



Department of State Health Services

# Form O

# Consolidated Local Service Plan (CLSP)

for Local Mental Health Authorities/ Local  
Behavioral Health Authorities

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## Introduction

The Consolidated Local Service Plan (CLSP) encompasses all of the service planning requirements for LMHAs/LBHAs. The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

Local planning is a collaborative activity, and the CLSP asks for information related to community stakeholder involvement in planning. DSHS recognizes that community engagement is an ongoing activity, and input received throughout the biennium will be reflected in the local plan. LMHAs/LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed.

The Psychiatric Emergency Plan is a new component that stems from the work of the HB 3793 Advisory Panel. The panel was charged with assisting DSHS to develop a plan to ensure appropriate and timely provision of mental health services. The Advisory Panel also helped DSHS develop the required standards and methodologies for implementation of the plan, in which a key element requires LMHAs/LBHAs to submit to DSHS a biennial regional Psychiatric Emergency Plan developed in conjunction with local stakeholders. The first iteration of this Psychiatric Emergency Plan is embedded as Section II of the CLSP.

In completing the template, please provide concise answers, using bullet points. When necessary, add additional rows or replicate tables to provide space for a full response.

## Section I: Local Services and Needs

### **I.A. Mental Health Services and Sites**

- *In the table below, list sites operated by the LMHA/LBHA (or a subcontractor organization) that provide mental health services regardless of funding (Note: please include 1115 waiver projects detailed in Section 1.B. below). 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, children, or both (if applicable):*
  - *Screening, assessment, and intake*
  - *Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both*
  - *Extended Observation or Crisis Stabilization Unit*
  - *Crisis Residential and/or Respite*
  - *Contracted inpatient beds*
  - *Services for co-occurring disorders*
  - *Substance abuse prevention, intervention, or treatment*
  - *Integrated healthcare: mental and physical health*
  - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
Border Region Behavioral Health Center	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults, children or both</li> <li>• Contracted inpatient beds</li> <li>• Services for co-occurring disorders</li> <li>• Integrated healthcare: mental and physical health</li> <li>• Other: (Telemedicine and Telehealth)</li> </ul>
Border Region Behavioral Health Center	106 E. Amada, Hebbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults, children or both</li> <li>• Contracted inpatient beds</li> <li>• Services for co-occurring disorders</li> <li>• Integrated healthcare: mental and physical health</li> <li>• Other: (Telemedicine and Telehealth)</li> </ul>
Border Region Behavioral Health Center	101 W. 1 <sup>st</sup> Avenue, Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults, children or both</li> <li>• Contracted inpatient beds</li> <li>• Services for co-occurring disorders</li> <li>• Integrated healthcare: mental and physical health</li> <li>• Other: (Telemedicine and Telehealth)</li> </ul>
Border Region Behavioral Health Center	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Screening, assessment, and intake</li> <li>• Texas Resilience and Recovery (TRR) outpatient services: adults, children or both</li> <li>• Contracted inpatient beds</li> <li>• Services for co-occurring disorders</li> <li>• Integrated healthcare: mental and physical health</li> <li>• Other: (Telemedicine and Telehealth)</li> </ul>
NIX Behavioral Health Center	4330 Vance Jackson Road, San Antonio, 78230	Bexar	<ul style="list-style-type: none"> <li>• Contracted inpatient beds</li> <li>• Children, adolescent and adults</li> </ul>
Doctors Hospital at Renaissance	5501 South McColl Road, Edinburg, 78539	Hidalgo	<ul style="list-style-type: none"> <li>• Contracted inpatient beds</li> <li>• Children, adolescent and adults</li> </ul>

Bayview Behavioral Health Center	6629 Woolridge Road, Corpus Christi, 78414	Nueces	<ul style="list-style-type: none"> <li>• Contracted inpatient beds</li> <li>• Children, adolescent and adults</li> </ul>
South Texas Behavioral Health Center	2102 West Trenton Road, Edinburg, 78539	Hidalgo	<ul style="list-style-type: none"> <li>• Tele-psychiatric services for children, adolescent and adults</li> </ul>
San Antonio Behavioral Healthcare Hospital	8550 Huebner Road, San Antonio, 78240	Bexar	<ul style="list-style-type: none"> <li>• Contracted inpatient beds</li> <li>• Children, adolescents and adults</li> </ul>
Southwest General Hospital	7400 Barlite Blvd. San Antonio, 78224	Bexar	<ul style="list-style-type: none"> <li>• Contracted inpatient beds</li> <li>• Adults</li> </ul>
Roxanna Alvarez	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Family Counseling (CBT)</li> <li>• Screening, assessment and intake</li> <li>• Population: Children, adolescents and adults</li> <li>• Telehealth services</li> </ul>
Roxanna Alvarez	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Family Counseling (CBT)</li> <li>• Screening, assessment and intake</li> <li>• Population: Children, adolescents and adults</li> </ul>
Roxanna Alvarez	106 E. Amada, Hebbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Family Counseling (CBT)</li> <li>• Screening, assessment and intake</li> <li>• Population: Children, adolescents and adults</li> <li>• Telehealth services</li> </ul>
Roxanna Alvarez	101 W. 1 <sup>st</sup> Avenue, Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Family Counseling (CBT)</li> <li>• Screening, assessment and intake</li> <li>• Population: Children, adolescents and adults</li> <li>• Telehealth services</li> </ul>
Jessica Vera-Rios	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Family Counseling (CBT)</li> <li>• Screening, assessment and intake</li> <li>• Population: Children and adolescents</li> </ul>
Lorenza Trevino	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Family Counseling (CBT)</li> <li>• Screening, assessment and intake</li> <li>• Population: Children and adolescents</li> </ul>
Lorenza Trevino	106 E. Amada Hebbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Family Counseling (CBT)</li> <li>• Screening, assessment and intake</li> <li>• Population: Children and adolescents</li> <li>• Telehealth</li> </ul>

Lorenza Trevino	101 W. 1 <sup>st</sup> Avenue, Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Family Counseling (CBT)</li> <li>• Screening, assessment and intake</li> <li>• Population: Children and adolescents</li> <li>• Telehealth</li> </ul>
Jackie Rosado	2201 S. Jackson Rd. Apt #28E, Pharr, 78577	Starr	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Population: Adults</li> <li>• Telehealth</li> </ul>
Elda Salinas	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Population: Adults</li> </ul>
Laura Forno-Diaz	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Population: Adults</li> </ul>
Elda Salinas	106 E. Amada, Hebbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Population: Adults</li> <li>• Telehealth</li> </ul>
Elda Salinas	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Population: Adults</li> <li>• Telehealth</li> </ul>
Elda Salinas	101 W. 1 <sup>st</sup> Avenue, Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Population: Adults</li> <li>• Telehealth</li> </ul>
Laura Forno-Diaz	106 E. Amada, Hebbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Population: Adults</li> <li>• Telehealth</li> </ul>
Laura Forno-Diaz	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Population: Adults</li> <li>• Telehealth</li> </ul>
Laura Forno-Diaz	101 W. 1 <sup>st</sup> Avenue, Zapata	Zapata	<ul style="list-style-type: none"> <li>• Screening, assessment and intake</li> <li>• Population: Adults</li> <li>• Telehealth</li> </ul>
Barton & Associates	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Contracted psychiatric services</li> <li>• Population: Children, adolescents and adults</li> </ul>
Barton & Associates	101 W. 1 <sup>st</sup> Avenue, Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Barton & Associates	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Jackson & Coker Nationwide	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Jackson & Coker Nationwide	101 W. 1 <sup>st</sup> Avenue, Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>

Jackson & Coker Nationwide	106 E. Amada, Hebbbronville, 78361	Jim Hogg	• Psychiatric Services
Jackson & Coker Nationwide	2751 Pharmacy Road, Rio Grande City, 78582	Starr	• Psychiatric Services
Locum Tenens.com	1500 Pappas Laredo, 78041	Webb	• Psychiatric Services
Locum Tenens.com	101 W. 1 <sup>st</sup> Avenue, Zapata, 78076	Zapata	• Psychiatric Services
Locum Tenens.com	106 E. Amada Hebbbronville, 78361	Jim Hogg	• Psychiatric Services
Locum Tenens.com	2751 Pharmacy Road, Rio Grande City, 78582	Starr	• Psychiatric Services
Iris Telehealth	807 West Avenue, Austin, 78701	Webb	• Psychiatric Services
Iris Telehealth	807 West Avenue, Austin, 78701	Starr	• Psychiatric Services
Iris Telehealth	807 West Avenue, Austin, 78701	Jim Hogg	• Psychiatric Services
Iris Telehealth	807 West Avenue, Austin, 78701	Zapata	• Psychiatric Services
T-Psychiatry	110 S. Gordon St. Alvin, 77511	Webb	• Psychiatric Services
T-Psychiatry	110 S. Gordon St., Alvin, 77511	Starr	• Psychiatric Services
T-Psychiatry	110 S. Gordon St., Alvin, 77511	Jim Hogg	• Psychiatric Services
T-Psychiatry	110 S. Gordon St., Alvin, 77511	Zapata	• Psychiatric Services
Staff Care	1500 Pappas Laredo, 78041	Webb	• Psychiatric Services
Staff Care	101 W. 1 <sup>st</sup> Avenue Zapata, 78076	Zapata	• Psychiatric Services
Staff Care	106 E. Amada Hebbbronville, 78361	Jim Hogg	• Psychiatric Services
Staff Care	2751 Pharmacy Road, Rio Grande City, 78582	Starr	• Psychiatric Services
Tejas Behavioral Health	1700 S. Lamar Austin, 78704	Travis	• Benefits, Eligibility Comparison Application
Comp Health	1500 Pappas Laredo, 78041	Webb	• Psychiatric Services
Comp Health	2751 Pharmacy Road, Rio Grande City, 78582	Starr	• Psychiatric Services
Comp Health	101 W. 1 <sup>st</sup> Avenue Zapata, 78076	Zapata	• Psychiatric Services
Comp Health	106 E. Amada Hebbbronville, 78361	Jim Hogg	• Psychiatric Services
Interim Physicians	1500 Pappas Laredo, 78041	Webb	• Psychiatric Services
Interim Physicians	2751 Pharmacy Road, Rio Grande City, 78582	Starr	• Psychiatric Services
Interim Physicians	101 W. 1 <sup>st</sup> Avenue Zapata, 78076	Zapata	• Psychiatric Services
Interim Physicians	106 E. Amada Hebbbronville, 78361	Jim Hogg	• Psychiatric Services
Linde Health Care Staffing	1500 Pappas Laredo, 78041	Webb	• Psychiatric Services



Linde Health Care Staffing	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Linde Health Care Staffing	101 W. 1 <sup>st</sup> Avenue Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Linde Health Care Staffing	106 E. Amada Hebbbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Med Source Consultants	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Med Source Consultants	101 W. 1 <sup>st</sup> Avenue Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Med Source Consultants	106 E. Amada Hebbbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Med Source Consultants	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Vista Staffing	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Vista Staffing	101 W. 1 <sup>st</sup> Avenue Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Vista Staffing	106 E. Amada Hebbbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Vista Staffing	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Consillium Staffing	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Consillium Staffing	101 W. 1 <sup>st</sup> Avenue Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Consillium Staffing	106 E. Amada Hebbbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Consillium Staffing	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Psychiatric Services</li> </ul>
Dr. Arturo Garza-Gongora	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Integrative health care: Mental and physical health</li> </ul>
Doctor's Hospital Mobile Clinic	106 E. Amada Hebbbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Integrative health care: Mental and physical health</li> </ul>
Family Health Center	2768 Pharmacy Road Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Integrative health care: Mental and physical health</li> </ul>
Gateway Community Health Center	473 TX-285 Hebbbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Integrative health care: Mental and physical health</li> </ul>
Zapata Primary Care	Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Integrative health care: Mental and physical health</li> </ul>
Proyecto Ayuda	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>• Screening, assessments and referrals for substance abuse</li> </ul>
Proyecto Ayuda	106 E. Amada Hebbbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>• Screening, assessments and referrals for substance abuse</li> </ul>
Proyecto Ayuda	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>• Screening, assessments and referrals for substance abuse</li> </ul>
Proyecto Ayuda	101 W. 1 <sup>st</sup> Avenue Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>• Screening, assessments and referrals for substance abuse</li> </ul>

Physician Laboratory Services	106 E. Amada Hebbbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>Laboratory Services</li> </ul>
Physician Laboratory Services	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>Laboratory Services</li> </ul>
Physician Laboratory Services	101 W. 1 <sup>st</sup> Avenue Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>Laboratory Services</li> </ul>
Physician Laboratory Services	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>Laboratory Services</li> </ul>
East Texas Behavioral Health	4101 TX- 248 Spur, Tyler, 75701	Smith	<ul style="list-style-type: none"> <li>Crisis and service authorization</li> <li>Population: Children, adolescents and adults</li> </ul>
AVAIL Solutions Inc.	106 E. Amada Hebbbronville, 78361	Jim Hogg	<ul style="list-style-type: none"> <li>Crisis Hotline</li> </ul>
AVAIL Solutions Inc.	1500 Pappas Laredo, 78041	Webb	<ul style="list-style-type: none"> <li>Crisis Hotline</li> </ul>
AVAIL Solutions Inc.	101 W. 1 <sup>st</sup> Avenue Zapata, 78076	Zapata	<ul style="list-style-type: none"> <li>Crisis Hotline</li> </ul>
AVAIL Solutions Inc.	2751 Pharmacy Road, Rio Grande City, 78582	Starr	<ul style="list-style-type: none"> <li>Crisis Hotline</li> </ul>

### I. B Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver Projects

- Identify the RHP Region(s) associated with each project.
- List the titles of all projects you proposed for implementation under the Regional Health Partnership (RHP) plan. If the title does not provide a clear description of the project, include a descriptive sentence.
- Enter the number of years the program has been operating, including the current year (i.e., second year of operation = 2)
- Enter the static capacity—the number of clients that can be served at a single point in time.
- Enter the number of clients served in the most recent full year of operation. If the program has not had a full year of operation, enter the planned number to be served per year.
- If capacity/number served is not a metric applicable to the project, note project-specific metric with the project title.

1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Number Served/ Year
5	1.1 – Implement technology – assisted services (telehealth, telementoring, or telemedicine) to support, coordinate or deliver behavioral health services	6	Encounters	DY2:0 DY3: 187 DY4:1597 DY5:1944 DY 6: 2233

5	1.2- Develop Workforce enhancement initiative to support access to behavioral health providers in underserved markets and areas	6	Individuals	DY2:0 DY 3:481 DY 4:661 DY5: 702 DY 6:1071
5	1.3 – Develop and implement crisis stabilization services to address the identified gaps in the current community crisis system	6	Individuals	DY 2:0 DY 3: 322 DY 4:1334 DY5: 750 DY6:680
5	2.1 Design, implement and evaluate projects that provide integrate primary and behavioral health services	6	Individuals	DY2:0 DY3: 61 DY 4: 116 DY 5: 120 DY 6: 200
5	2.2-1 Design, implement and evaluate research supported evidenced based intervention tailored towards individuals in the target population	6	Individuals	DY2:0 DY 3: 375 DY 4: 321 DY 5: 450 DY 6: 720
20	1.1 – Implement technology assisted services to support, coordinate or deliver behavioral health services	6	Encounters	DY 2: 0 DY 3: 2341 DY 4:2778 DY 5: 5071 DY 6: 4466
20	1.2 – Develop workforce enhancement initiatives to support access to Behavioral Health Providers in Underserved Markets and Areas	6	Individuals	DY 2: 0 DY 3:1513 DY 4:2021 DY5: 4048 DY6: 4557
20	1.3 – Develop and implement crisis stabilization services to identify gaps in the current community crisis system	6	Individuals	DY 2:0 DY 3:1503 DY 4:1197 DY5:1047 DY6:1078
20	2.1 – Design, implement and evaluate projects that provide integrative	6	Individuals	DY 2: 0

	behavioral health services			DY 3: 51 DY 4:373 DY5:350 DY6: 353
20	2.2 – Design, implement and evaluate research supported and evidence based intervention tailored towards individuals in the target population	6	Individuals	DY2:0 DY 3:1334 DY 4:2253 DY5: 2488 DY6: 2853

## I.C Community Participation in Planning Activities

Identify community stakeholders who participated in your comprehensive local service planning activities over the past year.

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers	<input checked="" type="checkbox"/> Family members
<input type="checkbox"/> Advocates (children and adult)	<input type="checkbox"/> Concerned citizens/others
<input checked="" type="checkbox"/> Local psychiatric hospital staff	<input type="checkbox"/> State hospital staff
<input type="checkbox"/> Mental health service providers	<input type="checkbox"/> Substance abuse treatment providers
<input type="checkbox"/> Prevention services providers	<input type="checkbox"/> Outreach, Screening, and Referral (OSAR)
<input type="checkbox"/> County officials	<input type="checkbox"/> City officials
<input type="checkbox"/> FQHCs/other primary care providers	<input checked="" type="checkbox"/> Local health departments
<input checked="" type="checkbox"/> Hospital emergency room personnel	<input type="checkbox"/> Emergency responders
<input type="checkbox"/> Faith-based organizations	<input type="checkbox"/> Community health & human service providers
<input type="checkbox"/> Probation department representatives	<input type="checkbox"/> Parole department representatives
<input checked="" type="checkbox"/> Court representatives (judges, DAs, public defenders)	<input checked="" type="checkbox"/> Law enforcement
<input type="checkbox"/> Education representatives	<input type="checkbox"/> Employers/business leaders
<input checked="" type="checkbox"/> Planning and Network Advisory Committee	<input type="checkbox"/> Local consumer-led organizations
<input type="checkbox"/> Veterans' organization	

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

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## Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure that stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures that will enable them to coordinate their 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. Planning should consider all available resources, including projects funded through the 2015 Crisis and Inpatient Needs and Capacity Assessments.

The HB 3793 Advisory Panel identified the following stakeholder groups as essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers
- Users of crisis services and their family members

Most LMHAs/LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations, including those related to the 2015 Crisis Needs and Capacity Assessment.

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

## II.A Development of the Plan

Describe the process you used to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including:

- Ensuring all key stakeholders were involved or represented
- Ensuring the entire service area was represented
- Soliciting input

Meeting with the local law enforcement agencies within Webb and Starr Counties to discuss educational opportunities, crisis response, transportation and emergency psychiatric plan

- Hospitals/Emergency Departments
- Law Enforcement (Police/Sheriff and Jails)
- Judiciary, including mental health and probate courts
- Other crisis services
- Users of crisis services and their family members

## II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?
  - a. During business hours

- There are 11 full time MCOT employees that are available during peak hours (56 hours a week)

b. After business hours

- There is an MCOT worker to each respective county on a rotation basis.

c. Weekends/holidays

- There is an assigned MCOT worker to each respective county on a rotation basis.

2. What criteria are used to determine when the MCOT is deployed?

- MCOT Teams are deployed after a screening and an assessment determines the individual is in crisis.

3. What is the role of MCOT during and after a crisis when crisis care is initiated through the LMHA/LBHA (for example, when an individual calls the hotline)? Address whether MCOT provides follow-up with individuals who experience a crisis and are then referred to transitional or services through the LMHA/LBHA.

- MCOT assesses, intervenes and stabilizes crisis. MCOT team provides 24 hour follow up and prevention and appropriately referred for Texas Resiliency and Recovery Services.

4. Describe MCOT support of emergency rooms and law enforcement:

a. Do emergency room staff and law enforcement routinely contact the LMHA/LBHA when an individual in crisis is identified? If so, is MCOT routinely deployed when emergency rooms or law enforcement contact the LMHA/LBHA?

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

b. What activities does the MCOT perform to support emergency room staff and law enforcement during crises?

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



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

a. Describe your community's process if a client needs further assessment and/or medical clearance:

- Individual is transported to LMHA for further evaluation and stabilization.

b. Describe the process if a client needs admission to a hospital:

- Staffed with the psychiatrist or admitting facility.
- Emergency detention obtained
- Transportation provided by law enforcement or by ambulance

c. Describe the process if a client needs facility-based crisis stabilization (i.e., other than hospitalization—may include crisis respite, crisis residential, extended observation, etc.):

- If a client needs facility based crisis stabilization, individual is referred for medication management, skills training, crisis counseling, crisis respite or crisis residential.

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

a. During business hours

- Contact the crisis hotline or LMHA MCOT for staff deployment.

b. After business hours

- Contact the crisis hotline for MCOT/QMHP-CS deployment.

c. Weekends/holidays

- Contact the crisis hotline for MCOT/QMHP-CS deployment.

7. If an inpatient bed is not available:

a. Where is an individual taken while waiting for a bed?

- If in ER, they stay in ER (ER=Emergency Room). If not, safety plan is developed, family is involved and follow up is done the next day. Taken to Sheriff's Department and held under suicide watch. ER keeps them in Starr County, until there is a bed available. In Jim Hogg and Zapata Counties, the client is taken to Sheriff's department for observation.

b. Who is responsible for providing continued crisis intervention services?

MCOT teams

c. Who is responsible for continued determination of the need for an inpatient level of care?

- If a client needs facility based crisis stabilization, individual is referred for medication management, skills training, crisis counseling, crisis respite or crisis residential.

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

- Sheriff's department for Webb County, Zapata, Jim Hogg. If in Starr County, the police department and Sherriff department will pick up client for emergency detention.

**Crisis Stabilization**

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

Name of Facility	Camino Real Crisis Residential Unit
Location (city and county)	Lytle and Atascosa County, Eagle Pass and Maverick County
Phone number	(210) 357-0300
Type of Facility (see Appendix B)	Crisis residential unit
Key admission criteria (type of patient accepted)	Crisis stabilization
Circumstances under which medical clearance is required before admission	Substance abuse or an unstable medical condition
Service area limitations, if any	Outside of our catchment area
Other relevant admission information for first responders	N/A
Accepts emergency detentions?	Yes

**Inpatient Care**

9. What alternatives to the state hospital does your service area have for psychiatric inpatient care for medically indigent? Replicate the table below for each alternative.

Name of Facility	NIX Behavioral Health Center
Location (city and county)	San Antonio and Bexar
Phone number	(210) 200-7022
Key admission criteria	Imminent risk to self or others
Service area limitations, if any	Within catchment area
Other relevant admission information for first responders	Medical condition
Name of Facility	NIX Behavioral Health Center
Location (city and county)	San Antonio and Bexar
Phone number	(210) 200-7022

Key admission criteria	Imminent risk to self or others
Service area limitations, if any	Within catchment area
Other relevant admission information for first responders	Medical condition

Name of Facility	Southwest General Hospital
Location (city and county)	San Antonio and Bexar
Phone number	(210) 921-2000
Key admission criteria	Imminent risk to self or others
Service area limitations, if any	Within catchment area
Other relevant admission information for first responders	Medical condition

Name of Facility	Doctor's Hospital at Renaissance
Location (city and county)	Edinburg and Hidalgo County
Phone number	(956) 362-8677
Key admission criteria	Imminent risk to self or others
Service area limitations, if any	Within catchment area
Other relevant admission information for first responders	Medical condition

Name of Facility	Bayview Behavioral Hospital
Location (city and county)	Corpus Christi and Nueces County
Phone number	(361) 986-8200
Key admission criteria	Imminent risk to self or others
Service area limitations, if any	Within catchment area
Other relevant admission information for first responders	Medical condition

Name of Facility	Tropical Texas Behavioral Health Center
Location (city and county)	Edinburg and Hidalgo County
Phone number	(956) 289-7000
Key admission criteria	Imminent risk to self or others
Service area limitations, if any	Within catchment area
Other relevant admission information for first responders	Medical condition

## II.C Plan for local, short-term management of pre/post-arrest patients incompetent to stand trial

10. What local inpatient or outpatient alternatives to the state hospital does your service area currently have for competency restoration?

a. Identify and briefly describe available alternatives.

- N/A

b. What barriers or issues limit access or utilization to local inpatient or outpatient alternatives? If not applicable, enter N/A.

- N/A

c. Does the LMHA/LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison? At what point is the jail liaison engaged?

- N/A

If the LMHA/LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA/LBHA and the jail.

- N/A

d. What plans do you have over the next two years to maximize access and utilization of local alternatives for competency restoration? If not applicable, enter N/A.

- N/A

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

- Outpatient Competency Restoration Program

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

- Funding, infrastructure and staffing (Psychiatrists, and licensed staff)

#### **II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment**

13. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services?

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

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

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

#### **II.E Communication Plans**

15. How will key information from the Psychiatric Emergency Plan be shared with emergency responders and other community stakeholders? Consider use of pamphlets/brochures, pocket guides, website page, mobile app, etc.

- Monthly meetings with Community Coalitions
- Pamphlets and brochures
- CRCG's
- Local school districts

16. How will you ensure LMHA/LBHA staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

- Crisis plan training and refreshers provided to all staff

## II.F Gaps in the Local Crisis Response System

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

Counties	Service System Gaps
Webb County	<ul style="list-style-type: none"> <li>• The inpatient psychiatric hospitals</li> <li>• Psychiatrists</li> <li>• Licensed Staff</li> <li>• Inpatient substance abuse</li> <li>• Detox Center</li> </ul>
Jim Hogg County	<ul style="list-style-type: none"> <li>• The inpatient psychiatric hospitals</li> <li>• Psychiatrists</li> <li>• Licensed Staff</li> <li>• Inpatient substance abuse</li> <li>• Detox Center</li> </ul>
Starr County	<ul style="list-style-type: none"> <li>• The inpatient psychiatric hospitals</li> <li>• Psychiatrists</li> <li>• Licensed Staff</li> <li>• Inpatient substance abuse</li> <li>• Detox Center</li> </ul>
Zapata County	<ul style="list-style-type: none"> <li>• The inpatient psychiatric hospitals</li> <li>• Psychiatrists</li> <li>• Licensed Staff</li> <li>• Inpatient substance abuse</li> <li>• Detox Center</li> </ul>

## Section III: Plans and Priorities for System Development

### III.A Jail Diversion

Indicate which of the following strategies you use to divert individuals from the criminal justice system. List current activities and any plans for the next two years. Include specific activities that describe the strategies checked in the first column. For those areas not required in the DSHS Performance Contract, enter NA if the LMHA/LBHA has no current or planned activities.

<b>Intercept 1: Law Enforcement and Emergency Services</b>	
<b>Components</b>	<b>Current Activities</b>
<input checked="" type="checkbox"/> Co-mobilization with Crisis Intervention Team (CIT) <input checked="" type="checkbox"/> Co-mobilization with Mental Health Deputies <input checked="" type="checkbox"/> Co-location with CIT and/or MH Deputies <input checked="" type="checkbox"/> Training dispatch and first responders <input type="checkbox"/> Training law enforcement staff <input checked="" type="checkbox"/> Training of court personnel <input checked="" type="checkbox"/> Training of probation personnel <input type="checkbox"/> Documenting police contacts with persons with mental illness <input type="checkbox"/> Police-friendly drop-off point <input checked="" type="checkbox"/> Service linkage and follow-up for individuals who are not hospitalized <input type="checkbox"/> Other:	<ul style="list-style-type: none"> <li>• Continuous CIT Training</li> <li>• Advocated for Veteran's Court training</li> <li>• Mental Health Services Training</li> <li>• N/A</li> <li>• N/A</li> <li>• MCOT Follow Up</li> </ul>
<b>Plans for the upcoming two years:</b> <ul style="list-style-type: none"> <li>• Court Ordered Outpatient Services</li> <li>• Continuous Law Enforcement Training</li> </ul>	



<b>Intercept 2: Post-Arrest: Initial Detention and Initial Hearings</b>	
<b>Components</b>	<b>Current Activities</b>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Staff at court to review cases for post-booking diversion</li> <li><input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility</li> <li><input checked="" type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion</li> <li><input checked="" type="checkbox"/> Staff at court who can authorize alternative services to incarceration</li> </ul>	<ul style="list-style-type: none"> <li>• Jail Diversion Staff participates in weekly court hearings for youth</li> <li>• Mental Health screening conducted and initial appointment schedule</li> <li>• Jail Diversion provides case management activities</li> <li>• Jail Diversion and LPHA staff</li> <li>• Jail Diversion case management activities</li> <li>• Psychiatric services for youth and adults</li> </ul>

<b>Intercept 2: Post-Arrest: Initial Detention and Initial Hearings</b>	
<b>Components</b>	<b>Current Activities</b>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Link to comprehensive services</li> <li><input checked="" type="checkbox"/> Other: Telemedicine services</li> </ul>	
<p><b>Plans for the upcoming two years:</b></p> <ul style="list-style-type: none"> <li>• Continue and improve Jail Diversion services and expand to outlying counties</li> </ul>	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
<input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input checked="" type="checkbox"/> Mental Health Court <input checked="" type="checkbox"/> Veterans' Court <input type="checkbox"/> Drug Court <input type="checkbox"/> Outpatient Competency Restoration <input type="checkbox"/> Services for persons Not Guilty by Reason of Insanity <input type="checkbox"/> Services for persons with other Forensic Assisted Outpatient Commitments <input type="checkbox"/> Providing services in jail for persons Incompetent to Stand Trial <input type="checkbox"/> Compelled medication in jail for persons Incompetent to Stand Trial <input type="checkbox"/> Providing services in jail (for persons without outpatient commitment) <input checked="" type="checkbox"/> Staff assigned to serve as liaison between specialty courts and services providers <input checked="" type="checkbox"/> Link to comprehensive services <input type="checkbox"/> Other:	<ul style="list-style-type: none"> <li>• Coordinate intake eligibility</li> <li>• Attend monthly meetings</li> <li>• Train advocates</li> <li>• Attend Mental Health Court</li> <li>• Coordinate outpatient mental health services</li> </ul>
Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
<b>Plans for the upcoming two years:</b> <ul style="list-style-type: none"> <li>• Expand the jail diversion activities by being active in the courts.</li> </ul>	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<input checked="" type="checkbox"/> Providing transitional services in jails <input checked="" type="checkbox"/> Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release <input checked="" type="checkbox"/> Structured process to coordinate discharge/transition plans and procedures <input type="checkbox"/> Specialized case management teams to coordinate post-release services <input type="checkbox"/> Other:	<ul style="list-style-type: none"> <li>• Initial intake eligibility</li> <li>• TCOMMI services are available for individuals that are discharged from jails for adults. Youth intensive case management (Wraparound Services)</li> <li>• Continuity of care</li> <li>• N/A</li> </ul>
<b>Plans for the upcoming two years:</b> <ul style="list-style-type: none"> <li>• Continuation of services.</li> </ul>	

Intercept 5: Community corrections and community support programs	
Components	Current Activities
<input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders <input checked="" type="checkbox"/> Training for probation or parole staff <input checked="" type="checkbox"/> TCOOMMI program <input type="checkbox"/> Forensic ACT	<ul style="list-style-type: none"> <li>•</li> </ul>

Intercept 5: Community corrections and community support programs	
Components	Current Activities
<input checked="" type="checkbox"/> Staff assigned to facilitate access to comprehensive services; specialized caseloads <input checked="" type="checkbox"/> Staff assigned to serve as liaison with community corrections <input checked="" type="checkbox"/> Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance  <input type="checkbox"/> Other:	<ul style="list-style-type: none"> <li>• Intake eligibility assessment</li> <li>• Provide Mental Health First Aid, ASSIST Training and Mental Health Services</li> <li>• Case Management Activities</li> <li>• N/A</li> <li>• Probation and parole intensive case management</li> <li>• Monthly meetings with probation and parole</li> </ul>
<b>Plans for the upcoming two years:</b> <ul style="list-style-type: none"> <li>• Continue with services.</li> </ul>	

### III.B Other System-Wide Strategic Priorities

Briefly describe the current status of each area of focus (key accomplishments and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Current Status	Plans
Improving continuity of care between inpatient care and community services	<ul style="list-style-type: none"> <li>• Attend staffings at psychiatric hospitals</li> <li>• Utilization management activities</li> <li>• Discharge planning</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on reducing the long term in-patient stay</li> <li>• Transition clients to the community</li> </ul>
Reducing hospital readmissions	<ul style="list-style-type: none"> <li>• Crisis respite and residential services</li> <li>• Wraparound services for children and youth</li> </ul>	<ul style="list-style-type: none"> <li>• Enroll in an intensive level of care</li> <li>• Reduce the number of hospital admissions</li> <li>• Provide pre-engagement activities</li> </ul>
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community	<ul style="list-style-type: none"> <li>• Periodic reassessment of consumer</li> </ul>	<ul style="list-style-type: none"> <li>• Place individuals in most appropriate community settings</li> </ul>

Area of Focus	Current Status	Plans
Reducing other state hospital utilization	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Tailoring service interventions to the specific identified needs of the individual	<ul style="list-style-type: none"> <li>• Individualized person-centered recovery plans</li> </ul>	<ul style="list-style-type: none"> <li>• Peer support providers for adults</li> </ul>
Ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> <li>• Cognitive behavior therapy</li> <li>• ACT</li> <li>• Wraparound</li> <li>• Skills streaming</li> <li>• IMR-Psychosocial rehab</li> <li>• Supported housing</li> <li>• Supported employment</li> </ul>	<ul style="list-style-type: none"> <li>• Procuring a percentage of CBT services allowing for a greater choice and ensure that all licensed staff get CBT certified.</li> <li>• Credentialing all staff to provide evidenced-based services.</li> </ul>
Transition to a recovery-oriented system of care, including development of peer support services and other consumer involvement in Center activities and operations (e.g., planning, evaluation)	<ul style="list-style-type: none"> <li>• Hire adult peer specialist</li> <li>• Children: 3 Family Support Providers</li> <li>• Ongoing peer family meetings</li> <li>• Involvement with VIA Hope Transitional Recovery System</li> </ul>	<ul style="list-style-type: none"> <li>• Hire Peer Specialist for Adults</li> <li>• Increase participation in family support groups for children and adults</li> </ul>
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> <li>• Hire 3 Licensed Chemical Dependency Counselors</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with medication education and training</li> <li>• To become a licensed provider</li> </ul>
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> <li>• Integrated healthcare services in all four counties</li> </ul>	<ul style="list-style-type: none"> <li>• Continue and increase the number of clients served.</li> <li>• Reduce the clients with co-morbid disorders which will reduce hospitalizations</li> </ul>

### III.C Local Priorities and Plans

- Based on identification of unmet needs, stakeholder input, and your internal assessment, identify your 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 your plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.

Local Priority	Current Status	Plans
		<ul style="list-style-type: none"> <li>• Hire full MCOT Team (ex. RN, LPHA, and Psychiatrist)</li> </ul>
<ul style="list-style-type: none"> <li>• To have crisis beds available in the community</li> </ul>	<ul style="list-style-type: none"> <li>• There are no psychiatric beds within our community</li> </ul>	<ul style="list-style-type: none"> <li>• Market community needs to private hospitals</li> </ul>
<ul style="list-style-type: none"> <li>• Retain Employees</li> </ul>	<ul style="list-style-type: none"> <li>• High Turnover</li> </ul>	<ul style="list-style-type: none"> <li>• Standardized training for service enhancement</li> </ul>
<ul style="list-style-type: none"> <li>• Infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Limited Space</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion</li> </ul>
<ul style="list-style-type: none"> <li>• Licensed Staff: Psychiatrist, Nurses, LPHAs, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Locum tenens; telemedicine; telehealth; contracted licensed staff</li> </ul>	<ul style="list-style-type: none"> <li>• Hire and retain full time licensed staff</li> <li>• Competitive pay</li> </ul>

### III.D Priorities for System Development

Development of the local plans should include a process to identify local priorities and needs, and the resources that would be 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 will build on the ongoing communication and collaboration LMHAs/LBHAs have with local stakeholders, including work done in response to the 2015 Crisis Needs and Capacity Assessment. The primary purpose is to support local planning, collaboration, and resource development. The information will also provide a clear picture of needs across the state and support planning at the state level. Please provide as much detail as practical for long-term planning.

In the table below, identify your service area’s priorities for use of any new funding for crisis and other services. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to

hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

- a. Assign a priority level of 1, 2 or, 3 to each item, with 1 being the highest priority.
- b. Identify the general need.
- c. Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable.
- d. Estimate the funding needed, listing the key components and costs. For recurring/ongoing costs (such as staffing), state the annual cost.

Priority	Need	How resources would be used (brief)	Estimated Cost
1	<i>Example: Detox Beds</i>	<ul style="list-style-type: none"> <li>• <i>Establish a 6-bed detox unit at ABC Hospital.</i></li> </ul>	•
2	<i>Example: Nursing home care</i>	<ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.</i></li> </ul>	•
1.	Child Psychiatrist	<ul style="list-style-type: none"> <li>• Provide psychiatric services on a face-to-face basis; bilingual</li> </ul>	• \$300,000
2.	Detox Center	<ul style="list-style-type: none"> <li>• Individuals will receive medical detox before accepted in a rehab center</li> </ul>	• \$1,000,000
3.	Crisis Triage	<ul style="list-style-type: none"> <li>• Immediate access to crisis services</li> <li>• Reduce emergency room admissions</li> </ul>	• \$1,500,000
4.	Health and Wellness Program	<ul style="list-style-type: none"> <li>• Reduce burnout</li> <li>• Increase staff retention</li> <li>• Reduce insurance claims</li> <li>• Improve employee wellness</li> </ul>	• \$50,000

## Appendix A: Levels of Crisis Care

**Admission criteria** – Admission into services is determined by the individual’s rating on the Uniform Assessment and clinical determination made by the appropriate staff. The Uniform Assessment is an assessment tool comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the Uniform Assessment module items of Risk Behavior (Suicide Risk and Danger to Others), Life Domain Functioning and Behavior Health Needs (Cognition) trigger a score that indicates the need for crisis services.

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

**Crisis Residential** – Up to 14 days of short-term, community-based residential, crisis treatment for individuals who may pose some risk of harm to self or others, who may have fairly severe functional impairment, and who are demonstrating psychiatric crisis that cannot be stabilized in a less intensive setting. Mental health professionals are on-site 24/7 and individuals must have at least a minimal level of engagement to be served in this environment. Crisis residential facilities do not accept individuals who are court ordered for treatment.

**Crisis Respite** – Short-term, community-based residential crisis treatment for individuals who have low risk of harm to self or others and may have some functional impairment. Services may occur over a brief period of time, such as 2 hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons for whom they care to avoid mental health crisis. Crisis respite services are both facility-based and in-home, and may occur in houses, apartments, or other community living situations. Facility based crisis respite services have mental health professionals on-site 24/7.

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

**Crisis Stabilization Units (CSU)** – Crisis Stabilization Units are licensed facilities that provide 24/7 short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected, clinically staffed, psychiatrically supervised, treatment environment that complies with a Crisis Stabilization Unit licensed under Chapter 577 of the Texas Health and



Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code. CSUs may accept individuals that present with a high risk of harm to self or others.

**Extended Observation Units (EOU)** – Emergency services of up to 48 hours provided to individuals in psychiatric crisis, in a secure and protected, clinically staffed, psychiatrically supervised environment with immediate access to urgent or emergent medical and psychiatric evaluation and treatment. These individuals may pose a moderate to high risk of harm to self or others. EOUs may also accept individuals on voluntary status or involuntary status, such as those on Emergency Detention. Individuals on involuntary status may receive preliminary examination and observation services only. EOUs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital.

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

**Psychiatric Emergency Service Center (PESC) and Associated Projects** – There are multiple psychiatric emergency services programs or projects that serve as step down options from inpatient hospitalization. Psychiatric Emergency Service Center (PESC) projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

**Psychiatric Emergency Service Centers (PESC)** – Psychiatric Emergency Service Centers provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC are staffed by medical personnel and mental health professionals that provide care 24/7. PESC may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital. PESC must be available to individuals who walk in, and must contain a combination of projects.

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