystemic Therapy (MST)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Community Crisis Response Partnerships (CCRP) • Supporting Mental Health and Resiliency in Texans (SMART) • Suicide Safe Care Pathway <p><u>Substance Abuse</u></p> <ul style="list-style-type: none"> • Outreach, Screening, Assessment and Referral Services • Substance Use Outpatient and Intensive Outpatient • Detox and Aftercare Services • Medication Assisted Treatment (MAT) • Treatment for Adults (TRA) • Treatment for Youth (TRY) • Office Based Opiate Treatment (OBOT) • Care Coordination <p><u>Integrated Primary Care</u></p> <ul style="list-style-type: none"> • Primary Care Medical Services • Medication Training • Medication Management • Patient Assistant Program (PAP) • Nursing Services • Laboratory Services • Pharmacy <p><u>Intellectual and Developmental Disabilities</u></p> <ul style="list-style-type: none"> • Intake and Eligibility • Consumer Benefits • Service Coordination • Enhanced Community Coordination • General Revenue Funded Services (State Funded) • Referrals to Medicaid Community First Choice (CFC) • Referrals to Intermediate Care Facilities (ICF/IID) Program • Continuity of Care (COC) • Community Living Options Information Process (CLOIP)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Preadmission Screening and Resident Review (PASRR) • Permanency Planning • Medicaid Waiver Programs <p><u>Veterans</u></p> <ul style="list-style-type: none"> • Confidential Vet-to-Vet support group meetings • Individual Counseling • Family Support & Psycho-Educational Groups • Seeking Safety Therapy • Veteran Courts • Texas Serves Rio Grande Valley • Veteran’s Drop-in Centers
Tropical Texas Behavioral Health	2215 W. Business 83 Weslaco, TX 78596	(956) 520-8800	Hidalgo	Outpatient Clinic	<p><u>Adult Mental Health Services</u></p> <ul style="list-style-type: none"> • Intake and Eligibility • Benefits Eligibility Assessment • Care Coordination • Case Management • Counseling Services • Crisis Intervention • Safety Planning • Mental Health Officer Team (MHOT) • Continuity of Care (COC) • Medication Management • Medication Training and Support • Pharmacy • Patient Assistant Program (PAP) • Peer Support • Psychosocial Rehabilitation • Behavioral Skills Training • Supportive Employment • Supportive Housing/Flexible Funds • Assertive Community Treatment (ACT) • Project Assistance Transition from Homelessness (PATH) • Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) • Jail Diversion • Peer Re-Entry • Preadmission Screening and Resident Review (PASRR)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Peer Drop-In Centers • Early Onset Treatment (EOT)/First Episode Psychosis (FEP) • Co-Occurring Psychiatric and Substance Use Disorder (COSPD) • Flexible Community Supports • Primary Care • Collaborative Assessment & Management of Suicidality (CAMS) • Screening, Brief Intervention and Referral to Treatment (SBIRT) • Community Crisis Response Partnerships (CCRP) • Suicide Safe Care Pathway <p><u>Children Mental Health</u></p> <ul style="list-style-type: none"> • Intake and Assessment • Benefits Eligibility Assessment • Care Coordination • Intensive and Routine Case Management • Counseling Services • Crisis Intervention • Safety Planning • Mental Health Officer Team (MHOT) • Continuity of Care (COC) • Medication Management • Medication Training and Support • Pharmacy • Patient Assistant Program (PAP) • Behavioral Skills Training • Parenting Skills Training • Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) • Jail Diversion • Co-Occurring Psychiatric and Substance Use Disorder (COPSD) • Flexible Community Supports • Youth Empowerment Services (YES) Waiver

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Early Onset Treatment (EOT)/First Episode Psychosis (FEP) • Family Partner Services • Family Support Group • Primary Care • Transitional Age Youth (TAY) • Collaborative Assessment & Management of Suicidality (CAMS) • Screening, Brief Intervention and Referral to Treatment (SBIRT) • Multisystemic Therapy (MST) • Community Crisis Response Partnerships (CCRP) • Supporting Mental Health and Resiliency in Texans (SMART) • Suicide Safe Care Pathway <p><u>Substance Abuse</u></p> <ul style="list-style-type: none"> • Outreach, Screening, Assessment and Referral Services • Substance Use Outpatient and Intensive Outpatient • Detox and Aftercare Services • Medication Assisted Treatment (MAT) • Treatment for Adults (TRA) • Treatment for Youth (TRY) • Office Based Opiate Treatment (OBOT) • Care Coordination <p><u>Integrated Primary Care</u></p> <ul style="list-style-type: none"> • Primary Care Medical Services • Medication Training • Medication Management • Patient Assistant Program (PAP) • Nursing Services • Laboratory Services • Pharmacy <p><u>Intellectual and Developmental Disabilities</u></p>

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Intake and Eligibility • Consumer Benefits • Service Coordination • Enhanced Community Coordination • General Revenue Funded Services (State Funded) • Referrals to Medicaid Community First Choice (CFC) • Referrals to Intermediate Care Facilities (ICF/IID) Program • Continuity of Care (COC) • Community Living Options Information Process (CLOIP) • Preadmission Screening and Resident Review (PASRR) • Permanency Planning • Medicaid Waiver Programs <p><u>Veterans</u></p> <ul style="list-style-type: none"> • Confidential Vet-to-Vet support group meetings • Individual Counseling • Family Support & Psycho-Educational Groups • Seeking Safety Therapy • Veteran Courts • Texas Serves Rio Grande Valley • Veteran’s Drop-in Centers
Tropical Texas Behavioral Health	103 North Loop 499 Harlingen, TX 78550	(956) 364-6500	Cameron	Outpatient Clinic	<p><u>Adult Mental Health Services</u></p> <ul style="list-style-type: none"> • Intake and Eligibility • Benefits Eligibility Assessment • Care Coordination • Case Management • Counseling Services • Crisis Intervention • Safety Planning • Mental Health Officer Team (MHOT) • Continuity of Care (COC) • Medication Management • Medication Training and Support • Pharmacy • Patient Assistant Program (PAP) • Peer Support • Psychosocial Rehabilitation • Behavioral Skills Training • Supportive Employment

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Supportive Housing/Flexible Funds • Assertive Community Treatment (ACT) • Project Assistance Transition from Homelessness (PATH) • Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) • Jail Diversion • Peer Re-Entry • Preadmission Screening and Resident Review (PASRR) • Peer Drop-In Centers • Early Onset Treatment (EOT)/First Episode Psychosis (FEP) • Co-Occurring Psychiatric and Substance Use Disorder (COSPD) • Flexible Community Supports • Primary Care • Collaborative Assessment & Management of Suicidality (CAMS) • Screening, Brief Intervention and Referral to Treatment (SBIRT) • Community Crisis Response Partnerships (CCRP) • Suicide Safe Care Pathway <p><u>Children Mental Health</u></p> <ul style="list-style-type: none"> • Intake and Assessment • Benefits Eligibility Assessment • Care Coordination • Intensive and Routine Case Management • Counseling Services • Crisis Intervention • Safety Planning • Mental Health Officer Team (MHOT) • Continuity of Care (COC) • Medication Management • Medication Training and Support

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Pharmacy • Patient Assistant Program (PAP) • Behavioral Skills Training • Parenting Skills Training • Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) • Jail Diversion • Co-Occurring Psychiatric and Substance Use Disorder (COPSD) • Flexible Community Supports • Youth Empowerment Services (YES) Waiver • Early Onset Treatment (EOT)/First Episode Psychosis (FEP) • Family Partner Services • Family Support Group • Primary Care • Transitional Age Youth (TAY) • Collaborative Assessment & Management of Suicidality (CAMS) • Screening, Brief Intervention and Referral to Treatment (SBIRT) • Multisystemic Therapy (MST) • Community Crisis Response Partnerships (CCRP) • Supporting Mental Health and Resiliency in Texans (SMART) • Suicide Safe Care Pathway <p><u>Substance Abuse</u></p> <ul style="list-style-type: none"> • Outreach, Screening, Assessment and Referral Services • Substance Use Outpatient and Intensive Outpatient • Detox and Aftercare Services • Medication Assisted Treatment (MAT) • Treatment for Adults (TRA) • Treatment for Youth (TRY) • Office Based Opiate Treatment (OBOT)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Care Coordination <p><u>Integrated Primary Care</u></p> <ul style="list-style-type: none"> • Primary Care Medical Services • Medication Training • Medication Management • Patient Assistant Program (PAP) • Nursing Services • Laboratory Services • Pharmacy <p><u>Intellectual and Developmental Disabilities</u></p> <ul style="list-style-type: none"> • Intake and Eligibility • Consumer Benefits • Service Coordination • Enhanced Community Coordination • General Revenue Funded Services (State Funded) • Referrals to Medicaid Community First Choice (CFC) • Referrals to Intermediate Care Facilities (ICF/IID) Program • Continuity of Care (COC) • Community Living Options Information Process (CLOIP) • Preadmission Screening and Resident Review (PASRR) • Permanency Planning • Medicaid Waiver Programs <p><u>Veterans</u></p> <ul style="list-style-type: none"> • Confidential Vet-to-Vet support group meetings • Individual Counseling • Family Support & Psycho-Educational Groups • Seeking Safety Therapy • Veteran Courts • Texas Serves Rio Grande Valley • Veteran’s Drop-in Centers
Tropical Texas Behavioral Health	861 Old Alice Road Brownsville, TX 78520	(956) 547-5400	Cameron	Outpatient Clinic	<p><u>Adult Mental Health Services</u></p> <ul style="list-style-type: none"> • Intake and Eligibility • Benefits Eligibility Assessment • Care Coordination

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Case Management • Counseling Services • Crisis Intervention • Safety Planning • Mental Health Officer Team (MHOT) • Continuity of Care (COC) • Medication Management • Medication Training and Support • Pharmacy • Patient Assistant Program (PAP) • Peer Support • Psychosocial Rehabilitation • Behavioral Skills Training • Supportive Employment • Supportive Housing/Flexible Funds • Assertive Community Treatment (ACT) • Project Assistance Transition from Homelessness (PATH) • Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) • Jail Diversion • Peer Re-Entry • Preadmission Screening and Resident Review (PASRR) • Peer Drop-In Centers • Early Onset Treatment (EOT)/First Episode Psychosis (FEP) • Co-Occurring Psychiatric and Substance Use Disorder (COSPD) • Flexible Community Supports • Primary Care • Collaborative Assessment & Management of Suicidality (CAMS) • Screening, Brief Intervention and Referral to Treatment (SBIRT) • Community Crisis Response Partnerships (CCRP) • Suicide Safe Care Pathway <p>Children Mental Health</p>

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Intake and Assessment • Benefits Eligibility Assessment • Care Coordination • Intensive and Routine Case Management • Counseling Services • Crisis Intervention • Safety Planning • Mental Health Officer Team (MHOT) • Continuity of Care (COC) • Medication Management • Medication Training and Support • Pharmacy • Patient Assistant Program (PAP) • Behavioral Skills Training • Parenting Skills Training • Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) • Jail Diversion • Co-Occurring Psychiatric and Substance Use Disorder (COPSD) • Flexible Community Supports • Youth Empowerment Services (YES) Waiver • Early Onset Treatment (EOT)/First Episode Psychosis (FEP) • Family Partner Services • Family Support Group • Primary Care • Transitional Age Youth (TAY) • Collaborative Assessment & Management of Suicidality (CAMS) • Screening, Brief Intervention and Referral to Treatment (SBIRT) • Multisystemic Therapy (MST) • Community Crisis Response Partnerships (CCRP) • Supporting Mental Health and Resiliency in Texans (SMART)

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<ul style="list-style-type: none"> • Suicide Safe Care Pathway <p><u>Substance Abuse</u></p> <ul style="list-style-type: none"> • Outreach, Screening, Assessment and Referral Services • Substance Use Outpatient and Intensive Outpatient • Detox and Aftercare Services • Medication Assisted Treatment (MAT) • Treatment for Adults (TRA) • Treatment for Youth (TRY) • Office Based Opiate Treatment (OBOT) • Care Coordination <p><u>Integrated Primary Care</u></p> <ul style="list-style-type: none"> • Primary Care Medical Services • Medication Training • Medication Management • Patient Assistant Program (PAP) • Nursing Services • Laboratory Services • Pharmacy <p><u>Intellectual and Developmental Disabilities</u></p> <ul style="list-style-type: none"> • Intake and Eligibility • Consumer Benefits • Service Coordination • Enhanced Community Coordination • General Revenue Funded Services (State Funded) • Referrals to Medicaid Community First Choice (CFC) • Referrals to Intermediate Care Facilities (ICF/IID) Program • Continuity of Care (COC) • Community Living Options Information Process (CLOIP) • Preadmission Screening and Resident Review (PASRR) • Permanency Planning • Medicaid Waiver Programs

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
					<u>Veterans</u> <ul style="list-style-type: none"> Confidential Vet-to-Vet support group meetings Individual Counseling Family Support & Psycho-Educational Groups Seeking Safety Therapy Veteran Courts Texas Serves Rio Grande Valley Veteran's Drop-in Centers
Tropical Texas Behavioral Health	202 South G. Street Harlingen, TX 78550	(956) 289-7100	Cameron	Outpatient Clinic	<ul style="list-style-type: none"> Peer Drop-In Center: Adults Substance Use Disorder services.
Tropical Texas Behavioral Health	105 North Loop 499 Harlingen, TX 78550	(956) 364-6666	Cameron	Outpatient Clinic	<ul style="list-style-type: none"> IDD and Substance Use Disorder services.
Tropical Texas Behavioral Health	871 Old Alice Road Brownsville, TX 78520	(956) 547-1588	Cameron	Outpatient Clinic	<ul style="list-style-type: none"> IDD and Substance Use Disorder services.
Tropical Texas Behavioral Health	871 Old Alice Road, Suite C Brownsville, TX 78520	(956) 547-1510	Cameron	Veterans Center	<ul style="list-style-type: none"> Services for Veterans and their family members.
Tropical Texas Behavioral Health	4112 North 22 nd Street McAllen, TX 78504	(956) 381-3000	Hidalgo	Transitional Housing Facility	<ul style="list-style-type: none"> Transitional Housing and Drop-In Center for Adults.
Tropical Texas Behavioral Health	105 North Loop 499 Harlingen, TX 78550	(956) 364-6666	Cameron	Substance Use Disorder Residential Facility	<ul style="list-style-type: none"> Inpatient Substance Use Disorder individual counseling, life skills, integrated primary care (acute issues) and psychiatric outpatient services. Serving adult males.
Avail Solutions	4455 S. Padre Island Dr. Ste. 44B Corpus Christi, TX 78411		Nueces	Crisis Hotline Center	<ul style="list-style-type: none"> Crisis Hotline: adults, children, and adolescents.

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Doctors Hospital at Renaissance	5501 S. McColl Road Edinburg, TX 78539		Hidalgo	Hospital	<ul style="list-style-type: none"> Inpatient Crisis Stabilization: adults, children, and adolescents
South Texas Behavioral Health	2102 W. Trenton Road Edinburg, TX 78539		Hidalgo	Hospital	<ul style="list-style-type: none"> Inpatient Crisis Stabilization: adults, children, and adolescents
Palms Behavioral Health	613 Victoria Lane Harlingen, TX 78550		Cameron	Hospital	<ul style="list-style-type: none"> Inpatient Crisis Stabilization: adults, children, and adolescents
The Wood Group	715 N. H. Street Harlingen, TX 78550		Cameron	Crisis Respite	<ul style="list-style-type: none"> Crisis Respite: adults
Palmer Drug Abuse Program	115 N. 9 th Street McAllen, TX 78501		Hidalgo	Substance Use Aftercare Service	<ul style="list-style-type: none"> Substance Use Aftercare Services: adults and adolescents
East Texas Behavioral Healthcare	2001 S. Medford Drive Lufkin, TX 785901		Angelina	Substance Use Aftercare Service	<ul style="list-style-type: none"> Substance Use Aftercare Services: adults and adolescents
Behavioral health Solutions of South Texas	5510 N. Cage Blvd. Building A. Pharr, TX 78577		Hidalgo	Substance Use Treatment Outpatient	<ul style="list-style-type: none"> Substance use treatment outpatient services
A Sign Language Company	5111 N. 10 th Street McAllen, TX 78504		Hidalgo		<ul style="list-style-type: none"> Interpreter services: adult, children, and adolescents
Sign Language Services	1409 Rio Grande Street San Juan, TX 78589		Hidalgo		<ul style="list-style-type: none"> Interpreter Services: adult, children, and adolescents
Rio Grande Valley Mobile X-Ray	1421 Sioux Road Alamo, TX 78516		Hidalgo		<ul style="list-style-type: none"> X-ray services

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Moron, David M.D.	1401 Rangerville Road Harlingen, TX 78552		Cameron		<ul style="list-style-type: none"> Physician services
RGV Music Therapy and Wellness Center	309 Progress Street Mercedes, TX 78570		Hidalgo & Cameron		<ul style="list-style-type: none"> Music Therapy- Youth Empowerment Services (YES) Waiver Program

I.B Mental Health Grant Program for Justice-Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by 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
2024	Mental Health Officer Taskforce (MHOT); TTBH's MHOT safely handles persons in mental health crisis as needed in the performance of their duties. It is the goal of the MHOT to divert individuals with mental health and/or developmental disabilities from the criminal justice system, when appropriate, and connect them with necessary mental health services.	Hidalgo, Cameron, and Willacy County	N/A	1,313,524	2,130

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
FY24	MHU Connect and Protect: The grant supports cross-system collaboration to improve public safety responses and outcomes for individuals with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who encounter the justice system.	Hidalgo	Pharr	314
FY24	MHU Connect and Protect: The grant supports cross-system collaboration to improve public safety responses and outcomes for individuals with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who encounter the justice system.	Cameron	Harlingen	399
FY24	MHU Connect and Protect: The grant supports cross-system collaboration to improve public safety responses and outcomes for individuals with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who encounter the justice system.	Cameron	Brownsville	377

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
<input checked="" type="checkbox"/>	People receiving services	<input checked="" type="checkbox"/>	Family members
<input checked="" type="checkbox"/>	Advocates (children and adult)	<input checked="" type="checkbox"/>	Concerned citizens or others

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	<p>Local psychiatric hospital staff (list the psychiatric hospital and staff that participated):</p> <ul style="list-style-type: none"> • Behavioral Hospital at Renaissance; CEO • Behavioral Hospital at Renaissance; Hospital Chief Nursing Officer • Behavioral Hospital at Renaissance; Board Chair • Behavioral Hospital at Renaissance; Vice President of Behavioral Services • Behavioral Hospital at Renaissance; Health Behavioral Hospital Operations Coordinator • Behavioral Hospital at Renaissance; Health Behavioral Hospital Clinical Director • Behavioral Hospital at Renaissance; Business Development Manager • South Texas Behavioral Health; CEO • South Texas Behavioral Health; Assistant • South Texas Behavioral Health; Director of Public Relations • South Texas Behavioral Health; Assistant to Public Relations • Palms Behavioral Health; CEO • Palms Behavioral Health; Executive Assistant • Palms Behavioral Health; Business Development 	<input checked="" type="checkbox"/>	<p>State hospital staff (list the hospital and staff that participated):</p> <ul style="list-style-type: none"> • Rio Grande State Center; Superintendent • Rio Grande State Center; Executive Assistant • Rio Grande State Center; Assistant Superintendent • Rio Grande State Center; Chief Medical Officer • Rio Grande State Center; Executive Assistant
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input checked="" type="checkbox"/>	Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers

<p>☒ County officials (list the county and the name and official title of participants):</p> <p>Hidalgo County</p> <ul style="list-style-type: none"> • Hidalgo County Constable (Precinct 1) • Hidalgo County Constable Executive Assistant (Precinct 1) • Hidalgo County Constable Chief Deputy (Precinct 1) • Hidalgo County Constable Sargent (Precinct 1) • Hidalgo County Commissioner (Precinct 1) • Administrative Assistant (Precinct 1) • Hidalgo County Commissioner (Precinct 2) • Hidalgo County Administrative Assistant (Precinct 2) • Hidalgo County Commissioner (Precinct 3) • Hidalgo County Administrative Assistant (Precinct 3) <p>Cameron County</p> <ul style="list-style-type: none"> • Cameron County Commissioner (Precinct 1) • Cameron County Commissioner Admin. Assistant (Precinct. 1) • Cameron County Community Coordinator (Precinct 1) • Cameron County Office Coordinator (Precinct 1) • Cameron Co. Commissioner (Precinct 2) • Cameron Co. Commissioner (Precinct 3) • Cameron Co. Commissioner Admin. Assistant (Precinct 3) • Cameron County Community Outreach Coordinator (Precinct 3) • Cameron County Office Specialist (Precinct 3) • Cameron Co. Commissioner (Precinct 4) • Cameron Co. Commissioner Admin. Assistant (Precinct 4) • Cameron County Community Outreach Coordinator (Precinct 4) • Cameron County Office Specialist (Precinct 4) • Cameron County Sheriff 	<p>☒ City officials (list the city and the name and official title of participants):</p> <ul style="list-style-type: none"> • City of Weslaco; City Mayor • City of Weslaco; City Manager • City of Weslaco; City Secretary • City of Weslaco; City Commissioner District 1 • City of Weslaco; City Commissioner District 2 • City of Weslaco; City Commissioner, District 3 • City of Weslaco; City Commissioner District 4 • City of Weslaco; City Commissioner District 5 • City of Weslaco; City Commissioner District 6 • City of Harlingen; City Mayor • City of Harlingen; City Commissioner District 1 • City of Harlingen; City Commissioner District 2 • City of Harlingen; City Commissioner District 3 • City of Harlingen; City Commissioner District 4 • City of Harlingen; City Commissioner District 5 • City of Brownsville; City Mayor • City of Brownsville; Jr., City Commissioner At-Large "A" • City of Brownsville; City Commissioner At-Large "B" • City of Brownsville; City Commissioner District 1 • City of Brownsville; City Commissioner District 2 • City of Brownsville; City Commissioner District 3 • City of Brownsville; City Commissioner District 4
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Stakeholder Type	Stakeholder Type
<ul style="list-style-type: none"> • Cameron County Sheriff Office Administrator • Cameron County Chief Deputy • Cameron County Captain/Criminal Investigations • Cameron County Lieutenant/Civil Process • Cameron County Constable, Precinct 1; Constable • Cameron County Constable, Precinct 2; Constable • Cameron County Constable, Precinct 2, Chief • Cameron County Constable, Precinct 3; Constable • Cameron County Constable, Precinct 3; Administrative Assistant • Cameron County Constable, Precinct 4; Constable • Cameron County Constable, Precinct 4; Administrative Assistant • Cameron County Constable, Precinct 5; Constable <p>Willacy County</p> <ul style="list-style-type: none"> • Willacy County Commissioner (Precinct 1) • Willacy County Commissioner (Precinct 2) • Willacy County Commissioner (Precinct 2); Administrative Assistant • Willacy County Commissioner (Precinct 3) • Willacy County Commissioner (Precinct 4) • Willacy County Sheriff • Willacy County Constable, Precinct 1; Constable • Willacy County Constable, Precinct 2; Constable • Willacy County Constable, Precinct 3; Constable • Willacy County Constable, Precinct 4; Constable • Willacy County Constable; Administrative Assistant 	

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/>	LMHA LBHA staff <i>*List the LMHA or LBHA staff that participated:</i> <ul style="list-style-type: none"> • Tropical Texas Behavioral Health employees.
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives

DRAFT

<p>☒ Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants):</p> <p>Hidalgo County</p> <ul style="list-style-type: none"> • Hidalgo County Judge • Assistant to Hidalgo County Judge • Assistant to Hidalgo County Judge • JP, Precinct1, Place 1; JP • JP, Precinct1, Place 1; Supervisor • JP, Precinct 1, Place 2; JP • JP, Precinct 1, Place 2; Court Coordinator • JP, Precinct 2, Place 1; JP • JP, Precinct 2, Place 1; Court Coordinator • JP, Precinct 2, Place 1; Assistant Court Coordinator • JP, Precinct 3, Place 1; JP • JP, Precinct 3, Place 1; Court Coordinator • JP, Precinct 3, Place 2; JP • JP, Precinct 3, Place 2; Court Coordinator • JP, Precinct 4, Place 1; JP • JP, Precinct 4, Place 2; JP • JP, Precinct 4, Place 2; Court Coordinator • JP, Precinct 5, Place 1; JP <p>Cameron County</p> <ul style="list-style-type: none"> • Cameron County District Attorney's Office • Cameron County Judge • JP Precinct 1 • JP Precinct 1, Court Administrator • JP Precinct 2-1 • JP Precinct 2-1, Court Administrator • JP Precinct 2 • JP Precinct 2, Court Administrator • JP Precinct 2-3 • JP Precinct 2-3, Court Administrator • JP Precinct 3-1 • JP Precinct 3-1, Court Administrator • JP Precinct 3-2 • JP Precinct 3-2, Court Administrator • JP Precinct 4 • JP Precinct 4, Court Administrator • JP Precinct 5-1 • JP Precinct 5-1, Court Administrator • JP Precinct 5-2 • JP Precinct 5-2, Court Administrator 	<p>☒ Law enforcement (list the county or city and the name and official title of participants):</p> <p>Hidalgo County</p> <ul style="list-style-type: none"> • Alamo Police Department; Chief • Alton Police Department; Chief • Alton Police Department; Assistant Chief • Donna Police Department; Chief • Donna Police Department; Captain • Donna ISD Police Department; Interim Chief • Edcouch Police Department; Chief • Edinburg Police Department; Chief • Edinburg Police Department; Chief's Secretary • Edinburg ISD Police Department; Chief • Edinburg ISD Police Department; Captain • Elsa Police Department; Chief • Hidalgo Police Department; Chief • La Feria Police Department; Chief • La Feria Police Department; National Night Out for Students Back to School Donations • La Joya Police Department; Chief • La Joya ISD Police Department; Chief • La Villa Police Department; Chief • McAllen Police Department; Chief • McAllen Police Department; Administrative Assistant • McAllen ISD Police Department; Chief • McAllen ISD Police Department; Captain • Mercedes Police Department; Chief
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<p>Willacy County</p> <ul style="list-style-type: none"> • Willacy District Attorney • Willacy County Judge • Willacy County Judge; Administrative Assistant 	<ul style="list-style-type: none"> • Mission Police Department; Chief • Mission Police Department; Administrative Assistant • Palmview Police Department; Chief • Palmview Police Department; Lieutenant • Penitas Police Department; Chief • Penitas Police Department; Administrative Assistant • Pharr Police Department; Chief • Pharr Police Department; Deputy Chief • San Juan Police Department; Chief • San Juan Police Department; Captain • South Texas College Police Department; Chief • Weslaco Police Department; Chief • Weslaco Police Department; Assistant Chief • Weslaco Police Department; Captain • Weslaco Police Department; Captain • Weslaco Police Department; Captain • Weslaco Police Department; Captain <p>Cameron County</p> <ul style="list-style-type: none"> • Brownsville Police Department; Chief • Brownsville Police Department; Commander • Brownsville Police Department; Administrative Assistant • Harlingen Police Department; Chief • Harlingen Police Department; Assistant Chief • Harlingen Police Department; Executive Assistant • Los Fresnos Police Department; Chief • Los Fresnos Police Department; Assistant Chief
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	Stakeholder Type		Stakeholder Type
			<ul style="list-style-type: none"> • Los Fresnos Police Department; Executive Assistant • Lyford Police Department; Chief • Lyford ISD Police Department; Chief • Port Isabel Police Department; Chief • Port Isabel Police Department; Administrative Assistant • San Benito Police Department; Chief • Santa Rosa Police Department • South Padre Island Police Department; Chief • South Padre Island Police Department; Administrative Assistant
<input checked="" type="checkbox"/>	Education representatives	<input checked="" type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input checked="" type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups
<input checked="" type="checkbox"/>	Veterans' organizations	<input checked="" type="checkbox"/>	Housing authorities
<input checked="" type="checkbox"/>	Local health departments	<input type="checkbox"/>	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:

- TTBH employees, clients, and parents/LARs, were surveyed to solicit input into the planning process.
- TTBH meets regularly and solicits feedback from community stakeholder groups from its three-county catchment area.
- TTBH maintains contact information on agency website to facilitate potential stakeholder inquiries and input.

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- TTBH reviewed prior CLSP plans to determine whether there were potential stakeholders the center could revisit for input.
 - TTBH posted CLSP plan on the center’s website for potential stakeholder feedback.
 - To solicit feedback from the public regarding community needs, TTBH collaborated with stakeholders and placed flyers with a survey link/QR code at their agencies. This allowed the survey to be easily accessible.

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:

- Lack of available public transportation.
- Need for expanded supported housing services.
- Need for expanded mental health officer services.
- Need for expanded mental health services.
- Need for expanded substance use services.
- Need for expanded primary care services.
- Need for expanded Intellectual & Developmental Disabilities (IDD) services.
- Need for crisis respite services for the Intellectual & Developmental Disabilities (IDD) population.
- Behavioral health workforce shortage.
- Availability of services for the medically uninsured.
- Need for local residential services for individuals with substance use disorders.
- Need for expanded judiciary services.
- Need for expanded mobile crisis outpatient services.
- Need for more alternatives for mental health crisis stabilization.
- Need for transitional supports for youth returning to the community from detention or incarceration.
- Need for crisis respite services for youth.
- Need for designated hospital beds for youth.

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

- Ensuring the entire service area was represented; and

Response: TTBH is part of the local mental health coalition that meets quarterly in an effort to maintain the on-going communication that is necessary to establish a shared understanding of the roles, responsibilities, and procedures of each entity.

All major local hospitals and law enforcement agencies were included in the development of the plan.

- Soliciting input.

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

- b. After business hours

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

determine the nature and seriousness of the call and the need to mobilize emergency services.

c. Weekends and holidays

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

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

Response: TTBH contracts with AVAIL Solutions, Inc to operate a 24-hour Crisis hotline (1-877-289-7199). This service includes integrating with the national 988 hotline to support appropriate deployment for local LMHA-MCOT and other local crisis response resources.

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

Response: TTBH has four (4) Mobile Crisis Outreach Teams (MCOT) delivering community-based crisis services throughout the Rio Grande Valley. One team operating out of each of the primary outpatient clinic sites in Edinburg, Weslaco, Harlingen, and Brownsville. Each MCOT provides prompt face-to-face crisis screening, assessment, intervention, follow-up, and relapse prevention services to individuals in crisis. Comprehensive community-based crisis services are provided 24/7 by credentialed staff. All staff work closely with local law enforcement and hospitals to ensure the safety of both the individuals served and TTBH staff during crisis interventions. MCOT staff are also available at each clinic to provide office-based crisis services during business hours, Monday through Friday. A Mental Health Officer Taskforce (MHOT) member is available to assist each MCOT team in support of community-based crisis services should the need arise. MHOT will transport individuals to a treatment facility when an individual is to be involuntarily hospitalized.

b. After business hours

Response: TTBH has four (4) MCOT teams to provide community-based crisis screenings. Services are available 24 hours a day, seven (7) days a week.

c. Weekends and holidays

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

4. Does the LMHA 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: Client is placed in a least restrictive clinically appropriate environment until crisis is resolved. If placement is not obtained, reassessment will occur during the following intervals: If emergent, reassessment will occur every eight (8) hours. If urgent, reassessment will occur every 24 hours until crisis is resolved.

In the event that an individual is screened but not admitted to inpatient psychiatric services, the MCOT team will provide follow-up services for up to seven (7) days to prevent the need for a more restrictive intervention.

During this process, the crisis team will also determine service eligibility and establish a level of care package. Upon resolution of a crisis, MCOT will facilitate the transition into ongoing services for eligible individuals. When service capacity does not exist to transition an individual into ongoing services, or for individuals who are not eligible for ongoing services, Crisis Follow-up and Transition Services are provided to individuals who are not in imminent danger of harm to self or others within 24 hours of crisis intervention. If the individual agrees to receive LOC5 services, he/she will be authorized for up to 90 day of crisis follow-up services. Follow-up efforts are made face-to-face at the last known address, school visits, or by telephone and documented on the clients' electronic health record.

These services consist of relapse prevention services which may include:

- safety monitoring
- coordination
- follow-up on referrals to other community resources

-
- transportation
 - flexible funds for emergency needs
 - linking children and families to services aimed at reducing the risk of out-of-home placement
 - engagement services
 - crisis respite
 - crisis intervention
 - cognitive processing therapy
 - cognitive behavioral therapy
 - medication training and support and
 - psychiatric evaluation.

For individuals who are hospitalized, following their discharge, MCOT will conduct an in-person, telehealth/tele-video, or phone call follow-up within 0-7 calendar days of discharge.

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: When an individual in crisis is identified, emergency room staff contact the 24-hour hotline, who in turn will determine if MCOT is activated. If activated by the 24-hour crisis hotline, MCOT will be deployed to the emergency room where crisis services will be provided in collaboration with the local hospitals and law enforcement.
 - b. Law Enforcement: When an individual in crisis is identified, law enforcement staff contact the 24-hour crisis hotline, who in turn will determine if MCOT is activated. If activated by the 24-hour crisis hotline, MCOT will be deployed to the site requested, based on safe conditions and crisis services will be provided. Law enforcement agencies also have the option to access crisis services via walk-in Monday through Friday during business hours.
7. What is the process for MCOT to respond to screening requests at state hospitals, specifically for walk-ins?

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

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8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?
 - a. During business hours: Whether during business hours, after hours, or weekends/holidays, emergency rooms and law enforcement can contact the 24-hour crisis hotline, who will triage all calls to determine whether a face-to-face crisis service is needed. During business hours crisis services can be obtained on a walk-in basis as well.
 - b. After business hours: Whether during business hours, after hours, or weekend/holidays, emergency rooms and law enforcement can contact the 24-hour crisis hotline, who will triage all calls to determine whether a face-to-face crisis service is needed.
 - c. Weekends and holidays: Whether during business hours, after hours, or weekend/holidays, emergency rooms and law enforcement can contact the 24-hour crisis hotline, who will triage all calls to determine whether a face-to-face crisis service is needed.
 9. What is the procedure if a person cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

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

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

Response: Individuals should be treated and determined medically stable for any obvious physical injury/illness or attempted overdose. If the individual presents with a possible medical condition a medical professional, trained in psychiatric emergency procedures, will be consulted. Emergency conditions identified during the assessment process will be referred for immediate, appropriate medical attention.

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

Response: If the crisis cannot be resolved at the site of the crisis and the individual requires inpatient emergency psychiatric care services, as determined by the QMHP-CS/QIDP assessment, admission to the most appropriate inpatient

psychiatric facility will be coordinated. Individual preference will be considered in selecting the least restrictive alternative that is appropriate for the individual's assessed level of need. In the event that the individual is unwilling to voluntarily submit to necessary inpatient care, detainment at an appropriate inpatient facility will be coordinated by the screener pending preliminary examination by the facility physician in accordance with the Texas Health and Safety Code (Chapter 573, Sub-chapter C, Section 573.021).

Medical clearance- Individuals should be treated and determined medically stable for any obvious physical injury/illness or attempted overdose. If the individual presents with a possible medical condition a medical professional, trained in emergency procedures, will be consulted. Emergency conditions identified during the assessment process will be referred for immediate, appropriate medical attention.

12. Describe the process if 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: TTBH contracts with The Wood Group, a Crisis Respite Unit (CRU), providing temporary residence and close monitoring to clients during a time of crisis or transition back to the community. The CRU has nine (9) beds under contract for adult males and females, and is staffed 24 hours a day, 7 days a week. The CRU operates as a crisis service for individuals who do not meet the necessary criteria to be admitted into an in-patient facility and as a step-down for individuals transitioning back into the community following inpatient care. The facility provides a safe and monitored setting providing guidance and structure to individuals to help them adapt and cope with stressors. The length of stay can range from 3-14 days.

13. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

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

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

Response: If an individual is in an emergency room, the individual will remain there until a bed becomes available. For those pending placement, individuals will remain with MCOT staff at TTBH facilities where MHOT also provides support.

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

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

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

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

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

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

Response: In the event that the individual needs transportation to another setting, MCOT will coordinate transportation with MHOT as appropriate. MHOT assists with non-custodial transportation in voluntary situations where an individual is transported to a safe setting such as the individual's home, a Crisis Respite Unit, or a substance use/detox facility. A family member may ride with the individual if it is deemed necessary to ensure safer transport.

TTBH crisis staff will only provide transportation as per applicable laws, the availability of resources, and if it is determined that doing so will not present a risk of harm to TTBH staff or the individual in need of transportation.

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

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

Name of facility	The Wood Group
HHSC funding allocation	\$367,200

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	Doctor's Hospital of Renaissance
Location (city and county)	Edinburg, Hidalgo County
Phone number	(956) 362-8677
Key admission criteria	Adults, children, and adolescents' inpatient crisis stabilization.
Service area limitations if any	TTBH's three-county catchment areas, Hidalgo, Cameron, and Willacy County.
Other relevant admission information for first responders	All admissions initiated through the 24- hour crisis hotline.
Number of beds	CBCP: 360 admits; 461 bed days PPB: 87 bed days
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes.

Name of facility	Doctor's Hospital of Renaissance
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)?	Doctor's Hospital of Renaissance is under two contracts with TTBH for rapid crisis stabilization beds (CBCP & PPB).
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?	\$660
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	South Texas Behavioral Health
Location (city and county)	Edinburg, Hidalgo County
Phone number	(956) 388-1300
Key admission criteria	Adults, children, and adolescents' inpatient crisis stabilization
Service area limitations if any	TTBH's three-county catchment areas, Hidalgo, Cameron, and Willacy County.

Name of facility	South Texas Behavioral Health
Other relevant admission information for first responders	All admissions initiated through the 24-hour crisis hotline.
Number of beds	CBCP: 355 admits; 525 bed days PPB: 108 bed days
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes.
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	South Texas Behavioral Health is under two contracts with TTBH for rapid crisis stabilization beds (CBCP & PPB).
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	On an as needed basis.
If under contract, what is the bed day rate paid to the contracted facility?	\$660
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Palms Behavioral Health
Location (city and county)	Harlingen, Cameron County
Phone number	(956) 365-2600
Key admission criteria	Adults, children, and adolescents' inpatient crisis stabilization
Service area limitations if any	TTBH's three-county catchment areas, Hidalgo, Cameron, and Willacy County.
Other relevant admission information for first responders	All admissions initiated through the 24-hour crisis hotline.
Number of beds	CBCP: 288 admits; 379 bed days PPB: 94 bed days
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes.
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Palms Behavioral Health is under two contracts with TTBH for rapid crisis stabilization beds (CBCP & PPB).
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	On an as needed basis.
If under contract, what is the bed day rate paid to the contracted facility?	\$660
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A

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

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

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: TTBH does not currently provide competency restoration services.

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

Response: Barriers or issues that limit access or utilization to local inpatient or outpatient alternatives include but are not limited to:

- limited transportation,
- limited capacity to service utilizing telehealth and telephonic technology,
- limited capacity to treatment,
- limited access to emergency rooms for medical clearances
- fear of utilizing/accessing healthcare facilities to receive treatment
- socio-economic disparities
- limitation on service provisions.

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

Response: TTBH has dedicated full-time jail diversion staff. TTBH’s jail liaisons are engaged once an individual with a mental health issue is identified by TTBH or the local jails. These liaisons conduct mental health screenings, coordinate doctor’s appointments and medication management services while in custody and once released. The liaison also coordinates with jail staff to complete a discharge plan for the individual. The designated jail liaison is Michael Taylor.

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: TTBH has dedicated jail liaisons.

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

Response: N/A

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

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

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: TTBH’s MCOT assesses psychiatric, substance use, and physical healthcare needs. These identified needs are addressed through resolving the crisis via appropriate targeted services and referring to ongoing care.

TTBH’s Substance Use Disorder (SUD) services are co-located within all four (4) primary locations allowing access to treatment for individuals in need. Individuals seeking behavioral health or primary care services and who have an identified substance use disorder will undergo screening through the Outreach Screening Assessment and Referrals (OSAR) program. Depending on the outcome of this screening, individuals will then be referred to the SUDs department for outpatient individual and group counseling services.

TTBH’s Integrated Primary Care services are co-located within all four (4) behavioral health outpatient clinics allowing access to individuals in need of preventative, chronic, and medical care. These services allow for underserved individuals to get the treatment they need despite barriers such as provider resource limitations, stigma, and lack of transportation. Medical clearances can also be conducted on site at the Primary Care Clinics during business hours and for psychiatric emergencies.

TTBH continues to expand care coordination services to integrate mental health, primary care, and substance use services by utilizing SAMSHA funding.

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

Response: TTBH’s long term plans are to further expand and enhance COPSD services, and substance use outreach, screening, assessment, and referrals (OSAR) and outpatient services. TTBH is working to secure funding to continue to provide care coordination.

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: Key information will be shared with emergency responders and other community stakeholders via the TTBH Website, brochures, and the TTBH Provider Manual. TTBH will continue to actively collaborate with state, Community Based Crisis Program (CBCP) hospitals and local law enforcement agencies to share information from the Psychiatric Emergency Plan. TTBH is part of the local mental health coalition that meets quarterly where key information is shared.

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

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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)
Hidalgo, Cameron, Willacy	Access to additional inpatient beds in local hospitals.	Recommendation is to sustain these services with additional funding opportunities to secure more inpatient beds.	TBD
Hidalgo, Cameron, Willacy	Access to additional youth inpatient beds in local hospitals.	Recommendation is to sustain these services with additional funding opportunities to secure more inpatient beds for our youth population.	TBD
Hidalgo, Cameron, Willacy	Expansion of our existing law enforcement mental health officer taskforce (MHOT).	Continuing to collaborate with local law enforcement agencies. Recommendation is to sustain these services with additional funding opportunities to secure more MHOT officers.	TBD
Hidalgo, Cameron, Willacy	Increase Mobile Crisis Unit workforce.	Recommendation is to secure more staff to fill MCOT positions.	TBD
Hidalgo, Cameron, Willacy	Expansion of integrated primary care services.	Recommendation is to sustain these services with additional funding opportunities to promote integrated primary care services.	TBD
Hidalgo, Cameron, Willacy	Expansion of local residential chemical dependency treatment.	Recommendation to provide residential chemical dependency treatment services in the Rio Grande Valley for Region 11.	TBD

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

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Co-mobilization with Mental Health Deputies	Hidalgo, Cameron & Willacy County	Expansion of MHOT team. Continue collaborating with local law enforcement organizations.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
Training law enforcement staff	Hidalgo, Cameron & Willacy County	Continue to provide Mental Health First Aid training to local PD personnel.
Crisis Response Units	Hidalgo & Cameron	Increase the number of co-responder teams and collaborations with local law enforcement organizations to increase diversions from incarceration, improve safety of crisis interventions and increase data available for continued improvement of outcomes related to police contacts with persons with mental illness.
Service linkage and follow-up for individuals who are not hospitalized	Hidalgo, Cameron & Willacy County	Increase the linkage numbers to try and divert more individuals into treatment settings rather than being rearrested and continuing with legal charges.
Mental Health Officer Team (MHOT)	Hidalgo, Cameron & Willacy County	Continue to seek funding opportunities for MHOT positions.

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:
Peer Provider Re-Entry Program: Peer Providers serve as a positive role model by incorporating their lived experience to provide hope to those they serve. They collaborate with the individual and clinical staff to best meet the needs of the individual in their recovery.	Hidalgo, Cameron & Willacy County	Continue efforts to expand these services with additional funding opportunities. Continue collaborative discussions with elected officials of Hidalgo, Cameron, and Willacy counties to increase coordination of community reintegration supports for inmates with a need for mental health treatment.

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Routine screening for mental illness and diversion eligibility	Hidalgo, Cameron & Willacy County	Continue to collaborate with local county courts to streamline referral process.
Veteran's court	Hidalgo, Cameron & Willacy County	Continue to collaborate with local county courts to streamline referral process and promote MH services for veterans.
Providing services in jail (for persons without outpatient commitment)	Hidalgo, Cameron & Willacy County	Continue efforts to expand these services with additional funding opportunities including the use of psychotropic medications.
Link to comprehensive services	Hidalgo, Cameron & Willacy County	Continue efforts to link consumers to external resources.
Provide services in jails to youth	Hidalgo, Cameron & Willacy County	Continue efforts to expand these services and seek additional funding opportunities to increase staffing that in turn will allow for more youth to be served.

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Mental Health Diversion Court (MHDC) Program	Hidalgo, Cameron & Willacy County	The goal of this program is to improve access and adherence to intensive behavioral health services to avert relapse, repeated hospitalizations, arrest, incarceration, suicide, property destruction, and violent behavior.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Peer Provider Re-Entry Program: Peer Providers serve as a positive role model by incorporating their lived experience to provide hope to those they serve. They collaborate with the individual and clinical staff to best meet the needs of the individual in their recovery.	Hidalgo, Cameron & Willacy County	Continue efforts to expand these services with additional funding opportunities.
Staff designated to assess needs, develop plan for services and coordinate transition to ensure continuity of care at release	Hidalgo, Cameron & Willacy County	Continue collaborating with partners to ensure continuity of care is provided to consumers.
Structured process to coordinate discharge/transition plans and procedures.	Hidalgo, Cameron & Willacy County	Continue with current discharge/transition plans and procedures.
Specialized case management teams to coordinate post-release services.	Hidalgo, Cameron & Willacy County	Continue with specialized teams to coordinate post-release services.

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Training for probation or parole staff	Hidalgo, Cameron & Willacy	Continue to provide Mental Health First Aid training to local probation or parole personnel.
TCOOMMI program	Hidalgo, Cameron & Willacy	Continue to fund two Continuity of Care staff.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address non-compliance	Hidalgo, Cameron & Willacy	Continue to collaborate with community corrections staff.
Mental Health Diversion Court (MHDC) Program	Hidalgo, Cameron & Willacy County	The goal of this program is to improve access and adherence to intensive behavioral health services to avert relapse, repeated hospitalizations, arrest, incarceration, suicide, property destruction, and violent behavior.

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	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	Required training on trauma informed care and cultural competency for all staff. Language preference and health literacy data is collected via client local planning surveys. All forms are made available in Spanish.	Will continue to provide training to staff. Will utilize language preference and health literacy data to accommodate clients' needs.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes	<ul style="list-style-type: none"> • Gaps 2, 3, 4, 5, 10, 12 • Goal 1 	<p>Tropical Texas Behavioral Health (TTBH) collaborates with the Hidalgo and Cameron County Homeless Coalition to improve the community referral process.</p> <p>TTBH utilizes the Mental Health First Aid (MHFA) grant to reach out to community agencies to provide education and training on mental health.</p>	Will continue to collaborate with community partners to provide education and maximize resources for positive health outcomes.
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	The Business Development team works collaboratively with the Fiscal and Quality Management departments to actively seek out funding opportunities.	The Business Development department will maintain ongoing collaboration with Fiscal and Quality Management. We will continue to identify barriers and funding resources to ensure the development of comprehensive solutions that support the growth of our behavioral health services.
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> • Gap 10 • Goal 1 	TTBH offers comprehensive Person-Centered Recovery Plan training, designed to equip our team with the skills and knowledge necessary to deliver quality person-centered services. The training ensures that services are integrated across all systems of care, promoting optimal outcomes and enhanced overall well-being.	TTBH will continue to maintain a comprehensive training program for staff and continue to seek client input on services to ensure trainings reflect identified needs.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> • Gaps 2, 11 • Goal 1 	TTBH collaborates with Region One to provide resources, training and education to school administrators through the Behavioral Health Partnership Program (BHPP). TTBH provides Zero Suicide Pathway and First Episode Psychosis (FEP) services.	Continue to work on ensuring implementation of all seven (7) elements of the Zero Suicide framework.
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> • Gap 3 • Goal 2 	TTBH collaborates with the Hidalgo County Mental Health Coalition to ensure members throughout the region have up to date and current information about services TTBH provides.	TTBH will continue to meet with community agencies to ensure we support and discuss community needs.
Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems	<ul style="list-style-type: none"> • Gaps 1, 3, 7 • Goal 2 	TTBH collaborates with three (3) cities to incorporate Crisis Response Units (CRU) and continues to seek opportunities to apply for more. The CRU's have positively impacted the community by successfully diverting individuals from jail and providing appropriate mental health services.	Continuing to seek funding opportunities to collaborate with other local law enforcement agencies.
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> • Gap 3 • Goal 2 	TTBH utilizes and references the SBHCC strategic plan as a resource.	Continue to include the SBHCC strategic plans as resources when collaborating with coalitions.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care	<ul style="list-style-type: none"> • Gaps 1, 11, 14 • Goal 2 	TTBH works with coalitions throughout the community to discuss and identify community resources to address community needs.	Continue to seek partnerships with community agencies to increase awareness of services.
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	<ul style="list-style-type: none"> • Gaps 1, 5, 6 • Goal 2 	Policies, procedures and monitoring tools are being reviewed and updated to ensure program effectiveness and identify gaps in continuity of care.	Review and modify protocols and monitoring tools for continued quality improvement.
Develop step-down and step-up levels of care to address the range of participant needs	<ul style="list-style-type: none"> • Gaps 1, 5, 6 • Goal 2 	TTBH currently operates crisis stabilization units and outpatient mental health clinics.	TTBH plans to implement a diversion center to serve as a step-down unit for crisis stabilization in the community.
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	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 3 	TTBH provides ongoing data analytics to support decision making and optimize processes.	TTBH will continue to leverage and assess data analytics to support decision making and optimize processes.
Explore opportunities to provide emotional supports to workers who serve people receiving services	<ul style="list-style-type: none"> • Gap 13 • Goal 3 	To provide emotional support to workers, TTBH supervisors meet with staff regularly to debrief and conduct case staffing meetings.	Will continue to increase methods to support workers who serve people receiving services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce	<ul style="list-style-type: none"> • Gaps 13, 14 • Goal 3 	<p>TTBH provides staff with employee satisfaction surveys to identify opportunities for growth and measure staff satisfaction. TTBH has implemented the following benefits based on data collected:</p> <ul style="list-style-type: none"> • Market adjustments for different position groups. • Cost of Living Adjustments (COLA) for staff. • Minimum wage increases throughout the agency. • End of year performance incentive. • Continued retention incentive (for the last 2 years). • Paid early release during the holidays. • Paid holidays. • Increase in the tuition reimbursement program to \$500 per semester. • Employee events twice a year. • PTO buyback twice a year etc. 	TTBH will continue to distribute employee satisfaction surveys, assess data and evaluate benefits to meet employee needs.

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	<ul style="list-style-type: none"> • Gap 13 • Goal 3 	<p>TTBH actively uses social media and other platforms to publicize job openings and job fairs.</p> <p>TTBH also uses a wide range of sources such as collaborating with universities, residency programs and local colleges to recruit candidates.</p>	TTBH will continue to utilize available resources as a tool to increase the organization’s workforce.
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	TTBH follows its Cultural Competency and Diversity Plan. This plan outlines the specific steps to be taken to recruit, train and maintain a staff that is culturally diverse and competent to provide services to a divergent patient population.	Continue to review and identify new implementations and policies to improve support of a diversified workforce.
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	<p>TTBH offers clinical supervision, at no cost to employees that are working towards their clinical license. TTBH also offers the following opportunities:</p> <ul style="list-style-type: none"> • Continued education (CEU’s). • Reimbursement for licensure renewal. • Mentorship programs. • Loan forgiveness programs. 	Will continue to review and identify ways to expand the behavioral health workforce and services.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> Gaps 3, 14 Goal 4 	TTBH provides ongoing data analytics to support decision making and optimize processes.	TTBH will continue to leverage and assess data analytics to support decision making and optimize processes.
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> Gaps 3, 14 Goal 4 	TTBH remains engaged in collaborative discussions with regional stakeholders to establish meaningful health information exchange (HIE), prioritizing support for transitions in care.	TTBH continues to seek opportunities to collaborate with HHSC (directly and through the Texas Council) to optimize the validity and usability for state-wide analysis.
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	<ul style="list-style-type: none"> Gaps 3, 4, 14 Goal 4 	TTBH has funding through HHSC for the MVPN and TVC veteran grants that connect veterans to appropriate resources to meet their needs.	TTBH will continue to seek funding for veterans and Veteran family services.
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> Gaps 7, 14 Goal 4 	Reports are being created to collect progress of symptoms data through TRR ANSA's, CANS, and CSSR-S assessments.	TTBH will continue to work on establishing reporting processes that are efficient in gathering quality data.

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
MHOT Program	<ul style="list-style-type: none"> • TTBH has a law enforcement taskforce comprised of specially trained, certified Mental Health Officers, serving across the TTBH catchment area of Hidalgo, Cameron, and Willacy Counties. 	<ul style="list-style-type: none"> • TTBH plans to expand and enhance our existing law enforcement taskforce with additional officers.
Integrated Primary Care Services	<ul style="list-style-type: none"> • TTBH has successfully integrated primary care services at its four clinic locations. TTBH is currently funding three (3) service enhancement projects that entail, costs for specialty medical funds, dietician services and immunizations. 	<ul style="list-style-type: none"> • TTBH plans to continue to enhance integrated primary care services offered at these locations as well as actively seek external funding sources.

Local Priority	Current Status	Plans
<p>Certified Community Behavioral Health Center (Expansion of integrated care, substance use disorder services and pathway services for youth)</p>	<p>TTBH is certified as a CCBHC, a state priority. TTBH plans to continue certification as a CCBHC including expanding its service delivery array to meet the fidelity requirements of the CCBHC model.</p> <ul style="list-style-type: none"> • Integrated Primary Care: Continue funding for existing integrated primary care services, to assist current mental health clients in need of preventative, chronic, and medical care who would otherwise go unserved due to barriers such as provider resource limitations, distance, stigma, and lack of transportation. • Substance Use Disorder services: Continue to expand existing integrated substance use disorder services to address capacity needs of the community and provide holistic care. • Pathway services for youth: Currently there is no funding for youth. 	<ul style="list-style-type: none"> • TTBH proposes to expand integrated primary care, substance use disorder services and pathway services for youth.
<p>Telepsychiatry in local jails, juvenile detention centers and bootcamps</p>	<ul style="list-style-type: none"> • TTBH currently provides telepsychiatry to adults and juveniles. TTBH collaborates with law enforcement to serve adults and juveniles. 	<ul style="list-style-type: none"> • TTBH proposes expanding telepsychiatry for incarcerated individuals by providing a consultative service and pharmaceuticals for law enforcement to limit disruption of the individual's treatment.

Local Priority	Current Status	Plans
Future expansion of special projects	<ul style="list-style-type: none"> • TTBH is currently working on establishing a diversion center in Hidalgo County. • TTBH is also implementing a transitional housing facility in Hidalgo County. 	<ul style="list-style-type: none"> • TTBH is proposing to expand diversion and transitional services to serve individuals within the Cameron County catchment area.

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: <i>Detox Beds</i>	<ul style="list-style-type: none"> • <i>Establish a 6-bed detox unit at ABC Hospital.</i> 		
2	Example: <i>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> 		

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Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1.	<p>CCBHC (Expansion of integrated care and substance use disorder services)</p>	<p>TTBH is certified as a CCBHC and has identified a need for sustainable funding (i.e. care coordination). TTBH plans to continue certification as a CCBHC including expanding its service delivery array to meet the fidelity requirements of the CCBHC model.</p> <p><u>Integrated Care:</u> Continue funding for existing integrated primary care services, in order to assist current mental health clients in need of preventative, chronic, and medical care who would otherwise go unserved due to barriers such as provider resource limitations, distance, stigma, and lack of transportation.</p> <p><u>Substance Use Disorder Services:</u> Continue to expand existing integrated substance use disorder services in order to address capacity needs of the community and provide holistic care.</p>	<p>Integrated Care: Annual Cost- \$3,308,776</p> <p>Substance Use Disorder: Annual Cost- \$2,854,970</p>	TBD

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1a.	Housing Gap Project: Milestone	<p><i>To address community needs and reinforce the services provided as a CCBHC:</i></p> <ul style="list-style-type: none"> • TTBH has identified a need for sustainable funding for transitional housing designed to provide individuals experiencing homelessness with interim stability and support. This will assist with successful transition into maintaining permanent housing. 	Annual Cost-\$1,000,000	TBD
1b.	Primary Care Service Enhancement Project	<p><i>To address community needs and reinforce the services provided as a CCBHC:</i></p> <ul style="list-style-type: none"> • TTBH has identified a need for primary care service enhancements to offer patients receiving primary care services, with no payor source, financial support to cover specialty care identified as clinically necessary by the provider. Sustained funding to support the enhancement project would ensure individuals receive specialty care. 	Annual Cost-\$750,000	TBD

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1c.	SUD Residential Treatment Services	<p><i>To address community needs and reinforce the services provided as a CCBHC:</i></p> <ul style="list-style-type: none"> • TTBH has identified a need for residential substance use treatment services including the following: <ol style="list-style-type: none"> 1. Continuation of Tropical' s current facility for adult males. 2. An additional unit for females. 3. A facility for youth. 4. Sustained funding to support the operation of all of these facilities. 	Annual Cost- \$1,000,000	TBD
1d.	Expansion for Suicide Safe Care	<p><i>To address community needs and reinforce the services provided as a CCBHC:</i></p> <ul style="list-style-type: none"> • TTBH has identified a need for enhancement to suicide safe care pathway services for adults. TTBH is proposing a need to expand positions such as adding one (1) full-time supervisor and two (2) Suicide Safe Care Navigators to meet the needs of individuals in all counties. • TTBH has identified a need to serve the youth population in the RGV. 	<p>Annual Cost for adults- \$200,000- \$300,000.</p> <p>Annual Cost for youth- \$400,000- \$500,000.</p>	TBD

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.

DRAFT

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