

Health and Human Services

Form O

Consolidated Local Service Plan (CLSP)

Local Mental Health Authorities and Local
Behavioral Health Authorities

Spindletop Center – Beaumont, Texas

September, 2017

Contents

| | |
|--|----|
| Introduction | 3 |
| Section I: Local Services and Needs | 4 |
| I.A. Mental Health Services and Sites..... | 4 |
| I.B Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver Projects | 6 |
| I.C Community Participation in Planning Activities..... | 10 |
| Section II: Psychiatric Emergency Plan | 12 |
| II.A Development of the Plan..... | 12 |
| II.B Crisis Response Process and Role of MCOT..... | 13 |
| II.C Plan for local, short-term management of pre- and post-arrest patients who are incompetent to stand trial | 21 |
| II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment | 23 |
| II.E Communication Plans..... | 24 |
| II.F Gaps in the Local Crisis Response System | 24 |
| Section III: Plans and Priorities for System Development..... | 25 |
| III.A Jail Diversion | 25 |
| III.B Other System-Wide Strategic Priorities..... | 29 |
| III.C Local Priorities and Plans | 32 |
| III.D System Development and Identification of New Priorities..... | 33 |
| Appendix A: Levels of Crisis Care | 35 |

Introduction

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

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

In completing the template, please provide concise answers, using bullet points. 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 LBHA (or a subcontractor organization) providing 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*
 - *Services for individuals with IDD*
 - *Services for at-risk youth*
 - *Services for veterans*
 - *Other (please specify)*

| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip | County | Services & Target Populations Served |
|---|---|-----------|--|
| 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 |

| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip | County | Services & Target Populations Served |
|---|---|-----------|--|
| | | | <ul style="list-style-type: none"> only • Services for veterans • Services for at-risk youth |
| LMHA | 655 South 8 th Street Beaumont, Texas 77701 | Jefferson | <ul style="list-style-type: none"> • Services for individuals with IDD • Crisis Respite services • Early Childhood Intervention (ECI) |
| LMHA | 4305 North Tejas Parkway, Orange, Texas 77630 | Orange | <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 |
| 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 |
| LMHA | 845 Hwy. 96 Silsbee, TX 77656 | Hardin | <ul style="list-style-type: none"> • Services for individuals with IDD |
| LMHA | 3250 Fannin | Jefferson | <ul style="list-style-type: none"> • Crisis Stabilization Unit |

| Operator (LMHA/LBHA or Contractor Name) | Street Address, City, and Zip | County | Services & Target Populations Served |
|--|--|--|--|
| | 3 rd Floor, West Beaumont, Texas | | |
| TWG Investments, LTD (The Wood Group) | 2750 South 8 th Street Beaumont, Texas | 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 - Beaumont Campus | 3250 Fannin Beaumont, Texas | Jefferson | <ul style="list-style-type: none"> • 48-hour extended observation, crisis inpatient contract – adults & adolescents |
| 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 Regional Health Partnership (RHP) Region(s) associated with each project.
- List the titles of all projects you proposed for implementation under the 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 | Population Served | Number Served/ Year (10/1/16 – 9/31/17) |
| 2 | Positive Alternatives Counseling Clinic (Specialty Psychiatric Clinic) for people with behavioral health issues not covered as part of the currently served “priority population” | 7 | 762 | Medicaid Low-Income Uninsured (MLIU) | 762 |
| 2 | Primary Care Integration – Integrate primary care with behavioral health in Center facilities & implement InSHAPE wellness / fitness program to improve consumer health | 7 | 731 | Medicaid Low-Income Uninsured (MLIU) | 731 |
| 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. | 7 | 18 | Medicaid Low-Income Uninsured (MLIU) | 18 |
| 2 | Youth Substance Abuse Prevention – Conduct substance abuse and tobacco prevention programs for children and adolescents in area schools and other organizations | 7 | 1,211 | Medicaid Low-Income Uninsured (MLIU) | 1,211 |
| 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) | 7 | 151 | Medicaid Low-Income Uninsured (MLIU) | 151 |

| 1115 Waiver Projects | | | | | |
|----------------------|---|--------------------|----------|--------------------------------------|---|
| RHP Region(s) | Project Title (include brief description if needed) | Years of Operation | Capacity | Population Served | Number Served/ Year (10/1/16 – 9/31/17) |
| 2 | Client Portal – Develop an Internet web-based portal for consumers with only basic computer skills can access their secure client-focused health information | 7 | 316 | Medicaid Low-Income Uninsured (MLIU) | 316 |
| 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 | 7 | 100 | Medicaid Low-Income Uninsured (MLIU) | 100 |
| 2 | Behavioral Health Training – Train behavioral healthcare 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) | 7 | 154 | Medicaid Low-Income Uninsured (MLIU) | 154 |
| 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 | 7 | 442 | Medicaid Low-Income Uninsured (MLIU) | 442 |
| 2 | Peer-to-Peer Support – Implement Emotional CPR (eCPR) to train mental health consumers in peer-to-peer engagement services that will support | 7 | 329 | Medicaid Low-Income Uninsured (MLIU) | 329 |

| 1115 Waiver Projects | | | | | |
|----------------------|--|--------------------|----------|--------------------------------------|---|
| RHP Region(s) | Project Title (include brief description if needed) | Years of Operation | Capacity | Population Served | Number Served/ Year (10/1/16 – 9/31/17) |
| | and encourage participation in the development of Wellness Recovery Action Plans (WRAP) and enhance peer support whole health | | | | |
| 2 | Substance Abuse Expansion – Expand outpatient substance abuse treatment services for indigent consumers | 7 | 639 | Medicaid Low-Income Uninsured (MLIU) | 639 |
| 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 | 7 | 888 | Medicaid Low-Income Uninsured (MLIU) | 888 |
| 2 | Detox Services – Partnership with Baptist Hospitals of Southeast Texas for a 10-bed unit with the Behavioral Health Hospital for express purpose of providing medical detox services for residents of Southeast Texas | 7 | 365 | Medicaid Low-Income Uninsured (MLIU) | 358 |
| 2 | Extended Crisis Stabilization Services – Partnership with Baptist Hospitals of Southeast Texas for longer-term crisis intervention and stabilization service capability to improve access to behavioral health care in the most appropriate, cost-effective setting. | 7 | 100 | Medicaid Low-Income Uninsured (MLIU) | 94 |

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, Assessment, 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 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"/> Peer Specialists | <input checked="" type="checkbox"/> IDD Providers |
| <input checked="" type="checkbox"/> Foster care/Child placing agencies | <input checked="" type="checkbox"/> Community Resource Coordination Groups |
| <input checked="" type="checkbox"/> Veterans' organization | <input type="checkbox"/> Other: _____ |

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

| |
|---|
| <ul style="list-style-type: none"> • The Center emergency room advisory committee meets every 2 months – includes representatives from all hospitals, ambulance services, law enforcement agencies, county personnel, judicial system, jails |
| <ul style="list-style-type: none"> • Center MHPAC and IDDPAC meet quarterly to review community needs for new or expanded MH or IDD services |
| <ul style="list-style-type: none"> • Center participates in quarterly meetings of the ETBHN regional MHPAC |
| <ul style="list-style-type: none"> • Center participates in the Southeast Texas Coalition for the Homeless managed by the South East Texas Regional Planning Commission |
| <ul style="list-style-type: none"> • Center participates as a HUD Continuum of Care provider member of the Texas Homeless Network |
| <ul style="list-style-type: none"> • Center staff participate in the Beaumont Health Coalition |
| <ul style="list-style-type: none"> • Center staff participate in the Greater South Park Neighborhood Partnership that meets once each month |
| <ul style="list-style-type: none"> • Monthly governing board meetings opened to public |
| <ul style="list-style-type: none"> • Center staff participate in the meetings of the mental and behavioral health consortium of Southeast Texas |

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

| |
|--|
| <ul style="list-style-type: none"> • Lack of local & statewide inpatient psychiatric beds |
| <ul style="list-style-type: none"> • Expanded availability of alcohol and substance abuse residential treatment services |
| <ul style="list-style-type: none"> • Transportation for consumers |
| <ul style="list-style-type: none"> • Emergency inpatient and crisis respite mental health services for children & adolescents |
| <ul style="list-style-type: none"> • Continued high rate of medically uninsured in Southeast Texas |
| <ul style="list-style-type: none"> • Fewer medications available through patient assistance programs |
| <ul style="list-style-type: none"> • Lack of available psychiatrists, particularly board certified child and adolescent psychiatrists |
| <ul style="list-style-type: none"> • Unavailable emergency housing |

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate 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.

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

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

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

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

II.A Development of the Plan

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

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

- Soliciting input

- Spindletop Center has meetings every 2 months with hospital emergency department staff and 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. Also meet with hospital staff as needed to ensure efficient delivery of psychiatric services
- LMHA 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.
- The Center participates in a coordinated sub-set of the healthcare delivery members to discuss high users of psychiatric services
- Center is managing the pilot of the new Jefferson County mental health court – Court operations expected in Spring 2018
- Center now has a crisis specialist working with the IDD population and consults with the Center's MCOT
- Center expanded the mental health liaison officer function in Chambers and Jefferson County, and planning to expand the function in Orange County
- Center assisting the 4 area counties with implementing the requirements of the new Sandra Bland legislation

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 or LBHA (for example, when an individual calls the hotline)? Address whether MCOT provides follow-up with individuals who experience a crisis and are then referred to transitional or services through the LMHA or LBHA.

- 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, provides the immediate crisis services, including de-escalation, completes an individual crisis recovery plan, works with the hospital treatment team to determine need for possible hospital admission, and determines 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 or LBHA when an individual in crisis is identified? If so, is MCOT routinely deployed when emergency rooms or law enforcement contact the LMHA or LBHA?

- 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.

d. Describe your process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, or under a bridge:

- The Center's MCOT continues to consist of at least 2 staff and the team completes the same assessment and interventions with all crisis consumers. If the assessment indicates contact with a consumer in an alternate location, the team always includes 2 staff. The team coordinates with local law enforcement to meet the MCOT staff at the alternate location. This ensures a greater level of security in these situations. The MCOT will work with law enforcement officers when the assessment indicates evidence of a weapon or other possible threat of violence in the situation.

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 ensures 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 the 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 | 409-813-8332 |
| Type of Facility (see Appendix B) | Crisis Stabilization Unit (CSU) |
| Key admission criteria (type of patient accepted) | The CSU admits voluntary & involuntary patients |
| 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 |
| 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 |

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 | Beaumont Baptist Hospital |
| Location (city and county) | Beaumont, Jefferson County |
| Phone number | 409-212-7000 |
| Key admission criteria (type of patient accepted) | Voluntary & Involuntary |
| Service area limitations, if any | Spindletop Center 4-County Catchment Area |
| Other relevant admission information for first responders | Voluntary & Involuntary |

| | |
|---|---------------------------------------|
| Name of Facility | The Medical Center of Southeast Texas |
| Location (city and county) | Port Arthur, Jefferson County |
| Phone number | 409-724-7389 |
| Key admission criteria (type of patient accepted) | Voluntary & Involuntary |
| Service area limitations, if any | Statewide |
| Other relevant admission information for first responders | Voluntary & Involuntary |

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.

| |
|--|
| o Center’s competency restoration service experienced difficulties with referrals – Service ended in FY 2016 |
|--|

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

- Spindletop Center has a jail liaison function managed by the Center's MCOT. 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. 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 or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

- Spindletop Center has a dedicated jail liaison function.

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's competency restoration service was terminated in FY 2016.

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.)?

- Jail-based competency restoration continues to be a need in our community. Inpatient competency restoration would be the only service supported by the local criminal justice system.

12. 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 inpatient competency restoration function.

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? Who have you collaborated with in these efforts?

- Spindletop Center currently operates a 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.

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

- Long term plans involve continued discussion and planning with Center staff in all program units to expand the integration of the Center's physical health clinic services with treatment of consumers in the various programs.

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.

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

16. How will you ensure LMHA or LBHA 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

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 |
|--------------------------|--|
| 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

The [Texas Statewide Behavioral Health Services Plan](#) highlights the need for effective jail diversion activities:

- Gap 5: Continuity of care for individuals exiting county and local jails
- Goal 1.1.1, Address the service needs of high risk individuals and families by promoting community collaborative approaches, e.g., Jail Diversion Program
- Goal 1.1.2: Increase diversion of people with behavioral health needs from the criminal and juvenile justice systems

In the table below, 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 describing the strategies checked in the first column. For those areas not required in the HHSC Performance Contract, enter NA if the LMHA or LBHA 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 | <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. |

| Intercept 1: Law Enforcement and Emergency Services | |
|---|--------------------|
| Components | Current Activities |
| <input type="checkbox"/> Other: Click here to enter text. | |
| 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. The Center's MCOT is called out to complete inmate screening as needed. |
| 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 | <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. |

| Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments | |
|---|--|
| Components | Current Activities |
| <input 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 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: | <ul style="list-style-type: none"> • Spindletop Center continues to provide services to individuals who are not guilty by reason of insanity. • Center provides services for inmates via the Center's telemedicine program |
| <p>Plans for the upcoming two years:</p> <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; Implement recently awarded SB 292 grant funds to develop mental health court in Jefferson County and to partner with Beaumont Police Department on a mental health officer program; Assist 4 county jails with implementation of processes to meet mandates of Sandra Bland Act | |

| 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 | <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 |

| Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization | |
|---|---|
| Components | Current Activities |
| <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: | 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 |
| <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. |
| Plans for the upcoming two years: <ul style="list-style-type: none"> • Continue to enhance working relationships with local jails to strengthen TCOOMMI program | |

III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](#) identifies other significant gaps in the state's behavioral health services system, including the following:

- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 4: Veteran and military service member supports*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*

Related goals identified in the plan include:

- *Goal 1.1: Increase statewide service coordination for special populations*
- *Goal 2.1: Expand the use of best, promising, and evidence-based behavioral health practices*
- *Goal 2.3: Ensure prompt access to coordinated, quality behavioral healthcare*
- *Goal 2.5: Address current behavioral health service gaps*
- *Goal 3.2: Address behavioral health prevention and early intervention services gaps*
- *Goal 4.2: Reduce utilization of high cost alternatives*

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

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|--|--|---|
| Improving access to timely outpatient services | <ul style="list-style-type: none"> • Gap 6 • Goal 2 | <ul style="list-style-type: none"> • Walk-in access for intake and enrollment for MH services | <ul style="list-style-type: none"> • Center plans to work with area hospitals and physician offices to expand portal service to enhance referrals to and access to services |
| Improving continuity of care between inpatient care and community services and reducing hospital readmissions | <ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 | <ul style="list-style-type: none"> • Online confidential referral portal with local inpatient hospital to coordinate discharge planning and continuity of care | <ul style="list-style-type: none"> • Center plans to replicate existing referral portal with other hospitals and physician offices in the community |
| Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization | <ul style="list-style-type: none"> • Gap 14 • Goals 1,4 | <ul style="list-style-type: none"> • Designated staff directly coordinate efforts with state hospitals to manage and plan discharge planning for consumers returning to the community | <ul style="list-style-type: none"> • Center plans to continue to support staff working with state hospitals to coordinate discharge planning and follow up community based treatment |
| Implementing and ensuring fidelity with evidence-based practices | <ul style="list-style-type: none"> • Gap 7 • Goal 2 | <ul style="list-style-type: none"> • Internal program and fiscal auditing procedures | <ul style="list-style-type: none"> • Center continues to comply with standards requirements of the Joint Commission |
| Transition to a recovery-oriented system of care, including use of peer | <ul style="list-style-type: none"> • Gap 8 • Goals 2,3 | <ul style="list-style-type: none"> • Center continues to deliver consumer peer support services for adults | <ul style="list-style-type: none"> • Center plans to continue implementing recovery based model of treatment in |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|---|--|---|--|
| support services | | an children in MH services and SA services <ul style="list-style-type: none"> Center continues to develop and implement recovery oriented services in all program units | all program units |
| Addressing the needs of consumers with co-occurring substance use disorders | <ul style="list-style-type: none"> Gaps 1,14 Goals 1,2 | <ul style="list-style-type: none"> Center continues to provide the COPSD services | <ul style="list-style-type: none"> Center plans to continue training of staff to provide co-occurring disorder treatment and to continue the COPSD service |
| Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers. | <ul style="list-style-type: none"> Gap 1 Goals 1,2 | Center continues to operate the primary physical healthcare clinic on the Beaumont campus | Center plans to continue operation of the primary care clinic and the clinic has been opened to the public with new fee schedules and rates for cash customers Center negotiating new medical health plan contracts for the primary health clinic |
| Consumer transportation and access to treatment in remote areas | <ul style="list-style-type: none"> Gap 10 Goal 2 | <ul style="list-style-type: none"> Center operates a fleet of vehicles, includes vans, to provide transportation of consumers to treatment | <ul style="list-style-type: none"> Center plans to continue work with area public transportation providers to expand services for consumes in rural areas of the catchment area |

| Area of Focus | Related Gaps and Goals from Strategic Plan | Current Status | Plans |
|--|---|--|---|
| Addressing the behavioral health needs of consumers with Intellectual Disabilities | <ul style="list-style-type: none"> • Gap 14 • Goals 2,4 | <ul style="list-style-type: none"> • Center currently contracts with a psychiatrist from UTMB to provide services to Center consumers with IDD and MH diagnoses | <ul style="list-style-type: none"> • Center plans to pursue possible new contracts with local psychiatrists who are interested in providing MH services to IDD consumers |
| Addressing the behavioral health needs of veterans | <ul style="list-style-type: none"> • Gap 4 • Goals 2,3 | <ul style="list-style-type: none"> • Center continues to support the veterans peer support staff function and is negotiating contracts with military health plans | <ul style="list-style-type: none"> • Center plans to expand efforts to develop additional military health contracts to provide MH services to veterans |

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 | <ul style="list-style-type: none"> • Current Medicaid 1115 Waiver | <ul style="list-style-type: none"> • New metric-based system will require |

| Local Priority | Current Status | Plans |
|--|---|--|
| Medicaid 1115 Waiver projects | program terminated in 2017 – New metric-based system began January 2018 - | Center to re-organize Medicaid 1115 Waiver program in order to comply with new program output requirements |
| Seek new funding for value-based contracts with managed care organizations | <ul style="list-style-type: none"> • Center currently has no value-based contracts | <ul style="list-style-type: none"> • Center plans to seek new funding for value-based contracts with managed care organizations |

III.D System Development and Identification of New Priorities

Development of the local plans should include a process to identify local priorities and needs, and the resources required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This will build on the ongoing communication and collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information 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 should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

- 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 | Regional Transportation | <ul style="list-style-type: none"> Consumers in Center's 4-county catchment area cannot travel to behavioral health / medical health treatment services and appointments | <ul style="list-style-type: none"> \$5,000,000 – Includes costs for transportation vehicles, staffing, operational expenses, insurance, maintenance |
| 2 | Residential Facility for Non-Restorable Consumers | <ul style="list-style-type: none"> Establish a 6-unit residential facility in the community | <ul style="list-style-type: none"> \$2,000,000 – Include capital, utilities, staffing |
| 3 | Detox Facility | <ul style="list-style-type: none"> Establish a detox facility to provide intensive chemical detoxification treatment | <ul style="list-style-type: none"> \$4,000,000 – Includes capital, utilities, staffing |

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. EOUs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital.

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

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

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

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