

Health and Human Services

Form O

Consolidated Local Service Plan (CLSP)

Local Mental Health Authorities and Local
Behavioral Health Authorities

September, 2017

Contents

Introduction	3
Section I: Local Services and Needs	4
I.A. Mental Health Services and Sites	4
I.B Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver Projects	11
I.C Community Participation in Planning Activities.....	14
Section II: Psychiatric Emergency Plan.....	15
II.A Development of the Plan.....	16
II.B Crisis Response Process and Role of MCOT	17
II.C Plan for local, short-term management of pre- and post-arrest patients who are incompetent to stand trial	26
II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment.....	29
II.E Communication Plans.....	30
II.F Gaps in the Local Crisis Response System	31
Section III: Plans and Priorities for System Development.....	32
III.A Jail Diversion.....	32
III.B Other System-Wide Strategic Priorities	32
III.C Local Priorities and Plans.....	46
III.D System Development and Identification of New Priorities	49
Appendix A: Levels of Crisis Care	51

Introduction

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

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

In completing the template, please provide concise answers, using bullet points. When necessary, add additional rows or replicate tables to provide space for a full response.

Section I: Local Services and Needs

I.A Mental Health Services and Sites

- In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding (Note: please include 1115 waiver projects detailed in Section 1.B. below). Include clinics and other publicly listed service sites; do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.
- Add additional rows as needed.
- List the specific mental health services and programs provided at each site, including whether the services are for adults, children, or both (if applicable):
 - Screening, assessment, and intake
 - Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both
 - Extended Observation or Crisis Stabilization Unit
 - Crisis Residential and/or Respite
 - Contracted inpatient beds
 - Services for co-occurring disorders
 - Substance abuse prevention, intervention, or treatment
 - Integrated healthcare: mental and physical health
 - Services for individuals with IDD
 - Services for at-risk youth
 - Services for veterans
 - Other (please specify)

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
Bastrop MH and IDD Center	275 Jackson Street Bastrop Texas 78602	Bastrop	<input type="checkbox"/> Autism Services <input type="checkbox"/> Behavioral Health Services <ul style="list-style-type: none"> ○ TRR Outpatient ○ YES Waiver ○ Routine Outpatient Services <input type="checkbox"/> BH Employment Assistance <input type="checkbox"/> Crisis Services, including MH/IDD ACT <input type="checkbox"/> Early Childhood Intervention <input type="checkbox"/> Family Health Care <input type="checkbox"/> Dental <input type="checkbox"/> Intellectual Developmental Disabilities (IDD) <input type="checkbox"/> IDD Supported Employment

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
			<input type="checkbox"/> Justice Involved Services <input type="checkbox"/> Jail Diversion Services <input type="checkbox"/> Peer Services <input type="checkbox"/> Substance Use Intensive Outpatient Services <input type="checkbox"/> Supportive Housing Services <input type="checkbox"/> Transitional Housing <input type="checkbox"/> OSAR <input type="checkbox"/> COPSD <input type="checkbox"/> Veteran's Services
Burnet County MH and IDD Center	4606 Innovation Loop Marble Falls Texas 78654	Burnet County	<input type="checkbox"/> Autism Services <input type="checkbox"/> Behavioral Health Services <ul style="list-style-type: none"> <input type="checkbox"/> TRR Outpatient <input type="checkbox"/> YES Waiver <input type="checkbox"/> Routine Outpatient Services <input type="checkbox"/> BH Employment Assistance <input type="checkbox"/> Crisis Services, including MH/IDD ACT <input type="checkbox"/> Early Childhood Intervention <input type="checkbox"/> Intellectual Developmental Disabilities (IDD) <input type="checkbox"/> IDD Supported Employment <input type="checkbox"/> Supported Housing Services <input type="checkbox"/> Justice Involved Services <input type="checkbox"/> Jail Diversion Services <input type="checkbox"/> Substance Use Intensive Outpatient Services <input type="checkbox"/> OSAR <input type="checkbox"/> COPSD <input type="checkbox"/> Veteran's Services
Caldwell MH and IDD Center	2060 South Colorado Street Lockhart Texas 78644	Caldwell County	<input type="checkbox"/> Autism Services <input type="checkbox"/> Behavioral Health Services <ul style="list-style-type: none"> <input type="checkbox"/> TRR Outpatient <input type="checkbox"/> YES Waiver

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
			<ul style="list-style-type: none"> <input type="checkbox"/> Routine Outpatient Services <input type="checkbox"/> BH Employment Assistance <input type="checkbox"/> Crisis Services <input type="checkbox"/> Dental Services <input type="checkbox"/> Early Childhood Intervention <input type="checkbox"/> Family Health Care <input type="checkbox"/> Intellectual Developmental Disabilities (IDD) <input type="checkbox"/> IDD Supported Employment <input type="checkbox"/> Justice Involved Services <input type="checkbox"/> Jail Diversion <input type="checkbox"/> Peer Services <input type="checkbox"/> Substance Use Services (IOP) <input type="checkbox"/> COPSD <input type="checkbox"/> Supportive Housing Services <input type="checkbox"/> OSAR <input type="checkbox"/> Veteran's Services
Cedar Park MH and IDD Center	1401 Medical Parkway Building C, 3 rd floor Suite 300 Cedar Park Texas	Williamson County	<ul style="list-style-type: none"> <input type="checkbox"/> Behavioral Health Services <ul style="list-style-type: none"> <input type="checkbox"/> TRR Outpatient <input type="checkbox"/> YES Waiver <input type="checkbox"/> Routine Outpatient Services <input type="checkbox"/> Crisis Services <input type="checkbox"/> BH Employment Assistance <input type="checkbox"/> Justice Involved Services <input type="checkbox"/> Jail Diversion <input type="checkbox"/> Substance Use Intensive Outpatient Services <input type="checkbox"/> COPSD <input type="checkbox"/> Supportive Housing Services <input type="checkbox"/> OSAR <input type="checkbox"/> First Episode Psychosis Services <input type="checkbox"/> Veteran's Services

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
Family Health Center at Elgin ISD	902 W. 2 nd Street Elgin Texas 78621 (Located at Elgin ISD)	Bastrop County	<input type="checkbox"/> Behavioral Health Services <ul style="list-style-type: none"> <input type="checkbox"/> TRR Outpatient <input type="checkbox"/> YES Waiver <input type="checkbox"/> Routine Outpatient Services <input type="checkbox"/> Family Health Care <input type="checkbox"/> Crisis Services <input type="checkbox"/> COPSD
Fayette MH and IDD Center	275 Ellinger Rd. La Grange Texas 78945	Fayette County	<input type="checkbox"/> Autism Services <input type="checkbox"/> Behavioral Health Services <ul style="list-style-type: none"> <input type="checkbox"/> TRR Outpatient <input type="checkbox"/> YES Waiver <input type="checkbox"/> Routine Outpatient Services <input type="checkbox"/> BH Employment Assistance <input type="checkbox"/> Crisis Services <input type="checkbox"/> Early Childhood Intervention <input type="checkbox"/> Intellectual Developmental Disabilities (IDD) <input type="checkbox"/> Jail Diversion <input type="checkbox"/> IDD Supported Employment <input type="checkbox"/> Supported Housing Services <input type="checkbox"/> TCOOMMI Services <input type="checkbox"/> Peer Services <input type="checkbox"/> Substance Use Intensive Outpatient Services <input type="checkbox"/> OSAR <input type="checkbox"/> COPSD <input type="checkbox"/> Veteran's Services
Gonzales MH and IDD Center	228 Saint George Street Gonzales Texas 78629	Gonzales County	<input type="checkbox"/> Autism Services <input type="checkbox"/> Behavioral Health Services <ul style="list-style-type: none"> <input type="checkbox"/> TRR Outpatient <input type="checkbox"/> YES Waiver <input type="checkbox"/> Routine Outpatient Services

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
			<input type="checkbox"/> BH Employment Assistance <input type="checkbox"/> Crisis Services <input type="checkbox"/> Early Childhood Intervention <input type="checkbox"/> Intellectual Developmental Disabilities (IDD) <input type="checkbox"/> IDD Supported Employment <input type="checkbox"/> Jail Diversion <input type="checkbox"/> Supported Housing Services <input type="checkbox"/> Peer Services <input type="checkbox"/> Substance Use Intensive Outpatient Services <input type="checkbox"/> COPSD <input type="checkbox"/> Veteran's Services
Guadalupe MH and IDD Center	325 Wallace Street Seguin Texas 78155		<input type="checkbox"/> Autism Services <input type="checkbox"/> Behavioral Health Services <ul style="list-style-type: none"> <input type="checkbox"/> TRR Outpatient <input type="checkbox"/> YES Waiver <input type="checkbox"/> Routine Outpatient Services <input type="checkbox"/> BH Employment Assistance <input type="checkbox"/> Crisis Services <input type="checkbox"/> Jail Diversion <input type="checkbox"/> Intellectual Developmental Disabilities (IDD) <input type="checkbox"/> IDD Supported Employment <input type="checkbox"/> Supported Housing Services <input type="checkbox"/> Peer Services <input type="checkbox"/> Substance Use Intensive Outpatient Services <input type="checkbox"/> COPSD <input type="checkbox"/> Dental <input type="checkbox"/> Family Health Care <input type="checkbox"/> Veteran's Services
Lee MH, ECI and IDD Center	898 E. Richmond Street Ofc 101 Giddings Texas		<input type="checkbox"/> Autism Services <input type="checkbox"/> Behavioral Health Services

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
	78942		<ul style="list-style-type: none"> <input type="radio"/> TRR Outpatient <input type="radio"/> YES Waiver <input type="radio"/> Routine Outpatient Services <input type="checkbox"/> BH Employment Assistance <input type="checkbox"/> Crisis Services <input type="checkbox"/> Early Childhood Intervention <input type="checkbox"/> Intellectual Developmental Disabilities (IDD) <input type="checkbox"/> IDD Supported Employment <input type="checkbox"/> Justice Involved Services <input type="checkbox"/> Jail Diversion <input type="checkbox"/> Peer Services <input type="checkbox"/> Substance Use Intensive Outpatient Services <input type="checkbox"/> COPSD <input type="checkbox"/> Primary Care <input type="checkbox"/> Veteran's Services
San Gabriel Crisis Respite Unit	711 North College Street Georgetown Texas 78626	Williamson County	<ul style="list-style-type: none"> <input type="checkbox"/> Crisis Respite Unit (16 bed unit) <input type="checkbox"/> Veteran's Services <input type="checkbox"/> Peer Services <input type="checkbox"/> First Episode Psychosis Services <input type="checkbox"/> Assertive Community Treatment for MH/IDD <input type="checkbox"/> COPSD <input type="checkbox"/> OSAR <input type="checkbox"/> Primary Care <input type="checkbox"/> Veteran's Services <input type="checkbox"/> TRR Outpatient Behavioral Health Services
San Gabriel IOP Services	711 North College Street Georgetown Texas 78626	Williamson County	<ul style="list-style-type: none"> <input type="checkbox"/> Intensive Outpatient Substance Use Services for Adults and Adolescents
Family Health	101 Chris Kelley Blvd	Williamson	<ul style="list-style-type: none"> <input type="checkbox"/> Family Health Care

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
Center at Hutto ISD	Hutto, Texas 78634		<input type="checkbox"/> Crisis Services <input type="checkbox"/> COPSD <input type="checkbox"/> Behavioral Health Services <ul style="list-style-type: none"> <input type="checkbox"/> TRR Outpatient <input type="checkbox"/> YES Waiver <input type="checkbox"/> Routine Outpatient Services
Williamson MH, ECI, and IDD Services	1009 North Georgetown Street Round Rock Texas 78664	Williamson County	<input type="checkbox"/> Autism Services <input type="checkbox"/> Behavioral Health Services <ul style="list-style-type: none"> <input type="checkbox"/> TRR Outpatient <input type="checkbox"/> YES Waiver <input type="checkbox"/> Routine Outpatient Services <input type="checkbox"/> BH Employment Assistance <input type="checkbox"/> Crisis Services, including MH/IDD ACT <input type="checkbox"/> Early Childhood Intervention <input type="checkbox"/> Intellectual Developmental Disabilities (IDD) <input type="checkbox"/> IDD Supported Employment <input type="checkbox"/> Justice Involved Services <input type="checkbox"/> Jail Diversion Services <input type="checkbox"/> Peer Services <input type="checkbox"/> Substance Use Intensive Outpatient Services <input type="checkbox"/> COPSD <input type="checkbox"/> Family Health Care <input type="checkbox"/> First Episode Psychosis Services <input type="checkbox"/> OSAR <input type="checkbox"/> Veteran’s Services
Guadalupe Extended Observation Unit	1331 E. Court Street Seguin Texas 78155 (Located at Guadalupe Regional Medical	Serves all Counties	<input type="checkbox"/> 48-hour intensive psychiatric care unit (6 bed Unit) <input type="checkbox"/> Will take voluntary and detention orders only

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
	Center)		
Georgetown Extended Observation Unit	3101 S Austin Ave Georgetown, Texas 78626 (Located at Georgetown Behavioral Health Institute)	Serves all Counties	<input type="checkbox"/> 48-hour intensive psychiatric care unit (6 bed Unit) <input type="checkbox"/> Will take voluntary and Emergency Detention orders only
School-Based Substance Use Intensive Outpatient (IOP) Clinics	Burnet CISD, Marble Falls ISD, Lockhart ISD, Bastrop ISD	Burnet, Caldwell and Bastrop	<input type="checkbox"/> Intensive Outpatient Substance Use Services <input type="checkbox"/> Group and individual services available for Adolescents and Families
Outreach, Screening, Assessment and Referral (OSAR)	30 County service area with offices in multiple locations		<input type="checkbox"/> Substance Use Evaluation and Referral Services <input type="checkbox"/> Brief Counseling Services

I.B Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver Projects

- Identify the Regional Health Partnership (RHP) Region(s) associated with each project.
- List the titles of all projects you proposed for implementation under the RHP plan. If the title does not provide a clear description of the project, include a descriptive sentence.
- Enter the number of years the program has been operating, including the current year (i.e., second year of operation = 2)
- Enter the static capacity—the number of clients that can be served at a single point in time.
- Enter the number of clients served in the most recent full year of operation. If the program has not had a full year of operation, enter the planned number to be served per year.
- If capacity/number served is not a metric applicable to the project, note project-specific metric with the project title.

The following table represents projects that BTCS is continuing to operate into Demonstration Year 7.

	1115 Waiver Projects
--	-----------------------------

RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Population Served	Number Served/Year
8	Transitional Services- Peer Led Transitional homes with comprehensive supports	6	10	The target population is people with mental illness referred from crisis services, criminal justice and inpatient settings.	112
8	Substance Use Services- Intensive and supportive outpatient substance use services	6	Varies	Varies need of outpatient substance abuse services	2450
8	ACT IDD	6	28	The target population is individuals with IDD who are taken to EDs in our region or in jeopardy of losing community living placements due to behaviors that are challenging or dangerous.	81
8	Justice involved youth and adults	6	45	The target population includes those in contact with law enforcement, arrested or in the process of booking and those on probation, parole or otherwise released from detention in these Counties who are also diagnosed with behavioral health disorders	333
8	Youth Counseling	6	15	The target population is youth with intense needs who are identified in school or and referred by Juvenile Probation Departments	115

1115 Waiver Projects					
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Population Served	Number Served/Year
8	Extended Observation Unit	6	10	The target population is adults presenting a significant threat to the safety of self or others and exhibiting behaviors consistent with acute psychiatric disorder.	298
8	Integrated Care	6	Varies	The target population is adults and youth who are in need of a medical home and are poor, under or uninsured	8053
8	Child Crisis Respite	6	2	The target population is high risk youth in behavioral health crisis the majority of them involved in Juvenile Justice	52

I.C Community Participation in Planning Activities

Identify community stakeholders who participated in your comprehensive local service planning activities over the past year.

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

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

<input type="checkbox"/> Facilitation of and Participation in County Mental Health Task Force Meetings
<input type="checkbox"/> Participation at Speak Your Mind event
<input type="checkbox"/> Participation in meetings with Law Enforcement, Schools and Emergency Departments
<input type="checkbox"/> Facilitation of and Participation in Quarterly OSAR Provider Meetings
<input type="checkbox"/> Participation in Suicide Prevention Workgroups & Initiatives
<input type="checkbox"/> Regular meetings with partnering FQHCs
<input type="checkbox"/> Internal Planning meetings with the Director of Peer Services and Director of Intellectual and Developmental Disabilities
<input type="checkbox"/> Participation in Commissioner’s Court meetings
<input type="checkbox"/> Monthly meetings with EMS and First Responders
<input type="checkbox"/> Meetings with county officials, court representatives, probation/parole departments, and Juvenile Services
<input type="checkbox"/> Participation in State Hospital Service Area Regional Planning Meetings
<input type="checkbox"/> Participation on HHSC Stakeholder Workgroups
<input type="checkbox"/> Meetings with County and City Law Enforcement
<input type="checkbox"/> Satisfaction surveys from consumers

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.

<input type="checkbox"/> Transportation in our service areas continues to be of concern to Stakeholder groups
<input type="checkbox"/> Crisis Coordination with Law Enforcement and Emergency Departments continues to be a priority
<input type="checkbox"/> Lack of State Hospital bed capacity for civil commitments
<input type="checkbox"/> Youth suicide
<input type="checkbox"/> Lack of substance use detoxification options
<input type="checkbox"/> Opioid use and high utilization of emergency rooms

Section II: Psychiatric Emergency Plan

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

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

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

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

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

II.A Development of the Plan

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

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

Soliciting input

- Bluebonnet Trails Community Services has been actively engaged with community stakeholders for years and continues to meet regularly with Mental Health Task Force Groups in Bastrop, Burnet, Fayette, Guadalupe and Williamson Counties.
- Bluebonnet Trails Community Services Board of Directors is assigned by the County Judge and the eight (8) members represent all of Bluebonnet Trails service areas /counties.
- Other counties (Bastrop, Caldwell, Gonzales, and Lee Counties) are engaged with Jail Diversion Staff, Crisis Staff and Senior Management staff to review and collaborate on the crisis system of care. There are ongoing case reviews with local courts and law enforcement agencies.
- Key stakeholders are Law Enforcement (local police and sheriff's department including Mental Health Deputies), County Commissioners, Judicial Officials (Judges, District and County Attorney's office), local ED/Hospital Personnel, and Private Psychiatric Hospitals.
- Bluebonnet Trails administers consumer satisfaction surveys. Surveys are collated and feedback is provided to local departments.

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?

a. During business hours

- MCOT Staff are located in Burnet, Bastrop, Caldwell, Fayette, Gonzales, Guadalupe and Lee Counties Monday through Friday, 8am - 5pm.
- MCOT Staff are located in Williamson County 7 days a week from the hours of 8am - 8pm.

b. After business hours

- On Call Contract staff along with Center staff take call after hours to all locations.

c. Weekends/holidays

- On Call Contract staff along with Center staff take call after hours to all locations.

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

Bluebonnet Trails contracts with AVAIL Solutions to provide 24/7 triage as our Crisis Hotline Call Center (1-800-841-1255). This team triages whether a call is Emergent, Urgent or Routine.

Emergent calls are those that require immediate evaluation and intervention and are at risk of suicide or have severe psychosis. Urgent calls are those that require an evaluation and intervention within 8 hours and are individuals with evident concerns but are not in imminent risk. AVAIL Solutions determines deployment based on risk of serious deterioration or imminent risk to self and/or others. When activated for deployment, MCOT completes a face-to-face assessment within 1-hour for Emergent activations, and 8-hours for Urgent activations.

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

- Upon receiving the call information from the Crisis Hotline, the MCOT worker contacts the original caller to give an estimated time of arrival.
- A crisis assessment includes an evaluation of risk to self or others, presence or absence of cognitive impairment, need for emergency interventions and need for immediate medical screening/assessment.
- Upon completion of the crisis assessment, MCOT identifies and links people to all available services necessary to stabilize the behavioral health crisis and ensure transition to routine care. This includes assistance with accessing those services if needed.
- Upon the resolution of the crisis episode which involves a person safety planning in the community, MCOT provides follow up care within 24 hours.

- Individuals are placed in a LOC 5 or Transitional Services as needed to continue to support and transition individuals to existing community resources or local Bluebonnet Trails Community Services.
- Both Face to Face and Telephone follow-up services are provided.
- We have a dedicated Nurse Practitioner assigned to help begin treatment and provide a psychiatric evaluation to adults in any county.

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

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

- Emergency rooms: Yes; 24/7
- Law enforcement: Yes; 24/7

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

- Emergency rooms: We are considered “crisis consultants” and provide crisis support and recommendations. We are able to help secure an inpatient bed as needed in our own EOU units or in our Crisis Respite Unit. Private or State Hospital inpatient beds can also be utilized as appropriate.
- Law enforcement: We will provide crisis evaluation and crisis support, including securing extended observation, respite, private inpatient and state hospital inpatient beds. We provide this service 24/7.

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:

- We provide crisis support while we are securing an inpatient bed at a private or public facility.
- Bluebonnet Trails is able to secure beds at our EOU unit in Georgetown and Seguin, Texas. We have a total of 12 beds which will soon become 18 with the approval of grant funds through House Bill. We are able to accept Emergency Detention orders and/or voluntary admissions. We also have 26 respite beds for adults and Children's Crisis Respite homes.
- Individuals who are in an Emergency Department or general hospital and need a State Hospital bed are reassessed in person every 24 hours until bed space is secured.
- If medical clearance is needed, the person is sent to the local Emergency Department for an evaluation.

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

- BTCS works closely with the client, any client supports, local law enforcement (if involuntary) and/or local emergency rooms to facilitate admission to an appropriate inpatient hospital. This includes, but is not limited to: Calling local inpatient facilities to determine availability, completing telephonic intake with potential receiving locations, providing completed crisis assessment via secured fax to receiving location and arrange transport when necessary.
- If a private hospital bed is appropriate, we call local psychiatric facilities to secure a bed. The admissions office will receive a brief review over the telephone and insurance information is reviewed. BTCS was recently awarded funding to purchase Private Psychiatric Beds (PPB) beginning April 1, 2018.

- For a State Hospital bed, we call either Austin State Hospital or San Antonio Hospital and request admission after a brief review over the telephone. Wait list varies but can take 7 to 10 days. The State Hospital will call local Emergency Department or local hospital or Bluebonnet Trail Crisis Staff when bed becomes available and consumer is transferred. During the wait period, BTCS assesses the consumer every 24 hours and advocates for treatment while they wait for a state bed.
- Information/ records is faxed to the inpatient facility during the review process.

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.):

- Families and local entities call our Crisis Hotline (1-800-841-1255) if a crisis evaluation is requested.
- MCOT staff is activated by Avail Solutions (Hotline) 24/7 and they complete an evaluation.
- MCOT staff will call the on-call LPHA for the Extended Observation Unit or Crisis Respite Unit to review and consider for admission. We have on-call staff available for the EOU / Crisis Respite Unit 24/7 to consider admissions afterhours.
- If capacity exists and the person is appropriate for admission (no detox concern or severe medical issues) we admit or place on wait list for next available bed.

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

The MCOT worker is dispatched in tandem with another MCOT Worker or a Mental Health Deputy when completing a crisis assessment for an unknown person who is not located in a place where other professional staff are present (i.e. home, parking lot, under a bridge). Local law enforcement presence may be requested for safety purposes, depending on the nature of the call when a Mental Health Deputy is not available. If the person in crisis is located in a BTCS clinic, school or hospital, the crisis worker may dispatch to the scene alone if circumstances indicate it is safe. Alternative locations may also be offered in the middle of the night, such as our 24-hour Respite Centers.

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

a. During business hours

- The emergency room or law enforcement officer may call our Crisis Hotline to request a face-to-face crisis assessment and recommendation. Law enforcement may bring an individual to one of our clinic locations or crisis facilities during business hours for an assessment.
- A doctor to doctor review is required for emergency room transfers to an inpatient psychiatric facility or the EOU.
- If involuntary commitment is needed, the hospital or BTCS may motion the local courts for an emergency detention order or request law enforcement (Mental Health Deputies) to review and consider emergency detention order without a warrant.
- If the person is willing to go to treatment on a voluntary basis, BTCS helps to arrange transportation or provide the transportation.

b. After business hours

- Same as above

c. Weekends/holidays

- Same as above

7. If an inpatient bed is not available:

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

- EOU can occasionally be utilized while a more intensive inpatient bed is secured.
- Emergency room facilities are sometimes utilized depending on the circumstances but this is not advised. We advocate for treatment while individuals are waiting in an emergency department for a more intensive level of

care. Some emergency facilities have psychiatric consultation services available and provide treatment recommendations to an attending physician. Bluebonnet Trails Community Services has a Tele-Psychiatry Service available for those facilities that do not have a psychiatric consultation service available. We offer to assist with tele-psychiatry to local emergency facilities in our service area.

- Bluebonnet Trails also has contracts with psychiatric and detox facilities for critical situations where a person cannot wait in an emergency room setting and a state hospital bed is not available. In these cases, BTCS purchases inpatient psychiatric beds with general revenue or reserve funds. We also have excellent relationships with ASH and SASH who can at times open capacity for those most in need.
- Bluebonnet Trails Crisis Staff has also contacted HHSC Crisis Manager (Jan Morang) in the past to determine if vacancies were available in other counties in Texas or in other Community Centers regions who contract with Private Hospitals. When available, we determined if local law enforcement officers were willing to transport (distance was at times an issue as well as court costs).

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

- Bluebonnet Trails Community Services MCOT and Jail Diversion Staff (if in Jail).
- BTCS staff re-assess every 24 hours if a person is waiting for a more intensive level of care. We explore all options and advocate for treatment while persons are waiting.

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

- Bluebonnet Trails Community Services MCOT or Jail Diversion Staff (if in Jail).

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

- Many times Bluebonnet Trails provides transportation. If located at an emergency department, the hospital will provide a Taxi or ambulance transport.
- Mental Health Deputies have provided courtesy rides when requested.

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	Georgetown Extended Observation Unit
Location (city and county)	Located in Georgetown Behavioral Health Institute Georgetown Texas / Williamson County
Phone number	512-552-9519 for bed availability and staffing
Type of Facility (see Appendix B)	Extended Observation Unit
Key admission criteria (type of patient accepted)	Adults with Mental Health or Co-Occurring Mental Health and Substance Use Disorders. Moderate to high risk of harm to self or others and may have moderate functional impairment.
Circumstances under which medical clearance is required before admission	Detox or severe health concerns such as uncontrolled B/P or uncontrolled seizure disorder.
Service area limitations, if any	This unit serves individuals from any county in our service area.
Other relevant admission information for first responders	None
Accepts emergency detentions?	Yes

Name of Facility	Seguin Extended Observation Unit
Location (city and county)	Located in Guadalupe Regional Medical Center Seguin Texas / Guadalupe County
Phone number	830-305-6274
Type of Facility (see Appendix B)	Extended Observation Unit
Key admission criteria (types admitted)	Adults with a Mental Health or Co-occurring Mental Health and Substance Use Disorder. Moderate to high risk of harm to self or

Name of Facility	Seguin Extended Observation Unit
	others and may have moderate functional impairment.
Circumstances under which medical clearance is required before admission	Detox or severe health concerns such as uncontrolled B/P or uncontrolled seizure disorder.
Service area limitations, if any	This unit serves individuals from any county in our service area.
Other relevant admission information for first responders	None
Accepts emergency detentions?	Yes

Name of Facility	San Gabriel Adult Crisis Respite Unit
Location (city and county)	Georgetown Texas / Williamson County
Phone number	512-869-2650 (Front Desk) 512-701-1982 (On-Call & After-Hour Line)
Type of Facility (see Appendix B)	Crisis Respite
Key admission criteria (type of patient accepted)	Adults with a Mental Health Disorder or Co-occurring Mental Health and Substance Use Disorders. Individuals must come voluntarily and have low risk of harm to self or others and may have some functional impairment. Person must also be able to administer their own medication and ambulate without intervention.
Circumstances under which medical clearance is required before admission	Detox or severe health concerns such as uncontrolled B/P or uncontrolled seizure disorder.
Service area limitations, if any	Located close to a Child Care Center so those who have sexual offenses cannot be admitted into the program.
Other relevant admission information for first responders	If a person is prescribed medications, these medications must accompany the person in current, labeled bottles.
Accepts emergency detentions?	No

Name of Facility	La Esperanza Adult Crisis Respite Unit
Location (city and county)	Seguin Texas / Guadalupe County

Name of Facility	La Esperanza Adult Crisis Respite Unit
Phone number	830-386-2770 (Front Desk) 830-386-2747 (On-Call and After-Hour Line)
Type of Facility (see Appendix B)	Crisis Respite
Key admission criteria (type of patient accepted)	Adults with a Mental Health Disorder, Co-occurring Mental Health and Substance Use Disorder, and/or individuals with Intellectual and Developmental Disabilities. Individuals must come voluntarily and have low risk of harm to self or others and may have some functional impairment. They must also be able to administer their own medication and ambulate without intervention.
Circumstances under which medical clearance is required before admission	Detox or severe health concerns such as uncontrolled B/P or uncontrolled seizure disorder.
Service area limitations, if any	Located close to a Child Care Center so those who have sexual offenses cannot be admitted into the program.
Other relevant admission information for first responders	If a person is prescribed medications, these medications must accompany the person in current, labeled bottles.
Accepts emergency detentions?	No

Inpatient Care

9. What alternatives to the state hospital does your service area have for psychiatric inpatient care for medically indigent?
Replicate the table below for each alternative.

Name of Facility	Georgetown Behavioral Health Institute
Location (city and county)	Georgetown Texas / Williamson County
Phone number	877-500-9151
Key admission criteria	Adolescents or Adults with Severe Psychiatric Symptoms / Suicide Ideation
Service area limitations, if any	Uncontrolled physical issues like B/P and Seizure Disorder require medical clearance before admission.
Other relevant admission information	BTCS approval for funding is required prior to coordination of admission.

Name of Facility for first responders	Georgetown Behavioral Health Institute
Name of Facility	Rock Springs Hospital
Location (city and county)	Georgetown Texas / Williamson County
Phone number	(512) 819-9400
Key admission criteria	Adults with Psychiatric Symptoms / Suicidal Ideation
Service area limitations, if any	Uncontrolled physical issues like B/P and Seizure Disorder...requires medical clearance to admit.
Other relevant admission information for first responders	BTCS approval for funding is required prior to coordination of admission.

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.

- Although we are not designated as an outpatient competency restoration facility, we are able to divert individuals out of the Jail and utilize community-based behavioral health services to stabilize an individual in the community.
- Local magistrates and/or judges work closely with our Jail Diversion Staff in all eight (8) counties to coordinate care in the community versus in a jail setting.
- We often admit to our Crisis Respite Units to ensure 24/7 evaluation and treatment until a person is ready to go home. Jail diversion staff report to the courts on the individual's progress in treatment. Staff advocate for dismissal or reduction in charges as appropriate.

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

- Felony charges continue to be difficult to move from a forensic setting to the community setting for treatment priority.
- Jail Diversion staff are able to access Crisis Respite Unit to ensure a thorough evaluation prior to movement into the community. Ongoing judicial involvement is critical as we proceed with treatment in the community.

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

- We have 4 FTEs assigned to Jail Diversion Services. We have established excellent relationships in local county jails and provide screenings and evaluations for the courts.
- BTCS also has 1 FTE with Jail Diversion experience assigned to Austin State Hospital and San Antonio State Hospital to assess and transition individuals on forensic commitment back into the courts and community.
- Jail Diversion Staff advocate and recommend release for individuals in order to prioritize community-based treatment alternatives according to Article 16.22 of the Texas Criminal Code.

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

- Not Applicable

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.

- BTCS has been interested in providing competency restoration but has not had the funds to move forward with this initiative. We plan to apply for funding when it becomes available.

- BTCS provides as appropriate outpatient alternative and reports back to the courts. Our excellent relationship with the local courts and dedication to partnerships in the community has made our program successful although our forensic commitments continue to increase.

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.)?

- BTCS would be supportive of an outpatient and Jail-based competency restoration program and we have regular conversations with our community partners on how to proceed in the future if funding became available.

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

- Funding is the only barrier to implementation. Our Crisis Respite Units are already prepared to receive individuals on jail diversion, and this could easily support competency restoration alternatives. Staffing and programing would need to be considered in an application for funding.
- For a Jail-based competency restoration program, BTCS would increase staffing and treatment alternatives for persons in jail. Psychiatric treatment, programming and curriculum details would be reviewed and considered. Funding would assist us in development and implementation.

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?

- Bluebonnet Trails Community Services is a CCBHC Center. We provided integrated substance use and psychiatric care at all locations. We partner with a Federally Qualified Health Center, Community Health Centers of South Central

Texas (CHCSCT), who provides physical health care on our campuses in Seguin, Bastrop, Elgin, Lockhart and Gonzales. Dental is also offered at some locations. In addition to this, BTCS employs a physical health practitioner who provides services at our Hutto, Round Rock and Georgetown locations.

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

- We plan to find a partner to co-locate physical healthcare services in Burnet and Fayette Counties. We also seek to sustain our integrated healthcare model, which was started through the 1115 Medicaid Transformation Waiver.

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.

- BTCS attends monthly and quarterly Mental Health Task Force Meetings and communicates with leaders in our community on an ongoing basis. We have comprehensive pamphlets and brochures for our program, and our website has been updated to include all the exciting new services provided at BTCS facilities around our service sites (www.bbtrails.org).

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

- We provide Quarterly Trainings to our MCOT Team and regularly communicate changes and updates to our hotline. Information regarding crisis services is also communicated during quarterly Executive Management Team meetings.
- We are able to review all changes or concerns in our biweekly Directors meeting attended by all area directors in charge of the local crisis service system. Crisis services is our highest priority.

- BTCS is also engaged in the ***Zero Suicide In Texas*** initiative to keep up with current training initiatives and improvements in our Crisis System of Care.

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
All	<ul style="list-style-type: none"> <input type="checkbox"/> There are still gaps for those needing substance use detoxification. Emergency rooms are regularly utilized for regaining sobriety as well. This can lead to unnecessary public intoxication charges and jail. <input type="checkbox"/> Respite and EOU services have transformed our crisis system of care. However, we often stretch these resources to serve a higher intensity of need than these units will allow. Others must wait in emergency rooms or jails for appropriate treatment. A Crisis Residential Unit and a Crisis Stabilization Unit within our service area would offer more options for stabilization and step-down for persons needing additional support before returning home.
Caldwell and Gonzales counties	<ul style="list-style-type: none"> <input type="checkbox"/> These rural counties do not have designated Mental Health Deputies. Having a mental health deputy program working in conjunction with the LMHA has been proven to be very effective.

Section III: Plans and Priorities for System Development

III.A Jail Diversion

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

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

In the table below, indicate which of the following strategies you use to divert individuals from the criminal justice system. List current activities and any plans for the next two years. Include specific activities describing the strategies checked in the first column. For those areas not required in the HHSC Performance Contract, enter NA if the LMHA or LBHA has no current or planned activities.

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<input checked="" type="checkbox"/> Co-mobilization with Crisis Intervention Team (CIT) <input checked="" type="checkbox"/> Co-mobilization with Mental Health Deputies <input checked="" type="checkbox"/> Co-location with CIT and/or MH Deputies <input type="checkbox"/> Training dispatch and first responders <input checked="" type="checkbox"/> Training law enforcement staff <input checked="" type="checkbox"/> Training of court personnel <input checked="" type="checkbox"/> Training of probation personnel <input type="checkbox"/> Documenting police contacts with persons with mental illness <input type="checkbox"/> Police-friendly drop-off point <input checked="" type="checkbox"/> Service linkage and follow-up for individuals who are not	<input type="checkbox"/> Active CIT officers in 6 of our 8 counties. <input type="checkbox"/> Crisis Staff are assigned to work in partnership in 5 of our 8 counties. <input type="checkbox"/> In Bastrop, Fayette, Lee and Burnet Counties, MH Deputies are co-located in the same building. <input type="checkbox"/> Jail Diversion, Licensed Training staff and Crisis Staff provide mental health training for jails and local law enforcement officers. <input type="checkbox"/> BTCS receives MH referrals from the local law

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<p>hospitalized</p> <p><input type="checkbox"/> Other: Click here to enter text.</p>	<p>enforcement agencies and MH Deputies.</p>
<p>Plans for the upcoming two years:</p> <p><input type="checkbox"/> Contract with a former police detective to provide MH First Aid and peer-to-peer services to officers and first responders.</p> <p><input type="checkbox"/> Provide Sequential Intercept Model Mapping around Intercept 1.</p>	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	Current Activities
<p><input checked="" type="checkbox"/> Staff at court to review cases for post-booking diversion</p> <p><input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility</p> <p><input checked="" type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion</p> <p><input checked="" type="checkbox"/> Staff at court who can authorize alternative services to incarceration</p> <p><input checked="" type="checkbox"/> Link to comprehensive services</p> <p><input type="checkbox"/> Other: Click here to enter text.</p>	<p><input type="checkbox"/> We have an excellent Jail Diversion Department assigned to all courts in our service areas who advocates with the local courts to reduce jail time and/or dismiss or reduce charges.</p> <p><input type="checkbox"/> MH Deputies provide ongoing Jail screening and support in Burnet, Bastrop, Fayette, Lee and Williamson counties.</p> <p><input type="checkbox"/> Jail Diversion staff admit to our Crisis Respite Unit to provide a comprehensive evaluation and review to the courts.</p> <p><input type="checkbox"/> Ongoing MH Services are linked immediately.</p>
<p>Plans for the upcoming two years:</p> <p><input type="checkbox"/> Seek funding to continue jail diversion services for a transitional period of time once a person is released from jail to reduce recidivism.</p>	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	Current Activities
<input type="checkbox"/> Continue to train and set up protocols to utilize the Texas Criminal Code Article 16.22 to divert from the judicial system and into our MH system of care.	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
<input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input checked="" type="checkbox"/> Mental Health Court <input checked="" type="checkbox"/> Veterans' Court <input type="checkbox"/> Drug Court <input type="checkbox"/> Outpatient Competency Restoration <input checked="" type="checkbox"/> Services for persons Not Guilty by Reason of Insanity <input type="checkbox"/> Services for persons with other Forensic Assisted Outpatient Commitments <input checked="" type="checkbox"/> Providing services in jail for persons Incompetent to Stand Trial <input type="checkbox"/> Compelled medication in jail for persons Incompetent to Stand Trial <input checked="" type="checkbox"/> Providing services in jail (for persons without outpatient commitment) <input checked="" type="checkbox"/> Staff assigned to serve as liaison between specialty courts and services providers <input checked="" type="checkbox"/> Link to comprehensive services <input checked="" type="checkbox"/> Other: Liaison staff assigned to forensic caseload at the Austin State Hospital	<input type="checkbox"/> Jail Diversion staff work closely with assigned cases and the courts to minimize involvement in the criminal Justice system. <input type="checkbox"/> We participate in Mental Health Dockets in Williamson and Burnet Counties. <input type="checkbox"/> We have both Jail Diversion staff and our Veteran's Coordinator working with the Veteran Courts in Guadalupe and Williamson Counties. <input type="checkbox"/> Jail Diversion staff work closely with Kerrville State Hospital to transition individuals who have been found NGRI. Court approval is required to move individuals from an inpatient setting into community based services. The Crisis Respite Unit is used to transition individuals who have been institutionalized or have been hospitalized for years back into the community. <input type="checkbox"/> We are engaged with our local county jails to ensure medication is prescribed or continued

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
	<p>while in the jail setting.</p> <ul style="list-style-type: none"> <input type="checkbox"/> BTCS is currently under contract for psychiatric medication management services in all of our counties except Williamson County who contracts with a private psychiatrist. <input type="checkbox"/> BTCS provides COPSD services and links inmates with outpatient services after release. This includes SUD IOP treatment or referrals to residential, individual and group counseling, and case management services. <input type="checkbox"/> Once a person is sent to the Austin State Hospital for competency restoration, BTCS has ongoing liaison services to ensure a smooth transition back into the courts or community while charges are being reviewed. Our Crisis Respite Units are used as a step-down from the ASH / justice system into ongoing mental health services. Jail Diversion staff continue to work with the courts for a disposition on a forensic case.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Apply for jail-based competency restoration funding. 	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Providing transitional services in jails <input checked="" type="checkbox"/> Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release <input checked="" type="checkbox"/> Structured process to coordinate discharge/transition plans and procedures <input checked="" type="checkbox"/> Specialized case management teams to coordinate post-release services <input checked="" type="checkbox"/> Other: COC TCOOMMI Services to help with transition into community from prisons. 	<ul style="list-style-type: none"> <input type="checkbox"/> BTCS is actively engaged in the transition from judicial system into ongoing mental health care in the community. <input type="checkbox"/> Jail Diversion staff are actively engaged with the Kerrville State Hospital and have successfully transitioned individuals back into the community. <input type="checkbox"/> Jail Diversion staff and ASH Liaison work with the forensic unit and judicial system to transition individuals while still under the supervision of the courts. Our relationship with the courts has helped to expand this diversion initiative. <input type="checkbox"/> The TCOOMMI Mental Health Diversion Program Initiative includes a designated staff member who develops a service plan and coordinates transitions from jail into the community as part of the Jail Diversion Team. Coordination of discharge and transition planning ensures continuity of care and is a primary function of this specialized team.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide SIM Mapping to local stakeholders around Intercept 4. <input type="checkbox"/> Provide internal training to BTCS staff on re-entry to improve wrap-around care and reduce recidivism. 	

Intercept 5: Community corrections and community support programs	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders <input checked="" type="checkbox"/> Training for probation or parole staff <input checked="" type="checkbox"/> TCOOMMI program <input type="checkbox"/> Forensic ACT <input checked="" type="checkbox"/> Staff assigned to facilitate access to comprehensive services; specialized caseloads <input checked="" type="checkbox"/> Staff assigned to serve as liaison with community corrections <input type="checkbox"/> Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Bluebonnet provides routine screenings for mental illness and substance use disorders for members of the community. <input type="checkbox"/> TCOOMMI Program Director acts as liaison to community corrections and works in conjunction with Bluebonnet's Jail Diversion Team, Community Liaison and Training Division to provide a wide-range of behavioral health trainings to community corrections and community support programs. Examples of trainings include: Mental Health Awareness Training at Texas Department of Criminal Justice Parole Division & Probation; Police/Law Enforcement & Victim Services, along with community support agencies and organizations. <input type="checkbox"/> The TCOOMMI Director and staff work closely with CSCD/Probation and Parole Supervisors and staff to provide on-going education and training during staff meetings, community events, and on an individualized basis. <input type="checkbox"/> Bluebonnet has multiple TCOOMMI Programs throughout the eight counties including Continuity of Care, Transitional Case Management, Intensive Case Management, and Mental Health Initiative Jail Diversion. All staff in these programs are responsible for facilitating access to comprehensive services

Intercept 5: Community corrections and community support programs	
Components	Current Activities
	<p>and liaising with community corrections. Monthly interdisciplinary treatment team meetings are part of the TCOOMMI Program and include thorough review of participants' engagement, compliance to treatment recommendations, and options to reinforce positive behaviors and effectively address barriers to treatment.</p> <ul style="list-style-type: none"> □ Bluebonnet's Justice Involved Program pairs individuals in Bluebonnet's mental health services who have risk factors for criminal justice system involvement with a specially trained case manager who has training and education in criminogenic risk factors and behavioral health treatment to a
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> □ Continue to transition individuals from the criminal justice system into the community and ensure accessible psychiatric services upon release. □ Increase engagement services to motivate individuals returning to the community who may not be actively seeking mental health care. □ Develop a FACT Team to address the needs of high-risk individuals who are released from forensic hospitalization or otherwise involved with the criminal justice system while requiring an intensive level of outpatient treatment. 	

III.B Other Behavioral Health Strategic Priorities

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

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

Related goals identified in the plan include:

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

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> <input type="checkbox"/> Gap 6 <input type="checkbox"/> Goal 2 	<ul style="list-style-type: none"> <input type="checkbox"/> Centralized Intake Line <input type="checkbox"/> Psychiatric Hospital Discharge appointments scheduled through Intake Line within 3 days. <input type="checkbox"/> We average 7 days from initial call to first appointment. <input type="checkbox"/> MCOT actively works to transition individuals from an inpatient setting into the community and ongoing services. <input type="checkbox"/> We continue to add SUD IOP services and Counseling in rural school districts 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to foster relationships with schools to offer early intervention to young people <input type="checkbox"/> Continuous Quality Improvement to increase training initiatives and competencies among our COC and Crisis Teams.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> <input type="checkbox"/> Gap 1 <input type="checkbox"/> Goals 1,2,4 	<ul style="list-style-type: none"> <input type="checkbox"/> With the EOU units in both Williamson and Guadalupe Counties we have been able to bring down our state hospital bed usage to approximately 54% of 	<ul style="list-style-type: none"> <input type="checkbox"/> Focus on strategies with MCOs and Psychiatric Hospitals to know when a person is discharging from a private hospital to our service area. <input type="checkbox"/> Contract to provide

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>our allocation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Our readmission rate to the EOU is below 10%. <input type="checkbox"/> EOU, Respite and Continuity of Care positions actively participate in planning throughout a person's stay to ensure wraparound services upon discharge <input type="checkbox"/> We meet monthly with EMS in Williamson County to serve high utilizers of emergency departments as a result of behavioral health concerns 	<p>services through the HCBS-AMH Program</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue to recruit and train EOU RNs, LPHAs and MH Techs on best practices to provide rapid stabilization and re-integration into the community. <input type="checkbox"/> Retain quality employees on the Night Shift
<p>Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Gap 14 <input type="checkbox"/> Goals 1,4 	<ul style="list-style-type: none"> <input type="checkbox"/> We currently utilize jail diversion staff to review and consider transition services for long term clients at Kerrville State Hospital. <input type="checkbox"/> ASH and SASH COC staff 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to promote community-based services with long term state hospital individuals. <input type="checkbox"/> Contract to provide services through the HCBS-

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>member works closely with inpatient staff to find alternatives to continued hospitalization. Many need guardians since the individual lacks capacity to make decisions.</p> <ul style="list-style-type: none"> <input type="checkbox"/> We meet regularly with State Hospital staff and Courts (if forensic) to develop a comprehensive transition plan. 	AMH Program
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> <input type="checkbox"/> Gap 7 <input type="checkbox"/> Goal 2 	<ul style="list-style-type: none"> <input type="checkbox"/> We moved the training department under HR and added new staff. <input type="checkbox"/> We have Train the Trainers within our organization for a variety of EBPs. <input type="checkbox"/> We participate on HHSC TA calls and host our own TA calls for new staff. <input type="checkbox"/> We require online and 	<ul style="list-style-type: none"> <input type="checkbox"/> We plan to bring on a Quality Management specialist to increase internal audits of EBPs <input type="checkbox"/> Send HR Trainers to Train the Trainer opportunities.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		in-person training for staff, including refresher trainings.	
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> <input type="checkbox"/> Gap 8 <input type="checkbox"/> Goals 2,3 	<ul style="list-style-type: none"> <input type="checkbox"/> Person-Centered Focus is an agency wide priority and peer services are actively working with consumers and utilizing WRAP services ongoing. <input type="checkbox"/> We added a Recovery and Resiliency module to NEO for <i>all</i> employees 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue participation on the Peer Support Stakeholder Workgroup. <input type="checkbox"/> Continue to develop Peer providers from within our organization and hire peers for all service areas. <input type="checkbox"/> Apply to participate on the Via Hope Recovery Institute Peer Services Implementation Program <input type="checkbox"/> Continue to infuse our leadership with knowledge of recovery. <input type="checkbox"/> Re-implement PCRIP when we change electronic medical records and have a new template to work from.
Addressing the needs of consumers with co-occurring substance use	<ul style="list-style-type: none"> <input type="checkbox"/> Gaps 1,14 <input type="checkbox"/> Goals 1,2 	<ul style="list-style-type: none"> <input type="checkbox"/> We provide COPSD, SUD IOP and OSAR services. <input type="checkbox"/> We utilize Seeking Safety 	<ul style="list-style-type: none"> <input type="checkbox"/> Apply for additional SUD funding for transition-aged youth and their families.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
disorders		<p>curriculum.</p> <ul style="list-style-type: none"> <input type="checkbox"/> We offer Medication Assisted Treatment for alcohol, opioids and tobacco. <input type="checkbox"/> We partner with Communities for Recovery to offer peer recovery coaches services <input type="checkbox"/> We have an LCDC on our MCOT Team in Guadalupe County. 	<ul style="list-style-type: none"> <input type="checkbox"/> Implement an Office-Based Opioid Treatment Program that prescribes Suboxone. <input type="checkbox"/> Encourage and expand the use of LCDCs on MCOT, ACT and other specialty teams. <input type="checkbox"/> Partner with Christian Farms Treehouse for additional peer recovery coaching services.
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> <input type="checkbox"/> Gap 1 <input type="checkbox"/> Goals 1,2 	<ul style="list-style-type: none"> <input type="checkbox"/> BTCS actively operates integrated behavioral health and primary care clinics in Bastrop, Caldwell, Gonzales, Guadalupe and Williamson counties. Two of these clinics are school-based (Elgin and Hutto). 	<ul style="list-style-type: none"> <input type="checkbox"/> Collaborate with a healthcare partner to join us in serving Burnet, Fayette and Lee counties.
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> <input type="checkbox"/> Gap 10 <input type="checkbox"/> Goal 2 	<ul style="list-style-type: none"> <input type="checkbox"/> BTCS has applied for and received grants to assist 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to consider opportunities with Ride

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>consumers with transportation, including Veterans.</p> <ul style="list-style-type: none"> <input type="checkbox"/> We provide televideo counseling to rural locations. 	<p>Share companies who seek to expand into rural counties</p>
<p>Addressing the behavioral health needs of consumers with Intellectual Disabilities</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Gap 14 <input type="checkbox"/> Goals 2,4 	<ul style="list-style-type: none"> <input type="checkbox"/> We actively collaborate with our IDD program and conduct joint leadership retreats on a quarterly basis. <input type="checkbox"/> We include IDD professionals on our ACT Team. <input type="checkbox"/> We regularly consult with in-house BCBA's from our Autism Program. <input type="checkbox"/> We access our IDD ACT Team for consult on behavioral plans in our Crisis Units. <input type="checkbox"/> We opened a Respite Unit for MH, IDD and co-occurring MH/IDD needs in Seguin, Texas. 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to develop and promote collaboration among teams. <input type="checkbox"/> Through House Bill 13 funding, improve mobility and safety for individuals with IDD on our Respite Unit in Georgetown.
<p>Addressing the</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Gap 4 	<ul style="list-style-type: none"> <input type="checkbox"/> We provide MVPN 	<ul style="list-style-type: none"> <input type="checkbox"/> Send a Veteran Peer for

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
behavioral health needs of veterans	<input type="checkbox"/> Goals 2,3	services and operate a TV+FA Grant in all 8 counties.	Certified Peer Specialist training to be able to offer specialized peer-to-peer services.

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
Provision of care aligned with Certified Community Behavioral Health Clinic (CCBHC) Model	<input type="checkbox"/> Updated policies and procedures to reflect integration of programs and services <input type="checkbox"/> Provision of trauma-informed, person and family-centered services	<input type="checkbox"/> Expand use of Screening, Brief Intervention and Referral for Treatment (SBIRT) <input type="checkbox"/> Expand utilization of evidence-based practices <input type="checkbox"/> Make changes to clinical workflows and staffing patterns in order to implement standardized screenings and interventions based on national standards <input type="checkbox"/> Strengthen partnerships with medical

Local Priority	Current Status	Plans
<p>Implementation of Community-Based Stabilization Alternatives that meet behavioral health needs</p>	<ul style="list-style-type: none"> <input type="checkbox"/> We provide Respite and EOU Services and are increasing the number of available EOU beds in April 2018. <input type="checkbox"/> Training has been provided to crisis staff to improve competency in serving individuals with substance use needs and intellectual and developmental disabilities. 	<p>providers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain licensure for Children’s Crisis Respite (CCR) homes to expand opportunities for reimbursement in order to sustain these homes. <input type="checkbox"/> Contract with at least one entity (insurance plan or agency) to provide respite care to children. <input type="checkbox"/> Seek funding opportunities to continue expansion of community-based models. <input type="checkbox"/> Participate in the HCBS-AMH Program. <input type="checkbox"/> Seek funding through SB 292 for Mental Health Deputy Program.
<p>Integrated physical and behavioral health services</p>	<ul style="list-style-type: none"> <input type="checkbox"/> See above 	<ul style="list-style-type: none"> <input type="checkbox"/> Sustain Behavioral Health Consultant positions <input type="checkbox"/> Create an action plan to move from Level 4 to Level 5 integration <input type="checkbox"/> Establish new healthcare partnerships with organizations committed to holistic care. <input type="checkbox"/> Implement standardized screenings for the early identification and treatment of health conditions. <input type="checkbox"/> Participate in efforts to improve communication among healthcare providers through care coordination

Local Priority	Current Status	Plans
Provision of Medication Assisted Treatment	<ul style="list-style-type: none"> <input type="checkbox"/> We provide limited MAT in our outpatient clinics <input type="checkbox"/> We have submitted an application for OBOT funding 	<p>efforts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Open our first OBOT clinic to prescribe Suboxone in conjunction with therapeutic services. <input type="checkbox"/> Design a comprehensive MAT Program to include partnerships for Peer Recovery Coaching <input type="checkbox"/> Seek funding for Ambulatory Detox services at our Georgetown location. <input type="checkbox"/> Expand training for staff to identify opioid use, complete overdose risk assessments and ensure families have access to Naloxone for the emergency treatment of an opioid overdose.
Implement models supporting recovery of individuals with behavioral health needs	<ul style="list-style-type: none"> <input type="checkbox"/> Same as above 	<ul style="list-style-type: none"> <input type="checkbox"/> Expand access to Certified Peer Specialists, Veteran Peers, Family Partners, Peer Recovery Coaches and Peer-to-Peer for First Responders <input type="checkbox"/> Continue to coordinate training for staff, school personnel and community members for the early identification and intervention of behavioral health symptoms <input type="checkbox"/> Sustain Adult Transitional Homes <input type="checkbox"/> Measure progress outcomes for individuals involved in Assertive Community Treatment and HCBS-AMH

Local Priority	Current Status	Plans
		<input type="checkbox"/> Expand the availability of substance use services in acute crisis units

III.D System Development and Identification of New Priorities

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

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

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	Crisis Stabilization Unit	<input type="checkbox"/> We would convert our 6-bed Extended Observation Unit in Seguin into a 6-bed Crisis Stabilization Unit. We would also apply to license this as a Detox Unit.	<input type="checkbox"/> \$350,000 – Personnel/Benefits <input type="checkbox"/> \$50,000 – Supplies <input type="checkbox"/> \$100,000 – Contractual

2	Ambulatory Detoxification Services	<input type="checkbox"/> To address the opioid epidemic, establish ambulatory, trained teams including SUD and medical professionals to provide detoxification services in the eight counties we serve.	<input type="checkbox"/> \$300,000 – Personnel/Benefits <input type="checkbox"/> \$250,000 – Supplies/Medications <input type="checkbox"/> \$120,000 – Vehicles
3	Children’s Crisis Respite Services	<input type="checkbox"/> To address the expanded needs of CPS in Central Texas, provide training for families willing to contract to accept children into their homes, provide a treatment team engaging the child, child’s family and fostering family – for the purpose of reunification of the families.	<input type="checkbox"/> \$100,000 – Personnel/Benefits <input type="checkbox"/> \$385,000 – Contracts with Trained Families in Communities served by the Center
4	Crisis Residential Unit	<input type="checkbox"/> We would convert our 16-bed Crisis Respite Unit in Georgetown into a 16-bed Crisis Residential Unit serving individuals with MH/DD/SUD diagnoses. See below for our proposed 24-hour crisis levels of care within our system:	<input type="checkbox"/> \$650,000 – Personnel/Benefits <input type="checkbox"/> \$75,000 – Supplies <input type="checkbox"/> \$150,000 – Contractual <input type="checkbox"/> \$100,000 – Facility Improvements



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. Crisis services are available 24/7. (TRR-UM Guidelines)

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

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

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

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

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

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

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