

Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local
Behavioral Health Authorities

Fiscal Years 2020-2021

Due Date: September 30, 2020

Submissions should be sent to:

Performance.Contracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

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Introduction

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

The CLSP asks for information related to community stakeholder involvement in local planning efforts. The Health and Human Services Commission (HHSC) recognizes that community engagement is an ongoing activity and input received throughout the biennium will be reflected in the local plan. LMHAs and LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed. In completing the template, please provide concise answers, using bullet points. Only use the acronyms noted in Appendix B and language that the community will understand as this document is posted to LMHAs and LBHAs' websites. When necessary, add additional rows or replicate tables to provide space for a full response.

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Section I: Local Services and Needs

I.A Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable):*
 - *Screening, assessment, and intake*
 - *Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children*
 - *Extended Observation or Crisis Stabilization Unit*
 - *Crisis Residential and/or Respite*
 - *Contracted inpatient beds*
 - *Services for co-occurring disorders*
 - *Substance abuse prevention, intervention, or treatment*
 - *Integrated healthcare: mental and physical health*
 - *Services for individuals with Intellectual Developmental Disorders(IDD)*
 - *Services for youth*
 - *Services for veterans*
 - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Camino Real Community Services Atascosa/McMullen MHC	1749 Hwy 97 East Jourdanton, TX 78026	Atascosa & McMullen	<ul style="list-style-type: none"> • Screening, Assessment and Intake • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Crisis Services • Full Levels of Care • Adults & Child/Adolescent

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Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Camino Real Community Services Frio/LaSalle MHC	411 East Brazos Pearsall, TX 78061	Frio & LaSalle	<ul style="list-style-type: none"> • Screening, Assessment and Intake • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Crisis Services • Full Levels of Care • Adults & Child/Adolescent
Camino Real Community Services Maverick Adult MHC	757 Rio Grande St Eagle Pass, TX 78852	Maverick	<ul style="list-style-type: none"> • Screening, Assessment and Intakes • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Crisis Services • Full Levels of Care Adults
Camino Real Community Services Maverick C&A MHC	2644 Encino Park Dr. Eagle Pass, TX 78852	Maverick	<ul style="list-style-type: none"> • Screening, Assessment and Intake • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Crisis Services • Full Levels of Care Child/Adolescent
Camino Real Community Services Wilson Adult MHC	1005 B. Street Floresville, TX 78114	Wilson	<ul style="list-style-type: none"> • Screening, Assessment and Intake • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Crisis Services • Full Levels of Care • Adults

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Camino Real Community Services Wilson C&A MHC	1327 Third Street Floresville, TX 78114	Wilson	<ul style="list-style-type: none"> • Screening, Assessment and Intake • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Mobile Crisis Outreach Services • Full Levels of Care • Child/Adolescent
Camino Real Community Services Karnes County MHC	322 West Main, Suite 104 Kenedy, TX 78119	Karnes	<ul style="list-style-type: none"> • Screening, Assessment and Intake • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Crisis Services • Full Levels of Care • Adults & Child/Adolescent
Camino Real Community Services Zavala/Dimmit Co. MHC	315 N. First Ave Crystal City, TX 78839	Zavala & Dimmit	<ul style="list-style-type: none"> • Screening, Assessment and Intake • Texas Resilience and Recovery (TRR) outpatient • Services for co-occurring disorder • Crisis Services • Full Levels of Care • Adults & Child/Adolescent
Camino Real Community Services Mobile Crisis Outreach Team (24/7 MCOT)	19971 FM 3175 N Lytle, TX 78052	Atascosa, Frio, LaSalle & McMullen	<ul style="list-style-type: none"> • Crisis Outreach, Response, and Follow-up Services • Adults and Child/Adolescent
Camino Real Community Services Mobile Crisis Outreach Team (24/7 MCOT)	1920 10 th Street Floresville, TX 78114	Wilson & Karnes	<ul style="list-style-type: none"> • Crisis Outreach, Response, and Follow-up Services • Adults and Child/Adolescent

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Camino Real Community Services Mobile Crisis Outreach Team (24/7 MCOT)	2644 Encino Park Dr. Eagle Pass, TX 78852	Dimmit, Maverick, & Zavala	<ul style="list-style-type: none"> • Crisis Outreach, Response, and Follow-up Services • Adults & Child/Adolescent
Camino Real Community Services Crisis Residential	2644 Encino Park Dr. Eagle Pass, TX 78852	Catchment Area	<ul style="list-style-type: none"> • Crisis Residential 24/7 • Adults
Camino Real Community Services Crisis Residential	19971 FM 3175 N PO Box 725 Lytle, Texas 78052	Catchment Area	<ul style="list-style-type: none"> • Crisis Residential 24/7 • Adults
Camino Real Community Services Veteran's Peer to Peer Outreach	1920 10 th Street Floresville, TX 78114	Karnes, Wilson, Atascosa, Frio, LaSalle, & McMullen	<ul style="list-style-type: none"> • Peer to Peer Services Bring Everyone In the Zone • Adults
Camino Real Community Services Integrated Mental & Physical Health	757 Rio Grande St Eagle Pass, TX 78852	Maverick	<ul style="list-style-type: none"> • Brief counseling services • Integrated healthcare: mental and physical health • Adults
Wood Care Center, Inc. (Wood Group)	322 West Main, Suite 104 Kenedy, TX 78119	Karnes	<ul style="list-style-type: none"> • Psychosocial Rehabilitation Services • LOC 3&4 • Adults
Clarity Child Guidance Center	8535 Tom Slick Drive San Antonio, TX 78229	Bexar	<ul style="list-style-type: none"> • Contracted Inpatient Services Child & Adolescent
San Antonio Behavioral Healthcare Hospital	8550 Huebner Rd, San Antonio, TX 78240	Bexar	<ul style="list-style-type: none"> • Contracted Inpatient services • Children, Adolescents and Adults

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Southwest General Hospital	7400 Barlite Blvd, San Antonio, TX 78224	Bexar	<ul style="list-style-type: none"> • Contracted Inpatient services • Adults
Avail Solutions, Inc.	4626 Weber Rd. Corpus Christi, TX 78411	Catchment area	<ul style="list-style-type: none"> • Contracted Crisis Hotline Services • Adults and Children
UTMB- Department of Psychiatry	301 University Blvd, Galveston, TX 77555	Catchment Area	<ul style="list-style-type: none"> • Telemedicine Professional Services • Child/Adolescent Psychiatric Services
Iris Telehealth	807 West Ave. Austin, TX 78701	Catchment Area	<ul style="list-style-type: none"> • Contracted Child Psychiatric Services • Children/Adolescents
East Texas Behavioral Health Network	4101 TX-248 Spur Tyler, TX 75701	Catchment Area	<ul style="list-style-type: none"> • Contracted Psychiatric Services – Telemedicine • Contracted Counseling – Telehealth • Contracted Pharmacy Benefit Manager • Intake
SOC Telemed	1768 Business Center Drive, STE 100 Reston VA 20190	Catchment Area	<ul style="list-style-type: none"> • Contracted Emergency Psychiatric Services • Adults
FAS Psych	Ventura Gateway 8687 E. Via de Ventura, #310 Scottsdale, AZ 85258	Catchment Area	<ul style="list-style-type: none"> • Contracted Psychiatric Services – Telemedicine
Fort Duncan Medical Center	3333 N Foster Maldonado Blvd Eagle Pass, TX 78852	Maverick	<ul style="list-style-type: none"> • Laboratory Services • Adults and Child/Adolescent
Laurel Ridge	17720 Corporate Woods Dr. San Antonio, TX 78259	Bexar	<ul style="list-style-type: none"> • Contracted Inpatient services • Children, Adolescents and Adults
United Medical Center (FQHC) Integrated Mental & Physical Health	2525 N. Veteran’s Blvd. Eagle Pass, TX 78852	Maverick	<ul style="list-style-type: none"> • Brief Counseling Services

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I.B Mental Health Grant Program for Justice Involved Individuals

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

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

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

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

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

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

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

I.D Community Participation in Planning Activities

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

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers <input type="checkbox"/> Advocates (children and adult) <input type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • 	<input checked="" type="checkbox"/> Family members <input checked="" type="checkbox"/> Concerned citizens/others <input type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> •
<input type="checkbox"/> Mental health service providers	<input type="checkbox"/> Substance abuse treatment providers
<input type="checkbox"/> Prevention services providers	<input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers
<input checked="" type="checkbox"/> County officials <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • Atascosa County Judge- Robert Hurley • Atascosa JP 1- Felix Herrera • Atascosa JP 2- Kyle Bradley • Atascosa JP 3- Orlando Carrasco • Atascosa JP 4- Jackie Bodden • Frio County Judge- Arnulfo Luna • Frio JP 1- Shanna Gates • Frio JP 1- James A. Sindon • Frio JP 3- Susan Ruiz-Belding • Frio JP4- Larry Flores • McMullen County Judge- James E. Teal 	<input type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> •

Stakeholder Type

- LaSalle JP 1-Judge Roxanna Rodriguez
- LaSalle JP 3- George Trigo
- Maverick County Judge – David Saucedo
- Maverick JP 3- Domingo Rodriguez
- Maverick JP 3-2 - Jennie Smith
- Maverick JP 4- Teresa Hernandez
- Dimmit JP 1- Sonia Perrez
- Dimmit JP 2- Alberto Esquivel
- Zavala JP 1 – Paula DeLeon
- Zavala JP 4- Susie Bermea
- Wilson County Judge Sara Canady
- Wilson County Judge Clara Rutland
- Wilson County Joe Jackson
- Karnes County Attorney Jennifer Dillingham
- Karnes Judge Wade Hedke
- Karnes Judge Daisy Villanueva

Federally Qualified Health Center and other primary care providers

Hospital emergency room personnel

Faith-based organizations

Probation department representatives

Court representatives (Judges, District Attorneys, public defenders)

Stakeholder Type

Local health departments

LMHAs/LBHAs

**List the LMHAs/LBHAs and the staff that participated:*

•

Emergency responders

Community health & human service providers

Parole department representatives

Law enforcement

**List the county/city and the official name and title of participants:*

Stakeholder Type

**List the county and the official name and title of participants:*

-

Stakeholder Type

Maverick County Sheriff's Office

- Warden Parra
- Lieutenant Cruz
- Chief Deputy Deleon

Eagle Pass PD

- Lieutenant Amy Gonzalez
- Eagle Pass PD – Sargent Barrientos
- Eagle Pass PD – Sargent Zapata

Adult/Juvenile/Probation/Parole officers

- Jorge De Los Santos
- Melissa Garza
- Pablo Aguillon
- Humberto Herrera

Adult Protective Services

- Rolando Lerma
- Diana Garcia

Dimmit Sheriff's office

- Deputy Jerry Martinez
- Deputy Chris Casteneda
- Deputy Lucas Quintanilla
- Warden Osvaldo Perez
- Captain Chris Castaneda

Zavala

- Warden Jesus Becerra
- Daniela Rios -Jail nurse

Karnes

- Chief Eddie Salas
- Chief Richard Ashch-Kennedy PD
- Sheriff Dwayne Villanueva

Stakeholder Type

Stakeholder Type

- Chief Robert Ebrom
- Valerie Campos-Probation
- Courtney Moore-Probation
- Melissa Padron-Probation
- Pricilla Suarez- APS for Wilson/Karnes

Wilson

- Investigator Stephen Moore
- Chief George Herrera-Floresville PD

Atascosa

- Major Matthew Miller
- Captain Martin Gonzalez- Jail Administrator
- Sargent Mike Benavidez
- Deputy Robert Saucedo
- Deputy Albert Garza
- Deputy Kenneth Martinez
- Constable Rick Luna
- Officer Jordan Haren-Pleasanton PD
- Officer Philip Glass-Pleasanton PD
- Chief Eric Kaiser

McMullen

- Sheriff Emmett L. Shelton

Frio

- Chief Peter Salinas-Pearsall PD
- Sheriff Albert DeLeon
- Officer Jerry McGhee
- Officer Michael Guerrero
- Officer John Meyer
- Deputy Danny Delgado
- Deputy Leal
- Deputy Jerry Reyna
- Officer Gregory Reyes

Stakeholder Type

Stakeholder Type

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

LaSalle

- Sheriff Miguel Rodriguez
- Deputy Earl W. Heath
- Nick Ayers-Juvenile Probation
- Captain Jose Garcia
-

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

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

- | |
|---|
| • Education on Certified Community Behavioral Health Clinic |
| • Camino Real Community Services Needs Assessment Survey |
| • Education of what it means to be "Trauma Informed/Sensitive" |
| • Education and information about psychiatric inpatient hospital beds and contract beds |
| • Education and information of Crisis Residential Facility and services offered, criteria for admission, etc. |

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

- | |
|--|
| • Substance Abuse Treatment and Services |
| • Transportation for hospitalizations for children and adults |
| • Training for Law Enforcement on legal options related to dealing with persons with mental disabilities |
| • Placement options for children needing residential treatment |
| • Options for persons with criminal justice involvement |

Section II: Psychiatric Emergency Plan

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

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

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

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

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

II.A Development of the Plan

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

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

- Quarterly task force meetings are coordinated where representatives from inpatient psychiatric hospitals are invited to share information.

Ensuring the entire service area was represented; and

- Quarterly task force meetings are coordinated throughout our 9-county service area that stakeholders from all counties in our service area are invited to attend.

Soliciting input.

- Input is solicited from our stakeholders to include inpatient hospitals' staff, law enforcement, county officials, school districts, FQHCs, nursing homes, local hospital staff, etc. Input is also solicited through input in needs assessments.

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

1. How is the Crisis Hotline staffed?

During business hours

- 24/7 Avail Solutions 1-800-543-5750

After business hours

- 24/7 Avail Solutions 1-800-543-5750

Weekends/holidays

- 24/7 Avail Solutions 1-800-543-5750

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

- Avail Solutions

3. How is the MCOT staffed?

During business hours

- QMHP's 8am – 7pm; on call and on-site with access to LPHAs for consultations

After business hours

- QMHP's on call from 5pm-8am with access to LPHAs for consultations.

Weekends/holidays

- QMHP's 9am-1pm Saturday and Sunday on-site; Night and day on call with access to LPHAs for consultation

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

- No

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

- MCOT staff are required to conduct a follow-up within 24 hours of initial crisis episode. Preferably they are completed face to face but can be conducted via phone if face to face isn't possible. Often case management takes place when individuals need to be linked to other resources, i.e. substance abuse services, detox, shelters. Skills trainings are often used by MCOT staff to help decrease anxiety, provide problem solving, reality orientation, etc.

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

Emergency Rooms:

- Yes, approximately 25% of the center's crisis calls are from ERs.

Law Enforcement:

- Yes, MCOT is routinely deployed

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

- None, as there are no state hospitals in our service area.

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

During business hours:

- Contact the 24/7 crisis hotline 1-800-543-5750

After business hours:

- Contact the 24/7 crisis hotline 1-800-543-5750

Weekends/holidays:

- Contact the 24/7 crisis hotline 1-800-543-5750

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

- If the client cannot be stabilized the client will be admitted to our Crisis Residential Unit for further evaluation by a psychiatrist or, hospitalized in a contracted private inpatient psychiatric or state mental health facility for further assessment and inpatient services.

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

- If in an emergency room, generally medical clearance is determined by ER staff. If in a jail, then law enforcement may transport to the ER for medical clearance based on their specific county jail standards.

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

- Risk Assessment, Stabilization, Consult, & Safety Planning tasks are completed.
- Involuntary: MCOT staff contact psychiatric hospitals to coordinate placement in a hospital bed (LMHA contracted or state hospital). Emergency Detention obtained. Place client in the High LOC inpatient hospital bed.
- Voluntary: MCOT staff coordinates a hospital bed for the client.

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

- MCOT staff coordinate with the Crisis Residential Unit (CRU) nursing staff, and/or the psychiatrist for admission. If medically stable, admit to CRU.

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.

- We determine if it is safe to go into an alternate location. Avail provides a screening relating to the safety of the location. If an assessment to an alternate location that is not known to us is requested, a welfare check is requested by law enforcement to ensure the setting is safe or the person can be taken somewhere safe to be assessed.

14. If an inpatient bed at a psychiatric hospital is not available:

Where does the individual wait for a bed?

- Family is involved whenever possible. A Safety Plan is developed, and follow-up is done until a bed is available.
- LMHA's Crisis Residential Unit
- Hospital Emergency Room (If in ER, stay in ER.
- If a State Mental Health Facility bed is not available, Camino Real CS utilizes contracted psychiatric inpatient beds.

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

- MCOT staff or case manager if individual is an Active client of the center.

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

- Family and natural support systems
- MCOT staff
- Ambulance

Crisis Stabilization

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

Name of Facility	Camino Real Community Services Crisis Center
Location (city and county)	Eagle Pass, Maverick County and Lytle, Atascosa County
Phone number	Eagle Pass: 830-498-2000; Lytle: 830-266-5500
Type of Facility (see Appendix A)	Crisis Residential Unit
Key admission criteria (type of individual accepted)	Voluntary, Adults, Stable medical/physical health, Moderate to Severe Psychiatric Crisis
Circumstances under which medical clearance is required before admission	Older adults, intoxication, drug overdose, bleeding, medical emergency
Service area limitations, if any	N/A
Other relevant admission information for first responders	Open 24/7
Accepts emergency detentions?	No
Number of Beds	Eagle Pass: 16 Lytle: 16

Inpatient Care

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

Name of Facility	Southwest General Hospital
Location (city and county)	San Antonio, Bexar County
Phone number	(210) 921-2000
Key admission criteria	Adults at imminent risk of harm to self or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	24//7
Number of Beds	12
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed

If under contract, what is the bed day rate paid to the contracted facility?	\$605/bed day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Clarity Child Guidance Center
Location (city and county)	San Antonio, Bexar County
Phone number	(210) 616-0300
Key admission criteria	Child/Youth <18 years of age at imminent risk of harm to self or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	24/7
Number of Beds	14
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental	Yes

health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$900/bed day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	San Antonio Behavioral Health
Location (city and county)	San Antonio, Bexar County
Phone number	(210)
Key admission criteria	Adults at imminent risk of harm to self or others Child/Youth <18 years of age at imminent risk of harm to self or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	24/7
Number of Beds	422
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis	Yes

stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/bed day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Laurel Ridge
Location (city and county)	San Antonio, Bexar County
Phone number	(210)
Key admission criteria	Adults at imminent risk of harm to self or others Child/Youth <18 years of age at imminent risk of harm to self or others
Service area limitations, if any	N/A
Other relevant admission information for first responders	24/7
Number of Beds	638

Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Yes
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/bed day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

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

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

Identify and briefly describe available alternatives.

- None

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

- No local inpatient options.
- No credentialed eligible staff to conduct competency restoration.
- Medically Underserved Area and Healthcare Professional Shortage Area.

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?

- No

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.

- MCOT Staff
- Local MH Clinic Managers and QMHP's
- Continuity of Care Coordinator

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

- Camino Real CS has no access to local alternatives but continues to explore options and financial resources for hiring individuals who meet the requirements to conduct competency restoration. Developing an outpatient competency program is challenging in a 9-county area with limited population density in any certain county/town. The few individuals who may need competency restoration are dispersed widely across the service area.

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

- Due to the limited space capacity and staffing patterns of local jails, the best option is inpatient competency.

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

- Capacity at the SMHFs for inpatient competency restoration.

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

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

- The LMHA secured training from Avrim Fishkind, MD for detoxification training and protocols to be implemented at the Crisis Residential Units.
- The LMHA has secured licensure as a Substance Use facility and will be providing outpatient substance use services in one county of the service area.
- The center hired Health Care Navigators to facilitate the integration of the holistic approach to addressing the three areas.
- We have partnered with the FQHCs to ensure that the client's physical health care is addressed.

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

- The LMHA plans to expand the Substance Use outpatient to at least one additional county.
- We plan to employ full-time Care Coordinators to integrate services.
- We plan to expand with physical health care by contracting with primary care physicians.

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?

- Camino Real CS holds quarterly Crisis Task Force meetings in most of our counties. The Psychiatric Emergency Plan will be shared with participants. The participants include law enforcement, judicial, schools, EMS, and community stakeholders. The meetings have been a great success by offering a learning opportunity for participants, and a forum for collaboration for all involved.
- Information will be shared at Mental Health First Aid trainings.
- We also continue to engage our Board of Trustees and the PNAC for feedback.
- We produce in-house marketing materials specifically related to our CRU and MCOT services.
- We invested in TVs for our waiting rooms that deliver mental health PSAs as well as messages regarding access to crisis services.
- We post a link to our CLSP on our website along with contact information for feedback.

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

- Crisis plan training, crisis training, and refresher training is provided to all staff.
- The center contracts the hotline out to Avail Solutions, Inc., and has ongoing communication with Avail that will include information related to the Psychiatric Emergency Plan.

II.F Gaps in the Local Crisis Response System

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

County	Service System Gaps	Recommendations to Address the Gaps
Catchment Area	<ul style="list-style-type: none"> Logistics (distance between crisis staff and required response area) 	<ul style="list-style-type: none"> Purchase of televideo equipment to be placed in hospitals and jails.
Catchment Area	<ul style="list-style-type: none"> Recruitment and retention of qualified mental health professionals 	<ul style="list-style-type: none"> Conduct salary search for local averages to be competitive. Enhance recruitment efforts.
Catchment Area	<ul style="list-style-type: none"> Distance to the nearest hospital creates difficulty with regards to transporting individuals needing a higher level of care 	<ul style="list-style-type: none"> Expanded options for transportation to include use of ambulance service and family members.
Catchment Area	<ul style="list-style-type: none"> Employment of Licensed Staff 	<ul style="list-style-type: none"> Increase partnership with universities for use of interns.
Catchment Area	<ul style="list-style-type: none"> Inpatient substance abuse is not available in any area 	<ul style="list-style-type: none"> Actively participate in the OSAR quarterly meetings.
Catchment Area	<ul style="list-style-type: none"> Detox Center options are limited 	<ul style="list-style-type: none"> Find grant opportunities to pay for detox. Explore contract options with detox facilities.

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

A link to the SIM can be accessed here:

<https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

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

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none">• Crisis Hotline	<ul style="list-style-type: none">• Catchment Area	<ul style="list-style-type: none">• Maintain
<ul style="list-style-type: none">• MCOT	<ul style="list-style-type: none">• Catchment Area	<ul style="list-style-type: none">• Maintain

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Quarterly Crisis Task Force Meetings 	<ul style="list-style-type: none"> Catchment Area 	<ul style="list-style-type: none"> Continue the Task Force meetings
<ul style="list-style-type: none"> Sponsor Crisis Intervention Training (CIT) each year 	<ul style="list-style-type: none"> At least one county per year 	<ul style="list-style-type: none"> At least one Law Enforcement education training added per year
<ul style="list-style-type: none"> MHFA training 	<ul style="list-style-type: none"> Catchment Area 	<ul style="list-style-type: none"> MHFA instructors trained in law enforcement specific module.

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Screening for mental illness and diversion eligibility when activated by crisis hotline. 	<ul style="list-style-type: none"> Catchment Area 	<ul style="list-style-type: none"> We plan to continue our relationship with county jails and complete screenings upon request.
<ul style="list-style-type: none"> Staff attend court hearings for known clients and offer MH services in lieu of incarceration. 	<ul style="list-style-type: none"> Catchment Area 	<ul style="list-style-type: none"> Actively review Jail CARE Match data continue to work with the local jails to intervene with individuals who have a history of mental illness.
<ul style="list-style-type: none"> Link to comprehensive services 	<ul style="list-style-type: none"> Catchment Area 	<ul style="list-style-type: none"> Work closely with jails to educate them on service availability and continue with jail match.

Intercept 4: Reentry	County(s)	Plans for upcoming two years:
Current Programs and Initiatives: <ul style="list-style-type: none"> • Structured process to coordinate discharge/transition plans and procedures 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Expand the TCOOMMI program and develop the full array of services (to provide Intensive Case Management to offenders returning to our service area).
<ul style="list-style-type: none"> • Access medication and prescriptions 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Continue current process.

Intercept 5: Community Corrections	County(s)	Plans for upcoming two years:
Current Programs and Initiatives: <ul style="list-style-type: none"> • Routine screening for mental illness and substance use disorders. Telehealth equipment in the county jails to facilitate face to face assessment and crisis intervention timelier 	<ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Visit with correctional facilities regarding contracting for needed services.
<ul style="list-style-type: none"> • TCOOMMI program 	<ul style="list-style-type: none"> • Atascosa, Wilson, Maverick, Zavala 	<ul style="list-style-type: none"> • Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance.
<ul style="list-style-type: none"> • Staff assigned to serve as liaison with community corrections 	<ul style="list-style-type: none"> • Catchment Area Atascosa, Wilson, Maverick, Zavala 	<ul style="list-style-type: none"> • Training for probation or parole staff

III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](#) identifies other significant gaps and goals in the state's behavioral health services system. The gaps identified in the plan are:

- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 3: Coordination across state agencies*
- *Gap 4: Veteran and military service member supports*
- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*
- *Gap 9: Behavioral health services for individuals with intellectual disabilities*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 13: Behavioral health workforce shortage*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*
- *Gap 15: Shared and usable data*

The goals identified in the plan are:

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

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Rapid access for eligibility determination is in place 	<ul style="list-style-type: none"> • Continue Same Day Access Intake Process
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Dedicated full time Care Transition Coordinator and a dedicated Continuity of Care Liaison 	<ul style="list-style-type: none"> • Continue with dedicated position for discharge planning and transition to outpatient care • Continue with Continuity of Care Coordination
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> • Gap 14 • Goals 1,4 	<ul style="list-style-type: none"> • Dedicated full time Care Transition Coordinator 	<ul style="list-style-type: none"> • Continue with dedicated position for discharge planning and transition to outpatient care • Link to Supported Housing Services • Refer to HCBS services for Long Term State Hospital Patients

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • Currently providing: • Cognitive Behavior Therapy • ACT • Wraparound • Psychosocial Rehab • Supported Housing • Supported Employment • IMR • COPS-D • Nurturing Parenting • Seeking Safety • Aggression Replacement Skills Streaming 	<ul style="list-style-type: none"> • Procuring a percentage of CBT services allowing for greater choice and bilingual therapists. • Ongoing Training and Credentialing of staff to provide evidenced based services.
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • Using the PCRP model • Peer Providers in each outpatient clinic 	<ul style="list-style-type: none"> • Send staff to PCRP training ongoing to ensure compliance with PCRP and improvement of staff skill with plans. • Maintain Peer Workforce.
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • COPS_D • Referrals to OSAR • SUD Facility License 	<ul style="list-style-type: none"> • Require COPSD training • Recruit LCDCs. • Offer SUD Outpatient services in one area to include MAT

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • Primary Care physician providing basic physicals to clients in outpatient services with Maverick County. • A co-located Behavioral Health LPHA at the FQHC in Maverick County 	<ul style="list-style-type: none"> • Expand contract opportunities with primary care providers • Continue with FQHC partnership in Maverick County • Hire Care Coordinators to address patients in the service area
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • Dedicated van drivers who provide transportation for outpatient services 	<ul style="list-style-type: none"> • Continue to provide transportation in our remote areas • Continue to provide local transportation options such as the Alamo Regional Transit through AACOG •
Addressing the behavioral health needs of consumers with Intellectual Disabilities	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • Awarded a Community Mental Health Grant to provide services to individuals with IDD access to psychiatric care. 	<ul style="list-style-type: none"> • Continue with counseling and psychiatric care for MHIDD consumers

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • Full Time Veteran Peer Services Coordinator • P/T Peer Providers 	<ul style="list-style-type: none"> • Continue with current process and veteran services' program • Looking at other options to expand opportunities to serve veterans and their family members.

III.C Local Priorities and Plans

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

Local Priority	Current Status	Plans
Substance abuse services	<ul style="list-style-type: none"> • Opened a SUD office in Atascosa County • Staff are trained in COPSD 	<ul style="list-style-type: none"> • Hire LCDCs for our largest clinics • Develop a substance use training series to expand the knowledge of our service providers
Behavioral Health Services (Existing behavioral health	<ul style="list-style-type: none"> • LMHA is main provider through the service area 	<ul style="list-style-type: none"> • The LMHA will continue to evaluate the local staffing plan to meet the

Local Priority	Current Status	Plans
services, resources are insufficient to meet the current population needs.)		<p>needs of our community based on the current funding limitations.</p> <ul style="list-style-type: none"> • The LMHA will continue to attend local interagency meetings and identify local resources as they become available
Primary Care & Specialty Care Services (The demand for primary and specialty care services exceeds that of available medical physicians and non-physician practitioners in these areas.)	<ul style="list-style-type: none"> • The LMHA offers some primary care services in the largest county via a contract with a primary care physician. • Employs Health Care Navigators • The LMHA has MOUs with the FQHCs 	<ul style="list-style-type: none"> • Contract with a primary care physician in at least 2 other counties • Continue to refer to the FQHCs • Utilize Care Coordinators for facilitating access to necessary physical health care services

III.D System Development and Identification of New Priorities

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

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

Provide as much detail as practical for long-term planning and:

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	Detox Beds	<ul style="list-style-type: none"> • Establish the ability to have access to at least 2 beds for detox within the Crisis Residential Unit or through a contract 	<ul style="list-style-type: none"> • \$800/day x 7 days x 4 clients per month x 12 = Approximately \$300,000 per year.
2	Substance Use Disorder Treatment	<ul style="list-style-type: none"> • Establish additional outpatient SUD facilities 	<ul style="list-style-type: none"> • Approximately \$250,000 per small office with LCDCs
3	Extended Observation Unit	<ul style="list-style-type: none"> • Open 2 EOUs in existing buildings to offer more immediate access to crisis care than the ER can provide 	<ul style="list-style-type: none"> • Approximately 1.8 million for 2- fully staff 4 bed EOUs.

Appendix A: Levels of Crisis Care

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

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

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

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

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

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

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

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

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

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

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

Appendix B: Acronyms

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