Health and Human Services

Form O

Consolidated Local Service Plan (CLSP)

Local Mental Health Authorities and Local Behavioral Health Authorities

March 29, 2018

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 5
I.C Community Participation in Planning Activities 9
Section II: Psychiatric Emergency Plan 10
II.A Development of the Plan 11
II.B Crisis Response Process and Role of MCOT 11
II.C Plan for local, short-term management of pre- and post-arrest patients who are incompetent to stand trial 18
II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment 21
II.E Communication Plans 22
II.F Gaps in the Local Crisis Response System 23
Section III: Plans and Priorities for System Development 23
III.A Jail Diversion 23
III.B Other System-Wide Strategic Priorities 29
III.C Local Priorities and Plans 38
III.D System Development and Identification of New Priorities 39
Appendix A: Levels of Crisis Care 41

Introduction

The Consolidated Local Service Plan (CLSP) encompasses all of the service planning requirements for Local Mental Health Authorities (LMHA) and Local Behavioral Health Authorities (LBHA). 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/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/LBHA (or a subcontractor organization) that provide mental health services regardless of funding (Note: please include 1115 waiver projects detailed in Section 1.B. below). Include clinics and other publicly listed service sites; do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, children, or both (if applicable):*
    - *Screening, assessment, and intake*
    - *Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both*
    - *Extended Observation or Crisis Stabilization Unit*
    - *Crisis Residential and/or Respite*
    - *Contracted inpatient beds*
    - *Services for co-occurring disorders*
    - *Substance abuse prevention, intervention, or treatment*
    - *Integrated healthcare: mental and physical health*
    - *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
Texas Panhandle Centers	1501 S. Polk Amarillo, Texas 79101	Potter	Screening, assessment and intake; FLOC for adults
Texas Panhandle Centers	1500 S. Taylor Amarillo, Texas 79101	Potter	Screening, assessment and intake; FLOC for children
Texas Panhandle Centers	900 Polk Street Amarillo, Texas 79101	Potter	Adult TCOOMI services. Screening, assessment and intake.
Texas Panhandle Centers	9300 S. Georgia Amarillo, Texas 79118	Randall	Juvenile TCOOMI Services. Screening, assessment and intake.
Texas Panhandle Centers Respite & Recovery Center	2002 Hardy Street Amarillo, Texas 79106	Potter	Mobile Crisis Outreach Team, Continuity of Care, Peer Support, & Respite for adults - ages 18 and over. All TRR clients – Swing office for Amarillo

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
Texas Panhandle Centers	723 N. Taylor Amarillo, Texas 79101	Potter	Screening, assessment and intake for the Homeless; FLOC for adults; referral services for children. Integrated Care location, First Episode Psychosis (FEP), ACT
Texas Panhandle Centers	615 Buckler Avenue Pampa, Texas 79065	Gray	Screening, assessment and intake; FLOC for adults and children.
Texas Panhandle Centers	426 Main, Suite D Hereford, ,Texas 79045	Deaf Smith	Screening, assessment and intake; FLOC for adults and children.
Texas Panhandle Centers	111 South Kearney St Clarendon, Texas 79226	Donley	Screening, assessment and intake; FLOC for adults and children. Case Management, Skills, psychosocial rehabilitation, OSAR (all regional clinics)
Texas Panhandle Centers	500 E. 1st St, Suite 203 Dumas, Texas 79029	Moore	Screening, assessment and intake; FLOC for adults and children.
Texas Panhandle Centers	412 N. Main Borger, Texas 79001	Hutchinson	Screening, assessment and intake; FLOC for adults and children.
Texas Panhandle Centers	313 S. Main St. Perryton, Texas	Ochiltree	Screening, assessment and intake; FLOC for adults and children.
Care Today Urgent/Integrated Care Regence Health Network	3440 Bell Street Amarillo, Texas 79109 850 Martin Road, Amarillo, Texas 79107	Upper 21 counties of the Texas Panhandle	The integration of primary & behavioral healthcare. This program provides access to primary care: medical/physical health physicians, medications, and interventions. Also provides behavioral health interventions in a primary care setting. Adults only at this time.

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**	**Population Served**	**Number Served / Year**
12	Crisis Respite Program	4	16	Medicaid eligible, low Income and uninsured Individuals who require psychiatric respite as a diversion from inpatient hospitalization; a step-down from inpatient hospitalization; or a step-up from standard outpatient services.	160
12	Continuum of Care/Child & Adolescent Wraparound Services, 30-Day Intensive Outpatient Program for Co-Occurring	5	N/A	School-age youth who are at risk for	1,502

	1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Population Served	Number Served / Year
	Substance Use and Mental Health, Randall County Diversion Program (Jail Diversion) Canyon Independent School District 3301 N. 23rd Street Canyon, Texas, 79015 Amarillo Independent School District 7200 I-40 West Amarillo, Texas 79106 Highland Park Independent School District 15300 East Amarillo Boulevard Amarillo, Texas 79018			insensitive behavioral or mental health interventions; youth who require a more intensive psychiatric service in an outpatient setting; youth who present in a behavioral and/or psychiatric crisis. Services are provided throughout the respective school districts.	
12	Primary & Behavioral Health Integrated Care	5	N/A	Children and adults with co-morbid behavioral health and primary care needs.	382
12	Whole Health Peer Support Program	5	N/A	Adults with a target psychiatric diagnosis who are seeking to	333

	1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Population Served	Number Served / Year
				move towards recovery; Adults with a behavioral health diagnosis who desire to work on physical health improvement and psychiatric recovery.	

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
X	Consumers	X	Family members
X	Advocates (children and adult)	X	Concerned citizens/others
X	Local psychiatric hospital staff	☐	State hospital staff
X	Mental health service providers	X	Substance abuse treatment providers
X	Prevention services providers	X	Outreach, Screening, and Referral (OSAR)
X	County officials	X	City officials
X	FQHCs/other primary care providers	X	Local health departments
☐	Hospital emergency room personnel	X	Emergency responders
X	Faith-based organizations	X	Community health & human service providers
X	Probation department representatives	X	Parole department representatives
X	Court representatives (judges, DAs, public defenders)	X	Law enforcement
X	Education representatives	X	Employers/business leaders
X	Planning and Network Advisory Committee	X	Local consumer-led organizations
X	Peer Specialists	X	IDD Providers
X	Foster care/Child placing agencies	X	Community Resource Coordination Groups
X	Veterans' organization	☐	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.

- Quarterly PNAC meetings – regional stakeholders invited on 10/19/17
- Regularly scheduled meetings with local law enforcement
- Recovery Oriented Systems of Care monthly meetings
- CRCG's
- SOC meetings
- Continuum of Care meetings
- Mental Health Docket Leadership meetings

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.

- Broader access to crisis services
- Lack of transportation and housing resources for clients
- Substance abuse services for adolescents
- Lack of resources to effectively treat the refugee population (children and adults)

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.

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/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

- Quarterly meetings with the Planning, Network and Advisory Committee
- Regularly scheduled meetings with judges, sheriffs, district attorneys, jail personnel, and the local psychiatric facility administration

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?

a. During business hours

QMHP- CS trained in crisis assessments available. Crisis services are provided from the local clinic in the area. Assessments are done in the community setting most relevant to the needs of the individual in crisis. MCOT has an On Call rotation for Office hours and After Hours. MCOT is contacted by AVAIl or other community stakeholders for response. If additional resources are needed there is a MCOT call down process.

b. After business hours

On call rotation, accessed through AVAIL – crisis hotline. AVAIL dispatches responders based on the established crisis criteria. Two back up responders are identified each day in case the primary responder is unable to respond.

c. Weekends/holidays

On call rotation, accessed through AVAIL – crisis hotline. Same process as after business hours

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

MCOT teams are available to be dispatched to the location of CIT police officers with the Amarillo Police Department and CIT Randall County Sheriff's Deputies whenever requested. MCOT is used as the primary responders to all Crisis calls in the catchment area. QMHP-CS's at rural locations serve as back up

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

- Everyone seen in crisis services is opened into services at LOC-0 and will receive services at that LOC for 7 days. They are then reassessed and placed in a LOC that fits the need of the individual. If the person does not require or does not want on-going services from TPC they are referred to other community supports that might better fit their needs. Reassessment services are offered on an on-going basis. MCOT team members will provide consultation and evaluation to help determine what resources can be provided. These resources may include: Respite and Recovery Center, Rapid Stabilization beds at the Pavilion, Open Access physician appointments, case management and psychosocial rehabilitation services provided by MCOT and referral to other TPC programs

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

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

    - Emergency rooms: MCOT is called from emergency rooms in the regional clinics. In Amarillo, MCOT is called if a client is at BSA Hospital. MCOT is not called if the client is at NWTH. NWTH has LPHA personnel on site 24 hours/7 days a week to assess for admission into the Pavilion. State hospital admissions are court ordered by Potter and Randall county judges after TPC completes the recommendation to the court and show cause and final hearings take place in those respective counties.
    - Law enforcement: MCOT is routinely contacted during mental health crises involving law enforcement.

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

- Emergency rooms: Continuity of care service is provided in Amarillo to the NWTH emergency room LPHA's. Face to face assessments are provided in the other ER's through the other 19 counties. TPC has initiated tele-health services in seven ERs for screenings, assessments and authorizations for Rapid Stabilization services.
- Law enforcement: MCOT has weekly staffings with CIT officers, court representatives and other key providers to structure responses for individuals who have presented for assistance in the various disciplines. These meetings are held using the same format as a Community Resource Coordination Group (CRCG). MCOT responds to CIT officers in the field when a person presents in need of Mental Health services. MCOT provides training for law enforcement on a regular basis. MCOT is part of the Mental Health training for all officers in the region and for jail schools held in the majority of the counties.

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 a person cannot be stabilized at the site of the crisis the person is transported to the closest mental health inpatient facility. This facility is usually located in Amarillo (Pavilion). The facility provides an additional assessment to determine if the person is eligible for their services. If the person is not eligible then MCOT provides ongoing assessment and explores other resources for treatment. Examples of alternative placements include other private psychiatric treatment, State hospital admissions, respite locations if the person is able to be supervised without risk of harm, additional crisis assessment through tele-med services. If the person is located in the regional settings outside of Amarillo arrangements are made for safe transportation to the previously mentioned resources. PESC funds have allowed TPC to pay for rapid stabilization services at the Pavilion in the event the person resides outside of the hospital district and they are eligible for that level of care.

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

- TPC QMHP-CS or LPHA does a crisis assessment and admits the person into LOC 0. The TPC provider then calls the admissions department at the hospital and gives them the crisis assessment information and

recommendation. If further medical information is needed the ER will discuss this with the receiving hospitals admission staff. A Dr to Dr Transfer is completed if this is the agreed course of treatment between the hospitals. Magistrate papers are completed by the respective county magistrates and transportation is provided by the county where the person resides.

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.):

- When a person is identified as in need of crisis services MCOT is called as the first responder. MCOT can determine if the person meets criteria to be placed in the Amarillo based Crisis Respite Center. This admission is completed in conjunction with the contracted provider of the service. (The Wood Group).

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:

MCOT is contacted by AVAIL or directly by law enforcement for onsite crisis intervention. MCOT speaks to the person requesting the service by phone to determine if there are any safety issues to consider. If contacted by an unknown citizen MCOT will contact CIT to be on notice in case an emergency arises or if they can assist with the intervention. If law enforcement initiates the call then they are asked to stay at the location until the intervention is completed or all parties agree that they are not needed. The majority of law enforcement in the Amarillo area will contact a CIT officer first. The majority of law enforcement in the rural areas will contact AVAIL and arrange for the assessment to be done at the closest ER or county jail if charges are involved.

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

- TPC contracts with AVAIL Solutions for 24/7 hotline and initial assessment services. These entities call the line to get into contact with TPC on call staff to respond to the request. If law enforcement wants to call MCOT

directly this number is given to them on a monthly basis. CIT officers receive the on call roster for MCOT with the crisis line number and MCOTs individual phones.

b. After business hours
c.

- Same as above – 24/7 Hotline number or direct number for MCOT.

d. Weekends/holidays

- Same as above

7. If an inpatient bed is not available:

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

If a person is in need for local hospitalization at the Pavilion but there is not a bed their diversion procedure comes into effect. They can utilize other psychiatric hospitals in their organization or use a bed in the General hospital at NWTH. If a person is in need of a State hospital bed but one is not available but the local psychiatric hospital has a bed the person is placed there. If there is no bed in the State hospital or the local hospital the closest general county hospital is utilized until a bed at any of the psychiatric hospitals is available. State hospital diversion beds are used at NWTH Pavilion as part of the PESC program services at TPC

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

- If the person is in a hospital setting the hospital medical staff provides the ongoing observation. TPC responders work with the medical staff to determine what other resources are available for the person to receive psychiatric care and continue to reassess until the crisis is resolved. This configuration of intervention and observation is a continual negotiation between hospitals, TPC and law enforcement, based on resources and needs. If the person

is not in a hospital setting the TPC responder continues to provide Crisis intervention until the crisis is resolved in the least restrictive setting.

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

- If the person is in a hospital setting or a jail TPC provides the crisis assessment information with the treatment recommendation to either the treating physician or the identified command personnel at the jail.

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

- Transportation is provided by anyone who is believed to be able to provide safe transportation to the treatment location. This includes family members, significant others, contracted transportation services and agency personnel.

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	Texas Panhandle Centers Respite & Recovery Center
Location (city and county)	Potter County, Amarillo Texas
Phone number	806-351-3235
Type of Facility (see Appendix A)	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.
Key admission criteria (type of patient accepted)	Admission into services is determined by the individual's rating on the Uniform Assessment and clinical determination made by the appropriate staff. Patient must not be experiencing suicidal/homicidal thoughts and must already be taking medications and willing to engage in treatment.

Circumstances under which medical clearance is required before admission	Medical clearance is not required. If the person is receiving medical care the last prescriber note and medication orders are obtained as part of the intake process.
Service area limitations, if any	People cannot be admitted who are a high risk of detoxification from substances.
Other relevant admission information for first responders	Assessments for admission are performed by MCOT or other TPC primary providers. Requests for assessments are preferred to be initiated through calling the Avail Call Center.
Accepts emergency detentions?	No, All admissions are voluntary.

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	NWTH Pavilion
Location (city and county)	Potter County, Amarillo Texas
Phone number	806-354-1810
Key admission criteria	Suicidal, homicidal, or at immediate risk of decompensation if not treated.
Service area limitations, if any	None identified
Other relevant admission information for first responders	There is an ACCESS Center located at the Pavilion to help expedite admissions and divert people away from the ER services that don't require emergent medical care.

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.

- Clients awaiting competency restoration can receive case management from Jail Diversion staff while also receiving psychiatric services and medications from agency physicians.

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

- Local inpatient services are provided by a local private psychiatric facility with an indigent agreement through the hospital district. This does not apply to other indigent populations that reside outside of the hospital district but inside of TPC's catchment area. Rapid Stabilization beds have been contracted for with the hospital and this has helped with access to local inpatient care however capacity issues within that hospital are still a barrier. At present there are no barriers to local outpatient services in the community.

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

The jail liaison position works to educate the 21 county jails about resources in the community, State Hospital admission requirements, diversion activities, Behavioral Health training opportunities and collaborative services with TPC first responders. TPC also has 2 MH Docket QMHP-CS's that work closely with Potter and Randall County jails to determine eligibility for that program. TPC has an identified Jail Diversion program manager who reaches out to all the county jails and completes jail assessments for people identified at booking as potentially needing MH care

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

Jail liaison activities are conducted through the MCOT team, the jail diversion team and the jail diversion program manager.

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 PESC grant has allowed us to start a MH Docket program in our largest county jail. This service will be extended to our Municipal jail and our 2nd largest county jail. Through this program people with Mental Illness will be able to bond out on PR bonds and receive supervised outpatient services with oversight provided by magistrates assigned to the program. TPC providers will work with law enforcement and magistrates to reduce recidivism and increase access to outpatient MH services. Through the HB 13 Grant 2 mental health providers will partner with APD officers during the shifts with peak MH interventions. These partners will respond together in the field to calls that are potential mental health calls. This intervention will work to help people get treatment as opposed to receiving charges for non violent misdemeanor actions.

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.)?

- Formal Competency restoration services are not currently established in the catchment area. Any program would be suitable for the area.

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

- Resources and barriers are primarily provider resources. The area has limited QMHP-CS providers to provide the direct care. There are limited prescriber services to provide the medication therapy. There are limited forensic services to provide the evaluations to the court and there are limited magistrate services to oversee the service.

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?

- The integrated care program established through the original 1115 Waiver funds provides qualified individuals in the community with access to primary care through a local Federally Qualified Health Center (Regence Health Network), and Urgent Care Center and the student health center at West Texas A&M University. Regence Health Network, which serves individuals in the community with limited or no health coverage, is collocated with TPC's Homeless Services Clinic. Funding derived through the H.B. 13 Grant will provide an Integrated Health Care Navigator and LPHA to coordinate with partner organizations to provide behavioral health crisis and non-crisis services, as well as limited primary medical care services in a collocated location. The navigator and LPHA will also conduct assessments on site 4 days a week with the ability to provide short term solution focused services. TPC has an MOU with Dailey Recovery Services, a licensed substance abuse treatment provider to provide services for the segment of the community with diagnosed co-occurring psychiatric and substance use disorders (COPSD). We currently contract with Regence Health Network (RHN) the local Federally Qualified Healthcare Center (FQHC), Care Today Urgent Clinics, which is a multiple site urgent care clinic, and the Student Medical and Counseling Services at West Texas A&M Univestity.TPC employs one peer provider who is an LCDC and provides substance use disorder related peer services..

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

- Like other Community Centers in Texas, Texas Panhandle Centers is preparing for a shift to become a Certified Community Health Center (CCBHC) which will entail multiple service arrays, servicing multiple populations with co-morbid needs. Through H.B. 13. we will expand our crisis services by developing Behavior Health Mobile teams which will include police officers training in basic behavioral health crisis-based responses, a QMHP-CS, and medical liaison.

Our goal is to address crises more promptly, efficiently, and to add a stronger follow-up component, especially for those deemed Super Utilizes of emergency services. We hope to decrease their use of emergency departments and the jails. In the next 2 years our partnerships with other social services will grow to include organizations which treat abused women and families such as Family Support Services, Health The City, a non-profit primary medical and dental care provider for the indigent population, we are a pilot site to become a Trauma Informed Care Organization, we plan to expand substance use services and veterans services and will continue to develop our capacity to deliver early intervention services for new families and their children.

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.

- TPC distributes flyers that highlight the services through the Respite and Recovery Center and the Mobile Crisis Outreach program. These flyers are distributed at community meetings and outreach activities. The Website includes information about the Respite and Recovery Center and the MCOT services. The AVAIL hotline number is listed in all agency information resources. AVAIL personnel are updated about the agency services as services change in order to direct people to the most appropriate resource.

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

- Monthly MCOT and Intake meetings are held with internal providers to update them on any process or procedural changes to the Plan. The Behavioral Health committee and Utilization Management committee meets on a quarterly basis to inform internal staff of any changes in procedures to the plan. Changes are discussed that could impact the other areas of business within the agency (IT, financial,QM, medical records, clients rights). Joint monthly meetings are held with law enforcement, CIT, magistrate offices to discuss any changes in process or procedures. TPC and the local inpatient facility meet on a semiannual basis or as needed to discuss process and policy changes that can have an impact on the Plan.

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
Upper 19 counties – rural and frontier areas	• Lack of qualified MH providers who reside in those areas.
	• Lack of access to immediate first responder services. Limited Tele-health services outside of the outpatient clinics and 8 county jails.
TPC catchment area	• Capacity limitations in the closest local inpatient facility and the closest State Hospital. • Lack of assisted living facilities that will serve people with co-occurring psychiatric illnesses.

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 that describe the strategies checked in the first column. For those areas not required in the HHSC Performance Contract, enter NA if the LMHA/LBHA has no current or planned activities.

Intercept 1: Law Enforcement and Emergency Services	
Components	**Current Activities**
X Co-mobilization with Crisis Intervention Team (CIT) X Co-mobilization with Mental Health Deputies ☐ Co-location with CIT and/or MH Deputies X Training dispatch and first responders X Training law enforcement staff X Training of court personnel ☐ Training of probation personnel ☐ Documenting police contacts with persons with mental illness ☐ Police-friendly drop-off point X Service linkage and follow-up for individuals who are not hospitalized ☐ Other: **Click here to enter text.**	• MCOT is the primary program that operates at Intercept 1. MCOT teams are available to be dispatched to the location of CIT police officers with the Amarillo Police Department and CIT Randall County Sheriff's Deputies. When activated through the Crisis Hotline MCOT team members will provide consultation and evaluation to help determine what resources can be provided to divert the individual from jail. These resources may include: Respite and Recovery Center, Rapid Stabilization beds at the Pavilion, triage appointments with a psychiatrist the following day, case management and psychosocial rehab provided by MCOT and referral to other TPC programs. MCOT, Jail Diversion, and MH Docket staff are working with Randall County Sheriff's Department to provide training and cross training with Randall County's CIT team and is in the process of helping to provide training for a developing CIT team of

Intercept 1: Law Enforcement and Emergency Services	
Components	**Current Activities**
	Jailors/Deputies at the Randall County Detention Center.
Plans for the upcoming two years: HB 13 grant funds will be used to develop a two person responder team (APD/CIT police officer and QMHP-CS that ride together to respond to calls during a shift. This team will provide diversion and follow up services to individuals in crisis and pre-crisis episodes. TPC will work with other county law enforcement to develop CIT teams.	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	**Current Activities**
X Staff at court to review cases for post-booking diversion X Routine screening for mental illness and diversion eligibility X Staff assigned to help defendants comply with conditions of diversion X Staff at court who can authorize alternative services to incarceration X Link to comprehensive services ☐ Other: Click here to enter text.	The MH Docket Program has a staff person that attends a weekly MH docket at Potter Co. Detention Center and makes recommendations and can authorize services that serve as an alternative to incarceration. The MH Docket staff person works with the MH officer at PCDC to review cases that are eligible for the MH Docket as well as screen for eligibility for other TPC services and makes recommendations to the court. Upon being released on a MH bond the MH Docket staff person is assigned to help defendants comply with the conditions of their MH bond and link them to comprehensive services. This same service has expanded to Randall and municipal court in Amarillo.
Plans for the upcoming two years: TPC will continue to work with the two largest counties and municipal court in our	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	**Current Activities**
area. TPC will educate more DA's and County attorney offices this year in how the dockets operate to determine interest. TPC will work with these attorneys and judges on procedures for 16.22 and the Sandra Bland Act. Training is being developed to get to our rural sites. This training will be conducted by law enforcement with TPC as a co-facilitator as requested.	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
X Routine screening for mental illness and diversion eligibility X Mental Health Court ☐ Veterans' Court ☐ Drug Court ☐ Outpatient Competency Restoration ☐ Services for persons Not Guilty by Reason of Insanity ☐ Services for persons with other Forensic Assisted Outpatient Commitments X Providing services in jail for persons Incompetent to Stand Trial ☐ Compelled medication in jail for persons Incompetent to Stand Trial X Providing services in jail (for persons without outpatient commitment) ☐ Staff assigned to serve as liaison between specialty courts and service providers. ☐ Link to comprehensive services	The Jail Diversion Program at Randall County Detention Center provides routine screening for mental illness and diversion eligibility. Individuals that are eligible for the diversion program may receive psychiatric and medication services, case management, and counseling services while in jail. These services are also provided to current TPC clients that come to the jail but may not be participating in the Diversion program. The program works with the DA of Randall County, Randall County Courts, defense attorneys, and Municipal Courts to divert individuals from further involvement in the criminal justice system. Upon release from the jail TPC clients will be referred back to the programs that were serving them before they came to jail and clients in the Jail Diversion Program will receive case management, psychiatric, and medication services through TPC's outpatient clinics while Jail Diversion Program staff work to link them to other resources

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	**Current Activities**
☐ Other:	and provide a warm hand off to TPC outpatient services. Some individuals in the Jail Diversion Program may be awaiting trail and competency revaluations and restoration. In many of these cases treatment can be provided while they are waiting for a competency evaluation.
Plans for the upcoming two years: • TPC will be members of a Veterans Court starting in Potter County. The MVPN coordinator will operate as a resource in that court. TCCOOMMI providers will continue to serve on the Drug Court team of providers. TPC will work closely with all counties on our catchment area on jail screenings, PR bonds and Magistrates orders involving new regulations	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	**Current Activities**
X Providing transitional services in jails X Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release X Structured process to coordinate discharge/transition plans and procedures X Specialized case management teams to coordinate post-release services	Both the Jail Diversion Program and MH Docket Program continue to work with program participants after they are released from the Randall County and Potter County Jails as long as they are returning to the Texas Panhandle community. The focus of post release work with participants is to connect them to mainstream TPC services and other community resources with the goal of meeting needs in their lives such as a need for: healthcare, housing,

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	**Current Activities**
☐ Other:	employment, substance abuse treatment, social support, and other needs. It is expected that by helping participants get their needs met in the community that the likelihood that they will break the cycle of recidivism is increased greatly. Both programs work with participants while they are in jail to help them get a head start on accessing community resources upon their release.
Plans for the upcoming two years: • The HB 13 Grant will add the follow up services from CIT and TPC to individuals at risk of relapse or recidivism . These teams will conduct community welfare checks and link people to needed social services to promote independence.	

Intercept 5: Community corrections and community support programs	
Components	**Current Activities**
X Routine screening for mental illness and substance use disorders X Training for probation or parole staff X TCOOMMI program ☐ Forensic ACT X Staff assigned to facilitate access to comprehensive services; specialized caseloads X Staff assigned to serve as liaison with community corrections X Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address	• Screenings are available on site M-F 8 am-5pm, after hours through Crisis Hotline. Co-located office with adult probation • Attend probation and parole staff trainings 2 times a year for adult/juvenile officers to provide basic mental health information and educate about available services. • TCOOMMI programs: Intensive CM for adults on parole, Intensive CM for adults on probation,

noncompliance ☐ Other:	Continuity of Care for adults on parole/probation, Intensive CM for juveniles on probation • Sara Northrup, Program Administrator, Adult Behavioral Health and Brian Hardin, Program Administrator, Shawntele Gormany, Case Manager, Juvenile TCOOMMI • Daily, informal staffing with adult/juvenile parole, probation officers for potential and assigned caseloads. Attendance at interdisciplinary staff meetings for continuity of care. Participation in community Drug Court and community Re-Entry courts to serve as behavioral health experts and advocates.
Plans for the upcoming two years: • Maintain professional community relationships with criminal justice counterparts. Will further these relationships in our local and regional areas to provide behavioral health services with identified adult and juvenile offenders.	

III.B Other Behavioral Health Strategic Priorities

The Texas Statewide Behavioral Health Strategic Plan (BHSP) 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 members 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 and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Related Gaps and Goals from the BSHP	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• Currently TPC uses an Open Access model for Behavioral Health and OSAR intakes in Amarillo and scheduled appointment times in our rural communities. Crisis	• TPC will incorporate the Open Access Model at locations that can accommodate the staffing needs of an OA model. TPC will expand to locations where intakes can be

Area of Focus	Related Gaps and Goals from the BSHP	Current Status	Plans
		assessments are conducted for all 21 counties. In regional clinics, 8 ER's and 9 county jails telehealth is used along with face to face assessments to determine if inpatient hospitalization is required. Most rural assessments are conducted through telehealth evaluations. If a person is a danger to self or others a rapid stabilization bed can be authorized through the local psychiatric facility. This benefit is for people with no other payer source. This is possible using PESC funding. An OSAR assessment is then performed in the inpatient facility if indicated after the crisis is resolved. There are limited resources for inpatient	conducted with interested community partners. • TPC will provide education and outreach to CPS, Inpatient psychiatric care and CSCD to ensure appropriate referrals are being made. TPC will strategize screening approaches for people in these other services to improve getting the people to services they request and need for their BH recovery goals. • TPC is developing IOP services in our Amarillo location. Additional COPSD services and Peer services will be established to help the GAP for outpatient SUD treatment options.

Area of Focus	Related Gaps and Goals from the BSHP	Current Status	Plans
		and outpatient SUD services in the area especially for youth.	
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• Currently all people hospitalized in the Amarillo based psychiatric hospital are identified at admission and time of discharge if they are a TPC enrolled consumer. These people are scheduled with their CM within 7 days of discharge and another ANSA is performed to identify if LOC changes are required to address the person's needs. Communication with the inpatient provider and TPC is performed on a daily basis to determine the best discharge plans. If a rapid stabilization bed is required MCOT does the assessment and authorizes the use of the bed. Follow up continues with MCOT if	• TPC will continue programs funded by PESC, HB – 13 and the Coordinated Specialty Care Pilot program. The Mental Health Docket program will expand its reach in Potter county by educating county attorney and district attorney offices as well as judges. TPC will develop a quarterly meeting to develop formalized continuity plans with these entities. • TPC will encourage the participation in the ROSC monthly meetings for all SUD providers in the area and address the GAP for youth services in the area.

Area of Focus	Related Gaps and Goals from the BSHP	Current Status	Plans
		the person was not an established TPC consumer at the time of the crisis. If transfers to substance use services or nursing home care are required this is coordinated through the TPC COC/OSAR/PASRR programs. Need for SH resources is coordinated through COC/PESC program.	
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• TPC does not over utilize SH beds and has a low census with long term patients in the SH. TPC does have a weekly staffing with IDD crisis team, CIT, PATH, Jail Diversion, MCOT to develop intervention plans specific to the person identified in need. Crisis Respite services are being utilized to divert some of our “high utilizers” to help coordinate care in a safe	• TPC will develop out a pre-crisis, crisis multidisciplinary team this year with the use of HB 13 funds. These teams will be located at the Respite location and a community health clinic. Teams will operate during peak hours of crisis calls and provide follow up and supportive care identified using a person centered approach.

Area of Focus	Related Gaps and Goals from the BSHP	Current Status	Plans
		environment. Co-location of Respite, Peer Support, Continuity of Care and MCOT has allowed the person in need more access to a response team before there is a crisis.	
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• TPC provides MHFA training to various community members. TPC also opens the ASIST training to community members. TPC provides Seeking Safety, Supportive Housing, IMR, COPSD, CBT services to people receiving TPC services. • TPC and Amarillo Police Department provide the Mental Health trainings for new officers. This will continue and expand as new standards are in effect.	• Trainings for IMR, COPSD, ACES will be conducted this year with our community partners in CIT, HB 13, Jail Diversion, and any other interested community partners. • TPC and Police Officers in the catchment area will conduct joint trainings on the requirements of the Sandra Bland Act. TPC will promote rural CIT teams in rural jails and departments and provide any training for Mental Health treatment as requested.
Transition to a recovery-oriented system of care,	• Gap 8 • Goals 2,3	• Peer support services are being utilized for Whole	• Peer support and Recovery coaching will be included in

Area of Focus	Related Gaps and Goals from the BSHP	Current Status	Plans
including use of peer support services		Health goals and treatment. This service is currently funded through 1115W funds. Peer support is also used at the Respite Center and for people with co-occurring disorders. Peer services for co-occurring are delivered in the regional locations and in Amarillo. • Peer services are also provided in the Coordinated Specialty Care program, MVPN program and Mental Health Docket.	the array of services offered in the HB 13 grant. • Training will be provided by a community SUD partner in the HB13 grant. • Expansion of Tobacco Cessation services delivered by Certified Peers will also be provided.
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• COPSD services are being delivered by TPC QMHP-CS's on an individual basis. A Peer run co-occurring group is held on a weekly basis. A COPSD group is being run on a weekly basis. • TPC works closely with a	• TPC will work with the COPSD provider in the area to expand services to various locations where TPC conducts assessments and provides services. Some locations include an integrated care clinic, Respite and rural clinics.

Area of Focus	Related Gaps and Goals from the BSHP	Current Status	Plans
		local IOP to partner their services for people in our Respite program.	
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• TPC has QMHP-CS's located in 3 physical health care clinics and a health clinic located at an area university. TPC also provides assessments and coordination to BH care for people using an indigent care clinic in Amarillo one night a week.	• TPC will expand the services at the indigent care clinic in Amarillo to 4 days a week. TPC will expand services to a home nursing program for pregnant women in need of MH services. These efforts will be funded through the HB 13 grant.
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• TPC has transportation services within the Peer Support services, Coordinated Specialty Care program and the MH Docket program. These programs are primarily operated out of Amarillo. The TV+VA program does offer transportation assistance for families and veterans in need of	• TPC will participate in transportation studies to determine where there is a need for services. TPC will work with City officials to help improve access to public transportation. Transportation assistance will be included in any grant proposals to help with this need.

Area of Focus	Related Gaps and Goals from the BSHP	Current Status	Plans
		counseling and support in our rural and frontier areas	
Addressing the needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• IDD Crisis providers are a part of the weekly staffing with CIT, MCOT, Jail Diversion, MH Docket and CSC providers. These meetings identify individual coordination of care and resource development. Once a month a provider presentation is scheduled to increase resources needed for specialized populations	• TPC will continue to host and participate in the existing multidisciplinary meetings. TPC will participate in the Panhandle Behavioral Alliance to address the need for coordinated resource directories in the area that identify all resources for our areas community. This resource development will not only focus on BH but physical, housing, SUD services, housing and other social services in our area.
Addressing the needs of veterans	• Gap 4 • Goals 2,3	• TPC partners and co-locates with another nonprofit agency in Amarillo to provide services to our area veterans. The main programs are the MVPN and TV+VA grants. The	• TPC will continue to participate in the development of a Veterans Court. • TPC will partner with the VA homeless outreach provider and TPC's PATH provider to reach as many Veterans as

Area of Focus	Related Gaps and Goals from the BSHP	Current Status	Plans
		providers in these programs travel to all counties in our service area. There is also a Veterans drop in program which is co-located with these providers. These programs work closely with the VA outreach coordinator, justice involved provider and VA homeless services.	possible. • TPC will improve coordination efforts with any SUD program serving 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
Improving Access to Services	• See Above	• See Above
Consumer transportation	• See Above	• See Above
	•	•

Local Priority	Current Status	Plans
	•	•

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 that would be required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This will build on the ongoing communication and collaboration LMHAs/LBHAs have with local stakeholders. 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	Network of Care	• A web portal providing fast, easy access to a comprehensive database of behavioral health services, supports, information and news tailored to	•

		the local community. Network of Care contains a resource library and encyclopedia, social networking, policy information and news updates. It features an option to change the language of the site. A secure encrypted personal health portal is also available.	
		•	•
		•	•
		•	•

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