

Texas Department of State Health Services

Form O
Consolidated Local
Service Plan (CLSP)

for Local Mental Health Authorities (LMHA)
Spindletop Center

October, 2015

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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
LMHA	2750 South 8 th Street, Beaumont, Texas 77701	Jefferson	<ul style="list-style-type: none"> • Screening, assessment, & intake - adults & children • Texas Resilience & Recovery (TRR) outpatient services – adults & children • Services for co-occurring disorders – adults & children • Substance abuse prevention, intervention, or treatment – adults & children • Integrated healthcare: mental and physical health – adults & children • Peer support recovery (WHAM) (WRAP) – adults only
LMHA	4305 North Tejas	Orange	<ul style="list-style-type: none"> • Screening, assessment, & intake - adults &

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
	Parkway, Orange, Texas 77630		<ul style="list-style-type: none"> children • Texas Resilience & Recovery (TRR) outpatient services – adults & children • Services for co-occurring disorders – adults & children • Substance abuse prevention, intervention, or treatment – adults & children • Peer Support Recovery (WHAM) (WRAP) – adults only
LMHA	3407 57 th Street, Port Arthur, Texas 77640	Jefferson	<ul style="list-style-type: none"> • Screening, assessment, & intake - adults & children • Texas Resilience & Recovery (TRR) outpatient services – adults & children • Services for co-occurring disorders – adults & children • Substance abuse prevention, intervention, or treatment – adults & children • Peer Support Recovery (WHAM) (WRAP) – adults only
TWG Investments, LTD (The Wood Group)	2895 South 8 th Street, Beaumont, Texas 77701	Jefferson	<ul style="list-style-type: none"> • Crisis residential & peer run crisis respite contract - adults only
The Harris Center for Mental Health and IDD	7011 Southwest Freeway, Houston, Texas 77074	Harris – Serves calls from all 4 catchment area counties	<ul style="list-style-type: none"> • Crisis hotline contract – adults & children
Baptist Hospitals of Southeast Texas -	3250 Fannin Street, Beaumont, Texas 77701	Jefferson	<ul style="list-style-type: none"> • 48-hour extended observation, crisis inpatient contract – adults & adolescents

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
Beaumont Campus			
The Medical Center of Southeast Texas	2555 Jimmy Johnson Blvd., Port Arthur, Texas 77640	Jefferson	<ul style="list-style-type: none"> 48-hour extended observation, crisis inpatient contract – adults only

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 (10-1-14 to 9-30-15)
2	Positive Alternatives Counseling Clinic (Specialty Psychiatric Clinic) for people with behavioral health issues not covered as part of the currently served “priority population”	1 st Year Planning – Operating 2 years	867	867
2	Extended Crisis Stabilization – Develop long term crisis intervention and stabilization service capability beyond the typical 3-7 days in order to improve access to behavioral health care in the most appropriate, cost-effective setting	1 st Year Planning – Operating 2 years	85	85
2	Detox Unit – Equip a 10-bed unit within the Baptist Hospital of Beaumont’s behavioral health hospital to provide medical	1 st Year Planning –	214	214

1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Number Served/Year (10-1-14 to 9-30-15)
	detox services for residents of Southeast Texas. Develop a separate detox program with protocols for various addictive substances and continuity of care systems for long-term addiction treatment.	Operating 2 years		
2,3	Primary Care Integration – Integrate primary care with behavioral health in Center facilities & implement InSHAPE wellness / fitness program to improve consumer	1 st Year Planning – Operating 2 years	368	368
2	Housing – Center will refurbish existing Center-owned buildings to create 6 new apartments in Beaumont and 12 new studio apartments in Orange for behavioral health clients who are at risk of being homeless.	1 st Year Planning – Operating 2 years	18	18
2	Youth Substance Abuse Prevention – Conduct substance abuse and tobacco prevention programs for children and adolescents in area schools and other organizations.	1 st Year Planning – Operating 2 years	2,092	2,092
2	IDD Wellness Program – Enhance behavioral health care services by developing a health and wellness program for consumers with Intellectual and Developmental Disabilities (IDD) or Autism Spectrum Disorders (ASDs)	1 st Year Planning – Operating 2 years	142	142
2,3	Client Portal – Develop an Internet web-based portal for consumers with only basic computer skills can access their secure client-focused health information	1 st Year Planning – Operating 2 years	286	286
2	Community Behavioral Crisis Services – Implement a mobile community behavioral crisis (CBC) clinical team that will include clinical out-of-home respite (COR) for IDD consumers who are in a behavioral crisis, in order to reduce hospital ER use and interactions with the criminal justice system	1 st Year Planning – Operating 2 years	14	14
2	Behavioral Health Training – Train behavioral healthcare	1 st Year	130	130

1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Number Served/Year (10-1-14 to 9-30-15)
	professionals, paraprofessionals, peer specialists, and volunteers using Cognitive Adaptation Training (CAT), Wellness Recovery Action Plan (WRAP) facilitator and patient training, and Cognitive Enhancement Therapy (CET)	Planning – Operating 2 years		
2	Mental Health Deputies – Hire mental health peace officers and train them to stabilize mental health crisis situations, avert hospitalizations, and involvement with the criminal justice system	1 st Year Planning – Operating 2 years	358	358
2	Peer-to-Peer Support – Implement Emotional CPR (eCPR) to train mental health consumers in peer-to-peer engagement services that will support and encourage participation in the development of Wellness Recovery Action Plans (WRAP) and enhance peer support whole health	1 st Year Planning – Operating 2 years	286	286
2	Substance Abuse Expansion – Expand outpatient substance abuse treatment services for indigent consumers	1 st Year Planning – Operating 2 years	607	607
2	ECI Community Outreach / Education – Develop a public outreach plan to provide information to the community and healthcare providers about evidence-based ECI services and assist families with accessing community healthcare resources and health information	1 st Year Planning – Operating 2 years	851	851

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 type="checkbox"/> FQHCs/other primary care providers	<input 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 checked="" 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 checked="" type="checkbox"/> Employers/business leaders
<input checked="" type="checkbox"/> Planning and Network Advisory Committee	<input checked="" type="checkbox"/> Local consumer-led organizations
<input checked="" 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 local & statewide inpatient psychiatric beds
• Expanded availability of alcohol and substance abuse residential treatment services
• Transportation for consumers
• Emergency inpatient and crisis respite mental health services for children & adolescents
• Continued high rate of medically uninsured in Southeast Texas
• Fewer medications available through patient assistance programs
• Lack of available psychiatrists, particularly board certified child and adolescent psychiatrists
• Unavailable emergency housing
• Non-existent mental health court

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

- Spindletop Center has bi-weekly meetings with hospital emergency department staff and quarterly meetings with representatives of police departments, sheriff's departments, jails, and county judges to review and discuss the ongoing status of psychiatric emergency services in the community.
- LMHA recently designated all local hospital emergency rooms as an appropriate mental health facility.
- All major local hospitals, ambulance companies, and law enforcement agencies were included in the development of the plan.
- The Center's 4-county catchment area was divided into 2 zones for the purpose of rotating among the area hospitals when emergency commitments need to be triaged, screened, and referred.
- The LMHA restructured the mobile crisis outreach team (MCOT). Team members are housed 24 hours per day, 7 days per week in each of the hospital emergency rooms that are designated to be on-call for that week for emergency commitments.

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?

a. During business hours

- 2 MCOT Center staff work 12-hour shifts, and the service is available 24 hours per day, 7 days per week.

b. After business hours

- 2 MCOT Center staff work 12-hour shifts, and the service is available 24 hours per day, 7 days per week.

c. Weekends/holidays

- 2 MCOT Center staff work 12-hour shifts, and the service is available 24 hours per day, 7 days per week.

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

- The MCOT team is deployed into the community when contacted by staff with the 24-7 telephone crisis hotline who have received a call from someone in a mental health crisis. The hotline response team completes a standard mental health crisis risk assessment to determine the person's level of need for emergency intervention. When the assessment indicates the need for MCOT services and if the situation and location of the consumer is safe, and the consumer agrees to be contacted by the team, then the MCOT team is sent to assist the consumer. When not deployed on a mental health crisis, the MCOT team is located within the emergency rooms of 3 local hospitals that are on rotation to receive emergency psychiatric patients. The crisis hotline program is certified by the American Association of Suicidology.

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.

- When dispatched, the MCOT team goes to assist the consumer, either in their individual location, or if the consumer is in a hospital emergency room. The team assesses the consumer for possible need for crisis services, provide the immediate crisis services, including de-escalation, complete an individual crisis recovery plan, work with the hospital treatment team to determine need for possible hospital admission, and determine need for possible referral to Spindletop Center’s crisis services. The MCOT team assists the consumer with transportation back to their home environment, and then works to ensure that the consumer continues mental health treatment in Spindletop Center programs.

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: Members of the MCOT team are physically housed in the emergency departments of the hospitals that are designated to be on-call for that week for psychiatric crisis response.
- Law enforcement: When requested by law enforcement, the MCOT team will conduct an on-site screening to assist an individual in a psychiatric crisis to determine need for appropriate crisis treatment. The MCOT also works closely with the mental health liaison deputies who are assigned full-time to work with consumers and Center staff.

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

- Emergency rooms: The MCOT team completes a thorough crisis assessment, provides crisis intervention, de-escalates the crisis situation and stabilizes the individual, works with the hospital team to determine need for possible hospital admission, and determines need for ongoing follow-up crisis services.

- Law enforcement: The MCOT team completes a thorough crisis assessment, provides crisis intervention, de-escalates the crisis situation and stabilizes the individual, and determines need for ongoing follow-up crisis services.

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:

- If the individual is in a hospital emergency room and needs further assessment or crisis stabilization, the hospital temporarily houses the individual while receiving ongoing medical / psychiatric treatment until the MCOT can arrange for transfer to another psychiatric treatment facility. The transfer may include the new Spindletop Center crisis stabilization unit, or other appropriate treatment facility. If the individual is in a crisis and not in a hospital, the MCOT team will transport the individual to a hospital emergency room for the above process to continue.

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

- The hospital emergency physician or the admitting hospitalist have the authority to determine need for admission to a hospital for treatment. This process is the same for a psychiatric treatment hospital.

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.):

- The MCOT team assists the hospital emergency physician with assessing the consumer's need for crisis stabilization, and the team is authorized to admit consumers to the Center's crisis respite service, crisis residential service, extended observation, or the new CSU.

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

○ The MCOT team is physically housed in hospital emergency rooms 24 hours per day, 7 days per week. The emergency room staff have constant, direct contact with the MCOT and this ensure an immediate review and decision about the inpatient level of care needed by the consumer. When requested by law enforcement, the MCOT team will conduct an on-site screening to assist an individual in a psychiatric crisis to determine need for appropriate crisis treatment and possible inpatient level of care. Law enforcement officers can either call the Center's 24-7 crisis hotline service, or bring the consumer to the emergency room of the hospital that is on-call for that week.

- b. After business hours

○ The MCOT team is physically housed in hospital emergency rooms 24 hours per day, 7 days per week. The emergency room staff have constant, direct contact with the MCOT and this ensure an immediate review and decision about the inpatient level of care needed by the consumer. When requested by law enforcement, the MCOT team will conduct an on-site screening to assist an individual in a psychiatric crisis to determine need for appropriate crisis treatment and possible inpatient level of care. Law enforcement officers can either call the Center's 24-7 crisis hotline service, or bring the consumer to the emergency room of the hospital that is on-call for that week. This process is the same, 24 hours per day, 7 days per week.

- c. Weekends/holidays

○ The MCOT team is physically housed in hospital emergency rooms 24 hours per day, 7 days per week. The emergency room staff have constant, direct contact with the MCOT and this ensure an immediate review and decision about the inpatient level of care needed by the consumer. When requested by law enforcement, the MCOT team will conduct an on-site screening to assist an individual in a psychiatric crisis to determine need for appropriate crisis treatment and possible inpatient level of care. Law enforcement officers can either call

the Center's 24-7 crisis hotline service, or bring the consumer to the emergency room of the hospital that is on-call for that week. This process is the same, 24 hours per day, 7 days per week.

7. If an inpatient bed is not available:

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

- The on-call hospital emergency rooms have space designated to temporarily house consumers until a bed becomes available.

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

- The MCOT team, the hospital emergency room physician and treatment team, and other hospital treatment team members are responsible for providing continued crisis intervention services.

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

- The MCOT team, the hospital emergency room physician and treatment team, and other hospital treatment team members are responsible for providing continued crisis intervention services. The hospital physician has the final authority to determine need for any inpatient level of care.

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

- The MCOT team can transport individuals not involved in emergency detention. In addition, local EMS services, Spindletop Center employees, or other entities, such as the Wood Group, can provide transportation in these cases.

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	Spindletop Center Crisis Stabilization Unit (CSU)
Location (city and county)	Beaumont, Jefferson County
Phone number	Not Available Yet – Possibly Opening in Spring 2016
Type of Facility (see Appendix B)	Crisis Stabilization Unit (CSU)
Key admission criteria (type of patient accepted)	Initially, the CSU will admit involuntary patients only, and based on utilization, this may be re-considered later to expand admissions to voluntary consumers. This will be re-evaluated after 6-9 months of operation data has been developed.
Circumstances under which medical clearance is required before admission	Consumers always must be medically cleared for admission to the new CSU.
Service area limitations, if any	Center’s 4- county catchment area
Other relevant admission information for first responders	All admissions come through the emergency room of the rotating designated hospital on-call
Accepts emergency detentions?	Yes

Name of Facility	The Wood Group
Location (city and county)	Beaumont, Jefferson County
Phone number	409-839-1080
Type of Facility (see Appendix B)	Crisis Residential & Crisis Respite
Key admission criteria (type of patient accepted)	Voluntary
Circumstances under which medical clearance is required before admission	Individual displays symptoms indicating possible need for significant hospital emergency treatment
Service area limitations, if any	Spindletop Center 4-County Catchment Area
Other relevant admission information for first responders	Voluntary & Adults Only

responders	
Accepts emergency detentions?	No

Name of Facility	Beaumont Baptist Hospital
Location (city and county)	Beaumont, Jefferson County
Phone number	409-212-7000
Type of Facility (see Appendix B)	48-Hour Observation
Key admission criteria (type of patient accepted)	Voluntary & Involuntary
Circumstances under which medical clearance is required before admission	All admissions cleared through the hospital emergency room
Service area limitations, if any	Spindletop Center 4-County Catchment Area
Other relevant admission information for first responders	Voluntary & Involuntary
Accepts emergency detentions?	Yes

Name of Facility	The Medical Center of Southeast Texas
Location (city and county)	Port Arthur, Jefferson County
Phone number	409-724-7389
Type of Facility (see Appendix B)	48-Hour Observation
Key admission criteria (type of patient accepted)	Voluntary & Involuntary
Circumstances under which medical clearance is required before admission	All admissions cleared through the hospital emergency room
Service area limitations, if any	Spindletop Center 4-County Catchment Area
Other relevant admission information for first responders	Voluntary & Involuntary
Accepts emergency detentions?	Yes

9. Inpatient Care

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	Beaumont Baptist Hospital
Location (city and county)	Beaumont, Jefferson County
Phone number	409-212-7000
Type of Facility (see Appendix B)	Inpatient Psychiatric Beds
Key admission criteria (type of patient accepted)	Voluntary & Involuntary
Circumstances under which medical clearance is required before admission	All admissions cleared through the hospital emergency room
Service area limitations, if any	Spindletop Center 4-County Catchment Area
Other relevant admission information for first responders	Voluntary & Involuntary
Accepts emergency detentions?	Yes

Name of Facility	The Medical Center of Southeast Texas
Location (city and county)	Beaumont, Jefferson County
Phone number	409-724-7389
Type of Facility (see Appendix B)	Inpatient Psychiatric Beds
Key admission criteria (type of patient accepted)	Voluntary & Involuntary
Circumstances under which medical clearance is required before admission	All admissions cleared through the hospital emergency room
Service area limitations, if any	Spindletop Center 4-County Catchment Area
Other relevant admission information for first responders	Voluntary & Involuntary
Accepts emergency detentions?	Yes

Name of Facility	The Medical Center of Southeast Texas
Location (city and county)	Port Arthur, Jefferson County
Phone number	409-724-7389
Type of Facility (see Appendix B)	PESC Funded 9-Bed Inpatient Hospitalization
Key admission criteria (type of patient accepted)	Voluntary & Involuntary
Circumstances under which medical clearance is required before admission	All admissions cleared through the hospital emergency room
Service area limitations, if any	Statewide
Other relevant admission information for first responders	Voluntary & Involuntary
Accepts emergency detentions?	Yes

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

9. 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.

- Spindletop Center currently operates an outpatient competency restoration (OCR) program funded by the Texas Department of State Health Services (DSHS).

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

- Some criminal charges prohibit outpatient competency restoration.

○ Local criminal court judges continue to struggle to understand the convoluted and archaic language and requirements of Chapter 46B, Incompetency to Stand Trial, of the Texas Code of Criminal Procedure, regarding the legal competency to stand trial.

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?

○ Spindletop Center has 1 jail liaison. The liaison is engaged when contacted by local jails that have identified an individual with mental health issues. The liaison coordinates the process of completing a mental health screening and assessment that may be performed by a QMHP, an LPC, LMSW, or other Center staff. The liaison also coordinates with jail staff to complete the discharge plan for the individual. When appropriate, the liaison will also coordinate the process of involving the individual with the Center's OCR program. Also, the liaison reviews the Texas state hospital forensic list of individuals waiting for admission to a state hospital bed, in order to determine need for individuals on the wait list to receive Center outpatient mental health services.

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.

○ Spindletop Center has a dedicated jail liaison.

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.

○ The Center plans to implement more education with local judges and offices of district attorneys to increase their awareness of the Center's jail diversion alternative.

10. 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.)?

- Jail-based competency restoration continues to be a need in our community.

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

- The key needs to implement a jail-based competency restoration include funds to cover the costs of the program and funds to cover the costs of modifications to current jail facilities that would be necessary in order to support a jail-based competency restoration function.

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

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

- Spindletop Center currently operates a new physical medical treatment outpatient clinic on the campus of the Center's Beaumont outpatient mental health clinic. The clinic provided medical treatment for consumers with mental health issues and substance abuse issues, and is located within walking steps of the Center's MH / substance abuse treatment programs. The area hospitals that are participating in the rotating on-call emergency psychiatric crisis response also provide physical medical treatment for consumers in a mental health crisis.

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

- Long term plans involve continued discussion with members of law enforcement, jails, judges, and hospital emergency rooms to explore alternative sources of funds to support a jail-based competency restoration program and to further expand existing the OCR services.

II.E Communication Plans

14. 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.

- Brochures about the ASAP assist, stabilize, and prevent psychiatric emergencies for consumers with multiple negative contacts with law enforcement
- Monthly meeting with all local hospital emergency room directors
- Frequent meetings with local law enforcement agencies regarding psychiatric emergency plan
- Frequent meetings with ambulance companies and EMTs regarding psychiatric emergency plan
- Monthly psychiatric schedule of on-call hospital emergency rooms sent to quarterly to all law enforcement dispatchers, EMTs, ambulance companies, justices of the peace

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

- Center staff receive ongoing field training, in-person training.
- Training includes Center MCOT staff, contracted hotline staff.

II.F Gaps in the Local Crisis Response System

16. 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
Chambers, Hardin, Orange	<ul style="list-style-type: none"> • No major hospital in Chambers, Hardin, and Orange counties
Chambers, Hardin, Orange	<ul style="list-style-type: none"> • Consumers experiencing a psychiatric emergency must be transported to Jefferson County for CSU, extended observation, or crisis residential / respite services

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 checked="" 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 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 type="checkbox"/> Other: Click here to enter text.	<ul style="list-style-type: none"> • Spindletop Center currently has 3 mental health liaison officers serving Jefferson County and 1 serving Chambers County – Each deputy is partnered with a qualified mental health professional (QMHP). • When police officers encounter persons with mental health issues, the officers can refer these persons to the MH liaison officers for follow-up and continued services.
Plans for the upcoming two years: <ul style="list-style-type: none"> • Actively seeking funding for additional MH deputies in Hardin and Orange counties 	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	Current Activities
<input 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 type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion <input 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"> • Each day a Spindletop Center QMHP goes to the local jails to conduct screenings of inmates before being booked into the jail to determine possible mental health conditions & to develop a plan to link these individuals to a comprehensive plan for MH services.
Plans for the upcoming two years: <ul style="list-style-type: none"> • Continue to strengthen working relationships and partnerships with local jails to enhance existing referral processes 	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
<input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input type="checkbox"/> Mental Health Court <input type="checkbox"/> Veterans' Court <input checked="" type="checkbox"/> Drug Court <input checked="" type="checkbox"/> Outpatient Competency Restoration <input checked="" 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	<ul style="list-style-type: none"> • Jefferson County operates a drug diversion court and refers individuals to Spindletop Center for substance abuse and mental health services. • Spindletop Center operates an outpatient competency restoration (OCR) program that began in 2010. • Spindletop Center continues to provide services to individuals who are not guilty by reason of insanity.

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
Trial <input type="checkbox"/> Providing services in jail (for persons without outpatient commitment) <input 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:	
Plans for the upcoming two years: <ul style="list-style-type: none"> Whenever possible, assist the local drug diversion court with seeking out and requesting additional funds to enable the diversion court to expand; Continue to enhance the existing OCR program 	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<input 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 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"> The Spindletop Center TCOOMMI program staff coordinates with the central TCOOMMI hub office in Huntsville, Texas to assess consumers identified by the Huntsville TCOOMMI staff for release from prison who need the Center TCOOMMI staff to coordinate local services and treatment.
Plans for the upcoming two years: <ul style="list-style-type: none"> Continue to strengthen working relationship with the statewide TCOOMMI program 	

Intercept 5: Community corrections and community support programs	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders <input 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"> • The Spindletop Center TCOOMMI program staff routinely communicates with community supervision officers and parole officers to provide comprehensive services to the specialized caseload of persons in the criminal justice system who have a mental illness.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • Continue to enhance working relationships with local jails to strengthen TCOOMMI program 	

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"> • Center has a designated continuity of care staff person who works with inpatient hospital staff to facilitate discharge planning and community placement. 	<ul style="list-style-type: none"> • The Center plans to work to improve the process of identifying persons in local hospitals who need follow-up behavioral health services by developing a new software application

Area of Focus	Current Status	Plans
		that will expedite this ID process.
Reducing hospital readmissions	<ul style="list-style-type: none"> Center staff follow-up within 7 days with each person discharged from hospital psychiatric treatment. Mental health deputies assist with contacting discharged consumers who staff cannot locate. 	<ul style="list-style-type: none"> Create a new tracking system to help identify persons who need follow-up after discharge from a local hospital Continue to develop new fund sources to hire additional MH liaison officers
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 other than a hospital level of care. These persons are clinically staffed in the Center's utilization management team meetings. 	<ul style="list-style-type: none"> Continue efforts with all state hospitals to enhance the current process
Reducing other state hospital utilization	<ul style="list-style-type: none"> Currently, the Center provides contracts with local in-patient hospitals, crisis residential and crisis respite, and mental health liaison officers. 	<ul style="list-style-type: none"> The Center will operate a newly funded CSU program that will help alleviate the need for inpatient hospitalization. The Center also will contract with a local hospital for 9 new inpatient beds dedicated to psychiatric crises.
Tailoring service interventions to the specific identified needs of the individual	<ul style="list-style-type: none"> The Center continues to develop with each consumer enrolled in services an individualized recovery plan that addresses the specific needs and strengths of the individual. 	<ul style="list-style-type: none"> Continue to support the process of implementing individualized recovery plans
Ensuring fidelity with	<ul style="list-style-type: none"> Currently, the Center conducts 	<ul style="list-style-type: none"> The Center will continue the review and

Area of Focus	Current Status	Plans
evidence-based practices	yearly fidelity specific program reviews that cover the domains of structure and composition, organizational boundaries, and nature of services. In addition, directors continuously monitor for fidelity adherence. Process improvements are implemented based on identified issues.	improvement process to ensure that evidence based practices are conducted with fidelity.
Transition to a recovery-oriented system of care, including development of peer support services and other consumer involvement in Center activities and operations (e.g., planning, evaluation)	<ul style="list-style-type: none"> • Currently, the Center employs peer support staff and the Center supports the ongoing development of WRAP and WHAM training for consumers and peers. • The Center has made the commitment to move clinical services to a recovery-oriented plan for long term mental health. 	<ul style="list-style-type: none"> • The Center will continue to strengthen its commitment to mental health wellness and recovery through ongoing review of clinical practices and operational processes.
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • Currently, the Center provides services to consumers who have both a mental health diagnosis and a substance abuse disorder. 	<ul style="list-style-type: none"> • The Center plans to expand the space used in the substance abuse treatment program in order to provide more support groups and serve more outpatient consumers with substance abuse disorders.
Integrating behavioral health and primary care services and meeting physical healthcare	In 2012, the Center opened a new physical health clinic on the campus of the Beaumont mental health clinic. This medical clinic	<ul style="list-style-type: none"> • Continue operation of the physical medical health treatment clinic • Continue operation of the Genoa

Area of Focus	Current Status	Plans
needs of consumers.	provides basic, fundamental medical / physical health screening and treatment for consumers with mental health and substance abuse issues. The physical treatment includes the new Genoa Pharmaceuticals pharmacy that dispenses general physical health medications to consumers.	Pharmaceuticals pharmacy <ul style="list-style-type: none"> In 2016, the Center plans to expand the operation of the primary health clinic in Port Arthur and Orange.

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
Expand MH deputy program	<ul style="list-style-type: none"> 3 MH deputies serve Jefferson County & 1 serves Chambers County 	<ul style="list-style-type: none"> Develop new funding sources to support the costs of expanding MH deputy program into Hardin and Orange counties
Sustain and continue current Medicaid 1115 Waiver projects	<ul style="list-style-type: none"> Current Medicaid 1115 Waiver programs terminate in 2017 	<ul style="list-style-type: none"> Develop new funding streams to enable Center to continue operation of Medicaid 1115 waiver projects
Expand availability of	<ul style="list-style-type: none"> Telepsychiatry currently limited 	<ul style="list-style-type: none"> Explore establishing a local

Local Priority	Current Status	Plans
telepsychiatry service	availability based on limited access to psychiatrists	telepsychiatry network that can serve all local hospital emergency departments and the Center's own CSU 24-7

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
1	Outpatient Commitments	<ul style="list-style-type: none"> Establish local capacity to monitor and enforce judge's orders for outpatient MH treatment 	<ul style="list-style-type: none"> \$500,000 (staff, law enforcement, equipment, space)
2	Expand psychiatric staff	<ul style="list-style-type: none"> Fund positions for more psychiatric nurse practitioners and psychiatrists Install telemedicine equipment in local jails and nursing facilities to support long-distance psychiatric consultation. 	<ul style="list-style-type: none"> \$1- \$2 million \$500,000 approximately for telemedicine equipment
3	Explore options for local long-term care for consumers returning from state psychiatric hospitals	<ul style="list-style-type: none"> Looking for professionals who would contract with the Center to provide home / community based support services for consumers who have had long-term psychiatric hospitalizations 	<ul style="list-style-type: none"> \$1,000,000

Appendix A: Levels of Crisis Care

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

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

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

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

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

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

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

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

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

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

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

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