

Department of State Health Services

Form Y
Consolidated Local
Service Plan (CLSP)

for Local Mental Health Authorities

October, 2016

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Introduction

The Consolidated Local Service Plan (CLSP) encompasses all of the service planning requirements for LMHAs. 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 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 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 (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 or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
• Tropical Texas Behavioral Health	• 1901 S. 24th Ave, Edinburg, 78539	Hidalgo	<ul style="list-style-type: none"> • Screening, assessment and intake; and • Full levels of care (FLOC): adults, children & adolescents.
• Tropical Texas Behavioral Health	• 103 N Loop 499, Harlingen, 78550	Cameron	<ul style="list-style-type: none"> • Screening, assessment and intake; and • Full Levels of care (FLOC): adults, children & adolescents.
• Tropical Texas Behavioral Health	• 861 Old Alice Road, Brownsville, 78520	Cameron	<ul style="list-style-type: none"> • Screening, assessment and intake; and • Full levels of care (FLOC): adults, children & adolescents.
• Tropical Texas Behavioral Health	• 601 W. 6th St, Weslaco, 78596	Hidalgo	<ul style="list-style-type: none"> • Screening, assessment and intake; and • Full levels of care (FLOC): adults, children & adolescents.

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
• Tropical Texas Behavioral Health Drop-In-Center	• 202 S. G St, Harlingen, 78550	Cameron	• Drop In center; Adults
• Tropical Texas Behavioral Health Veteran services	• 1242 N 77 Sunshine Strip, Harlingen, 78550	Cameron	• Veterans Services; Veterans and family members
• The Wood Group	• 715 North H St, Harlingen, 78550	Cameron	• Adult Crisis Respite.
• Doctors Hospital @ Renaissance	• 5501 S. McColl Rd, Edinburg, 78539	Hidalgo	• Adults, children & Adolescents Inpatient Crisis Stabilization.
• South Texas Health System	• 2102 W. Trenton Rd, Edinburg, 78539	Hidalgo	• Adults, children & Adolescents Inpatient Crisis Stabilization.
• A Best International	• 4325 N. 23rd St Ste C, McAllen, 78504	Hidalgo	• Nurse Placement Services.
• Avail Solutions, Inc.	• 4455 S Padre Island Dr, Ste 44B, Corpus Christi, 78411	Nueces	• Crisis Hotline.
• Rio Grande Mobile X-Ray	• 1421 Sioux Road, Alamo, 78516	Hidalgo	• X-Ray Service.
• Harlingen Physician Network	• 2101 Pease Street, Harlingen, 78550	Cameron	• Physician Services.
• Moron, David M.D.	• 1401 Rangerville Rd, Harlingen, 78552	Cameron	• Physician Services.
• Bay Area Healthcare Group	3315 South Alameda Street, Corpus Christi, 78411	Nueces	• Adult, Children & Adolescent IP Crisis Stabilization
• Behavioral Health Solutions of South Texas	5510 North Cage Boulevard, Pharr, 78577	Hidalgo	• OSAR Subcontract (Adult, Children & adolescent substance abuse outreach, screening, assessment & referral)

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
• Bright Vista-McAllen Medical Center	301 West Expressway 83, McAllen, 78503	Hidalgo	<ul style="list-style-type: none"> • IP Substance Abuse Stabilization (detoxification to adult individuals with co-occurring mental health and substance use diagnosis)
• East Texas Behavioral Healthcare	2001 South Medford Drive, Lufkin, 75901	Angelina	<ul style="list-style-type: none"> • Telemedicine Physician Services
• Mesquite Treatment Center LLC	513 East Jackson Street #221, Harlingen, 78550	Cameron	<ul style="list-style-type: none"> • Substance Abuse Aftercare Services (outpatient substance abuse aftercare services and follow up to adult individuals successfully completing and discharged from inpatient substance abuse stabilization)
• Palmer Drug Abuse Program	115 North 9 th Street, McAllen, 78501	Hidalgo	<ul style="list-style-type: none"> • Substance Abuse Aftercare Services (outpatient substance abuse aftercare services and follow up to adult individuals successfully completing and discharged from inpatient substance abuse stabilization)
• Pura Vida Counseling Services Inc	918 West Nolana Loop, Pharr, 78577	Hidalgo	<ul style="list-style-type: none"> • YES-Animal Assisted Therapy (Youth Empowerment Services program) • Substance Abuse Aftercare Services (outpatient substance abuse aftercare services and follow up to adult individuals successfully completing and discharged from inpatient substance abuse stabilization)
• Renaissance Behavioral Center	5510 Raphael Drive, Edinburg, 78539	Hidalgo	<ul style="list-style-type: none"> • IP Substance Abuse Stabilization (detoxification to adult individuals with co-occurring mental health and substance use diagnosis)
• Sign Language Services	1409 Rio Grande Street, San Juan, 78589	Hidalgo	<ul style="list-style-type: none"> • Adult, Children and Adolescents Interpreter Services
• Valley Baptist Lab Services	2121 Pease Street, Suite 607, Harlingen, 78550	Cameron	<ul style="list-style-type: none"> • Laboratory Services

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
RHP 5	Enhance service availability of appropriate levels of behavioral health care through the Expansion of the Behavioral Health Service Capacity of our Edinburg, Harlingen and Brownsville Outpatient Clinics	4	1,819	21,831
RHP 5	Enhance service availability of appropriate levels of behavioral health care through the Expansion of Co-Occurring Psychiatric and Substance Abuse Use Disorder (COPSD) Services	4	44	522
RHP 5	Expand and Enhance Telemedicine and Telehealth Services	4	381	4,574
RHP 5	Integrate Primary and Behavioral Health Care Services	4	148	1,770
RHP 5	Provide and intervention for a targeted behavioral health population to prevent unnecessary use of services in a specific setting through the development and implementation of a Mental Health Officer Taskforce	4	214	2,562
RHP 5	In-House Medical Clearance Evaluations of persons requiring inpatient psychiatric hospitalization during regular business hours (reducing unnecessary use of hospital emergency departments and law enforcement transports)	4	37	438
RHP 5	Implement Chronic Care Management Services	4	61	737

1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Number Served/Year
RHP 5	Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in specified settings through the Expanded Availability of Behavioral Health Peer Support Services	4	141	1,688
RHP 5	Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specific setting through the development and implementation of Peer-Run Drop-In Centers at our Edinburg, Harlingen and Brownsville Outpatient Clinics	4	38	455
RHP 5	Establish a Mental Health Navigation Program for medically fragile children and families served by the Cameron County Department of Health & Human Services Children with Special Health Care Needs Case Management Program	4	9	109
RHP 5	Establish a Mental Health Navigation Program for women at risk for postpartum depression served by the Cameron County Department of Health & Human Services Maternal and Child Health Program	4	15	177
RHP 5	Development of Behavioral Health Crisis Stabilization Services for Individuals with Co-Occurring Mental Illness and Intellectual and Developmental Disabilities as alternatives to hospitalization and institutionalization	4	34	403
RHP 5	Enhance service availability of appropriate levels of behavioral health care through the implementation of 2 Behavioral Health Mobile Clinics targeting low-income and uninsured individuals and families in the colonias and other remote areas of the RGV	3	20	241
RHP 5	Enhance service availability of appropriate levels of behavioral health care through the Expansion of the Behavioral Health Service Capacity of our Weslaco Outpatient Clinic	3	127	1,520
RHP 5	Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specified setting by Enhancing the Availability of Inpatient Substance Abuse Detox & Outpatient Substance Abuse Aftercare Treatment Services	3	Aftercare: 19 Detox: 16	Aftercare: 229 Detox: 191

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

• Lack of available public transportation;
• Waiting list and growing demand for services;
• Need for expanded substance abuse services;
• Long client wait times for appointments; and
• Availability of services for the medically uninsured.

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 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

- Tropical Texas Behavioral Health (TTBH) integrates the components of its crisis services with other local crisis response systems, including police departments and hospital emergency rooms. TTBH actively collaborates with hospitals and with local law enforcement to review and discuss the on-going status of psychiatric emergency services in Hidalgo, Cameron and Willacy Counties. TTBH provides these agencies with the center's crisis hotline number, through which the TTBH Mobile Crisis Outreach Teams (MCOTs) can be activated to respond to psychiatric emergencies. Written agreements to collaborate with other emergency healthcare agencies in the local service area are drafted as necessary.
- TTBH is also part of the local mental health coalition that meets quarterly in an effort to maintain the on-going communication that is necessary to establish a shared understanding of the roles, responsibilities, and procedures of each entity.
- TTBH regularly solicits feedback from community stakeholders from its 3-county catchment area.
- All major local hospitals and law enforcement agencies were included in the development of the plan.

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?

a. During business hours

- TTBH has 4 Mobile Crisis Outreach Teams (MCOTs) delivering community-based crisis services throughout the Rio Grande Valley. One team operating out of each of the primary outpatient clinic sites in Edinburg, Weslaco, Harlingen and Brownville. Each MCOT provides prompt face-to-face crisis screening, assessment, intervention and follow-up and relapse prevention services to individuals in their communities 24 hours a day, 7 days a week. Each MCOT includes credentialed and specially trained staff to deliver comprehensive community-based crisis services around the clock, and each works closely with local law enforcement to ensure the safety of both the individuals served and TTBH staff during crisis interventions. MCOT staff are also available at each clinic to provide office-based crisis services during business hours Monday through Friday.

b. After business hours

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

c. Weekends/holidays

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

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

- The Crisis Hotline Service serves as the first point of contact for mental health crises in the community. Crisis Hotline Services include confidential telephone triage to determine the nature and seriousness of the call and the need to mobilize emergency services. Staff will determine the estimated level of risk and initiate intervention based on the determination of risk. Levels of Risk include: Emergent – Clients who are potentially in imminent danger and who need face to face intervention within one hour. Urgent – Clients who may be at risk of harm to self or others but who

are in a protected environment, are with a caregiver or other responsible individual and who need face to face intervention within 8 hours. Routine – Clients who need information, referral or appointments which can either be resolved by hotline staff or with a face to face intervention within 14 days.

- During the initial triage conducted by the crisis hotline, if the information collected warrants an immediate intervention, MCOT staff will be activated. MCOT will respond to provide immediate and appropriate referrals for assistance or treatment.
- The hotline is staffed with individuals who are Qualified Mental Health Professional-Community Services (QMHP-CS), Qualified Intellectual Disability Professional (QIDP), or higher credentials and who have American Association of Suicidology (AAS) certification.
- When responding to a community based crisis MCOT will respond individually when the individual is in a safe location such as a hospital, jail, detention center, school or police department. However, MCOT will respond in pairs and/or request assistance from the -Mental Health Officer Taskforce (MHOT) when responding to clients in private homes or in public locations. Safety of clients and staff remains the highest priority at all times.

3. What is the role of MCOT during and after a crisis when crisis care is initiated through the LMHA (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.

- Crisis staff will provide on-going crisis services until the crisis is resolved or the individual is placed in a clinically appropriate environment. Until crisis is resolved reassessment will occur at the following intervals: Emergent – Reassessment will occur every 8 hours. Urgent – Reassessment will occur every 24 hours.
- During this process, Crisis team will also determine service eligibility and also establish a level of care package. Upon resolution of a crisis, the MCOTs facilitate the transition into ongoing services for eligible individuals. When service capacity does not exist to transition an individual into ongoing services, or for individuals who are not eligible for ongoing services, Crisis Follow-up and Transition Services are provided to individuals who are not in imminent danger of harm to self or others. These services consist of relapse prevention services which may include: safety monitoring, coordination and follow-up on referrals to other community resources, transportation, flexible funds for emergency needs and linking children and families to services aimed at reducing the risk of out-of-home placement.

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

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

- Emergency rooms: When an individual in crisis is identified, emergency room staff contact the 24-hour hotline, who in turn will determine if MCOT is activated. If activated by the 24-hour crisis hotline, MCOT will be deployed to the emergency room where crisis services will be provided in collaboration with the local hospitals and law enforcement.
- Law enforcement: When an individual in crisis is identified, law enforcement staff contact the 24-hour crisis hotline, who in turn will determine if MCOT is activated. If activated by the 24-hour crisis hotline, MCOT will be deployed to the site requested, based on safe conditions and crisis services will be provided. Law enforcement agencies also have the option to access crisis services via walk-in Monday through Friday during business hours.

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

- Emergency rooms: MCOT completes a crisis assessment, provides crisis intervention in an effort to de-escalate the crisis situation and stabilize the individual, as well as works with hospital staff when seeking psychiatric hospital admission. Officers may maintain custody of the person on whom the Emergency Detention (ED) is being served to maintain a safe environment for all involved.
- Law enforcement: MCOT completes a crisis assessment and provides crisis intervention in an effort to de-escalate the crisis situation and stabilize the individual. MHOT works alongside our mobile Crisis Outreach Team and other service departments, this task force assist officers in identifying, stabilizing, and safely deescalating individuals with apparent mental health concerns/crisis. This resource has proven to be an essential alternative to the conventional police tactics which tend to further escalate mentally ill individuals in a crisis situation. TTBH coordinates with local community and municipal law enforcement organizations that provide key services to individuals in crisis.

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:

- Whether the individual is in a hospital or a home setting, it is the community's process to contact the 24-hour crisis hotline or seek medical attention at their nearest emergency room if needed. If the individual is the hospital emergency room and needs further assessment or crisis stabilization, the hospital temporarily houses the individual while receiving ongoing medical care until MCOT can arrange for transfer to a psychiatric treatment facility.
- Medical clearance – Individuals should be treated and determined medically stable for any obvious physical injury/illness or attempted overdose. If the individual presents with a possible medical condition a medical professional, trained in emergency procedures, will be consulted. Emergency conditions identified during the assessment process will be referred for immediate, appropriate medical attention.

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

- If the crisis cannot be resolved at the site of the crisis and the individual requires inpatient emergency psychiatric care services, as determined by the QMHP-CS/QIDP assessment, admission to the most appropriate inpatient psychiatric facility will be coordinated. Individual preference will be considered in selecting the least restrictive alternative that is appropriate for the individual's assessed level of need. In the event that the individual is unwilling to voluntarily submit to necessary inpatient care, detainment at an appropriate inpatient facility will be coordinated by the screener pending preliminary examination by the facility physician in accordance with the Texas Mental Health Code (Chapter 573, Sub-chapter C, Section 573.021).
- Medical clearance - Individuals should be treated and determined medically stable for any obvious physical injury/illness or attempted overdose. If the individual presents with a possible medical condition a medical professional, trained in emergency procedures, will be consulted. Emergency conditions identified during the assessment process will be referred for immediate, appropriate medical attention.

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.):

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

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

- Whether during business hours, after hours, or weekends/holidays, emergency rooms and law enforcement can contact the 24-hour crisis hotline, who will triage all calls to determine whether a face-to-face crisis service is needed. During business hours crisis services can be obtained on a walk-in basis as well.

- b. After business hours

- Whether during business hours, after hours, or weekends/holidays, emergency rooms and law enforcement can contact the 24-hour crisis hotline, who will triage all calls to determine whether a face-to-face crisis service is needed.

- c. Weekends/holidays

- Whether during business hours, after hours, or weekends/holidays, emergency rooms and law enforcement can contact the 24-hour crisis hotline, who will triage all calls to determine whether a face-to-face crisis service is needed.

7. If an inpatient bed is not available:

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

- If an individual is in an Emergency Room, the individual will remain there until a bed becomes available. If not, individual will remain with MCOT staff at TTBH facilities, where MHOT also provides support.

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

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

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

- MCOT and Continuity of Care staff are responsible for continued determination of the need for an inpatient level of care.

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

- In the event that the individual needs transportation to another setting, MCOT will coordinate transportation with MHOT as appropriate. MHOT assists with courtesy transportation in voluntary situations where an individual is transported to a safe setting such as the individual's home, a Crisis Respite Unit, or a substance abuse/detox facility.
- TTBH crisis staff will only provide transportation as per applicable laws, the availability of resources, and if it is determined that doing so will not present a risk of harm to TTBH staff or the individual in need of transportation.
- For the voluntary transportation of clients in crisis, family/caregivers may provide voluntary transportation during the resolution of a crisis if the assessed risk level is low and family/caregivers are determined to be able to transport the client safely. If transportation by family/caregivers or staff is not possible due to potential

risk of harm, transportation will be coordinated with an available ambulance service or law enforcement personnel, if available for voluntary transportation.

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	The Wood Group
Location (city and county)	Harlingen, Cameron County
Phone number	(956) 440-7716
Type of Facility (see Appendix B)	Crisis Respite
Key admission criteria (type of patient accepted)	Voluntary
Circumstances under which medical clearance is required before admission	Individual displays symptoms indicating a possible need for significant medical attention.
Service area limitations, if any	TTBH's 3-county catchment area
Other relevant admission information for first responders	On a voluntary basis only.
Accepts emergency detentions?	No

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	Valley Baptist Medical Center
Location (city and county)	Harlingen, Cameron County
Phone number	956-389-1100
Key admission criteria	Adults Crisis Stabilization.

Service area limitations, if any	TTBH's 3-county catchment area
Other relevant admission information for first responders	All admissions initiated through the 24-hour crisis hotline.

Name of Facility	Doctor's Hospital at Renaissance
Location (city and county)	Edinburg, Hidalgo County
Phone number	956-362-8677
Key admission criteria	Adults, children & Adolescents Inpatient Crisis Stabilization.
Service area limitations, if any	TTBH's 3-county catchment area
Other relevant admission information for first responders	All admissions initiated through the 24-hour crisis hotline.

Name of Facility	South Texas Behavioral Health
Location (city and county)	Edinburg, Hidalgo County
Phone number	956-388-1300
Key admission criteria	Adults, children & Adolescents Inpatient Crisis Stabilization.
Service area limitations, if any	TTBH's 3-county catchment area
Other relevant admission information for first responders	All admissions initiated through the 24-hour crisis hotline.

II.C Plan for local, short-term management of pre- and post-arrest patients who are 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.

Tropical Texas Behavioral Health does not currently provide competency restoration services.

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 have a dedicated jail liaison position? If so, what is the role of the jail liaison? At what point is the jail liaison engaged?

Tropical Texas Behavioral Health has 3 full time dedicated jail diversion staff. TTBH's jail liaisons are engaged once an individual with a mental health issue is identified by TTBH or the local jails. These liaisons conduct mental health screenings, coordinate doctor's appointments and medication management services while in custody and once released, as well as coordinate with jail staff to complete a discharge plan for the individual.

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

TTBH has dedicated jail liaisons.

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.)?

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

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

- N/A

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

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

- TTBH's MCOT assesses for psychiatric, substance use, and physical healthcare needs. These identified needs are addressed through resolving the crisis via appropriate targeted services and referring to ongoing care.
- TTBH's Integrated Primary Care services are co-located within TTBHs behavioral health outpatient clinics allowing access to individuals in need of preventative, chronic, and medical care who would otherwise go unserved due to barriers such as provider resource limitations, stigma and lack of transportation. Medical clearances can also be conducted on site at the Primary Care Clinics when needed during psychiatric emergencies.

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

- TTBH long term plans are to expand and enhance integrated primary care services and COPSD services.
- TTBH has hired a substance abuse director to strengthen, as well as expand, its substance abuse service array.

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.

- Key information will be shared with emergency responders and other community stakeholders via the TTBH Website, brochures, and the TTBH Provider Manual;

- TTBH will continue to actively collaborate with state and PESC hospitals and with local law enforcement agencies to share key information from the Psychiatric Emergency Plan; and
- TTBH will also continue to be part of the local mental health coalition that meets quarterly where key information can be also shared.

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

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

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
Willacy, Hidalgo, Cameron	<ul style="list-style-type: none"> • Expand additional inpatient beds in local hospitals
Willacy, Hidalgo, Cameron	<ul style="list-style-type: none"> • Expansion of our existing law enforcement mental health officer taskforce (MHOT)
Willacy, Hidalgo, Cameron	<ul style="list-style-type: none"> • Expansion of medical clearance services
Willacy, Hidalgo, Cameron	<ul style="list-style-type: none"> • Expansion of primary care services
Willacy, Hidalgo, Cameron	<ul style="list-style-type: none"> • Needed EMS Staff training

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 has no current or planned activities.

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<input type="checkbox"/> Co-mobilization with Crisis Intervention Team (CIT) <input checked="" type="checkbox"/> Co-mobilization with Mental Health Deputies <input type="checkbox"/> Co-location with CIT and/or MH Deputies <input type="checkbox"/> Training dispatch and first responders <input checked="" type="checkbox"/> Training law enforcement staff <input checked="" type="checkbox"/> Training of court personnel <input checked="" type="checkbox"/> Training of probation personnel <input checked="" 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 checked="" type="checkbox"/> Other: Mental Health Officer Team	<ul style="list-style-type: none"> • MHOT/MCOT services for pre-jail diversion. • TTBH provides MH training to local PD personnel. • TTBH jail diversion staff also provide trainings for law enforcement staff and court personnel. • TTBH provides linkage and follow-up services for all MH qualified inmates not hospitalized and are in custody.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • Increase the linkage numbers to try and divert more individuals into treatment settings rather than being rearrested and continuing with legal charges. • Also, continue to seek funding for MHOT departments in all of TTBH's 3-county catchment area. 	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Staff at court to review cases for post-booking diversion <input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input checked="" type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion <input checked="" type="checkbox"/> Staff at court who can authorize alternative services to incarceration <input checked="" type="checkbox"/> Link to comprehensive services <input type="checkbox"/> Other: Click here to enter text. 	<ul style="list-style-type: none"> • TTBH operates treatment programs serving individuals that meet adult mental health target and priority population eligibility criteria and are involved with the criminal justice system. • TTBH provides mental health screenings, case management, psychiatric medication, and medication training and support to eligible individuals in need of psychiatric services in the Hidalgo, Cameron, and Willacy County Jails. • QMHP-CS diversion staff continue to interact with the District Attorneys (or designees) to advocate for: <ol style="list-style-type: none"> 1. The dropping of charges; 2. Deferred adjudication; 3. Outpatient or Inpatient commitment.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • Continue to strengthen working relationships and partnerships with local jails as well as court personnel. 	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input type="checkbox"/> Mental Health Court 	<ul style="list-style-type: none"> • Tropical Texas Behavioral Health has 3 full time dedicated jail diversion staff. These liaisons conduct mental health screenings as well as

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
<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 checked="" 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:	<p>coordinate with jail staff to complete a discharge plan for the individual.</p> <ul style="list-style-type: none"> • TTBH QMHP-CS and/or physician provide evaluation, treatment, and ongoing assessment of the continued need for services to eligible clients at the jail until clients are determined to no longer be in the need of services, refuse services, or are released from jail. • The MBOW system was implemented for jail diversion staff to run daily reports which identifies individuals with a history of receiving mental health services. The MBOW system correlates with TLETS program that the jail system utilizes for individuals upon entry. The TLETS report should match up with MBOW report that jail diversion staff are running on a daily basis. • While the individual is incarcerated the QMHP-CS provides follow-up to ensure the individual is receiving necessary services from the physician, that their rights are protected, and to facilitate necessary communication with the family or the courts. • QMHP-CS staff also provides occasional transportation for appointments related to

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
	court hearings or referrals for substance abuse services as appropriate.
Plans for the upcoming two years: <ul style="list-style-type: none"> Identify funding, and develop mental health accord. 	

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 checked="" type="checkbox"/> Specialized case management teams to coordinate post-release services <input type="checkbox"/> Other:	<ul style="list-style-type: none"> TTBH has 3 full time dedicated jail diversion staff to complete a discharge plan for an individual upon release. QMHP-CS jail diversion staff continue to interact with District Attorneys (or designees) to advocate for the dropping of charges, deferred adjudication, or outpatient commitment. If the charges are dropped, the diversion QMHP-CS facilitates the transition of the individual's assignment to outpatient services and the jail diversion assignment will be closed upon the opening of the outpatient assignment in accordance with TRR guidelines. In the case of either deferred adjudication or outpatient commitment, the diversion assignment remains open and the diversion QMHP-CS monitors the client's progress and makes periodic reports to the court in accordance with the terms of the deferment or commitment.

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • Increase of monitoring for client’s with mental health diagnosis being released from the jails that will lead to an increase in transitional services and in-turn decrease the amount of jail re-entries. 	

Intercept 5: Community corrections and community support programs	
Components	Current Activities
<ul style="list-style-type: none"> <input 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 <input 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"> • Through its contract with TCOOMMI, TTBH provides mental health services including individual, group and family counseling, intensive outpatient counseling, case management, psychosocial rehabilitative services, psychiatric medication and medication monitoring for adults and juveniles on a specialized caseload list of offenders with mental illness. • There is intensive tracking of treatment compliance including observable guidelines and measures monitored by the probation officer. Monthly treatment team meetings are also required to review treatment progress and compliance. • Collaboration with probation agencies is provided to support and assist the individual to manage their mental illness, comply with the

Intercept 5: Community corrections and community support programs	
Components	Current Activities
	<p>terms of their probation and prevent recidivism.</p> <ul style="list-style-type: none"> • The program also provides an additional contact person for the individual in case of crisis to provide support and prevent re-arrest. • After the individual's release from prison, the TTBH's TCOOMMI staff makes contact with the individual in the community to encourage compliance with the intake appointment. • Offenders are discharged from TCOOMMI services when they either no longer need the services; they complete the required community supervision; their probation or parole has been revoked or they move away from the local service area.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • Increase the number of TCOOMMI Continuity of Care staff as there is only 1 person at this time for TTBH's 3-county catchment area. 	

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"> • TTBH currently employs continuity of care staff who work with local hospitals to facilitate access to appropriate services and supports in the community upon discharge. • UM closely monitors admissions and discharges. • TTBH staff meet quarterly with hospital managers. 	<ul style="list-style-type: none"> • TTBH plans to develop an electronic secure transmission process with inpatient facilities.
Reducing hospital readmissions	<ul style="list-style-type: none"> • Center staff follow-up within 7 days with each person discharged from hospital psychiatric treatment. • Frequent readmission staffing and in-depth multiple disciplinary reviews are conducted on a monthly basis. • Also, MHOT diversion activities are geared to reduce hospitalizations. 	<ul style="list-style-type: none"> • Continue efforts with inpatient hospitals to enhance current process.
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community	<ul style="list-style-type: none"> • Currently the Center collaborates with all state hospitals to develop alternatives for individuals transitioning into the community. 	<ul style="list-style-type: none"> • TTBH is in the process of developing a MH Home and Community Based Services (HCBS) program.
Reducing other state hospital utilization	<ul style="list-style-type: none"> • Currently, the Center provides contracts with local in-patient hospitals, and crisis respite. 	<ul style="list-style-type: none"> • Continue efforts with inpatient hospitals to enhance current process.

Area of Focus	Current Status	Plans
	<ul style="list-style-type: none"> TTBH maintains a comprehensive Utilization Management (UM) Program with qualified UM staff to implement it. 	
Tailoring service interventions to the specific identified needs of the individual	<ul style="list-style-type: none"> All person centered recovery plans are individualized to fit the specific identified needs and strengths of the individual served. 	<ul style="list-style-type: none"> TTBH will continue to strengthen its commitment to mental health wellness and recovery through ongoing review of clinical practices and operational processes.
Ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> TTBH services have been provided in accordance with the Texas Department of State Health Services (DSHS), and DADS guidelines and are individualized according to the specific strengths, needs, abilities, and preferences of each client and family served; TTBH trains staff and provides services based on evidence based models as per DSHS Fidelity requirements; and Currently, TTBH conducts monthly fidelity specific program reviews. In addition, TTBH's Performance Improvement and Compliance Committee (PICC) continuously monitors for fidelity adherence. 	<ul style="list-style-type: none"> TTBH will continue to strengthen its commitment to mental health wellness and recovery through ongoing review of clinical practices and operational processes.

Area of Focus	Current Status	Plans
	<p>Process improvements are implemented based on identified issues.</p>	
<p>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)</p>	<ul style="list-style-type: none"> • TTBH has made the commitment to move clinical services to a recovery-oriented plan for long term mental health; • TTBH currently employs peers in the MH Adults, Youth & Family, and the Veterans Programs; and • TTBH has expanded the current center peer provider services and established a peer drop-in center under the 1115 Waiver. 	<ul style="list-style-type: none"> • Develop peer drop in center in Weslaco, Texas. • TTBH will continue to strengthen its commitment to mental health wellness and recovery through ongoing review of clinical practices and operational processes.
<p>Addressing the needs of consumers with co-occurring substance use disorders</p>	<ul style="list-style-type: none"> • All TTBH staff have received training on attitudes, prevalence, common signs and symptoms, detection and triage for co-occurring disorders; • Clinical staff have received advanced specialization training in integrated psychosocial or pharmacological treatment of persons with co-occurring disorders; • TTBH staff throughout the service delivery system routinely and 	<ul style="list-style-type: none"> • TTBH plans to hire a substance use director to strengthen, as well as expand, its co-occurring substance use disorders program

Area of Focus	Current Status	Plans
	<p>systematically screen persons served for both substance use and mental health symptoms;</p> <ul style="list-style-type: none"> • The TTBH Pharmacology Drug Formulary has been reviewed and adjusted to incorporate prescription for COPSD; • TTBH administrative, clinical procedures, policies and related documentation throughout the center’s service delivery system have been reviewed and adjusted to ensure effective COPSD service provision; • TTBH has implemented specialized interventions to facilitate use of peer support group; and • TTBH has expanded its existing COPSD services under the 1115 Waiver. 	
<p>Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.</p>	<ul style="list-style-type: none"> • TTBH currently provides in-house Integrated Behavioral Primary Health Care services under the 1115 Waiver in 3 out of its 4 locations 	<ul style="list-style-type: none"> • TTBH plans to expand the medical clinic to its 4th location, in Weslaco, Tx. If funding becomes available.

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
Sustain and continue current Medicaid 115 Waiver projects	<ul style="list-style-type: none"> • Please refer to section I.B. 	<ul style="list-style-type: none"> • Sustain and continue current Medicaid 1115 Waiver projects.
Expand MHOT Program	<ul style="list-style-type: none"> • Tropical Texas Behavioral Health (TTBH) has a law enforcement taskforce comprised of specially trained, certified Mental Health Officers, serving across the TTBH catchment area of ; Hidalgo, Cameron and Willacy Counties. 	<ul style="list-style-type: none"> • Augment our existing law enforcement taskforce with the addition of twelve (12) officers that would be positioned among its four locations, along with an additional MHOT supervisor.
Expand Integrated Primary Care Services	<ul style="list-style-type: none"> • Tropical Texas Behavioral Health has integrated primary care services at 3 of its 4 sites. 	<ul style="list-style-type: none"> • Expand existing integrated primary care services to our Weslaco site, in order to assist current mental health clients in need of preventative, chronic, and medical care who would otherwise go unserved due to barriers such as provider resource limitations, distance, stigma, and lack of transportation.

Local Priority	Current Status	Plans
CCBHC	<ul style="list-style-type: none"> Tropical Texas Behavioral Health has been selected for as a pilot certification site. 	<ul style="list-style-type: none"> Implementation of CCBHC by 2017.
HCBS-AMH	<ul style="list-style-type: none"> See above 	<ul style="list-style-type: none"> See above

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 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	Brief description of how resources would be used	Estimated Cost
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1	MHOT Expansion	<ul style="list-style-type: none"> TTBH is proposing to augment the existing program with the addition of twelve (12) officers that would be positioned among its four TTBH locations, along with an additional MHOT supervisor. 	<ul style="list-style-type: none"> \$1,358,019 (approximate cost for the first year)
2	Additional inpatient psychiatric Beds	<ul style="list-style-type: none"> TTBH is proposing five (5) additional inpatient beds at a total cost of \$678.81 per bed day (including LNHA indirect) for 1,825 bed days. 	<ul style="list-style-type: none"> \$1,238,828.25 (approximate cost for the first year)
3	Medical Clearance Services	<ul style="list-style-type: none"> TTBH will hire and train additional personnel to provide medical clearance services to 500 individuals. 	<ul style="list-style-type: none"> \$1,176,118 (approximate cost for the first year)
4	Expanding integrated primary care services.	<ul style="list-style-type: none"> Expand existing integrated primary care services to our Weslaco site, in order to assist current mental health clients in need of preventative, chronic, and medical care who would otherwise go unserved due to barriers such as provider resource limitations, distance, stigma, and lack of transportation. 	<ul style="list-style-type: none">

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 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. PESCs are staffed by medical personnel and mental health professionals that provide care 24/7. PESCOs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital. PESCOs 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.