**Form O**

**Consolidated Local Service Plan**

Local Mental Health Authorities and

Local Behavioral Health Authorities

**Fiscal Years 2022-2023**

Due Date: September 30, 2022

Submissions should be sent to:

[MHContracts@hhsc.state.tx.us](mailto:MHContracts@hhsc.state.tx.u) and [CrisisServices@hhsc.state.tx.us](mailto:CrisisServices@hhsc.state.tx.us)

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## Introduction

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

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

# Section I: Local Services and Needs

## I.A Mental Health Services and Sites

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

| **Operator (LMHA/LBHA or Contractor Name)** | **Street Address, City, and Zip, Phone Number** | **County** | **Services & Target Populations Served** |
| --- | --- | --- | --- |
| NCMHID | 1546 S. Brownlee Blvd  Corpus Christi, TX  78404 | Nueces | * TRR services for adults including TAY, ACT/FACT, Jail Diversion, screening and intake assessment, Continuity of Care, PASRR services, cognitive behavioral therapy, Crisis Services MCOT including MCOT/CIT/Walk-In Crisis Clinic, Psychiatric services including walk-ins, nursing, SBIRT, Supported employment, OSAR, Supported Housing, pharmacological management, telemedicine. |
| NCMHID | 3733 S. Port  Corpus Christi, TX 78415 | Nueces | * Mental health services for children and adolescents; screening and intake, assessment, parent support groups, family partner services, psychiatric evaluation, pharmacological management, TRR services for children, telemedicine. |
| NCMHID | 105 Waco St.  Corpus Christi, TX  78404 | Nueces | * Assertive Rehabilitation Treatment/TCOOMMI, SUD-Community Health Worker Programming, Restoration Services including Jail Based Competency Restoration (JBCR) and Outpatient Competency Restoration (OCR). |
| NCMHID | 1642 S. Brownlee Blvd  Corpus Christi, TX  78415 | Nueces | * Crisis respite services for adults, outpatient competency restoration services. |
| NCMHID | 1602 10th street  Corpus Christi, TX  78404 | Nueces | * Peer run day center for adults. |
| NCMHID | 1625 10th St.  Corpus Christi, TX  78404 | Nueces | * IDD Waiver and PASRR Day Habilitation Center, IDD vocational services, IDD waiver supported employment and employment assistance, disability employment through Tx WorksWonders Program |
| NCMHID | 9035 Ocean Drive  Bldg 1219  Corpus Christi, Tx  78419 | Nueces | * Disability employment via the federal AbilityOne program |
| NCMHID | 1038 Texas Yes Blvd.  Robstown, TX  78380 | Nueces | * Screening and intake assessment, psychiatric services, pharmacological management, nursing, TRR services for children and adults; early childhood intervention services. |
| NCMHID | 212 S. Staples St. | Nueces | * Intellectual and Developmental Disability Services including service coordination for General Revenue, Texas Home Living, Home Community Services, and Community First Choice; HCS and Texas Home Living Waiver Programs; Money Follows the Person Apprenticeship and Tablet Programs. |
| NCMHID | 3733 S. Port Building B | Nueces | * Screening, assessment, Intake for IDD services; TxHmL/HCS interest list maintenance; Determination of Intellectual Disability; permanency planning, diversion coordination; enhanced community coordination; Community Living Information Process; IDD crisis intervention services; Transition Support Team; IDD Crisis Respite. Turning Point Project crime victim counseling for adults. MVPN veteran’s services; Yes Waiver. |
| Avail Solutions | 4455 SPID, Suite 44B  Corpus Christi, TX | Nueces | * Psychiatric Hotline Services, Mobile Crisis Outreach Services |
| CHRISTUS Spohn Memorial Hospital | 2606 Hospital Blvd  Corpus Christi, TX | Nueces | * Psychiatric inpatient services for adults |
| Palms Behavioral Hospital | 613 Victoria Lane, Harlingen Texas | Cameron | * Psychiatric inpatient service for adults and adolescents. |
| Cenikor | 5501 HI 37,  Corpus Christi, TX  78408 | Nueces | * Detox and residential treatment |

## I.B Mental Health Grant Program for Justice Involved Individuals

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

*In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows, if needed.*

## 

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

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

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

*In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed.*

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

## I.D Community Participation in Planning Activities

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

|  | **Stakeholder Type** |  | **Stakeholder Type** |
| --- | --- | --- | --- |
|  | Consumers |  | Family members |
|  | Advocates (children and adult) |  | Concerned citizens/others |
|  | Local psychiatric hospital staff  *\*List the psychiatric hospitals that participated:* |  | State hospital staff  *\*List the hospital and the staff that participated:* |
|  | Mental health service providers |  | Substance abuse treatment providers |
|  | Prevention services providers |  | Outreach, Screening, Assessment, and Referral Centers |
|  | County officials  *\*List the county and the official name and title of participants:* |  | City officials  *\*List the city and the official name and title of participants:* |
|  | Federally Qualified Health Center and other primary care providers |  | Local health departments  LMHAs/LBHAs  *\*List the LMHAs/LBHAs and the staff that participated:* |
|  | Hospital emergency room personnel |  | Emergency responders |
|  | Faith-based organizations |  | Community health & human service providers |
|  | Probation department representatives |  | Parole department representatives |
|  | Court representatives (Judges, District Attorneys, public defenders)  *\*List the county and the official name and title of participants:* |  | Law enforcement  *\*List the county/city and the official name and title of participants:* |
|  | Education representatives |  | Employers/business leaders |
|  | Planning and Network Advisory Committee |  | Local consumer peer-led organizations |
|  | Peer Specialists |  | IDD Providers |
|  | Foster care/Child placing agencies |  | Community Resource Coordination Groups |
|  | Veterans’ organizations |  | Other: \_\_\_\_\_\_Volunteers\_\_\_\_\_\_\_\_\_\_\_ |

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

|  |
| --- |
| * Planning and Network Advisory Committee. |
| * Stakeholder Surveys |
| * Participation in local community collaborative efforts. |
| * Participation in local initiatives, councils and coalitions on behavioral health and substance dependence. |
| * Planning and Network Advisory Committee. |
| * Participation in SSLC quarterly meetings. |
| * Participation in quarterly LIDDA/MCO meetings. |
| * Participation in monthly ADRC Advisory meetings. |
| * Completion of quarterly TST advisory committee meetings. |
| * Completion of quarterly waiver provider meetings. |

*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.*

|  |
| --- |
| * Increase substance abuse services such as substance use education throughout the community for individuals with co-occurring disorders |
| * Increase behavioral health supports |
| * Integrated services. Mental Health and Medical Health Care. |
| * MORE one on one counseling, group counseling, and some NEW innovative therapies like nutrition, music or art therapy, meditation, etc. |
| * BCBA (Board Certified Behavioral Analyst) contracted to help with IDD and MH |
| * Longer residential treatment programs for those in need |
| * Weekend Hours |
| * Mental health and wellness programs for adults as well as children. |
| * Long term housing options |
| * Decreased wait times for services |
| * Increase in long term care options |
| * Employment services such as paid employment |
| * Increase in Doctor availability such as more coordinated care between doctor and case management |
| * I think doing more with what you (MHID) have is best. Taking on something else is probably already being done by another provider; in that case, collaborate more. |
| * Innovative therapies like music therapy, play therapy, art therapy and more one on one counseling |
| * Family education would be helpful. I do not feel equipped to deal with my daughter who has mental health issues, and this year has been the most challenging yet. MHID has been a huge blessing, but I would like education for families who are dealing with their loved ones with mental illness. |
| * Dual diagnosis services (IDD and MH) |

# Section II: Psychiatric Emergency Plan

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

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

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

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

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

## II.A Development of the Plan

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

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

* + During plan development input was sought from key stakeholders including members of our PNAC. We utilized stakeholder surveys as part of plan development as well as information and feedback received on an ongoing basis through local collaborative partnerships and joint efforts in addressing service gaps. On an ongoing basis we seek input through networking, community education, care coordination, and work consistently to identify opportunities for improving our emergency service delivery system. Examples of key stakeholders providing input include local law enforcement, our County Judge, District Attorney’s office, County Judges and Sheriff, as well as representatives from our local inpatient facilities. In addition, our County has recently established a Criminal Justice System Coordinating Council to help bridge the gap in the Mental Health and Criminal Justice System nexus.

Ensuring the entire service area was represented; and

Soliciting input.

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

1. How is the Crisis Hotline staffed?

During business hours

* + NCMHID contracts with Avail Solutions Inc. to provide hotline services 24/7 365.

After business hours

* + NCMHID contracts with Avail Solutions Inc. to provide hotline services 24/7 365.

Weekends/holidays

* + NCMHID contracts with Avail Solutions Inc. to provide hotline services 24/7 365.

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

* + Yes, Avail Solutions Inc.

3. How is the MCOT staffed?

During business hours

* + Three Qualified Mental Health Professionals (QMHP) and one Licensed Professional Counselor (LPC) staff NCMHID’s MCOT team. MHID has extended our crisis services through Nueces County Hospital District (NCHD) dollars by adding 3 additional QMHPS in our MCOT Expansion Program, 3 QMHPs, 1 CMA, Licensed Professional Counselor Associate, and MD/NP providers for on call Psychiatric Services during business hours Monday – Friday 8am – 5-pm. NCMHID also brought on a Crisis Intervention Team (CIT) staff by a LPC and 9 QMHPs providing services in conjunction with Law Enforcement to address crisis call from law enforcement dispatch or other officers operating 8:00AM-11:00PM every day and 24hrs a day 4 days a week. Provides an on call rotation of LPHAs for CIT consultation after hours 5:00PM-8:00AM.

After business hours

* + NCMHID contracts with Avail Solutions Inc. to provide MCOT services on weekends and holidays. The contractor is adequately staffed with QMHP’s and LPHA’s to ensure services are rendered in accordance with established standards. NCMHID’s Crisis Intervention Team (CIT) staff by a LPC and 9 QMHPs providing services in conjunction with Law Enforcement to address crisis call from law enforcement dispatch or other officers operating 8:00AM-11:00PM every day and 24hrs a day 4 days a week. Provides an on call rotation of LPHAs for CIT consultation after hours 5:00PM-8:00AM.

Weekends/holidays

* + NCMHID contracts with Avail Solutions Inc. to provide MCOT services on weekends and holidays. The contractor is adequately staffed with QMHP’s and LPHA’s to ensure services are rendered in accordance with established standards. NCMHID’s Crisis Intervention Team (CIT) staff by a LPC and 9 QMHPs providing services in conjunction with Law Enforcement to address crisis call from law enforcement dispatch or other officers operating 8:00AM-11:00PM every day and 24hrs a day 4 days a week. Provides an on call rotation of LPHAs for CIT consultation after hours 5:00PM-8:00AM.

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

* + Yes, Avail Solutions Inc.

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

* + NCMHID’s MCOT staff provide follow up services in accordance with standards outlined in the utilization management guidelines. Services include follow up face to face, by telephone, and in office. MCOT staff provide case management and coordination, skills training and psychosocial rehabilitation and other services to ensure appropriate continuity and linkage to ongoing care. Walk-in Crisis Clinic provides on demand psychiatric services and nursing services.

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

Emergency Rooms:

* + Provision of crisis assessment, intervention, and de-escalation services as appropriate. Recommendation for LRTA is also provided. In addition to assessment and intervention services for individuals experiencing a mental health crisis in emergency departments, MCOT assists E.D. staff by coordinating access to a variety of services and supports including substance use services, counseling, psychiatric medication management, respite care, outpatient mental health services and others to assist in diverting individuals form emergency rooms.

Law Enforcement:

* + MHID’s CIT Program pairs an officer and QMHP as a team to ride together to address persons in crisis identified by dispatch and other officers. CIT operates within the same scope of practice as MCOT with the exception of the source alerting the team to the call. CIT also has direct access to contracted detox and residential treatment beds at Cenikor. Provision of crisis assessment, intervention, and de-escalation services as appropriate. Recommendation for LRTA is also provided. As with emergency rooms, MCOT provides additional coordination and access to services and supports for individuals encountering law enforcement. MCOT can assist in de-escalation in instances of family conflict, provide referrals to counseling and other resources, and can support officers in their duties when dealing with individuals suffering from mental health crises. MCOT also assists in identifying individuals with mental health needs so that the most appropriate course of intervention can be followed.

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

* + Not applicable. NCMHID is not located near a state hospital.

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

During business hours:

* + In situations where individuals are willing to seek inpatient care, they should notify MCOT and work collaboratively to coordinate access to inpatient care as needed. In situations where inpatient care is involuntary, they should coordinate with MCOT or more typically, their social work departments, to pursue an emergency detention warrant in accordance with law. NCMHID also operates Crisis Intervention Teams in collaboration with local law enforcement. CIT teams are available to assist 7 days a week from 8:00am to 11pm and 24hrs 4 days out of the week.

After business hours:

* + The same process applies.

Weekends/holidays:

* + The same process applies.

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

* + We use/recommend the least restrictive treatment/intervention available. For medical clearance, we coordinate with local inpatient facilities, for further assessment monitoring and stabilization we assist individuals in accessing respite, family support, or inpatient care dependent on the level of need.

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

* + We use the least restrictive treatment/intervention available. For medical clearance, we coordinate with local emergency rooms, inpatient facilities, and in instances where our CIT teams are involved, our subcontractor for Detox and Residential SUD treatment can be utilized for medical clearance. For further assessment, monitoring and stabilization we assist individuals in accessing respite, family support, or inpatient care dependent on the level of need.

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

* + If an individual needs admission to a hospital and they are willing to be admitted, NCMHID can facilitate voluntary admission. If an individual is assessed and needs hospitalization but refuses, a mental health warrant may be obtained to ensure individual’s safety.Service Providerse at the Pathways respite unit or within the community with supports if possible. . so that appropriate care ca

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

* + In situations where an individual does not require inpatient hospitalization but is not fit for release to the community, crisis respite can be utilized. In these situations, the staff person assisting the individual contacts the unit to ensure that a bed is available and will coordinate with the unit supervisor or designee to facilitate an admission. Staff will also coordinate access to substance abuse detox and residential services if those settings are more appropriate. Our service area does not have a crisis residential, extended observation or crisis stabilization unit. For individuals with IDD crisis respite can be provided in a contracted group or contracted host-home location if out of home respite is needed for up to 14 days. Individuals with IDD can also receive in home crisis respite from program staff or contractors for up to 72 hours.

13. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

* + NCMHID follows a true community-based approach. Individuals in crisis are met in the community as needed. In situations where safety is a concern staff request for local law enforcement to accompany for the assessment or to meet at Avail’s office location, a police department or local ER. Avail Solutions will not assess outside of designated safe assessment sites. If law enforcement is needed CIT will respond when available.

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

Where does the individual wait for a bed?

* + Many times, individuals await bed placement or availability in the emergency room at which they’ve presented. During this time, diversion to another inpatient facility may be explored with the assistance of MCOT/CIT.

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

* + When an individual is awaiting admission to an inpatient facility, the facility or respite unit where they are waiting will provide ongoing crisis intervention and monitoring until the individual is admitted. For IDD services the IDD CIS can providing ongoing crisis intervention while the individual is either in out of home or in home crisis respite.

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

* + Transportation in instances that do not require emergency detention may be provided by MCOT and/or CIT team officers and staff if necessary and appropriate. The individual’s family or LAR may also provide it in collaboration with MCOT. IDD CIS can also provide transportation if the individual is identified as having and ID or DD diagnosis.

#### Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? *Indicate N/A if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.*

|  |  |
| --- | --- |
| **Name of Facility** | Pathways Crisis Respite Unit - NCMHID |
| **Location (city and county)** | Corpus Christi, Nueces County |
| **Phone number** | 361-886-1339 |
| **Type of Facility (see Appendix A)** | Crisis Respite |
| **Key admission criteria (type of individual accepted)** | Individuals must be willing to be admitted, have an identified need such as respite from a volatile environment impacting their recovery are at risk of hospitalization without immediate intervention and supports, need medication management, need a step down from inpatient hospitalization, or are avoiding a potential inpatient stay as part of an effective de-escalation. Additionally, individuals can be admitted for symptom reduction or to establish a medication regimen in a safe and stable setting. |
| **Circumstances under which medical clearance is required before admission** | Medical clearance would be required in circumstances where an individual presents with injury or illness that has not been triaged, or when an individual is severely intoxicated or under the influence of a dangerous or unknown intoxicant. |
| **Service area limitations, if any** | Individuals must reside in Nueces County. |
| **Other relevant admission information for first responders** | It is critical first responders identify and disclose medical issues as part of the referral process so that appropriate care can be provided. |
| **Accepts emergency detentions?** | No. |
| **Number of Beds** | 16 beds 8 male, 8 female. |
| **HHSC Funding Allocation** |  |

#### Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals?

*Replicate the table below for each alternative.*

|  |  |  |
| --- | --- | --- |
| **Name of Facility** | | Christus Spohn Memorial Hospital (Ocean’s Behavioral Hospital) |
| **Location (city and county)** | | Corpus Christi, Nueces County |
| **Phone number** | | 361-902-4000 |
| **Key admission criteria** | | Imminent risk to self or others. |
| **Service area limitations, if any** | | None |
| **Other relevant admission information for first responders** | | Current intoxication, known safety risks, flight risk, general information about presenting problem. |
| **Number of Beds** | | 32 |
| **Is the facility currently under contract with the LMHA/LBHA to purchase beds?** | | Yes, though PPB funds |
| **If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?** | | Private Psychiatric Bed Day funds from HHSC |
| **If under contract, are beds purchased as a guaranteed set or on an as needed basis?** | | As needed |
| **If under contract, what is the bed day rate paid to the contracted facility?** | | 600 |
| **If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?** | | n/a |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | | n/a |
| **Name of Facility** | Palms Behavioral Hospital | |
| **Location (city and county)** | Harlingen, Cameron County | |
| **Phone number** | (95)365-2600 | |
| **Key admission criteria** | Imminent risk to self or others. | |
| **Service area limitations, if any** | None | |
| **Other relevant admission information for first responders** | Current intoxication, known safety risks, flight risk, general information about presenting problem. | |
| **Number of Beds** | 42 adult and 28 adolescent beds | |
| **Is the facility currently under contract with the LMHA/LBHA to purchase beds?** | Yes, though PPB funds | |
| **If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?** | Private Psychiatric Bed Day funds from HHSC | |
| **If under contract, are beds purchased as a guaranteed set or on an as needed basis?** | As needed | |
| **If under contract, what is the bed day rate paid to the contracted facility?** | 600 | |
| **If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?** | n/a | |
| **If not under contract, what is the bed day rate paid to the facility for single-case agreements?** | n/a | |

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

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

Identify and briefly describe available alternatives.

* + Currently, we have an Outpatient Competency Restoration Program, which is an alternative to competency restoration within State Hospital. The OCR program has a funded target of 12 individuals per year. Individuals reside at the Pathways respite unit or within the community with support if possible. We also have Jail Based Competency Restoration (JBCR) as an alternative to address individuals on the MSU and Clearing House wait list that are not approved for OCR.

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

* + Outside of LMHA services, there are extremely limited outpatient psychiatric services available for uninsured persons. Limited available bed capacity and funding at inpatient facilities. Bavview Behavioral Hospital changes admission criteria and at times do not allow individuals suffering from psychosis. PPB funds tend to run out within the 1st quarter of receiving.

Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged? Identify the name(s)/title(s) of employees who operate as the jail liaison.

* + Yes. The jail diversion case manager serves to complete all magistrate ordered mental health screenings and liaison to identify and coordinate diversion for misdemeanor offenders when appropriate. At this time the liaison is engaged post booking.

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.

* + NCMHID’s Access Services Director and Mental Health Director handle jail liaison activities outside of the process identified above.

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

* + NCMHID is currently enrolled in the Jail-in Reach program with HHSC to assist in building relationships with the attorney, judges, Hospital District, and jail to help create

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

* + NCMHID currently has both OCR and JBCR, with no need for other competency restoration needed.

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

* + Ongoing funding and continued collaboration between local law enforcement, judicial support and municipal government to ensure Continuity of operations for competency restoration services

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

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

* NCMHID contracts with Spohn Memorial and Palms Behavioral Hospital for PPB services. NCMHID ceased integration of primary care services in 2016. As part of becoming CCBHC certified we are working to create and implement policies and agreements to resume integrated care services, but currently work through community referral and partnerships consistent with CCBHC standards of care. We have an OSAR staff M-F 8am to 5pm housed in our Adult Services building. All TRR staff are also trained in COPSD to provide integrated services to individuals with co-occurring disorders. NCMHID has also secured a contract with a telehealth platform, that will allow for direct contact and accessibility between ERs, behavioral Health Hospitals, Cenikor, and law enforcement agencies.

1. What are the plans for the next two years to further coordinate and integrate these services?
   * Over the next 2 years NCMHID plans to increase outreach to the community through Cloud 9 by making crisis assessment and services more available and accessible. NCMHID continues to build relationships within the judicial system in efforts to collaborate and pursue the creation of a mental health court. We plan to work toward developing ambulatory detox, SUD, and integrated primary care services as part of the CCBHC criteria.
   * NCMHID has also increased its collaborative efforts with local organizations. The purpose of this is to better serve the community and to better coordinate care amongst partnering organizations. NCMHID has also developed an internal referral program to seamlessly refer internally and externally for the purpose of increasing collaborative efforts.

## II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?

* Comprehensive marketing and outreach/community education. Including pamphlets, web-based material, social media, and ongoing community education and engagement of stakeholders.

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

* Through adherence to and expansion of established training processes, utilization of EBP’s, inclusion in strategic planning, implementation, and oversight of the plan involving our partners and stakeholders. Communication and collaboration to further develop and implement psychiatric emergency services is a critical goal.

## II.F Gaps in the Local Crisis Response System

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

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| --- | --- | --- |
| **County** | **Service System Gaps** | **Recommendations to Address the Gaps** |
| Nueces | * Absence of inpatient services available to individuals under age 12. | * Development of unique partnerships leveraging a variety of fund sources to create a local inpatient option for children. |
|  | * Provider shortages in rural areas of the county. | * Community based recruiting leveraging multiple agencies to recruit providers into our communities. |
|  | * Limited alternatives to inpatient care and LMHA outpatient services. | * Identification and pursuit of new and innovative funding streams to address this gap. |
|  | * Limited inpatient bed availability locally | * Further community wide investment into crisis response systems to develop and increase diversionary options. |
|  | * Absence of inpatient providers will to serve individuals with ID or DD dually diagnosed with MI. | * Continue to further training and educational opportunities on the needs of individuals with IDD for inpatient providers. Currently offering through IDD TST. |

# Section III: Plans and Priorities for System Development

## III.A Jail Diversion

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

A link to the SIM can be accessed here:

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

*In the tables below, indicate the strategies used in each intercept to divert individuals from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years. If not applicable, enter N/A.*

|  |  |  |
| --- | --- | --- |
| **Intercept 0: Community Services**  **Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * 24 Hour Crisis Hotline | * Nueces | * Implementing Cloud 9 Telehealth platform |
| * Mobile Crisis Outreach | * Nueces | * Expand services and implement Telehealth platform |
| * Crisis Intervention Team | * Nueces | * Expand services and implement Telehealth platform |
| * Crisis Walk-in Clinic | * Nueces | * Implementing Cloud 9 Telehealth platform |
| * PATH Homeless Services | * Nueces | * Increase coordination with partners |
| * Pathways Crisis Respite | * Nueces | * Increase number of respite beds |
| * Cenikor | * Nueces | * Increase SUD crisis interventions through Cloud 9 |
| * IDD Crisis Intervention Services | * Nueces | * Expand services and increase outreach |

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| --- | --- | --- |
| **Intercept 1: Law Enforcement**  **Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * Co-mobilization upon request | * Nueces | * Expansion of community based crisis response options |
| * ED Diversion when appropriate |  | * Development of additional diversion options and increased access through Cloud 9 Platform. |
| * Training for law enforcement and dispatch |  | * Increased collaboration, training, and support. |
| * CIT & MCOT |  | * streamline communication and outreach to Law Enforcement |
| * Documenting and coordinating law enforcement contacts with MI persons |  | * Implementation of shared or integrated data systems for continuity of care. |
|  |  | * Establishment of a diversion center operated in collaboration and supporting law enforcement. |

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| --- | --- | --- |
| **Intercept 2: Post Arrest; Initial Detention and Initial Hearings**  **Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
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| **Intercept 3: Jails/Courts**  **Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * Jail based competency restoration | * Nueces | * Increase through put and improve referral processes in collaboration with Jail and Courts. |
| * Jail Diversion programming | * Nueces | * Improved processes and supports to bolster diversionary efforts at booking and post arrest. |
| * Jail Diversion programming/FACT | * Nueces | * Development of a mental health court in Nueces County. |
| * Jail Diversion programming/FACT | * Nueces | * ADA on call to divert at the point of potential arrest. |
| * FACT | * Nueces | * Forensic ACT team development and jail in-reach. |
| * Training of court personnel | * Nueces | * Increased collaboration, training, and support. |
| * Work with Public Defenders Office to integrate with there MH Defenders program | * Nueces | * Collaborate to enhance access and services with individuals with MI and justice involved |

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| --- | --- | --- |
| **Intercept 4: Reentry**  **Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * Jail Diversion programming | * Nueces | * Expand and develop diversionary processes and related supports to support re-entry. |
| * FACT Team |  | * Expand and develop diversionary processes and related supports to support re-entry. |

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| --- | --- | --- |
| **Intercept 5: Community Corrections**  **Current Programs and Initiatives:** | **County(s)** | **Plans for upcoming two years:** |
| * FACT | * Nueces | * Increase the utilization of the Forensic ACT team to provide support for pre charge diversion and pretrial supervision efforts. |
| * TCOOMMI Program | * Nueces | * work with veterans court to provide court ordered treatment to veterans not VA connected |
| * Work with Public Defenders Office to integrate with there MH Defenders program | * Nueces | * Collaborate to enhance access and services with individuals with MI and justice involved |

## III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf) identifies other significant gaps and goals in the state’s behavioral health services system. The gaps identified in the plan are:

* Gap 1: Access to appropriate behavioral health services
* Gap 2: Behavioral health needs S public school students
* Gap 3: Coordination across state agencies
* Gap 4: Supports for Service Members, Veterans, and their families
* Gap 5: Continuity of care for people of all ages involved in the Justice System
* Gap 6: Access to timely treatment services
* Gap 7: Implementation of evidence-based practices
* Gap 8: Use of peer services
* Gap 9: Behavioral health services for people with intellectual and developmental disabilities
* Gap 10: Social determinants of health and other barriers to care
* Gap 11: Prevention and early intervention services
* Gap 12: Access to supported housing and employment
* Gap 13: Behavioral health workforce shortage
* Gap 14: Shared and usable data

The goals identified in the plan are:

* Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.
* Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources to effectively meet the diverse needs of people and communities.
* Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.
* Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.
* Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.

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

| **Area of Focus** | **Related Gaps and Goals from Strategic Plan** | **Current Status** | **Plans** |
| --- | --- | --- | --- |
| Improving access to timely outpatient services | * Gap 6 * Goal 2 | * NCMHID has identified this goal as a key performance indicator. Our goal is to decrease the time from initial contact to intake to less than 7 days and from intake to physician to less than 14 days. Individuals in crisis have access to on demand MD/NP services as necessary during normal business hours. | * Increase intake capacity and increase the availability of physician time for new admits. * Increase access to walk in crisis services including on demand access to a prescribing provider. * Adjusting Operating hours of youth services to fit the individual and families’ needs of youth served. |
| Improving continuity of care between inpatient care and community services and reducing hospital readmissions | * Gap 1 * Goals 1,2,4 | * As part of our county community collaborative, we have created a more comprehensive system of crisis response to bridge gaps in crisis services by embedding mental health services with law enforcement (LE) as well as increasing continuity of care between jails, detention centers, and the LMHA. * Increasing accessibility to communication and information to assist in expedited referrals, services and coordination between LE, Hospitals, and the LMHA . | * Continue to increase collaborative efforts to increase engagement and reduce the need for readmission by increasing access to care for the most vulnerable populations in our county. * Implement a telehealth platform in which local law enforcement, behavioral hospitals, Emergency Rooms, and other will have access to share information and communicate. * Creating a CSC-FEP Program for individuals experiencing their first episode of psychosis. |
| 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 | * Continue our successful strategies in returning individuals to a community setting when possible. * Continue providing Competency Restoration services on an outpatient and in jail basis | * Identify fund sources for transitional housing. |
| Implementing and ensuring fidelity with evidence-based practices | * Gap 7 * Goal 2 | * Ongoing training of direct care staff in evidenced based practices such as IMR, COPSD, IPS, TF-CBT, CPT, Motivational Interviewing, Play Therapy, etc... | * Increase opportunities for cite based trainers to reduce wait times for direct care staff to be trained in EBP’s.   Provide training and offer additional modalities for counseling young children   * Creating a CSC-FEP Program for individuals experiencing their first episode of psychosis. |
| Transition to a recovery-oriented system of care, including use of peer support services | * Gap 8 * Goals 2,3 | * NCMHID currently employs 4 full time peer providers and one family partner. We operate a peer run day center and provide regular training to staff on the role of peer services. Recovery is our primary focus and we have moved away fully from the medical model to a recovery-focused model of care. | * Continue to emphasize and expand the role of peers within the organization. |
| Addressing the needs of consumers with co-occurring substance use disorders | * Gaps 1,14 * Goals 1,2 | * All direct care staff and direct care management staff have received COPSD certification. * Obtained SUD licensure, planning and designing SUD treatment | * Continue to expand and emphasize the role of COPSD in skills training, psychosocial rehabilitation, and case management. * Create and implement SUD treatment to include ambulatory detox and MAT services. |
| Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers. | * Gap 1 * Goals 1,2 | * Recently became CCBHC certified which will allow us to integrate primary physical health into MH services. | * Maintain and expand collaborative efforts and partnerships with other agencies to ensure primary care services are available to those we serve. Continue to coordinate and prioritize access to primary care. |
| Consumer transportation and access to treatment in remote areas | * Gap 10 * Goal 2 | * Nueces County has a regional transportation agency, which provides low cost transportation in rural areas of the county. We also have Medicaid funded transportation services available. | * Continue to educate and facilitate access to transportation for those we serve. |
| Addressing the behavioral health needs of consumers with Intellectual Disabilities | * Gap 14 * Goals 2,4 | * Coordination with local providers to ensure maximum utilization of IDD crisis funding to assist those with IDD in obtaining respite and other crisis services. * Lack of MH resources for dually diagnosed | * Continue to work with and identify new service providers as they become available. Pursue low cost alternatives for waiver and other IDD services to ensure competition and choice. * Coordinate with Transition Support Team Coordinator with IDD services to provide consultation on best practices to individuals in MH program who are dually diagnosed. |
| Addressing the behavioral health needs of veterans | * Gap 4 * Goals 2,3 | * We prioritize services to veterans to ensure access to care. Developing policies consistent with CCBHC standards regarding veteran services. | * Continue to pursue additional funding and contractual opportunities to expand services for Veterans. * Integrate and collaborate with veterans’ court to provide services to veterans who are not VA connected. |

## III.C Local Priorities and Plans

*Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.*

*List at least one but no more than five priorities.*

*For each priority, briefly describe current activities and achievements and summarize plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.*

| **Local Priority** | **Current Status** | **Plans** |
| --- | --- | --- |
| Create SUD treatment | * Received SUD licensure | * Create programing to include but not limited to Ambulatory Detox, MAT, and individuals/group counseling services |
| CCBHC | * Certified 03/02/2022 | * Implement Care Coordination team and new policies to support CCHBC |
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## III.D System Development and Identification of New Priorities

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Need** | **Brief description of how resources would be used** | **Estimated Cost** |
| *1* | ***Example:*** *Detox Beds* | * *Establish a 6-bed detox unit at ABC Hospital.* |  |
| *2* | ***Example:*** *Nursing home care* | * *Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.* * *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.* |  |
| 1 | Diversion Center | * Establish a 36 bed diversion unit | * $2.5-3 million for facility renovation. 1.9 million for annual operations |
| 2 | New facility | * To enhance the flow of services and bring most services under one roof | * $3.5-4.5 million |
| 3 | Care Coordination | * To increase customer satisfaction and provide additional support to individuals service though coordination service like referrals and referral follow-up | * $185,000 |

**Appendix B: Acronyms**

**Admission criteria** – Admission into services is determined by the individual’s level of care as determined by the TRR Assessment found [here](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/um-guidelines/trr-utilization-management-guidelines-adult.pdf) for adults or [here](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/um-guidelines/trr-utilization-management-guidelines-child.pdf) for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

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

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

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

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

**Crisis Stabilization Units (CSU) –** are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

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

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

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

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

# Appendix B: Acronyms

**CSU** Crisis Stabilization Unit

**EOU** Extended Observation Units

**HHSC** Health and Human Services Commission

**LMHA** Local Mental Health Authority

**LBHA** Local Behavioral Health Authority

**MCOT** Mobile Crisis Outreach Team

**PESC** Psychiatric Emergency Service Center